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Review Paper

Brand Positioning Strategies for Prescription Drug

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ABSTRACT

The pharmaceutical industry is one of the most competitive and highly regulated sectors in the world, making brand positioning an essential factor in the success of prescription drugs. Pharmaceutical companies must create strategies that not only differentiate their products from competitors but also comply with strict regulatory standards and address the expectations of healthcare professionals, patients, and payers. This study analyzes the different approaches used in prescription drug brand positioning, including clinical effectiveness, safety communication, patient-focused marketing, physician engagement, and digital promotional strategies. The project also examines how pharmaceutical organizations use disease awareness campaigns, lifecycle management, and value-based marketing to strengthen brand identity and improve market performance. In addition, the research highlights the growing influence of digital healthcare technologies, personalized medicine, and real-world evidence in shaping modern pharmaceutical branding practices. The findings indicate that successful prescription drug positioning depends on a combination of scientific credibility, ethical communication, innovation, and strong stakeholder relationships. Pharmaceutical brands that consistently deliver meaningful therapeutic value while maintaining transparency and patient trust are more likely to achieve sustainable growth and competitive advantage in the global healthcare market.

INTRODUCTION

The global pharmaceutical industry represents one of the largest and most economically significant sectors in the world. According to IQVIA Institute (2023), global pharmaceutical revenues exceeded

\$1.4 trillion in 2022, with prescription drugs accounting for the vast majority of this figure. Within this massive market, the ability to build and maintain a strong brand position is not merely a commercial imperative—it is a fundamental

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determinant of a product's ability to reach patients who need it and of a company's capacity to recoup the enormous investments required to bring a drug to market.[1] The cost of developing a new prescription drug is staggering. DiMasi, Grabowski, and Hansen (2016) estimated average capitalized research and development (R&D) costs at approximately \$2.6 billion per approved new medicine, a figure updated by Wouters, McKee, and Luyten (2020) who found a median cost of \$985 million in out-of-pocket expenses and \$1.3 billion including the cost of capital. With such financial stakes, and given the competitive intensity of most therapeutic areas, pharmaceutical companies must deploy sophisticated brand positioning strategies to achieve and sustain market success.[2-3] Unlike fast-moving consumer goods, prescription drugs are subject to a unique constellation of constraints. Regulatory agencies such as the U.S. Food and Drug Administration (FDA) and the European Medicines Agency (EMA) govern what claims can be made, to whom, and through which channels. Physicians serve as gatekeepers, making prescribing decisions on behalf of patients. Payers—including insurance companies, pharmacy benefit managers, and government health programs—increasingly determine which drugs are accessible and at what cost. Patients, meanwhile, are becoming more empowered consumers who actively seek information about their treatment options.[4-5] This complex stakeholder ecosystem makes pharmaceutical brand positioning a multidimensional challenge. Success requires not only a deep understanding of clinical science and competitive dynamics, but also an appreciation for the values, concerns, and decision-making processes of physicians, patients, payers, and other key actors. It requires the ability to translate clinical data into compelling narratives, and to do so within a regulatory framework that demands accuracy, balance, and

transparency.[6-7] This project aims to provide a systematic and comprehensive exploration of the strategies pharmaceutical companies use to position their prescription drug brands. Drawing on established marketing theory, pharmaceutical industry research, and illustrative case examples, the project examines the full spectrum of positioning approaches—from early-stage clinical differentiation through lifecycle management and beyond. The project also addresses the ethical responsibilities that accompany pharmaceutical branding, arguing that the most sustainable brand positions are those grounded in genuine clinical value and patient benefit.[8-9].

Theoretical Framework of Brand Positioning

The Concept of Brand Positioning

The concept of brand positioning was systematized by Ries and Trout (2001) in their seminal work, which argued that positioning is fundamentally about how a product is perceived in the mind of the target consumer, relative to competing products. Rather than being an inherent property of the product itself, positioning is a mental construct—a set of associations, beliefs, and evaluative judgments that define the place a brand occupies in a competitive landscape. Ries and Trout's insight was that, in an era of information overload, the mind of the consumer is the ultimate battleground for commercial success.[10] Kotler and Armstrong (2018) define positioning as 'arranging for a product to occupy a clear, distinctive, and desirable place relative to competing products in the minds of target consumers.' This definition highlights three essential qualities of effective positioning: clarity (the consumer can readily identify what the brand stands for), distinctiveness (the brand is perceived as different from alternatives), and desirability (the brand's position is one that target consumers actually value).[11] Keller (1993, 2008) extended these foundations through his Customer-Based



Brand Equity (CBBE) framework, which conceptualizes brand equity as the differential effect of brand knowledge on consumer response to marketing activity. According to this framework, brands build equity through two pathways: brand awareness (the breadth and depth of recall and recognition) and brand image (the associations held in memory). In the pharmaceutical context, brand image encompasses associations related to clinical efficacy, safety, mechanism of action, disease relevance, and the overall experience of using the medication. [12-13]

