

What's Changing on Your Launch Floor

Pharma Sales

You have seen this week on your launch floor

"The committee votes before your access lead walks in. The physician decides before your rep sits down. The KOL forms a view before your MSL confirms the advisory-board date."

01 Why is our launch running below peak projection?

02 Why are we losing regional decisions to firms we beat on science?

03 What happens when our best MSLs retire?

LAUNCH WAR-ROOM

LAUNCH:
Q3 2025

ONE LAUNCH ENGINE

	FIELD FORCE	MSLs	MARKET ACCESS	MEDICAL AFFAIRS	BRAND & MARKETING
AI-PREPARED INTELLIGENCE	HCP Profiles Call Objectives Objection Anticipation	KOL Insight Congress Intel Pub Monitoring Sentiment	HTA Intelligence Pricing Benchmark Payer Feedback Competitor MA	Evidence Updates Data Readiness HEOR Signals Safety Watch	Audience Insight Message Testing Channel Signals Content Gaps
KEY ACTIVITIES	Account Planning Pre-Call Brief Field Execution Post-Call Capture	KOL Engagement Scientific Exchange Advisory Boards Congress Presence	Dossier Build HEOR & BIA MA Strategy Payer Meetings	Data Generation Pub Plan Medical Liaisons Real World Data	Campaign Planning Content Delivery Omnichannel Field Enablement
DECISION POINTS	Physician Treatment Decision	KOL Opinion & Guideline Influence	Payer & Committee Formulary Decision	Evidence Acceptance	Demand & Access Outcomes
ENABLERS	 SHARED DATA LAYER Unified KOL, HCP, Payer & Evidence Intelligence				
	 AI AGENTS & COPILOTS Role-Specific • Launch-Specific • Always-On				
	 LAUNCH KNOWLEDGE BASE Captured Insights • Playbooks • Best Next Actions				
VELOCITY LOOP	FIELD & MSL INSIGHT Captured in Real Time → ACCESS RESPONSE Dossier & MA Updates → COMMITTEE FEEDBACK Decision Signals				
	↑ FASTER LOOPS → BETTER DECISIONS → FASTER UPTAKE				

KOL RELATIONSHIP FILE

Professor Karin Andersson, MD, PhD
Rheumatology

TIER 1 KOL • ADVISORY BOARD MEMBER

Relationship Since: 2012

Last Interaction: 18 April 2026

Key Interests: Early intervention • Real-world evidence • Patient access pathways

Preferred Data Formats: Visual summaries • Comparative safety • Health-economic impact

Next Best Action: Share Nordic cohort RWE summary before June advisory board

Recent Insight (18 Apr)

Committee focusing on budget impact & long-term outcomes. Needs simple comparator model. Highlight patient journey data.

K.A.

KOL INSIGHT →
FIELD MESSAGE
→ ACCESS FILE

You have seen this week on your launch floor

Every commercial director at a Nordic pharma affiliate has had the same Monday. The month-six uptake curve from your active launch just printed, running fifteen percent below plan. Your market access director is in Stockholm today fighting a regional committee leaning toward the competitor's managed-entry agreement. Your best MSL mentioned retirement at the advisory board dinner on Thursday. Your top field force lead asked about progression on Friday. Global HQ sent a deck at the weekend announcing the affiliate AI playbook for Q3. The CEO's staff meeting is at ten and the first agenda item is the uptake conversation.

You have done this job for twelve years. The pattern used to be simple. Hire reps who knew the therapy area. Train them. Run disciplined call cycles. Build KOL relationships through MSL coverage at every major congress. Land the formulary wins. Launch moves to peak over eighteen to twenty-four months and the patent clock takes care of the rest.

Something changed. Physicians arrive to your meetings having already read the AI-summarised trial data. Regional formulary committees have AI benchmarking the competitor's managed-entry agreement before your access lead walks in. Your CRM vendor just launched their own AI agents. McKinsey is now a Salesforce implementation partner, not your strategic advisor. Global HQ is about to standardise how AI enters every affiliate in the region, and your window to shape that conversation is closing.

This is not a you problem. It is an industry problem and a function problem, happening at the same time. Most commercial directors are treating them as two. The ones who see them as one are going to own the next patent cycle of specialty launches.

This briefing covers what is happening in your industry, what it means for your field force and your market access team, and the three questions your leadership team should answer before the next launch review.

