

# NEW LIFE FOR AN OLD BRAND

Sometimes the best person for the job is no person at all. **Julian M. Parreño** looks at how non-manpowered selling solutions helped breathe new life into a 17-year-old brand: the Intal Inhaler

**T**he personal selling channel in pharmaceutical sales is quickly approaching its saturation point, with reps facing restrictions on at least 82% of visits to medical offices, according to a survey conducted by Smart Practice Management. And while there are fewer new medications on the market, strategically important “legacy” brands still need to be promoted. So how can pharmaceutical marketers continue to reach healthcare providers and maximize brand potential?

One solution is non-manpowered selling. This is a sustainable, data-driven alternative model for developing and maintaining relationships with healthcare providers over time, through the integration of channels (including detail-by-mail, e-detail and telemarketing).

Non-manpowered selling is guided by a database of physicians that profiles all high prescribers in target therapeutic areas. The database facilitates the collection of key self-reported data, which can be leveraged to craft personalized, relevant messaging and customized for outreach to specific high prescribers. Additionally, the database can be deployed to supplement sales force efforts by reinforcing sales messages for added reach and frequency. It also can provide reps with key, self-reported data which can be leveraged to personalize presentations. This model combines various offline and digital channels to ensure physicians can opt to receive messages via their preferred medium.

But beyond the traditional features, non-manpowered selling can incorporate prescription samples and have them shipped directly to healthcare providers—either from a Prescription Drug Marketing Act-

approved fulfillment facility or via sales reps. An outbound teleservices reminder brings the process full circle.

## Detail-by-mail and e-detailing

Detail-by-mail is ideal for complementing the efforts of the field sales force on called-on doctors; for reaching “hard-to-see” or “no-see” healthcare providers; for communicating key brand messages to physicians in vacant territories; and for promoting key strategic brands which have been allotted limited or no time in promotional schedules.

Such a program can build relationships while enhancing profiles of top prescribers. For

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instance, a marketer can use brief surveys to gauge physicians' individual preferences for receiving information, as well as attitudes, willingness to participate, and insights into their practice and patient bases. Detail-by-mail can also drive physicians to an online e-detail site.

Electronic detailing, or e-detailing, answers the primary challenge of traditional detailing: time restrictions. Through e-detailing, healthcare providers can view material online at their convenience. As they watch the presentations, the time they spend receiving product information can lengthen to as much as 7-10 minutes. Healthcare providers can accomplish most everything they would during a sales visit, including requesting samples, dialoguing with a sales rep and receiving company information. They can also complete online surveys.

### Case study: The Intal Inhaler

King Pharmaceuticals planned to relaunch Intal Inhaler, a 17-year-old brand based on a 35-year-old molecular formula, for the treatment of mild-to-moderate persistent asthma.

Even though the Intal Inhaler is still a safe, effective treatment for mild-to-moderate asthma, market research showed that Intal was top of mind for only 7% of doctors and was the medication most-often prescribed for bronchial asthma by only 6%. When asked why they did not prescribe Intal, half of the non-prescribers responded that they felt Intal is an "old drug," "no longer effective" or that "there are other [more] effective treatments on the market." A smaller percentage stated that they simply "don't think of Intal" and some even thought it was no longer available.

King needed to do several things: create a "new" brand for Intal; re-educate the physician market; increase awareness and share of mind for Intal Inhaler; and drive sampling. The Intal brand had not been supported by a salesforce in years and it was not viewed as a cost-effective option at this point in the brand's lifecycle. An innovative solution was needed.

The marketing team's strategy was to deploy multiple channels of communication, to open or re-establish dialogue with physicians, focus resources on physicians with the highest potential to initiate new prescriptions, give these physicians a variety of convenient response channels and track responses in a database to enable more accurate targeting and deployment of future resources.

Direct mail was determined to be the primary channel for several reasons: it is both a personal and an efficient channel that enables reaching a large target audience—one that included both named individuals on a mail piece and the balance of office staff (there is often an exten-

sive pass-around factor in this market). It also provided adequate space for the message, which was both educational and promotional. Additionally, the marketing team was able to build brand equity with direct mail, which lends itself to an ongoing communication program.

The marketing team went to work highlighting the 35-year safety and efficacy record of Intal Inhaler (since the product is largely for children), utilizing peer-reviewed studies showing the benefits of treatment with Intal Inhaler, and emphasizing the fact that it can be titrated downward to BID (twice a day) dosing. The team conducted pre-campaign research to determine the knowledge and feelings of healthcare providers about the brand to assist in subsequent campaign branding and messaging. The research took a two-pronged approach, using in-depth interviews and phone surveys. The team applied the learning from the research to develop the creative messaging and strategy.

The direct mail campaign consisted of three waves in three targeted segments. The first segment was "high total scripts, but low brand awareness" physicians—the group with the most upside potential. The first effort was a dimensional tube mailing, the second an interactive flat mail kit with involvement devices and the final wave was a flat oversized kit. The second segment, "high category and high brand," consisted of loyal physicians writing many Intal prescriptions, plus many scripts in the category. The team sent two waves, the dimensional tube and interactive flat. The third segment, "low category and high brand," was determined to be the group with the least potential for new scripts, but because they were high Intal writers, it was important to reinforce the brand with new key messaging.

Samples and patient starters were offered in all mailings. The Intal team knew that samples drive responses and new prescriptions. A colorful "Understanding Asthma" poster was offered in the second wave of mail to all physicians. This poster served as another resource to drive physician/patient interaction. Physicians were able to request samples or the poster via a business reply card, fax, or inbound call. When physicians received their samples, an opportunity to reorder samples was presented.

New branding and targeted direct marketing accomplished what would normally take a dedicated salesforce and DTP/DTC advertising to do—revive Intal Inhaler as a viable brand. The non-manpowered solution achieved a 24.4% response rate for ordering samples from the primary target: allergists and pulmonologists.

Ordering patient starters achieved a response rate of more than 11%. Eighty-one percent of the responses, measured over three waves, were unique with a 44% response rate for reorders. In a follow-up survey, 41.7% of targeted physician respondents answered that "compared to two months ago" they now prescribe Intal. ■

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#### Intal Inhaler: non-manpowered results

**24%** response rate for ordering samples from the primary target: allergists and pulmonologists

**11%** response rate from physicians ordering patient starters

**81%** of the responses, measured over three waves, were unique

**44%** response rate for reorders from healthcare professionals

**41%** of targeted physician respondents answered that "compared to two months ago" they now prescribe the Intal Inhaler

