



The industry is discovering **it won't lose its ability to message effectively** under the new PhRMA code.



There is definitely a financial opportunity for businesses that are compliant with the new code.

CHRISTOPHER MCNAMARA Medi-Promotions

Under the new PhRMA code, the exhibit hall of the future will contain no tchotchkes. Sales reps will no longer stop by the physician's office with donuts, pens, and sticky notes. The question is: how in the world will pharma and physicians interact?

Much better, our experts say.

For the past six months, players in the pharmaceutical industry have had to rethink their marketing, meeting, and sales plans to comply with the voluntary new PhRMA code that goes into effect this month. Our experts discuss how they have met the challenges of the stricter guidelines and how these new rules of conduct, despite the absence of logo-laden trinkets, can add credibility to every pharma-physician interaction. Although the new code brings more restrictions to an already heavily regulated space, industry innovators see these new rules as an opportunity to bring more education and value to physicians, thus creating stronger, more effective relationships.

What physicians have been asking for from their reps and what the new code requires coincidentally match up perfectly, says Andrew Brana, senior global consultant, sales performance optimization, of TNS Healthcare.

According to TNS research, physicians want more education and support services, as well as patient and practice support, from their relationships with pharma companies.

"By delivering this value, companies have the opportunity to actually develop stronger ongoing relationships with their physician customers," Mr. Brana says. "In fact, the new marketing guidelines focus companies on the same areas that physicians have been asking for."

In this way, the new code will strengthen relationships between sales reps and physicians, and this in turn will benefit the overall healthcare industry and, ultimately, the patient, says PhRMA President and CEO Billy Tauzin.

"Interactions between pharmaceutical company representatives and physicians benefit patient care through the exchange of information about new medicines, new uses of medicines, the latest clinical data, appropriate dosing, and emerging safety issues," Mr. Tauzin tells PharmaVOICE. "And importantly, this information exchange goes both ways: physicians provide pharmaceutical research companies with valuable feedback on how medicines are working for patients."

According to Mr. Tauzin, the newly revised PhRMA Code on Interactions with Healthcare Professionals, which builds on improvements already made in the 2002 version, is part of an ongoing effort to ensure that pharmaceutical marketing practices comply with the highest ethical standards. For a copy of the new PhRMA code, please visit phrma.org.

The industry had been moving in this direction for a number of years, Mr. Brana says.

"This shift, now strongly encouraged by the code, has been happening



The new code is in line with the industry's shift to refocus on physicians' expectations.

ANDREW BRANA TNS Healthcare

over the past four or five years," he says. "There has been a move across the pharmaceutical industry to re-engage physician customers, and companies have been assessing what is needed to create productive and strong relationships with target physician customers."

As a result, there has been an investment in treatment and product information, support materials, content and delivery vehicles, and Websites.

First Challenge: Interpreting the Code

Before companies redesigned their compliance plans, the first hurdle they had to address was interpreting the guidelines. Every compa-



Under the new PhRMA code, marketers will not be able to effectively communicate information to physicians, patients, consumers, or pharmacists if they don't leverage digital tools.

JET PARKER Jump Lab



The new code says something important to other industries: pharma is not going to mess around with company interactions that do not bring value to the relationship between doctors and their patients.

MARK DUVAL DuVal & Associates

"As to the purpose of the revised code with respect to the new category of 'educational items,' the objective is not to stifle legitimate marketing tactics that keep brand-name products competitive," he says. "The objective is to push companies to support items of genuine educational value that the industry can be proud to fund, while pursuing their quest to remain competitive."

The code goes above and beyond what federal and state laws require, companies will be wise to notice and take part to an appropriate degree.

"The industry wants to get away from criticism in the media and from Congress and prosecutors for inappropriate and lavish expenses and entertainment with the medical community," says attorney Mark DuVal, president, DuVal & Associates. "The new PhRMA code offers a great political and public relations opportunity for the industry to provide some relief from the intense criticism and public scrutiny it has been saddled with for years."

