

**BEFORE THE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION**

**In the Matter of
Request for Comments on Consumer-Directed Promotion**

Docket No. 2003N-0344

**Comments of the Staff of
the Bureau of Consumer Protection,
the Bureau of Economics,
and the Office of Policy Planning
of the Federal Trade Commission**

December 1, 2003*

***These comments represent the views of the staff of the Bureau of Consumer Protection, the Bureau of Economics, and the Office of Policy Planning of the Federal Trade Commission. They do not necessarily represent the views of the Federal Trade Commission or any individual Commissioner. The Commission has, however, voted to authorize the staff to submit these comments.**

I. Introduction

The Food and Drug Administration has requested comments regarding the advertising of prescription drug products directly to consumers (DTC advertising).¹ Among other things, the agency announced that it “will consider its own research and the research of others to explore whether, and, if so, how, the agency’s current regulatory approach should be modified, including whether the guidance on DTC broadcast advertisements should be withdrawn, continued, or modified to reflect the agency’s current thinking.”² The staff of the Federal Trade Commission’s Bureau of Consumer Protection, Bureau of Economics, and Office of Policy Planning (FTC

¹ 68 Fed. Reg. 47,920 (Aug. 12, 2003).

² *Id.* at 47,922.

³ 15 U.S.C. § 45.

⁴ 15 U.S.C. § 52.

⁵ Working Agreement Between FTC and Food and Drug Administration, 4 Trade Reg. Rep. (CCH) ¶ 9,851 (1971).

deceptive practices in national advertising. The FTC considers the prevention of deceptive health-related advertising claims to be of utmost importance in promoting consumer welfare. The Commission thus has taken action in numerous cases involving deceptive health-related claims for foods, drugs, dietary supplements, and medical devices. Through these law enforcement activities and through research conducted in support of its mission, the FTC has developed considerable expertise in analyzing the role of advertising in conveying health-related information to consumers.

In addition to its law enforcement experience, the FTC staff also has examined the effect of advertising regulation on consumers and competition.⁶ In particular, we have submitted comments to the FDA in response to previous requests for views on the economic impact of DTC advertising.⁷ We appreciate the opportunity to share our views on DTC advertising with the FDA.

Truth7d mIn -kpi oiNfadocketvertising withcomers4

⁶ See, e.g., P. Ippolito & J. Pappalardo, *Advertising Nutrition & Health: Evidence from Food Advertising 1977-1997* (2002); P. Ippolito & A. Mathios, *Information and Advertising Policy: A Study of Fat and Cholesterol Consumption in the United States, 1977-1990* (1996); J. Calfee & J. Pappalardo, *How Should Health Claims for Foods Be Regulated? An Economic Perspective* (1989); A. Masson & R. Steiner, *Generic Substitution and Prescription Drug Prices: Economic Effects of State Drug Product Selection Laws* (1985).

⁷ *Comments of the Staff of the Bureau of Economics, the Bureau of Consumer Protection, and the Office of Policy Planning of the Federal Trade Commission in the Matter of Request for Comment on First Amendment Issues*, Docket No. 02N-0209 (2002); *Comments of the Staff of the Bureau of Consumer Protection and the Bureau of Economics of the Federal Trade Commission in the Matter of Direct-to-Consumer Promotion*, Public Hearing Docket No. 95N-0227 (1996) (hereafter “*FTC 1996 DTC Comment*”), available at www.ftc.gov/be/v960001.htm.

price comparisons and other types of relative cost claims.

P The FDA should apply the same standards for endorsements and testimonials in DTC ads for prescription drugs as the FTC applies through its Guides Concerning the Use of Endorsements and Testimonials in Advertising to endorsements and testimonials for other products, including over-the-counter (OTC) drugs. In addition, as the FTC Guides undergo regulatory review, we encourage the FDA to submit comments on the use of endorsements and testimonials in DTC advertising.

P Internet advertising should be treated consistently with DTC ads in other media, and it would be beneficial if the FDA were to issue guidance addressing DTC ads available on the Internet.

The comment will first examine effects of DTC ads, specifically consumer and physician reactions and any demand effects. It will then analyze current DTC advertising regulations and offer recommendations on the brief summary requirement for both print and broadcast DTC ads. Finally, it discusses the fair balance requirement, comparative DTC advertising, endorsements and testimonials, and Internet advertising, as well as offers recommendations on these issues.

II. Effects of Direct-to-Consumer Advertising of Prescription Drugs

Empirical evidence suggests that the FDA's current approach to regulating DTC advertising generally confers benefits on consumers. Survey evidence suggests that DTC ads have provided consumers with useful information about the drug options open to them, which, in turn, has empowered consumers to interact with their physicians more effectively. Studies of the impact of DTC advertising on demand do not support the conclusion that it has led to the increased use of inappropriate drugs or increased drug prices.

A. Consumer and Physician Reactions to DTC Advertising: Survey Evidence

Major surveys conducted to assess the effects of DTC advertising on consumer attitudes, experiences, and behavior include those by the FDA,⁸ *Prevention*,⁹ the Harvard/Harris National DTCA Survey,¹⁰ the Henry J. Kaiser Family Foundation (Kaiser Family Foundation),¹¹ and the National Consumers League.¹² The general consensus from these and other surveys is that DTC advertising provides consumers with useful information, stimulates productive discussions between doctors and patients, and encourages consumers to learn more about previously undiagnosed conditions.

