Social Media Pharma Marketing

Damned If You Do, Damned If You Don’t?
Contents

Introduction: Is a New Approach Needed? ................................................................. 1
Pharma Marketing Stuck in Web 1.5 ................................................................. 2
Does Regulation Cause e-Inertia? ................................................................. 3
Social Network Marketing: The Wisdom of the Crowd .............................................. 5
Blogs and the Pharmaceutical Industry ............................................................. 7
Rate Your Social Media Marketing Readiness ........................................................ 10
A Primer on Pharma Employee Blogging: It Can Be Done ....................................... 11
Wikis and Social Networks for Marketing & Sales Collaboration ............................. 13
Buzz ’n Blog Marketing ......................................................................................... 14
Buzz ’n Blog Pharma Marketing Survey Results ..................................................... 15
YouPharma: Rules for Pharma Social Media Marketing .......................................... 16
Web 2.0 Pharma Marketing Tricks for Dummies ..................................................... 21
Rules of Engagement .................................................................................. 29
Influencing the Dialogue: A Few Simple Rules ...................................................... 30
New Social Media Regulatory Framework ......................................................... 31
Collaborating with Online Physician Communities: Sermo Case Study ................. 36
Chantix: An Opportunity for Social Marketing ..................................................... 41
Social Network Analysis: Use in Obesity Drug Marketing ..................................... 42
Blogs vs. DTC: What's Best for Consumers? ....................................................... 43

PHARMA MARKETING NEWS

www.pharmamarketingnews.com
Published by VirSci Corp.
PO Box 760
Newtown, PA 18940-0760
www.virsic.com

Pharma Marketing News is the monthly e-newsletter of the Pharma Marketing Network (http://www.pharma-mkting.com), which is an exclusive marketing information resource and communications network for pharmaceutical marketing professionals. The Network includes an interactive e-mail discussion group (PHARMA-MKTING) and an informational Web site in addition to the Pharma Marketing News newsletter.

Each issue of Pharma Marketing News is packed with facts, opinions, and case studies based upon interviews with experts in the field of pharmaceutical marketing. Highlights of presentations from industry conferences, contact lists for experts consulted, and links to references help subscribers keep up to date on best practices and network with their peers.
Is a New Approach Needed?

Although pharmaceutical Internet advertising spending increased almost 9% in the first half of 2007 compared to the same period in 2006, pharmaceutical companies only devote only about 1% of their ad budget to Internet-based advertising—excluding search advertising (see chart below).

It is generally agreed that the return on investment (ROI) for traditional media advertising is declining and many experts are suggesting that a new approach to the way forward in pharma marketing is needed. Is it time for the pharmaceutical industry to take the advice of these experts and use the new tools available to it?

The new tools I am talking about and that are big topics at many pharmaceutical marketing conferences can be lumped under the heading “social media,” “Web 2.0,” and user-generated content (UGC), all of which are exemplified most notably by YouTube, MySpace, blogs, and Wikipedia.

In a 2005 Ad Age story—"Marketers Wrestle with Hard-to-Control Web Content"—doubt is cast upon the wisdom of advertising on blogs and other social media sites because such consumer-controlled Internet venues “cannot be controlled.”

Control, of course, is very critical for pharmaceutical marketers whose campaigns are heavily regulated by the FDA.

Yet many experts still think that Pharma will shift ad spending from TV and print to the Web. Such a shift makes sense on many levels. For one thing, consumers are turning away from traditional media and going to the Internet more and more for credible health information and opinions of peers.

According to a poll sponsored by the Medical Broadcasting Company, 42% of respondents state online health information trustworthy compared to 16% for “offline” media like TV, newspapers, radio and magazines.

By focusing more on social media marketing, the pharma industry may be able to solve two of its most vexing problems: a decrease in return on investment (ROI) and lack of credibility. That’s because ROI for TV DTC is declining and TV DTC has had a negative impact on pharma’s reputation and credibility. Compared to TV, therefore, the Internet looks like pharma marketing Shangri-La.

However, the pharmaceutical industry must be careful about exploiting social media, which comes with a whole new set of problems.

Control is just one issue that faces pharmaceutical marketers wishing to delve into social media. Each company needs to consider its unique corporate culture, knowledge of social media, and internal corporate regulatory compliance environment before it can develop a realistic social media marketing strategy that is right for it.

To help you develop your social media strategy, Pharma Marketing News offers an online survey instrument that “Rates Your Social Media Marketing Readiness.” Fell free to use that tool in conjunction with the information and case studies contained in this Special Supplement to jump start your social media marketing strategy.

Be prepared, however, to be criticized if you do or if you don’t fully engage in social media marketing. On one hand, if you engage in it, you may have to respond openly to criticisms from your audience. On the other hand, if you don’t engage, your customers may still criticize you, but you won’t be part of the conversation. Which ring of social media marketing hell do you prefer?
At first glance of the new report from eMarketer on pharmaceutical marketing online (“Pharmaceutical Marketing Online: Stuck in Web 1.5”; see table on next page), one would think that the pharmaceutical industry has embraced the Web. After all, online spending by drug companies is expected to reach $975 million in 2007. But a quick look behind these numbers (see box below) and we see that pharma is still in love with other channels and doesn’t understand that patients hold a lot more power over their healthcare choices than ever before.

eMarketer forecasts that spending for online advertising, as a percent of total DTC, will only reach 5% by 2010 and 2011. (NOTE: This includes search-based advertising.)

This is coming at a time when DTC advertising is increasing 13.8% per year overall and as more and more people enter the healthcare system.

Anemic Online Budgets
Why does the industry spend so little on online marketing and advertising? Well, there are several reasons. On one hand, DTC marketers don’t understand Web metrics and advertising. This requires a dedicated staff of analytic people. Why add people when you can just dismiss the numbers?

On the other hand, maybe DTC marketers do understand the analytics, but do not want to be held accountable for the results. With Web ads you can determine cost per action and since this cost is sure to be a hell of a lot less than TV, more senior people may ask “why aren’t we spending more money online?”

Another reason people don’t want to allocate more to online is that it means they have to spend more for the development of Web ads, which they may not understand. All too often marketers take the ads from TV and repurpose them online even though the Web is an interactive media. Web ads need the same attention and testing that TV ads do but then again you can’t go on location for an exotic shoot with a Web ad.

Some DTC Spending Numbers
There is some difference in opinion regarding the percent of total DTC spending that is devoted to the Internet. As this chart indicates, TNS Media Intelligence estimates that 3% of pharma’s media spending goes to display Internet advertising (Source: WSJ, “Media Industry Helped Drug Firms Fight Ad Restraints”). TNS does not include search advertising in its online spending measurements. Search marketing is a tactic of major importance to pharmaceutical companies, and could easily account for an additional 40% of prescription drug online advertising.

According to the WSJ: “In the U.S., pharmaceuticals were the tenth biggest advertiser in 2006, spending $5.3 billion, or 3.5% of the total $149.6 billion U.S. ad market. Pharmaceuticals also registered the highest growth rate among the top 10 U.S. advertisers, growing 13.8% to $5.3 billion from $4.6 billion in 2006.”

Ask Your Doctor Today
Pharmaceutical advertising spending, by media for 2006:

<table>
<thead>
<tr>
<th>Media Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Magazine</td>
<td>36%</td>
</tr>
<tr>
<td>Internet</td>
<td>3%</td>
</tr>
<tr>
<td>Television</td>
<td>35%</td>
</tr>
<tr>
<td>Newspaper</td>
<td>4%</td>
</tr>
<tr>
<td>Outdoor &amp; Radio</td>
<td>2%</td>
</tr>
</tbody>
</table>

Source: TNS Media Intelligence

*For Internet display advertising only
So where is all the money going? To the media with the least ROI; ie, TV. And this at a time when premier marketers are shifting more dollars to the Web and a survey of pharmaceutical executives shows that 81% feel the Web is an important channel. Still according to the report from eMarketer, 62% of marketers expect spending on interactive marketing to stay the same in 2007.

**Stuck in Web 1.5**
The report also provides some great evidence that Pharma is stuck in "Web 1.5" while the rest of the Web—and marketers—move on to better engage consumers (see “Web 2.0 Pharma Marketing Tricks for Dummies” in this Supplement). Of course, most DTC marketers will whine "we are regulated industry and we can't use social media to engage consumer" but that is a cop out pure and simple (see “Does Regulation Cause e-Inertia?” in this Supplement).

The eMarketer report is right on the money in a lot of ways and needs to find its way into the mailbox of a lot of people in the industry. While a majority of pharmaceutical marketers agree that the Internet is important and data show that more people are using the Web for health information, one has to ask why DTC marketers continue to allocate a majority of their budget to TV? TV is a safe but the ROI is declining as costs for network TV increase and viewers decline. TV is great for building awareness of new products and brands but once that awareness reaches a certain level, negative ROI models start to take over.

**Looking Behind the Figures**
It's important to look behind the facts and figures so we can understand what is going on with consumers when it comes to their healthcare choices. First, consumers don't trust your message and want to hear what others are saying about your product, especially when it comes to side effects. They will visit your product website, but they will also visit your competitors' sites as well as a variety of general health sites.

Although most health searches begin with a search engine, marketers need to look at the rankings of their website in search. Viagra.com for example is still among the top 10 pharma websites visited in 2007 and according to web metrics, the keyword that is used most to get there is “Viagra.” Web users are becoming more savvy when it comes to organic and paid search.

**Engage and Collaborate!**
The eMarketer report tells me what I already knew: pharmaceutical marketers are stuck with a model that was based in the past and is history. Eventually, a new herd of pharma marketers will enter the workplace and start to shake up the dynasty. But it looks like the drug industry has a long way to go to learn even the most basic marketing principles of how consumers have changed today.

Someone in pharma marketing needs to step up and stop playing it safe. Engage and collaborate with consumers and patients and don't tell me that "we can't do that because we're a regulated industry." It can be done and more importantly should be done if DTC marketing on the Web is to become a more important channel.
Does Regulation Cause e-Inertia?
Excerpted from “e-Inertia Plagues the Pharma Industry”

“One of the unique factors that affects pharma’s use of the Internet is the fact that it’s a regulated industry. So while you may see surveys where ad managers say they are going to shift spending online, when it comes time to make the decision there’s a lot of inertia, some of which is caused by regulatory concerns. There’s less certainty about what you can and can’t do online and there’s less experience with regard to what works from a regulatory point of view and what doesn’t work. So that contributes to the inertia as well. There’s some concern that the first case examples will come from DDMAC warning letters. Perhaps there are examples from other industries that would be helpful for pharma to learn more about.”

– Mario Cavallini, Manager of Competitive Intelligence, Rosetta

“There is less certainty with regulatory people as it pertains to the Web but the reasons for that are varied. First, the Web is changing everyday. You have streaming video, Consumer Generated Content (CGC), etc. These were not on anybody’s radar screen 5 years ago, but are now there because of the increased penetration of broadband. Pharma is also afraid to start a dialogue with people 1 on 1. The companies that are going to be the most successful online are the ones who take risks online.”

– Richard Meyer, Senior eMarketing Manager, Medtronic

“No other industry is as regulated as this one is. FDA is really looking at mass media and the beauty of the Internet is the ability to focus on or target specific audiences. The industry should buy opt-in lists that allow it to do this. There are a lot of things pharma companies can do online that would not violate any regulations I know of.”

– Lisa Phillips, Senior Analyst, eMarketer

Discussion with a Product Manager

In a Pharma Marketing Blog post, John Mack, editor of Pharma Marketing News, challenged the pharmaceutical industry to engage their customers and consumers through Web 2.0 and other technologies. In response, a product manager—let’s call him Matt—started the following email conversation:

Matt: “Enjoyed your point of view on this, as usual. I wonder, however, if the problem isn't a lack of creative marketing managers and directors, but rather a reluctance to be the newest "test case" for DOJ or to receive a warning letter from the FDA. As someone who did inline marketing briefly at a medium sized biotech company, I can say that there was reluctance to do anything outside the box....not because we were fearful of the lack of ROI....but because it was something that no one else had done...and as such, the FDA hadn't issued a guidance about it.

"Of course, in the big pharma world that might not be the case. Simply doing another integrated print, tv, sales aid campaign around this trimesters key messages may just be easier.

"Would love to hear your thoughts."

Mack: "Thanks for your comments.

"DOJ is only going to go after criminal activity, which is a pretty bright line. I wouldn't worry about that if you are legitimately experimenting with Web 2.0 technology.

Continued on page 6...
The Wisdom of the Crowd

By John Mack

PMN Reprint #62-03

The following is a highlight from the first ever live podcast from a pharmaceutical industry conference. The podcast was one of the biweekly Pharma Marketing Talk™ shows hosted by John Mack, publisher and editor of Pharma Marketing News. Each show features interviews with leaders and innovators in pharmaceutical marketing. This show, which aired on Tuesday, November 14, 2006, included the following guests:

- Mark Bard, CEO of Manhattan Research
- Svetlana Toun, SVP, Alansis Corporation
- Harry Sweeney, CEO of Dorland Global Health Communications
- Steven H. Krein, co-founder and CEO of OrganizedWisdom
- Unity Stoakes, co-founder and President of OrganizedWisdom
- Fard Johnmar, blogger and Founder of Envision Solutions, LLC

The following snippet features comments from Mark Bard and Fard Johnmar. To listen to the complete show and find more details regarding the guests, please visit the Pharma Marketing Talk page.

John Mack: Welcome to Pharma Marketing Talk, this week coming to you live from the eyeforpharma eCommunication & Online Marketing Conference in Philadelphia. Pharma Marketing Talk features interviews innovators in pharmaceutical marketing and today we have with us on location several presenters and attendees at this interesting conference.

Mark, let’s start with you. Can you tell us a bit about the panel you moderated and the key takeaways?

Mark Bard: The panel talked about the role of the Internet in sales strategy and also how reps are using technology.

John: You showed a chart showing that eDetailing was leveling off.

Mark: Nothing grows for ever. The leveling off reflects the reality that pharma was never really interested in edetailing every physician. Companies not only became a little more cautious how they did these programs but they also got better at who they targeted. Still, we see a lot of untapped demand out there.

John: Mark, you attend a lot of these eMarketing meetings. What do you think of this meeting?

Mark: So far, I think it has been very helpful especially in bringing together both sales and marketing perspectives. Are we still going to have Internet or eCommunications meetings two or three years out? Or does the topic become one of the key tracks in a general marketing or a general sales conference, which is already the case in some conferences? Just a thought.

John: As you know, I am going to give a presentation later this afternoon focused on balancing the opportunity and risk of using new technologies for marketing. Fard, you said you were interested in this topic. Maybe you can share some of your thoughts and help me out?

Fard Johnmar: Sure. Part of what I am doing with clients is trying to inform them about which social media technologies are most and least risky in terms of regulatory and communications impact. Our methodology looks at these technologies on a continuum from those that allow a high ownership of content to those than do not. I use the word ownership rather than control because it’s very difficult with these technologies to control what the messages are going to be. What you can do, however, is engage in conversations where people can take kernels of what you are saying and the basic tenor of your message and recommunicate them on a blog or a podcast.