Pharma commercialisation just ran out of the pattern that worked for thirty years

Every CRM cycle your industry lived through since the late 1990s followed the same arc. Veeva replaced the clipboard. Tableau replaced the paper dashboard. OCE replaced the spreadsheet. Each wave made the same commercial motion a little faster, but the motion itself stayed intact. Sales reps called on physicians. MSLs briefed KOLs. Market access filed dossiers. The functions worked in parallel and coordinated through quarterly cross-functional meetings. Uptake moved to peak over eighteen to twenty-four months and the patent clock did the rest of the work.

AI does not behave the same way. The physician your rep is calling on has already read the AI-summarised version of the trial the rep is about to present. The committee your market access director is meeting with has already run pharmacoeconomic benchmarking against the competitor's filing. The KOL your MSL is briefing has already asked an AI to synthesise every recent paper in the therapy area. The asymmetry used to run your way. It now runs the other way, and it did so within eighteen months.

The committee votes before your access lead walks in. The physician decides before your rep sits down. The KOL forms a view before your MSL confirms the advisory-board date.

The competitors in your segment are not waiting. Major specialty launches in the last twelve months have run with AI preparation built into every field call, every congress, every HTA submission. CRM vendors arrived with their own AI agents at the end of 2025 and through 2026. Global HQ AI playbooks are rolling down through 2027. By the time that playbook lands in your affiliate, the affiliates who moved first will have twelve to eighteen months of their own commercial-data asset already compounding. Everyone else will be configuring a standardised vendor stack.

Your field force, MSLs, market access, and marketing are feeling it every day

Your field force. Your reps walk into physician meetings where the physician has already asked an AI to summarise the latest trial readouts, including yours. The ones who prepared with more than last month's call deck arrive with the physician already eighty percent receptive. The ones who did not are starting from the back foot. Pre-call prep used to take four hours and still left the rep underprepared. That work can now be done in fifteen minutes when your team is set up for it. Your best reps are already figuring this out on their own. The rest needs the infrastructure.

Your MSLs. The MSL model is structurally limited by individual capacity. A senior MSL covering thirty KOLs across a therapy area gets to each one three or four times a year. Meanwhile the KOL is reading AI-synthesised literature every morning. When your MSL sits down for the scientific exchange, the KOL has already formed a view the MSL did not shape. AI augmentation of MSL preparation, literature monitoring, and interaction documentation roughly doubles effective capacity. The larger move is making MSL intelligence flow into commercial strategy in real time, so the field force and market access teams act on what the KOL actually said, not on the quarterly readout.

Your market access team. EU HTA Joint Clinical Assessments went live in January 2025. By 2026 the submission volume tripled on oncology and advanced therapies, with orphan medicines added in 2028 and all new medicines by 2030. The team that used to file two major dossiers a year is now filing six. The reviewers on the other side are using AI to check every pharmacoeconomic claim against comparator filings. Your market access director is fighting submissions with the same headcount and the same tooling as when the regulatory landscape was half the size. The affiliate that doubles its submission velocity without doubling the team wins the regional decisions. The one that does not loses formulary share it cannot recover in this patent cycle.

Your best MSLs and KAMs. Your top three MSLs hold the relationships with the KOLs who chair the guideline committees. Fifteen to twenty-five years of scientific trust built call by call, congress by congress, advisory dinner by advisory dinner. Two of the three are over 55. When they retire, their replacements arrive with good CVs and no relationships. The knowledge in their heads has never been transferable. In 2026 that changes, but only if you move before the retirement conversation closes. The replacements will need the infrastructure built in their first six months, not their third year.

The affiliates pulling ahead are running one launch engine, not four

Your industry is compressing because AI takes hours out of preparation, dossier work, and literature monitoring. Your function is compressing because your reps and MSLs have freed capacity they did not have before, and your committees arrive armed. Same force, two altitudes. But there is a third thing happening that most commercial directors have not named, and it is the one that matters most.

Look at the affiliates pulling ahead. Field sales, MSLs, market access, and marketing are running as one launch motion. The market access director is in the weekly pipeline review. The lead MSL is in the field force planning meeting. The rep brings back what the physician actually said about the formulary pressure, and the market access team incorporates it into the next dossier inside the same week. The data flows between the four functions. The tools are shared. The KOL file the MSL built in September shapes the rep's December call.