A consistent finding among the surveys is the significant degree to which DTC advertising provides consumers with useful information concerning their health. Ads achieve much of this informative role indirectly, by encouraging consumers to seek out more information from other sources about the advertised drug and the condition it ameliorates. In the 2002 FDA

⁸ See K. Aikin (FDA), *The Impact of Direct-to-Consumer Prescription Drug Advertising on the Physician-Patient Relationship*, presentation for the U.S. Food and Drug Administration Center for Drug Evaluation and Research “Research on Consumer Directed Advertising” Public Meeting (hereafter, “DTC Public Meeting”) (Sept. 22, 2003) (hereafter “FDA Survey”), available at www.fda.gov/cder/ddmac/aikin/index.htm.

⁹ *Prevention*, *Fifth Annual Survey: Consumer Reaction to DTC Advertising of Prescription Medicines* (2002/2003); see also E. Slaughter (Rodale, Inc.), *Consumer Reaction to DTC Advertising of Prescription Medicines 1997 to 2000: A Six-Year Tracking Study from Prevention and Men’s Health Magazine*, presentation for DTC Public Meeting (Sept. 22, 2003), available at www.fda.gov/cder/ddmac/P1Slaughter/index.htm.

¹⁰ J. Weissman (Mass. Gen. Hosp. Institute for Health), *Consumer and Physician Reports on the Health Effects of DTCA*, presentation for DTC Public Meeting (Sept. 22, 2003), available at www.fda.gov/cder/ddmac/P1weissman/index.htm.

¹¹ M. Brodie, (The Henry J. Kaiser Family Foundation), *Understanding the Effects of Direct-to-Consumer Prescription Drug Advertising*, (Nov. 2001).

¹² L. Golodner (National Consumers League), *Effectiveness of and Attitudes Toward Medication Advertising*, presentation for DTC Public Meeting (Sept. 22, 2003), available at www.fda.gov/cder/ddmac/P1golodner/index.htm.

condition or illness for the first time.¹⁹ In the Harvard/Harris survey, 25% of consumers reported that the office visits prompted by a DTC ad resulted in a “new diagnosis.”²⁰

When asked about the overall effect of DTC advertising on their patients and their practice, doctors were fairly evenly divided as to whether they viewed DTC advertising positively (40%), neutrally (27%), or negatively (33%).²¹ However, in response to more specific questions about their experiences and interactions – questions more likely to shed light on the actual effects of DTC advertising – physicians’ answers suggested positive effects for patients from DTC advertising. For example, the most comprehensive physician survey, the FDA Physician Survey conducted in 2002, confirmed the informative role of DTC ads. The survey found that 73% of physicians surveyed agreed “strongly” or “somewhat” with the statement that patients who saw a DTC ad asked more thoughtful questions during their visits.²² A majority

¹⁹ FDA Survey, *supra* n.8. This represents a significant drop from the corresponding 27% figure reported for the 1999 survey.

²⁰ Weissman, *supra* n.10.

²¹ FDA Survey, *supra* n.8. Until 1992, the American Medical Association was opposed to product-specific DTC advertising. As such advertising became more common, however, the AMA reassessed its position. It recently testified that responsible DTC advertising can have a positive impact on health care if it is accurate and educational to consumers, balances benefits and risks, and promotes good health outcomes. The AMA also stated that it would like to see more independent research on DTC advertising, particularly, on its impact on the patient-physician relationship and on health outcomes and costs. DTC advertising is a controversial issue for AMA members, who recognize its positive effects but have concerns about some aspects of the advertising. See *Prepared Statement of the American Medical Association before the Senate Special Committee on Aging* (July 22, 2003), available at <http://aging.senate.gov/hr105nn.pdf>.

²² K. Aikin, *FDA’s physician survey on DTC Rx drug ads shows health benefits*, CDER News Along the Pike, Vol. 9:1 (Feb. 21, 2003), available at www.fda.gov/cder/pike/JanFeb2003.htm#Survey.

²³ FDA Survey, *supra* n.8.

²⁴ *Id.* “No” responses included those physicians who did not believe that the ads had any effect, either positive or negative, as well as physicians who believed the advertising had a negative effect.

²⁵ *Id.*

²⁶ *Id.* The next most common problem, cited by 26% of the physicians, was “drug not needed/did not have condition.”

²⁷ *Id.* Although a significant share of physicians reported perceiving some “pressure” to prescribe the advertised drug -- 52% of all general practitioners and 42% of specialists -- the overall pattern of responses to the FDA survey, and to the others discussed in the text, indicates that the majority of physicians view such pressures as relatively light. For example, only 8% stated that the patient tried to “influence the course of treatment in a way that

would have been harmful to him or her.” *Id.*

²⁸ Weissman, *supra* n.10. Overall, a prescription drug was prescribed in 39% of the visits involving a patient who requested a drug they saw advertised. The resulting drug prescribed was the “most effective” in 46.1% of the visits, and was “as effective” in 48.4%. In 5.5% of visits, a particular drug was prescribed although “other drug/treatment options were more effective; but [the physician] wanted to accommodate [the] patient’s request.” *Id.*

²⁹ FDA Survey, *supra* n.8.

³⁰ Weissman, *supra* n.10.

