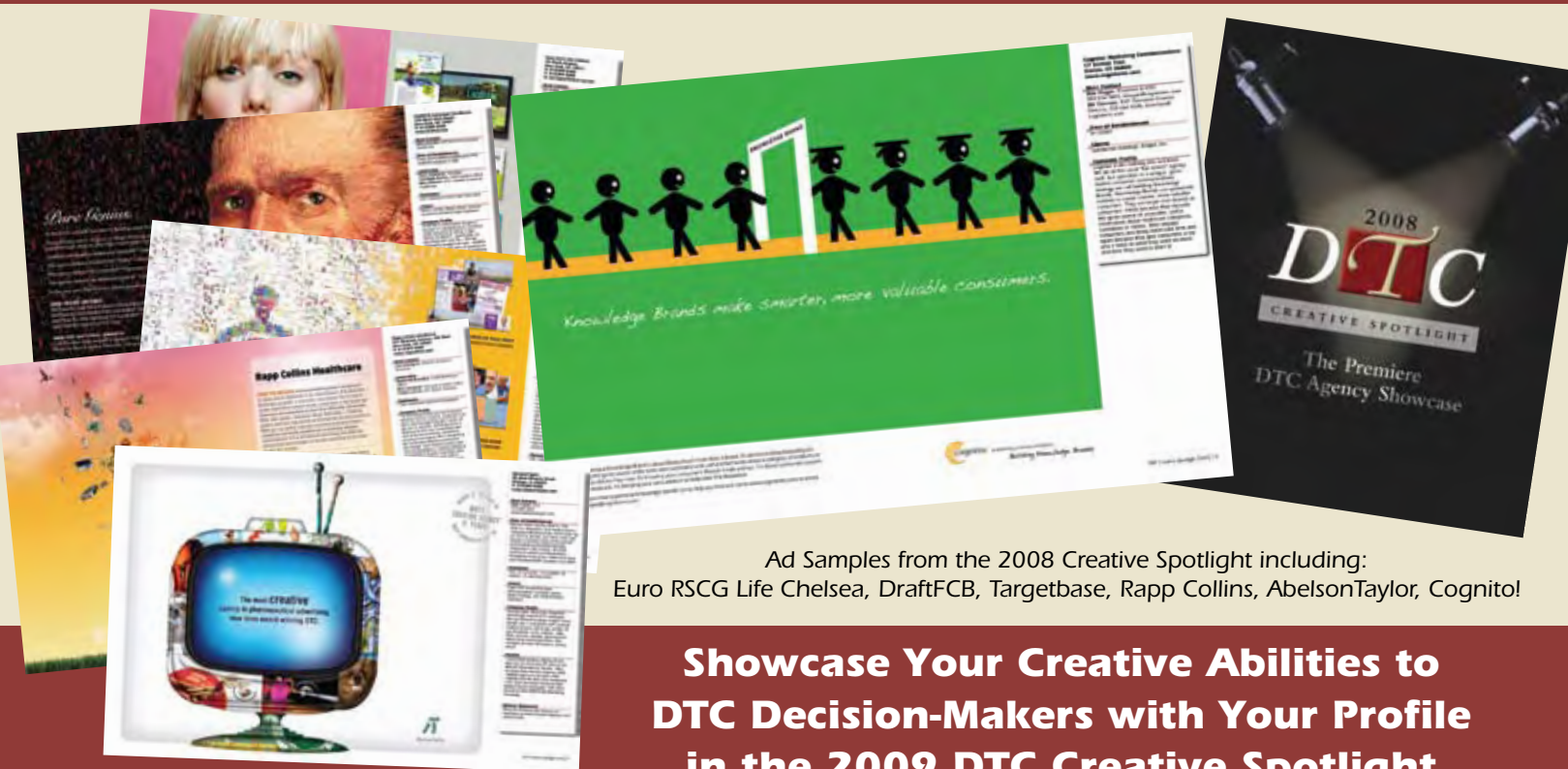


2009 DTC Creative Spotlight

Third Annual Agency Compilation for the DTC Industry



Ad Samples from the 2008 Creative Spotlight including: Euro RSCG Life Chelsea, DraftFCB, Targetbase, Rapp Collins, AbelsonTaylor, Cognitol

Showcase Your Creative Abilities to DTC Decision-Makers with Your Profile in the 2009 DTC Creative Spotlight

Agency Profile Includes

- Company Information
- Leadership
- Main Contacts
- Date of Establishment

And Your Choice of 4 of the Following 6 Categories:

- Clients
- Areas of Expertise
- Services Provided
- Awards
- Employees
- Mission Statement

Creative Spotlight Distribution

- 6500 targeted pharmaceutical & agency subscribers of *DTC Perspectives* Magazine. Each issue mailed will be packaged and sealed with the June 2009 issue of *DTC Perspectives* Magazine
- 700+ inclusion in the 2009 DTC Fall Conference & 2010 DTC National Conference

