Within3

E-BOOK

The Makings of a Blockbuster:

What First-Time Launchers Can Take from Pharma's Biggest Wins

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You have strong clinical data and a promising molecule. You might have one commercial lead, a medical affairs team you can count on one hand, and a launch timeline that gets shorter every quarter. ***You're building your intelligence infrastructure from zero:*** no legacy KOL relationships, no decade of field data, no existing competitive monitoring. And you're about to enter a market where the incumbent has had all of that for years.

Between 2018 and 2023, roughly 40% of new drug launches came from companies with little to no commercialization experience, nearly double the rate from five years prior. The innovation is coming from emerging biotechs.

But good science alone does not make a blockbuster.

Per McKinsey's "Small but mighty" (November 2024), ***80% of projected blockbusters over the next five years are in first-time and recent launcher portfolios. And the median first-time launcher reaches just 63% of analyst expectations at launch, compared with 93% for experienced launchers.*** While the science is there, the market does not grade on a curve. Poor commercial execution is where blockbuster potential dies. For decades, scale looked like strength in pharma launches: bigger teams, more agencies, heavier processes, deeper infrastructure. The assumption is that you need all of that to compete. But the history of the blockbusters we will cover here tells a different story.

Some of the most commercially successful drugs in history weren't first-in-class. They weren't the most novel molecule. In several cases, they weren't even the most promising candidate in their own pipeline. They became blockbusters because a leader on that team saw something no one else did, built the evidence to support it, and had the strategic clarity to act while it mattered.

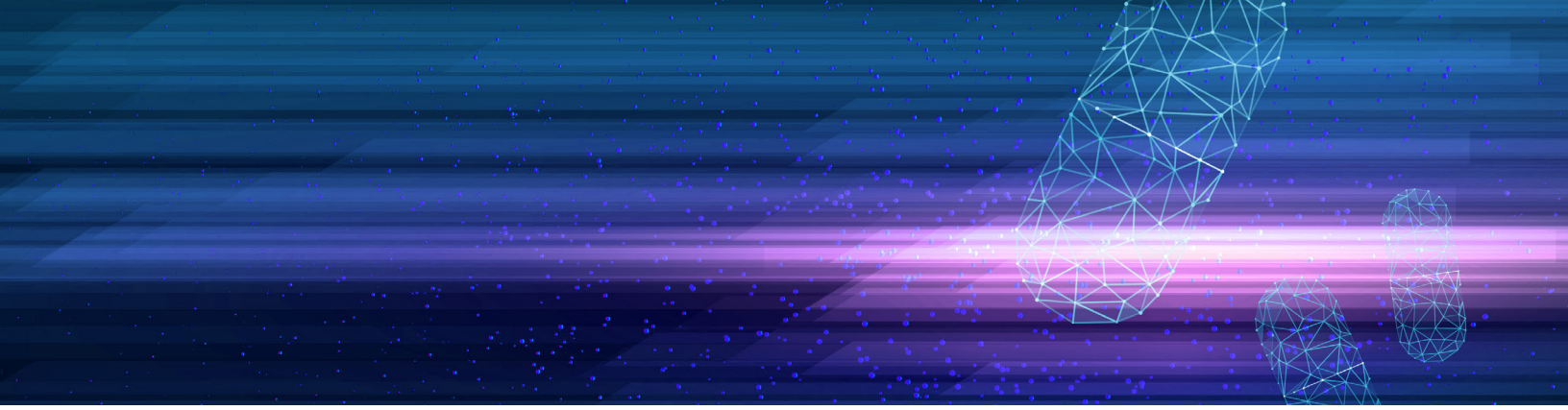
The mistake most first-time launchers make is trying to build a smaller version of the big pharma machine: one agency for KOL mapping, another for competitive intelligence, a point solution for congress monitoring, another for CRM, advisory board support, and loads of agency hours to hold it together. It might feel like capability. In practice, it's a patchwork of costs, handoffs, delays, and contradictory views of the market. ***You don't have broken infrastructure to fix. You're building from scratch. That's a different problem, and, handled right, a structural advantage.***

As covered in our recent ebook The High Cost of Slow, blockbuster potential alone doesn't necessarily lead to blockbuster sales. Scientific brilliance is far from the only factor that can catapult a drug to blockbuster status:

> "[A] combination of innovation and exclusivity creates the perfect conditions for substantial and sustained market success." - *DRUG PATENT WATCH*

That combination has taken many forms. On numerous occasions throughout pharmaceutical history, launch teams have created entirely new categories or reframed existing ones. They've exploited market opportunities to create an irresistible narrative, timed commercial entry to perfection, or outmaneuvered the competition through lifecycle gamesmanship — moves that create and sustain market success.