³¹ Moreover, some physician groups support DTC advertising because of its potential to reach important subgroups in the population that tend to be less informed about relevant health options. For example, the National Medical Association, representing African-American physicians, issued a statement generally supporting DTC advertising, based on a survey of its members, in part because of the role of DTC ads in educating patients about disease and treatment options. National Medical Association, *Position Statement of the National Medical Association on Direct to Consumer Advertising* (June 2002). Similarly, a representative of the National Alliance for Hispanic Health has testified in favor of DTC advertising. J. Delgado, *Recent Developments Which May Impact Consumer Access to, and Demand for, Pharmaceuticals*,

³² Manning and Keith, writing on behalf of Pfizer, report that a rank ordering of brands according to DTC spending was not related to percentage increases in cost per prescription. R. Manning & A. Keith, *The Economics of Direct-to-Consumer Advertising of Prescription Drugs*, published by Pfizer Inc. in *Economic Realities in Health Care Policy*, 20:1, at 3-9 (June 2001). Calfee *et al.* note that statin drugs, among the leaders in DTC advertising, have exhibited a relatively low price increase of 7% in real terms between 1995 and 2000. J. Calfee *et al.*, *Direct-to-Consumer Advertising and the Demand for Cholesterol-Reducing Drugs*, *XLV J.L. & Econ.* 677 (Oct. 2002).

These types of studies are largely observational and do not account for other factors that may influence the price of prescription drugs. Calfee, for example, notes the downward pressure

DTC advertising accounts for a relatively small proportion of the total cost of drugs, which reinforces the view that such advertising would have a limited, if any, effect on price. For example, while spending on DTC advertising has risen dramatically, it still represents only a small percentage of total sales. In 1996, spending on DTC television and print advertising amounted to \$791 million and 1.2% of overall prescription drug sales. By 2000, spending on such advertising had risen to \$2,467 million -- yet was still only 2.2% of overall prescription drug sales.³³ Similarly, expenditures on DTC advertising account for a small share (16%) of the pharmaceutical companies' total promotional budget, which is dominated by professional marketing activities such as detailing and sampling.³⁴

The informative nature of DTC advertising, as revealed by the consumer and physician surveys, also tends to undercut the argument that expenditures on DTC advertising are passed on to consumers in the form of higher drug prices.³⁵ Economic theory predicts, and a host of studies

³³ M. Rosenthal *et al.*, *Special Article: Promotion of Prescription Drugs to Consumers*, 346 *New Eng. J. Med.* 498 (Feb. 14, 2002), available at www.nejm.org. The authors also note the skewed distribution of DTC expenditures across drug classes, with the 20 largest drug classes accounting for over 60% of total expenditures. As a result, the relative size of DTC ad expenditures will vary significantly across drug classes.

³⁴ *Id.* For example, in 1996, promotions to professionals totaled \$9,164 million (representing 14.1% of sales) and in 2000 promotions to professionals totaled \$15,708 million (14.0% of sales). *Id.* at 500. There is evidence that expenditures for detailing do affect the drug the physician prescribes. J. Donohue (Harvard Medical School), *Effects of DTC Advertising of Prescription Drugs on the Treatment of Depression*, presentation for DTC Public Meeting (Sept. 22, 2003), available at www.fda.gov/cder/ddmac/P2donohue/index.htm.

³⁵ Some studies suggest that increased drug expenditures are due to the complex interaction of many factors, such as how extensively a drug is promoted to professionals, whether it has preferential status with an insurer (*i.e.*, it is listed on the formulary), whether the advertising relates to a newly-approved use for a drug, and whether the supporting science is strong. See P. Azoulay, *Do Pharmaceutical Sales Respond to Scientific Evidence? Evidence from Anti-Ulcer Drugs*, 11 *J. Econ. & Mgmt. Strategy* 551 (2002).

confirm, that informative advertising can stimulate firms to compete on the basis of both price and quality.³⁶

Price-based advertising provides the clearest evidence of how advertising can lower the price of goods and is the basis of many of the empirical studies. Yet non-price advertising that provides useful information to consumers -- the primary type of DTC advertising -- may also exert a downward pressure on price. This can occur, for example, when the information provided by the ads stimulates an increase in product sales that results in lower per unit costs of production and marketing.³⁷

In the final analysis, the applicability of the general research on the influence of advertising on price depends on how DTC advertising interacts with unique aspects of how drugs are purchased, such as the role played by physicians and managed care in selecting the drugs to be prescribed and the role of price in that selection process.

In contrast to attempts to estimate price effects, researchers have recently begun to apply sophisticated econometric techniques to study whether DTC advertising expands the demand for prescription drugs. The results have been mixed. Calfee *et al.*'s study of statin drugs reports no demand expansion effect from DTC advertising for either sales within the therapeutic class, or for the particular drug being advertised.³⁸ But a number of more recent studies (not yet published) find that DTC advertising expands the overall demand for the relevant therapeutic

³⁶ See H. Beales & T. Muris, *State and Federal Regulations of National Advertising* (1993); Ippolito & Pappalardo, *supra* n.6.

³⁷ See Beales & Muris, *supra* n.36.