There is some room for interpretation along the spectrum of what is allowed, but not much.

"With the new code, conservative companies will want to be squeaky-clean and will set internal standards to operate that way," Mr. DuVal says. "Other companies may want to be more aggressive and will engage in activities that were acceptable under the previous iteration of the code because doing so does not necessarily break any law. But a more aggres-

ny can interpret the code how it sees fit, and each company can create a program around its interpretations.

There is no one-size-fits-all solution, says Terry Campanaro, VP, client relations healthcare, at Exhibitgroup/Giltspur.

"The code is in essence a 'gentlemen's agreement' and is truly open for interpretation by every company," she says. "Every company will do something just a little different."

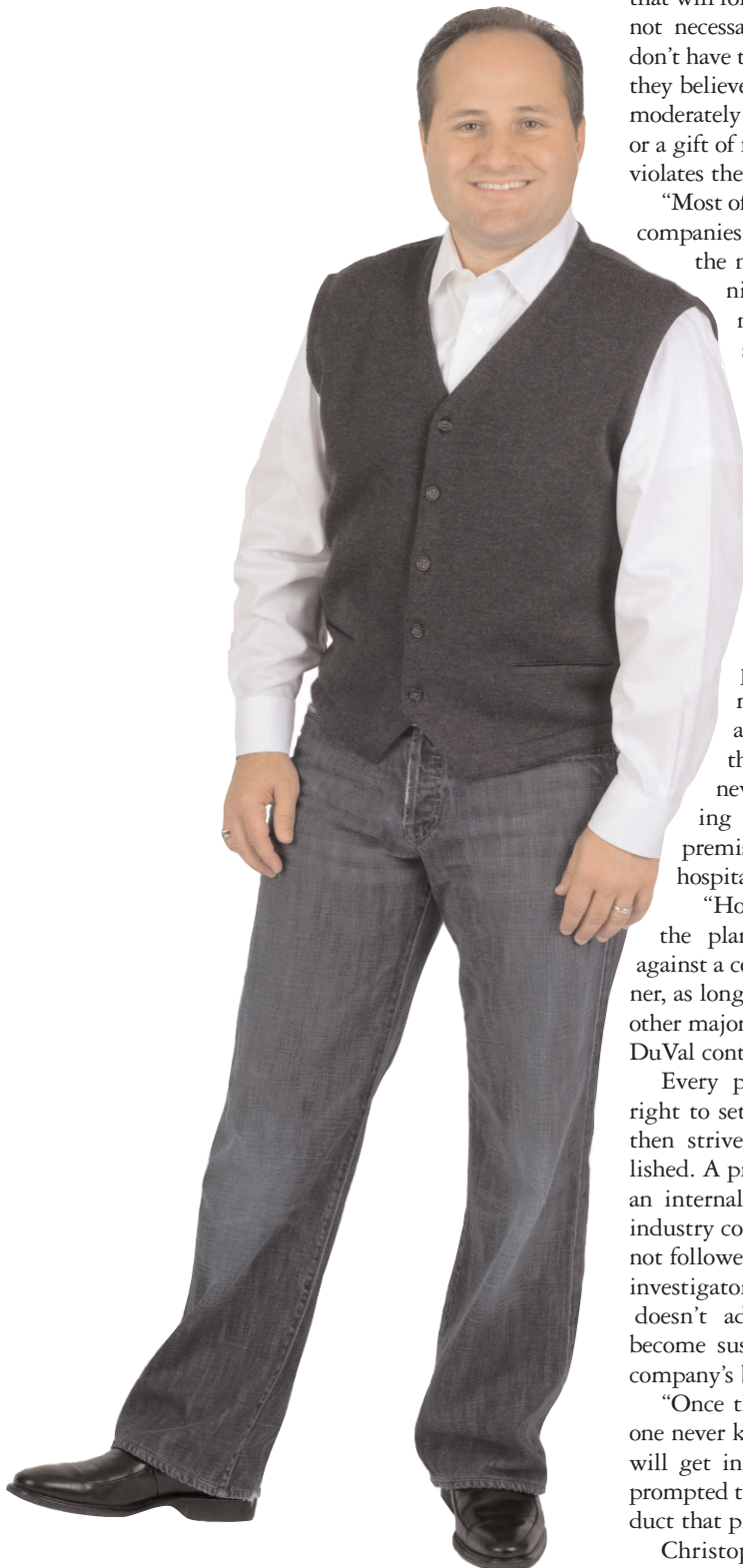
The internal policies, set by each company's interpretation, will range from aggressive to ultraconservative depending upon the comfort level of the internal legal and compliance departments.

