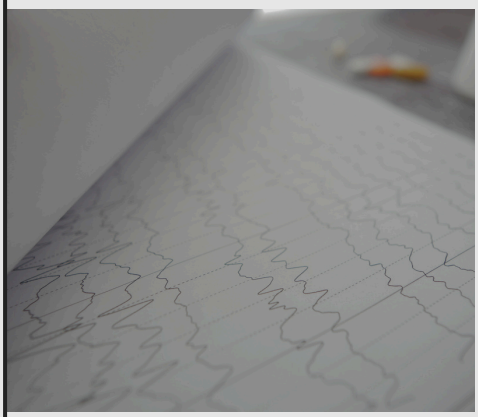
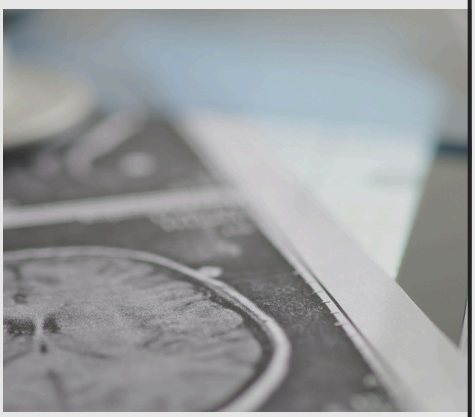
# *Brand* Playbook





## FIXING THE NEUROLOGY BRAND PICK DRIFT

*A clinic-embedded case study playbook to win brand pick in adult neurology*

INDITECH HEALTH SOLUTIONS

BRAND BOOK

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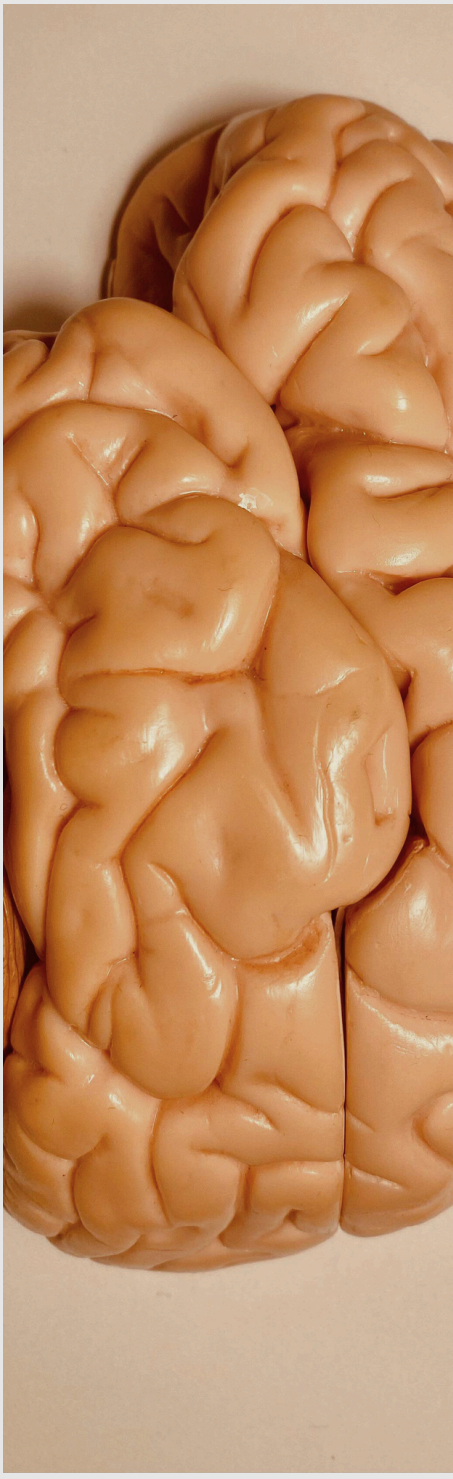


# Executive Summary

## THE DRIFT DEFINITION

In adult neurology, antiseizure therapy selection is not casual. Neurologists are deliberate, risk-aware, and guided by long-term trust in molecules they know well. Once a patient is diagnosed and stabilized, brand choices tend to persist.

On the surface, this should reward clinically sound options equally. In practice, it does not.