In this ebook, we'll explore real-world examples of launch teams that capitalized on strategic opportunities to achieve blockbuster sales, reveal their strategic secrets, and ask what today's emerging biotechs, with smaller teams, tighter timelines, and no existing intelligence infrastructure, can learn from their playbook. Not to replicate what big pharma built. To outmaneuver it.



You Are Not Large Pharma. Build Your Own Launch Playbook.

Humira, Keytruda, Lipitor, Ozempic, Viagra, and Sovaldi all had one thing in common: the insight that made them blockbusters didn't come from having the biggest organization. The insight came from proximity to the data, the ability to synthesize it quickly, and the conviction to act.

But there's a critical difference between those stories and yours. Most of those teams had an existing commercial machine behind them. If you're a small first-time launcher, you most likely don't have field teams already in the market, established KOL networks, or competitive intelligence functions that have been running for years. ***Their*** challenge was seeing the signal through the noise of a large organization. ***Your challenge is different.*** You're not trying to get a thousand-person organization to pivot. You're trying to build the intelligence capability from scratch, on a compressed timeline, with a fraction of the resources.

Your lack of baggage is precisely what can enable you to run fast.

That distinction matters because the conventional advice doesn't account for it. Most launch playbooks assume you have infrastructure to optimize. The guidance is about alignment, about breaking down silos, about getting your existing teams to share data more effectively. ***If your entire commercial and medical team fits in one conference room, that's not your problem.*** You don't have silos; you have gaps. Your data isn't trapped in the wrong system. It doesn't exist in any system yet.

The science coming out of emerging biotechs has never been stronger. First-time launchers miss analyst expectations more often than large pharma, and it is not a reflection of pipeline quality. It's a commercial gap: the speed at which a team can read the market, synthesize what they're seeing, and translate it into a strategic decision. Established launchers have that capability baked in through years of institutional investment. First-time launchers need to get there in a different way, and the answer is not to build a miniature version of what the incumbents have.

Blockbuster Opportunity Meets Strategic Brilliance

On occasion, commercial opportunities emerge organically through the drug development process. Far more often, they're unearthed or engineered. The teams behind these record-breaking blockbusters either created or capitalized on enormous revenue-generating opportunities for their companies. In each case, these were strategic masterstrokes often contingent on a single breakthrough insight.

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Humira

Humira launched as a TNF-α inhibitor in 2002, placing it in direct competition with established drugs such as Enbrel and Remicade. Abbott (later AbbVie) was far from the first to market with its autoimmune therapy, but today Humira stands as one of the highest-grossing drugs in history. So how did the team pull it off?

AbbVie's stroke of genius was to recognize an enormous label-expansion opportunity for Humira. Humira first launched in rheumatoid arthritis, but the AbbVie team realized that excessive TNF plays a key role in many conditions where inflammation is a factor, including Crohn's disease, ulcerative colitis, psoriasis, and more. What came next was a masterclass in indication stacking: AbbVie marketed Humira to many additional large-scale populations of long-term, high-value patients.

> "AbbVie's lifecycle management and investment in clinical trials for multiple indications has been critical to the success of the drug."
>
> – *PHARMACEUTICAL TECHNOLOGY*

Humira was delivered in a convenient prefilled pen device, making it more user-friendly than alternatives like Remicade. This certainly helped the drug cement its popularity among patients and HCPs, but AbbVie's real masterstroke was to construct a 'patent thicket' encompassing more than 100 separate patents – keeping biosimilars out of the US market and extending exclusivity far beyond the drug's core expiry.

