LIFE SCIENCES / PORTFOLIO AND COMMERCIAL STRATEGY

Balancing portfolio concentration with selective growth

We analysed portfolio growth, channel mix and adoption patterns to identify where commercial resources should be defended, tested or held pending stronger evidence.

An anonymised global pharmaceutical company | Company, product and market identities withheld

71.2%
Sales in the top two products

15.5%
Reported sales growth

92.5%
Net growth from the top two

THE PORTFOLIO PICTURE

Two products carried most of the reported value



Product A / 37.6%
Largest reported sales share

Product B / 33.6%
Second-largest share

Other five / 28.8%
Products C-G combined

Sales shares use the 2024 supplied product set. Growth and net growth contribution compare 2016 with 2024; they are baseline findings, not results achieved by the recommendations.

THE CHALLENGE

A pharmaceutical commercial-strategy brief called for a clearer view of portfolio growth, product concentration, geographic opportunities and channel performance. Where should commercial resources protect established revenue, test growth opportunities or wait for stronger evidence?

OUR ANALYSIS

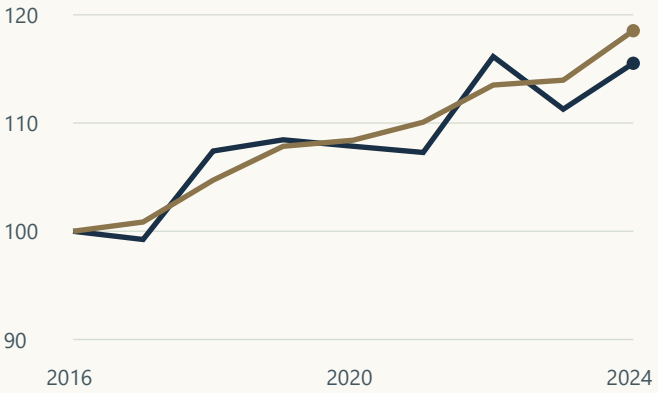
We reconciled reported sales and unit totals, measured product concentration and growth contribution, and compared channels and markets. A separate emerging-therapy adoption scenario tested the distinction between growth rate and commercial scale.

OUR FINDINGS / GROWTH, SCALE AND EVIDENCE QUALITY

Growth needs a commercial explanation

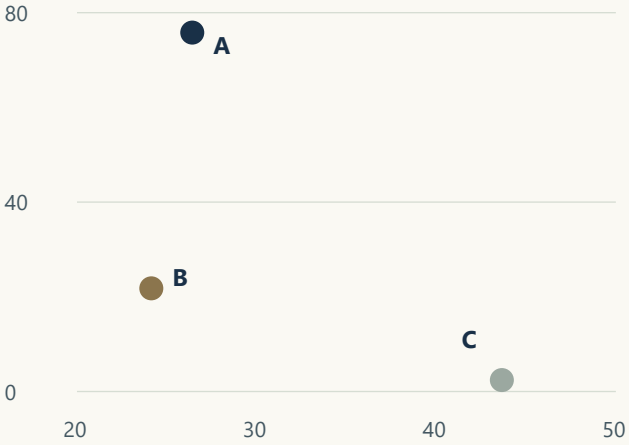
Portfolio momentum and adoption momentum answer different questions. Neither establishes margin, return on investment or the effect of additional spending.

REPORTED PORTFOLIO TREND
Index: 2016 = 100



Sales +15.5% **Units +18.5%**

SEPARATE ADOPTION SCENARIO
2024 unit share (%)



2019-24 unit CAGR (%)

Scenario products: A has 75.8% unit share; B has 21.8%; C has 2.4% despite 43.7% CAGR. The source deck identifies this adoption series as hypothetical; it is not clinical uptake evidence.

Market A: 83.0% of sales, but 8.6% of units

Reconcile unit definitions, sales basis, currency and coverage before ranking markets for investment. The mismatch is a data-validation priority, not a proven pricing advantage.

CHANNEL MIX IS NOT CHANNEL PROFITABILITY



Retail / 59.7% **Hospital / 40.3%**

2024 reported sales mix. Net price, contribution margin and commercial spend are needed before proposing a channel-level value case.

RESOLUTION / OUR SOLUTION AND DELIVERABLES

Protect established revenue. Test the next growth options.

Protect the established revenue base, test selected growth opportunities, and make any resource reallocation conditional on validated market economics.

01

Protect the core

Review retention, access and continuity for Products A and B. Stress-test concentration and lifecycle exposure.

Decision: defend established value.

02

Test selective growth

Assess volume momentum and adoption hypotheses. Validate net price and contribution before small pilots.

Decision: pilot before scaling.

03

Validate the economics

Reconcile market data and obtain missing price, margin, access and competitor inputs.

Decision: gate reallocations on evidence.

PROPOSED 90-DAY DELIVERY PLAN

DAYS 0-30

Validate and baseline

Commercial factbook and agreed definitions

DAYS 31-60

Prioritise and design

Ranked opportunities and pilot charters

DAYS 61-90

Pilot and review

Pilot read-outs and scale / adjust / stop decisions

THE ANALYTICAL SOLUTION DELIVERED

A portfolio diagnosis, strategic recommendation and proposed execution roadmap.

Portfolio diagnosis	Concentration, growth contribution, volume trends and channel mix, with market-data checks.
Strategic recommendation	Protect the core, test selected growth options, and validate the economics before reallocating resources.
Execution roadmap	A proposed 90-day sequence with owners, outputs and a commercial KPI review cadence.

Status: analytical work and recommendations. The 90-day plan is proposed; implementation, revenue uplift and return on investment are not evidenced.