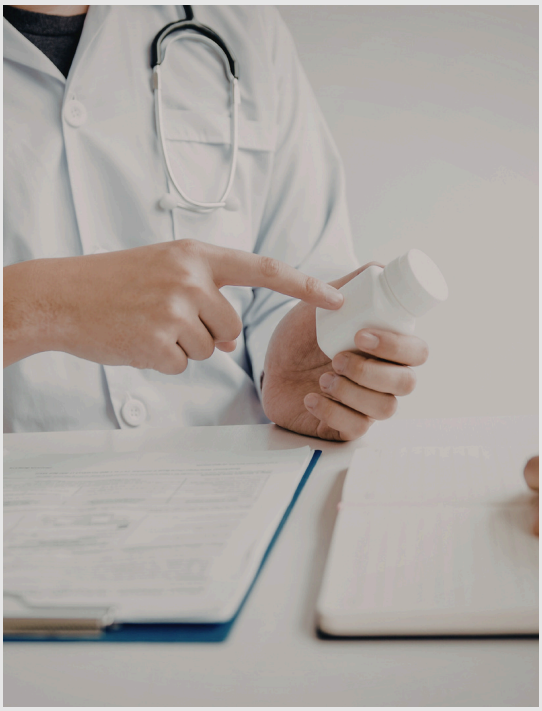
Prescribing behaviour in neurology is habit-anchored. When neurologists reach for a brivaracetam, the decision is rarely re-evaluated at each consult. The brand that was started first - or the one most frequently encountered in trusted contexts - becomes the default.

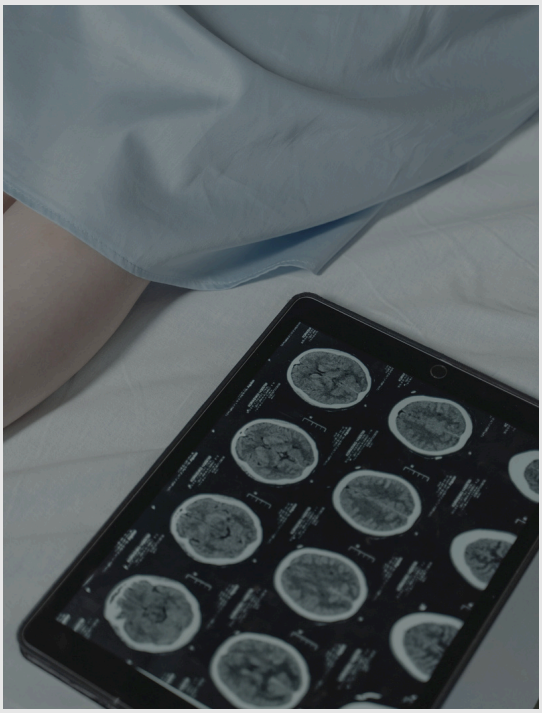
Brand UMI operates in this environment. The brand is not disputed, doubted, or clinically rejected. It simply struggles to be picked. Once the category decision is made, brand choice collapses into familiarity rather than reconsideration. As a result, Brand UMI loses not on efficacy or safety, but on absence from the neurologist's repeated decision surface.

Traditional responses are ineffective here. Increasing detailing frequency or repeating molecule education reinforces the category - but disproportionately strengthens the incumbent leader. The challenge is not awareness. It is where and how Brand UMI appears in the neurologist's working environment.

The strategic question is therefore precise:
*How does Brand UMI become the brand neurologists repeatedly see, trust, and default to - without disrupting clinical autonomy or relying on promotional pressure?*

This is not a molecule problem or a message problem. It is a brand pick problem driven by habit, trust, and clinic workflow - and it requires a solution that operates at that same level.

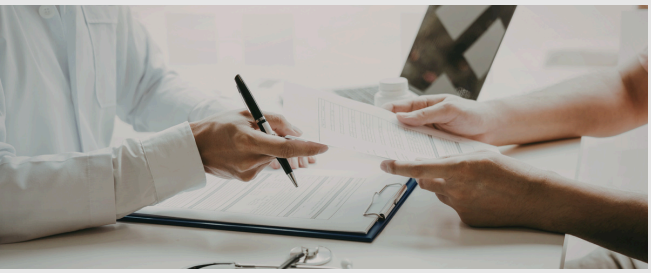




# Market Reality

## THE GUIDELINE–REALITY GAP

Neurology guidelines provide clear direction on diagnosis, treatment escalation, and long-term epilepsy management. Neurologists are well acquainted with brivaracetam as a molecule and are confident about its clinical role. Yet, in practice, prescribing behaviour is shaped by more than guideline logic alone.