Positioning Dimensions and Perceptual Maps

A foundational tool in positioning analysis is the perceptual map, which visually represents how consumers perceive brands relative to one another along key dimensions. In pharmaceutical markets, relevant positioning dimensions might include efficacy versus safety, ease of administration versus potency, specialty versus primary care indication, or innovation versus established heritage. By mapping competitor positions along these axes, brand managers can identify unoccupied positioning opportunities and assess the feasibility of repositioning efforts. [14] Porter (1980) contributed a complementary strategic perspective with his concept of competitive advantage, arguing that firms must choose between cost leadership, differentiation, or focus strategies to achieve sustainable competitive positions. In pharmaceutical markets, differentiation is the dominant paradigm—companies seek to position their drugs as meaningfully superior to competitors along one or more relevant dimensions, justifying premium pricing and physician preference. [15]

Points of Difference and Points of Parity

Keller (2008) introduced the concepts of points of difference (PODs) and points of parity (POPs) as practical tools for positioning development. PODs

are the attributes or benefits that consumers strongly associate with a brand and believe they cannot find to the same extent in competitors. POPs, by contrast, are associations that are not necessarily unique to a brand but are sufficiently important that their absence would disqualify a brand from consideration. In prescription drug marketing, a novel mechanism of action or a superior tolerability profile might constitute a POD, while demonstrated efficacy for the core indication represents a POP—a baseline expectation that must be met before differentiation on other dimensions becomes relevant. [16] Carpenter and Nakamoto (1989) documented the pioneering advantage phenomenon, whereby first-movers in a product category often achieve disproportionately strong brand positions because they define the attributes on which consumers evaluate all subsequent entrants. This phenomenon is particularly pronounced in pharmaceutical markets, where the first effective treatment for a condition frequently establishes the gold standard against which all competitors are measured. Subsequent entrants must either demonstrate superiority on the established dimensions or redefine the competitive frame by introducing new, relevant dimensions. [17]

The Role of Brand Equity in Pharmaceuticals

Aaker and Joachimsthaler (2000) argue that brand equity consists of four core assets: brand loyalty, brand awareness, perceived quality, and brand associations. Each of these assets takes on specific significance in the pharmaceutical context. Brand loyalty among physicians manifests as consistent prescribing preference; among patients, it reflects adherence and preference for a specific formulation or brand over generics. Perceived quality is anchored in clinical evidence, regulatory endorsements, and the prescribing experience. Brand associations extend to the company's scientific reputation, its patient support programs,



and the broader disease narrative it champions. [18]Janiszewski and van Osselaer (2000) further showed that brand-quality associations are learned through repeated exposure and reinforced through consistent brand communication, underscoring the importance of sustained, coherent brand messaging over the product lifecycle. [19]

The Pharmaceutical Marketing Environment Industry Structure and Competitive Dynamics

The global pharmaceutical industry is characterized by a dual structure comprising large, vertically integrated multinational corporations (MNCs) and a growing cohort of specialized biotech and specialty pharma companies. The MNCs—including companies such as Pfizer, Novartis, Roche, Johnson & Johnson, and AstraZeneca—compete across multiple therapeutic areas with extensive portfolios of branded and generic products. Specialty companies, by contrast, typically focus on specific disease areas such as oncology, rare diseases, or central nervous system disorders, and often develop more targeted positioning strategies optimized for smaller, highly specialized prescriber communities. [20]Competitive intensity varies significantly across therapeutic areas. In large, established categories such as cardiovascular disease, diabetes, and respiratory conditions, competitive landscapes are crowded with multiple branded and generic options, requiring highly differentiated positioning strategies. In rare disease markets, competitive dynamics are different: patient populations are small, physician communities are specialized, and first-to-market advantages are often decisive. Narayanan, Manchanda, and Chintagunta (2005) showed that marketing communication strategies must be adapted to the competitive structure of the category, with different optimal mixes of physician detailing, journal advertising, and

direct-to-consumer promotion depending on market maturity. [21]

Key Stakeholders in Prescription Drug Branding

Physicians and Healthcare Professionals

Physicians remain the primary gatekeepers of prescription drug use. Despite growing patient empowerment and DTC advertising, the prescribing decision ultimately rests with the clinician, who must weigh clinical evidence, patient characteristics, formulary constraints, and personal experience in selecting among available treatment options. Brand positioning targeted at physicians therefore emphasizes clinical data, therapeutic advantages, safety profiles, and prescribing convenience. [22]

Physician engagement occurs through multiple channels: personal selling by pharmaceutical sales representatives (detailing), medical education events, journal advertising, digital medical platforms, and key opinion leader (KOL) endorsements. Smith (1991) documented the central role of the pharmaceutical sales force in shaping prescribing behaviour, while Wittink (2002) provided quantitative analysis demonstrating significant return on investment from physician detailing in a range of therapeutic categories. [23]Physicians differ significantly in their prescribing orientation and openness to new therapies. Early adopters—often academic specialists or KOLs—are disproportionately important in establishing a drug's clinical reputation and legitimating it for broader use. Mainstream prescribers in primary care settings are more likely to follow guidelines and formulary recommendations. This heterogeneity requires pharmaceutical companies to develop segmented positioning strategies that address the distinct concerns and decision criteria of different physician segments.



