



The emerging trend of ETC:

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By Robin Robinson

While the healthcare and Medicaid-consumer community struggles with the confusion surrounding Part D, one pharma has decided to turn the perplexing program into an opportunity to improve its credibility among physicians and consumers.

Biotech Serono is using the new Medicare program as a platform for earning patients' and doctors' trust by offering them educational materials about Part D formularies, **David Stern**, executive vice president of the metabolic endocrinology business unit at Serono, tells **ePharm5**. Serono develops recombinant prescription medicines, including HIV and multiple sclerosis (MS) drugs. The company repurposed the information that it collected to train its sales reps about Part D reimbursement into softly branded and unbranded sales tools, such as a frequently-asked-questions (FAQ) handout and live, in-service training.

These materials help nurses and physicians learn about the benefits of Part D for covered patients and the process through which they can register for the new health plan formularies, Stern says. The materials are not heavily branded because the intention of the campaign is to educate rather than sell, and Serono doesn't want physicians to perceive the information as biased.

"Serono sees this educational approach as an opportunity to set our reps apart from other reps," Stern says.

Serono produced patient brochures that aim to give consumers a better understanding of Part D and what it means in regards to their specific medications. Stern says it didn't take much extra effort to produce the materials. "We got a lot of learning out of [training our sales reps], and turning it around for our customers didn't cost us much. We've already made the investment, so we decided [to] turn it into a silver lining."

Serono's actions illustrate a building trend in the industry toward using educational materials to increase awareness of disease states and the drugs that treat them. With increased FDA scrutiny of DTC ads and consumers' and doctors' increasing reliance on the Internet, pharma and biotech companies are beginning to use this educational approach to boost sales, particularly online, experts say. More drug companies use disease education not only to attract new consumers, but also to appease DTC critics and Congress. Industry leaders say they expect to see an increase in disease education spending in 2006.

According to recent Manhattan Research studies, the Internet is uniquely positioned to become a place where companies can offer

messaging that is relevant to both consumers and physicians by dynamically tailoring content to readers' interest levels.

Virtually all physicians use the Internet for professional purposes in some capacity, and they are always clamoring for patient education materials from pharma companies. Online resources can be easily developed to act as valuable patient education resources, **Meredith Abreu**, vice president of research at Manhattan Research, tells **ePharm5**. Among the 89.4 million U.S. adults who seek additional information after seeing or hearing DTC drug ads, more than 22 million report going online to learn more about the pharmaceutical products advertised, as compared to only 6.2 million consumers who dial an 800 number for more information (see sidebar on p. 4). "We find that the 22 million consumers who turn to the Internet for additional information are much more valuable in a variety of metrics, including engagement, motivation, and likelihood to request a product from their physicians," Abreu says, adding that "online resources targeted to this group should provide tactical, detailed information that empower the consumer to make an informed decision."

More than 41 million consumers reported that DTC advertising for a specific prescription drug directly affected their decision to seek additional information about the condition mentioned in the advertisement, according to Manhattan Research's annual CyberCitizen survey.

When it comes to educating consumers, **Paul Ivans**, president of Evolution Road Consulting and an expert in pharmaceutical e-marketing, advocates the practice to such a degree that he's coined the term "ETC" for "education to consumers." Ivans says pharma advertising is

Pharmas can support Part D education with unbiased funding

Opportunities exist for pharmas to help educate beneficiaries about Medicare Part D by providing assistance to managed care Part D plan sponsors, according to a survey of managed care organizations and PBMs. Nearly half of the respondents said they may be willing to accept manufacturer support, although they were careful to stipulate that assistance must be general and brand-neutral, according to the study by GfK Market Measures, formerly NOP World Health. GfK Market Measures says the results suggest that unrestricted educational grants or support of public information campaigns would be the best ways for pharmas to assist managed care. In June 2005, Verispan reported that Eli Lilly, Merck, and Pfizer had been the most active pharmas in reaching out to managed care organizations' Part D issues (**ePharm5**, 6/10/05). ■

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slowly changing to ETC and that the first thing to tackle is using education as the basis for creating the message.

“To me, education is where marketing needs to be,” he tells **ePharm5**. “If [people are] sick and they see an ad for a treatment, they need to know the right information to help them make a decision. What people really need to know is information about their symptoms, the disease, various treatment options, as well as medication risks and benefits.”

Ivans cites Ortho McNeil’s Ortho Evra ads and AstraZeneca’s new Crestor advertising as good examples of campaigns that have switched to a more educational strategy.

Earlier this year, Ortho McNeil launched a series of new TV commercials for its Ortho Evra birth control patch that features a doctor and pa-

tient discussing the drug in a question and answer format. “The intention of the changes from previous Ortho Evra advertising is to further encourage doctor-patient dialogue on the subject of which birth control method is right for each particular patient,” **Richard Pounder**, CEO of Alchemy, the agency behind the new ads, tells **ePharm5**. He says the Q&A format aims to improve the synchronization between the visuals and dialogue during both the benefits and fair-balance sections of the advertisement. Aiming to “get the right product to the right patient,” the ads help convey the benefits of the drug while acknowledging that it is not the right solution for everyone, says Pounder.

Ivans says the second change that pharma needs to address is its marketing mix. TV spending growth has slowed dramatically, and predictions in the industry indicate that

Manhattan Research: More consumers turn to Web for health info

2005 saw more than 22 million U.S. consumers actively going online to find more information about the pharmaceutical products they saw in DTC ads, according to data from Manhattan Research’s *Cybercitizen Health v5.0* report. The survey shows that 31.6 million consumers look to the Internet first when seeking more information about a health topic, a nearly 50% increase from a year ago. Manhattan Research also identified a new market segment of “on-demand” health consumers who are more likely than other consumers to watch online video clips, subscribe to podcasts, read blogs, or carry a personal digital assistant. Although generally healthy, this segment is also more likely than average consumers to suffer from ADHD, acid reflux, allergies, anxiety/social phobia, rheumatoid arthritis, cancer, migraine, or obesity. Go to the [Manhattan Research](#) Web site to learn more. ■

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pharma will not spend as much on TV advertising as it has in the past, he says. “This puts pharma in a tough place—the industry is used to spending a large portion of its budget on TV to drive business. Now the question is, if we don’t use TV, how do we drive the brand?”

Ivans believes that using the Web to provide education to consumers is the answer. “Consumer use of the Web has tipped—the numbers are massive, and now is the time to leverage the Web to teach consumers about their conditions and treatment options and to grow our brands at the same time,” he says. The Internet is the perfect place to educate consumers because pharma products are usually high-consideration purchases, meaning that consumers usually try to learn a lot about them before buying. They are not impulse-purchase products. However, before driving consumers to their sites, pharmas need to improve their ability to produce effective Web sites, he says (see **ePharm5**’s special report, *Where the doctors are*, posted on the [InDepth site](#) for more about producing effective Web sites).

When size matters

Much of big pharma remains extremely conventional in its DTC ad campaigns

PMC panel: Education is key to improving pharma reputation

During one of the keynote discussions that kicked off the September 2005 Pharmaceutical Marketing Congress in Philadelphia, panelists discussed how the industry can rebuild its reputation and gain the trust of the American public. According to **Sidney Mazel, PhD**, vice president of worldwide marketing at Merck, “pharma has done a better job at marketing its products than marketing the industry,” and it needs to begin educating the public and the government about its life-saving science and charitable activities. “People, including Congress, don’t know about the many donations and charitable acts pharma performs,” he said. The best way to leverage the value of the industry is for pharma to adhere to greater transparency and for marketers to “get out from behind the desk” and work with sales reps to see firsthand the challenges physicians and patients face, he said. The industry should be aware that every piece of marketing could either enhance or destroy pharma’s image: If a patient does not understand or receive the information he or she needs from an ad or a brochure, pharma has lost an opportunity to inform and build trust. Mazel added that pharma may focus too much on what the competition is doing instead of focusing on how to communicate the value of products to the patient population. ■

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and direct-to-physician promotions, leaving smaller firms to lead the way in new marketing trends. No pharma wants to be first in making changes that may backfire, said **Roy Vagelos**, former CEO of Merck, during the September 2005 Pharmaceutical Marketing Congress in Philadelphia. Stern says he agrees with Vagelos, adding that major market leaders are not apt to be the trendsetters in pharma. “At any point in time during your product life cycle, many companies don’t want to be the first to do something different because of the risk it presents,” says Stern. Vagelos suggested during his presentation that the pharma group mentality—the “let’s do what everyone else is doing” attitude—especially keeps big pharma from trying anything new. Smaller companies are more likely to consider an outside-the-box campaign in an effort to get noticed, adds Stern.