**NEUROLOGY CLINICS FUNCTION UNDER SUSTAINED COGNITIVE PRESSURE:**

- high-stakes clinical decisions,
- complex and lengthy patient histories,
- emotionally invested caregivers,
- and limited time within each consultation.

Once a patient is stabilised, treatment choices are rarely revisited. Unless there is a clear disruption - loss of seizure control, tolerability concerns, or affordability issues - continuation becomes the natural course. Stability reinforces inertia.

Guidelines clarify what to treat. They do not determine which brand remains mentally available over months and years of routine care.

**THIS CREATES A STRUCTURAL DIVIDE:**

- Evidence guides initiation.
- Familiarity and habit guide continuation - and brand choice.

Brands that are not present at the neurologist's most trusted and practically useful moments struggle to remain visible, irrespective of their clinical strength.

In this context, additional category education often delivers diminishing returns. While it reinforces confidence in brivaracetam as a class, it simultaneously strengthens recall of brands already embedded in daily practice.

*The gap, therefore, is not clinical in nature. It is behavioural and structural - formed through repetition, trust, and seamless presence within the clinician's workflow.*

# Problem Framework

## THE BRAND PAIN

*For Brand UMI, brand pick failure expresses itself in three specific ways.*

**1**

### HABIT SUPPRESSES RECONSIDERATION

In adult neurology, switching brands is cognitively expensive. Once a brand is trusted, neurologists prefer continuity unless forced to change.

For Brand UMI, this means that clinical parity is insufficient. Without repeated exposure in trusted contexts, the brand remains "acceptable" but not chosen.

**2**

### LOW RECALL AND LOW PRESCRIBER BASE REINFORCE EACH OTHER

Brand pick and prescriber base grow together - or not at all. Limited usage means limited lived experience, which further suppresses recall and confidence.

This creates a self-reinforcing loop where Brand UMI remains peripheral despite clinical adequacy.

**3**

### ABSENCE FROM CLINIC UTILITY MOMENTS

Brand UMI currently appears primarily during detailing interactions. It is largely absent from the neurologist's day-to-day clinic operations, where trust and habit are reinforced.

This absence means the brand is neither rejected nor discussed - it is simply not encountered often enough to be picked.

## THE COMMERCIAL CONSEQUENCE

In neurology, brand growth is not driven by persuasion. It is driven by repeated, trusted presence in the neurologist's working ecosystem. Until Brand UMI occupies such a space, recall and brand pick will continue to lag behind category acceptance.

# The Behavioural Moment Map

## BRAND OPERATING PERSPECTIVE

For Brand UMI, brand preference in neurology is not created at the point of prescription. It is shaped gradually across a small number of recurring, influenceable moments within clinic life.

### MOMENT 1:

PRE-CONSULT SYMPTOM UNCERTAINTY

Patients often arrive anxious and uncertain about the seriousness of symptoms. Clinic focus at this stage is entirely on safety, triage, and urgency.

From a brand perspective, this is not an appropriate point of intervention. Brand presence here risks intrusion and loss of trust.

### MOMENT 2:

CLINIC TRIAGE AND RED-FLAG ASSESSMENT

Neurologists and clinic teams repeatedly evaluate:

- urgency,
- neurological red flags,
- and immediate next steps.

For Brand UMI, this represents a high-frequency, high-trust operational moment that occurs across nearly every clinic day.

Brand presence at this stage must be functional, restrained, and supportive - embedded through tools that clinicians rely on, not messages they must interpret.

## MOMENT 3:

ONGOING EPILEPSY MANAGEMENT

Once diagnosis is established, patient education, adherence support, and safety counselling occur repeatedly over months and years.

For Brand UMI, alignment here enables long-horizon brand familiarity without fatigue, provided the brand supports continuity of care rather than promotion.

Presence must reinforce reliability and responsibility, not differentiation claims.