Some of the lower risk technologies like podcasts allow organizations to communicate with their stakeholders in new and different ways. And it’s not new and different because they can take the MP3 recording and slap it up on their web site. The emphasis should be on trying to engage your stakeholders in a way that allows you to have a little more ownership of the conversation but still enables you to be social in the conversations that you are engaged in whether it be with physicians or with consumers.

John: One concept I heard here was a term that Jack Barrette, formerly with Yahoo!, claims to have...
coined. It’s Consumer Opinion Leader. Fard, have you ever heard that phrase?

Fard: I haven’t heard that specifically, but in monitoring medical blogs I have heard the term “Citizen Medical Expert” come up and it’s a term I have used. A few weeks ago, I wrote an article on my blog healthcarevox.com focusing on Sermo.com, a physician social network that taps into the collective wisdom of doctors to identify trends in medicine before they become widely known.

In my post, I said that Sermo.com illustrates the best and worst aspects of the “wisdom of crowds.” What’s great about Sermo is that it provides often-isolated physicians with an opportunity to share ideas and information. What’s not so good is the possibility that inaccurate information can be highlighted and passed along by people, resulting in a giant game of “telephone” that has the potential to be very harmful.

Physicians in the community rate the level of information provided by others and that defines opinion leaders in this community. The wisdom of the crowd vetts the information.

The utility of these sites goes beyond marketing. They can be very useful identifying issues and trends that may become problems in the future. From a crisis communications perspective, if you know about a crisis beforehand, it’s easier to prepare.

John: I heard here that there is a lot of interest in mining social network sites but with the purpose of understanding where communication gaps are. For example, one product of social network mining may be to build your product FAQs. Mining is one thing, but when you insert yourself into the conversation, you must be wary. That, I suppose is the next phase. Before pharmaceutical marketers delve deeply into that, I think there needs to be some ground rules established.

Fard: What’s happening now, unfortunately, is that some pharma companies are working with communications agencies to conduct “blogger relations” and are putting together initiatives where they would like bloggers to talk about their products or issues. Blogger relations is not a bad thing, but the way they are going about talking to bloggers and asking them to become involved with these projects is backfiring a little bit. Bloggers feel that they are being used to promote the pharmaceutical company’s agenda without getting anything in return such as content that is going to help their readers understand the product or issue better.

My advice to clients is to understand the medium, conduct an analysis of benefits versus risks as per John’s presentation, and, I think, develop your own social media. Focus on projects around issues rather than products and provide valuable content, which is the real currency of social media.

For additional comments on this topic, including insights from co-founders of Organized Wisdom Steven H. Krein and Unity Stoakes as well as Harry Sweeney, who lovingly characterizes Internet marketing as “direct marketing on steroids,” please listen to the complete 35-minute podcast by visiting Pharma Marketing Network at: http://www.pharma-mktng.com/talk/show002.htm

Does Regulation Cause e-Inertia? (continued from page 4)

Mack: "You might have an issue with the FTC, except that FTC has bowed out and left Rx advertising to the FDA to regulate (see "If FDA were as Powerful as FTC")."

"Warning letters from the FDA? Who's really afraid of that 'big bad wolf'? C'mon, be real! Have you ever heard of a product manager being fired because the CEO received a warning letter from the FDA? They probably discussed it over a friendly round of golf or maybe skiing in Vale (if the PM achieved the numbers).

"Seriously. There is a right way and a wrong way to use the Internet for marketing, whether it's Web 2.0 or 1.0.

"I have noticed that pharmaceutical marketers are lemmings of a sort—they only follow the herd. That usually means they do whatever Pfizer does. If Pfizer doesn't do it, neither will they.

"I think this reluctance to 'think outside the box' has more to do with fear of failure career-wise than fear of FDA guidance. No PM would admit that, so they create an FDA tiger, when, in fact, the FDA is a pussy cat!"

"My point is that the fear of FDA warning letters is really a bogeyman—more scary than a real threat.”

Matt: "Good points, as usual. I would argue though, that the tolerance for warning letters varies company by company—depending on what else is going on inside the company, it's other products/divisions, and regulatory bodies. Pfizer probably doesn't blink. There are some companies in which, a warning letter from the FDA would be a career limiting move—especially at the manager level...of course, I don't know many companies where the manager gets to make the final decision on campaigns without regulatory and legal input."

Continued on page 10...
**Blogs and the Pharmaceutical Industry**

**Should Pharmaceutical Companies Engage in Blogging?**

By Denise Silber and John Mack

Ms. Silber is a principal at Basil Strategies

PMN Reprint #411-01

If you are reading this, you probably are one of the 38% of Internet users who already know what a blog is. And you are in good company. Eight million American adults say they have created blogs in 2005. On July 31, 2006, Technorati—the Google of blogs—tracked its 50 millionth blog and reported that the number of blogs doubles about every 6 months.

Surveys by the Pew Internet & American Life Project reported in 2005 that blogs had established themselves as a key part of online culture. Blog readership jumped 58% in 2004 and now stands at about 27% of Internet users. Five percent (5%) of internet users say they use RSS aggregators or XML readers to get the news and other information delivered from blogs and content-rich Web sites as it is posted online; 12% of Internet users have posted comments or other material on blogs. Still, 62% of Internet users do not know what a blog is (see box for definitions).

**“Killer” Internet Application**

Server-based blogging software, which allows ordinary people to create blogs, is the current Internet “killer application.” Blogs require almost no technical knowledge to get started. If you use a ready-made template on one of the free blogging portals, you can get started in minutes.

Why do people write blogs? Because they are practical, low-cost vehicles for self-expression or “citizen journalism,” providing people with common interests a place to hold “conversations” and to collaborate. Most blogs allow visitors to discuss topics online with the author and the blog’s visitors. Used in this way, a blog is an example of “social media” that supports the desire of individuals to be pulled into groups to achieve goals.

**Change Agents**

A blog is also a powerful communication tool and by extension a change agent. These days reporters at major news organizations pay close attention to bloggers who often “break” major stories before the traditional media (you may recall what an important role blogs played in the 2004 presidential primaries and elections.). Journalists themselves are now writing their own blogs. Examples include Pharmalot, owned by the New Jersey Star-Ledger and The health Blog, owned by the Wall Street Journal (for a complete list, see Pharma Blogosphere™).

**Blogging 101**

Whether your company is ready to embrace blogging and produce one, several, or even hundreds of blogs, or is just interested in keeping tabs on blogs, you need to understand the essential basics of blogging, including the public’s perception of what a blog should be.

Continued on next page...

---

### Blog Definitions

<table>
<thead>
<tr>
<th>Definition</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blog</td>
<td>Short for weblog. A weblog is a journal (or newsletter) that is frequently updated and intended for general public consumption. Blogs generally represent the personality of the author or the Web site. A blog is a Web site that contains dated entries in reverse chronological order (most recent first) about a particular topic. Functioning as an online journal, blogs can be written by one person or a group of contributors. Entries contain commentary and links to other Web sites, and images as well as a search function may also be included.</td>
</tr>
<tr>
<td>“blogger”</td>
<td>Someone who keeps a blog.</td>
</tr>
<tr>
<td>RSS aggregators</td>
<td>Software that allows people with little or no technical background to update and maintain the blog.</td>
</tr>
<tr>
<td>XML readers</td>
<td>Allows people to get the news and other information delivered from blogs and content-rich Web sites as it is posted online.</td>
</tr>
<tr>
<td>Blogs</td>
<td>Available on the web. The activity of updating a blog is &quot;blogging&quot; and includes posting comments or other material on blogs.</td>
</tr>
</tbody>
</table>

Continued on next page...
Three technical advantages differentiate blogs from web sites and contribute to their success:

- Easy updating of text, audio (podcasting), and video files (Vlogging), including from a handheld device (moblogging);
- Potential to reach a large audience, thanks to high search engine rankings;
- Blogs are not only low cost or free, they also may generate income through contextual advertising, collection of donations for a cause, referrals, etc.

Blogs can be open or “closed.” Closed means that they are reserved to members of an organization or company. To create a closed blog, the blog owner determines who can access it and assigns a log-in and password to each of the intended participants. Transforming an open to a closed blog takes literally one click, depending of course on the degree of security required.

**Pharma and Blogs: Like Oil and Water?**

As readers of Pharma Marketing News well know, blogs are effective means of stimulating discussion about pharmaceutical issues and offering a window into public sentiment about the industry.

The pharma industry is concerned about the influence that bloggers may have on public opinion. Billy Tauzin, CEO of PhRMA, the industry’s trade group in the U.S., in comments critical of the need for a new FDA Drug Watch site, said “I’d rather have them (FDA) doing it than some blogger.”

Since then, FDA has backed off from its plans for a Drug Watch Site—mostly due to pressure from the industry—but bloggers continue to fill the void without any effective industry countermeasures.

Pharmaceutical PR people, marketers, and even CEOs should take a cue from the media and at least lurk in the “blogosphere” to get in touch with public sentiment toward pharma. What in the blogosphere is worth watching by pharmaceutical marketers?

**Collaboration with Health Care Professionals**

Pharmaceutical closed blogs reserved for use by healthcare professionals can be used to facilitate all sorts of collaborative efforts with special groups. This can include working with key opinion leaders (KOLs) to enable discussions between KOLs and pharma employees such as medical liaisons, clinicians and researchers.

Examples of such activities include:

- Presentation of case studies by KOLs with comments and/or questions from physicians
- Reports summarizing sponsored symposia including audio and visuals;
- Summaries of presentations made at medical congresses;
- Publication of bibliographies;
- Publication of product information such as product withdrawals, new approved indications, “dear doctor” letters, etc.
- Surveys

All of the above can be done on one blog, organized by categories or headings. Certain restrictions may apply regarding, for example, the disclosure of off-label information.

**Employee Blogs: The Secret Pharma PR Weapon**

Usually, pharma companies respond to criticism by issuing press releases from their corporate communication departments. Employee bloggers, however, could be a much more effective means of positively influencing the public’s opinion of their companies and their brands.

“We have clear evidence that consumers and other important stakeholders make decisions about products and brands based largely on what a company’s employees say about them,” said Christopher Hannegan Senior Vice President and Director of Edelman’s Employee Engagement

Continued on next page...
Practice. "And now blogs provide these same employees with access to a mass audience as never before. So companies need to understand that two powerful forces are beginning to converge in a way that will have a direct and growing impact on their business."

According to a white paper by Edelman and Intelliseek, comments by employees are more influential in determining consumer intent to purchase than news stories or advertising about the product (see “Talking from the Inside Out: The Rise of Employee Bloggers”).

**GSK and J&J Corporate Blogs**

Some pharma companies are already using blogs as part of their public relations efforts. GSK reportedly has a blog in France that reports on results of public debates organized regularly in various locations and venues. Johnson & Johnson recently launched JNJ BTW, which is a corporate communications blog that was started up by Marc Monseau, J&J’s director of media relations. “Everyone else is talking about our company,” says Monseau, “so why can’t we? There are more than 120,000 people who work for Johnson & Johnson and its operating companies. I’m one of them, and through JNJ BTW, I will try to find a voice that often gets lost in formal communications.”

Open blogs, in which the employer has little or no oversight or control over comment, is the most common type of employee blog. But what can pharma companies do on an open blog, employee-run or not, without running into regulatory and legal issues? Here are examples of topics suitable for pharma employee blogs:

- Information on emerging diseases from researchers and clinicians;
- Notices of employee volunteers available to the public for charitable events, speaking engagements, etc;
- Responses to customer information needs;
- Comments on career opportunities within the company;
- Information about Patient Association Programs and other charitable activities in which employees may be personally involved.

Employee blogs on these topics could provide a “human voice” for the company. “That voice—the unfiltered sound of an actual person writing about what she cares about, sounding like herself—is actually the most important way of connecting with customers and partners,” says David Weinberger of Harvard’s Berkman Center for Internet & Society, a research program founded to explore cyberspace, share in its study, and help pioneer its development.

Another type of employee blog might be titled “In Our Own Words.” This variation of an open employee blog could be designed to address controversial issues that are currently plaguing pharma companies and that are prominently featured and rehashed on blogs critical of the industry.

This type of blog could work like the “In Their Own Words” segment of the NBC Nightly News. The PR department or an outside agency can interview employee volunteers on topical issues and get their frank and open opinions and publish these on the blog. Any editing would have to be approved by the employees first. Employee photos and contact information could also be provided to make it more personal and to encourage feedback.

**Blogs and Pharma Marketing**

Pharmaceutical marketers are itching to take advantage of the advertising and “buzz” benefits of blogging. GSK has been the first company to launch a consumer-facing blog about its Alli OTC weight medication (alliConnect).

If pharma marketers wish to employ blogs for marketing purposes, they need to be more creative. Blogs would be perfect venues for patient testimonials, non-branded disease awareness programs, and even celebrity comments. Now that

**Challenges and Guidelines**

What are the challenges for any corporation thinking of running a blog? The key challenge is adapting to the new mode of communication in which you are expected to be utterly transparent and to “bare all.”

Pharma companies have significant unique regulatory and legal hurdles to deal with before they can fully support employee or open blogs. For example, blogs typically allow for reader comments, but for regulatory reasons pharmaceutical companies may need to disable this function or at least establish an intermediary review before publication. Pharma companies may also be challenged to review daily posts to blogs in a timely fashion.

According the white paper by Edelman cited above, organizations should assess their internal culture and determine their vulnerability in the blogosphere. Questions to ask include:

- Are we a “listening” culture?
- Are we open and comfortable with honest feedback, and can we actually handle and manage it?

Continued on next page...
• How critical is stakeholder management to brand building and corporate reputation?
• Is our company or brand committed to transparency?
• Is our category disproportionately being shaped by external perceptions on the Internet?
• What is the morale, motivation and commitment of our employees?
• Are employees already blogging and what are they saying?

**Should Pharma Pass on Blogs?**
Many pharma executives would say “yes.” And, in fact, the health care sector at large has not yet figured out what to do with blogs. But blogs open up many opportunities for the pharmaceutical industry to improve its image through candor—real people talking to customers in their own voice rather than through corporate uni-speak, the corporate “one set of branding words for all.”

**Does Regulation Cause e-Inertia?**
(continued from page 6)

**Matt:** “I agree with your points with respect to large visible failures and especially with big pharma companies. No one wants to be the guy on the brand that had a marketing campaign that failed miserably.”

**Mack:** “Fair enough. But when I talk of the pharmaceutical industry, I am thinking of the big boys like Pfizer, GSK, and Merck. If they don’t blink in a staring contest with FDA, then they need to lead the pack of lemmings along the Web 2.0 road. I am happy to see, therefore, that Merck at least has paid some lip service to more use of the Web and Pfizer announced sales force reductions (see “Out with the Bad, In with the Good”).”

---

**Rate Your Social Media Marketing Readiness**

Is your company ready to engage in social media marketing? If so, what’s your social media marketing strategy?

There is no "one-size-fits-all" social marketing strategy. Each company needs to consider its unique corporate culture, knowledge of social media, and internal corporate regulatory compliance environment before it can develop a realistic social media marketing strategy that is right for it.

To help you discover where you may need to augment your knowledge about social media and the hurdles you may need to overcome within your organization to implement a social media marketing program, *Pharma Marketing News* invites you to fill out an online questionnaire/survey.