³⁸ J. Calfee *et al.*, *supra* n.32; see also Manning and Keith, *supra* n.32.

class of drugs, while typically failing to increase the market share of the specific drug being advertised.³⁹

Whatever the effects of DTC advertising on the demand for prescription drugs, there are no straightforward inferences regarding its impact on consumer welfare. To determine the net effect on consumer welfare, one would have to balance any negative effects, such as from overconsumption of prescription drugs, with the positive effects, such as those from increased appropriate consumption or the provision of usefiren gs-hcact

³⁹ M. Wosinska, *Just What the Patient Ordered? Direct-to-Consumer Advertising and the Demand for Pharmaceutical Products*, Harvard Business School Marketing Research Papers No. 02-04 (Oct. 2002), available at ssrn.com/abstract_id=347005 (while DTC advertising expands total therapeutic class sales, it only increases the sales of the particular brand if the brand has a preferred status on the health insurer's formulary); T. Iizuka & G. Jin, *The Effect of DTC Advertising in the Prescription Drug Markets*, University of Maryland working paper (Sept. 2003); Rosenthal *et al.*, *Demand Effects of Recent Changes in Prescription Drug Promotion* (June 2003). For a useful review of these and other empirical investigations into the demand effects of DTC advertising, see General Accounting Office, *Prescription Drugs: FDA Oversight of Direct-to-Consumer Advertising Has Limitations: Report to Congressional Requesters* (Oct. 2002).

⁴⁰ Rosenthal *et al.*, *supra* n.33; Iizuka & Jin, *supra* n.39. See also F. Lichtenberg, *Are the Benefits of Newer Drugs Worth Their Cost?*, *Health Affairs* (2001) (citing M. Merlis, *Explaining the Growth in Prescription Drug Spending: A Review of Recent Studies*, (Aug. 2000)). New drugs are also less likely to face generic competition and thus would likely be more expensive. Any additional cost would have to be weighed against any improvement in efficacy.

evidence suggests that advertised drugs target under-treated conditions.⁴¹ When an advertisement motivates a consumer to treat a condition that they would not have treated otherwise, the consumer may obtain important health benefits. Third, new drugs in general may be cost-efficient forms of medical treatment relative to diagnostic and non-surgical procedures. Some research indicates that substituting new drugs for other diagnostic and non-surgical procedures may help consumers save money by lowering other medical costs.⁴²

C. Conclusions

The evidence currently available suggests that DTC advertising has had some positive effects for consumers. DTC advertising appears to provide drug benefit and risk information that prompts consumers to seek out information about medications and medical conditions, some of which may not have been diagnosed previously. The information that consumers acquire may allow them to have more fruitful, informed conversations with their doctors about treatment options and may permit them to make better-informed health care decisions for themselves. In some cases, however, DTC ads may create misimpressions about drug risks and benefits, and doctors may have to correct these misimpressions and not let them affect their prescribing decisions. Definitive conclusions regarding the precise nature of the impact of the FDA's current approach to DTC advertising on consumer welfare cannot be reached, however, until better empirical evidence is developed concerning the effects of DTC advertising on both drug expenditures and health outcomes.

⁴¹ Iizuka & Jin, *supra* n.39; *Prevention*, *supra* n.9.

⁴² F. Lichtenberg, *Are the Benefits of Newer Drugs Worth Their Cost?*, *Health Affairs* (2001); P. Neumann, *et al.*, *Are Pharmaceuticals Cost-Effective? A Review of the Evidence*, *Health Affairs* (2000).

⁴³ “Advertisements” subject to 21 U.S.C. § 352(n) include “advertisements in

FDA-approved package labeling.⁴⁶ Thus, FDA’s regulations require the brief summary to “disclose all the risk-related information in a [drug’s FDA-approved] package labeling.”⁴⁷

During the 1960s and 1970s, pharmaceutical manufacturers directed their drug advertising to physicians. To meet the brief summary requirement, manufacturers generally

⁴⁶ 21 C.F.R. § 202.1(e)(3)(iii).

⁴⁷ 62 Fed. Reg. 43,171 (Aug. 12, 1997) (citing 21 C.F.R. § 202.1(e)(1) and (e)(3)(iii)). Note that the approved package labeling is also sometimes called the “package insert” or “product package insert.”

⁴⁸ 60 Fed. Reg. 42,581, 42,581-82 (Aug. 16, 1995) (reviewing history of DTC advertising).

⁴⁹ 50 Fed. Reg. 36,677 (Sept. 9, 1985).

⁵⁰ “Help-seeking” advertisements encourage consumers to talk to their doctors about health conditions without mentioning a specific drug treatment, and so they are not considered to be drug ads for purposes of the brief summary requirement. “Reminder” advertisements identify specific drugs, but not the drug’s indications; the brief summary requirement does not apply to such ads. *See* 21 C.F.R. § 202.1(e)(2)(i)-(iii).