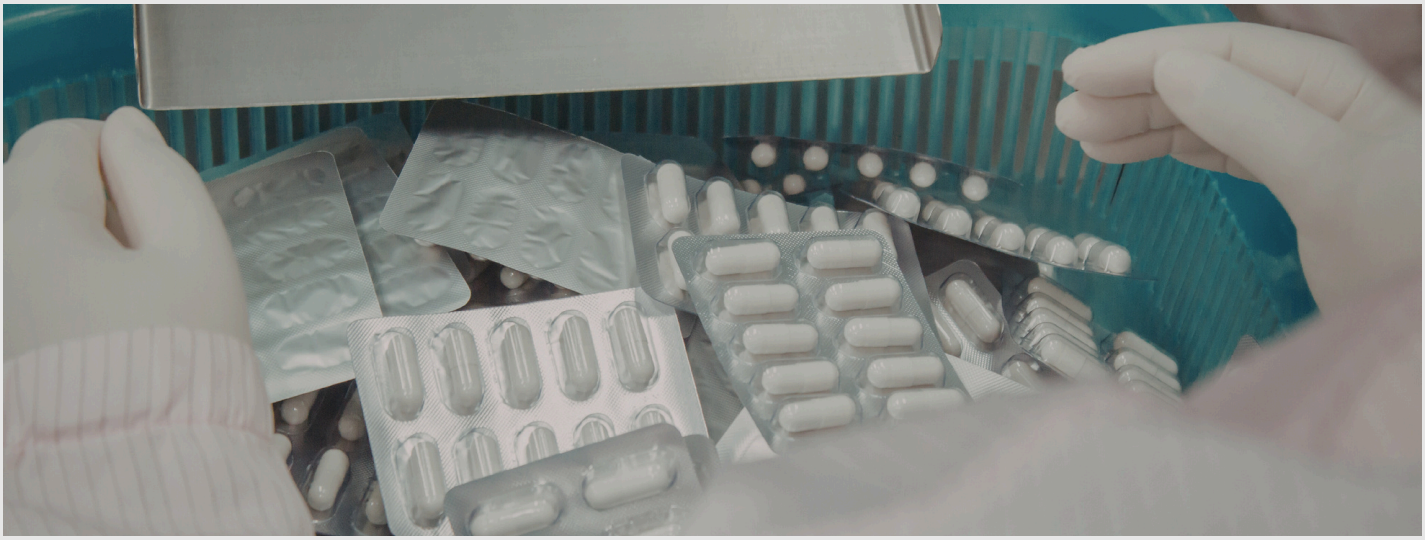
## MOMENT 4:

PRESCRIPTION EXECUTION

Prescription writing itself is typically stable and habit-led.

From the brand's standpoint, this moment reflects the outcome of prior trust and familiarity, not a window for intervention. Any attempt to influence choice at this stage is both inefficient and misaligned.

For Brand UMI, brand shaping must occur before this point - not during it.



# The Clinic-Centred Solution Framework

## ENTER → EMBED → DEFAULT

For Brand UMI, the objective is not to influence prescribing behaviour directly. The objective is to earn a stable, legitimate place inside neurology clinic workflows, so brand selection occurs naturally, without active persuasion.


## ENTER

(BRAND-LED ORIGINATION THROUGH CLINIC VALUE)

Brand UMI enters the clinic ecosystem by funding and enabling practical neurology utilities that neurologists choose to use in daily practice:

- a universal neurological red-flag screening system,
- and a dedicated epilepsy patient companion microsite.

These assets are designed to solve routine clinic challenges.Their adoption is driven by usefulness and relevance, not brand messaging. Brand presence is implicit, restrained, and appropriate.

## EMBED

(BRAND FAMILIARITY BUILT THROUGH ETHICAL REPETITION)

Brand UMI remains visible only within professional and administrative environments, including:

- physician-facing email summaries,
- clinic dashboards,
- and administrative screens.

This ensures repeated exposure in high-trust, low-resistance settings, where attention is functional rather than evaluative.

For the brand, repetition occurs without interruption and without claims.

## DEFAULT

(BRAND PREFERENCE AS A NATURAL OUTCOME)

With time, Brand UMI becomes:

- recognisable through repeated, non-intrusive presence,
- associated with responsible, clinic-first support,
- and mentally accessible when brand decisions are made.