Raj Singh, VP and general manager at Formedic, has observed that compliance orthodoxy in general and interpretation of the revised PhRMA guidelines vary widely between companies.

PhRMA code

The code eliminates saturating an office with brand messaging and should keep the brand name in front of the physician during the interaction with the patient.

JAY DEUTSCH Bensussen Deutsch & Associates



sive approach could draw the attention of the OIG. So, although a company may not be in violation of any law, if it does not adhere to the norm within the industry, it may catch the attention of prosecutors. The new code will become the new norm, at least for large pharma companies.”

To elaborate, there are some companies that will follow the new code in spirit but not necessarily in practice because they don't have the resources to comply, nor do they believe something like an occasional moderately priced meal with a physician or a gift of flowers to celebrate a wedding violates the anti-kickback statute.

“Most of the large and midtier pharma companies will comply to the letter of the new code, but smaller companies and some midtier companies are reluctant to set themselves up for standards that are somewhat unfair for them,”

Mr. DuVal says. “For example, companies with deeper pockets can generously fund CME programs and investigator-initiated trials, but those are sums of money that smaller organizations don't have to spend. So, to maintain contact with a customer, they may want to take a physician out for an occasional moderately priced business dinner at a restaurant. Under the old code, that was an acceptable practice. The new code limits a sales rep to providing meals for a doctor only on the premises of his or her practice, such as a hospital cafeteria.

“However, there's not a prosecutor on the planet who will take legal action against a company for taking a doctor to dinner, as long as it is moderate and there are no other major inducement issues involved,” Mr. DuVal continues.

Every pharmaceutical company has the right to set its own standards, but it should then strive to adhere to them once established. A problem could arise, for example, if an internal policy requires adherence to an industry code, even if it is voluntary, and it is not followed, Mr. DuVal says. A government investigator who discovers that a company doesn't adhere to its own policies may become suspicious and dig deeper into the company's business practices.

“Once the camel's nose is under the tent, one never knows if and when the whole body will get in,” he says. “Investigators may be prompted to take a look at more than the conduct that piqued their initial interest.”

Christopher McNamara, president of



Convention marketers were initially concerned that physicians may no longer go to shows, but the reality is that the new PhRMA code is just another opportunity to re-evaluate convention programs and rethink how companies are attracting and educating their target audiences.

TERRY CAMPANARO Exhibitgroup/Giltspur

Medi-Promotions, says he did not anticipate any problems, since an outside Washington, D.C., counsel's review recently concluded that: “The purchase of advertising space in the Medi-Scripts prescription blanks service is in compliance with the PhRMA code.”

However, some compliance-leery clients did not see it that way.

Mr. McNamara said it was quite a surprise when some clients' compliance officers said they would not approve the use of Medi-Promotions under the new code.

The company's position was that the revisions to the code were not meant to include advertising media but rather the branded reminder items such as mugs, pens, and sticky pads.

“When the new guidelines came out, we thought we're okay because we're still an independent operation since pharma buys the advertising space,” he says. “But a few companies did not see it that way.”

As with the initial PhRMA code established in 2002, the industry will use this first year to explore and experiment within its new parameters.