Most affiliates still run four teams with four plans. A rep copilot from the CRM vendor. An MSL literature monitor from a different vendor. A market access tooling project run out of HQ. A marketing campaign refresh. Twelve months later nothing compounds, because the four plans never met. And under the plan the next launch starts from zero again, throwing away everything the current launch just learned.

The affiliate that launches the current product with this architecture in place launches the next product with four months of learned advantage already built in. Across three to five launches in a decade, that compounds to eighteen to twenty-four months of permanent uptake advantage. At Nordic specialty scale, that is 60 to 80 million SEK of gross margin competitors cannot recover.

You have twelve to eighteen months before global HQ lands the standardised playbook. The AI adoption debate is over. Your question now is whether you lead the architecture yourself, or HQ hires a Big Four partner to lead it for you.

What most affiliates are doing. What the winners are doing instead.

Every commercial director has had the AI conversation. Most are making the same four decisions. A smaller group is making different ones.

THE DEFAULT PATH

Run field, MSL, access, and marketing as four teams

Four plans that never meet. Each function gets its own AI project, run in parallel.

Buy the CRM vendor's AI agents and call it done

Every competitor has the same agents within six months. The copilot is the commodity.

Wait for global HQ's AI playbook to land

Playbook arrives with HQ-defensible metrics and the vendor stack already chosen. Your window closes.

Wait for your best MSLs to retire, hope the handover works

The KOL relationships decay. The next launch starts from zero.

THE WINNERS' PATH

Run one launch engine across all four

Shared data, shared tools, shared metrics. Access is in the pipeline review. MSL is in field planning.

Build agents tuned to your launches, your KOLs, your committees

Yours to keep. Compounding with every call, dossier, and advisory board the team runs.

Ship the local version in twelve months, make your affiliate the case study

The playbook incorporates what you built. You own the narrative, not the rollout.

Capture their knowledge now, while they are still there

The KOL file moves into a system every new MSL uses. Retirement becomes a zero-impact event.

Same twelve months. Opposite outcomes. The difference is the operator, not the AI.

Uptake. Formulary. Retirement.

Three questions every pharma commercial director is tracking. None of them used to be the same question. They are now.

01 · UPTAKE

Why is our launch running below peak projection?

Month six on your active launch is below plan and the gap is widening. Your reps are making the call volume. Your MSLs are covering the KOLs. Your access team landed the early formulary wins. The uptake curve still runs behind. The answer is not more activity. Physicians, KOLs, and committees arrive to every meeting having done their own AI-augmented research. Your team is showing up with last quarter's preparation. Every month to peak is gross margin that never comes back.

02 · FORMULARY

Why are we losing regional decisions to firms we beat on science?

Your health-economics file is as strong as theirs. Your clinical data is better. The committee still went for the competitor. They did not win on price. They won because their managed-entry proposal addressed the committee's actual concern, and your filing addressed the concern from two years ago. The intelligence flow from the field into the access file is too slow. Twenty-one Swedish county councils each run their own tempo. You cannot keep up at headcount alone.

03 · RETIREMENT

What happens when our best MSLs retire?

Your top three MSLs hold the relationships with the KOLs who chair the guideline committees. Twenty years of scientific trust built call by call. Two of the three are over 55. Once they leave, the replacements arrive with good CVs and no relationships. The KOL file has never been transferable. It is now, if you move before the advisory board calendar for next year closes. The retirement conversations are already on your schedule.

What the affiliates winning this play are actually doing

Four concrete moves any commercial director can start this quarter. Each touches one function. Pulled together, they fuse your four functions into one launch engine.

1

Field force: get your reps into the meeting prepared at the physician's level

The rep who walks in knowing the physician's recent prescribing pattern, their formulary position, the papers they cited in the last advisory board, and the competitor's messaging in the region closes at roughly twice the rate of the rep who walks in cold. Four hours of prep compresses to fifteen minutes when the team is set up. Your best reps do a version of this mentally today. The rest needs the infrastructure.

2

MSLs: double effective capacity before the scientific-exchange asymmetry widens

Literature monitoring that flags publications relevant to each KOL's stated research within forty-eight hours. Interaction preparation that combines the KOL's publication trajectory, advisory-board history, and prior exchange notes. Documentation that turns every encounter into queryable intelligence the field force and access team can act on inside the same week.

