

To Brand or Not to Brand – A Digital Dilemma

Pharma brands already needed to navigate minefields to engage patients and caregivers with their brands online. Now, the FDA has clamped down on branded messaging in paid search channels, the holy grail of digital traffic generation for branded sites. The solution?

Unbranded campaigns not only provide cover for articulating your value proposition, they also more credibly and efficiently engage qualified patients. Here is a primer laying out the key “do’s” and “don’ts” for using unbranded campaigns to stay fully compliant while remaining highly relevant to your audience.

BY MARC BENJAMIN



New regulatory obstacles

As a convergence of behavioral and economic factors conspires to point an ever-growing share of marketing dollars towards digital media, pharma marketers are under increasing pressure to engage consumers with their brands online. For branded product sites, search engine marketing has a well earned reputation as the most effective digital channel for attracting qualified, engaged visitors – the point of entry for successful online branding. The role of SEM in the dissemination of drug information has been a win for both marketers and patients, with search engines providing an intuitive and expedient means to connect the two.

In March, however, a significant obstacle was introduced into this equation when the FDA issued warning letters to pharmaceutical companies targeting ads referencing products' efficacy in treating the therapeutic conditions for which they were indicated. At issue is the fact that the terse two-line, 35 characters per line limit on text ad copy used in SEM campaigns effectively rules out the inclusion of the “fair balance” risk and safety information required for media such as TV, radio and print. For nearly a decade, the unwritten rule applied to search ads by a self-policing industry was to require the fair balance on the brand's site, or what was referred to as being “one click away” from the corresponding search text ad. For reasons yet unclear, after a long silence on the matter, the FDA

determined in March that this standard was not adequate cover for the “misleading” nature of such ads observed in a vacuum.

The practical outcome of the FDA letter is that it effectively forces marketers to make a choice when it comes to text ads. You can use your brand name in a text ad – or you can reference the condition it treats – but not both. For those who have opted to continue branding through SEM, the result is a mostly “neutered” set of branded ads vaguely heralding “Important information about” or “official Web site of” the brand in question. As such, the holy grail of search – relevancy – has been compromised when it comes to branded text ads attempting to address condition-based keyword searches.

The alternative is to switch to text ads naming the condition and referencing its treatment or other dimensions of interest to consumers, but with no mention of the brand name in the headline, ad copy or destination URL – a scary proposition for a marketer looking to build share and boost brand awareness.

Is paid search still viable?

Leaving aside the question of the appropriateness of applying the standards of a passive medium such as TV to online search engines, which exist solely as a conduit connecting people with content and information they are looking for, marketers are left with a conundrum: Is search still a viable medium if we can't associate our brand with the condition it treats in a text ad?

The short answer is yes. For most patient populations, there are few digital channels that can compete seriously with SEM as a source of engaged, qualified visitors, even when SEM has one hand tied behind its back. True, expensive online display ads can build awareness by dominating “share of voice” against condition-specific content. And indeed, performance-based ad networks and co-registration survey paths can replace or surpass the site traffic generated by a discarded search campaign. But there is still no substitute for the quality, level of engagement, conversion rates and contribution to ROI of site visitors from search – and this applies to both organic search and pay-per-click campaigns.

Collectively, search engines account for the vast majority of traffic to pharmaceutical product sites. Even the ubiquitous presence of WebMD in the “referring sources” log of countless brands’ Web analytics reports is more a function of the syndicated Yahoo! cost-per-click text ads delivered when a visitor uses WebMD’s internal search tool than of the display ads that command premium rates and require high monthly minimum spend commitments. Those banners and enhanced units have their place in the awareness mix, but this conversation is about leveraging the Web to engage patients with brands, on the brands’ Web sites – and banners will not help much with that.

Held up against any other paid media option – and evaluated on an ROI basis – SEM still rules as the most effective tactic for engaging the target audience of pharma brands. Products that have bothered to reactivate their SEM efforts under the new guidelines have found that “revised” branded campaigns generically heralding “Important information about” or “Official site of” the brand have seen their click-through rates decline by anywhere from 10 percent to 15 percent, depending on how well tailored the original campaign naming the indication was. While not an insignificant decline, for many specialty care marketers accustomed to a 4:1 or 5:1 ROI, forging ahead at 3.5-4:1 is, for the most part, a problem they can live with.

