

Brand Positioning in Competitive Specialty Markets

How biotech brands can sharpen differentiation, strengthen narrative clarity, and build positioning that holds up in dynamic specialty markets.

In specialty markets, strong positioning does more than create awareness. It helps a brand earn belief, withstand scrutiny, and stay relevant when access criteria, evidence expectations, and competitive narratives shift. That matters because launch success increasingly depends on more than message recall alone. IQVIA's recent framing of launch excellence highlights three pillars: health system readiness, an evidence-based value proposition and access strategy, and stakeholder engagement beyond traditional audiences. In other words, positioning must work not just for promotional communications, but across the broader system that determines whether a product is adopted, covered, and used successfully.

That is where many specialty brands struggle. Positioning is often built to win internal approval rather than external resistance. It may sound clear in a workshop, yet fail when a payer applies restrictive criteria, a competitor reframes the category, or a field team cannot translate the core story into consistent, credible conversations. Research on commercial coverage of specialty drugs shows how important this is. From 2017 to 2021, the share of specialty-drug coverage policies consistent with FDA label indications fell from 57.1% to 45.1%, while policies with added restrictions rose from 39.5% to 51.7%. That means commercial reality is getting tougher, not simpler, and positioning has to be robust enough to survive it.

Differentiation has to support access, not just awareness

In specialty markets, differentiation is often treated as a branding exercise. In practice, it is a commercial one. A claim can be memorable and still fail if it does not connect to how access is granted, how prescribers make decisions, and how evidence is interpreted under real-world constraints.

Recent payer research reinforces this. A 2024 analysis presented at ISPOR found significant variation in coverage criteria across large commercial payers, even for drugs assessed against fair-access standards; subgroup restrictions appeared in 64.7% of policies and step therapy protocols in 52.9%. Other peer-reviewed work has shown that specialty coverage is not only variable across plans, but can also differ within the same plan depending on whether a drug sits under the medical or pharmacy benefit. A 2025 PubMed-indexed study also found that the use of clinical outcome assessments in specialty coverage varied widely across plans, from 5% to 27.2% of coverage decisions.

The implication is straightforward: if a specialty brand's positioning does not help stakeholders understand value in the context of access hurdles, the brand is underpowered from the start. Positioning has to support payer and provider confidence, not just brand distinctiveness.

Durable positioning starts with an evidence-based value story

One of the clearest lessons from launch research is that value stories need to be built early and pressure-tested against the audiences that matter. IQVIA explicitly identifies an evidence-based value proposition and access strategy as a core pillar of launch excellence, alongside broader stakeholder engagement. That is especially relevant in specialty categories, where clinical nuance, site-of-care

questions, patient support considerations, and reimbursement friction all affect brand uptake.

Durable positioning usually has three characteristics.

- It is clinically and commercially relevant. It connects the product's differentiated value to the treatment decisions and practice realities that actually shape behavior.
- It is credible under challenge. It can hold up when competitors attack it, when access requirements tighten, or when evidence expectations rise.
- It is repeatable across functions. Medical, access, marketing, field, and leadership teams can all use it consistently without creating parallel versions of the story.

In specialty markets, positioning and messaging are not the same thing

That last point is often underestimated. A positioning statement is not valuable if only the brand team can explain it. The real test is whether it survives translation into access narratives, field conversations, leadership updates, and omnichannel content without losing clarity or credibility.

Another common failure point is treating positioning and messaging as interchangeable. Positioning is the strategic choice about what the brand should stand for in the market. Messaging is how that choice gets expressed to different audiences.

When those two are blurred together, brands often end up with a long list of approved claims but no real center of gravity. The result is fragmentation: different stakeholders emphasize different parts of the story, and the brand becomes harder to understand at exactly the moment when coherence matters most.

A better approach is to build positioning as a system:

- a clear strategic role for the brand in the market
- a value story that links evidence to stakeholder priorities
- a message hierarchy that adapts by audience without changing the core meaning
- proof points that support access and confidence, not just promotion

Omnichannel execution amplifies weak positioning as much as strong positioning

This is increasingly important as commercial engagement becomes more personalized. IQVIA's omnichannel work emphasizes timely, relevant, personalized engagement across providers, patients, payers, and opinion leaders, supported by better data and analytics. Its ChannelDynamics materials likewise position omnichannel measurement as a way to optimize channel mix and understand how interactions influence decisions. That means brand positioning has to be flexible enough to travel across channels while remaining strategically consistent.

There is a temptation to think omnichannel excellence can compensate for unclear positioning. Usually, it does the opposite. More channels mean more opportunities to expose inconsistency.

If the core narrative is weak, omnichannel execution spreads confusion faster. If the core narrative is strong, omnichannel execution reinforces it through repeated, relevant touchpoints. Industry data points in the same direction. ON24 reported a significant increase in HCP digital engagement in life sciences, including nearly 30% growth in average unique interactions per attendee since 2021 and 91% year-over-year growth in personalized calls to action. In practical terms, specialty brands now have more chances to engage, but also

more pressure to ensure those engagements are cohesive and meaningful.

That makes positioning a multiplier. It determines whether personalization becomes strategic reinforcement or just more tailored noise.

Three tests for whether your positioning will hold

For commercial leaders, the most useful question is not 'Do we have positioning?' It is 'Will our positioning hold under pressure?' Three tests help answer that.

1. Relevance test

Does the positioning reflect the decisions and barriers that actually shape adoption? If it sounds compelling but does not map to treatment choice, reimbursement logic, or care-pathway realities, it is not yet strong enough.

2. Resistance test

Can the positioning survive competitor challenge and payer scrutiny? If a rival can neutralize it quickly, or if access stakeholders will view it as incomplete, the narrative needs strengthening.

3. Repeatability test

Can cross-functional teams use it consistently? If medical, access, marketing, and field teams all tell slightly different stories, the issue is not execution alone. It is usually that the positioning lacks a durable strategic core.

Final thought

The strongest specialty brands are not always the loudest. They are the clearest, most credible, and most resilient under pressure. In competitive specialty markets, positioning should not be judged by whether it sounds differentiated in a workshop. It should be judged by whether it helps the brand earn access, build stakeholder confidence, and remain relevant as evidence, competition, and market conditions evolve. The more complex the category, the more important that standard becomes.