

Meeting the Patients Where They Are: Driving Value through Outcomes; A Conversation with Alok Sonig, CEO of Rosemont Pharma

Podcast Episode Release – September 2026



Alok Sonig 
CEO of Rosemont



Christian Carlson, PhD 
Director, US Healthcare

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Episode Highlights

- Alok Sonig's career has spanned branded pharmaceuticals, generics, biosimilars, and specialty pharma across the U.S., Asia, and Europe. His leadership philosophy centers on combining measurable patient impact with disciplined value creation.
- The pharmaceutical industry is shifting from molecule-centric development toward a broader focus on patient outcomes. Formulation, delivery, support services, market access, and AI-enabled capabilities are becoming increasingly important across the product lifecycle.
- Prescription abandonment remains high because of fragmented care, insurance and deductible burdens, pharmacy logistics, and other complexities. Rosemont aims to close these gaps through easier-to-use products, patient hubs, stakeholder education, and stronger support throughout the care journey.
- Rosemont complements its formulations with education and patient-support services designed to improve awareness, reimbursement access, fulfillment, and adherence. Its channel-specific commercial approach accounts for the distinct stakeholders and care transitions across hospitals, pharmacies, community settings, and long-term care facilities.

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Episode Transcript

**Christian Carlson (00:03)**

Hello, this is Christian Carlson with Alantra. I focus on pharmaceuticals and related services as part of our investment banking team here in New York. You're listening to Crossroads by Alantra, our podcast covering current topics, shaping the healthcare industry. I'm speaking with Alok Sonig, CEO of Rosemont Pharmaceuticals, a UK-based specialty pharma. Alok is a 30 year industry veteran, having led global organizations and branded generic as well as specialty pharma. He joins us to share his insights on how drug developers can meet patient needs with specialty products and engagement solutions across the patient journey. Alok, thank you for joining us and welcome to Crossroads.

**Alok Sonig (00:48)**

Thanks, Christian. It's a pleasure to be here with you and Rusty. Thanks for having me today. I'm looking forward to the conversation. Very excited.

**Christian Carlson (:00:57)**

No, thank you for joining us. I'm looking forward to hearing your insights. But before we dig deeper into market trends, I really would like to touch on some of your global experience. It's very impressive. You worked for US-based companies, Asian companies, and now a European company, leading organizations that have focused on branded pharmaceuticals, generics, as well as specialty pharma now at Rosemont, leading an organization that's focused on liquid formulations, but really moving from publicly listed companies to now a privately held private equity sponsored company. Would love to get a little background on your professional journey and how you're seeing the differences with a publicly listed company versus the privately held company.

**Alok Sonig (01:42)**

That's a great question, Christian, and comment. So at the heart of everything, for me, my leadership philosophy and the pursuit in the pharmaceutical industry has always been about delivering patient impact with value creation every step of the way. So I've had the privilege, the great pleasure of working across big innovative pharma, large genetic companies and biosimilars and now specialty pharmaceutical companies. I think as uh, as I reflect back on my leadership journey, I really leaned in on the patient impact and getting one step closer to the patient and really understanding what creates value. I've realized there was really not so much about the molecule, about the product itself, where it was really making sure that it's delivered in a way that a patient can take it in a way that's compliant. They can adhere to their therapy for us to deliver better outcomes. So it's really this new focus driven by the belief that innovation extends beyond new molecules and it should really be focusing on enabling that patient journey to take their medicines in a way that they feel safe, they feel easy to take.

(03:00)

And that's where I've really pivoted to Rosemont to create that value for geriatric patients, for pediatric patients, for patients who have trouble swallowing tablets, the oral solid medications that is, is such a challenge for those populations. So population for me, as I said, it's not just about discovering medicines, it's about delivering them and the switch to, from a publicly listed company to a private equity backed company, it's really been very refreshing. It's given that a sharper strategic focus. There's foster decision making, discipline, capital allocation, and clearly accountability through a value creation plan. So for me, the biggest difference is not so much pace, it is clarity around that value creation and clarity around that patient centricity. So that's why I'm here and it's been six months already and continues to be very exciting.

