



Point of View

Effectively Positioning Pharmaceutical Brands

Adapting and improving traditional consumer marketing tools for pharma



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Since the FDA relaxed legislation and allowed direct-to-consumer (DTC) advertising in 1997, the pharmaceutical industry has increasingly embraced the fundamentals of consumer marketing, making patient insight the cornerstone of all patient-facing work.

However, many consumer marketing tools have been lifted from industries, such as consumer packaged goods (CPG), and dropped into the pharma marketing world with little thought given to the differences between the two environments. This has resulted in suboptimal output from supposedly proven tools and tactics. Yet with a better understanding of these differences, consumer brand positioning models can be modified to address the unique challenges of the pharma space, allowing brands to carve out meaningful territories.

Let's start with what is fundamentally true across both CPG and DTC worlds: Positioning is essentially about the place a brand holds in the hearts and minds of its customers. It's about making the brand address a human need—and speak with a human voice.

And when we tease positioning apart, we see it universally comprises three core components: the definition of a specific target and its unmet need, an understanding of the competitive context through the target's eyes, and an overarching promise that delivers on this unmet need. It is at this granular level that we must consider how to modify the consumer model of positioning so that it more effectively addresses pharma-specific issues without losing the human element.

1. Defining the Right Target

In pharma, we must take a different approach to defining the high-value target because patients enter an illness category in a fundamentally different way than consumers enter a CPG category. In the CPG world, the targets self-select to enter and shop the category, often evaluating brands based on the best fit for their self-image or their emotional needs in that category. For example, those who enter

the luxury car category are mindfully engaged in deciding whether they are a BMW person or a Mercedes-Benz person.

In contrast, patients do not actively decide to enter an illness category. Instead, they are diagnosed into a “market” they have no desire to be in.

In this context, what makes patients valuable to a brand is related to their healthcare attitudes overall—attitudes that are fundamental to an individual's psychographics and that remain largely fixed across conditions. In pharma, the high-value patient segment that is the bulls-eye for DTC should generally be the proactive, highly motivated patient who is actively engaged in his or her healthcare decisions. Positioning needs to reflect the unique needs of this segment.

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2. Understanding the Context

A brand promise only makes sense within the context of the competitive set, as seen through the eyes of the audience in question. For example, in the allergy space, the competitive set will likely include both prescription (Rx) and over-the-counter (OTC) drugs because a high level of dissatisfaction and low perceived risk means patients will switch often and go back and forth between Rx and OTC drugs.



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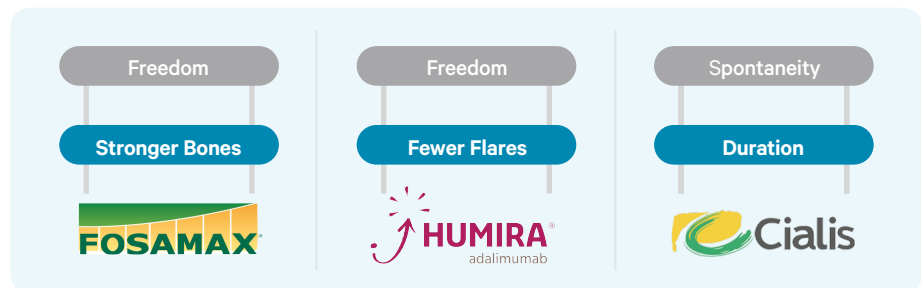
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In contrast, with type 2 diabetes, the competitive context may only comprise other Rx drugs within the same class; SGLT2s do not compete with insulin, for example. The brand positioning and product differentiators of the competitive set will identify what spaces are left to stake a claim. **At the end of the day, the brand positioning and product differentiators of your competitive set will, collectively, clarify the territories that are already taken, as well as the white spaces that are left for your brand to stake a claim.**

3. Aligning the Promise

The ideal pharma brand promise should represent a true marriage between a core unmet need and the product benefit that will address this need. However, there are distinct ways in which this marriage must be approached differently and expressed in DTC vs CPG.

To begin, **the unmet need must be emotionally specific to the disease category.** In CPG, a brand like Coca-Cola can promise happiness. FedEx can promise reliability. But in DTC, consumer needs, regardless of disease area, always ladder up to the generic emotions of the freedom and control that patients would feel if they could revert to the pre-disease state. To be truly differentiating in this world, the ideal pharma brand promise should land halfway up the benefit ladder and be highly specific to its category.



Additionally, **the marriage might involve a heavy weighting on the insight, supported by a light touch of brand benefit.** This occurs in situations where either the regulatory environment, the data itself, or the “me-too-ness” of your brand within its class precludes a story about differentiation.

But this type of marriage can still be successful. For example, 10 years ago, Seroquel launched an online advertising campaign for bipolar disorder based on the insight that patients with this disease felt their identities were consumed by their condition. The headline “I am not my bipolar” simply coexisted next to the product attribute that Seroquel was FDA approved to treat bipolar disorder. This approach was effective because the emotional unmet need was so resonant that basic efficacy was enough of a foundation for credibility.

Finally, **where there is true product differentiation and a data story to tell, the marriage might be an equal partnership, the promise may require harnessing a “potentially problematic” product attribute in service of a higher-order benefit.** An excellent example of this type of positioning in the

DTC space is Cialis. With 36 hours of duration, Cialis was able to position itself around the promise of spontaneity—addressing a core unmet need of its target audience that was specific to the category. Without the higher-order benefit of spontaneity, “36 hours” may have felt overly powerful and problematic to patients.

In summary, while it is clearly challenging to differentiate brands in the pharma space, territory can be uncovered and claimed if the basic consumer positioning model is modified to address the unique characteristics of our market. Further, the need for modification exists across the range of consumer marketing tools that have been lifted from CPG and unilaterally dropped into our toolbox.

As brand stewards who are charged with making “health more human,” it is up to all of us to look critically at each tool in that box and continually challenge its design, customizing each one to reflect the reality of the environment we operate in. To learn more, speak with your Evoke Client Services lead or contact business@evokegroup.com.