After completing the questionnaire/survey, you’ll be able to see the average of all responses to date and get a better idea of how you and your company’s readiness compares to that average.

You will also have the option of supplying your contact information if you would like a personalized evaluation of your responses.

This evaluation adds up your score in three different categories: corporate culture, knowledge, and regulatory risk, to determine how aggressive your strategy could be.

FDA-regulated pharmaceutical, biotech, medical device companies, vendor companies that provide or intend to provide social media marketing services to an FDA-regulated company, and other organization or individual, not regulated by FDA can benefit from this evaluation.

There are 3 parts to this survey:

- **Part 1 (Regulatory Environment)** is meant for FDA-regulated pharmaceutical companies or vendors working on behalf of such companies.
- **Part 2 (Corporate Culture)** applies to ALL companies.
- **Part 3 (Social Media Knowledge)** applies to ALL companies.

**TAKE THE SURVEY ONLINE HERE!**
A Primer on Pharma Employee Blogging
It Can Be Done!

By John Mack
PMN Reprint #64-05

There is some movement within a few pharmaceutical companies toward implementing corporate blogs. J&J, for example, has taken some steps in this direction (see JNJ BTW). Marc Monseau, Director of Corporate Media, J&J, shared his corporate blogging challenges and strategies to deal with them at conferences these days. Some of these challenges include:

- Identifying Opportunities and Risks
- Understanding Your Audience
- Working With the Organization

Monseau was speaking about corporate blogs written by communication specialists within the organization. Another possibility to consider are blogs written by employees (see previous article, “Blogs and the Pharmaceutical Industry”).

The following primer offers some details of how pharmaceutical companies can launch public-facing pharma employee blogs that may help improve their public relations.

Start Internally

Whatever you do, start internally in a controlled environment. Of course, this is no guarantee that you won't be outed at CafePharma as happened to AstraZeneca in the Zubillaga Affair (see “The Zubillaga Affair: Effect on the Prospects for Pharma Blogging”). But, if you follow my rules, you'll limit your risk.

Once you have experience with running your employee blog internally, you can go public. In the meantime, you will have learned which employees like writing blog posts, which ones have great stories to tell, and, yes, you will receive criticisms, which can only help you improve. You don't want to encourage a bunch of sycophants!

Guarantee Anonymity

An internal blog can be like an old-fashioned suggestion box. But employees must be allowed to submit comments anonymously. To allow for true anonymity, you must have "public" workstations throughout your workplace (in cafeterias, lobbies, etc.). Your employees are smart—they know you can identify them by their computer workstation address. Therefore, be sure to educate them how to remain anonymous—eg, do not submit comments from personal workstations.

Moderate Comments

Many bloggers believe that any kind of control of freedom of expression is unacceptable. I feel that way about MY FREEDOM OF EXPRESSION, but not about other people's freedom of expression when they wish to express themselves via my blog (Pharma Marketing Blog).

My blog is my creation and my brand, the voice of which is shaped ME! I want readers to submit comments and debate the issues with me, but I want to control the debate. That's one reason why I don't allow unmoderated comments to be published on my blog. Over the years, there have been only a handful of comments that I have excluded and 90% of them were ads for purchasing drugs over the Internet, or from crazies promoting their own cause, etc. None of these comments advanced the discussion, so I had no qualms about rejecting them.

Therefore, I advocate that any pharmaceutical employee blog also be moderated and not allow comments to be published without prior review. You can note these comments and decide what action to take as follow-up, but you don't have to air all your dirty laundry. It would be a good idea to catalog comments and do some kind of summary report that indicates how many comments were received, how many were published, and why some comments were not published (a kind of "comment audit" that borders on transparency in an aggregate kind of way).

The policy regarding moderating comments depends on the company. Some may not allow comments at all. The ability to submit comments, however, is an important benefit of the blogging experience, and is essential to the main objective of giving employees a voice. Therefore, I recommend as liberal a policy on moderating comments as possible.

Continued on next page...
**Posting Rules**

The meat of the blog is the post written by the blogger author. Blogs can be set up to accept posts from a number of people and there can be an editor that accepts or rejects posts, sort of like the Huffington Post blog. An internal pharma employee blog can be set up that way too. However, rather than going the Huffington route, you can set up a more structured, safe route; eg, where one editor accepts stories from employees and submits posts with or without editorial comment. This is similar to a newsletter.

However you handle posts from employees, you need to make it as easy for them to submit a post as the Blogger web-base application makes it easy for me to submit posts to my blog. The only difference is that it goes to the editor first before it gets published. If your submission process is more formal that that, you might as well have a newsletter and not a blog.

The editor either publishes a post as is or asks the employee to make changes. The employee either accepts the changes or opts out of submitting the edited post for publication.

As with comment moderation, there should be an editorial policy that is as liberal as possible. Since the blog has a purpose, which is to provide a more positive image of the industry via the voice of the rank-and-file employee (see below for employees I believe qualify), the editorial policy should be consistent with this policy. If employees want to bitch and complain about the company, this blog is not for them. They should go through regular channels. But all "negative" statements in an otherwise positive post should not be edited out. It is important to do as little editing as possible, which may be a challenge for any company and especially for pharmaceutical companies.

**Which Employees Should/Should Not Post?**

The following personnel should be ENCOURAGED to contribute to employee blogs:

- Rank and file employees including secretaries, assistants, etc.
- Research and development personnel, including clinicians, lab people, etc.

Some might pooh-pooh having "insignificant" rank and file employees like secretaries, maintenance workers, interns, etc. write blogs, but not if you agree that the pharmaceutical industry needs a "human face" to project to the public. What better face than that of people like your customers, not all of whom are executives. They are secretaries and blue collar workers too.

The following personnel should NOT be allowed to contribute to employee blogs:

- Marketing, sales, legal, or corporate communications personnel
- Managers or higher

Let me qualify that. You don't want these people to dominate the discussion. They tend to be steeped in the traditional "circle the wagons" corporate mentality and most often do not speak in a genuine personal voice. Their perspective can be added as comments to posts made by employees, or they can help edit employee posts, but the blog shouldn't be dominated by posts made by these communication professionals.

One last tip, always include an employee photo and the employee’s first name, unless protection of employee privacy is a concern.

**Go Public With Caution**

The main objective of the internal employee blog is to bring it public so that visitors can see the human face of the company and hopefully read authentic comments from employees to learn how they feel about working in the industry.

I notice that some pharmaceutical companies feature photos and comments form employees in the career section of their web sites (see, for example, Takeda Employee Profiles). I have no idea if the words attributed to employees in these profiles are their own words or not. That's a perception that an employee blog must overcome. And the best way to overcome that is by being transparent and laying out exactly what the blog editorial and moderation rules are.

I don't expect this to be the last word on pharma employee blogging. I know there are many challenges that drug companies must overcome to initiate employee blogs. These challenges have more to do with transparency than with regulation. Both these obstacles are challenges for pharmaceutical companies.
What do you think of the idea of a secure, internal CafePharma-style Web site where sales reps can share their triumphs and failures, vote on who has the best ideas, discuss issues, and get feedback from their managers that their peers can see and learn from?

What about sales reps collaborating with marketers via a wiki tool that allows the reps to edit and comment upon detail aids, talking points, and other materials that sales reps use when selling to physicians?

These ideas and more were discussed in a recent Pharma Marketing Talk podcast entitled "Web 2.0 Tools for Sales Force Effectiveness" (listen to the audio archive here). In that podcast, Joe Miles, Project Director, EyeforPharma Conferences was interviewed.

In this article, I share some thoughts about collaboration between marketing and sales and how Web 2.0 tools may be used enhance that collaboration.

There’s no love lost between the sales and marketing departments of pharmaceutical companies. Marketing, for example, produces the detail aids and other materials dutifully used by sales reps—or at least they say they use them. More often than not, the reps toss ‘em or let them rot in their garages or car trunks! In many cases, the suggested sales verbiage offered by marketers does not resonate with the reps’ physician clients.

I wrote about this problem some time ago in Pharma Marketing News (see “Marketing’s Role in Limiting Physician Access and What to Do About It”). In that article, Gerald J. Acuff Jr., CEO, Delta Point, a sales agency that enhances the effectiveness of sales reps, pointed out a couple of problems that prevent marketing from preparing the best sales aids:

1. Not truly understanding the difference between a marketing message and a sales message. The copy that accompanies sales aids, for example, is not written with an understanding of how sales are made; and

2. Providing to the field suggested sales language that “closes down” customers; eg, “Dr. Today I am going to talk to you about…” and “Dr. If I could show you that…”

Another common problem caused by the siloed boundary between the field force and marketing is that sales reps deliver the same highly-scripted blanket messages to all of their physician clients. How can a siloed pharmaceutical company create an organizational structure and process where marketing and sales managers work more closely together?

You can hire experts like Mr. Acuff to correct these problems, but some pharmaceutical companies are turning to Web 2.0 tools to leverage the “wisdom of crowds,” which in this case are the thousands of sales reps within the organization.

At least that is what Joe Miles and some other experts think.

To illustrate the wisdom of crowds, Joe asked a recent conference audience to guess the number of jelly beans in a jar. I forget the exact range of the guesses, but the average was extremely close to the actual number.

Can that type of crowd “wisdom” be applied to real world problems and specifically to the problems mentioned above?

I can imagine hundreds of reps tweaking and editing sales aid copy and voting on which version is the best, but I have a problem imagining marketing pros taking them seriously. All the social networking tools in the world cannot make up for a dysfunctional organization or overcome tradition, which says that marketing is responsible for the words and reps are responsible for sticking to the script.

But, hey! I could be wrong—it wouldn’t be the first time.
Clearly, pharmaceutical marketers trail their colleagues in other industries when it comes to the Internet. There are many good reasons for this. Let’s focus for now on "Consumer Generated Content" (CGC, also known as "Customer Generated Content" or "User Generated Content,” UGC), which was one of the "hot" topics at AE recent CBI eMarketing for Pharmaceuticals conference. I expect you’ll be hearing more about CGC as marketing vendors, especially "Buzz Marketers," promote it as a legitimate target for pharmaceutical marketing.

Blogs are the newest and best known examples of CGC/UGC and are the most likely targets of pharmaceutical marketing and PR efforts (see "Blogs and the Pharmaceutical Industry" in this Supplement).

Perhaps millions of doctor and patient bloggers write about drugs and the conditions they treat. Ten times that number of consumers read these blogs every day. I am told by knowledgeable people that consumers are twice as engaged on Yahoo! expert blogs (eg, physician blogs) than other Yahoo! content on the same topics. Therefore, it makes sense, from an online drug marketer’s point of view, to advertise on those expert blogs. Yahoo! does in fact serve up drug ads alongside health blog entries (you might see a Pulmicort ad, for example, alongside "The Pediatrician Is In," a physician blog).

Buzz Market Research

Marketers and PR people also are tracking what consumers, physicians, and pundits are saying about their products and companies on blogs as well as on other CGC forums. This is called Buzz Market Research, the main staple of buzz marketing firms. Pharmaceutical marketers tread the buzz waters carefully because they are obliged to report to the FDA any adverse reactions they become aware of. Nevertheless, this kind of research often is done through a third party, which puts firewalls between the pharmaceutical client and specific comments from patients and physician bloggers.

Buzz ’n Blogs are attractive targets for advertisers not only because of the volume of participants (ie, an estimated 30 to 40 Million US adults read blogs and message boards, or listen to podcasts) but also because they think they can enlist—some would say dupe or pay off—consumers to spread their messages to other consumers. After all, poll after poll shows that consumers trust other consumers. A Neilson Buzzmetrics poll claims that consumers trust consumer opinions posted online more than they trust advertising in newspapers, magazines, TV, or radio.

What marketers seem to want to do is latch onto that trust to propagate their messages. There are various means for doing that.

Social Media Advertising Uncertainty Principle

First, there is the technique of "latching onto a star" where the advertiser pays a blogger to run ads on the blog. The blogger could be a patient, a physician, or an industry pundit.

Should bloggers accept advertising from companies that they may criticize in their blogs? Will that influence their opinions and change the "voice" of the blogger? It’s what I call the social media advertising uncertainty principle. Bloggers are popular because of their independence from "the man." A perceived lack of independence caused by advertising makes the blogger less credible and hence less popular, which reduces readership. Pretty soon, advertisers will not be interested in running ads on that site.

Stealth Marketing

Monitoring buzz is one thing, creating it is another. It starts to get hairy, for example, when marketers try to infiltrate the blogosphere and create content disguised as CGC or, worse, pay legitimate bloggers to create favorable content. This was a topic touched upon at the CBI conference. It was expressed thusly: "Readers of CGC are 'hyper-engaged' and therefore advertisers should embrace CGC to engage their targets in new, open dialogue." That is, jump into the conversation and "influence the influencers!"

It’s questionable how "open" a dialogue can be when one participant views the other as a "target! I know this is jargon only meant for other marketing professionals, but it nevertheless suggests that marketers can never be open and honest. It’s just not in their nature nor is it even their goal (see "Is Pharmaceutical Marketing BS?" for more on this).

Marketers are also uncomfortable participating in conversations about their brands that they cannot control.

Continued on next page...
Without transparency and giving up control of the conversation, all the talk about “dialogue” is a lot of BS.

Marketers could easily create their own blogs and disguise them as consumer blogs or pay experts (eg, MD) to write approved content disguised as the unbiased opinion. This, of course, is not engaging in dialogue, it's stealth marketing.

What clearly is needed is a code of ethics defining what is and what is not acceptable buzz 'n blog marketing.

---

**Buzz 'n Blog Pharma Marketing Survey Results**

In May 2006, *Pharma Marketing News* hosted an online survey that solicited reader opinion on specific pharmaceutical marketing tactics involving CGC and buzz. The results are summarized here.

**Q: How important is it for pharmaceutical marketers to monitor in a systematic manner what their customers (patients and physicians) are saying about their products on blogs and other User Generated Content Internet sites?**

- **Very Important**: 57%
- **Somewhat Important**: 35%
- **No Opinion**: 4%
- **Not Important**: 4%

**Q: Indicate how strongly you agree or disagree with the following statements.** (see chart below)

1. Pharma marketers should run ads only on carefully-selected blogs that accept advertising (eg, blogs chosen because of their favorable industry views)
2. Pharma marketers should run ads on any blog that accepts advertising regardless of blog content (ie., in the same manner that drug companies run ads in other media)
3. Pharma marketers should solicit and pay already established, popular, and willing patient or physician bloggers to create favorable content (eg, product placements)
4. Pharma marketers should sponsor patient or physician blogs through educational grants only (ie, no strings attached)
5. Pharmaceutical marketers should create their own blogs through third parties (eg, PR or ad agencies) that pay patients or physicians to write approved content
6. Pharma marketers should specifically solicit and pay patient or physician bloggers to participate in focus groups
7. Pharma marketers and PR people should invite specific bloggers to participate in press conferences and other events to which established press are routinely invited
YouPharma
Rules for Pharma Social Media Marketing

By John Mack
PMN Reprint #64-04

To use a war analogy—as is often done in industry—sales and marketing executives tend to send in more troops when they fail to reach their goals with the current force level. We can see that playing out today in the war to market drugs. When your market share is not up to par, send out more DTC ads and more reps—the drug industry's grunts and jarheads.