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Christian Carlson (04:00)

No, it sounds like a great opportunity. I'd liked what you mentioned there and the way I heard it, it sounds like really trying to meet the patient where they are with a product that meets the requirements and often in a special population or special needs. Maybe you could describe a little bit of what you're seeing as trends in the broader pharmaceutical industry across these different areas of care, whether that be hospital-based, long-term care or in the community and how you're delivering products to those patients when they need them.



Alok Sonig (04:35)

Great point. So as you know, the pace of change over the last decade or so has been quite rapid in the pharmaceutical landscape. We've actually had significant discoveries of more targeted personalized therapies in high unmet need areas with big pharma. We've had generics move to more complex generics and biosimilars and we've had specialty pharmaceuticals or 505 B(2) companies like Rosemont get one step closer to the patient, to your point, and really focusing on delivering those innovations in a way that unleash full value of the products and delivery platforms. So, but to train my response, so I really see three or four big strategic shifts. The first and foremost is the patient centric healthcare. It has clearly replaced that molecule centric thinking. So it's really about the patient really understanding what's driving outcomes in patients. Drugs we find are no better than 50% of the outcomes are explained by the drug that they take.

(05:46)

It's really the compliance, the persistency with which they take the medicines on a daily basis, the fulfillment, their reimbursement issues that you're able to address in an industry. Those then drive bulk of the outcomes which the industry had not focused on enough. So I think that's the first shift. The industry is now warming up to the patient outcome driven strategy and that molecule centric thinking that is not just about developing a drug and your work is done, your work actually starts at that point. The second is innovation is now focusing a lot more on formulation, on delivery patient services. So I'll give you an example, a factoid. Patients that are in the US they're abandoning a written prescription 50% of the time that's way higher than what it used to be. You would think that it would've come down, but it's actually inched up. So we need to really think about services and what would it take for a patient to visit their pharmacy and really fill that, not just the first prescription, but subsequent prescriptions and take them on a daily basis because a lot of these are lifetime risks and therefore require lifelong therapy.

(07:04)

So I think the industry is absolutely not just warming up, they are focusing and are pivoting to formulation delivery services that can create compliance. I think the third that I'm seeing is around market access. So it's all about accelerating access to patients. The products we develop, we discover and making our labs and plans that have to be made accessible to patients globally. And there are different challenges and different geopolitical context and different pricing and regimes. It's done very differently. So really understanding market access in each geography for a global player, not just the US is very, very important. US alone by itself is quite complicated as you know, market access and just the one factoid that I shared with you, 50% abandonment rate, that's abysmal in the most developed economy in the world and an economy where 15% of your GDP spent on healthcare and we really cannot deliver optimal access.

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(08:09)

That's really significant opportunity for our industry and for the ecosystem to really rethink market access that has to be integral to our R&D strategy, our post-approval execution, our work with patients, how do we solve or address their barriers which they need to overcome to, to deliver that first prescription and have access to <inaudible>. Finally, I'll say the fourth comment was, we need to leverage AI because that can really speed all other efforts from R&D to manufacturing, supply chain and commercialization. You need to really think about how can AI help you to drive patient centricity and there are tangible use cases in each of these elements of the value chain that are described that can actually create that outcome for our patients. So these are some of the big shifts. That's what excites me and we are working through several of these at Rosemont



Christian Carlson (09:08)

That's very interesting and we're seeing a lot of different strategies that pharmaceutical companies are employing, whether it's more of a direct to patient marketing with patient support for either getting the prescription, getting financial support around the prescription, but even then after picking up the prescription, making sure that there's adherence and really more of a focus on outcomes, not just as you mentioned from the molecule, but the entire journey for the patient. How is Rosemont attacking these issues?



Alok Sonig (09:41)

Yeah, that's a great point. So I think you spelled out the issues very clearly. So at Rosemont for us it really starts with the unmet need, understanding a patient unmet need at a disease level before we get to some of these operational barriers and how we overcome them. So designing the product is the first starting point. As you know when you are dealing with a patient with dysphagia, meaning they have difficulty swallowing the medication either because of the nature of the pill, the size of the pill, and typically what happens, the pharmacist starts to crush the tablet, which unfortunately is a compromise and a patient journey should not begin with a compromise. So I think that's our firm belief that you need to be able to deliver, create a product in a format that delivers the medicine with predictable outcomes for its intended users. Right?