THE BOTTOM LINE FOR SMALL TEAMS – GETTING TO THE PIVOTAL INSIGHT

The indication-stacking insight that made Humira a $200B+ franchise didn't require a 500-person commercial organization. It required one team close enough to the science to see that TNF-α mattered far beyond rheumatoid arthritis. In other words, AbbVie didn't stumble into indication stacking. They saw the pattern that led them to the pivotal insight.

For a biotech with a single asset, that same cross-source synthesis is needed; there's opportunity sitting at these intersections. Maybe it's label expansion. Maybe it's competitive positioning. Maybe it's a market access pivot. Whatever the reality is, it must be drawn from the full picture. If your KOL mapping lives with one agency, your competitive intelligence with another, and your congress coverage with a third, the picture has inherent blind spots.

One biotech approaching NDA filing learned this the hard way. Their VP of Medical Affairs had been running advisory boards through a traditional agency. The deliverable: 40-page PDF summaries, three weeks after each session. Thorough work, but frozen in time. Meanwhile, the company's board started asking the question that keeps medical affairs leaders up at night: *"What's the actual ROI of all this HCP engagement? Are we generating intelligence we act on, or just maintaining relationships?"*

The VP didn't have a great answer. So the team changed the model. They moved to an integrated intelligence approach where advisory board insights connected to field data, congress signals, social listening, and competitive intelligence, all feeding one unified readout updated in days rather than weeks.

What showed up almost immediately was a signal none of those sources would have surfaced alone: congress data showed a competitor's Phase 3 results gaining traction; field teams had been hearing scattered anecdotal shifts in prescriber sentiment; social listening also picked up early discussion threads. Taken separately, each signal was too weak to act on. Taken together, they told a clear story: this competitor's data was about to reshape the market access landscape.

The VP brought the finding to the board. They pivoted: a market access strategy adjustment made a full quarter before the rest of the market caught on. Medical Affairs went from the team that organized advisory boards to the team that gave the company its earliest warning on the biggest competitive threat of the year.

AbbVie built a $200B franchise because they could see patterns across the data before competitors did. This VP did the same thing with a fraction of the headcount and cost. The difference wasn't talent or budget. It was whether the information was connected or scattered across five vendors who never talked to each other.

Keytruda

Keytruda has become the most successful cancer drug in history, but Merck's dominance in the space was engineered, not fortuitous. Bristol-Myers Squibb was widely perceived as the frontrunner in PD-1 development, with a broader early clinical program and considerable momentum behind Opdivo. Yet it was Merck that reached the FDA first: Keytruda was approved on September 4, 2014, beating Opdivo to market by nearly four months. But even with FDA approval in hand, Merck wasn't seen as the leader – the industry consensus still favored BMS.

What changed the trajectory for Merck was a bold and early strategic bet: rather than spreading across multiple tumor types at once, Merck pursued the single biggest oncology market in the world: non-small cell lung cancer (NSCLC). Merck designed a pivotal trial that tested Keytruda as a first-line treatment specifically in tumors with high PD-L1 expression. That precision paid off. When BMS attempted a similar move with Opdivo, their pivotal trial — CheckMate-026 — enrolled a broader, less targeted patient population, and it missed its primary endpoint entirely. BMS' stock dropped over 15% in a single day.

The shockwave was immediate, and the momentum swung to Merck for good – Merck had first-line lung cancer positioning locked down, and from there Keytruda's success snowballed. Merck aggressively expanded, running trials across tumor types, lines of therapy, combinations, and biomarkers.

Keytruda's versatility became its trump card:

> "One of the reasons the drug is so successful is how versatile it is, winning approval after approval for different types of cancers, including some of the trickiest out there." - *PHARMAVOICE*

Merck effectively 'won' the combination game, leaving rival drugs with little option but to combine with Keytruda, cementing it as the first name in immunotherapy.

> "The Keytruda story is certainly about persistence, about risk-taking, and about a huge amount of hard work and tough decision-making." - *SCIENCE*

THE BOTTOM LINE FOR SMALL TEAMS – GETTING TO THE PIVOTAL INSIGHT

Merck didn't outspend BMS. They out-thought them. The bet on first-line NSCLC was a strategic read of where BMS was overextended and where the data supported a more precise play. That's not a metrics dashboard insight; it's a competitive synthesis that connects trial design, biomarker positioning, and market timing.