Throughout the coming year, companies will be able to measure the success of each

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America's pharmaceutical research and biotechnology companies already are committed to appropriate, ethical relationships with healthcare professionals. We expect our strengthened code will serve to reinforce this commitment.

BILLY TAUZIN PhRMA

new program, as well as take note of what other companies are doing, and by 2010,

everyone will have better ideas, Ms. Campanaro says.

For example, companies that exhibit at

Sound Bites From The Field

PHARMAVOICE ASKED INDUSTRY LEADERS TO SUMMARIZE HOW THEY ANTICIPATE THE NEW PHRMA CODE WILL IMPACT THE INDUSTRY OVERALL.



PATRICIA FOX is Creative Director, One World DMG/PharmaDesign, which designs and manufactures patient education solutions, compliance aids, and compliance packaging for the pharmaceutical industry. For more information, visit patientcompliance.com.

“With the PhRMA guidelines under way, pharmaceutical companies stand poised to make a dramatic contribution to the patient experience both in education and in adherence. The restrictions of the new guidelines actually present a tremendous opportunity for pharma companies. Facilitating better patient-physician communication using innovative patient education strategies helps improve patient comprehension, retention, and, ultimately, patient adherence and persistence. Aligning brands with the educational interaction between physician and patient ensures brand awareness is instituted in a positive and meaningful way.”



DAVID GANZ is Managing Director of Total Health Rewards, a division of Event Support Services, and a provider of medically related fulfillment services to the pharmaceutical industry. For more information, visit essrx.com.

“The revisions remove the gray area and reinforce the value of educational items as long as

they are combined with exact tracking. This clarity is positive for the industry. In fact, there is increased interest for both advice and services, particularly for fulfillment, tracking, and reporting.”



GREG LEWALLEN is Clinical and Technical Solutions Manager of Medical Simulation Corp., a provider of full-service simulation training, education, and consulting services to

hospital personnel, medical product manufacturers, and medical societies. For more information, visit medsimulation.com.

“The new code will have a negative effect on the industry, making it increasingly challenging for sales representatives to gain valuable face time with healthcare staff members. Education will be the new interface that the industry will need to embrace to gain access to healthcare providers. Better clinical education of sales representatives and unique educational offerings will help bridge the gap.”



MUKESH MEHTA is VP of Clinical Relations of Physicians' Desk Reference, a source of trusted drug information for the healthcare industry. For more information, visit

pinpointprecision.net.

“In the long term, the outcome of the new code will be positive for the industry, practitioners, and companies. We don't think a physician writes a prescription because he or she was reminded to do so because of a pen with a logo. Many physicians

are offended by the perception that they are influenced by giveaways. In any event, younger doctors are being urged by their medical schools to refuse these gifts from pharma companies. With the advanced understanding of diseases and medical treatment coupled with the introduction of newer and complex medicines, physicians need to speak to detail reps who bring strong scientific knowledge and provide clinical information that will influence patient care in a positive fashion.”



MATT SOCCORSI is Executive VP of Triple i, a provider of pharmaceutical marketing services, such as sampling strategies, adherence services, in-office marketing solutions, and data integration tools.

For more information, visit tripleimedia.com.

“As the code relates to nonpersonal promotion (NPP), marketers will increasingly look to construct an integrated business plan that includes print and online components that are deftly deployed around physician preference and behavioral data. To meet the needs of today's prescribers and the patients they serve, more marketers may move beyond just a reach and frequency model with NPP investment migrating to medically relevant tactics that are targeted to receptive HCPs by both content and channel preference.”



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conventions and have relied strictly on premiums as attention-getters will have to rethink their entire program.

"On the conference floors this year, no doubt there will be a lot of interesting approaches taken to capture physicians' attention," Ms. Campanaro says. "There will also be a lot of interest in how the code is being interpreted. Many companies may re-evaluate what they initially set as internal guidelines after seeing what their competitors have done."

