

Reprint

Maximizing the DTC Message: Healthcare Businesswomen's Association Members Evaluate DTC Marketing

By John Mack

How are Direct-to-Consumer (DTC) activities integrated as key components throughout the marketing mix, including advertising, advocacy and public relations? What are the risks and rewards associated with launching a DTC campaign? How have top pharmaceutical marketers managed to address sensitive health issues and drive awareness and sales through DTC? Is every drug really a viable candidate for a DTC campaign?

These were some of the questions discussed during an evening seminar entitled "DTC Sweeps: The Impact and Evolving Role of Direct-to-Consumer Marketing" presented by the METRO chapter of the Healthcare Business-women's Association (HBA) on March 11, 2004.

Dr. Bill Trombetta, Professor, Executive Pharmaceutical Marketing MBA Programs at St. Joseph University, lead a lively panel discussion, which included presentations by Patrick Angelastro, VP/marketing & client services at ImpactRx, and John Mack, publisher of *Pharma Marketing News*.

The "ED Bowl"

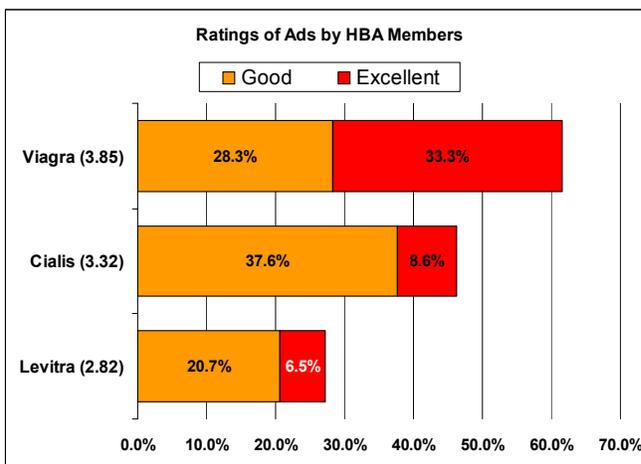
Mack presented results from the *Pharma Marketing News* subscriber survey entitled "Cialis/Levitra/Viagra: Which Ad Campaign Has the Greatest Staying Power?" (see "Super Bowl DTC Debut: Was It Good for You?," [PMN Reprint 32-04](#), for results of this survey). The same questions were then posed to the audience—who were mostly women—using an interactive audience polling system. The questions were:

1. How do you rate each of these ad campaigns?
2. What will be the market share for each of these products in the next six months?
3. In your opinion, was it wise for pharma companies to spend an average of \$2.3 million to advertise ED drugs during the Super Bowl?

As with the *Pharma Marketing News* subscriber survey, the HBA members' responses were mostly positive. For each ad, at least 50% of attendees rated it between "Average" and "Excellent" (as opposed to "Poor" and "Very Poor"). Some results are presented in the accompanying charts.

Battle for Market Share

When asked to predict the market share that each ED product will hold in 6 months, the HBA members gave Viagra a greater than 50% share, which is in line with *Pharma Marketing News* subscriber predictions. For comparison, for the first two months of 2004, U.S. sales of Viagra totaled \$177 million (85% market share), according to data from NDCHealth, Atlanta. Levitra brought in \$19

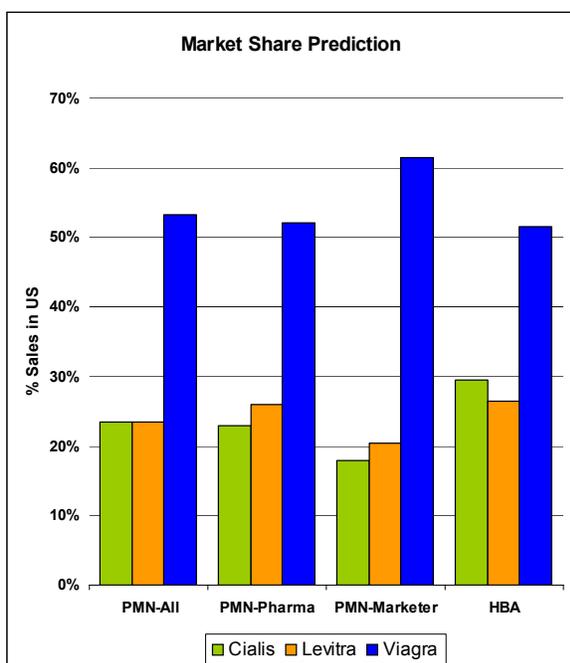


million (9%) and Cialis \$12 million (6%) during the same period. These numbers were reported in the *Wall Street Journal* ("Pfizer Will Offer Free Viagra Pills To Loyal Users," WSJ, April 14, 2004).