For a small team, this kind of precision carries even more weight, because you don't get a second shot. A large pharma company can run trials across dozens of tumor types and absorb the ones that miss. A biotech with one asset and four MSLs doesn't have that luxury. Every strategic decision has to land. Which means the intelligence behind it can't have gaps.

One oncology biotech faced exactly this problem. They were preparing to launch into a tumor type where an incumbent had owned the market for eight years: deep prescriber relationships, a 40-person MSL team deployed nationally, and entrenched KOL partnerships built over nearly a decade. On paper, the math was impossible. Four MSLs against forty. No way to out-detail them. No way to out-spend them at congresses.

So they made a Merck-style bet on precision. Using integrated KOL identification and influence mapping, they cross-referenced publication activity, clinical trial involvement, social media influence, prescribing data, and congress presentation history. What emerged were 200 regional opinion leaders in community oncology settings who actually influence prescribing decisions — prescribers the incumbent's national KOL strategy had structurally overlooked. The incumbent was focused on the top 50 academic names. This biotech mapped the 200 who had the influence to help them turn the tide.

By launch, they had built relationships with KOLs the incumbent didn't know mattered. Their four MSLs weren't spread thin trying to cover everyone. They were concentrated on the prescribers who would actually move market share in community settings — the same way Merck concentrated on the patient population where Keytruda's signal was strongest.

Merck proved that precision beats breadth when the stakes are highest. For a team with a fraction of the resources, that lesson isn't aspirational. It's survival.

Lipitor

Lipitor was a comparatively late entrant to the cholesterol market. Developed by Warner-Lambert through its Parke-Davis subsidiary, the drug generated over $130 billion in lifetime sales — but Warner-Lambert never saw most of it. Their own analysts predicted Lipitor would struggle to break $300M. Pfizer co-marketed Lipitor and then acquired Warner-Lambert in 2000, fighting aggressively for the asset despite it being a player in a crowded market with three established blockbusters. Pfizer saw the opportunity Warner-Lambert had underpriced, and turned it into a billion-dollar story of fortuitous timing and innovative marketing.

In 2000, a mid-sized company may not have had the commercial infrastructure to launch a statin into that market alone. That equation looks different today.

Lipitor achieved FDA approval at the tail end of 1996. At that time, cardiovascular medicine was undergoing a sea change. Clinical trials had consistently indicated that lowering cholesterol reduced the likelihood of cardiovascular events. HCPs were pivoting to preventative care, and guidelines were recommending statins for ever-expanding groups of patients. Lipitor, a statin that lowered LDL cholesterol radically more than any of its competitors, arrived at just the right time for Pfizer. The statin category already had clinical validation, the treatment landscape was changing, and Pfizer had just acquired the most effective statin of them all. The strategic power play came next.

> “The Lipitor promotion team set new standards for a marketing campaign.” - *GLOBAL NEWS*

At this point, the Lipitor team benefited from yet more fortunate timing. The FDA first allowed DTC ads in 1997 – the very year Lipitor hit pharmacy shelves. Pfizer was an enthusiastic early adopter, spending millions in advertising through celebrity endorsements and targeted placements during the hit medical drama ER. The Lipitor team educated both cardiologists and family doctors on the efficacy of their drug, presenting them with a graph showing Lipitor’s dramatic cholesterol reduction over time. This ‘turbostatin’, Pfizer claimed, was not only priced lower than its competitors but was as effective at its lowest dose as competitors were at their highest.

THE BOTTOM LINE FOR SMALL TEAMS – GETTING TO THE PIVOTAL INSIGHT

Warner-Lambert had the best statin on the market and still underpriced its own opportunity. Their analysts predicted $300M, while Pfizer saw its true billion-dollar potential. One may say it was experience on Pfizer's side; we would argue it was commercial intelligence. Today, if you are a biotech entering a validated market with superior efficacy data, you don't need to build Pfizer's infrastructure. You do need the ability to synthesize competitive positioning, HCP sentiment, and prescribing dynamics in real time. If you're paying six agencies to get six different reads on the same market, you're recreating exactly the blind spot that cost Warner-Lambert control of the most successful statin in history, with Lipitor generating almost $13B in annual sales.