Sales business model becoming outdated

According to **Robert Nauman**, principal of the BioPharma Advisor Network, this risk-reward consideration drives part of the industry to continue operating in a sales rep business model and ignore the other alternatives that could be used to reach physicians and consumers. Nauman says 60% of pharmas work from a sales rep business model. “Most pharmas reason that to gain market share, they need to add more sales reps because there is not enough risk-reward to force them to shift their thinking to something new,” he says.

Stern calls this the “brick-and-mortar”

mentality, referring to the classic business model that involves a dedicated facility with an opportunity to work face-to-face with people.

He says the amount of money spent on adding and training reps could be better spent on innovative ideas for new campaigns, such as materials that educate physicians and consumers. Research with physicians suggests that they would rather see fewer pharma reps and instead be better prepared with data and patient educational materials, Stern says.

However, Nauman is doubtful that educational efforts by pharma will be perceived as anything but promotional. “The public’s perception is that everything pharma develops is promotional, regardless [for] whom it is developed,” he says. Study results from Datamonitor support this, with only 13% of U.S. consumers believing that information provided by pharma firms is more trustworthy than that provided by other organizations.

For example, consider two articles written about the same study—one created by Harvard Medical School and one from Pfizer’s clinical medical department. Which article will the general public think is more unbiased? Nauman says a general audience would pick the Harvard report as being unbiased—but that instead, Pfizer’s report is the neutral one. Federal regulations prohibit Pfizer from adding any point of view to the report, whereas Harvard Medical School can and has inserted its opinions to reflect the school’s theories and agendas. Overcoming this public belief will be one of the largest hurdles to

using education as a method for reaching consumers, Nauman says.

Nauman also feels that the industry is losing its position as an education provider due to the proliferation of information available on the Internet as well as increased FDA regulations. Pharma used to be a respected provider of CME and other medical information; however, with the speed at which people can access information today, “they simply fly over the pharmaceutical Web sites when the information on the sites is not relevant to them,” Nauman says.

Although this trend of consumers actively seeking information is a plus for educational efforts online, Stern says that to be successful, pharma needs to provide content that is easy to find, relevant, and in-depth enough to satisfy consumer needs. “If a consumer does not get the information he or she needs from promotional material to assist in making an informed decision, you’ve lost a potential customer,” Stern says. Some DTC efforts (e.g., reminder ads) are so vague that Stern doubts their effectiveness. Why would a consumer choose one drug over another if the ads don’t even tell him or her what it’s for? “Take, for example, the ubiquitous [erectile dysfunction (ED)] drug reminder ads. [The phrase] ‘Ask your doctor about Cialis’ does not give the patient any reason to ask a doctor, nor does it give doctors a reason to prescribe that brand over any other,” he says. However, mentioning a certain concern or side effect could give the patient and physician a clear reason to choose one brand over another.

Creating effective educational messages for consumers

Dorothy L. Smith, founder and president of Consumer Health Information Corporation (CHIC) and an expert in patient compliance, has developed programs and materials for patients, employees, and consumers since 1983. She tells **ePharm5** that educational DTC campaigns need to meet consumers’ needs on several crucial levels. The message must be written at a sixth- to eighth-grade reading level and in a way that consumers can easily comprehend. For example, if you tell a person not to eat red meat, some consumers will think it’s acceptable to eat cooked beef because it is no longer red. Smith says it is extremely difficult to put complicated material (e.g., the Part D program) in terms that most consumers not only can read but can also correctly understand. “The goal goes far beyond readability; for the message to be effective educationally, it must also address the comprehension of the consumer,” she says.

CHIC has developed an expertise in evaluating the effectiveness of consumer information and has increased patient compliance/retention by 30% for some of its clients by combining science with art, she says. “I am pretty confident we have figured out the way to make patient education programs work the way they should.”

When CHIC creates a patient education program, the content and design is based on the world’s research in patient compliance strategies that are specific to the drug, disease, and patient population. “Each of these [elements] has different barriers that can lead to patient

U.K. pharmas have educated consumers for years

European ad restrictions against using brand names have caused DTC advertising to be informational as opposed to promotional, according to a report from Frost & Sullivan. Frost & Sullivan healthcare analyst **Himanshu Parmar** says DTC in Europe is broadening to include information about improving patient outcomes and adding value to patient health. Parmar says a better understanding of drug and consumer life cycles and a more sophisticated brand-oriented approach will likely lead to more consumer response. DTC expenditure is predicted to rise, especially for newer drug candidates for underdiagnosed conditions, says Parmar. “The object is to create more awareness for underdiagnosed conditions,” he tells **ePharm5**. For example, low awareness and cultural conservativeness are the reasons why several cases of erectile dysfunction (ED) are under diagnosed in Europe. However, Pfizer’s Viagra DTC and Eli Lilly’s Cialis DTC have caused an increase in the number of patients visiting their doctors to ask about ED. The marketing strategy is to create a point of difference that is meaningful to the patients, he says.

Parmar says the DTC efforts in Europe are nonbranded approaches to deliver information about diseases and medications to patients and consumers, unlike the branded efforts in the United States. Understanding consumer patterns as well as the drug life cycle is important to improving targeting and patient compliance.

Paul Stuart-Kregor, director of The MSI Consultancy, a marketing, strategy, and implementation consulting firm located outside of London, uses Roche’s campaign for its Accu-Chek diabetes treatment as an example of how pharmas in the United Kingdom use education as a way to reach consumers. “Roche Diagnostics has come up with a way of motivating both patients who have diabetes and the physicians who treat them by providing them with the ability to build individualized treatment and use a database that tracks each patient’s progress,” he says.


Reaching consumers

The program, according to Roche’s Web site, uses technology to help people with diabetes manage their condition. Accu-Chek tools enable diabetics and their healthcare providers to work together to collect information such as blood glucose levels, analyze the data, and act on key information, creating a tailor-made diabetes self-management solution. In addition, Roche diagnostics launched a global education program, which offers step-by-step training.

Reaching physicians

The program also includes [Accu-Chek Academy](#), an educational and professional development support program accessible to all healthcare professionals since February 2005. The program provides an easy-access

learning environment and a range of tools and educational materials for physicians to download and read. The U.S. site has similar features but is not identical.

Stuart-Kregor says pharma has had success with disease awareness campaigns in Europe, especially in areas in which patients are not aware that a treatment is available (e.g., treatments for overactive bladder). Yentreve, launched in Europe in September 2004, was the first drug on the market to control stress urinary incontinence. Lilly's campaign for Yentreve targeted women who want to know more about the condition but are afraid to ask, he says. "Lilly has done a lot of work focusing very much on trying to educate the target patient." A level of understanding about the disease and its treatment is central to a patient's ability to make decisions regarding his or her care. "The campaign is a good example of educating women to seek help for the condition," he says. 

Editor's note: ePharm5 contacted the creators of the Roche campaign, Red Door Communications, Ltd., of London, several times for more information about the campaign, but Red Door said it was still waiting to receive client approval when this report went to press.