⁵¹ Broadcast ads “shall include information relating to the major side effects and contraindications of the advertised drug” plus make adequate provision for receipt of more complete risk information. 21 C.F.R. § 202.1(e)(1). “The major statement must include all of the most important risk information related to the product. Because risks vary from product to product, the amount of information disclosed for any particular product to meet this requirement will vary as well.” FDA, Division of Drug Marketing, Advertising, and Communication, *product, the amer pt*

comment also noted that the involvement of two medical professionals -- a doctor and a pharmacist -- performing unique gatekeeper roles makes it less likely that consumers would be harmed if complete risk information is not included in DTC broadcast ads themselves.⁵³

In 1999, the FDA issued guidance to provide further information regarding what a pharmaceutical manufacturer must do to make adequate provision for consumers to receive the FDA-approved product labeling in connection with a DTC ad.⁵⁴ A broadcast advertiser may satisfy the adequate provision requirement by meeting all four of the following components:

- (1) Provide a toll-free number for consumers to call and either have the FDA-approved product labeling read to them or mailed to them in a timely manner (*e.g.*, mailed within 2 business days for receipt within 4-6 days);
- (2) Provide the address of an Internet web page that permits consumers to access the FDA-approved product labeling;
- (3) Create and disclose an alternative mechanism for consumers without access to the Internet to have access to the FDA-approved product labeling, *e.g.*, include the information in concurrently running print ads or widely distributed brochures with the information; and
- (4) Include a statement directing consumers to physicians or pharmacists (or other health care providers) who may provide additional product information.

⁵³ *Id.* Moreover, DTC advertising may alert consumers to the existence of more effective drugs that are not available on a particular health care organization's formulary, leading to demand-side pressure for more effective remedies that would counter any pressure from the health care organization on the doctor to prescribe medications that are less costly but less effective, or less convenient.

⁵⁴ See FDA, *Guidance for Industry: Consumer-Directed Broadcast Advertisements* (Aug. 9, 1999), available at www.fda.gov/cder/guidance/1804fnl.htm; see also 64 Fed. Reg. 43,197 (announcing final guidance document).

⁵⁵ In 2000, 64% of DTC spending was for television ads, with some additional spending on radio ads. The Henry J. Kaiser Family Foundation, *Trends in Direct-to-Consumer Advertising of Prescription Drugs* 5 (Feb. 2002).

⁵⁶ *FTC 1996 DTC Comment*, *supra* n.7, at 21-22 n.40-41 (reviewing studies demonstrating that size of print and volume of information may contribute to reduced consumer

requirement could be modified to convey the sort of useful risk information that will prompt and facilitate discussions between consumers and medical professionals, without discouraging or unduly burdening the provision of information about benefits.

a. DTC Print Advertisements

In contrast to broadcast ads, FDA regulations continue to require that print DTC ads contain full brief summary information. Pharmaceutical manufacturers usually meet the brief summary requirement for print ads by including the entire section of the FDA-approved product labeling that discusses side effects and contraindications of the drug. The product labeling often runs to a page or more of very fine “mouse print” text in magazines and other publications.

The FDA itself has recognized that using the FDA-approved product labeling to meet the brief summary requirement is of “questionable” value for consumers because these materials are “written in technical language intended for health care professionals and . . . relatively inaccessible to consumers.”⁵⁸ As FDA Commissioner Mark McClellan recently noted, the so-called brief summary is “not very brief, not much of a summary, so not very helpful.”⁵⁹

⁵⁸ 60 Fed. Reg. 42,581, 42,583 (Aug. 16, 1995) (summarizing disclosure requirements for print labeling and advertising in public hearing notice).

⁵⁹ FDA Commissioner Mark McClellan, Speech to National Association of Health Underwriters (Washington, D.C. Mar. 25, 2003); *see also* Robert Temple (Director, Office of Medical Policy, CDER), *Closing Remarks*, presentation for DTC Public Meeting, transcript at 226 (Sept. 23, 2003) (acknowledging that the brief summary “is neither brief nor a summary”), *transcript available at* www.fda.gov/cder/ddmac/DTCmeeting2003.html.

⁶² “Requiring additional information to qualify a claim or identify possible drawbacks of a product increases the cost of advertising. . . . If a significant fraction of each communication must be devoted to required disclosures, sellers may disseminate information about product advantages less widely.” J. Howard Beales, III, *Economic Analysis and the Regulation of Pharmaceutical Advertising*, 24 Seton Hall L. Rev. 1370, 1381 (1994).

⁶³ See

⁶⁴ *See Draft Guidance, supra* n.63.

⁶⁵ *Id.* FDA-approved patient labeling is also called “Information for the Patient,” “Patient Information,” “Medication Guide,” and “patient package inserts.”

⁶⁶ *Id.* at 2.

⁶⁷ Roberts, *supra* n.61, available at www.fda.gov/cder/ddmac/P5Roberts/sld012.htm and [/sld013.htm](http://www.fda.gov/cder/ddmac/P5Roberts/sld013.htm).

likely that consumers will actually see and understand the risk information provided. This change would make the brief summary requirement for DTC print ads consistent with the brief summary requirement for DTC broadcast ads. Although print generally accommodates more information than broadcast, consumers appear to receive little additional benefit from the risk information in the FDA-approved product labeling or perhaps the FDA-approved patient labeling, even though such labeling information can be conveyed in print media.⁶⁸ Moreover, if the brief summary requirement were the same for DTC broadcast ads and DTC print ads, then pharmaceutical manufacturers would choose the media for their ads based on how they can most effectively convey their message and thereby compete with other manufacturers, rather than based in part on the costs of complying with differing regulatory standards for different media.⁶⁹

b. DTC Broadcast Advertisements

The FDA's current approach to the brief summary requirement for broadcast ads – requiring a major statement of risks and making adequate provision for consumers to receive more risk information – provides consumers with sufficient risk information to empower them to

⁶⁸ In our previous comment, we recognized that “differences among media may affect the likelihood of deception from advertising claims and, therefore, the appropriateness of particular approaches to preventing deception.” *FTC 1996 DTC Comment, supra* n.7, at Section IV.B. Certainly, different approaches to communicating information and disclosures may be warranted based on differences between media. Although print is a more effective medium for the presentation of textual information than broadcast, it nevertheless may not be good public policy to impose greater disclosure requirements for print ads if the costs of providing the additional information exceed its benefits.