One biotech preparing for its first launch lived this exact tension. They were entering a competitive nephrology market dominated by a well-established incumbent, and their Medical Director was also serving as Launch Lead. One person, two jobs. Leadership was about to sign contracts with five separate vendors: KOL mapping, competitive intelligence, congress monitoring, social listening, and an advisory board agency. Total projected cost: north of $800K annually, with no integration between any of them and a 3-month ramp before any would be fully operational. Three months of setup in a market where the incumbent was already entrenched.

They scrapped the vendor patchwork. Instead, they consolidated all five functions into a single integrated intelligence platform. It was operational in two weeks — not three months. Separate views were built for the field team and the strategic team, and within three months, the advisory boards hosted on the platform were generating enough strategic visibility that the CEO was personally attending readouts and using the insights in board presentations.

The cost math alone was striking: $800K+ in annual vendor contracts replaced by a single platform subscription. But the real win was time. Warner-Lambert lost control of Lipitor partly because they couldn't see their own asset's potential fast enough. This biotech knew time was critical, and they had to make their own opportunity. Two weeks from signed contract to live intelligence in a market where every month of delay was a month the incumbent extended its lead.

Warner-Lambert had the best drug and still needed Pfizer to unlock it. This biotech didn't have a Pfizer. But with integrated intelligence replacing five vendors, they didn't need one.

Ozempic, Rybelsus & Wegovy

> "The blockbuster drug Ozempic was originally developed to treat type 2 diabetes." - *THE CONVERSATION*

Ozempic, Rybelsus, and Wegovy are three of the biggest pharmaceutical stories of the age. But as with some of our previous examples, the molecules themselves are nothing radical. Ozempic was initially approved in 2017 to treat type 2 diabetes: a GLP-1 drug that suppresses appetite and lowers blood sugar. The difference between Ozempic and other GLP-1 drugs, at least at first, was that Ozempic is better tolerated, more potent, and longer acting. Its once-weekly injection was a major convenience improvement over older daily GLP-1s like Victoza (Novo Nordisk's own liraglutide). Novo Nordisk had a promising type 2 diabetes drug that offered meaningful improvements over existing treatment options, a good value proposition, but not quite a blockbuster. What changed the game was a carefully sequenced lifecycle strategy that would turn one molecule into a $35 billion-plus franchise.

In 2019, Novo Nordisk launched Rybelsus: the same semaglutide molecule, reformulated as a daily oral tablet, also for type 2 diabetes. This was a first-in-class achievement. There is a well-documented "injection barrier" in diabetes care, with many patients and physicians resisting injectables, which delays treatment escalation. An oral GLP-1 opened semaglutide to a broader slice of the type 2 diabetes population who would never accept a needle. It also gave Novo Nordisk a competitive moat: even as other injectable GLP-1s entered the market, no one else had an oral option.

Then an insight that changed things once more: trial patients on semaglutide were quickly losing significant amounts of weight – with a mean weight loss of 15%. It wasn't an outlier, but rather the average result. This demanded a closer look and a rethink of what semaglutide could become. Historically, weight loss drugs have had a poor reputation, with modest efficacy and safety issues curbing their popularity. Novo Nordisk approached the opportunity carefully, running the STEP trial program, which proved incontrovertibly that a higher dose of semaglutide (2.4 mg versus Ozempic's 1.0 mg maximum) delivered double-digit weight loss in a randomized population. In 2021, they launched Wegovy under a separate brand approved specifically for chronic weight management. This was a strategic masterstroke: effectively giving the same molecule a distinct label opportunity, regulatory pathway, and patient population numbering in the hundreds of millions.