Brand preference shifts quietly- not through persuasion, but through familiarity and trust built within the clinic system itself.



# DEFAULT

# Replication Blueprint

| Module | What Brand UMI Enables | How It Operates in Clinics | Impact on Brand Pick |
|---|---|---|---|
| Clinic-Branded Neuro Red-Flag System | QR + WhatsApp symptom screening | Patients self-screen; clinic receives red-flag summary | High-frequency, ethical brand presence on HCP/admin layers |
| Symptom-Specific Triage Screens | Headache, seizure-like episode, weakness, etc. | Structured triage and next-step guidance | Broad neurologist adoption driven by daily utility |
| Epilepsy Patient Education Microsite | Clinic-branded education hub | Shared with confirmed epilepsy patients | Sustained therapy-area alignment with Brand UMI |
| Physician Email Summaries | Auto-generated red-flag reports | Delivered per screening event | Repeated, non-promotional brand recall |
| Field Enablement Layer | Whitelabelling and onboarding | One-time activation with minimal upkeep | Scalable rollout without dependency on detailing |

# Brand Pick Execution Checklist

| | | |
|---|---|---|
| CLINIC VALUE PRECEDES BRAND VISIBILITY | Adoption is driven by practical usefulness within the clinic, not by brand messaging. | ✓ |
| BRAND PRESENCE IS RESTRICTED TO PROFESSIONAL ENVIRONMENTS | Visibility remains limited to HCP and administrative layers, preserving trust and ethical distance. | ✓ |
| CONTENT CREDIBILITY IS INSTITUTION-LED, NOT BRAND-ASSERTED | Academy-ratified frameworks anchor confidence and minimise resistance. | ✓ |
| REPETITION IS EARNED THROUGH ROUTINE USE | Familiarity is built via high-frequency, everyday workflows rather than campaign intensity. | ✓ |
| PREFERENCE FORMS INDEPENDENTLY OF FIELD PRESSURE | Brand pick emerges without reliance on last-mile persuasion or aggressive detailing. | ✓ |

# Brand Outcome

## MEASUREMENT LOGIC

How Measurement Translates to Brand Impact

| Measurement Layer | What Is Tracked | What It Means for Brand UMI |
|---|---|---|
| Clinic Adoption | Number of clinics activated | Confirms entry into neurologist workflows and legitimacy within practice |
| Usage Frequency | Screens completed per clinic | Indicates repetition - an essential condition for brand familiarity |
| HCP Exposure | Doctor/admin reports generated | Measures ethical brand presence in high-trust professional contexts |
| Engagement Depth | Epilepsy microsite usage | Signals therapy ownership beyond initiation |
| Brand Pick Proxy | Prescriber base growth vs matched controls | Reflects downstream shift in brand preference over time |

# Why This Measurement Matters for the Brand?

For Brand UMI, these indicators do not function as activity metrics.

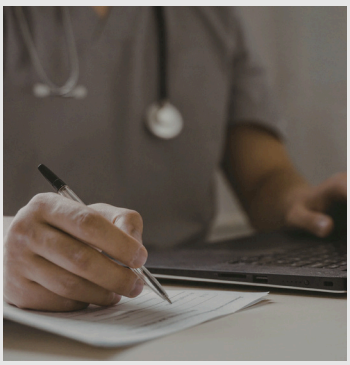
They function as early warning and early confirmation signals:

- Adoption indicates permission to exist inside the clinic.
- Usage indicates habit formation.
- Exposure indicates mental availability.
- Engagement indicates therapeutic credibility.
- Prescriber growth indicates behavioural outcome.

Together, they allow the brand to track progress before sales numbers move, and to defend investment decisions with logic rather than attribution claims.

Brand success, in this model, is not measured by immediate uplift. It is measured by how deeply and durably Brand UMI becomes part of routine care.


# STRATEGIC OPPORTUNITY & CTA



Brand UMI does not need to shout louder in neurology. It needs to stand where neurologists already work.

By sponsoring clinic-branded neuro tools that improve safety, triage, and patient understanding, Brand UMI becomes a trusted, familiar presence - and over time, the brand neurologists naturally pick.

The next step is not more detailing. It is earning a permanent place inside the neurology clinic ecosystem.

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