DTC Spending Up, ROI Down

So it's no surprise why we've seen spending on DTC increase by an average of 11.5% every year between 2000 and 2005 (about 9% last year), while spending on physician promotion has increased about an average of 5.4%.

Yet it is generally agreed that the return on these investments (ROI) is declining. A new approach to the way forward in pharma marketing is needed. Is it time for the pharmaceutical industry to take the advice of some of its critics and use the new social media/Web 2.0 tools available to it?

To answer this and other questions, Pharma Marketing News tapped into the expertise of the Pharma Marketing Roundtable and several bloggers in the Pharma Blogosphere™ to provide a range of opinions.

Fard Johnmar's Web 2.0 Tools Sampling

Following are some examples of relevant social media tools summarized by Fard Johnmar, founder of Envision Solutions, LLC, a healthcare marketing communications consultancy specializing in analysis, strategy, content development and training. Fard is also the author the HealthcareVOX blog, which was rated very highly by readers in the First Ever Pharma Blogosphere Reader Survey (see “How Readable, Credible & Useful are Pharma Blogs?”).

Wikis: Wikis are becoming an increasingly important tool for collaboration and knowledge sharing. They are also helping to aggregate information about disease and potential public health crises.

One prominent example is the Flu Wiki. Co-founded by Dr. Greg Dworkin, this wiki filled an important information void during the initial public conversation about bird flu.

A new site that is gaining a following is Ask Dr Wiki, “a medical wiki with the goal of creating a collective online memory for physicians, fellows, residents, and medical students.” This wiki was recently profiled in the Cleveland Plain Dealer.

Social Networks:

I've spoken a lot about the benefits of social networks and one prominent one, Sermo. Over the past few months, Sermo's physician user base has significantly increased. Doctors are using the site to share information about treatment practices and to track disease outbreaks, including the emergence of antibiotic resistant bacteria.

Other Web 2.0 Tools:

There are other social media tools that use the "wisdom of crowds" to track illness. One new site, Who Is Sick?, "provides current and local sickness information to the public—without the hassle of dealing with hospitals or doctors." While the site is in its infancy, it has interesting information and should be very helpful for parents. I could also see folks from the CDC using it to help track disease—if more people start to contribute to the site.

"The pharmaceutical industry has been slow to embrace new media," says Mark Senak, author EyeOnFDA blog, another influential blog denizen of the Pharma Blogosphere. "There are a number of good reasons for this. Any highly regulated industry, such as the pharmaceutical industry, has to be careful and concerned when considering new media strategies. That doesn't mean that they should not consider them at all, however..."

Continued on next page...
Some Pharma Feet Are Getting Wet

Some pharmaceutical companies may already be experimenting with social media and blogs in particular. Johnson and Johnson (J&J), for example, continues to lead the pack in outreach to healthcare bloggers and may also be ready to launch employee blogs!

J&J’s Marc Monseau, Director of Corporate Media, recently organized a dinner meeting where several Pharma bloggers met and talked with J&J people. Attendees included: Fard Johnmar of HealthcareVox, Nicholas Genes from MedGadget, Peter Pitts from Drug Wonks, Steven Palter from Doc in the Machine, Ed Silverman from Pharmalot, and Jim Edwards, former blogger at BrandweekNRx. (For more on this meeting, see “Should Bloggers Dine at Pharma’s Table?”)

J&J also hosted a private speaker/blogger reception at the Venetian Hotel in Las Vegas prior to the Healthcare Blogging Summit in the spring of 2007.

Are Pharma Employee Blogs Coming?

Aside from the Las Vegas reception and the New York private dinner party, how does J&J intend to put its toes in the blogging waters?

At that time, the big rumor heard ‘round the Pharma Blogosphere™ was that J&J was gearing up to give each of its 120,000 employees the ability to write public blogs.

That would be a journalist’s dream and a brand manager’s nightmare, some pundits opined.

As of January, 2008, no J&J employee blogs have been sighted.

No Laughing Matter

Over the past several months, I have offered the industry some FREE advice on blogging. See, for example, “A Primer on Pharma Employee Blogging” in this Supplement.

My guidelines were influenced by recent events ignited by AstraZeneca’s “Zubillaga Affair” that demonstrate how giving employees free reign to voice their opinions can easily go horribly wrong (see “The Zubillaga Affair: Effect on the Prospects for Pharma Blogging”).

Regarding the notion of Pharma employee blogs, Peter Rost, notorious pharma whistleblower and now an anti-pharma litigation witness, said “I truly very much hope you succeed in getting Big Pharma to start blogging. Imagine all the stuff we’ll get to blog about as they try. There will be no limit to the amount of fun we can have. Big pharma can simply not, no matter how much they try, not be fun to write about. The picture they have of themselves and how the rest of the world sees them is so different, that this will be forever amusing. Not until they accept their image and work from that starting point will they effect any change. And until then,” warns Rost, “people will continue laughing. Which is no laughing matter.”

Code of Conduct

Mario Cavallini, Manager, Competitive Intelligence, Rosetta Marketing, and member of the Pharma Marketing Roundtable, said, “I have also been eager to see brand blogging but now have second thoughts. However, my inspiration is the recent case of Kathy Sierra, an IT blogger who got blasted with flame wars of the worst sort. We who take part in online discussions have, to one degree or another, gotten much too blase about crude and threatening verbal behavior over the years. This has led no less a light than Tim O’Reilly to propose a Blogger’s Code of Conduct that leads off with ‘Take responsibility not just for your own words, but for the comments you allow on your blog.’ It also includes, ‘Consider eliminating anonymous comments.’ Both are a sharp departure from current online ‘culture,’ and yet O’Reilly makes a good case, and I’m open to it.”

There are other ideas out there for blogging rules and guidelines. Dmitriy Kruglyak, blogger at TrustedMD, for example, instigated the “Open Healthcare Manifesto,” which is “designed to foster ‘open media’ in healthcare and medicine and to implement some sort of a new ‘integrity standard’ ... needed to help people sort through the junk...” For more on this, see “Medical Blog Network Launches HealthTrain Manifesto.”

YouPharma

My interest in this topic was also piqued by Time magazine’s person of the year: You. “Yes,” says Johnmar, “TIME is paying homage to all of the people who are blogging, podcasting, networking and using Websites like YouTube. According to TIME, people are watching nearly 100 million videos per day and uploading 65,000 to the service. By any measure, those are phenomenal numbers.” But, as Fard points out, healthcare Web 2.0 was not much mentioned in the Time article.

Continued on next page...
It’s Not About Us, It’s About Them
Consumers and physicians—the drug industry’s clients—are already “out there” using social media and, according to Johnmar, “are starting to have an impact on how other stakeholders perceive pharmaceutical products and issues. People searching for health-related content are being exposed to this user-generated, social media world. This content is competing with the messages from pharmaceutical companies about their products distributed through traditional channels.”

According to a 2006 Forrester/Nielsen BuzzMetrics survey, consumers are looking for opinions of people like themselves and trust consumer posts to blogs and discussion forums more than they trust magazine and TV ads.

Monique Levy of Jupiter Research summarized some of her company’s research thusly, “As many as 34 percent of online users said they connected to others or the content they created online about health and wellness issues using various types of peer-to-peer and social media in the last year. Of these health connectors 69 percent are consuming content, 41 percent creating and 32 percent doing both.”

Research by Envision Solutions (“Diving Deeper Into Online Health Search”) reveals that Internet users’ exposure to health-related user-generated media is significant and Wikipedia is the most referenced resource. Key findings include the following:

- User-generated media appeared on the first three pages of Envision Solutions’ searches 88% of the time.
- User-generated media was equally as likely to be indexed on the first page of searches conducted on Google and Yahoo.
- Wikipedia was the most frequently cited resource. This wiki appeared on the first page in 63% of searches.

Put Some Skin in the Game
Unity Stoakes, President of OrganizedWisdom, a health-focused, social-networking site for consumers and physicians, suggests some good reasons why pharmaceutical companies should engage in social media. “The more they participate and the more they introduce their messages, education and content into the conversation,” says Stoakes, “the more likely these messages will be heard, repurposed, regurgitated, verified in the same way that much of the content on Wikipedia is checked and sourced.”

Rob Nauman, Principal at BioPharma Advisors, suggested that the Internet has slowly chipped away at pharma’s position of great purveyors of medical information for physicians. “Now,” says Nauman, “the content they produce may not be seen as valuable. Part of this may be due to regulations that guide what information drug companies can put out there. Can the pharmaceutical marketing model survive,” asks Nauman, “if user-generated content continues to grow? Perhaps marketers have to redesign their entire thought process about how they market and sell their products.”

The fact is pharmaceutical marketers are not in control of their product information any more. Bruce Grant, SVP/Business Strategy at Medical Broadcasting Company, A Digitas inc. Company, expressed it this way at a recent industry conference: “Pharma companies that fail to recognize this shift and adjust the way they interact online with their customers will find themselves increasingly marginalized. But those that acknowledge and adapt will become increasingly influential and trusted.”

Dmitriy Kruglyak is optimistic about pharma’s use of social networking. “I get a strong feeling that blogs and social media will go way beyond ’mere adoption’ by pharmas and the rest of healthcare industry,” says Kruglyak. “Before we know it, a social media strategy will be a key source of competitive advantage, determining success or failure of product lines, business units and executive careers. Adapt or die, no less.”

Speaking of RSS Feed technology, Mark Senak suggested “it is time for pharmaceutical companies to look at how they are communicating in the new media milieu. [RSS Feed technology] is just one aspect of that. Anyone who is just posting press releases the old fashioned way, and sending them over the wires, is behind the times. It would be like only advertising on radio, when there is television!”

Beating the Pros
For me, Web 2.0 is all about “beating the pros at their own game” as Time put it: “. . . for seizing the reins of the global media, for founding and framing the new digital democracy, for working for nothing and beating the pros at their own game.

How will this translate to pharmaceutical marketing? Could we see, for example, drug commercials use YouTube-like videos like that BMW commercial with the kids opening Christmas presents? Maybe you’ve seen the “Bus Uncle” YouTube clip from Hong Kong? Here is a guy

Continued on next page…
under “pressure” ranting on a bus—all of it captured in a cell phone video. There must be a drug to treat his rage—let’s say its an anti-depressant. Couldn’t part of the bus uncle video be mashed into an ad for that drug? In addition to or instead of running it on TV, how about submitting it to YouTube (or a parallel YouPharma site)?

Better yet, run a contest for consumers to submit their own videos illustrating symptoms of depression and select a few to insert into different versions of the commercial, which you submit to YouTube. Air on national TV the one that gets the highest rating or views on YouTube and pay the winner a bundle of bucks! (See page 26 for an example.)

I imagine you could get doctors to submit video clips as well—you know, to discuss the side effects. Maybe there is a doc out there who is really, really good at it.

These ideas are doable because they include the “authentic voices” of consumers yet allow advertisers to maintain control over the important (branded) content. The possibilities are endless.

Jane Chin, author of PharmRepClinic.com, said “Sooner or later, pharma will have to acknowledge social network marketing, not because they want to embrace it, but because their customers are engaged in it.” Meet Jane online and view her profile on the Pharma Marketing Network Forums where you can join the discussion "Is Pharma Ready for Social Network Marketing?".

Special Supplement
ePharma Marketing

Many believe that pharma eMarketing is at a tipping point and that pharmaceutical companies are poised to shift substantial ad spending from TV and other media to the Internet. The selection of articles in this Special Supplement to Pharma Marketing News was chosen to give you a better perspective on pharma eMarketing. Included are real world case studies that illustrate the advantages of eMarketing such as depth of information, interaction, relationship building and superior customer engagement.

PARIAL TABLE OF CONTENTS
• Applying FDA Marketing Regulations to Internet Promotions
• The European eMarketing Scene.
• eDetailing: Yesterday, Today and Tomorrow
• Searching for Answers on Search Engine Marketing?
• The Absolute, Relative, and Incremental ROI of DTC eMarketing

Order Online. Instant Delivery of PDF by email:
http://www.news.pharma-marketing.com/PMNSupplementEmarketing.htm
Web 2.0 Pharma Marketing Tricks for Dummies
Secrets Revealed; FDA Will Never Be the Wiser!

By John Mack
PMN Reprint #68-02

After years of advising pharmaceutical marketers to avoid shady online practices, especially when using Web 2.0 tools, I have decided that my presentations, blog postings, and articles are falling on deaf ears. What marketers really want to know is how to get away with it—that is, how to flawlessly perform the “Tricks of the Trade” as they say. To satisfy that need, I decided to write this article, which is based on a presentation entitled “Pharma Marketing Tricks for the Web 2.0 Era” that I made at the THE Pharmaceutical Marketing Event held recently in Philadelphia, PA.

The four tricks for which I give precise instructions on how to perform in this article, include:

- **Trick #1:** Google "BADwords"
- **Trick #2:** Posing as a Consumer on Social Networks
- **Trick #3:** Wikipedia Sleight-of-Hand Edit
- **Trick #4:** YouTube "Consumer-Generated" Video

Before proceeding, please take a moment to read the DISCLAIMER (see box).

---

**DISCLAIMER**

The “tricks of the trade” revealed herein are for your entertainment only. The author suggests that you do NOT try these “tricks” at home or in your office without close supervision!

You hereby acknowledge that any reliance upon any “tricks” or the information herein shall be at your sole risk. The author reserves the right, at his sole discretion and without any obligation, to make improvements to, or correct any error or omissions in any portion of this document.

The “tricks” and information herein are provided by the author on an "as is" basis, and the author expressly disclaims any and all warranties, express or implied, including without limitation warranties of merchantability and fitness for a particular purpose, with respect to the “tricks” or the information herein. In no event shall the author be liable for any direct, indirect, incidental, punitive, or consequential damages of any kind whatsoever with respect to the “tricks” or the information herein.

Web 2.0 is a social phenomenon embracing an approach to generating and distributing Web content itself, characterized by open communication, decentralization of authority, freedom to share and re-use, and “the market as a conversation.” Web 2.0 applications include blogs, message boards, wikis, podcasts, YouTube, syndication, etc.

Of the 143 million people who have used the Internet in the last 12 months, 61 million (43%) have used one of the following Web 2.0 technologies:

- watched online video,
- read a blog, or
- subscribed to a podcast.

**Consumer-Generated Content**

Not only are consumers and patients watching or listening to Web 2.0 applications and Web sites, they are contributing to them! “Consumer-Generated Content” (CGC, also called “User-Generated Content” or UGC) and conversations are the most distinguishing features of Web 2.0 (for more information about CGC, see “Measuring Consumer Sentiment About Prescription Drugs”).

Continued on next page...
Pharmaceutical marketers are interested in these "new" CGC channels and are grappling with ways to influence them or to insert their messages in them. The tricks outlined in this article will demonstrate how easy it is to take advantage of Web 2.0 tools to do this without the need to obey rules and regulations that apply to promotion in the real world. Who needs to be "mister nice guy" when you can be a "mean hombre" and consistently beat your competition by trickery? But you must be careful because one small misstep can land you in BIG trouble! 