THE BOTTOM LINE FOR SMALL TEAMS – GETTING TO THE PIVOTAL INSIGHT

Novo Nordisk's three-brand, three-indication lifecycle play is the gold standard, but the underlying capability it required wasn't a large team size. It was coordination. Regulatory, clinical, commercial, and market access had to move in sync across three parallel tracks. For a lean team where one person is tracking the label expansion opportunity, monitoring competitive activity, and synthesizing what the advisory board said last month with what showed up at a congress last week, that coordination is existential — and frankly, without the right tools, elusive. If those workflows are split across disconnected tools and vendors, the lifecycle strategy stays theoretical.

Every lifecycle extension multiplies your commercial surface area; seeing those signals in time to act is the very difference between a successful product and a blockbuster. Ozempic alone may well have been a major diabetes drug. Novo Nordisk had the strategic clarity to turn semaglutide into a $35B+ megablockbuster franchise.

One biotech with a single rare disease asset faced a relatable reality. Their entire medical affairs function was one person: an Associate Director responsible for KOL identification, competitive monitoring, congress coverage, field insights synthesis, advisory board planning, and publication tracking. On top of that, she was supporting the clinical team on an ongoing Phase 3 trial. Before leveraging integrated intelligence, she was pulling from six different sources manually: a CRM, a social listening vendor, a congress monitoring service, a claims database, field notes in shared drives, and med info reports in spreadsheets. 60% of her time was sunk into assembling information.

Once equipped with an integrated intelligence tool, she started asking the kind of strategic questions that previously would take weeks of manual research to answer. Questions about treatment patterns, physician sentiment, evidence gaps, competitive positioning, and publication landscapes. Eight strategic questions in a single session. Answers that were sourced and evidence-based, delivered in under a minute each.

But the bigger shift wasn't speed. It was what she could now deliver upstream. Instead of assembling slides from six sources for leadership, she was able to deliver integrated strategic readouts that connected field insights with social signals, congress data, claims trends, and competitive intelligence in a single view. Her CEO started attending the readouts. Medical Affairs went from a "reporting function" to the team surfacing competitive signals that leadership acted on.

Novo Nordisk had hundreds of people coordinating the semaglutide lifecycle across regulatory, clinical, commercial, and market access. This Associate Director had herself and a platform. The lifecycle signals of where the molecule could go next, what the competitive landscape looked like, and which KOLs were shifting sentiment were all there in her data. The difference was whether she spent her time finding the information or strategizing how it could be used.

Viagra

'The Little Blue Pill' is another Pfizer success story – but this one saw the company snatch victory from the jaws of failure. The Viagra story is one of the most famous in pharmaceutical history. In the early '90s, Pfizer was testing sildenafil as a treatment for hypertension and angina – the logic being that it would relax blood vessels and so improve circulation. However, those early trials were unsuccessful – sildenafil didn't perform well enough to make it viable as a heart disease medication. Like Ozempic, it was a secondary effect that powered Viagra toward blockbuster status.

During those early cardiovascular trials, male participants reported an interesting side-effect: they were experiencing powerful erections. At that time, the erectile dysfunction category was underserved, and existing treatment options were invasive or unpleasant. Pfizer quickly recognized that their pill-based treatment could revolutionize the category.

> "Pfizer realized ED was an unmet medical need and a major opportunity for financial gain. In 1998, the FDA approved Viagra, the first oral treatment for erectile dysfunction, under a priority review."
>
> – *DRUGS.COM*

Pfizer didn't just fill an unmet need; it effectively reinvented a whole category. Previously, erectile dysfunction was considered an embarrassing taboo. It was thought of as a psychological issue. Viagra effectively proved it was physiological: instead of being related to anxiety or relationship issues, Pfizer's drug demonstrated that the problem was often a lack of blood flow to the penis. Viagra addressed a critical issue for ED sufferers, and it did so in a convenient, user-friendly pill that worked within an hour.

THE BOTTOM LINE FOR SMALL TEAMS – GETTING TO THE PIVOTAL INSIGHT

The biggest opportunity for Pfizer wasn't the one they designed the trial for. It would be easy to dismiss the success of Viagra as a happy accident. It wasn't. Pfizer's genius was to open channels of communication between HCPs and patients that previously didn't exist. That team had the visibility to recognize this risky opportunity and the conviction to pursue it.