3

Market access: double dossier velocity without adding headcount

HTA and JCA submission volume has roughly tripled against 2023. Reviewer-side AI has expanded at the same tempo. The access team that pulls dossier preparation, competitor-filing monitoring, and pharmacoeconomic modelling into an agent-assisted workflow files twice the submissions at equal quality. The affiliate that does not add headcount HQ will not authorise, or loses formulary decisions it cannot recover this cycle.

4

Launch knowledge: capture it now, compound it into the next launch

Every call transcript, every KOL interaction memo, every committee negotiation note, every congress briefing is training data for the next launch. Most affiliates discard it. The affiliate that structures it from the current launch forward starts the next launch with four months of uptake advantage already built in. On a 50M SEK Nordic specialty asset, four months is 15 to 20M SEK of gross margin recovered per launch. Across three to five launches in a decade, it compounds. Longest lead time. Start now.

The only firm that joins the launch conversation to the working tools

The commercial director in 2026 has four places to go for help. None of them can do what we do.

The CRM vendor AI agents. They sit inside the CRM and optimise pre-call prep and post-call summaries. They do not connect field, MSL, market access, and marketing into one launch engine, because doing so would dissolve their platform lock-in. Every competitor gets the same agents in six months.

The big consulting firms. They are Salesforce and Veeva implementation partners now, not independent advisors. They will write you a two-million-euro strategy deck. They cannot put a working MSL preparation agent in your team's hands in three weeks.

The global HQ AI playbook. It is coming. It will arrive with HQ-defensible metrics, the vendor stack already chosen, and a rollout sequence your affiliate fits into. The affiliates moving first will be the case studies the playbook incorporates.

Pharma-specific sales-tech vendors. Point products born inside the pre-AI commercial motion. Each pattern-matches to "another tool my field force will not use" once the real question is affiliate-architecture-level.

The market offers four things you have already said no to. GRAIL is the fifth option.

WHAT YOU GET

Senior advisory that speaks launch floor, not strategy deck

Working tools your team uses the same week

Custom agents built on your launches, KOLs, committees

The start of a commercial-data asset your team feeds

No vendor lock-in at any phase of the engagement

WHY IT MATTERS

Founded by operators with pharma commercial experience

Business first, technology second

Three weeks from first meeting to working tools

Your team keeps the tools, the affiliate owns the IP

Every next step earned by what just shipped, never assumed

Three sessions with your commercial leadership team. Working tools from week one.

We start with your commercial leadership team because the change cannot outrun the team's personal understanding of what is possible. Three workshops. Each delivers standalone value. Each earns the right to the next.

WORKSHOP 01

How to think

Walk through what is happening in pharma commercialisation and on your launch floor. Build the first working tool in the room: a pre-call prep agent for one of your reps, on one of your real accounts, for one of your current launches. Your leadership team leaves with a shared view of what to do next and the first working tool already in their hands.

WORKSHOP 02

Your team's tools

A half-day activation. Each member of your leadership team leaves with five to eight working tools tuned to their function. Pre-call prep. Live KOL interaction capture. Dossier assembly acceleration. Formulary-decision monitoring. Launch-portfolio dashboard. Tools the team uses the same week, not slides about tools.

WORKSHOP 03

Ready to roll

Refined tools based on real use. The rollout plan to the wider field and MSL teams. The KOL-knowledge capture plan for your senior MSLs. The dossier-velocity playbook for market access. And the CEO and global HQ conversation with numbers they can check, not a deck they cannot argue with.

Three weeks. No IT project. No global approval to start. The tools your team is already using when we finish.

For your next leadership team meeting

The questions where your leadership team cannot agree on an answer are the ones worth an hour on the agenda. Ask these honestly.

Of your last three formulary decisions that went the other way, how many went to competitors who arrived better prepared rather than better priced? If you do not know, how would you find out?

What is your current launch's month-six uptake running against plan, and which of your four commercial functions is the binding constraint? Which functions think they are the answer and are not?

If your top three MSLs retired next year, what would happen to the KOL relationships they hold? What have you actually captured about those relationships in the last twelve months?

Where is the average rep and average MSL spending their Monday morning today, and where would they need to spend it to close one more formulary win per quarter?

Which of your reps, MSLs, or market access leads is already doing what the rest of the team will need to do by 2027? What would it take to make that behaviour the default across the affiliate?

If any of these produces a disagreement in your leadership team, that is the conversation worth having before global HQ asks.

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