Patients as Brand Stakeholders

Patients have become increasingly important stakeholders in pharmaceutical brand positioning. The growth of the internet, social media, and patient advocacy organizations has transformed patients from passive recipients of medical advice into active participants in their own healthcare decisions. Mintzes et al. (2002) demonstrated that DTC pharmaceutical advertising in the United States significantly influences patients' requests for specific medications and, through these requests, affects prescribing decisions. Patient-centric brand positioning recognizes that patients evaluate prescription drugs not only on the basis of clinical outcomes, but also on dimensions such as ease of administration, tolerability, impact on daily life, and emotional resonance. Brands that effectively address the patient experience—beyond the clinical—can build strong emotional connections that enhance adherence, treatment persistence, and advocacy. [24]

Payers and Health Technology Assessment Bodies

Payers and health technology assessment (HTA) bodies have become decisive stakeholders in pharmaceutical brand positioning in most developed markets. In the United States, pharmacy benefit managers (PBMs) and managed care organizations determine formulary placement and patient out-of-pocket costs. In Europe and other markets, HTA bodies such as the National Institute for Health and Care Excellence (NICE) in the United Kingdom, the Haute Autorité de Santé (HAS) in France, and the Institute for Quality and Efficiency in Health Care (IQWiG) in Germany evaluate the clinical and economic value of new drugs and make coverage recommendations. Positioning for payers requires a fundamentally different value proposition than positioning for physicians or patients. Payers are primarily

concerned with population-level efficacy, safety, and cost-effectiveness relative to existing standard of care. They require health economic analyses, budget impact models, and increasingly, real-world evidence demonstrating that the benefits observed in clinical trials translate to real-world populations. [25]

Other Influencers: KOLs, Patient Advocacy Organizations, and the Media

Key opinion leaders—prominent physicians and researchers who are recognized as authoritative voices in their therapeutic areas—play a crucial role in pharmaceutical brand positioning. KOL endorsement, participation in clinical trials, presentations at medical conferences, and publication of scientific papers all contribute to a drug's scientific credibility and clinical reputation. Pharmaceutical companies invest heavily in KOL engagement programs, scientific advisory boards, and sponsored medical education to build and maintain favorable relationships with these influential figures. [39] Patient advocacy organizations represent another important influencer segment. These organizations, which range from small grassroots groups to large, professionally managed nonprofits, can significantly influence treatment guidelines, reimbursement decisions, and patient awareness. Collaborations between pharmaceutical companies and patient advocacy organizations—when conducted transparently and in compliance with applicable codes of practice—can enhance disease awareness, support patient access, and build brand credibility through patient testimonials and lived-experience narratives.

Core Brand Positioning Strategies

Clinical Differentiation and Efficacy-Based Positioning

Clinical differentiation is the most fundamental and durable basis for prescription drug brand



positioning. When a drug demonstrates superior efficacy—a higher response rate, faster onset of action, greater reduction in disease burden, or better outcomes on clinically meaningful endpoints—these advantages provide powerful, defensible positioning claims that are grounded in regulatory-approved evidence. Keller (2008) identifies efficacy-based superiority as the most compelling source of PODs in pharmaceutical markets.

Efficacy-based positioning strategies are most effective when they focus on endpoints that are both clinically meaningful and perceptually salient to the target audience. While statistical significance is necessary, it is rarely sufficient—companies must translate clinical data into narratives that resonate with prescribers and patients. This often requires careful selection of key clinical messages from trials, supported by visual aids, slide kits, and medical education materials that make complex data accessible and compelling. [26]

A classic example of efficacy-based positioning is in the oncology space, where survival benefit—measured in months of progression-free survival or overall survival—has become the primary currency of competitive differentiation. Drugs that can demonstrate statistically and clinically significant survival advantages occupy privileged positions in prescribing hierarchies, often commanding premium prices and favorable formulary access.

Safety-Based Positioning

In therapeutic areas where competing drugs offer comparable efficacy, safety and tolerability often emerge as the primary basis for differentiation. A drug with a superior adverse event profile—fewer serious side effects, lower rates of treatment discontinuation, or more manageable tolerability—can command strong brand preference among prescribers who are concerned

about patient safety and quality of life. Smith (1991) documented the pivotal role of safety data in shaping prescribing decisions, particularly in primary care settings where physicians treat large numbers of patients with varying comorbidity profiles. Safety-based positioning requires careful management of the safety communication strategy. While emphasizing a favorable safety profile can create significant PODs, companies must simultaneously comply with regulatory requirements to disclose all known risks in a balanced and complete manner. The FDA's 'fair balance' requirement mandates that promotional materials present risk information with prominence comparable to benefit claims, creating a specific challenge for safety-based positioning messages.