The WSJ article cited above also reported that Pfizer was expected to unveil a loyalty program, dubbed the Value Card, in a move to defend its turf from new rivals Levitra and Cialis. The program takes a page from the airlines' frequent-flier playbook and offers free Viagra prescriptions to

loyal (frequent!) users. Specifically, after filling six Viagra prescriptions, the seventh is free.

Pfizer must be seeing the writing on the wall—or *Wall Street Journal*—because IMS reports that for the week ending March 12, 2004, Cialis captured 18.1 percent of new prescriptions compared to Levitra’s 15.4 percent. (IMS NPA Plus 7™, March 2004; see article “Emotions, Focus and Storytelling: How Cialis is Challenging Viagra” in this issue). In other words, the survey predictions might be realized sooner than expected and by the summer of 2004 Viagra could be in a dead heat with its competitors. This scenario is playing out right now as new prescriptions are being written (see “The New Written Prescription: Leveraging Technology to Measure Change in Physician Behavior as it Occurs,” [PMN Reprint 33-06](#)).



Beyond the Ad

During breakout sessions, HBA seminar attendees broke out into separate groups to discuss various issues that the industry still isn’t addressing when it comes to DTC campaigns.

Wendy Meyeroff, owner of WM Medical Communications in Brooklyn, NY, and HBA member, attended a breakout session that raised the question “Is every drug really a viable candidate for a Direct-to-Consumer campaign?”

“I’ve been providing health information to consumers in all sorts of formats since 1981,” said Meyeroff, “long before there was a ‘DTC market’ per se. Even with the FDA restrictions, I can’t find a solid reason as to why we generally aren’t

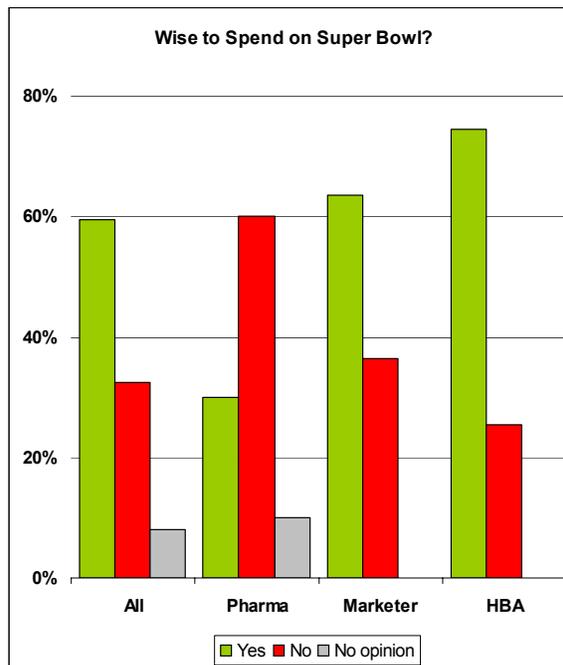
developing truly comprehensive DTC campaigns that go beyond the ads themselves.”

Seventy-five percent of the HBA audience said it’s wise to spend Super Bowl-type money on a TV ad (see chart). “That intrigued me,” said Meyeroff, “I wondered what the response would have been if the question had been: Is it wise to spend \$2+ million on a consumer-oriented TV ad without a budget for material designed to reinforce or enhance the ad’s impact?”

Meyeroff asked about it in the Q&A, inviting answers from both the panel and the audience. It was met with dead silence. Finally, someone hypothesized, “Well, it’s too expensive.”

According to Meyeroff, “After spending all that money on a TV ad, piqued the consumer’s interest, even driven him into the doctor’s office, isn’t anything needed beyond the ad to ensure that both doctor and patient choose your drug over the competition’s?”

Angelastro, whose company captures real-time prescribing data from doctors’ offices, said “If the doctor doesn’t write the prescription, your campaign has failed.” Yet it’s not unusual, according to Meyeroff, for the Direct-to-Physician (DTP) and the DTC sides of pharma marketing teams to be locked in a fierce rivalry over marketing dollars (one Super Bowl ad can support 10 physician publication ads) rather than working together in a two-pronged consumer/physician approach.