FDA Will Not Be the Wiser
A misstep might get the attention of DDMAC at FDA. Fortunately, however, DDMAC is distracted by other matters, namely by about 10,000 ads and Web 1.0 sites it has to review each year (see Figure 1).

In 1997, the FDA attempted to understand Internet 1.0, but never got to first base and never issued any specific guidelines for the regulation of pharmaceutical marketing on the Internet.

That’s one reason the FDA is focused on TV and not on the Internet. According to the GAO, FDA prefers to review every DTC TV ad it receives, regardless of the merit of the claim against it. The GAO states: "FDA officials told us that they review all final and draft direct-to-consumer (DTC) television advertisements that FDA receives because these materials are likely to be widely disseminated to consumers."

The recently passed Food and Drug Administration Revitalization Act includes $6.25 million per year that the FDA can charge drug companies to preview broadcast DTC ads before they are aired. There’s no mention at all about more money for reviewing ads on the Internet. You can be sure that FDA’s radar will be focused where the money is, which is NOT the Internet.

While TV does have incredible reach among consumers, Web 2.0 is sneaking up on TV and consuming more and more of the consumer media attention pie. Savvy marketers realize this and will experiment with new ways to promote their products using Web 2.0 tools and tricks.

Continued on next page...
PhRMA Internet Guidelines... Not!

The US Pharmaceutical trade association, PhRMA, finalized its "Guiding Principles" for DTC advertising in 2005. The guidelines only apply to TV and print advertising and not to Internet advertising. In 2005, there was some talk of also developing guidelines for the Internet, but as of this writing, there has been no movement in that direction. In any case, the PhRMA guidelines are voluntary and not mandatory and even when companies violate the guidelines, PhRMA neither names the violators nor punishes them in any way.

HealthTrain, the Open Healthcare Manifesto

There are some grassroots attempts out there to develop “a healthcare social media ecosystem” where rules clearly delineate how Web 2.0 denizens should behave. One, the HealthTrain Manifesto was launched by a community of healthcare bloggers. It is rooted in the 1999 “Cluetrain Manifesto,” which applied to the “old” Web 1.0.

HealthTrain principles include:

- Openness
- Empowerment
- Conversation, Transparency
- Privacy
- Control

Whatever the details of these principles might be, they are easily ignored and should not deter you from performing the tricks described in this article. So let’s forget the HealthTrain and get on the Web 2.0 GavyTrain to learn some tricks of the trade!

Trick #1: Google “BAdwords”

We’ll start off with a simple trick that any summer intern can execute flawlessly.

This trick involves Google Adwords, which is Google’s pay per click program that allows advertisers to display their ads on relevant search results and across Google’s content network via the Adsense program. While Adwords are not strictly Web 2.0, anyone can sign up for Google’s Adsense program and easily create Adwords.

When an Adword appears to be in violation of FDA guidelines, I dub it a “BAdword.” The trick is to serve “BAdwords” and not get caught by the FDA even though the ads are in plain sight everywhere on the Internet.

A precursor to this trick was first described on Pharma Marketing Blog back in November, 2006 when I noticed Google Adwords for Lunesta that appeared to violate FDA regulations or guidelines (see “Lunesta, Google, and BAdwords”). This was followed by the classic post “The Girl from Google”, which documented the lack of knowledge Google has about the regulation of drug ads.

Here’s how to flawlessly perform the Google “BAdwords” Trick.

Online consumers see this ad:

This ad, IMHO, is “tricky” for several reasons:

1. **Improper indication**: Enbrel is specifically approved for the treatment of “moderate-to-severe plaque psoriasis,” which is much more specific than “psoriasis”

2. **Lacks fair balance**

3. **No generic name** (etanercept); this, however, is merely a technical violation

The real “trick” is getting away with broadening the approved indication of the drug by implying that it is approved for all forms of psoriasis. The other aspects of the trick are really diversions since the FDA has never cited other Google Adwords that lacked fair balance or failed to include the generic name of the product.

But the ultimate trick is making sure the FDA does not see the tricky version of the ad, but another, more acceptable, version.

*Continued on next page...*
This is what the FDA sees (if it were looking)…

This ad is less "tricky" and probably will pass muster with the FDA because:

1. Proper indication is given
2. Still lacks fair balance, but the argument can be made that the ad is part of a larger piece of information (product web site accessible in one click via link) that is NOT separate from the ad (the infamous "one-click rule" often attributable to the FDA)
3. Still has no generic name: But that can be forgiven in a URL

The Secret to Performing the "BAdwords" Trick
It is quite easy to add, delete, or edit Google Adwords instantly and never leave a trail! Well, there might be a trail, but only Google will have that information and it would probably take a court order to get it.

All you—or any low-paid summer intern that you hire—have to do is to create 2 groups of Adwords: one that is "violative" (ie, the trick ad) and one that is not. If your trick ad is outed by a blogger or reported to the FDA, instantly switch to the legit Adword group! No one, least of all FDA, will be the wiser!

The So-called "One-Click Rule"
Some claim the BAdwords Trick is not a trick at all because the "one-click rule" applies; ie, the online consumer is one click away from fair balance or the official package insert (PI). In a Cymfony Influence 2.0 White Paper entitled "Connecting with Patients, Overcoming Uncertainty," the authors make frequent reference to this "rule" regarding access to fair balance information on the Internet.

If you search Google on "one-click rule FDA," however, you won't find any references to this rule that the FDA has made, but you will find my post "Girl from Google."

Google "BAdwords," claim one-click proponents, may be OK with the FDA because the PI or brief summary is "one or two clicks away." Without specific guidance from the FDA, no one knows what is correct in this case. You can call it "received precedent" or you can call it "best practice" or maybe just "common practice." But you can't call it FDA-approved practice. For more on this, see "The "One-Click Rule": Rant or No Rant?" in this Supplement.

In any case, the "one click away" defense does not apply here. FDA specifically endorsed the one-click rule ONLY on Rx product Web sites to provide a DIRECT link to the PI. In that case there is no need to provide the PI on the same page that mentions the drug name and its indication. It should be noted, however, that "best practice" these days is to include major side effect information on every page of the product site, albeit at the bottom of the page.

Thus, an Adword could be said to comply with the "one click rule" only if within the Adword text there was a direct link to the PI or brief summary. In "BAdwords," there is only a link to the product Web site, not the PI. Presumably, the user would have to find the link to PI once on the product Web site.

So, if there actually is a "one-click rule," it is not correct to invoke it for every kind of ad on the Internet, and surely not in cases where you really need TWO clicks to get to the PI or fair balance!

It is a shame that the FDA does not have any guidance for the industry as far as Internet advertising is concerned. This means that marketers can use lack of guidance as a defense for sneaking in ads that push the envelope. What are the chances that the FDA would ever notice? These ads are fleeting, here today, gone tomorrow!

One click or two, it's all a moot point; flawless execution of the Google BAdwords" Trick as outlined here will completely pull the wool over the FDA's sleepy eyes!

Continued on next page…
Trick #2: Gaming Social Networks or How to Pose as an “Ordinary” Consumer/Person

In this trick, comments or posts are made to social network sites like discussion boards and blogs that are frequented or run by consumers. The posts appear to be made by “ordinary” consumers but are actually made by ad agencies, pharmaceutical employees, or paid consumer or medical consultants.

To illustrate this trick, I will refer to the QuestionEverything.com Web site and the alliConnect Blog as examples.

QuestionEverything.com is positioned as an “honest look at weight loss.” It was launched in April, 2006, more than a year before GSK introduced alli, its OTC version of Xenical, to the market. The site included a moderated online discussion board, which has since been discontinued. When you click on “DISCUSS”, you are encouraged to visit the alliConnect blog, which allows comments.

For those of you who do not know, alli is a low dose form of Xenical, a prescription diet pill that has been on the market for a long time. Xenical hasn’t done very well, however. It received a lot of bad press around the time it was launched because of its unpleasant side effects—especially “anal leakage.”

Overcoming the negative press about “anal leakage” has been a major challenge for the alli marketers. With a little help from the “Gaming Social Network Trick,” the marketers have made some headway.

Here’s how GSK executed the “Gaming Social Networks” trick.

The alli First Team

First, through a vendor, GSK recruited a select group of people who started using alli in April, 2007. This group of 400 people is called the alli First Team. A typical member is a white woman, age 30 to 39 who wants to lose 16 to 50 pounds and whose household income is between $50,000 and $100,000. All are “eager volunteers” to try the alli program. To ensure the proper level of eagerness, each member gets a six-month supply of alli (worth about $300).

“The alli first team] seems like a great marketing move on GSK’s part,” said Debbie Weil, alliConnect blogger. Indeed!

The trick is to have alli First Team members post notes about how well they are doing on the alli program. To do it flawlessly, however, no one should suspect that the posts were actually written by an ad agency.

Continued on next page...
Here’s an example of a recent post to alliConnect blog:

“I am a member of the Alli First team. I have been on Alli since April 17! I never even had a treatment effect! I experienced a little bit of oil in the toilet the first week during a normal bowel movement, but that was it! I like the way that GSK has been so honest about the possibility of treatment effects! I was absolutely petrified when I first started, but have been so relieved! The media is really blowing the treatment effects out of proportion! I wish they would report the true happenings instead of these distortions! (By the way, I have lost a total of 17 lbs on Alli! Thanks GSK!)

This “honest look at weight loss” starts off well enough by being very upfront and transparent. That is, the writer identifies herself as an Alli First Team member. Nobody except critical readers like me will bother to look up exactly what the Alli First Team is and what compensation, if any, team members get from GSK.

Right away, this team member tackles the “anal leakage” problem and pooh-poohs it (forgive the pun). Not only that, she lays into the press as if she actually reads newspapers. We know, however, that only PR people paid by pharmaceutical companies read newspapers. The author—who I now suspect had ghost-writing help from the alli PR team—really focuses too much attention on the press. Again, only a PR person would think it is important to do that.

That’s the first and the major faux pas in this execution of the “Gaming Social Network” trick.

Another faux pas is the excessive use of exclamation points!!!! Again, not something you’d expect an ordinary consumer to do. Finally, the grammar, punctuation, and spelling are all flawless!

The Secret to Perfect Execution of the Social Network Gaming Trick Revealed

Here are some guidelines for performing a perfect execution of the “Gaming Social Network” trick:

1. **DO NOT TRY THIS TRICK ON YOUR OWN!** You will need professional help from a medical communications company or advertising/PR agency with the appropriate expertise and experience; try one of those “buzz” agencies.

2. Set up a blog or a discussion board and have “posers” post messages and/or comments without revealing that they are paid to do this. If you feel the urge, co-opt the “transparency” thing. Reveal that you are “part of the team” but that being said you have the right to express your opinion. Don’t reveal details about your relationship to the sponsor. Even those that identify themselves as paid experts—eg, HCPs—are free to make the most outlandish claims about your product, which you cannot do on the product web site or anywhere else.

3. Don’t use big words; spell some words wrong; use bad grammar and punctuation; avoid “marketing speak” (eg, avoid phrases like: “To me, Xenical is one rung in the ladder of weight loss success.”)

4. Don’t create an unbelievable character; eg, a 35-year old that had a stroke or “your average 44 year old woman.” Give me a break! Obviously, you need to make a major benefit statement, but don’t develop an unbelievable character just to work in an obscure benefit.

5. By all means, make exaggerated claims, but don’t go overboard; eg, claim that you lost 110 lbs on Xenical. Get real!

Done right, this fun “trick” is a boondoggle you can’t afford to pass up. Done wrong, however, and you are toast!


Wikipedia is the world’s largest encyclopedia available on the Web. It was started in 2001 and by the end of 2005, there were 1.8 million entries in more than 100 languages on every conceivable subject, written and edited by hundreds of thousands of contributors from all walks of life. Anyone can create or edit an entry, including pharmaceutical marketers.

The “Wikipedia Sleight-of-Hand Edit” trick is a crucial Web 2.0 trick to master because Wikipedia entries often appear at or near the top of the list of natural searches on Google and other search engines.

In this trick, you can perform a number of edits to entries that mention your product such as:

- remove any mention of risks that FDA requires you to put in your drug’s labeling – especially Black Box Warnings!
- delete references to published studies from leading research clinics that suggest your

Continued on next page…
drug increases risks of infections, heart attacks, whatever.

- jazz up the benefit section while you’re at it.

**Pharma Companies Get Caught**
The trick, of course, is to make sure that the edits are not traceable back to the pharmaceutical company. That would be bad. In fact, at least two pharmaceutical companies—Astrazeneca and Abbott Laboratories—have been caught making favorable edits to Wikipedia entries about their products. And that’s only the companies beginning with the letter “A!”

According to Patients Not Patents, a group that "challenges the validity of medical patents before the United States Patent and Trademark Office,” Abbott Laboratories is a serial Wikipedia tamperer (for more on this, listen to a [podcast conversation with Jeffrey Light](http://www.patientsnotpatents.org), Chairman, Patients not Patents).

The group claims that in July of 2007, a computer at Abbott Laboratories’ Chicago office was used to delete a reference to a Mayo Clinic study that revealed that patients taking the arthritis drug Humira faced triple the risk of developing certain kinds of cancers and twice the risk of developing serious infections.

In August, a researcher at the California Institute of Technology, said references to claims that Seroquel, a drug developed by AstraZeneca, which allegedly made teenagers “more likely to think about harming or killing themselves” were deleted by a user of a computer registered to AstraZeneca, the drug company that developed and markets Seroquel.

In both cases, a web-based program called WikiScanner was used to identify the IP addresses of computers used to alter Wikipedia articles. Organizations can be identified by the IP address assigned to its computer network. Therefore, people with access to AstraZeneca’s and Abbott’s network made the edits in question. QED.

**The Secret to Perfect Execution of the Wikipedia Sleight-of-hand Edit**
The secret to performing the “Wikipedia Sleight-of-Hand Edit” trick flawlessly is obvious now that two major drug companies have been caught doing it incorrectly:

- Terminate with extreme unction employees who edit Wikipedia articles using corporate computers! This will discourage other, novice employees from trying the trick without proper training and oversight.

- Corollary: DO NOT USE CORPORATE COMPUTERS TO MAKE EDITS TO WIKIPEDIA.

- Rephrase: Set up a “stealth” Wikipedia editing computer that uses a dynamic IP address assigned by a public network.

- Ideal Option: Use a proxy server to hide the IP address. TIP: Ask prospective vendors to explain what a “proxy server” is and how to set one up. Hire the one with the most plausible answer.

**Trick #4: YouTube “Consumer-Generated” Video**
The “YouTube ‘Consumer-Generated’ Video” trick is the most awesome trick of all! Expect to see this trick performed often in the near future.

Mastering this trick is important because YouTube is an incredibly popular site that offers unmatched viral marketing opportunities. Anyone can upload videos to YouTube, including you (hence, “you tube”—DUH)! People can embed YouTube videos into their blogs or send them by email to their friends. They can submit comments about videos, rank them, and add them to their favorites list, which increases the visibility of videos in searches. Oh yeah, your competitors, critics, and disgruntled employees can also upload videos mocking your product and/or company. You’ve got to counteract that!

There are several different ways to execute the “YouTube ‘Consumer-Generated’ Video” trick. The main idea is make sure the video looks like an amateur did it even though it was created by a professional. If you can actually have an amateur create the video, so much the better. In fact, that’s exactly what Novartis Vaccines and Diagnostics—a division of Novartis Pharmaceuticals—has done in its attempt a perfect execution of this trick.