(10:40)

So we start with taking that oral solid medication difficult to swallow and putting it in an FDA or MHRA approved medicine in a liquid format. So it works a hundred percent just like the solid, but the difference that the patient can take it every day, they can take it with ease. So that's really our mission to develop and deliver medicines that patients can take with ease. Right. Then with the prescription being written, whether it's in the US or in the UK, we enable our pharmacists and our physicians to understand the value of liquid formulation and what it means to either a pediatric patient who cannot take an oral solid tablet or a geriatric patient dealing with dysphagia. There are times when certain diseases can trigger dysphagia, can weaken your swallowing muscles, if you will. Right. So when you look at CNS or central nervous system spasticity, kids with cerebral palsy, as you look at epilepsy, post-stroke patients, they experience swallowing largely because the disease has triggered dysphagia as well.

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(11:52)

Oncology head and neck cancer, right? That's another area. So we are focusing on educating, making the patients, physicians and pharmacists and payers aware of dysphagia and uh, some of the diseases that trigger the exacerbate the swallowing challenge. So once that awareness is done, obviously it becomes easier for a pharmacist to then provide a liquid option alternative to the patient, and then we create patient hub services where a patient can dial in, whether it's a third party assisted technology solution where there's a human at the end of the call and we actually engage with the patient, make sure that we are able to address their concerns around reimbursement because of the US or in the UK and really make sure the product is delivered. We are working through hub services where we can deliver the product to the patient's doorstep as well. It's a full end-to-end conceptualization and delivery of that solution. In light of the problems that you mentioned,



Christian Carlson (12:56)

No, and I, I really like the focus on dysphagia and really broadening it from just the special populations like pediatric or geriatric where you have an understanding of what these use cases are, but focusing on disease specific therapeutic areas like oncology is a very interesting strategy. One thing that I notice, as you mentioned, that there are several different care settings that this could happen in, you know, with a pediatric, you're probably marketing more to the physician and the patient will be picking this up in the pharmacy, whereas in a geriatric population you may be dealing more with long-term care facilities and administering the drugs there versus oncology, which could happen in the community setting or in a hospital. How are you negotiating the differences in the different stakeholders across those different areas of care delivery?



Alok Sonig (13:50)

Yeah, so that's where the business model, the commercial model comes into play. We obviously have to have a fit for purpose omnichannel strategy. So for each channel that you described for where the patients and payers sit, where they intersect to deliver care for the patients, we have envisioned, uh, a customer model that is channel specific that delivers and maximizes value for patients in that channel and therefore maximizing maximizing value for Rosemont as well. We are looking at engaging, making them aware of each of these target populations in those channels that you mentioned and what we can deliver together and address gaps in care in that channel. There are handoffs that happen in each of those channels that are unique to that channel, whether it's long-term care, there is a specialty to long-term care physician handoff, there is with pediatrics, there could be a hospital to retail setting handoff as well.

(14:55)

So as we think about the continuum of care for each of these types of patients in each of these types of disease areas, we need to really think about all the providers that you know, who would shake hands with that patient and really make sure that at the handoff and that exchange, we are creating optimal awareness of the benefits of the drug, the challenges with the disease, and what it takes to create a compliant persistent patient profile to deliver outcome. So that's actually mapped out at Rosemont by design and we continue to understand the needs of patients on a daily basis.

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**Christian Carlson (15:36)**

It sounds like a very holistic approach, and I like the strategy. How is Rosemont a UK based company, a lot of sales in Europe and in the UK with ambitions to grow in the US? How are you attacking differences in market access between the two geographies as well as launching and growing a business here in the US?