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dropouts or misuse of the medication if the barriers are not identified and strategies developed to overcome them," says Smith. "This is why so many pharma companies are not finding their patient education programs cost-effective. They start writing a piece without the background research that is needed to make sure the final materials will be effective in helping patients use the medications wisely and safely."

CHIC also focuses on health literacy requirements to make sure that the final compliance materials have comprehensible content reinforced by effective design. "There is no simple patient comprehension test, and we have learned from years of experience counseling patients in clinics how to word statements so

they will make sense to the patient," Smith says.

Consumer focus groups are a good way to test patient comprehension, but, once again, you need a background in patient compliance and comprehension to ask the appropriate questions, she adds.

CHIC tries to encourage behavior modification by implementing the transtheoretical behavior model of change, which states that patients need different types of information at different stages of their therapy. "Just handing out the same materials over and over again is a waste of money if the patient throws the material away because [he or she] already received it at a prior visit," Smith says.

One of Smith's doctor of pharmacy students, **Melissa Youngmark**, PharmD 2006 at Duquesne University's Mylan School of Pharmacy, has closely studied the health literacy problems associated with Medicare Part D. She reviewed Serono's Part D consumer brochure and reports that the first page has a readability grade level of 11.95, almost three grade levels above what CHIC suggests. Youngmark also found the flow of information "hard to follow" and the different font sizes and colors difficult to read.

Smith says her corporation has recently reviewed other materials produced by the government and other pharmas that try to explain Part D to consumers, yet none have met CHIC's patient education levels standards.

Due to language and health literacy constraints in producing consumer-oriented materials, it is easier for pharma to produce effective educational material for physicians and pharmacists, she says. However, it is the consumer who makes the bottom-line decision to take a drug. "We have to realize that the consumer makes the final decision in the end, and 50%–85% of all patients are dropping out of therapy in the first year, mostly because they are not convinced that they need the medicine," she says.

When consumers search for more information online, it is a perfect opportunity to give them all of the information they need and want, resulting in a higher ROI with online than with other media, Stern says. "The average time spent on a Web site can be 10–15 minutes, and you can provide information that is much

deeper and broader there. It's a lot harder to get that kind of message across on TV."

Nauman points out that before the industry goes down the education route, it needs to adjust its tactics to include the consumer who wants very specific information. "The industry has not had to deal with this until now," he says. Pharma will need to encourage its advertising agencies to switch from the "shallow and wide" approach of the past and drill down to the individual patient segment for effective marketing communication.

"In the past, pharmaceutical companies considered consumers as all the same acquisition target, and the typical message was, 'Our drug works, we have less side effects, and you take us once a day.' In the future, pharmas will need to refine their message for the wide variety of personal outcomes," he says.

For example, consider two patients with sinus infections, Nauman says. Both are on antibiotics, but patient A has to worry about side effects and patient B doesn't. The message for patient A needs to be, "Monitor your progress and check in with your doctor frequently because of your increased risk of side effects." The message to patient B should be, "Take this medicine; you're going to feel better in three days, and you will want to stop taking it, but don't. Keep taking it until the end of your prescription."

Neither today's marketing content nor the business model supports this approach,

Nauman says. "The industry pays so much money to have content created for them, but they have not gotten smart enough to repurpose or reuse that same content in other ways with other audiences." With growing margin pressure in the industry, marketers will be looking for new ways to save money; this area is ripe for process improvement.

For example, Nauman estimates that 80% of the marketing investment by most drug makers is focused on acquiring or converting new customers to their brands, which leaves little focus on retention. Nauman says pharmas should concentrate more on retention. Messages in the retention phase of marketing should be all about added education and disease support, he says, instead of heavily promoting to and acquiring patients. Marketers think that to retain customers

they need to continually market the product to them, but what they really need to do is educate and serve consumers so they realize the value of the product and stay on it, he says.

The general rule in pharma has been to put more emphasis on acquiring new customers than keeping patients on their regimen, but providing educational information helps patients understand their conditions or diseases and can improve their compliance, Stern says. Pharma can reap financial benefits when patients stay on their medications as prescribed. For example, if all patients who were prescribed statins stayed on their therapy, sales of statins would increase by \$3 billion, he says. According to IMS Health, statin sales in the United States totaled \$15 billion in 2004.

Smith says educational ads for consumers can

Manhattan Research: Integrate 'e' into physician marketing mix

Fully integrating the e-channel into physician marketing and segmenting and targeting consumer behavior emerged as key topics during Manhattan Research's December 2005 Opinion Leader Roundtable. "I would look to physician portals as something that will become a must-have for pharma in the next year or two in the states," AstraZeneca's John Fish said. He believes that pharma's e-marketing and sales activities should be better coordinated. The panelists also said the Internet will play an important role in moving away from mass DTC and toward relationship marketing. Because pharma can leverage the online channel to deliver targeted and more substantive information to consumers, it has become a more effective and measurable way to reach patients, Forest Lab's Claire Zinnes said. To see all of Manhattan Research's Opinion Leader Roundtable, featuring discussion with panelists from AstraZeneca, Roche Labs, Genentech, and Forest Labs, go to [ePharm InDepth](#) and look under "White Papers and Reports." ■

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help them make more informed decisions about when to seek medical care. Educational DTC ads can also increase patient compliance and patient retention.

However, the most effective way in which a pharma can improve patient retention is to ensure that the written patient materials distributed to health professionals are high-quality and meet patient education requirements. The rest of the process depends on how effective physicians', nurses', and pharmacists' communications skills are when counseling each patient one on one. Patient education is a complicated process, but when both written and verbal patient counseling is done correctly, patients will stay with a treatment as long as it is needed and thus increase a pharma's profits.

Examples of pharma use of education available online

To encourage children to stay on a long-term

injection regimen to fight growth hormone deficiency, Serono designed an educational campaign about how its drug Saizen works and why it is necessary for children with growth hormone deficiency to take it. Children begin receiving shots of Saizen when they are about seven years old, and by the age of 11, most are tired of the routine and want to stop taking the injections, Stern says.

Serono's online campaign increases these patients' understanding of how the drug works. Stern called the online initiative "fun and interactive," and it rewards kids who view it with a free MP3 download, following completion of a quiz to test their retention.

Serono has another Web site for Rebif, the biotech's treatment for relapsing forms of MS, which it uses to inform both patients and physicians. MSlifeLines.com is segmented by subject matter into four sections, covering in-

Pfizer will educate docs before launching print, TV ads

As part of its new ad strategy, Pfizer reports that it will spend no less than six months educating "physicians about new medicines prior to beginning product TV and print advertising," but did not specify whether it would also restrict Internet advertising in such a way. However, unlike PhRMA's Guiding Principles (**ePharm5**, 8/3/05), Pfizer's new policy does address other online content. Pfizer says its Web sites will reflect a new strategy that encompasses three main goals: encouraging valuable patient-doctor communication, communicating risk-benefit information more effectively, and motivating people to overcome health barriers (e.g., a lack of health coverage). Also of note are Pfizer's pledges to air ads for erectile dysfunction products only during programs with more than 90% adult viewership and to submit all new TV ads to the FDA prior to airing them. ■

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depth information about treatment, drug routine, safety, and efficacy. In the “Get Support” section, the material offers suggestions from patients who take Rebif and includes reimbursement information, support for care-partners, and a list of FAQs about the drug.

In the second section, called “Live Well,” patients are able to read stories about how others live with the disease, including hints and notes about taking Rebif and information regarding how MRIs—a major element of MS patient care—help doctors care for MS patients.

The “Connect with the Community” section is full of personal stories of people living with MS, including celebrity Teri Garr. Information about upcoming MS seminars and how to get in touch with those who live with MS are also featured.

The last section of the site, “Stay Informed,” is a news section in which the top developments about MS are constantly updated.

The four sections of the site strive to answer all the possible questions that consumers who seek more information about MS and Rebif might have.