Pricing

- 2-page spread with a profile of your agency and a 4 color portfolio showcasing your creative - \$5,000

2009
DTC

CREATIVE SPOTLIGHT

The Premiere
DTC Agency Showcase

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For More Information Contact:
Stacey Hagenbush, Sales & Marketing Associate

Email: Stacey@dctperspectives.com
Phone: 973-377-2106 x225
Fax: 973-377-1106



Size Doesn't Matter

Tackling DTC on a Limited Budget

DTC marketers don't have to spend tens of millions of dollars to create and launch an effective campaign that provides satisfactory ROI and awareness results. The author presents two consumer-focused options – direct mail and direct-response TV – that can be used by small brands to create a big impact.

By Mike Myers

"Class, please line up from shortest to tallest."

"I'm sorry, son. You're not tall enough to go on this ride. Maybe next year."

"Your company is great, but you just aren't big enough for what we need right now."

Whether you've said it or heard it, we've all been taught from an early age that size matters. And while being "big" may enable a person or company to do things that being "smaller" doesn't, lack of comparative magnitude shouldn't inhibit someone's willingness to continue to try.

But, if you're told you can't or think you shouldn't try because you're compared and comparing yourself to giants in stature, your field of vision eventually shrinks. It's true at both personal and corporate levels.

This kind of thinking is very evident in the marketing/advertising arena. Many people don't even start down a path if they think they're going to awaken a competitive sleeping giant. And in pharma, direct-to-consumer advertising is the place where the inferiority complex of comparative size is most evident.

Pharma advertising and marketing largely follow consumer brand advertising and marketing. We're usually a little behind, a little more tentative to take the risks they do, but we also tend to show up eventually. And, when we do, we generally do it well and with every intention of being successful at it.

But one lesson we've never learned in pharmaceutical DTC advertising – at least broadly – is how to do it cost-effectively (or less expensively) and still do our brands justice. And, in my view, we haven't learned it because we

were scared away by the budgets of the people who played big and played early.

I'm not advocating the low-quality work that we all see on our local TV or cable stations, or the print work and direct marketing that looks like someone just discovered that Windows and Mac operating systems come with clip art. I'm talking about cost-effective, targeted advertising that delivers.

A lesson whose time has come

When people think about the seminal event or brand that placed DTC into a primary position in the marketing mix of pharma companies, the Blue Skies campaign from Claritin quickly comes up in conversation.

"If not Claritin, then Rogaine – right?" is a common evolution of the dialogue. If you've got some old-timers in the conversation, you might hear about other brands that boldly went where no brand went before. Boots Pharmaceuticals' Rufen TV spot, Merck's print ad for Pneumovax and many other products – even allergy medications – were out there before Schering-Plough boldly made Claritin a household name. They'll bring all of this up and more.

But most will say that DTC really started to grow with Claritin.

History it is. And many know it. I believe, however, that while DTC may have come of age with Claritin, Claritin also inhibited DTC from being what it can be.

Brands have benefited (for the most part) from DTC, not been hurt by it. Advertising agencies and pharmaceutical companies have, too. Physicians have been forced to start to listen to and speak with their patients about treatment options because their patients now have information that warrants it. And most importantly, many patients have learned that their symptoms may justify a conversation with a doctor as there may be something that can be done to help them. Claritin made it acceptable for a pharmaceutical product to start acting like a consumer brand and engage end-users directly.

Claritin, the Purple Pill, the Little Blue Pill – these and other products helped patients by making them aware of treatment options they probably wouldn't have known about before DTC. Few would argue that Claritin and its blockbuster-DTC-advertised counterparts changed the healthcare landscape forever.

While many view Claritin as a definitive case study in pharma turning a medication into a consumer product, and yes it did do that, it also set in motion an arms race in consumer advertising for pharmaceuticals. The race has led to ad budgets larger than brand sales of products

that were once considered blockbusters. Through their efforts, Schering-Plough put medication in the forefront of consumer thought. But they placed a high ante in the new game that we as an industry now play, and it caused many companies to fold their hands before they even had cards to play with.

Claritin set the proverbial bar so high that it made many people in the pharmaceutical industry believe that you had

In pharma, direct-to-consumer advertising is the place where the inferiority complex of comparative size is most evident.

to have mammoth budgets to effectively target consumers with healthcare brands. Claritin started a movement in pharma that no consumer brand has ever really been able to match. It made many people believe that if you couldn't play "big" in DTC, you shouldn't play at all.

In a period where more is starting to be considered less, and marketing budgets and departments are shrinking, DTC's greatest future benefit will be its ability to cost-effectively do what it has successfully done so well so far: get appropriate patients to speak to their physicians about appropriate potential therapies.