The new code provides an opportunity for exhibitors to return to the basics and remember why physicians go to shows in the first place.

"It isn't about collecting premiums — it is about educating and informing healthcare professionals," she says.

The Shift to Educational Interactions

Mr. Singh believes the lack of premiums in

the sales reps' world could elicit a change in their role.

"There will be fewer reps calling on physicians, so the frequency with which the reps are seen will decrease," he says. "This will make the physician a bit more receptive to meeting with them. The rep will have a crisper educational message and leave-behinds, which are essential to any marketing tactic. Marketers also will need tactical educational tools to deliver their message in a nonpersonal manner. Promotional tools that perhaps had no edu-

cational value, but were pure reminder items, did serve a purpose, and someone who has not been a rep will have difficulty understanding that these helped provide access. But that dynamic has now changed. Marketers need to focus physicians' attention on how their product fits into the physicians' armamentarium of preferred products and appropriate medical care, especially in light of managed-care pressures. For this, a different mindset of educational message delivery will now be adopted."

**MARKETERS WILL
NEED TACTICAL
EDUCATIONAL TOOLS
TO DELIVER THEIR
MESSAGE IN A
NONPERSONAL
MANNER.**



Got Mugs?

THE DAY THE MEDIA HEARD ABOUT THE NEW PHRMA CODE BANNING TCHOTCHKES, ASTRAZENECA SPOKESPERSON LESLIE POTT'S PHONE BEGAN RINGING OFF THE HOOK.

"Every reporter called to ask what we will do with the items and where will the money budgeted for those items go," Ms. Pott tells PharmaVOICE.

The industry is once again under a microscope regarding its marketing practices, and dealing effectively with the premium items is paramount.

"It's important that the industry is responsible about depleting these items from its inventory," she says.

That means no dumping, no selling on eBay, and no physician closet-stuffing. The industry needs to be aware that the public, meaning the media, will be monitoring how companies deal with these items.

For example, AstraZeneca offered some of its branded clothing and blankets to the Red Cross to help out victims of the Midwest flood, in July. The Red Cross didn't need the items, so it did not accept that particular offer, Ms. Pott says, but organizations of this type could be a viable place to send items that are useful.

"To responsibly deplete our inventory of non-educational items for HCPs, their offices, and patients, AstraZeneca is making every effort to ensure these items are offered to individuals and groups that can use them," Ms. Pott says.

At AstraZeneca, a task force was formed to determine the best way to disperse surplus items that are no longer compliant. As a result, office supplies are now offered as replacements to employees through an online ordering system. Additionally, selected items that may be appropriate for individuals in need are being offered to the American Red Cross and AmeriCares to help the people those organizations serve. Additionally, AstraZeneca is offering appropriate promotional items to various national and local organizations through its current partnerships and alliances, as well as through its employees and the local community centers and programs they support in their volunteerism and personal donations.

"We are also simply offering some of these items to our employees for their personal use," Ms. Pott says. "We are committed to responsibly

The next big step for marketers is to create new ways to reach physicians that comply with the new code. The code clearly states that if the material is not educational to patients and healthcare professionals, it is not allowed.

"The days of branding the Bic pen are over," says Jay Deutsch, CEO of Bensussen Deutsch & Associates. "Brand managers are seeking new ways to instill an educational value on merchandise, such as anatomical models that can carry the brand's message. Before the implementation of the new code, pharma companies followed the masses with branded pens and squeeze balls, but today they are thinking about how to deliver their brand message via educational merchandise."

The brands that come out of the gate on this will have a head start on everybody else, he adds.

"Brand teams are jockeying to see who gets to market first within their class or segment," Mr. Deutsch says.

Keeping the patients in mind during the planning process is as important as focusing on the physicians, Mr. Deutsch says.

"Research shows that patients forget what



It's important that the industry is responsible about depleting noncompliant items from its inventory, says Leslie Pott, a spokesperson for AstraZeneca.

depleting our supply of noneducational items to appropriate nonhealthcare professional recipients."