Using the Web to educate physicians

Physicians also respond well to educational efforts from pharma, reports TargetRx, which obtains information from its highly predictive, large-sample, normative database of physician attitudes. Through TargetRx, member physicians have an online forum in which to voice their opinions through surveys and other

market research activities. “Our data show that physician-targeted campaigns that are educational help drive the use of the drug by helping doctors better understand treatment guidelines,” **Mike Luby**, CEO and founder of TargetRx, tells **ePharm5**. However, he cautions pharma not to shift marketing efforts to extremes. “A push to a purely education approach would be an overcorrection,” he says. TargetRx provides marketing information to most of the top 30 pharmas. Luby spent 10 years at Merck, where he created and executed marketing strategies for both specialty and mass markets. The concept for TargetRx was born from his dissatisfaction with the lack of insightful, predictive, and actionable marketing information from external sources during his tenure at Merck.

Voluntary moratorium on DTC ads advantageous for both pharma and physicians

Some pharmas have instituted a voluntary moratorium on DTC advertising to give physicians more time to learn about their drugs before consumers start requesting it.

Luby says the voluntary moratoria are a win for both doctors and pharma. The extra time allows sales reps more time to educate physicians before they start prescribing—and that knowledge could help drive drug sales. Bristol-Myers Squibb and Pfizer have initiated moratoria for DTC ads, and Pfizer went one step further to offer unbranded awareness campaigns about pain management and ED. At the FDA’s request, Pfizer suspended DTC ads for Celebrex in December 2004, but currently still runs

New e-CME program can be customized to pharma

Medical marketing firm Lathian has launched an e-CME program that can recruit physicians, track participation, and be branded to the sponsoring pharma, according to the company. Lathian can recruit e-CME participants from its database and then aggregate data about any single e-CME program (e.g., how much time participants spent in a session, market survey responses, and requests for information after the program). The e-CME program uses interactive multimedia tools such as streaming video, audio, and graphics. During the sessions, which are typically 30–60 minutes long, participants can also click on links to see a glossary of terms, learn more on a topical Web site, or talk to an expert via a live chat, according to the Web site. Go to www.lathian.com/products/medical_education.aspx to learn more and to see an e-CME demo. ■

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journal ads. The unbranded disease awareness approach is part of the company's aim to provide DTC education, which is included in PhRMA's DTC guidelines, it reports.

Bristol-Myers Squibb also imposed a voluntary ban on DTC advertising for all new drugs during their first year on the market. The company's code also says that all newly launched products will not be advertised to consumers for 12 months and that when they are advertised, the company will submit all DTC messages to the FDA for prior approval.

Pfizer reports that its Web sites will also reflect a new strategy that encompasses three main goals: encouraging valuable patient-doctor communication, communicating risk-benefit information more effectively, and motivating people to overcome health barriers, (e.g., lacking health coverage). Pfizer also pledged to air ads for ED products only during programs with more than 90% adult viewership and to submit all new TV ads to the FDA prior to airing them.

Bristol-Myers Squibb pledges to provide "accurate, understandable, and educational direct-to-consumer communication and to include information about accessing the company's patient assistance programs on all of its DTC advertising."

To see Bristol-Myers Squibb's DTC code, go to www.bms.com.

These changes represent an industry metamorphosis—the result of pharma taking a hard look at itself, says Luby. The change is apparent in the dwindling number of whimsical ads and the increase in ads with straightforward messages focused on benefits and risks of

the drugs being promoted. Crestor is a good example, says Luby.

In March 2005, DDMAC told AstraZeneca that parts of its Crestor ad campaign were “misleading.” The TV ad featured Dr. Seuss-like rhymes claiming that Crestor was superior to other drugs in its class. “All cholesterol drugs simply aren’t the same. When Crestor performed in a head-to-head test, its lowering effect was clearly the best,” the rhymes announced. Other rhymes included: “Cholesterol high? Trouble getting it low? Perhaps your answer is right here, below,” and “Lowering cholesterol isn’t a game. It’s vital to know not all drugs are the same. Is your cholesterol treatment doing its share? Are you where you should be? If not, then compare.”

A dramatic change in Crestor ads took place in April 2005, when TV ads featured actor Mandy Patinkin slowly walking down a set of white stairs while talking seriously about lowering cholesterol and the benefits and risks of taking Crestor. In the new print ads, nearly half of the text is dedicated to explaining the drug’s risks.

In a summer 2005 *Boston Globe* article, former FDA Associate Commissioner Peter Pitts, who also serves as an AstraZeneca consultant (not on the Crestor campaign), lauded the pharma for instituting the new educational approach. Pitts was quoted as saying, “[AstraZeneca] chose to address the risk issue straight on, [when it] could have very easily said, ‘We’re not going to advertise these drugs.’ ”

Lilly-Icos made a similar change to its Cialis commercial, which originally featured a man and a woman sitting in separate bath tubs on a mountain, by adding a man standing in front of the couple on screen, talking about the drug. Luby believes that Lilly likely made this decision on its own and was not required by FDA regulations or warnings to make its approach more direct.

Luby says the industry is being forced to look closely at how its business model needs to evolve to meet the challenges of the increased number of generics entering the market, the number of blockbusters going off patent, the increase in product withdrawals and delays, and serious pipeline challenges. “I’ve seen a series of responsible moves being made by pharma; everyone is trying to figure out a new way to operate their business,” he says. “The industry is on the front end of a renaissance. We are in the early stages, and what is coming out of it makes for an exciting time.”

Reaching doctors online (see **ePharm5’s** special report *Where the doctors are*, on the ePharm5 InDepth site) through tools such as e-CME is an effective way to educate physicians. A study published in the September 7, 2005, *Journal of the American Medical Association (JAMA)* shows that e-CME is as effective as live CME in terms of adding to physician knowledge and behaviors that have an effect on patient care. The randomized, controlled trial conducted from August 2001 to July 2002 surveyed 97 primary care physicians drawn from 21 practice sites in Houston, including

seven community health centers and 14 private group practices. Physicians were randomly assigned to an Internet-based CME intervention that could be completed in multiple sessions over two weeks or a live, small-group, interactive CME workshop. Both incorporated similar multifaceted instructional approaches demonstrated to be effective in live settings. Content was based on the National Institutes of Health National Cholesterol Education Program Adult Treatment Panel III guidelines.

Both interventions produced similar and significant immediate and 12-week knowledge gains, representing large increases in percentage of items correct, *JAMA* reported. Internet-based intervention was associated with a significant increase in the percentage of high-risk patients treated with pharmacotherapeutics according to guidelines. The study concluded that appropriately designed, evidence-based online CME can produce objectively measured changes in behavior as well as sustained gains in knowledge that are comparable or superior to those realized from effective live activities.

Ivans says the study illustrates that physicians are willing to learn online and that it is just as effective for them to do so. Pharmas may want to stretch this hypothesis to include more focus on educational e-detailing and training of physicians on the Web as well, he says.

The bottom line begins at patient level

Smith reminds us, however, that the bottom line is centered on educating consumers. “All the

research and marketing pharma puts into a product launch doesn’t mean anything if the consumer does not take the drug,” she says.

If you look at the lost sales due to patient dropouts, pharma has the worst lost sales record of any industry in the world. But this is also a great opportunity because these lost sales also represent the largest sales potential of any industry in the world, she says. If pharma starts developing materials that truly meet patients’ and consumers’ needs, patients will stay in therapy and the industry can start to reap the reward of patient retention.

“It’s all about knowing how to create better consumer and patient education,” she says.

The industry leaders interviewed for this report agree that educational programs can help consumers become more treatment-adherent and help healthcare providers become more involved with their patient population.

With the use of successful DTC educational programs, disease understanding, knowledge of treatment options, and medication compliance can all be significantly improved, leaders say.