Thriving in a new SEM environment

Where things get interesting, however, is in thinking about how to optimize SEM campaign effectiveness while playing by the new rules in hopes of minimizing or even reversing the loss suffered by the regulations. Cast in a slightly different light, the FDA restriction forces marketers to think harder about their priorities. Is it more important to use search engines as perceived by many pharma companies – as a fast track for brand proliferation and branded site engagement – or as seen by most consumers – as the most expedient and reliable way to find answers to their most pressing medical questions?

Presented as such, it’s hard to argue against the logic of the latter as the path of least resistance to engaging the target audience by running meaningful ads that are directly relevant to their condition-specific searches, brand names aside.

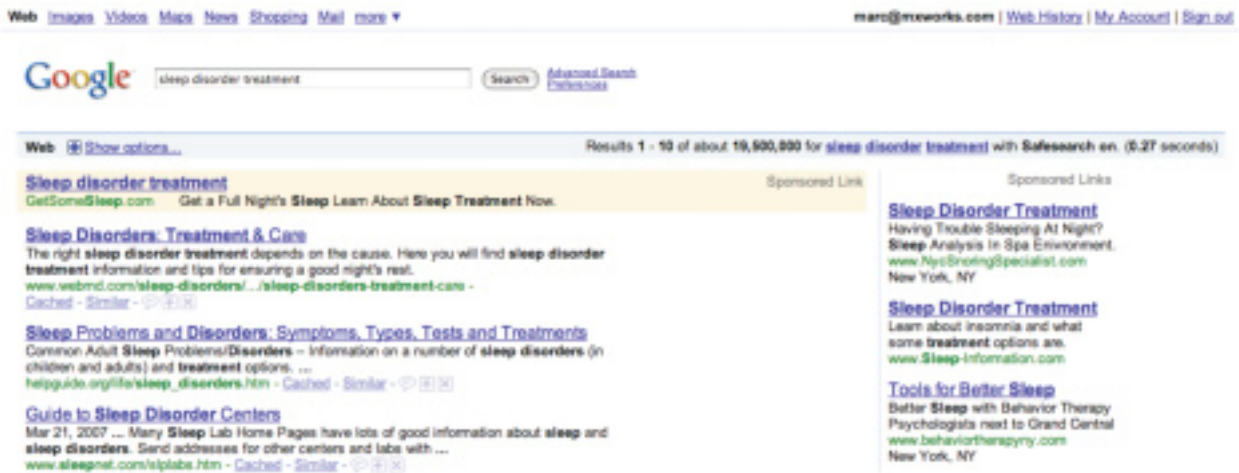
In an ironic way, this dynamic brings an old question about branded vs. unbranded pharmaceutical marketing back into the limelight.

Navigating the new landscape

In refining SEM efforts to thrive in the new environment, here are some key considerations, starting with those that are easiest to implement:

- 1. Brand against brand terms only:** Separate brand-related from condition-specific keywords, and treat them differently. Searchers using your brand name or scientific equivalent in their searches likely already know the indication. Here, use your brand name and branded URL, as the ad essentially becomes a “roadside sign” for your Web site. This is a useful strategy for brand reinforcement, servicing existing patients on the drug and for adherence objectives.
- 2. For condition terms, always place the user’s needs first:** For every patient specifically searching for your brand, there are many more seeking information about symptoms, disease progression, diagnosis, treatment options, information resources and support groups, not to mention those suffering serious or unexpected attacks and seeking urgent help. For these search terms, dumbed-down branded ads are of little use. Granted, by spending enough money, a small blip in awareness could be achieved by serving up an ad touting “Important Info” about Lunesta against the search term “sleep disorder treatment,” but this brand in fact demonstrates a better user-centric approach against this term by running an unbranded ad and URL that are directly relevant to the search (see Figure 1).
- 3. Use “Phantom” URLs with caution:** The Lunesta example in Figure 1 is textbook in terms of how the ad is tailored to the user’s search term while remaining FDA compliant by not mentioning the brand name. What happens after the click, however, is a tricky proposition. Search engines typically permit the use of unbranded “plain language” URLs that redirect to branded drug Web sites, but doing so compromises the user experience. When consumers click on a link to *GetSomeSleep.com*, many will be surprised to find that they actually land on the branded page for the drug Lunesta (see Figure 2). Such practices, while common, evoke a “bait and switch” ethos that can undermine the bond of trust a brand would like to make with its best prospective customers. But in the wake of the FDA letter, many marketers have little choice but to choose the “lesser evil” when it comes to leveraging the power of SEM.
- 4. Unbranded sites and well executed CRM programs are the most user-centric path to valuable brand/patient relationships:** Taking the logic of making text ads relevant to key-