For a first-time launcher, that kind of signal might surface anywhere: an advisory board comment, a congress poster, an off-label prescribing trend flagged by a field team of three. The question is whether you're set up to catch it and validate it fast enough. If your field insights live in one system, your advisory board outputs in another, and your congress monitoring in a third, each managed by a different vendor with a different reporting cadence, you're not going to see the pattern. You're going to see three disconnected data points that never become an insight.

A small, rare disease company learned this firsthand. They had launched into an established market with a compelling therapy and strong clinical data. Expected uptake was solid. But months in, the numbers told a different story: far fewer patients were reaching treatment than projected. The commercial team could see the gap clearly enough. Understanding what was causing it was another matter.

The pre-launch strategy had focused on ensuring treating specialists understood the product's differentiation. The problem, however, was upstream: qualified patients weren't making it into the treatment pathway at all.

So they connected the signals. Advisory board feedback, referral data, and field reports all pointed the same direction. The picture that emerged was striking: physicians were treating what patients presented with rather than recognizing the rare disease underneath. The commercial opportunity wasn't in the patients already diagnosed. It was in the ones being missed.

The team moved fast. They redirected education toward the physician specialties most likely to see undiagnosed patients first — including non-specialist HCPs who hadn't been on anyone's radar. These efforts drove an immediate increase in diagnosis and referral rates in targeted areas. Within six months, diagnosis rates climbed further as centers adopted improved screening protocols. The company went from underperforming launch projections to exceeding them. Not by pushing harder on the specialists who already knew the product, but by finding the patients everyone else was missing.

Pfizer's team didn't discover Viagra by looking where they expected to find it. They found it in a side effect nobody was tracking. This rare disease team found its growth in the diagnostic pathway — in the patients who had the condition but were never identified. The pivotal insight, in this case, wasn't about the drug but about where the patients were hiding.

Sovaldi & Harvoni

In 2011, Gilead Sciences spent $11 billion to acquire Pharmasset: a small, clinical-stage company focused on hepatitis C with no marketed products. Gilead's market cap at the time was roughly $31 billion. The bet paid off: Sovaldi launched in 2013 and generated $10.3 billion in 2014 sales, and Harvoni, a next-generation combination therapy, followed in 2014 to extend the company's HCV dominance. Gilead's market cap rose dramatically in the years after the deal, reaching well over $140 billion by 2014–2015.

The Sovaldi story matters for a specific reason: Pharmasset was exactly the kind of company that most first-time launchers are today. They had the science, but didn't have the commercial machine. What they did have was a molecule that could cure, not just treat, hepatitis C, and the clinical data to back it up. Gilead recognized that potential, acquired it, and executed a launch strategy built around one audacious bet: that a cure priced at $84,000 per treatment course would be accepted because it eliminated the long-term cost of chronic disease management.

THE BOTTOM LINE FOR SMALL TEAMS – GETTING TO THE PIVOTAL INSIGHT

Pharmasset is the cautionary tale every first-time launcher should study. They had the molecule that turned a $31 billion company into a $140+ billion one. They just weren't the ones who built it. Gilead had the commercial infrastructure and the conviction to price a cure as a cure. The lesson isn't that you need to become Gilead. It's that transformative science creates leverage, but only if you have the commercial intelligence to recognize what you're holding and the strategic clarity to capture its full value yourself. The companies that sell too early almost always do so because they couldn't see the market clearly enough to know what they had.

A metabolic disease biotech faced the same crossroads and chose differently. They had launched their first product in the US with strong early traction in a competitive market. The conventional wisdom might have been to partner or sell: lock in the US market win and let a larger company handle global expansion.

They went the other way and kept building.

Medical Affairs had been the first team to consolidate. During the US launch, they'd replaced the usual patchwork of vendors with a single platform for social listening, congress monitoring, and competitive intelligence. It worked — leadership trusted the output, and the product hit $1B+ in first-year revenue in a competitive market. Then the requests started coming from everywhere.