⁶⁹ History suggests that changes in regulatory standards for DTC ads can affect the relative cost of advertising in different media, thereby altering the media advertisers choose for DTC ads. For example, 85% of spending on DTC in 1995 was on print ads, with the remaining 15% of spending for ads on television. Kaiser Family Foundation, *supra* n.55, at 5. After the FDA decreased the cost associated with the brief summary for broadcast ads in 1996, advertisers switched much of their DTC spending from print ads to television ads. By 1999, 62% of spending on DTC was for television ads and 38% for print ads. *Id.*

have discussions with medical professionals about treatment options. Because this approach mandates only a limited amount of information to be included in the broadcast ad, the requirements do not seem unduly burdensome for advertisers. FTC staff, therefore, believes that the FDA generally should retain its current approach to the disclosure of brief summary information in broadcast ads. Indeed, as discussed above, we believe that the same approach should be extended to brief summary requirements for print ads.

Nevertheless, we believe that the FDA should revise its approach so that manufacturers will make adequate provision for consumers to receive risk information that they are more likely to read and understand. As discussed above, many consumers do not read FDA-approved product labeling or do not understand it. Thus, requiring advertisers to direct consumers to call a toll-free number or contact a website to receive this information probably confers minimal, if any, benefits. The FDA should consider revising the requirement that the FDA-approved product labeling be required so that consumers receive risk information that has been specifically designed for them and that is thus more useful to them.

For drugs for which the FDA has approved patient labeling, the FDA may want to consider requiring that advertisers give consumers a toll-free number to call and a website address to visit to obtain this information.⁷⁰ The patient labeling might provide consumers with

⁷⁰ The adequate provision requirement currently requires that pharmaceutical manufacturers provide an alternative means (such as a concurrently running print ad or the wide distribution of product brochures) to a toll-free telephone number and an Internet website to receive more complete risk information. Approximately 59% of American adults currently have access to the Internet, and about 95% of American households have a telephone. See Pew Internet & American Life Project, *Internet Use by Region in the United States* (Aug. 27, 2003); U.S. Census Bureau, *Historical Census of Housing Tables: Telephones* (1990 Census data). Because virtually all American consumers have access through the Internet or the telephone to a free and readily available means of obtaining more complete risk information about an advertised drug, there seems little need to impose on pharmaceutical manufacturers the

better risk information than the product labeling, at a relatively modest cost to advertisers.

Nevertheless, given the concerns about how useful even the patient labeling is to consumers, we

additional cost of concurrently running print ads or widely distributing product brochures. We would also note that consumers who want to maintain their privacy and obtain more complete risk information can call a toll-free number, not identify themselves, and receive the information over the telephone.

⁷¹ Apparently many drugs currently do not have FDA-approved patient labeling. For example, the FDA has approved patient labeling for only 24 of the 128 innovator drugs that the agency has approved since January 1998. *See* FDA, *Consumer Drug Information* (July 11, 2000), *available at* www.fda.gov/cder/consumerinfo.

⁷² *See* 21 C.F.R. § 202.1(e)(5)-(7).

summary of true information relating to side effects and contraindications of the drug.”⁷³ The purpose of the fair balance requirement is to prevent ads that create a net impression that overstates the efficacy or understates the risks associated with the advertised drug.

Although a mechanical application of the fair balance standard ensures proportionality between benefit and risk information, it could unnecessarily restrict the ability of advertisers to present truthful, non-misleading claims. For example, if a mechanistic approach were adopted, an advertisement might violate the fair balance requirement if it presented benefits clearly and conspicuously in 24-point type and presented risk information clearly and conspicuously in 18-point type. Such an ad may not be “fairly balanced” in terms of format, but it may, nevertheless, effectively communicate both benefit and risk information to consumers. Ads lacking in fair balance thus do not necessarily mislead or otherwise injure consumers.⁷⁴ On the other hand, an ad might present benefit and risk information in the same size and font, but it would be misleading if it discussed only minor risks without disclosing significant side effects.

The FTC staff recommends that the FDA clarify that, in interpreting and applying the fair balance requirement, the FDA prohibits only ads that convey a deceptive impression of the risk

⁷³ 21 C.F.R. § 202.1(e)(5)(ii). FDA regulations identify twenty types of advertising communications that it considers *per se* “false, lacking in fair balance, or otherwise misleading,” and an additional thirteen types of advertising that may be “false, lacking in fair balance, or otherwise misleading,” all of which would render the drug misbranded under 21 U.S.C. § 352(n). See 21 C.F.R. § 202.1(e)(6)-(7).

⁷⁴ To the extent that the fair balance requirement were interpreted to require equipoise between benefit and risk information, the requirement might lead consumers to overestimate the risks. For example, if a drug with many benefits and few risks must be presented in such a way that both risks and benefits garner equal attention, the relative distortion may mislead consumers.

or benefits of a drug from the overall presentation of information, rather than those that fail to achieve a mechanistic balance between risk and benefit information.