Although big pharma may be dragging its heels on entering the educational realm, several pharma leaders believe the time has come for the industry to change its focus so it can deliver a much better service to both doctors and patients, enabling them to make better healthcare decisions. Meanwhile, pharma gets to increase its bottom line. ■

Trend report addendum

Year in review: *ePharm5* 2005 direct-to-consumer, education-to-consumer, and education-to-physician marketing news

Below you will find a year's worth of **ePharm5** briefs about DTC, education-to-consumer (ETC), and education-to-physician news published in our daily e-zine. If you are an **InDepth** subscriber, you have access to these archives by conducting a search on the **InDepth** site.

December 15, 2005

Pharmas can support Part D education with unbiased funding

Opportunities exist for pharmas to help educate beneficiaries about Medicare Part D by providing assistance to managed care Part D plan sponsors, according to a survey of managed care organizations and PBMs. Nearly half of the respondents said they may be willing to accept some manufacturer support, although they were careful to stipulate that assistance must be general and brand-neutral, according to the study by GfK Market Measures, formerly NOP World Health. GfK Market Measures says the results suggest that unrestricted educational grants or support of public information campaigns would be the best ways for pharmas to assist managed care. In June, Verispan reported that Eli Lilly, Merck, and Pfizer had been the most active pharmas in reaching out to managed care organizations' Part D issues (**ePharm5**, 6/10/05).

December 12, 2005

Manhattan Research: Integrate 'e' into physician marketing mix

Fully integrating the e-channel into physician marketing and segmenting and targeting consumer behavior emerged as key topics during Manhattan Research's new Opinion Leader Roundtable. "I would look to physician

portals as something that will become a must-have for pharma in the next year to two years in the states," AstraZeneca's **John Fish** said. He said that pharmas' e-marketing and sales activities should be better coordinated. The panelists also said the Internet will play an important role in moving away from mass DTC and toward relationship marketing. Because pharmas can leverage the online channel to deliver targeted and more substantive information to consumers, it has become a more effective and measurable way to reach patients, Forest Lab's **Claire Zinnes** said. To see all of Manhattan Research's Opinion Leader Roundtable, featuring discussion with panelists from AstraZeneca, Roche Labs, Genentech, and Forest Labs, go to **ePharm InDepth** and look under "White Papers and Reports."

December 9, 2005

Manhattan Research: IT has major role in European physician marketing

With 65% of practicing European physicians saying that Internet access is critical to their practice and 86% saying they have Internet access in their offices, IT plays a significant role for doctors across Europe, according to a new study from Manhattan Research. Despite the doctors' use of the Internet, many pharmas still view Europe as several years behind the United States, **Mark Bard**, Manhattan Research president, tells **ePharm5**. "The latest research clearly reveals an opportunity for pharmaceutical companies to explore opportunities in the networked economy on a global basis," he says, adding that pharmas should develop country-specific strategies. He also says that although the European market tends to lag in areas such as pharma promotional activities online,

it is comparable to that in the United States in areas such as accessing professional and drug information online. In some European countries, the use of electronic payer interactions and electronic medical records is two to three times greater than that of the United States, according to Bard. Go to Manhattan Research's Web site to learn more.

December 9, 2005

Amgen sponsors Web site, education program for cancer patients

Amgen and the cancer nonprofit Wellness Community have partnered for Breakaway from Cancer, a Web site and educational campaign featuring Tour de France winner **George Hincapie** as its spokesperson. The campaign will bring workshops featuring Hincapie and oncology researcher **Dr. Anna Schwartz** to cities around the country to educate patients about how to combat three psychosocial stressors of cancer patients: unwanted aloneness, loss of control, and loss of hope, according to the Web site, *BreakAwayFromCancer.com*. The site also features an online store that sells Breakaway from Cancer products, with all proceeds going to the Wellness Community. The initiative complements the Amgen Tour of California, a 700-mile bicycle race to raise funds for cancer care and treatment. Amgen's marketed cancer drugs include Kepivance, Neupogen, Neulasta, and Aranesp.

December 8, 2005

AZ-sponsored site, educational tour teaches seniors about Part D

Philadelphia is the first of seven cities to launch a national AstraZeneca-supported Medicare Part D education program called My Medicare Matters. The program combines a Web site, *mymedicarematters.com*, with community events during which educators will use Internet-based tools, such as BenefitsCheckUpRx (**ePharm5**, 1/2403), to walk seniors and their families through the benefit and coverage options. The site breaks

the benefit into "seven simple steps": eligibility, current drug coverage, costs, drugs covered, picking a plan, joining, and next steps. The site also answers frequently asked questions, gives resources that will guide seniors to get help with extra costs, and includes a tool to find local My Medicare Matters events within a specified distance from a consumer's ZIP code. Buttons on the site can also increase or decrease text size, a feature that is often included on Web sites for seniors. The National Council on the Aging and the Access to Benefits Coalition also sponsor the site and initiative.

December 6, 2005

Health info Web site launches patient education courses

Health and wellness information Web site *QualityHealth.com*, whose sponsors include Pfizer, Sanofi Aventis, and AstraZeneca, has launched an educational series for patients, it reports. The series is divided into different health topics, including allergies, asthma, depression, diabetes, heartburn, high cholesterol, insomnia, and pain. The company says the courses are a good way for companies to reach consumers who seek health information. Each course is divided into eight lessons and is reviewed by an independent panel of medical experts, according to the company. The content also includes explanations of the medical terms and biology of each condition; analysis of consumer questions, treatment options, and lifestyle changes associated with each condition; integration with online support groups; and follow-up questions to ensure consumer understanding, says the company.

December 5, 2005

Will new Viagra, Levitra ad campaigns perk up slumping ED sales?

Despite advertising expenditures of more than \$400 million in 2004, sales of erectile dysfunction (ED) drugs have fallen, with doctors writing about 10% fewer new

prescriptions for the drugs in October 2005 than they did in October 2004, *The New York Times* reports. Viagra's new prescriptions dropped even more: almost 20% fewer in October than in the same month last year, possibly a result of Pfizer's decision to cut back on its DTC ads for the drug. In an effort to reverse the slide, Pfizer is beginning new campaigns for Viagra, one of which urges consumers to talk to their doctors about ED (**ePharm5**, 11/28/05). Pfizer believes there is a "huge opportunity" in this category, **Greg Duncan**, Pfizer's senior vice president of U.S. marketing, told *The Times*, because as many as half of men over age 40 have at least occasional ED, but the company estimates only about 15% get a prescription for it. Levitra, marketed by Bayer, GlaxoSmithKline, and Schering-Plough, also began a new campaign, signing **Jerry Hall** as the brand's "global ambassador" (**ePharm5**, 12/2/05).

December 5, 2005

FDA fee increases, understaffing could slow drug, DTC approval

In an effort to offset the expected cost increases that the FDA will incur when pharmas begin to presubmit their DTC ads for prior approval, the agency has proposed a steep increase in the amount it charges pharmas to get their drugs approved, according to *Advertising Age*. The new PhRMA code that will take effect January 1 will require companies to submit the ads to the FDA before disseminating them, but the short-staffed FDA reported in a white paper that doing so would likely cause delays and, as a result, would likely "affect companies' ability to meet their marketing timelines," reports *Ad Age*.

Currently, the fee rates are as high as \$767,000 for a clinical trial application, and in 2004, the fees brought in almost half the agency's budget for approvals, says *Ad Age*. To see more about the user fees, go to FDA's Web site, www.fda.gov/cder/pdudaf/mainpdudf.htm.

November 30, 2005

New online medical meetings let pharmas reach up to 2,000 docs

Medical marketing firm Lathian has launched an online medical conference program for doctors that will give pharma marketers an opportunity to reach wide physician audiences, the company reports. The Web program supports up to 2,000 participants per session and can increase ROI for the sponsoring company because it costs so much less than a traditional live meeting, says Lathian. Doctors only need a standard Web browser and a broadband Internet connection to remotely attend conferences and interact with live medical roundtables, panel discussions, and conferences happening anywhere in the world. All of the medical conferences are archived for months. Pharmas can provide participating physicians with educational materials via streaming audio and video, slides, white boards, live Q&A, and other features, says Lathian. Last month, Lathian launched an e-CME program that can recruit physicians, track participation, and be branded to the sponsoring pharma (**ePharm5**, 10/21/05). Go to www.lathian.com/products/medical_conferencing.aspx?bhcp=1 for more information.