Patient-Centric Positioning

Patient-centric positioning strategies focus on the holistic patient experience, addressing not only clinical outcomes but also quality of life, treatment convenience, emotional impact, and day-to-day practicality. This approach recognizes that patients evaluate prescription drugs through a lens that extends far beyond efficacy data, encompassing factors such as dosing frequency, route of administration, side effect burden, impact on work and social life, and alignment with personal health goals. Slater and Flora (1991) emphasized the importance of audience segmentation in health communication, demonstrating that different patient segments have distinct health lifestyles, values, and information-seeking behaviors that require tailored positioning approaches. Patient-centric brands invest in deep patient insight research—including ethnographic studies, patient journey mapping, and qualitative interviews—to develop a nuanced understanding of unmet needs and emotional drivers that can inform positioning strategy. [27] Patient support programs (PSPs) have become an important vehicle for patient-



centric brand positioning. These programs—which may include nurse educator services, adherence support tools, financial assistance programs, and disease management resources—extend the brand experience beyond the prescription pad and reinforce positive associations with the drug. Luo and Bhattacharya (2006) showed that corporate social responsibility initiatives, of which PSPs are a form, significantly enhance customer satisfaction and brand equity.

Disease Awareness and Education Strategies

Disease awareness campaigns represent a distinctive positioning strategy in which pharmaceutical companies invest in educating target audiences about a disease condition—its prevalence, symptom burden, underdiagnosis, and treatment implications—as a precursor to or complement to product-specific promotion. By building disease awareness, companies expand the total addressable market for their products, establish themselves as authoritative voices in the therapeutic area, and shape the diagnostic and treatment criteria against which their products are evaluated. Rosenthal et al. (2002) analyzed patterns of pharmaceutical promotion in the United States, finding that disease awareness campaigns were particularly prevalent for conditions that were historically underdiagnosed or undertreated—such as depression, erectile dysfunction, and restless legs syndrome. By expanding awareness of these conditions, companies simultaneously expanded demand for pharmacological treatment. Critics have argued that this strategy can contribute to medicalization of normal human experiences; proponents contend that increased awareness enables patients who are genuinely suffering to seek and receive appropriate care.

Convenience and Formulation-Based Positioning

Formulation innovation provides an important source of differentiation in pharmaceutical markets, particularly in therapeutic areas where the core pharmacology of competing products is similar. Innovations such as once-daily dosing (compared to multiple daily doses), novel delivery mechanisms (transdermal patches, long-acting injectables, orally disintegrating tablets), extended-release formulations, and combination products can meaningfully differentiate a brand on dimensions of patient convenience and adherence. Formulation-based positioning is particularly powerful when it addresses a clinically meaningful unmet need. For example, the development of long-acting injectable formulations for antipsychotic drugs addressed a critical adherence challenge in schizophrenia management, enabling patients who had difficulty remembering or were unwilling to take daily oral medications to maintain consistent therapeutic drug levels. This formulation innovation created a compelling positioning narrative centered on improved adherence and reduced relapse risk. [28]

Value and Access-Based Positioning

As payer scrutiny of pharmaceutical pricing has intensified, value-based positioning has become an increasingly important strategic priority. Value-based positioning communicates a drug's economic value proposition alongside its clinical benefits, using health economic data to demonstrate cost-effectiveness, budget impact, and outcomes-based value to payers, pharmacy directors, and health system administrators. [53] Effective value-based positioning requires robust health economics and outcomes research (HEOR) capabilities, including cost-effectiveness modeling, quality-adjusted life year (QALY) calculations, and real-world evidence generation. Wouters, McKee, and Luyten (2020) documented the growing importance of HEOR data in HTA assessments across multiple markets, while



Stremersch and Tellis (2004) demonstrated that international market success increasingly depends on a company's ability to navigate diverse payer systems with tailored value propositions.

Physician-Targeted Positioning Strategies

The Detailing Model and Its Evolution

Pharmaceutical sales force detailing—face-to-face promotion by pharmaceutical sales representatives to individual physicians—has historically been the cornerstone of HCP-directed brand positioning. The detailing model enables highly personalized, interactive promotion that can be tailored to the specific clinical interests and practice patterns of individual prescribers. Wittink (2002) quantified the return on investment of detailing across multiple categories, finding significant positive effects on prescribing, particularly in competitive markets where brand differentiation is meaningful but not overwhelming. However, the traditional detailing model has been under pressure from multiple directions. Access restrictions at hospitals and large group practices have reduced physician-representative contact time. The time constraints of modern medical practice have led physicians to express preference for brief, focused information rather than extended promotional visits. Digital channels have emerged as alternative information sources. And regulatory scrutiny of industry-physician interactions has increased compliance burdens. In response, pharmaceutical companies have evolved their HCP engagement models, investing in digital detailing platforms, remote engagement capabilities, and more sophisticated targeting analytics to maximize the productivity of remaining face-to-face interactions.