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The objective is to push companies to support items of genuine educational value that the industry can be proud to fund, while pursuing their quest to remain competitive.

RAJ SINGH Formedic

drawings for the patient to take home.

“These types of merchandised interactive tools can bring faster and more effective disease-state and disease-treatment education to the patient

and help enhance compliance and appropriate use of medication,” Mr. Deutsch says.

A Move Toward Digital Promotional Products

Another way to capture the attention of both the physician and the patient is through the use of digital tools. The role of digital tools in the realm of promotional products is barely tapped, but the implementation of the new PhRMA code may speed the adoption of digital media, says Jet Parker, cofounder and chief visionary officer of Jump Lab.

“Companies are accustomed to using the typical promotional cups and pens, but digital is the future,” she says. “A company will not be able to effectively communicate with consumers, physicians, or any end user if it is not embracing digital tools.”

Ms. Parker says to shape an effective message for today’s consumer, a marketer must take into consideration what she calls “the i-boom factor,” which reflects the necessary “i” characteristics: individualized, interactive, instant, independent (as in portable), integrated, and informational in a personal and relevant way.

“The beauty of the digital age is that while pushing a digital message out, it’s more likely to pull the end user in,” she says. “Digital messages and digital mediums enable the affordable delivery of customized, changeable, dynamic, controlled content in the palm of the consumer’s hand.”

Along those lines, Ms. Parker has noticed a move toward “edutainment” in the industry — information that is educational but innovative enough to get the attention of savvy consumers seeking more entertaining approaches to learning. ♦

PharmaVOICE welcomes comments about this article. E-mail us at feedback@pharmavoiced.com.

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Experts on this topic

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AstraZeneca Commends PhRMA's Expanded Direct-to-Consumer Advertising Guidelines

AstraZeneca has announced its support for the expanded, updated voluntary guidelines for DTC advertising that are designed to ensure that accurate, accessible, and useful health information is provided to patients and consumers and foster communications between patients and healthcare professionals.

AstraZeneca already has adopted many of the measures included in the new guidelines, which will go into effect in March 2009. In 2007, AstraZeneca established policies that ensure its DTC advertising responsibly educates patients by:

- Conducting an evaluation of physician awareness and acceptance of its new medicines or indications before airing a new broadcast DTC advertisement.
- Reviewing broadcast advertising with

healthcare practitioners and patients for tone, content, and clarity of benefit/risk messages.

- Being the first major pharmaceutical company to advertise patient assistance programs in its DTC advertising.

In a year-long survey of more than 12,000 patients who contacted the company for information on its prescription savings programs, almost 10% of the patients cited AstraZeneca's DTC advertisements as the reason they became aware of the company's programs.

"Our goal is to help the right patient get the right medicine at the right time," says Mark Mallon, VP of marketing and sales for AstraZeneca. "These expanded guidelines will benefit patients and their doctors by helping to ensure that information included in DTC advertisements is not only relevant, balanced,

and accurate, but also encourages conversations between patients and their doctors."

AstraZeneca conducted its own research into responsible DTC advertising, which found that there is a point of diminishing return, for the number of risks communicated in television advertising:

- Consumers remembered less information about both the risks and benefits when more than five risks were communicated.
- Consumers were more likely to remember only the less-serious side effects when more than five risks were communicated.

The full results of this study will be published in the spring of 2009.

A Cautionary Tale

WHEN THE WORD WAS OUT THAT A NEW PHRMA CODE WAS COMING DOWN THE PIKE, THOSE WITHIN THE INDUSTRY AND THOSE WHO SERVICE THE INDUSTRY WERE ANXIOUS TO SEE HOW THE NEW GUIDELINES WOULD AFFECT THE WAY THEY DID BUSINESS WITH EACH OTHER.