Meyeroff pointed out that although the number of new Cialis prescriptions written by doctors spiked right after the Super Bowl game, ImpactRx data also showed that Cialis was also the most detailed at the time. "That would again suggest that the MDs hand-out was more critical than the patient's request," according to Meyeroff.

In the Doctor's Office

We are often told that the pharma ad agency's responsibility is to develop an ad that gets the patient into the office. But, what happens AFTER the patient arrives? The FDA and other organizations have done studies on this topic (see "Results from FDA Physician Survey on DTC Advertising," [PMN Reprint 21-02](#)), but the following are some new-customer scenarios Meyeroff, in her experience as an outside consultant in DTC, has personally heard about. She offers her opinions, which she admits may stir some controversy, as well.

1. The doctor simply hands over a drug because the patient asks for it. "Highly unlikely," according to Meyeroff. "No decent doctor will give the patient a medication without determining if his problem truly requires medication, vs. sleep, exercise, or some other alternative."
2. The doctor automatically agrees with the patient's drug of choice. "Maybe," says Meyeroff. "But it's also possible that the doctor will steer him to a competitor's drug because the MD is more comfortable with its track record."
3. The patient just asks for "something." The patient saw two different ads during the Super Bowl and it's now two weeks later (the first chance he's had to come in). He doesn't remember which one impressed him. "Maybe," suggests Meyeroff, "if the TV ads had an 800 number to call and the patient had received a coupon, you'd be assured of his at least asking for the 'right' drug -- but apparently they didn't and he doesn't. Without some sort of ancillary material, the decision once again falls to the doctor."
4. The patient sees something in the doctor's office captures his attention. When he arrived, he was pretty sure the ad that impressed him was Levitra's. While he's sitting and waiting, though, he sees an "ED Newsletter" in the doctor's office (sponsored by the competition). "What's to keep him from switching gears between the front door and the MDs inner sanctum?," asks Meyeroff.

But, according to Meyeroff, there's rarely that "ED Newsletter" or any other message-reinforcing material. "I regularly get calls from companies to develop such material (patient ed brochure, ad supplement, newsletter, Web content, etc.)," says Meyeroff, "but it's almost always a last-minute addendum to the ad campaign. That material's rarely part of a structured campaign designed to regularly deliver a carefully crafted consumer message."

Other Issues

One HBA seminar attendee asked: "This is mostly a female audience. I wonder what the survey responses would be if the group was more evenly divided between men and women?"

The romance-oriented Cialis ads did get a more positive rating from HBA members than did Levitra (see CHART) and it was noted that urologists' at a recent conference had indicated their patients had apparently been spurred in by women watching the Cialis ad.

"That's all well and good," says Meyeroff, "but what else are Cialis marketers doing to enhance that female recognition? Despite all the pictures on the Cialis Web site showing blissful male/female couples, there's no link called 'For Partners,' as there is on the Viagra site. To be fair," offers Meyeroff, "such foresight is still unusual. How many marketers of breast cancer drugs, for example, provide information for the male partner?"

One other question addressed that night concerned the appropriateness of DTC ads for certain categories of drugs. How wise is it to ask patients fighting depression, for example, to be deciding on their drug therapy?

The conclusions of the meeting were many but the two of the most important, Meyeroff said, were:

1. to create truly effective DTC campaigns, the industry has to broaden its focus beyond its ads, and
2. it must coordinate the messages sent to both consumers and their doctors.

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Experts Consulted and/or Cited In Articles

The following experts were mentioned or consulted in the preparation of articles for this issue.

- **Wendy Meyeroff**, owner, WM Medical Communications, Brooklyn, NY. 718-996-5979, wendy@medicalwritingplus.com

Resource List

The following resources were consulted in the preparation of this issue or cited within this issue.

- Von Keitz, A. *et al.* A Multicenter, Randomized, Double-Blind, Crossover Study to Evaluate Patient Preference between Tadalafil and Sildenafil. *European Urology* (Vol. 45, issue 4).
- What Patients Prefer and Why - Sildenafil (Viagra) vs. Tadalafil (Cialis) vs. Vardenafil (Levitra) in a Post-Launch Real-Life Setting, Symposium presented at 6th European Society for Sexual Medicine. Istanbul, Turkey 16th-19th November 2003.

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Publisher & Executive Editor

John Mack

VirSci Corporation
www.virsci.com
PO Box 760
Newtown, PA 18940
215-504-4164, 215-504-5739 FAX
<mailto:editor@pharmamarketingnews.com>

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