Medical Education and Scientific Communication

Medical education represents a powerful vehicle for physician-targeted brand positioning that operates through scientific credibility rather than

direct promotional messaging. Pharmaceutical companies invest significantly in continuing medical education (CME), symposia at major medical congresses, speaker bureau programs, and publication of clinical trial results in peer-reviewed journals. While these activities are governed by strict codes of conduct that require independence from commercial promotion, they create a scientific ecosystem that shapes clinical thinking and prescribing behavior in ways that are favorable to brands with strong clinical data. [58]Narayanan, Manchanda, and Chintagunta (2005) demonstrated that medical education activities have significant and persistent effects on prescribing, often exceeding those of direct promotional activities in the long term. This finding suggests that pharmaceutical companies that invest in scientific leadership—sponsoring landmark clinical trials, funding investigator-initiated research, and supporting educational activities at major medical meetings—can achieve durable brand positioning advantages through scientific credibility.

Key Opinion Leader Strategy

Key opinion leaders represent an elite tier of physician influence in pharmaceutical brand positioning. These individuals—typically prominent academic specialists, clinical researchers, or guideline committee members—serve as multipliers of brand messaging, lending scientific credibility, peer influence, and professional authority to the brands they endorse. KOL relationships are cultivated through advisory board memberships, speaker bureaus, clinical trial participation, publication collaborations, and invitation to major medical congresses. [60]Effective KOL strategy requires careful identification of relevant influencers using medical publication databases, conference speaker records, and social network analysis tools. Companies must then develop authentic, mutually

beneficial engagement models that align KOL scientific interests with brand development objectives. Increasingly, companies are also investing in a second tier of ‘emerging’ opinion leaders—mid-career specialists who have growing influence in their communities and who may be more accessible and open to engagement than the most prominent KOLs.

Direct-to-Consumer (DTC) Advertising Strategies

Overview and Regulatory Context

Direct-to-consumer (DTC) prescription drug advertising—advertising aimed at patients and the general public rather than healthcare professionals—is permitted in only two developed countries: the United States and New Zealand. In the U.S., DTC advertising became widespread following the FDA’s 1997 guidance that allowed broadcast advertising of prescription drugs without requiring the full prescribing information, instead requiring a ‘major statement’ of risks and direction to consult a physician and access full labeling information. The scale of DTC advertising in the U.S. is substantial. PhRMA (2023) reported that pharmaceutical companies spent approximately \$6.8 billion on DTC advertising in 2022, making the industry one of the largest advertisers in U.S. media. Rosenthal et al. (2002) found that DTC advertising expenditure was concentrated in a relatively small number of high-volume therapeutic categories—including cholesterol management, antidepressants, arthritis, and allergies—where large patient populations and multiple competing brands made consumer-level differentiation strategically important.

DTC Positioning Archetypes

Pharmaceutical DTC advertising employs several recognizable positioning archetypes. The ‘branded help-seeking’ approach focuses on the disease condition and invites patients to discuss treatment

options with their physician, positioning the brand as the solution to a recognized problem. The ‘lifestyle relevance’ approach portrays the drug in the context of activities and experiences that the target patient aspires to enjoy, associating the brand with restored quality of life and functional capacity. The ‘clinical authority’ approach emphasizes clinical data, prescriber endorsement, or patient testimonials to build credibility and overcome skepticism. [65] Calfee, Winston, and Stempski (2002) analyzed the demand effects of DTC advertising for cholesterol-reducing drugs, finding that advertising significantly increased patient initiation of statin therapy, with effects concentrated among patients who were clinically indicated but not yet being treated. This finding supports the hypothesis that DTC advertising can play a legitimate role in closing the treatment gap for undertreated conditions. [29]

Balancing Brand Building and Risk Communication

A fundamental tension in DTC advertising is between brand building—which favors emotionally resonant, benefit-forward messaging—and risk communication, which regulatory requirements demand be prominent and balanced. Mintzes et al. (2002) found that patients who requested specific drugs based on DTC advertising were sometimes requesting medications that were not clinically appropriate for them, suggesting that the advertising was effectively communicating benefits but less effectively communicating risks. This tension remains a central challenge for pharmaceutical brand managers and a persistent focus of regulatory oversight.