While some vendors, such as those that only produced branded noneducational items like mugs and pens, were shut out entirely, most vendors were able to find a way to compliantly continue doing business with the industry.

Christopher McNamara, president of Medi-Promotions, did not anticipate any problems, since the revisions to the code were not meant to include advertising media, but rather the branded reminder items such as mugs, pens, and sticky pads.

"We maintain that we have always had a subscription-based service, so when the new guidance came out, we said we're okay because we're still an independent operation since pharma buys the advertising space," he says. "But a few companies did not see it that way."

Medi-Promotions even provided a third-party Washington, D.C., counsel report that concluded: "The purchase of advertising space in the Medi-Scripts prescription blanks service is in compliance with the PhRMA Code."

Mr. McNamara says unlike a pen or mug merchandising company that knew it was in hot water right away and began planning for its survival on day one, Medi-Promotions didn't realize it had to address the code until day 90.

It took just one simple change to modify the overall perception of Medi-Scripts. The company now charges physicians a fee for the service, making it totally independent from advertisers.

"We have gone from a subscription service to a paid subscription service, although Medi-Scripts itself has not changed," Mr. McNamara says. "We still sell advertising space within the shipments as we always have."

The biggest challenge was becoming familiar with the policies of the various compliance and legal departments within each pharma company.

"Just four or five months ago, we had never dealt with a compliance department; now all of a sudden they are deciding our fate," he says. "A few of the more conservative companies balked at continuing their ads within the service. They saw the receipt of Medi-Scripts as a gift to the doctor, when actually they were buying a service through us."

Even though the legal counsel report stated, "the purchase of Medi-Scripts advertising does not constitute a gift from pharmaceutical companies to physicians," some pharma companies were not taking the chance.

The delivery by representatives of logoed prescription pads clearly no longer complies with the guidelines. Companies and individual representa-



"Just four or five months ago, we had never dealt with a compliance department," says Christopher McNamara. "Now all of a sudden they are deciding our fate."

tives will clearly need to discontinue this practice, Mr. McNamara says.

Mr. McNamara does not expect the change in codes to permanently damage the industry. He notes that Canada implemented similar guidelines almost 20 years ago and the industry there adapted well.

"The pharma industry in Canada didn't go out of business as a result of stricter guidelines — priorities and marketing practices just had to change," he says. "We live in changing times, so it is not surprising that our environments are changing as well."

Conference Focus Shifts to Preshow Efforts

Terry Campanaro, VP, client relations healthcare, of Exhibitgroup/Giltspur predicts that the big takeaway of the coming year will be the proof that healthcare professionals will continue to attend conventions — and spend quality time in the booths — without all those premiums.

Marketers will need to rethink how to get target audiences to stop at their booths, since many of the usual premiums will not be allowed.

“Giveaways will include more textbooks and anatomical models,” she says. “There also might be more focus on preshow

**HEALTHCARE
PROFESSIONALS
WILL STILL ATTEND
CONVENTIONS,
EVEN WITHOUT
THE PREMIUMS.**

efforts to drive traffic to the exhibits through e-mails, invitations, and ads. The focus will be on educating the target audience about all the great things the company will be showcasing at the event. There will be more must-see agendas that incorporate experiential exhibits and out-of-the-box ideas.”

For example, companies with a blockbuster drug and a large budget may create an immersive educational theater exhibit or an augmented reality experience using the latest technology. Some other tactics might include a virtual reality program of a drug’s mechanism of action, or inter-

active tablets that doctors can download educational content on. On the more modest end, exhibitors may implement a passport system to navigate from one area of the booth to the next or a charity signing wall where the exhibiting company makes a donation back to a preselected charity. Time will tell what is most effective, Ms. Campanaro says.

And where will the money come from for all these new techniques and approaches? Well, from the now-defunct premium budgets, of course. At least that is what the suppliers are all hoping. If a vendor is on the “approval list,” they may see an increased investment in their product or service from monies that were once used for funding premiums. ♦

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