While everyone wants to do things that provide a good ROI, you don't have to necessarily spend tens of millions of dollars to compete and get reasonable returns. We see this all the time in the consumer products arena. We need to start to recognize it with DTC for pharma brands.

With this in mind, here are two things that our consumer brand brethren have proven work over time. They're not ideas built around the latest twists on interactive technologies. They're age-proven, worked long before DTC came to be what it is today, and still work now.

Direct mail is not a waste of money

Let me restate that. Direct mail is not a waste of money if it is done the right way. If you save all of your so-called "junk mail" for one week and then look through it all at once, you'll see there is method to the madness. You'll be able to throw out the clip-art-designed efforts and some other offers that really just don't seem to be right for you. But you'll also notice that some people out there seem to be talking directly to you. In fact, some will reappear many times in one week, providing the same offer to you in different ways.

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In all cases they're doing it because they've spent the time to learn about you or are learning about you by your lack of response.

As an old friend and creative partner told me once, "There's a reason why you get 14 pieces of mail from AT&T." He knew, as his client did, through research that 14 mailings was the point of diminishing return. They knew what offers worked and which ones didn't. They constantly refined and tested. They saved information in databases and kept track of people like you and me.

They also knew that to be smart and cost-effective you have to test! Test offers, messages, creative, approaches – but whatever you do, test!

I'm not talking about focus groups. I'm talking about targeted in-market tests in cells. I'm talking about cost-effective tests that enable a larger, cost-effective effort to be rolled out because you've learned what works and with whom it will work.

And track your customers. Not just for a month or a year or the life of a product manager. Track for the life of a franchise and a company. Use data as a tool to enable you to cost-effectively target your customers for brands, franchises and other appropriate products over time. Track so you can refine things and improve upon them.

All of these lessons that I'm referencing here about direct mail apply in other areas where direct-marketing disciplines can be used. They are the lessons of smart marketing being done through relevant, targeted communications. They are the case-and-point examples of where consumer marketing can be done for a lot less than people think because the message is relevant and targeted. And they are things that pharma has never really embraced on a broad basis. When they are embraced, they have rarely been used for the long term with all of the learnings we get from our consumer product brethren.

TV ads don't have to be expensive

Pharma has been embracing television since...well, you know the story. And during that time, many pharma brands have embraced direct response (DR) advertising. The thing we can learn about cost-effectively doing TV from consumer brands is that DR is the best way to get there when your objective is response. And our objective in pharma DTC is almost always to generate some sort of response.

True DR doesn't put a sign-off in the last 15 seconds to talk to your doctor, see the Web site, and call the number below. True DR puts the offer up quickly, repeats it and seeks to close the sale hard. True DR is focused on getting responses, not generating awareness. Awareness is a by-product, and a good one, that also comes from true DR.

And true DR is cost-effective as a result.

With a "real" DR spot, you can purchase media with DR rates that are a fraction of the cost of a general buy. You can also track almost immediately (within hours) what is happening with respect to consumer response. As a result, you can change your offer, your spot, who you're targeting, when you're targeting them, and many other factors all leading to a more cost-effective effort than you started with.

The problem is that many consumer agencies don't like to sell DR as a solution. True DR is often not as "sexy" to create for an agency because the offer and getting people to respond to it are king. Everything else is secondary.

Time to rethink 'size of spend'

As clients tend to listen to their agencies, and in this case depend upon them for guidance, this inherent bias is one of the factors preventing the broad-based use of DR in its purest "offer is king" format. Maybe even more importantly, broader use and understanding would show that TV advertising can be accessible for brands with smaller budgets because DR costs a lot less than you might think – and it works very well when done correctly.

There are many other proven approaches, which were born in the consumer world and have been done in pharma, that show that anyone can advertise to consumers if they're willing to think through all options, not just the ones we've come to expect to see. The simplistic ones illustrated here are easy to understand. They're also easy to start to experiment with and apply to campaigns on the drawing board and in the market. In pharma, we need to keep these examples in mind and use them to motivate ourselves to rethink a common belief that size of budget will be the sole criterion determining success when considering DTC.

Claritin paved the way for many DTC campaigns by showing on a broad level that DTC can work effectively. It also deterred many brands from even starting down the DTC path, however, because these brands incorrectly believed they couldn't compete in a field that quickly became evaluated on relative size of spend. There are other successful products out there that have shown that anyone can compete in any market segment if they just take the time to reevaluate their options.

The smaller kid may actually be better than the bigger one. And the smaller company can outmaneuver a giant with little to no budget. Just ask Adidas about what Nike did to take away its No. 1 position in sports footwear and apparel. ■

Mike Myers is president of Palio, an inVentiv Health global advertising firm that focuses on brand creation and execution in the healthcare industry. Myers can be reached by e-mail at mmyers@palio.com, or by telephone at (518) 584-8924.



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