



# From Insights to Action: Driving First-Line Adoption Through Behavioral Strategy



## The Challenge

Our client had recently secured first-line approval for their innovative treatment in a rare hematological condition – marking a major milestone as the first oral therapy with a novel mechanism of action in the space. Early adoption first-line was strong; however, within months of launch, prescribing behaviors began to shift. Despite clinical positioning for first-line use, healthcare providers (HCPs) increasingly relegated brand usage to second-line treatment.

This unexpected trend raised urgent strategic questions. In a crowded and rapidly evolving treatment landscape – including two new first-line entrants (an oral add-on and monotherapy) introduced since launch, our client faced the risk of losing market momentum and revenue. To drive HCP behavior towards adopting our client’s treatment as a first-line option, and ultimately secure a sustainable market positioning, it was critical to uncover how to effectively establish the brand as the preferred choice in the treatment landscape.

## Key questions included:

What attitudes or behaviors drive HCP decision-making that favors second line use over the intended first-line positioning for the client’s brand?



What is the current and evolving role of our client’s brand in treatment decision-making?



What factors drive or inhibit the use of competing first-line agents in this space?



How can the brand disrupt entrenched prescribing habits to encourage appropriate first-line use of their treatment?





## Our Approach

Given the rarity of the condition, we partnered with **Just Worldwide**, a division of the Branding Science Group, to recruit highly specific HCP profiles with firsthand experience treating the disease. To ensure adequate representation across first-line treatment approaches, HCPs were segmented based on self-reported prescribing behavior over the past 12 months. Tailored outreach ensured diversity across geography, specialty, and prescribing patterns.



To uncover what truly drives HCP behavior, we employed our **“Breaking the Habit”** methodology – a qualitative research framework grounded in behavioral science. Our **“Breaking the Habit”** approach goes beyond surface-level responses to reveal the implicit drivers, emotional cues, and cognitive shortcuts that shape prescribing decisions, often without conscious awareness.

Our moderators, trained in behavioral interviewing techniques, built rapport and created an environment where HCPs felt comfortable sharing both rational reasoning and emotional undercurrents influencing their treatment decisions.

Through the **“Breaking the Habit”** approach, using immersive and lifelike patient vignettes, we recreated real-world clinical scenarios to mirror the time-pressure conditions under which HCPs typically make decisions. This allowed us to capture both rational and automatic elements of behavior, helping us decode clinical inertia, habitual prescribing, and emotional resistance to change – rather than relying only on recall or post-rationalization.

To further enrich our understanding, we conducted **conflict duos** – paired discussions between HCPs with differing prescribing behaviors. These sessions illuminated how HCPs interpret patient cases, defend their choices, and respond to peer influence. By observing these dynamics in real time, we uncovered both individual motivations and the social norms that reinforce, or challenges, prescribing behaviors.



Together, these methods provided a 360-degree view of the behavioral ecosystem – highlighting actionable levers to shift entrenched patterns and reposition our client’s treatment as the preferred first-line choice.



## Outcome



This research provided valuable clarity into the behavioral dynamics shaping treatment decisions in a highly competitive, rare disease market. By identifying the **heuristics, cognitive biases, and emotional undercurrents influencing prescribing behavior**, we uncovered key barriers that explained the unexpected drop-off in first-line adoption.

- ⚙️ Despite initial openness to a novel, first-in-class oral treatment, **HCPs reverted to familiar prescribing habits due to deeply ingrained cognitive shortcuts** – including status quo bias and risk aversion.
- ⚙️ These behavioral defaults, coupled with unfounded concerns regarding adherence and perceived control with non-oral modes of administration, **contributed to the persistent preference for the established Standard of Care (SoC) treatment**

Importantly, the research revealed that **strong brand perceptions were not enough to override entrenched habits**. Automatic associations between certain clinical cues, such as specific symptoms or activated pathways, and later-line use, even when not clinically warranted, further reinforced this pattern of prescribing behavior.

These insights not only explained the underperformance in first-line uptake but also equipped our client with a roadmap to address behavioral barriers, reframe clinical heuristics, and more effectively position their treatment within real-world decision-making contexts.

Armed by these insights, we delivered strategic and tactical recommendations to:



**Accelerate short-term adoption** by targeting specific behavioral triggers in clinical messaging and field team engagement



**Reframe prescribing norms** to support sustained, long-term positioning as a go-to first-line option



**Mitigate bias at key points**, using tailored content and peer influence tactics to challenge inertia and build HCP confidence



These outcomes empowered our client to recalibrate their brand strategy and develop behaviorally informed initiatives to disrupt entrenched patterns – laying the groundwork for renewed growth and improved first-line uptake.



**Branding Science Group is an insights-led consultancy firm specializing in life sciences. We support clients across the entire product lifecycle, from clinical trials through patent expiration. Our unique behavioral focus empowers life science companies and teams to make smarter, evidence-based decisions by uncovering the real drivers behind stakeholder behaviors.**

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