R&D started asking for pipeline intelligence and endpoint benchmarking. HEOR needed competitive endpoint data for market access negotiations in new geographies. Marketing wanted social sentiment tracking for brand health. And the early European commercial team – of one, and growing – needed everything the US team had, adapted for five different markets with different KOL landscapes, different congress calendars, and different competitive dynamics.

Each of those needs surfaced because the platform had already connected the signals that revealed the opportunity. The US intelligence showed where the product's clinical differentiation was strongest in European markets. Congress monitoring flagged which ex-US KOLs were already citing the data. Claims analysis and social listening revealed competitive gaps that a US-centric view would have missed entirely. The team didn't need a 200-person global commercial organization to see these opportunities. They needed the same connected intelligence that had driven the US launch, extended to new functions and new markets.

Pharmasset had a molecule that could cure hepatitis C and still needed Gilead to capture the value. This biotech had a strong first asset and captured the value itself: expanding from one department to four, from one geography to six, from one therapeutic area to the full pipeline. They didn't outgrow their intelligence infrastructure. Their intelligence infrastructure was what showed them how to grow.

The Common Denominator: a Single, Critical Insight

Look at what each of these wins actually required. Someone had to recognize that TNF was implicated across multiple inflammatory conditions, not just RA. Someone had to read the competitive landscape and bet that owning first-line NSCLC was more valuable than chasing five tumor types at once. Someone had to see weight loss data from a diabetes trial or a missed cardiovascular trial endpoint and recognize, in both cases, a massive market opportunity hiding in a side effect.

None of these were obvious calls at the time. Every one of them required connecting signals across data sources, functions, and market dynamics, and then having the conviction to act before the window closed. In more than one case, the company that discovered the molecule wasn't the one that captured the full value. That's the gap this piece is about.

CLOSING THE GAP BETWEEN SCIENCE AND LAUNCH

So what do you actually need to close the commercialization gap? ***What you need is what the teams behind every drug in this ebook had: the ability to see the critical signal before anyone else, and the speed to act on it.***

The wins covered here weren't lucky guesses. The teams behind them weren't relying on pre-launch assumptions. They were reading the market in real time and adjusting fast. These were insights born from proximity to the science, the market, and the competitive landscape — captured early enough to act on. The question for every launch team is: Are you set up to see those signals when they appear? And when that signal surfaces, is your team spending its time on strategy — or still assembling and validating the data?

You can't win in a market you don't fully understand. Within3 Launch Intelligence™ was built not as another dashboard to track metrics that tell you how busy your team is – it shows a lot, but says very little about the market or opportunities. It was built as a single operating picture that replaces the traditional patchwork. HCP sentiment shifts, competitive positioning moves, emerging clinical evidence, field intelligence, advisory board outputs, and congress activity, synthesized continuously, not quarterly. One platform instead of six vendors means faster answers and a fraction of the cost.

You've already seen what this looks like in practice. The associate director running medical affairs solo at a rare disease biotech was finally spending her time on strategy instead of compiling data. In one session, ***she asked eight complex strategic questions through Launch Intelligence and received sourced, evidence-based answers in under a minute each. That's roughly $200-400K worth of agency work compressed into 4 minutes.*** No reconciling five vendors' conflicting views of the same market. The signal she surfaced wasn't sitting in any one data source. It was in the connections between them, and she saw it because everything was in one place.

That's the difference between reading about an opportunity in a competitor's press release and seeing it emerge in real time from your own data. The difference between selling your molecule or building the blockbuster yourself.

Eighty percent of projected blockbusters for the next five years sit in first-time and recent launcher portfolios. The opportunity is yours. The question is whether you'll see the signal in time and seize it first. Let's talk about how.

ABOUT WITHIN3

Within3 empowers pharma leaders to make confident and timely launch decisions. Our Launch Intelligence™ platform unifies field insights, stakeholder engagement, social, claims, and market signals into a single connected view that surfaces what matters most. Powered by a life-sciences trained AI architecture and guided by expert strategists, Within3 helps launch teams move with clarity and speed, turning complex evidence into decisive action.

Trusted by 70+ biotechs and all of the top 20 pharmaceutical companies, Within3 is the partner modern launch leaders rely on to align teams, act faster, and accelerate outcomes across the product lifecycle.

Within3