

LETTERS



Informative DTC ads still have a long way to go.

Hold the dogs, skateboards, straw hats, happy motorcycling couples, and all those grandkids.

— Carol Bohach, B.S.Pharm.
CLINICAL RESEARCH CONSULTANT

straw hats, happy motorcycling couples, and all those grandkids — advertising and patient education need to join hands. Will I see it in my lifetime?

Carol Bohach, B.S. Pharm.
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from less involvement between pharmaceutical companies and the medical profession. I wonder what *The Lancet*, BMJ, et al expect the pharmaceutical industry to do?

The Tufts Center for the Study of Drug Development estimates the cost of bringing a new product to market is now \$897 million. As this analysis is based on historical data, a company would almost certainly need to find more than \$1 billion to develop its next product. Developing a drug for the benefit of mankind costs more, takes longer, and is a much higher risk than it was a decade ago. No matter how much the industry is criticized, there is no other entity with deep enough pockets to do this.

Bad news (for research-based pharmaceutical companies) occurs at the other end of the product life cycle as well. As Eli Lilly found when Prozac lost U.S. patent protection, it now only takes a matter of weeks for a product that was a major provider of cash flow for ongoing research to lose its commercial worth.

If we would like the pharma industry to continue to provide advanced products for unmet medical needs, we need to allow it to generate the necessary cash flow in the narrow window between product launch and patent expiration.

Although I would encourage all pharma companies to investigate novel, differentiated marketing strategies, this is more due to the unsustainability of current practices than their palatability to medical journals.

If medical journals do not want pharmaceutical companies to be compelled to follow “aggressive” marketing strategies, they should be looking to support the industry’s efforts to “get a fair return without having to “beat up” the prescriber.

For example, some support for the ending of parallel trade without free pricing of pharmaceutical products would be most welcome, as would support for faster patient access to approved new pharmaceuticals, without the artificial lengthy delays that are introduced by politically driven reimbursement mechanisms.

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DIRECTOR

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Advertising and patient education need to join hands

Back in the 1980s, I wrote three articles for *Miami Medicine* on DTC ads. Because of my long-standing interest in DTC ads, I read the October 2003 PharmaVOICE article “Assessing and Predicting Patient Behavior to Maximize Direct-to-Consumer Effectiveness” carefully. My response is thus: Over the years, I have yet to see a DTC ad that reached out to me and provoked the response, “that’s great!”

In short, advertisers hoping to create really good, effective, informative DTC ads still have a long way to go. Hold the dogs, skateboards,

Squeezed at both ends and damned in the middle

In late October we saw an astonishing attack by *The Lancet* on AstraZeneca’s marketing of Crestor and on Tom McKillop in particular. Unfortunately, *The Lancet* editorial is astonishing only in its vehemence and choice of language. As I commented in the August issue of PharmaVOICE, the industry is currently being attacked from several quarters for continuing marketing strategies that some outside observers are now calling excessive and “contributing to the overuse and misuse of drugs.” (This is according to a study by the Stanford Center for Research in Disease Prevention.)

The Lancet attack on AstraZeneca follows the special edition of the *British Medical Journal* published in May this year in which the authors concluded that patients would benefit

What’s Your Opinion?

PREFERRED PROVIDER STATUS: IS THIS CREATING AN UNFAIR ADVANTAGE?

Increasingly, companies that provide services to the life-sciences industry are required to be on a preferred-provider list. Are innovative, being overlooked in some cases because a service supplier is preferred provider? Will an idea even be given a hearing if you company is not on the “A” list? How can a new company get past the red tape?

PharmaVOICE wants to know, is preferred-provider status a boon or a bust?

WHAT’S YOUR OPINION?

Please e-mail your comments to feedback@pharmavoices.com.