Figure 1



The ad carries the headline "Sleep disorder treatment" with the supporting copy "Get a Full Night's Sleep. Learn About Sleep Treatment Now" and links to the URL GetSomeSleep.com.

words one step further, as pharma marketers, we need to come to terms with the fact that patients seeking condition information online do not look to branded product sites for that purpose. Product sites have never been, nor will they ever be seen as unbiased, comprehensive condition resources.

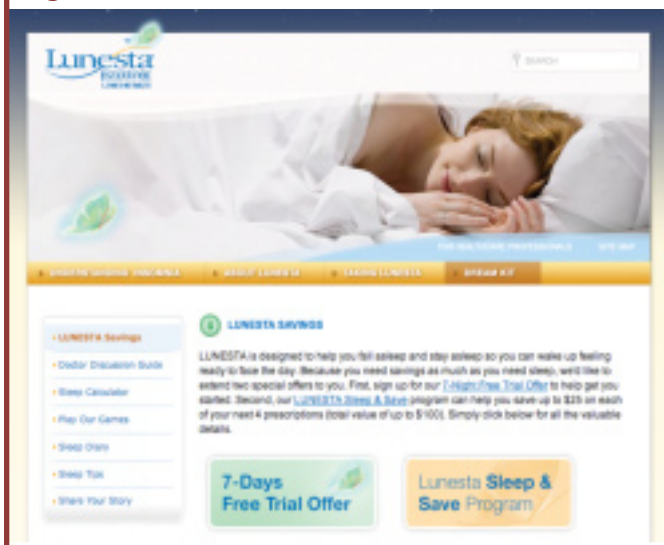
For pharma marketers, however, connecting in a meaningful way with patients when they are at critical turning points in their disease state is a major key to successfully engaging patients online. And SEM is an invaluable tool for identifying those hand raisers right at the time of need. That said, rather than dilute this valuable asset by flipping the consumer on the first click from an unbranded ad to an aggressively branded

environment, the optimal user path for "condition-related" searches should grow out of a thoughtful process of segmentation, engagement and customized communication.

The "front end" of such initiatives is best left unbranded, with branded messaging introduced in a graduated and individualized way, according to the needs of the patient. Segmentation-based CRM is the natural "back-end" compliment, maximizing ROI via segmentation and engagement with relevant content. Web 2.0 advancements raise the stakes with the potential for social engagement between peers in increasingly sophisticated environments that enable required regulatory committee monitoring without stifling social interplay.

Viewed from the proverbial "glass-half-full" perspective, the FDA letters can be taken as a reminder that there are no branding "shortcuts." This may force pharma companies to rethink their digital strategies and adopt more disciplined approaches that recognize user-focused acquisition and relationship building as the best path to successful branding – success that can be measured in terms of ROI. In the long run, this could be a good thing for patients and marketers alike. **DTC**

Figure 2



Marc Benjamin is a co-founder and managing partner of Convergence Point Media LLC (www.convergencepointmedia.com), a leading specialty agency with deep expertise in driving qualified, engaged traffic to pharmaceutical Web sites and relationship marketing programs. Convergence Point partners with its clients to develop ROI-driven strategies for branded and unbranded product and condition sites targeting patients, caregivers and healthcare professionals. Benjamin can be reached by e-mail at mberjamin@convergencepointmedia.com.