C. Comparative DTC Advertising

FDA regulations and practices may make it difficult for advertisers to engage in truthful, non-misleading comparative advertising, including comparative price advertising. For example, reminder ads, such as an ad reminding consumers to take an anti-depressant, are exempt from the brief summary requirement. Nonetheless, if truthful, non-misleading comparative price information is added to a reminder ad, then the ad must satisfy the FDA's brief summary requirement discussed above.⁷⁵ In 1996, FTC staff observed that this requirement may discourage advertisers from making comparative price claims in some ads.⁷⁶

We continue to believe that restrictions and burdens on truthful, non-misleading comparative advertising merit careful consideration.⁷⁷ Comparative advertising is an important

⁷⁵ See 21 C.F.R. § 200.200 (1994) (limited exemption from advertising and labeling requirements for reminder ads that communicate prescription drug price claims). The exemption is limited to ads whose “only purpose . . . is to provide consumers with information concerning the price charged for a prescription for a particular drug product.” *Id.* The exemption apparently does not apply to comparative price claims or to comparative claims about economic factors other than price, such as the number of doctor visits required under one drug regimen as opposed to another.

⁷⁶ *FTC 1996 DTC Comment, supra n.7.* There is little need for such a requirement to prevent deception. Retail prescription drug price advertising has been allowed for years without such a requirement.

⁷⁷ For example, the FDA has extensive regulatory requirements even for price claims in reminder ads that are exempt from the brief summary requirement. Elements that must be disclosed, if the ad is to qualify as a reminder ad, include “the proprietary name of the drug product, if any; the established (generic) name of the drug product, if any; the drug product’s strength [under certain conditions]; the dosage form; and the price charged for a prescription for a specific quantity of the drug product.” In turn, the price stated in the advertisement must include “all charges to the consumer including, but not limited to, the cost of the drug product, professional fees, and handling fees, if any.” 21 C.F.R. § 200.200.

may be responsive to prescription drug pricing.⁸³ Nevertheless, if an advertiser can make the truthful, non-misleading claim that its advertised drug is less expensive than a competing drug, such as representing that its drug requires fewer doctor visits or fewer complementary treatments, then consumers and competition will benefit if such a claim is not prohibited or deterred. The FTC staff therefore recommends that the FDA carefully examine its regulations and policies to ensure that advertisers are able to make truthful, non-misleading comparative claims, including comparative price or other related cost claims, in DTC advertising.

D. Endorsements and Testimonials

One trend in DTC advertising in the last five years is the growing use of endorsers, particularly celebrities, as an element in advertising campaigns. Celebrity endorsers - - such as Joan Lunden (Claritin), Jennie Garth (Imitrex), Jack Nicklaus (Altace), and Rafael Palmeiro (Viagra) - - increasingly appear in DTC ads. The use of endorsers raises issues such as whether the endorser must have personally used and benefitted from the product and whether the

⁸³ A. Sorensen, *An Empirical Model of Heterogeneous Consumer Search for Retail Prescription Drugs*, National Bureau of Economic Research Working Paper 8548 (2001) (estimating that approximately five to ten percent of consumers search for lower drug prices at retail pharmacies, with price-shopping more common for medications that consumers purchase for continuing treatment), *available at* www.stanford.edu/~asorensen/papers/search.pdf; *see also* A. Sorensen, *Equilibrium Price Dispersion in Retail Markets for Prescription Drugs*, 108 J. Pol. Econ. 833, 834 (2000):

The central finding of this study is that observed price distributions are consistent with the predictions of models based on consumer search. The empirical approach hinges on the observation that incentives to price-shop are strongest for prescriptions that must be purchased frequently, such as medications used to treat chronic conditions. . . . This prediction is found to be true in the data. . . .

advertisement must disclose that the endorser has received compensation for appearing in a particular ad or for mentioning the product in an interview or talk show appearance.⁸⁴

Since 1975, the Commission has had guidelines governing advertisers' use of endorsements and testimonials, including expert and celebrity endorsements. The FTC's Guides Concerning the Use of Endorsements and Testimonials in Advertising⁸⁵ are designed to assist advertisers in conforming their endorsement and testimonial advertising practices to the requirement of Section 5 of the FTC Act that they not be deceptive or unfair.

The Guides state, for example, that endorsements must always reflect the honest opinions, findings, beliefs, or experience of the endorser.⁸⁶ Endorsements may not contain any representations that would be deceptive, or could not be substantiated if made directly by the advertiser.⁸⁷ An expert endorser must have the expertise that he or she is represented as possessing. An expert endorsement must be supported by an actual exercise of his or her expertise. This means that the expert's evaluation of the product must have been at least as

⁸⁴ See, e.g., M. Petersen, *Heartfelt Advice, Hefty Fees*, N.Y. Times (Aug. 11, 2002) (noting payment to Ms. Lauren Bacall for mentioning a friend's use of Novartis' Visudyne during an appearance on the *Today* television show); M. Petersen, *CNN to Reveal When Guests Promote Drugs for Companies*, N.Y. Times (Aug. 23, 2002) (reporting CNN's adoption of policy to query interviewees who will speak about medical issues whether they are being paid to promote a product).

⁸⁵ 16 C.F.R. Part 255. The Guides were promulgated under the Federal Trade Commission Act ("FTC Act"), 15 U.S.C. §§ 41-58. The Guides are interpretations of laws administered by the Commission. To challenge a claim inconsistent with the Guides, the Commission would have to prove that it was unfair or deceptive in violation of the FTC Act.