Digital and Omnichannel Brand Positioning

The Digital Transformation of Pharmaceutical Marketing



The pharmaceutical industry has undergone a profound digital transformation over the past decade, driven by the widespread adoption of smartphones, social media, and digital health technologies by both healthcare professionals and patients. This transformation has created new channels for brand positioning that complement and in some contexts supplant traditional promotional vehicles. Digital platforms offer pharmaceutical companies unprecedented opportunities to deliver personalized, targeted, and measurable brand communications to specific audience segments at scale. [68] For physicians, digital engagement platforms such as Doceree, Veeva Engage, and Veeva CRM provide pharmaceutical companies with tools for digital detailing, content delivery, and interaction tracking. Online medical education platforms, webinar programs, and digital medical journals extend the reach of scientific communication beyond geographic constraints. Search engine marketing enables brands to intercept prescribers who are actively seeking clinical information about specific conditions or drug classes. [30]

Patient Digital Engagement

For patients, digital brand positioning encompasses a wide range of touchpoints including pharmaceutical brand websites, disease-specific patient education sites, search advertising, social media engagement, digital patient communities, and wearable health technology integrations. Patient-facing digital content must comply with applicable regulatory requirements—including those governing DTC advertising in permissive markets and labeling requirements in all markets—while also meeting the practical standards of digital content design: brevity, clarity, visual appeal, and mobile optimization. Social media presents particular challenges for pharmaceutical brand positioning. While platforms such as Facebook, Twitter/X, Instagram,

and YouTube offer massive reach and targeting capabilities, they also introduce risks related to user-generated content, off-label discussion, adverse event reporting obligations, and regulatory compliance. Pharmaceutical companies have generally taken conservative approaches to social media engagement, focusing on curated brand pages, disease awareness content, and patient support community moderation rather than active consumer engagement.

Omnichannel Integration and Data-Driven Positioning

The most sophisticated pharmaceutical brand positioning strategies increasingly operate across multiple channels in an integrated, data-driven manner. Omnichannel models recognize that physicians and patients interact with pharmaceutical brands through diverse touchpoints—including sales force visits, medical education events, journal advertising, digital detailing, email, and patient support programs—and that the brand experience must be consistent, coherent, and mutually reinforcing across all these interactions. Fischer, Albers, Wagner, and Frie (2011) demonstrated that dynamic allocation of marketing budgets across channels, informed by real-time performance data, can significantly improve overall marketing return on investment. Modern pharmaceutical companies invest in customer relationship management (CRM) platforms, marketing automation tools, and advanced analytics capabilities to optimize omnichannel brand positioning strategies in real time.

Regulatory Framework and Compliance

The U.S. Regulatory Framework

In the United States, the primary regulatory framework governing prescription drug promotion is established by the Federal Food, Drug, and Cosmetic Act (FD&C Act) and implemented



through FDA regulations and guidance documents. The FDA's core requirements for prescription drug promotion include: that all promotional claims be truthful and not misleading; that claims be supported by substantial evidence (typically at least two adequate and well-controlled clinical studies); that all required risk information be presented in a balanced manner; and that promotional materials not present claims that are inconsistent with approved labeling. [97]The FDA's Office of Prescription Drug Promotion (OPDP) is responsible for monitoring pharmaceutical promotional activities and enforcing compliance. OPDP reviews both pre-submission materials (for companies that choose to submit materials voluntarily before use) and market surveillance of materials already in use. Enforcement actions include untitled letters (for less serious violations), warning letters (for serious violations requiring immediate correction), and referral to the Department of Justice for criminal prosecution in egregious cases.

International Regulatory Frameworks

Outside the United States, prescription drug promotion is regulated by a diverse array of national regulatory agencies and international codes of practice. The European Medicines Agency (EMA) provides overarching scientific guidance, but national regulatory authorities within EU member states are responsible for enforcing advertising regulations. The IFPMA Code of Practice—published by the International Federation of Pharmaceutical Manufacturers & Associations—establishes minimum global standards for pharmaceutical promotion, while national industry associations such as the EFPIA (Europe), PhRMA (U.S.), and ABPI (UK) publish more detailed codes governing local practices. Harker and Harker (2007) analyzed the diversity of regulatory frameworks across 12 international markets, finding significant variation in the

stringency of statutory regulation, the comprehensiveness of self-regulatory codes, and the effectiveness of enforcement mechanisms. Their analysis suggested that markets with strong combinations of statutory regulation and effective self-regulation—such as the United Kingdom, where the ABPI code is enforced by the Prescription Medicines Code of Practice Authority (PMCPA)—tend to exhibit higher standards of promotional conduct than markets with weaker regulatory infrastructure.[31]