Back in January, 2007, I suggested this trick in a post I made to Pharma Marketing Blog:

“Maybe you've seen the ‘Bus Uncle’ YouTube clip from Hong Kong? If not, see it here. Here is a guy under ‘pressure’ ranting on a bus—all of it captured in a cell phone video. There must be a drug to treat his rage—let's say its an anti-depressant. Couldn't part of the ‘Bus Uncle’ video be mashed into an ad for that drug? And in addition to or instead of running it on TV, it is submitted to YouTube?”

*Continued on next page…*
“Better yet, run a contest for consumers to submit their own videos illustrating symptoms of depression and select a few to insert into different versions of the commercial, which you submit to YouTube. Air on national TV the one that gets the highest rating or views on YouTube and pay the winner a bundle of bucks! (I don’t believe in working for nothing.)

“It’s doable because it involves the ‘authentic voices’ of consumers yet allows advertisers to maintain control over the important (branded) content. The possibilities are endless. Hey, it could happen!” And happen it did!

**Perfect Execution of the YouTube “Consumer-Generated” Video Trick**

Imagine my surprise when I learned that Novartis was sponsoring a contest (FluFlix) that entices young people over 18 years of age to submit videos to YouTube that show how they “feel about influenza, commonly known as the flu, and how it can affect [their] everyday lives.” Novartis markets Fluvirin, a flu vaccine, which is aggressively being stockpiled in the US in preparation for the upcoming flu season. (The contest ended November 19, 2007.)

“To enter,” says the Novartis sponsorship blurb, “create a short video that shows the seriousness of getting the flu, how it spreads, and why you should talk to your doctor about getting an influenza vaccination…The winning video will be seen by adoring fans across the globe and you’ll gain street cred as a bona fide contest winning filmmaker.”

*Continued on next page…*
No only that, Novartis clearly intends to use clips from selected consumer videos in branded TV ads about Fluvirin. This is revealed within the “Official Contest Rules” and specifically within Rule #12 and Rule #15. Here’s the relevant language:

Rule #12: “Each Entrant waives and renounces all intellectual property rights, privacy/publicity rights or other legal or moral rights that might preclude Sponsor's use of the Entry, and agrees not to sue or assert any claim against Sponsor for the use of the Entrant's Entry or Likeness or statements.”

Rule #15: “[each entrant must] participate in interviews with Sponsor; permit Sponsor to use the Entrant's winning Entry, name, Likeness, hometown, voice, biographical information and excerpts from the interviews conducted with the Entrant...for purposes of advertising, promotion and publicity of Sponsor and its products.”

Not only will Novartis own the rights to the winning videos, it will own the rights to ALL videos submitted for consideration. That is a perfect execution of the “YouTube ‘Consumer-Generated’ Video” trick!

As of this writing, there are 16 entries. So far, I’ve haven’t seen any that I would consider a winner. Some are just disgusting—too much farting, throwing up, mucous, etc. Many people are making the mistake of creating a commercial complete with the Novartis logo. One video shows a guy getting a flu shot from a sexy woman doctor showing lots of cleavage.

This kind of pander surely is not what Novartis is looking for. They would want to handle the benefit part of any ad as well as product shots and logos.

Where to Now?
The “tricks” discussed in this article barely scratch the surface of what pharmaceutical marketers are doing to engage consumers through Web 2.0 applications. Hopefully, those of you who are thinking of delving into the magic of Web 2.0 will take heed and practice safe trickery as outlined in this article. Obviously, some of the techniques discussed either push the envelope of acceptability or are downright no-nos. But others—especially the YouTube CGC Video trick, if done right, are not tricks at all, but legitimate means of engaging consumers.

At the end of my presentation in Philadelphia, I was asked by an attendee, “What do you want us to do?” My response was “establish some industry guidelines for marketing on the Internet.” That is, instead of relying on “common practice,” which varies from company to company, establish “best practices” that every company abides by. Level the playing field at least.

In lieu of that, my final word of advice is: Be careful out there! Web 2.0 is the new WILD, WILD WEST of the Internet. It’s déjà vu all over again!

Pharma Marketing Blog
“Causes regular eye-rolling, yet you keep reading.”
A “Must Read” Blog for Insiders. -- Wall Street Journal

“First, let me say I am a fan. Great writing, great humor, real insight. You do valuable work and this is applause.”

www.pharmamarketingblog.com

Pharma Marketing News
Rules of Engagement

By John Mack
PMN Blogpost #206

recently made one small entry into Wikipedia—the free online encyclopedia to which anybody with an Internet connection can contribute. My entry was just one small link on a page about Lunesta (access it here).

The original Wikipedia article was very pharmacologically oriented—almost like a package insert, except for one important difference. It includes information about Pharmacodynamics, Pharmacokinetics, Absorption, etc., but no "fair balance"—that is, no information about side effects. A note posted in the discussion area linked to the article said: "I'd like to see some information about side effects, abuse, and effects in general."

When I originally reported this, no one—myself included—had taken up the task of completing the Wikipedia article by adding the full prescribing information. There were links, however, to the full label as well as to the Lunesta and Sepracor Web sites. Recently, however, the article was updated to include side effect information.

My addition to the original article was a link to the Pharma Marketing Blog post "Lunesta: Golden or Bitter Pill?" I thought visitors to the Lunesta Wikipedia page might like to read that post.

I had another motive for adding this little bit to Wikipedia. It's a test of the concept of "engagement."

What exactly is "engagement"?

According to Dr. Joseph Plummer, chief research officer for the Advertising Research Foundation (ARF), an organization whose members include advertisers, advertising agencies, associations, research firms, and media companies, "engagement occurs as a result of a brand idea or media the consumer experiences which leaves a positive brand impression. It is now a critical advertising model to replace Gross Rating Points in the 21st century. It is important that we think hard about engagement to develop a robust measurement of when consumers are strongly engaged in brands, brand ideas and their surrounding environments."

The working ARF definition is: "Engagement is turning on a prospect to a brand idea enhanced by the surrounding context."

What ARF is interested in is how to measure "engagement" so that advertisers who experiment with engaging consumers about a brand can measure how effective they have been. What I am interested in is the techniques that advertisers will be using or are using to do the engaging, not the measuring.

I haven't sorted all this out yet, but "context" and "environment" in the above definitions stand out. What ARF is really talking about is "intruding" in the lives of consumers no matter what they might be doing. Here's an example that was recently reported in the New York Times (see "New Rules of Engagement"):

"What is this non-nuptial form of engagement? Dawn E. Hudson, president and chief executive of Pepsi-Cola North America, offered an example. In six weeks, Pepsi plans to begin an advertising and promotional campaign that will offer consumers customized ring tones for cellphones, which can be downloaded from the Internet with codes found under soft drink bottle caps."

"Whenever the phone rings, you'll think you got that from Pepsi," said Ms. Hudson, whose company is part of PepsiCo. That engagement with Pepsi products and that "depth of brand experience," she said, is far superior to what can be achieved with a "quick, passing message" like a TV commercial.

Consumer-Generated Content

Another thing that consumers do and that advertisers would like to engage (intrude) in is creating their own content about brands on the Internet, especially in blogs, which is the most often cited form what's called "Consumer Generated Content" or CGC for short. I have written about CGC before—see, for example, "Buzz 'n Blog Marketing" in this Supplement.

Whatever the definition, pharmaceutical marketers are interested in "engaging" consumers (and physicians) through CGC channels. I know this because I have attended several industry conferences where ideas for engaging consumers were discussed.

Unfortunately, pharmaceutical companies and their representatives may not be interested in engaging certain CGC practitioners. For example, a BusinessWeek reporter once called me to ask about how pharmaceutical PR firms might be trying to influence bloggers like me. I had to tell her that rather than "engage" me in productive conversation, most pharma PR people refuse to answer any of my voicemail, letters, or e-mails.

Continued on next page...
Engagement, therefore, is on pharmaceutical marketers’ radar screens, but they may not be seriously engaged yet. That's where my Wikipedia experiment comes in.

Wikipedia is also a form of CGC, perhaps the most pure form of CGC. Anybody can write or edit a Wikipedia article. There have been over 80 contributions to the Wikipedia Lunesta article, for example. The original article could have been written by an ordinary Joe who may also be an employee of Sepracor. I can see what other Wikipedia articles this person wrote, but I don't think there is any bio that would tell me who he is or whether he is actually employed by Sepracor or not.

NOTE: “WikiProject Pharmacology” is a group of editors that coordinate the development of Wikipedia articles relating to drugs and pharmacology, which includes the Lunesta article. Anyone can create a “WikiProject,” but it is difficult, if not impossible, to learn the credentials of contributing editors. Based on the quality of the pharmacologic information in the Lunesta article, it appears that these editors have some pharmacy background. It is uncertain, however, if they are employed in the pharmaceutical industry, academia, or wherever. That is, the bias of these editors is unknown.

It doesn't matter who originally wrote the article. Anybody can edit what Joe wrote, but Joe can go back and re-edit it, and so on and so on. It's like fingerpainting—it's the process that counts (it's fun), not the finished piece of work.

Some Lunesta PR or marketing person may read this article, go the Wikipedia Lunesta page and edit out (remove) my brief link to “Lunesta: Golden or Bitter Pill?”—in fact, someone has done exactly that!

But I will go right back and replace the link. Ha, ha!

Influencing the Dialogue: A Few Simple Rules

Consumer-Generated Content (CGC) sites—eg, patient blogs—are very unforgiving when marketers or PR hacks attempt to hijack their discussions by posing as “ordinary consumers.”

Yet, it is perfectly feasible for pharmaceutical marketers and their agents to “engage” consumers in dialogue via blogs and discussion boards, IF a few simple rules are adhered to, namely:

1. **Identify yourself.** Don't try to hide behind anonymity. It doesn't work.
2. **Acknowledge your true motive, which is to help sell more of product you believe in.** You do believe in it, don't you?
3. **Encourage dialogue.** You might learn something you can use. Just think of it as a free focus group.
4. If things go wrong, **don't argue.** Change course or retreat to fight another day.

In other words, be transparent!

Unfortunately, these rules are difficult to apply in the real world where pharmaceutical marketers often hire outside agencies to do their bidding. Such agencies find it difficult to be transparent; it's contrary to their very nature. Also, too much money and too many careers are at stake.

Pharma Marketing News
New Social Media Regulatory Framework
A Critical Analysis
By John Mack
PMN Reprint #610-05

t e y e f o r p h a r m a ’ s 2007 Annual eC o m m u n - i c a t i o n and Online Marketing conference, F ard Johnmar (Founder, Envision Solutions), J i m Nail (CMO, TNS Media Intelligence/Cymfony), and John C. Serio (partner, Seyfarth Shaw LLP) talked about regulatory issues relating to Web 2.0 and summarized a new social media monitoring and marketing framework for pharmaceutical companies. This article takes a critical look at the "Framework" and offers further insights into the regulatory issues it raises.

There’s no dispute that the pharmaceutical industry has been slow to exploit alternative “social” media (aka, Web 2.0) for marketing purposes (see, for example, “Pharma Marketing Stuck in Web 1.5,” in this Supplement). While some companies insist they have plans to significantly increase their investment in technology-enabled communication channels to reach their customers “on their terms”—see, for example, “Merck Rejiggers Its Marketing Mix”—so far, the needle has not moved much.

There are two reason often cited for pharma’s miniscule online marketing/advertising budget:

1. Regulatory challenges and risks, and
2. Traditional media have proven ROI and continue to work well

You can’t argue with reason #2 except to say that for some therapeutic categories—eg, weight loss and smoking cessation—and for some purposes—eg, improving adherence (see article in this issue)—traditional media may NOT be working well and non-traditional media may offer higher ROIs.

There is no doubt that use of social media by the drug industry for marketing purposes involves unique regulatory challenges, which have been discussed many times in this newsletter and on Pharma Marketing Blog. Not the least of the challenges is trying to understand where in the sand FDA’s DDMAC draws the line or hides it head when it comes to Internet-specific guidances (see box, pg. 32).

But the regulatory challenges may be easier to overcome than the marketing challenges, according to Preeti Pinto, Head of Medical Education and Regulatory Compliance at AstraZeneca, who also presented at the eyeforpharma conference.

Pinto doesn’t believe the industry needs new Internet guidelines from the FDA, which focuses on content not channel issues. “Looking at Web 2.0,” said Pinto, “regulatory issues seem to me easy to overcome. Marketing issues are another matter.” She cited loss of control of marketing messages as the major problem marketers face when plying their trade in the Web 2.0 space.

Still, without knowing where the regulatory boundaries and mine fields are and how to deal with them, pharma marketers are reluctant to tackle Web 2.0 marketing issues and take advantage of social media. That is precisely the reason Cymfony et al wrote their “Regulatory Framework” white paper (“Managing the Risks and Regulatory Issues Associated with Successful Pharmaceutical Social Media Monitoring and Marketing”) in September, 2007. In the introduction, the authors stated:

“In the absence of FDA guidance on marketing in blogs, social networks and other social media forms, drug firms’ marketing, compliance and legal staffs must work closely to design initiatives that are sensitive to FDA concerns. This paper provides a framework to clarify and mitigate the risks of a range of social media initiatives.”

CAVEAT: “While this paper cannot substitute for FDA guidance, it can give marketing, legal and compliance professionals a common understanding of the regulatory environment, examples of how pharmaceutical companies are moving ahead with social media initiatives and a framework for discussing the elements of their own company’s social media programs.”

Fair Balance and the “One-Click Rule”
One of the key principles that marketers should factor into any DTC promotional activity, including promotions via social media, is Fair Balance: ensuring the public receives information about a drug’s safety and efficacy profile.

“Although the FDA has not released firm guidance on pharmaceutical Internet communications,” say the Framework authors, “we have many years of received precedent to guide us. Drug companies have developed a body of best practices that enable them to pursue their marketing goals via the Internet in keeping with the spirit of FDA regulations for print and broadcast ads.

Continued on next page…
With Respect to Internet Guidelines, Where's DDMAC's Head At?

In the new world of Web 2.0, pharma marketers need to know where the lines are drawn by FDA’s DDMAC, the Division of Drug Marketing, Advertising, and Communications, which is the FDA entity in charge of regulating all promotion and advertising of prescription drugs, including direct-to-consumer (DTC) advertising and physician promotion.

Unfortunately, the FDA has not been inclined to say much more than the Internet will be treated just like other media when it comes to applying regulatory guidelines. This despite the fact that the Internet has advanced well beyond electronic brochures and printed pages.

The saga of the FDA vs. the Internet goes back at least ten years—to October 16 & 17, 1996—when the FDA hosted its first ever (and maybe last ever) public hearing on the Internet. The purpose of this 2-day gathering was to help FDA evaluate how “the statutory provisions, regulations, and policies concerning advertising and labeling should be applied to product-related information on the Internet and whether any additional regulations, policies, or guidances are needed.”

What’s needed today is a re-examination of the question “Are any additional regulations, policies, or guidances needed?” in light of the NEW Web 2.0 capabilities available.