⁸⁶ 16 C.F.R. § 255.1(a).

⁸⁷ *Id.*

testimonials in advertising for these products would create a more level playing field on which the sellers of these products can compete.

We note that the Commission has announced that it will review the Guides Concerning the Use of Endorsements and Testimonials in Advertising.⁹¹ The Commission reviews all of its rules and guides periodically to seek information about their costs and benefits as well as their regulatory and economic impact. The FTC staff encourages the FDA and others interested in the use of endorsements and testimonials in DTC advertising to submit comments to the Commission during this regulatory review.

E. Internet Advertising

The Internet is a valuable resource for consumers looking for information about prescription drugs. According to a Pew Internet Project survey conducted in March 2002, 73 million American adults (62% of Internet users surveyed) use the Internet to look for health information.⁹²

⁹¹ See 68 Fed. Reg. 2465 (Jan. 17, 2003). As part of this review, the Commission seeks comment as to whether its regulations and policy statements should be eliminated, retained, or retained with modifications to reflect changes in the marketplace, technology, or other considerations.

⁹² Pew Internet Project, *Vital Decisions: How Internet Users Decide What Information to Trust When They or Their Loved Ones Are Sick* (2002), available at www.pewinternet.org/reports/reports.asp?Report=59&Section=ReportLevel1&Field=Level1ID&ID=259.

⁹³ *Id.*; see also C. Rothkopf (Time Inc.), *The DTC Information Process*, presentation for DTC Public Meeting (Sept. 22, 2003), available at www.fda.gov/cder/ddmac/P1Rothkopf/index.htm (noting usage of pharmaceutical companies' websites as a source of information for disease conditions and treatments); A. Goldhammer (Pharmaceutical Research and Manufacturers of America), *The Internet and Useful Patient Information*, presentation for DTC Public Meeting (Sept. 23, 2003), available at

to the FDA's 2002 DTC advertising survey, as noted above, 38% of those surveyed cited the Internet as a source of information, up from 18% in the previous survey in 1999.⁹⁴

www.fda.gov/cder/ddmac/P7Goldhammer/index.htm (citing Nielsen/Net Ratings data that over 12 million consumers went to pharmaceutical manufacturers' websites during the first quarter of 2003).

⁹⁴ FDA Survey, *supra* n.8.

⁹⁵ For discussion of whether to characterize Internet websites as advertising or labeling, see, e.g., P. Moore & M. Newton, *Prescription Drug Advertising on the Internet: A Proposal for Regulation*, 2 W. Va. J.L. & Tech. 1.1 (1998), available at www.wvu.edu/~wvjolt/Arch/Moore/Moore.htm; L. Brannon, *Regulating Drug Promotion on the Internet*, 54 Food & Drug L.J. 599 (1998); P. Reichertz, *Legal Issues Concerning the Promotion of Pharmaceutical Products on the Internet to Consumers*, 51 Food & Drug L.J. 355 (1996); M. Scheineson, *Legal Overview of Likely FDA Regulation of Internet Promotion*, 51 Food & Drug L.J. 697 (1996).

⁹⁶ The FDA previously sought comment on treatment of the Internet, 60 Fed. Reg. 42,581 (Aug. 16, 1995), but has not issued guidance.

⁹⁷ For discussion of the FTC staff's recommendations regarding the requirements applicable to DTC advertising in print media, see *supra* Section III.A.2.

consistent with the current treatment of similar ads in other media.¹⁰⁰ Other ads in these formats should be required to disclose the brief summary information to the same extent as ads in other media. Here, however, advertisers should be able to satisfy this requirement by sending consumers who click on the banner ad or pop-up ad to the first web page on the company's website that discusses the benefits of the drug, that is, the web page that will have the major statement of risks and an appropriate link to more complete risk information. Sending consumers who receive DTC ads online – who, by definition, have Internet access – to a web page with a major statement of risks and an appropriate link to more complete risk information should satisfy the brief summary requirement.¹⁰¹ Similarly, advertisers should be able to meet the brief summary requirement for commercial email by including an appropriate disclosure that additional information is available on a specific page of a website.

IV. Conclusion

DTC advertising can play an important role in providing information about prescription drugs that may spur consumers to seek help for a previously untreated condition, encourage them to talk with a doctor about a new drug, or otherwise take a more proactive role in minding their health. We therefore encourage the FDA to examine ways to facilitate the flow of truthful, non-misleading information in DTC advertising in a manner that is easy for consumers to understand and access.

¹⁰⁰ See *supra* n.50.

¹⁰¹ See FDA, *Guidance for Industry: Consumer-Directed Broadcast Advertisements*, at 2-3. (Aug. 9, 1999), available at www.fda.gov/cder/guidance/1804fnl.htm.

Respectfully submitted,

J. Howard Beales III, Director
Thomas B. Pahl, Assistant Director, Division of Advertising Practices
L. Mark Eichorn, Attorney
David K. Koehler, Attorney
Bureau of Consumer Protection

Luke Froeb, Director
Pauline M. Ippolito, Associate Director
Joseph Mulholland, Economist
Janis K. Pappalardo, Economist
Bureau of Economics

Todd J. Zywicki, Director
Maureen K. Ohlhausen, Deputy Director
Office of Policy Planning