November 29, 2005

Pharma can brand online patient-physician health network

A new company called Vivacare has launched Internet-based tools that physicians can use to improve their patients' health knowledge and medication compliance, and with which pharmas can underwrite and brand those tools for direct-to-patient marketing programs, Vivacare reports. The Internet is not only becoming a trusted source of health information for consumers, but it's a cost-effective way to deliver repetitive, personalized messages to patients, **Dr. Mark Becker**, Vivacare founder, tells **ePharm5**. Physicians can use the free program to build a Web site that is branded to their practice and personalized by their specialty, the procedures they perform, and the medications they

prescribe. Doctors direct patients to their Web sites, where the patient can enter their particular condition and medications and receive personalized e-mail messages. The e-mails can contain links to pharma product Web sites, rebates, and other branded content. Becker says Vivacare is currently in talks with several companies in the dermatology space and will be expanding to neurology at the beginning of 2006. It will also later move into cardiology, allergy, and primary care, says Vivacare. Go to www.vivacare.com for more information.

November 28, 2005

WSJ: Pfizer's new Viagra ads, Web site stay on subtle side

After increased DTC criticism and a year off the air, Pfizer's new television ads for Viagra don't mention the drug by name, according to *The Wall Street Journal (WSJ)*. Instead they discuss erectile dysfunction (ED) and encourage viewers to visit a companion Web site, makethecall.com, or call a toll-free number to get more information about treating the condition. The Web site is similarly unbranded, featuring information about ED, a quiz to test sexual health, and a video called "Why ED happens." Only the "What you can do now" section of the site mentions Viagra, featuring free brochures on ED and the Viagra Value Card, which offers every seventh Viagra prescription free, according to the site. The TV ads premiered a week ago on Monday Night Football and will air on male-centric stations such as the Golf Channel, according to *WSJ*. Pfizer is also sticking to its self-imposed DTC rules (**ePharm5**, 8/12/05) by only airing the ads after 8 p.m. and on programs with at least 90% adult viewership. Go to www.makethecall.com/index.asp for more information.

November 22, 2005

Manhattan Research: More consumers turn to Web for health info

2005 saw more than 22 million U.S. consumers actively

going online to find more information about the pharmaceutical products they saw in DTC ads, according to data from Manhattan Research's *Cybercitizen Health v5.0* report. The survey shows that 31.6 million consumers look to the Internet first when seeking more information about a health topic, a nearly 50% increase from a year ago. Manhattan Research also identified a new market segment of "on-demand" health consumers who are more likely than other health consumers to watch online video clips, subscribe to podcasts, read blogs, or carry a PDA. Although generally healthy, this segment is also more likely than average consumers to suffer from ADHD, acid reflux, allergies, anxiety/social phobia, rheumatoid arthritis, cancer, migraine, or obesity. Go to the Manhattan Research Web site to learn more.

November 21 2005

Tool simulates pharma market scenarios under Part D

A new tool aims to help pharmas simulate the effect that Medicare Part D will have on their prescription volume and market share, reports Health Market Science (HMS), the company behind the tool, whose clients include Abbott, AstraZeneca, Pfizer, Sanofi-Aventis, and Wyeth. The HMS MedicareSim model uses the company's simulation platform that compiles and organizes forecasts to simulate how different market scenarios will affect a pharma's prescription volume on the national and regional levels. According to HMS, the tool will allow brand managers to plan product launches and determine contracting and formulary objectives. It will also help pharmas determine the impact of Part D on patients, payers, and providers.

November 15, 2005

Pharma sponsorship opportunities available on MedPage Today site

Bristol-Myers Squibb, Sanofi Pharmaceuticals, and

AstraZeneca are among the pharmas advertising on MedPage Today's online coverage of medical meetings, according to the site. MedPage Today is offering pharmas the chance to provide educational grants to fund coverage of medical meetings and same-day CME accreditation, according to the company. The coverage includes live reporting from medical meetings and video interviews with key opinion leaders. In September 2005, the site, which reaches more than 300,000 U.S. physicians, added the Fingertip Formulary Online, a tool containing formulary information for virtually all U.S. health plans (**ePharm5**, 9/16/05). Search for "MedPage Today" on **ePharm InDepth** to read all of our past MedPage Today coverage. Go to www.medpagetoday.com for more information.

November 14, 2005

Ortho-McNeil creates campaign to market baby aspirin to adults

St. Joseph aspirin has come a long way, baby, as **Cheryl Callan**, the director of consumer marketing services at Ortho-McNeil, shifts its DTC marketing focus from a medicine for children to being an aid in preventing heart attacks, reports *Advertising Age*. Callan, McNeil Consumer & Specialty Pharmaceuticals Vice President of OTC Ashley McEvoy, and Interpublic's Deutsch have introduced the "Pump Your Blood" campaign, which uses an obscure song from an old *Happy Days* episode that was sung by the **Potsie Webber** character, according to *Ad Age*. In the "Traveling Pill" spot, an actual St. Joseph aspirin takes an animated trip through the body as a man sitting in a laboratory sings the song from *Happy Days*. The TV ad can be viewed on the St. Joseph's site. *Ad Age* notes that Callan is known for creating nontraditional campaigns, having had runway models wear Johnson & Johnson's Ortho Evra birth control patches as part of a New York Fashion Week promotion when she was overseeing the brand.

November 10, 2005

Organon initiates its first DTC campaign for contraceptive ring

Organon USA has launched its first nationwide DTC advertising campaign for the contraceptive NuvaRing, it reports. The campaign aims to educate consumers about the benefits and risks of the contraceptive, a monthly vaginal ring. Organon hopes the campaign will instigate discussions about the contraceptive between women and their doctors. The online component of the campaign includes patient support, frequently asked questions, a voucher for one free NuvaRing, and ClubNuva, which offers free e-cards, and horoscopes; and Nuva News, a free e-mail newsletter featuring women's health, fashion, entertainment, and workplace issues. The campaign also includes 60-second television commercials and targeted print placements, the company reports. The campaign is scheduled to run into 2006.

November 2, 2005

AstraZeneca proposes mandatory FDA review of all DTC drug ads

During yesterday's FDA hearing on DTC drug ads, AstraZeneca (AZ) submitted written testimony proposing a mandatory requirement that all pharmas submit their DTC ads for FDA review prior to use. Although online ads will be addressed during the hearing, the Internet remains a gray area in the world of DTC. "At this point, AstraZeneca's primary focus is on broadcast ads, as they have the greatest reach and are of principal concern to patients, physicians, and policymakers," **Andy Izquierdo**, AZ's senior federal government public relations manager, tells **ePharm5**. However, he adds that AZ's DTC philosophy is the same for all ads, including those on the Web: providing accurate and clear information, fair balance, encouraging doctor-patient communication, and promoting patient assistance programs. The company also asked the FDA to provide further guidance for developing patient-friendly

brief summaries. In early 2006, AZ expects to publicly release results of a large-scale consumer research study on the use of fair balance in TV commercials.

October 31, 2005

New e-CME program can be customized to pharma

Medical marketing firm Lathian has launched an e-CME program that can recruit physicians, track participation, and be branded to the sponsoring pharma, according to the company. Lathian can recruit e-CME participants from its database, and then aggregate data about any single e-CME program, such as how much time participants spent in a session, market survey responses, and requests for information after the program. The e-CME program uses interactive multimedia tools such as streaming video and audio and graphics. During the sessions, which are typically 30–60 minutes long, participants can also click links to see a glossary of terms, learn more on a topical Web site, or talk to an expert via a live chat. Go to Lathian.com to learn more and to see an e-CME demo. Go to www.lathian.com/products/medical_education.aspx for more information.