Off-Label Promotion: The Regulatory Red Line

Off-label promotion—promotion of a prescription drug for uses not included in its approved labeling—is one of the most serious compliance risks in pharmaceutical brand management. While physicians are legally permitted to prescribe drugs off-label based on their clinical judgment, pharmaceutical companies are prohibited from promoting their drugs for uses not supported by approved labeling. Violations of off-label promotion restrictions have resulted in some of the largest corporate settlements in U.S. legal history, including multi-billion dollar settlements against companies including GlaxoSmithKline, Pfizer, Abbott, and Eli Lilly. The existence and popularity of off-label use creates a strategic tension for pharmaceutical companies: clinical data on off-label uses may be compelling and scientifically robust, but cannot be leveraged in promotional communications without regulatory approval. This tension has led companies to invest in 'label expansion' clinical programs designed to generate approval for additional indications—converting off-label uses into approved and promotable claims—and in scientific communication activities that can legally convey off-label information within the bounds of regulatory guidance on non-promotional medical communications.[32]



Compliance Infrastructure

Given the complexity and risk of pharmaceutical promotional regulation, leading pharmaceutical companies have developed sophisticated compliance infrastructure to govern brand positioning activities. This infrastructure typically includes: a medical, legal, and regulatory (MLR) review process for all promotional materials; comprehensive training programs for sales forces and marketing personnel; policies and monitoring systems for industry-HCP interactions; internal auditing of promotional practices; and designated compliance officers responsible for implementing and enforcing promotional standards. Effective compliance infrastructure not only mitigates legal and regulatory risk but also supports ethical brand positioning by embedding standards of accuracy, balance, and scientific integrity into marketing processes.

Emerging Trends in Prescription Drug Positioning

Personalized Medicine and Biomarker-Based Positioning

Personalized medicine—the tailoring of medical treatment to the individual characteristics of each patient, including their genetic profile, biomarker status, and disease biology—represents one of the most transformative trends reshaping pharmaceutical brand positioning. As molecular diagnostics become increasingly integrated into clinical decision-making, pharmaceutical companies are developing positioning strategies that define their target patient populations with unprecedented precision, identifying the specific patient subgroups most likely to benefit from their drugs. Biomarker-based positioning—exemplified by the companion diagnostic strategies employed in oncology, where drugs are approved and promoted specifically for patients with particular genetic mutations or protein expression profiles—

creates powerful PODs based on molecular precision rather than clinical comparison. Brands positioned as ‘the treatment for patients with [specific biomarker]’ occupy highly differentiated positions that are by definition exclusive: no other drug can make the same claim without its own approval for the same indication.

Real-World Evidence and Post-Marketing Positioning

Real-world evidence (RWE)—clinical evidence generated outside the controlled conditions of randomized clinical trials, derived from electronic health records, insurance claims databases, patient registries, and wearable devices—is emerging as an increasingly important input to pharmaceutical brand positioning. RWE can demonstrate that clinical trial results translate to real-world patient populations, identify patient segments that derive exceptional benefit, document long-term safety profiles, and generate comparative effectiveness data against competitors. Wouters, McKee, and Luyten (2020) and IQVIA Institute (2023) both documented the growing use of RWE in health technology assessments and reimbursement decisions, suggesting that brands with robust post-marketing RWE programs will have significant advantages in demonstrating value to payers. The integration of RWE into brand positioning strategies represents a shift from reliance on clinical trial data alone toward a more dynamic, continuously updated evidence base that can support brand differentiation across the full lifecycle.

Patient-Reported Outcomes and Quality of Life Positioning

Patient-reported outcomes (PROs)—measures of health status, quality of life, symptoms, and functional capacity reported directly by patients without clinician interpretation—have become increasingly important in pharmaceutical brand



positioning. Regulatory agencies including the FDA and EMA now actively encourage the inclusion of PRO endpoints in clinical trials and may include PRO-based claims in approved labeling if the data meet appropriate standards. PRO-based positioning enables brands to speak directly to aspects of the patient experience that are most personally meaningful—pain relief, fatigue reduction, mobility restoration, sleep quality improvement—in ways that clinical outcome measures may not capture. Slater and Flora (1991) showed that health communication is most effective when it resonates with the values and priorities of the target audience; PRO-based positioning that translates clinical data into patient-relevant experiential benefits exemplifies this principle. [32]

Outcome-Based Contracting and Value-Based Positioning

Outcome-based contracting—reimbursement arrangements in which pharmaceutical companies and payers agree to tie drug prices or rebates to real-world clinical outcomes—represents a frontier innovation in pharmaceutical brand positioning. By offering to share the financial risk of uncertain clinical outcomes with payers, companies signal confidence in their drug's real-world performance and differentiate themselves from competitors who rely solely on clinical trial data to justify their pricing. These arrangements also align commercial incentives with patient outcomes, providing a structural mechanism for value-based positioning. Stremersch and Tellis (2004) argued that long-term market success in pharmaceuticals depends on the ability to deliver consistent value across diverse stakeholder constituencies. Outcome-based contracting operationalizes this principle for payers, creating a sustainable positioning strategy that is simultaneously commercially pragmatic and ethically grounded in genuine patient benefit.