One of the “best practices” mentioned in the Framework is following the “one-click” rule—i.e., prominently displaying a hyperlink to information about medication side effects on all product Web sites—to adhere to fair balance regulations.

In response, I posted the following comment to the Comfy Blog on Sep 6, 2007:

If you search Google on "one-click rule FDA" you won't find any references to this rule that the FDA has made, but you will find my post "Girl from Google."

That's because, in that post, I discuss how the so-called "one-click rule" was used to justify Google Adwords (aka, "BAdwords") that violate FDA guidelines—these ads mention the brand name and indication, but do NOT include any fair balance as is required by FDA.

One person from a pharmaceutical company, perhaps playing the devil's advocate, contended that these "BAdword" ads may pass muster with the FDA because the package insert or brief summary is "one or two clicks away." His argument was that without specific guidance from the FDA, no one knows what is correct in this case.

Continued on next page...
The "one click away" defense does not apply here. FDA says it's OK on an Rx product Web site to merely provide a link to the package insert or brief summary. In that case there is no need to provide that information on the same page that mentions the drug name and its indication.

Thus, an AdWord could be said to comply with the "one click rule" only if within the AdWord text there was a direct link to the package insert (PI) or brief summary.

In "BADwords," there is only a link to the product Web site, not the PI. Presumably, the user would have to find the link to the PI once on the product Web site.

So, if there actually is a "one-click rule," it is not correct to invoke it for every kind of ad on the Internet, and surely not in cases where you really need TWO clicks to get to the PI or fair balance!

It is a shame that the FDA does not have any guidance for the industry as far as Internet advertising is concerned. This means that marketers can use lack of guidance as a defense for sneaking in ads that push the envelope. What are the chances that the FDA would ever notice. These ads are fleeting, here today, gone tomorrow!

For Jim Nail's response to this comment—aka "rant," according to Serio—see the box on the right. Nail asks: "Are you saying that the act of buying the keyword and having their ad pop up is tantamount to including it as an indication in their ad?" No, only when the tradename and the indication are mentioned in the same Adword is it a problem.

Nail suggested that it would be interesting to do some consumer perception research about Adwords. In my opinion, it would be interesting if the FDA commented on their interpretation. This is just one small example of where debate exists and FDA guidance is really necessary, despite what industry compliance executives and consultants say.

Continued on next page...

Jim Nail’s Comments on “One Click Rule”

Agreed—there is no "official" FDA one-click rule, nor do we say there is. But there is a "received precedent" that if you have one click from your brand site to the PI or labeling information, that is acceptable. Or call it "best practice". Or call it just "common practice". In our paper we say that if you have a branded blog, social network, discussion forum, etc. have a link to the PI prominently n the navigation or other links on the site.

You raise some interesting points about search. We focused solely on the social media realm, not the "traditional" interactive realm. We only touch on other Internet marketing to make the point that marketers don't have to wait for FDA guidance to take advantage of new marketing forms.

That said, I agree. In a strict interpretation, paid search ads are probably verboten: given the space restrictions, there's no way to get any sort of "fair balance" statement into an AdWord ad.

But I think it is more complicated than that. I just Googled High Blood Pressure. A Lipitor ad pops us but only says, "Visit Lipitor.com to learn ways to lower your cholesterol." Click through and the first thing on the page is "Diet and Exercise". The second heading on the page is "Cholesterol-Lowering Medication".

I guess this is an example of one of the tricks you mention: within the confines of the AdWord text, they never make a claim or even explicitly state the indication.

Are you saying that the act of buying the keyword and having their ad pop up is tantamount to including it as an indication in their ad? It would be interesting to do some consumer perception research: I wouldn't be surprised if the consumer walks away with the link between Lipitor and lower blood pressure, in which case there could well be a cause for the FDA to issue a warning letter.
Aside from fair balance, the Framework authors point out two other major regulatory issues that are central to FDA regulation of the drug industry’s monitoring of and participation in social media:

1. **Off-label promotion:** patients may ask questions or discuss uses of a drug that have not been tested and approved. Drug companies are prohibited from off-label promotion and so are understandably reluctant to be associated with these discussions.

2. **Adverse event reporting:** in discussing their experiences with drugs, patients may describe side effects they experience or state that they don’t believe the drug worked for them. Due to the unique characteristics of social media, drug firms are unclear about whether or not social media carries the same obligation to report these events that FDA regulations specify for other marketing activities.

The Framework authors discuss approaches to creating an editorial policy to minimize these risks. They cite common examples of how pharmaceutical companies have avoided off-label promotion and managed adverse reporting in Internet marketing campaigns.

**Avoiding Off-label Promotion:**

1) Carefully control medical content on corporate Web sites. Example: [www.lexapro.com](http://www.lexapro.com)

2) Support “unbranded” educational Web sites developed by third party organizations. Content is neither reviewed, approved or censored by company representatives. Example: [www.depressionisreal.org](http://www.depressionisreal.org)

3) Develop corporate disease awareness Web sites where content is vetted by internal legal/regulatory officials. Example: [www.adhdbalance.net](http://www.adhdbalance.net)

Serio warned that a pharmaceutical company that hosted a social media forum that contains off-label posts by consumers can imply endorsement of the off-label use if not handled properly. In essence, the more editorial control the pharma company has over content, the more problems it will have with FDA.

The Framework authors suggest that drug firms avoid off-label promotion on social media sites by distributing unbranded corporate information via controlled social media channels like podcasts, “where content can receive thorough review to remove any un-permitted promotional content (e.g. off-label promotion) before it is distributed. In addition, many drug firm podcasts do not invite or include consumer commentary, which reduces the chances that it will contain off-label information.”

A hands-off sponsorship of unbranded social media developed by third parties was also recommended.

**Managing Adverse Event Reporting:**

1) Managing adverse event reports from identifiable (nonanonymous) patients by following internal policies and procedures.

2) Avoiding review of online and offline material that may contain information about adverse events reported by identifiable patients.

Serio reminded the conference attendees that according to the FDA, manufacturers should have knowledge of the following four data elements before considering any clinical incident for submission to the FDA:

1. an identifiable patient;
2. an identifiable reporter;
3. a suspect drug or biological product; and
4. an adverse event or fatal outcome.

Reports without such information, says FDA guidance, make interpretation of their significance difficult, at best, and impossible, in most instances.

It is not likely that all four of these requirements will be met on a social network site. “The fear of monitoring and reporting adverse events on these sites,” said Serio, “is unfounded.”

**Red Means Stop, Green Means Go**

The Framework white paper evaluates a number of common social media communications tactics and organizes them into three risk categories:

1. **Red:** These are social media activities that may place a pharmaceutical company at high risk of violating FDA regulations.

2. **Yellow:** Companies may be at moderate risk of being cited for non-compliance by implementing these tactics.

3. **Green:** These activities carry low risk of violating FDA regulations, either because drug firms are already implementing them or they can be very tightly controlled.

The authors warn, however, that before launching a campaign, drug firms must determine whether their corporate culture is “social media friendly” (e.g., can executives engage in candid conversations with the public, are they willing to experience and constructively address negative online commentary?). Other factors to consider are...
how conservatively their internal compliance officials interpret FDA regulations and the company’s tolerance for uncertainty. “Social media is constantly evolving and is not yet easily measured with traditional metrics,” suggest the authors.

For each social media tactic, the authors assign a risk level associated with violating fair balance, off-label, and adverse event reporting FDA requirements and guidelines. It is not feasible to summarize here all the recommendations the authors have for various social monitoring and marketing tactics. You can read the full white paper and review it for yourself. However, a few points should be emphasized.

Agents Need Monitoring
First, when talking about monitoring social network sites (as opposed to marketing through these sites), the authors distinguish between activities undertaken by pharma companies themselves (internal resources) and activities performed by their agents and vendors (external resources). They emphasize that vendors should be educated about FDA regulations regarding adverse event reporting.

What the Framework doesn’t do, however, is take into consideration that drug companies also use external sources for marketing via the Internet. Experience shows that some of the Internet marketing advice pharmaceutical companies are getting from a few external sources may not be grounded on a full appreciation of FDA regulations (see, for example, “The Girl from Google”). Agencies also engage in questionable online practices without close supervision of their Pharma clients (see, for example, “Influencing the Dialogue: Marketers Suck at It!” and “Web 2.0 Pharma Marketing Tricks for Dummies” in this Supplement).

What About Public Relations Risks?
The most important drawback of the Framework document is that the authors are looking at risks solely from a regulatory point of view. They do not address the public relations risks at all. Yet public backlash may be the bigger problem for pharma marketers. That problem is evident in the recent calls by politicians to limit DTC (direct to consumer) advertising in print and TV. As more and more consumers turn to the Internet and social media sites, more public light will be shone on what Pharma marketers are doing there even though it may all pass muster with the FDA. Shouldn’t the industry, therefore, develop “best practices” for Internet-based DTC as it have done for print and TV-based DTC?

FDA or PhRMA guidelines for pharmaceutical marketing on the Internet—similar to guidelines these organizations have issued for TV and print media—are the holy grail of the pharma eMarketing community. Without such guidelines, the Internet—version 1.0, 2.0, or whatever—will always remain a Wild, Wild, West where patients and consumers are the cattle and marketers are the rustlers!

Even with guidelines, there will always be “banditos”—those marketers that flout the “rules” or refuse to sign on and display their “badges.”

Pharma Marketing News
Collaborating with Online Physician Communities
Sermo Case Study

By John Mack
PMN Reprint #69-01

October 15, 2007, Pfizer and Sermo—a Web-based community where physicians share observations from daily practice, discuss emerging trends and provide new insights into medications, devices and treatments—announced a “strategic collaboration designed to redefine the way physicians in the U.S. and the healthcare industry work together to improve patient care.”

Through this collaboration, according to the press release, Sermo’s community of 35,000 physicians will have access to Pfizer’s clinical content in tangible ways that allow for the transparent and efficient exchange of knowledge. With access to the most comprehensive and up-to-date information on Pfizer products, says Sermo, physicians will be able to find the data they need, when they need it, to make informed decisions.

On the opposite side of the coin, Pfizer will have access to Sermo’s physicians and online discussions. Presumably, this will happen via open and transparent online discussions with Sermo’s willing physicians.

To answer the many questions raised about this collaboration, Daniel Palestrant, M.D., founder and CEO of Sermo, was invited to be a guest on a recent Pharma Marketing Talk podcast. This article is based partly on that interview as well as other sources.

The Story of Sermo
Two years ago, while a surgery intern, Palestrant suffered from a herniated disc, which necessitated that he take a leave of absence from his training. What was surgery’s loss became a gain for the medical community at large.

At that time, Palestrant had been “toying with the idea of starting a company” when he noticed the power of clinical observation. “Physicians at the bedside and in the hallways of the hospital were having discussions about medical advances long before they appeared in the mainstream press,” said Palestrant. The essence of Sermo, which literally means “conversation” in Latin, is capturing that conversation through an online community.

Doctors Are Lonely
Sermo physicians spent over 4,000 hours in a recent week on the site. Palestrant attributed the success of Sermo not to the popularity of the Internet among young doctors—55% of Sermo’s members are between the ages of 40 and 59—but to the fact that physicians are lonely. “They don’t play golf any more,” said Palestrant. Could it be that pharma cutbacks on all-expenses-paid “junkets” to golf resorts had something to do with that? Unfortunately, I didn’t ask Palestrant that question.

Sermo conversations sound like those once heard in the doctors’ lounge—opinions about treatments, questions about specific clinical scenarios, observations about drugs and devices.

“The key to our current growth,” said Palestrant in an interview with Fard Johnmar, blogger at HealthcareVOX, “is providing a sense of community where doctors nationwide can instantly exchange ideas and corroborate or challenge opinions.”

Sermo’s “About” page claims that physicians can “gain insights from colleagues as they happen instead of waiting to read about them through conventional sources.” It encourages physicians to discuss their new clinical findings, report unusual events, and work together to dramatically impact patient care.

Sermo’s Secret Sauce
Each post that a physician makes on Sermo is comprised of two elements (see Figure 1, pg 37):

- the post itself, which is part of a discussion “thread” when others respond to the post, and
- a multiple choice poll, which asks “What do you think?”

Continued on next page...
Palestrant calls the poll “Sermo’s secret sauce” because it adds a quantitative dimension to the qualitative postings. The results of the poll are immediately visible in real time to clients like Pfizer, but are embargoed for 10 days as far as Sermo members are concerned. Palestrant believes this helps prevent bias in the results.

Sermo’s Business Model

There is no cost to physicians to participate on Sermo and, in fact, physicians can be financially rewarded for observations and clinical insights they provide through Sermo. The source of the rewards is financial institutions who access a stream of “fresh and actionable information on emerging trends and market-changing events in healthcare.” A cash reserve is set-aside to compensate physicians for observations that are deemed highly relevant and valuable.

“Out of the gate,” says Palestrant, “we decided not to have any pharmaceutical clients. Instead, we focused at first on financial services and government research institutions.” Institutions such as Northwestern University, the University of Michigan and the University of Pennsylvania are partnering with Sermo to conduct epidemiological investigations, study how new technologies can be used to gather and analyze information, and investigate the latest medical trends and events.

“Government agencies classically take a bit longer to set up relationships,” said Palestrant in the interview with Johnmar, “but I think it is safe to say we are reasonably far along in these negotiations.”

From Contention to Collaboration

Although the pharmaceutical industry was not sought as a client early on, it was on Sermo’s short list of potential clients. So the deal with Pfizer should not have been a complete surprise.

Continued on next page…
Palestrant claims that over 50% of Sermo members consistently were interested and receptive to having some sort of interaction with the drug industry. He based this partly at least on one poll of Sermo members conducted between May 19, 2007 and June 2, 2007 that showed 54% favored pharma clients, 18% were against it, and 28% were not sure.

This result, however, was based on only 89 responses—a self-selected group of less than 0.3% of all Sermo members. According to Palestrant, Sermo also did "extensive focus grouping" to gauge their members’ preferences.

“What some of our members were saying is Sermo was becoming a more powerful voice for physicians,” said Palestrant. “If that voice is to be heard, there needs to be some interaction with industry. We consistently heard from our members that they recognized that there was extremely valuable and critical information that comes from the industry, but we also heard consistently that the manner and mechanisms by which that information is pushed to the community also matters.”

**Mining the Wisdom of the Sermo Crowd**

There are three ways that clients such as Pfizer can interact with Sermo members:

1. Observe (“AlphaMD”)
2. Insight
3. Action (“HotSpots”)

AlphaMD (see Figure 2, next page) serves as a sort of “radar screen” through which clients can view Sermo’s community, by creating a customized watch list to track subjects based on keyword tags (eg, product names).

Clients can gain insight by posting questions on Sermo and getting replies from physicians, including poll data. The idea is to mine the “wisdom of the crowd.”

The HotSpots technology, which Sermo plans to launch soon, allows pharmaceutical clients to insert icons next to targeted topics that physicians can click on to access information or offers (eg, samples) from clients. Upon clicking the Hotspot icon, a pop-up invitation appears and the physician can follow the links out of Sermo onto the client’s site to retrieve the information or offer. Clients can create and monitor their own HotSpots without requiring intervention from Sermo.