October 24, 2005

Mediwire launches Part D network, CME platform

Mediwire Network, a syndicated online content network for physicians, has added new features to its network of more than 110 Web sites, including a Medicare Part D network and a CME platform, according to the company. The network has also added medical association partners such as the Los Angeles County Medical Association, American Medical Group Association, Nebraska Medical Association, and Southern Medical Association. Mediwire also says pharmas can use its awareness-creation programs to position accredited and nonaccredited physician education and on-label content. Mediwire was launched in April by Advanstar (**ePharm5**, 4/8/05) and now

reaches more than half a million unique users. Go to www.mediwirenetwork.com for more information.

October 24, 2005

DTC: Nothing ahead is certain except change

The only certain conclusion from DTC Perspectives CEO **Bob Ehrlich's** "DTC at the Turning Point" conference held last week in New Jersey is that DTC is bound for a change, AdAge.com reports. Ehrlich said he has seen changes taking place already, with DTC ads revisiting the more straightforward approach of promotions in the earlier years of DTC. Ehrlich predicted that next year there will be a significant increase in spending on Web advertising, direct marketing, and point-of-care efforts, rather than on TV advertising. According to *Ad Age*, pharma is worried that the November 1–2 public hearings in Washington, DC, will bring stricter FDA guidelines for DTC advertising than those in the new PhRMA guidelines. **Peter Pitts**, former associate FDA commissioner and senior vice president for global health at Manning, Selvage & Lee, who also spoke during the conference, encouraged pharma to fight against new rulings that he perceives to be infringements to the first amendment, according to the report.

October 20, 2005

Ortho-Clinical Diagnostics adds eCME to education Web site

Johnson & Johnson company Ortho-Clinical Diagnostics has added online continuing medical education courses and credits on its educational Web site, Ortho-wire.com, according to the company. The site for transfusion medical professionals allows users to take certain courses online instead of via distance learning programs that require travel or sending educational materials by mail. The accredited courses include materials that vary in level of difficulty and use multimedia and interactive learning tools, according to the site, which was launched earlier this year. *Ortho-wire.com* also includes an educational

learning assessment tool; an ask-the-expert section, which was added in September; and a learning library with additional articles. A survey last month showed that nearly two out of three doctors believe that educational grants from pharma have a positive effect on CME (**ePharm5**, 9/23/05). Go to www.ortho-wire.com for more information.

September 23, 2005

e-CME gains ground, docs OK with pharma funding

Despite concerns to the contrary, 92% of doctors say pharmaceutical sponsorship of CME activities has no influence on their decision to participate, according to the annual *Physician CME Insight Study* from Pri-Med. In fact, nearly two out of three doctors believe that educational grants from pharma have a positive effect on CME. In addition, 45% of doctors said the opportunity to get specific product information plays a part in their CME selection. The survey also showed that online CME continues to grow. Although live forums are still the most popular, accounting for 56% of CME activity, about 12% of physicians' accredited CME hours are delivered online, up 50% in the past two years. Fifty-three percent of surveyed physicians also say they plan to increase their use of e-CME in 2006. However, online courses are still considered more of a supplement to live forums, according to Pri-Med.

September 21, 2005

Most docs support some kind of DTC Rx ad moratorium

Eighty-one percent of physicians support prohibiting DTC prescription drug advertising for a certain amount of time after a product gains FDA approval, according to an HRA Research nationally representative survey of 2,015 doctors. Although 43% favor a mandatory ban for a limited time, 33% think the ban should be voluntary and

decided on a case-by-case basis by pharmas. Despite supporting a ban, most doctors say DTC raises health awareness, with 56% of respondents saying that they get five or more patient calls and appointments per week to discuss a drug ad. Additionally, 64% of doctors say they get one to five patient requests per week for an advertised drug. However, 62% said they prescribed the discussed drug one-quarter of the time or less, and nearly 40% said they prescribe the drug 10% of the time or less.

September 14, 2005

PMC panel: Education is key to improving pharma reputation

During one of the keynote discussions that kicked off the Pharmaceutical Marketing Congress (PMC), panelists discussed how the industry can rebuild its reputation and gain the trust of the American public. According to **Sidney Mazel, PhD**, vice president of worldwide marketing at Merck, "pharma has done a better job at marketing its products than marketing the industry," and it needs to begin educating the public and the government on its life-saving science and charitable activities. "People, including Congress, don't know about the many donations and charitable acts pharma performs," he said. The best way to leverage the value of the industry is for pharma to adhere to greater transparency, and for marketers to "get out from behind the desk" and work with sales reps to see firsthand what challenges physicians and patients face, he said. The industry should be aware that every piece of marketing could either enhance or destroy pharma's image: If a patient does not understand or receive the information he or she needs from an ad or a brochure, pharma has lost an opportunity to inform and build trust. Mazel added that pharma may focus too much on what the competition is doing instead of focusing on how to communicate the value of products to the patient population.

September 13, 2005

Go beyond informing to engage docs and change behavior

Interactive learning and opportunities to practice new skills are two of the most important aspects of an effective CME program, **Ray A. Wolf, PharmD**, senior manager of national education & strategy at Sanofi-Aventis, said yesterday during the PMC presymposium. He said CME should use teaching methods that change physician behavior, rather than simply feeding doctors information. Programs should implement adult-learning principles, which include using relevant content, experience- and problem-based learning models, and an interactive environment. Wolf added that combining two or more learning platforms, such as lecture and case studies, is more engaging and effective than using only one, citing a Sanofi-Aventis study of more than 6,000 physicians which will be made public in early 2006.

September 13, 2005

Use problem-based learning to engage docs in CME

Using problem-based learning methods is key for CME programs to affect positive change in physician behavior and patient outcomes, **Ray A. Wolf, PharmD**, senior manager of national education & strategy at Sanofi-Aventis, said yesterday during the PMC presymposium. Problem-based learning uses real-world situations that physicians can relate to and is more outcome-related. Because physicians can apply classroom situations to their own patients, practice, and experience, problem-based learning promotes deeper understanding, Wolf said. It also creates a more stimulating learning environment, which not only engages the physicians, but promotes collaboration with colleagues and instructors. This method improves motivation and knowledge retention among physicians, Wolf added, emphasizing the importance of active participation.

September 8, 2005

Survey: Convenience, access drive docs' e-CME use

More than 70% of primary care physicians (PCP) who use e-CME say convenience and "anytime access" are the top usage drivers, according to a survey from CME provider Pri-Med. More than 40% say they use e-CME Web sites to search for specific information about conditions their patients have, and another 40% say they use e-CME Web sites to follow up on information they received during a live event. Nearly two out of three PCPs use the Internet every day to find clinical or professional information, while 17% say the Web is their preferred source for CME—a 70% increase from 2003. Two-thirds of PCPs have participated in e-CME in the past year, and nearly half say they plan to increase their participation in the next year. Other popular online destinations for PCPs are Web sites designed specially for doctors and sites that provide links to clinical resources, says Pri-Med. Go to www.pri-med.com/pmo/Home.aspx for more information.

August 23, 2005

Disparate state DTC ad rules may spell trouble for pharma

With this year alone bringing about 85 pieces of legislation from 31 states that contain some type of pharma marketing restrictions or regulations, pharmas may need to rethink their promotional strategies, according to Verispan. For example, Maine prohibits TV, radio, and print pharma DTC ads unless they meet specific federal requirements as of October 15. Vermont, California, West Virginia, and the District of Columbia also have DTC ad restrictions in place. Should more states follow suit with such rules, pharmas will have to retool their advertising to adjust to a climate in which each state has a different set of regulations, says Verispan. Learn more on Verispan's Web site, www.verispan.com/products/data_sheet.asp?c=10&p=87.