**Alok Sonig (16:01)**

Great question. That's what we are really focusing a lot of our energies and time and building out the US business. So we, as I said, the strategy is to focus on few therapeutic areas where we can create value. We cannot address all the 20 to 30 therapeutic areas. So we are really focusing on CNS, pediatrics, oncology, a very selective primary care with comorbid conditions with CNS, for example. So the focus is on bringing three to four products to the market every year organically. So we've got a line of sight that we will deliver near 15 products organically ourselves in the next four years. We also envision strategic in-licensing of assets. We've done that. We did an acquisition of Sabal Therapeutics in 2024, couple of years ago, which gave us access to the US market through four products. So we will continue down the path of strategic and licensing and potentially M&A as well as a driver to accelerate our execution and presence in the US. But everything else that I said, our patient focus, the focus on outcomes is really our single-minded focus and mission that we live every day. So that platform around patient focus, our drug delivery and serving the needs of these overload patients with dysphagia, that is not gonna change, but we deliver value through the organic and the in organic engine and hopefully launch several assets every year.

**Christian Carlson (17:42)**

So I'd like to go back to the comment you made about the 50% rate of patients abandoning their prescriptions. It sounds like this is gonna be the result of many factors that lead to this. How do you see these gaps contributing to this rate of abandonment and how are you positioning Rosemont to address some of these gaps?

**Alok Sonig (18:09)**

A great question, it's one that puzzles us. The rate of abandonment has worsened and stayed higher. So as I look at this challenge, it's obviously multifactorial. Many key factors drive this problem. First and foremost, there is that continuum of care. So many physicians touch a patient for a single disease state, so you would see a handoff from a specialist to a primary care. Often the primary care is not fully aware of the modalities of the prescription from the other thoughts surrounding or rational surrounding the specialties, prescribing the regimen and how that regimen has to be sustained throughout the patient journey. So that's the first. The second is more payor related in the US, coverage related issues that patients face. So typically a lot of the patients these days are on high-deductible plans. So by the time that deductible is met, it's halfway through the year.

(19:10)

Typically a geriatric patient, 65 and above is on 10 to 15 medicines on an average in the US. So for them to really understand how to triage their medicines while they're in the first half of the year and how to sustain that in the second half was another challenge. And third, I think is just logistics. For a patient to go from a Post to meet different specialists, primary care for different diseases that, or conditions that they're trying to overcome is a challenge. It really is a challenge for them to make sure that they've covered the range every single month, every single week. So I think as pharma companies, we owe it to ourselves in educating the patient, the physician and the payer at each handoff in a way that's optimal, where the focus is on, again, lifetime therapy for these lifelong risks and how do we think about driving, enabling that patient journey such that they can control their own destiny and reach the outcomes that

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**Christian Carlson (20:14)**

And it sounds like a good point to bring that back to what we started the conversation with, which is around the differences between a publicly listed company and a privately held company and the ability to make strategic decisions more quickly and to have that as your north star throughout the organization. Maybe you could speak on that across these different strategies, your organic product development and new product launching all the way through to how you see M&A or strategic in-licensing.

**Alok Sonig (20:45)**

Great point. I, the key is, as I said earlier, it's not just about speed, it's the clarity around value creation. So having an aligned private equity partner, strategic partner in Inflexion, our board and our management team, we are all on the same page, which is more than half the battle. Once you do that, once you're clear about your value creation plan, then we, you can go at speed at scale and really take everyone along on this journey, which again, is deeply fulfilling as you deliver value to patients, but also as you deliver value to our stakeholders to invest, it's exciting for everyone. So I think in that sense, the, the private equity sponsorship and alignment around the plan, so agreeing to the design, uh, principles and strategic drivers and then executing at scale with speed is just phenomenal. So I'm looking forward to this journey over the next three years.

**Christian Carlson (21:50)**

Thank you. Thank you for your time today. We've appreciated the insights and really the clarity of vision towards meeting the patient where they are and making sure it's a successful patient journey and how Rosemont is contributing to that.

**Alok Sonig (22:06)**

Thank you Christian, for your very thoughtful questions. Appreciate the engagement. Thanks again,

**Christian Carlson (22:13)**

Alok. Thank you for joining us and sharing your insights. We look forward to watching how Rosemont continues to develop and commercialize products that address the unique needs of patients in special populations.

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