There are two categories of HotSpots: Learning and Earning. The former merely delivers information; the latter engages the respondents in activities such as surveys for which they are paid. Samples may also be distributed via the “earnings” type of HotSpot.

HotSpots can be targeted to specific physicians based on their prescribing habits. Sermo can match their physicians with commercially available data about prescriptions. It’s not clear how this would work if certain states are successful in placing restrictions on access to physician prescribing data.

**Guidelines**

Sermo is working with Pfizer to develop guidelines for how access will be granted to Pfizer employees. “Pfizer is stepping forward to engage the community to define guidelines by which itself and other pharmaceutical companies can and will interact with physicians in online communities like Sermo,” said Palestrant.

An advisory board of Sermo physicians in conjunction with a group of Pfizer physicians is currently working on draft guidelines. At some point, as those guidelines become more specific, they will be introduced into the Sermo community to provide feedback and eventual ratification. In parallel, Sermo will conduct both online and offline “town hall meetings” where concerns the community has regarding interactions with the industry can be surfaced and discussed.

“One the first guidelines concerns the interaction of Pfizer physicians with our community,” said Palestrant. “It is very clear from our members that they want physicians employed by industry to be clearly labeled or as we call it ‘badged’ within the community. Therefore, we will allow Pfizer physicians to join the community, but they will be badged when they make comments or engage in discussion.”

*Continued on next page...*
This does not stop “rogue” physicians employed by other pharmaceutical companies from joining Sermo independently without being badged unless the companies enforces internal guidelines that prevent their employees from doing that. How to “reign in” and control what employees do on their own time, however, is a difficult issue for any company.

“Through the Pfizer and other partnerships with the industry,” said Palestrant, “we hope to create a fair and transparent mechanism by which these physicians can interact with the Sermo community.”

The Off-Label Promotion Issue
The deal between Sermo and Pfizer has been much discussed in the press and on the Pharma Blogosphere™ blog. Many critics—including some Sermo physicians—worry that Pfizer will use its access to the Sermo community to promote off-label uses for its products or simply insert marketing messages under the guise of clinical discussion.

"Of course," said Ed Silverman, journalist blogger at Newark Star-Ledger’s Pharmalot blog, “this opens a Pandora’s box. There’s nothing to say Pfizer or any other drugmaker shouldn’t participate in online forums. But the venue could, conceivably, create myriad scenarios in which, say, off-label info is conveyed or trial results are somehow whispered prematurely or selectively."

"It is risky territory for Pfizer, though," says WSJ reporter Avery Johnson. "The drug industry's interactions with doctors are highly scrutinized by regulators and lawmakers for signs that they are offering financial incentives to drive sales or promoting their drugs for unapproved uses."

Fard Johnmar over at HealthcareVOX blog thinks Sermo will police posts made by Pfizer: "However, despite these concerns, we must remember that Sermo has a lot to lose and little to gain if it allows Pfizer's physicians and marketing department to use the social network in inappropriate ways. Sermo is only as good as its physician community. If it becomes apparent that Sermo has become nothing but a front for drug firms, bye bye Sermo."

“One of the things most people tend to overlook,” said Palestrant, “is that so many of the drugs that we use today were originally intended for one purpose but it was by observations and insights from the ‘trenches’ that provided the industry

Continued on next page…
insights and ideas of where the real clinical applications were." He cited Viagra as an example.

**Key Opinion Leaders**
The last thing Pfizer or any pharmaceutical company wants is for some Sermo member catching it promoting off-label uses of its products in posts or pop-ups on the site. There would be an electronic evidence trail impossible to cover up.

Pfizer, however, can also use Sermo to recruit docs to influence other docs. By monitoring and engaging in Sermo conversations, Pfizer can learn the following:

- Which docs on Sermo are its friends;
- Which ones have the highest ratings among other Sermo docs and therefore are likely to be influential; and
- Which docs seem interested in becoming consultants or doing clinical trials.

If Pfizer can identify and communicate specifically with these docs through Sermo, then they may have a gold mine.

As far as Palestrant is concerned, it's a two-way street. "The most timely, relevant, and topical information about drugs comes from industry," he said. "The role that industry plays in post-graduate education in this country, for example, cannot be underestimated. It has a critical impact on physicians' ability to treat patients."

Traditionally, thought leaders have always been medical society and academic-based physicians. "Yet," said Palestrant, "there is more and more of a chasm between these types of leaders and the physicians in the trenches treating patients. The world-views and priorities of these two groups are divergent. What's intriguing to me is this entirely new generation of opinion leaders developing on Sermo. Their views are not the same as academics. They have a far less esoteric and more pragmatic view on how to treat patients. For example, reimbursement for treatment may be a more important issue for practicing physicians than academic-based physicians. Everyone agrees on the science, but the question is how to translate this into action to help patients."

Will Pfizer be able to contact specific Sermo physicians via private messaging? Maybe not, according to Palestrant. "Although ordinary physician members can contact one another via private messaging," said Palestrant, "whether or not we allow client physicians to do that remains one of the issues the Sermo-industry working group will be considering when recommending guidelines."

Physicians have complete and final control over their online identities—they decide who will be able to see any identifiable information about them. "In no way, shape or form does Sermo turn over any identifiable information about our membership to our clients," said Palestrant. "Having said that, if a client wants to engage a physician 'out of band' and that physician agrees, then we've made two parties happy and we're thrilled! But it's not a decision Sermo will be making."

**Conclusion**
Palestrant emphasized that social media technologies, such as Sermo, do not replace conventional scientific inquiry in any shape or form. Nor do they negate the need for placebo-controlled trials. However, they can provide a potent early warning tool to know when and where to trigger further investigation.
Chantix
An Opportunity for Social Marketing

By John Mack
PMB Post #275

Chantix, Pfizer's new smoking-cessation drug, requires a different kind of marketing program, according to a recent article in the Wall Street Journal ("Marketing New Antismoking Pill Poses Challenges for Pfizer"): "Aware of increased consumer cynicism and unfulfilled promises made for smoking treatments in the past, Pfizer has adopted a softer sell that it hopes will build Chantix steadily over time. Meanwhile, because insurers are slow to cover smoking treatments, it has priced Chantix so that consumers will be willing to pay for it themselves."

Pfizer's solution is a support program called the GETQUIT™ Support Plan, which includes the following components:

Each day GETQUIT provides you with an email or phone call which gives you encouragement, advice, activities and information designed to help you through the quitting process. You will also have a personalized web page, which provides daily updates to help you track your progress. After twelve weeks your email or phone contacts will become less frequent. It's important to know that you can decide to stop being in the program or reduce the frequency of your contacts at any time.

What to expect from GETQUIT:

- Daily help for the next 12 weeks, as you take your CHANTIX as prescribed by your doctor and ongoing support for up to a year.
- Activities that will help you prepare to quit. Strategies to help you cope with cravings, when you have urges to smoke. And help breaking your smoking routine.
- Encouragement, advice, and information to help you stay quit.
- A personalized web page designed to help you track your progress.
- Questions to help you measure your progress. Each day we'll ask you if you've smoked, if you've taken CHANTIX as prescribed by your doctor, and if you've been having urges to smoke. Your honest answers will help you chart your progress and will help you get the right information.

Despite the good intentions of this program and kudos given to Pfizer for tackling compliance head on (see World of DTC Marketing: "Pfizer listens to patients and may get a blockbuster as a result"), this may not be as innovative and effective as it could be.

It seems that the pharmaceutical industry has taken one step forward and two steps backward with programs like GETQUIT and Question Everything, which is a faux social networking site sponsored by GSK for Alli, an obesity medication; see "Question Everything".

These programs seem innovative, but are not as forward thinking as some Web programs that were pioneered ten years ago before the dotcom crash!

The Web 2.0 Solution

I think smoking cessation support is a perfect application for Web 2.0 (aka, social networking) technology. In fact, it has been done before with another smoking cessation drug.

First, what is Web 2.0? Here's what I found on Wikipedia:

"Web 2.0, a phrase coined by O'Reilly Media in 2004, refers to a supposed second generation of Internet-based services—such as social networking sites, wikis, communication tools, and folksonomies—that emphasize online collaboration and sharing among users."

The particular precedent I am thinking of used online bulletin boards where smokers who were attempting to quit could share stories, experience and encourage one another. There was even an online "buddy" feature—a fellow traveler so to speak who shared your characteristics. You could draw on your buddy for more personalized support. These bulletin boards were linked to the product information supplied by the sponsoring pharmaceutical company (I forget which company). It was a great way for a brand to interact with an online patient community.

A Novel Idea

GETQUIT could be much better and perhaps ultimately more successful selling product if it honestly implemented a social networking environment where patients could post their own experiences, help others, and where the community could rate "buddies" according to how helpful they were.

Now there's a novel idea!
Social Network Analysis
Use in Obesity Drug Marketing

By John Mack
PMB Post #457

According to a recent post to the Wall Street Journal's Health Blog, "Among more than 12,000 people in a decades-long study of heart disease, a person's chances of becoming obese increased by 57% if he or she had a friend who also became obese, and by 37% if a spouse became obese. In a twist reminiscent of the pop-culture game six degrees of Kevin Bacon, researchers found that if your friend's friend became obese, it increased your chances of becoming obese by 45%. If your friend's friend's friend became obese, it increased your chances by 20%.

According to that Blog's author, "It may be time to start thinking of obesity as an infectious disease."

"Obesity appears to spread from one person to another like a virus or a fad," says a Washington Post article, "researchers reported yesterday in a first-of-its-kind study that helps explain—and could help fight—one of the nation's biggest public health problems."

That, my friends, must be music to the ears of drug companies working on obesity medications! If obesity is an infectious disease, and spreads from person to person like a virus, then there really is an "obesity epidemic" in this country! Ka-ching!

Social Network Analysis
The methodology used in the study is "social network analysis," which is a special interest of Nicholas Christakis, M.D., the principal author of the study.

According to Christakis's online CV, he is currently principally concerned with health and social networks, and specifically with how ill health, disability, health behavior, health care, and death in one person can influence the same phenomena in a person's social network. Some current work focuses on the health benefits of marriage and on how ill health in one spouse can have cascading effects on the other spouse. It seems likely that improving the health of one partner in a marriage can have meaningful effects on the health of the other, [my emphasis] and that both parties would value this -- in a way that influences health policy. Other work examines a very large social network (of 12,000 people, including family, friends, and neighbors) followed for over 30 years to look broadly at the role of networks in health and health care. This work involves the application of network science and mathematical models to understand the dynamics of health in longitudinally evolving networks. To the extent that health behaviors such as smoking, drinking, or unhealthy eating spread within networks in intelligible ways, there are substantial implications for our understanding of health behavior and health policy.

This field of study may have some application in pharmaceutical marketing and advertising beyond helping obesity drug marketers hawk products that, in themselves (without lifestyle changes), offer very little relief. Here are two ideas for marketing applications that come to my mind:

1. Framing the right kind of educational message in DTC advertising, and
2. Exploiting online social networking tools

How much better, for example, would Viagra DTC ads be if they somehow connected the wife's sexual health with the husband's? I'm not sure how to do this on network TV, but this is the kind of thing Pfizer should be studying how to do rather than how to connect Viagra with recreational sex and a good time as in its "Viva Viagra" campaign (see "Viva Viagra Ad is No Cure for Morte Sales").

As for #2, I don't think anyone has connected the dots that exist between Christakis's work and the dynamics of online patient support communities. Pharmaceutical companies are very interested in partnering with these communities, influencing the discussion, or advertising within them. They are not quite sure which approach to use and are very afraid of open discussions about their products.

No one is considering, however, if the same dynamics Christakis sees in the real world operate in the virtual world and if they do, how to exploit that for marketing purposes.
Blogs vs. DTC
What's Best for Consumers?

By John Mack
PMB Post #394

The recent DTC (Direct-to-Consumer) moratorium scare from Congress—which has since dissipated (see "DTC Moratorium Yanked From PDUFA")—had marketers scrambling to think of a replacement consumer marketing strategy. In that scramble, blogs leaped to mind.

Bob Ehrlich, CEO of DTC Perspectives Inc., for example, recently wrote "while blogs are now aimed primarily at industry insiders, one has to wonder when it will be a dominant consumer tool aimed at reviewing drug performance, side effects and risks. Blogs on drug selection may soon be a key tool in spreading word of mouth on new drugs," said Ehrlich.

"Consumers will learn to accept blogs as a counter to other sources of medical information, DTC included," claimed Ehrlich. "This will be a messy process, because some blogs are factual and some are based on erroneous opinion or data. Drug companies need to take blogs seriously because consumers increasingly use them and will rely on them as much as main media for information. No one said the new world of technology would be easy. For the drug industry used to tight control of information, the blog world could be a nightmare to harness."

Ehrlich was interviewed on the topic of blogs vs. traditional DTC in a recent Pharma Marketing Talk podcast (listen to it here), which addressed the following questions:

- Are consumers turning towards blogs to get information about drugs and medical treatment options? Are these primarily patient/consumer blogs or also physician blogs?

- Are blogs inherently less credible than other sources of drug information on the Internet? If so, how so?

- Many patient blogs offer opportunities to be "harnessed" by pharmaceutical marketers. What dangers do marketers face when getting involved in the blogosphere either by placing ads on blogs or more pro-actively engaging in the conversation?

- How can pharmaceutical companies relinquish some control over content to enable to better co-operate with bloggers?

Ehrlich was thinking about how pharmaceutical marketers can use blogs to "spread the word" in the future when DTC might be banned. "I am not exactly sure how, as a marketer, to incorporate blogs in my brand plans," said Ehrlich. "You cannot control them or measure them as with other media."

While pharma marketers are stymied by blogs and trying to work out a strategy for using blogs and other "Web 2.0" technologies to promote products, consumers and physicians are already discussing drugs in their own blogs and related social media networks.

There are blogs written by physicians focused on drugs. An example is CL Psych, which is written by "an academic with a respectable amount of clinical experience and no drug industry funding. Certain things about clinical psychology, the drug industry, psychiatry, and academics drive me nuts," says this anonymous blogger.

Consumers and patients also write blogs. A good example of such a blog is Diabetes Mine, written by Amy Tenderich, a person with Type I diabetes. Amy covers more than just drugs in her blog, but a recent post entitled "Januvia: Is It 'Oral Byetta' or Just a Lucky Break?" is an example of what the pharmaceutical industry must contend with.

Revolution Health, a new social networking site founded in 2005 by Steve Case (former CEO of AOL), is poised to pit the "wisdom of the crowd" against the BS of drug marketers (see "Revolution Health and the Wisdom of Crowds" in this Supplement; also listen to Pharma Marketing Talk interview with Jay Silverstein, the COO of Revolution Health). On the site visitors can rate Rx drugs according effectiveness, side effects, ease of use, and cost effectiveness. For example, you can find Viagra's rating here.

Web 2.0 enabled sites like Revolution Health and blogs are still in their infancy. But over time such sites could become become more powerful influencers than DTC brand advertising.

"In this new world of blogging," says Ehrlich, "drug companies are going to have to deal with a high volume of unregulated drug information. Just keeping a tab on what is being said probably takes a full time person screening the major blog sites. Like it or not drug companies will be forced to respond to a blogger story. After all, blogs multiply and will not just die like the good old days of a bad network news story."