August 16, 2005

Pfizer's Web sites will incorporate DTC changes, clear language

All of Pfizer's Web sites and online ads will comply with the company's Web-specific Clear Health Communications (CHC) principles by the end of 2006, **Michal Fishman**, Pfizer U.S. Pharmaceuticals director of public affairs, tells **ePharm5**. "Pfizer recognizes that the Internet is an important source of health information for many people," Fishman says. "For that reason, we are working to integrate our DTC advertising changes into our online efforts." *Fragmin.com* was the first of Pfizer's product sites to implement the company's CHC principles (**ePharm5**, 6/9/05). Although Fishman says competitive reasons prevented him from commenting about specific Web efforts, he says. Pfizer sites will include patient assistance program information and other DTC changes that Pfizer announced last week (**ePharm5**, 8/12/05). For more information about Pfizer's health literacy efforts, visit Pfizer's site, www.pfizerhealthliteracy.com/index.html.

August 12, 2005

Pfizer will educate docs before launching print, TV ads

As part of its new ad strategy, Pfizer says it will spend no less than six months educating "physicians about new medicines prior to beginning product TV and print advertising," but did not specify whether it would also restrict Internet advertising in such a way. However, unlike PhRMA's Guiding Principles (**ePharm5**, 8/3/05), Pfizer's new policy does address other online content. Pfizer says its Web sites will reflect a new strategy that encompasses three main goals: encouraging valuable patient-doctor communication, communicating risk-benefit information more effectively, and motivating people to overcome health barriers, such as a lack of health coverage. Also of note are Pfizer's pledges to air ads for erectile dysfunction products only during programs with more than 90% adult

viewer ship and to submit all new TV ads to the FDA prior to airing them.

August 1, 2005

New online forum gives marketers insight into doc's concerns

Healthcare marketers looking for insight into physicians' views on social, legal, ethical, and economic healthcare issues can find them on hcdhealth.com, a new online news and information site for healthcare professionals, according to the company behind the site, marketing and communications research firm HCD Research. The site contains a password-protected physicians' forum where doctors can voice their opinions on topics ranging from DTC drug ads, race-based medicine, and stem cell research. The forum will be open to healthcare marketers who want to see what doctors say about the discussion topics, according to the site. Visitors can also see data from recent studies, HCD surveys and market research, and breaking healthcare news from news wires. HCD also conducts surveys of physicians and consumers for the pharma industry, according to its Web site, www.hcdi.net/index.cfm.

July 29, 2005

Consumers want some DTC restrictions, heavier hand from FDA

Although a slim majority of Americans (51%) agreed that it's a good idea to ban DTC drug ads for some period after the drugs are approved, 25% disagreed and about 25% were unsure. *The Wall Street Journal/Harris Interactive Survey of 2,207 adults* also showed that only 35% favor a mandatory DTC moratorium, while 16% think it should be voluntary. Americans do, however, seem to want the FDA to be more accountable, with 61% saying the regulatory agency is doing only a fair or poor job of ensuring that DTC ads contain complete and accurate risk-benefit information. Sixty-nine percent also say that

the FDA is doing a fair or poor job of deciding which prescriptions can and cannot be advertised to consumers, says the survey. Although Senate Majority Leader **Bill Frist** (R-TN) called on the pharma industry to impose a voluntary two-year ban on DTC ads and Americans seem to support some kind of limits, PhRMA's newly released draft DTC guidelines did not include such a measure (**ePharm5**, 7/22/05). Go to www.harrisinteractive.com/news/allnewsbydate.asp?NewsID=947 to read more about the survey.

July 29, 2005

Pfizer's DTC efforts shifts to Web, doctor-patient communication

Pfizer is rehauling its DTC strategy by scaling back TV spending and beefing up its online and radio efforts, according to *Advertising Age*. But the big news here isn't that Pfizer is giving less attention to TV; it's that the company's advertisements will put far more focus on encouraging conversations between patients and doctors and communicating risk information. Although **Greg Duncan**, Pfizer's senior vice president of U.S. marketing, told *Ad Age* that the controversy around DTC is a factor in the new strategy, he says Pfizer needs to adapt because it's becoming harder to reach consumers. For example, despite being the best-selling medicine of all time, Lipitor's ad strategy is under Pfizer's new microscope because 50% of its target patient population is still undiagnosed, and half of those who are diagnosed aren't treated adequately, Duncan said. *Ad Age* subscribers can read the story on its Web site, www.adage.com/ads/interstitial_1.html.

July 6, 2005

CRM program seeks to expand patient communication beyond DTC

RxDialogue, a new consumer-relationship marketing company within the Informed Medical Communications (IMC) medical marketing network, will seek to educate

patients about disease state and treatment option resources, as well as offer pharma the opportunity to communicate directly with consumers, IMC reports. In response to the industry's need to expand patient communication beyond DTC advertising, IMC created Patient Dialogues, live educational meetings led by trained moderators that also feature a panel of medical experts and patient advocates. These meetings are reinforced by a Web site, mailings, and e-communications. The network delivers integrated marketing programs for patients and medical professionals, with the goal of improving the dialogue among patients and physicians in understanding health conditions and their medical options.

June 15, 2005

Bristol-Myers imposes 12-month DTC ban for all new drugs

Bristol-Myers Squibb has imposed a voluntary ban on DTC advertising for all new drugs during their first year on the market, the company reported on its Web site yesterday. The notice is prominently displayed on its home page and offers a link to the company's new DTC code, which states that Bristol-Myers' goal is to provide "accurate, understandable, and educational direct-to-consumer communication." The code also says all newly launched products will not be advertised to consumers for 12 months, and when they are advertised, the company will submit all DTC messages to the FDA for prior approval. Bristol-Myers also pledges to include information about accessing the company's patient assistance programs on all of its DTC advertising. The company provides an e-mail link on its home page inviting consumers to comment on its new DTC code. Bristol-Myers is developing drugs in therapeutic areas such as rheumatoid arthritis, Alzheimer's disease, diabetes, and obesity, according to its Web site. To see more of the DTC code, go to bms.com. The FDA recently

approved drugs for Amylin and Purdue with the stipulation of a temporary DTC moratorium (**ePharm5**, 4/19/05).

June 10, 2005

Patient-focused, unbranded Parkinson's site earns Webby Award

ParkinsonsHealth.com, Teva Neuroscience and Eisai's Web site for educating patients about Parkinson's disease (PD), won the Webby Award for the Best Pharmaceutical Web site of 2005, the companies report. "It's a very patient-focused site," Lena Prisco, PhD, associate director of medical affairs at Eisai, tells **ePharm5**. Its mission is to empower and educate patients about PD and the best ways to control it, she says. Patient education must cover all elements of the disease and the many treatment options available without a focus on a particular medication, Prisco says, adding that the site's unbranded information is valuable to all PD patients. Prisco oversaw the site's design to ensure that both the content and animation were scientifically accurate and understandable to patients. Pfizer.com won the People's Voice Webby. Other pharma

finalists included Teva's MSWatch Online Community and Organon USA's *NuvaRing.com*, according to the Webby Awards site.

March 29, 2005

Survey: Consumers remember more risk info in DTC drug ads

A new survey about DTC advertising from *Men's Health* and *Prevention Magazine* publisher Rodale, conducted by Princeton Survey Research Associates, shows more consumers are paying attention to risk information in pharmaceutical drug ads, reports *The New York Times*. In the survey of 1,504 adults, 79% reported they recalled risk information from TV ads, up 3% from the year before, while fewer—71%—said they recalled benefit information, a 4% decline. The number of consumers who directly asked for an advertised drug fell 5% to 21%; however 15% of respondents said they talked with a doctor about an illness for the first time after seeing an ad, according to the *Times*. The survey also shows that 34% of consumers ask their doctors about advertised drugs, up from 33% in 1997 when the FDA relaxed its DTC rules. 📰



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