Digital Therapeutics and the Expanded Brand Ecosystem

Digital therapeutics (DTx)—software-based therapeutic interventions that deliver clinical-grade interventions directly to patients—represent an emerging category of brand positioning opportunity. Pharmaceutical companies are increasingly partnering with or acquiring digital therapeutics companies to develop integrated medication-DTx solutions that extend the brand value proposition beyond the drug itself. By combining pharmacological treatment with evidence-based digital behavioral interventions, companies can create more comprehensive, differentiated solutions that address multiple dimensions of the patient's therapeutic journey, building brand ecosystems that are more difficult for competitors to replicate than the drug alone.[33]

Challenges and Limitations

Evidentiary Standards and the Burden of Proof

One of the most fundamental challenges in pharmaceutical brand positioning is the high evidentiary standard required to support promotional claims. Unlike consumer goods, where subjective consumer perceptions and qualitative research can support many brand positioning claims, prescription drug promotion requires substantial clinical evidence—typically from adequately designed and conducted clinical trials—to support any claim of efficacy, safety, or comparative advantage. This standard imposes significant costs and time requirements on brand differentiation, as clinical trials must be designed, conducted, analyzed, and reviewed by regulatory authorities before their results can be deployed in promotional materials. This evidentiary burden creates a fundamental asymmetry between what pharmaceutical brands can legitimately claim and what may be clinically true. A drug may be



broadly perceived by specialist physicians to be superior to competitors based on clinical experience and mechanistic plausibility, but if this superiority has not been demonstrated in clinical trials, it cannot be used as the basis for promotional claims. This constraint can frustrate brand positioning strategies and create competitive vulnerabilities when a brand's real-world performance advantages are not adequately captured in approved labeling.

Generic Competition and Brand Erosion

The inevitable erosion of brand equity following patent expiry represents a structural challenge for pharmaceutical brand management. Once generics enter the market, branded prescription drug volumes typically decline rapidly and substantially, as pharmacists, payers, and patients are incentivized or required to substitute lower-cost generic alternatives. Comanor (1986) documented that branded drugs typically retain less than 20% of their pre-expiry prescription volume within two years of generic entry. This rapid erosion underscores the importance of lifecycle management strategies that extend brand value beyond the initial period of market exclusivity.

Public Trust and Reputation Management

The pharmaceutical industry faces persistent challenges related to public trust and reputation. High drug prices, concerns about transparency in clinical trial reporting, the opioid crisis, and high-profile drug safety controversies have contributed to negative public perceptions of the industry in many markets. These reputational challenges create a challenging environment for brand positioning, as consumer skepticism about pharmaceutical companies' motivations can undermine the credibility of brand communications, regardless of their factual accuracy. Luo and Bhattacharya (2006)

demonstrated that corporate social responsibility activities significantly influence customer satisfaction and brand equity, suggesting that pharmaceutical companies that invest in authentic corporate citizenship—transparent clinical trial reporting, responsible pricing, community health investments, and ethical marketing practices—can build the broader brand equity that supports individual product brand positions.

Measurement and Attribution Challenges

Measuring the return on investment of pharmaceutical brand positioning activities presents significant methodological challenges. Unlike e-commerce or digital consumer marketing, where conversions can be precisely tracked and attributed to specific marketing touchpoints, pharmaceutical promotion operates through multiple intermediaries—physicians, pharmacists, payers—whose behaviours are influenced by a complex array of clinical, economic, social, and institutional factors in addition to marketing inputs. Wittink (2002) and Fischer, Albers, Wagner, and Frie (2011) both grappled with these attribution challenges, developing econometric models to isolate the effects of pharmaceutical marketing on prescribing, but acknowledged significant limitations in causal inference. Digital marketing has significantly improved measurement capabilities by enabling precise tracking of physician engagement with digital content, patient interactions with brand websites, and the downstream effects of these interactions on prescribing behaviour. However, the integration of digital and traditional marketing measurement remains incomplete, creating attribution gaps that complicate resource allocation decisions and make it difficult to optimize investment across the full portfolio of brand positioning activities.



CONCLUSION

Brand positioning in the prescription pharmaceutical industry is a complex process that requires a combination of scientific credibility, strategic marketing, regulatory compliance, and patient-centered communication. Successful pharmaceutical brands achieve long-term market leadership by differentiating themselves through clinical efficacy, safety, innovation, patient support, and value-based positioning. The study highlights that effective positioning strategies must address the needs of multiple stakeholders, including physicians, patients, payers, and regulatory authorities. In the modern healthcare environment, digital transformation, real-world evidence, and personalized medicine are becoming increasingly important drivers of pharmaceutical brand success. Furthermore, ethical promotion and regulatory compliance remain essential for maintaining public trust and ensuring sustainable growth in the pharmaceutical sector. Companies that combine strong clinical evidence with transparent and patient-focused communication are more likely to build durable brand equity and competitive advantage in the global pharmaceutical market.

CONFLICT OF INTEREST

The authors have no conflicts of interest.

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