



## Naming Drugs: A New Class of Drug Names

By Doug Kapp, Vice President Brand Strategy

A major challenge in the naming of new drugs faces marketers. Global companies want a name to be a worldwide mark. Clean-slate or “asemantic” names (they have no meaning but sound good) are the easiest to trademark in the United States and are thought to be necessary for worldwide marks. In the US simple descriptive names (“relational” names) are increasingly difficult to register due to tighter FDA restrictions on descriptive names. In addition, to clear naming agencies in Europe, names cannot be real words.

Based on our work in the industry over the past decade, RTi-DFD knows that doctors want “relational” names, and do not want names without meaning. They generally resist purely “asemantic” names. When used, these names must be learned by the professional and require a great deal of marketing dollars and detail support by the pharmaceutical company to gain awareness and trial.

In contrast to “asemantic” names, “relational” names assist the physician in identifying the nature of the drug. These names can be related to the generic name, the category of drugs, the action or method of action, the organ(s) impacted, its physiological impact and/or its impact on the patient.

RTi-DFD believes that good marketing practice, where a brand strategy is defined, calls for that strategy to drive naming. “Relational” names are most efficient in communicating the Brand Strategy to the market target.

The dilemma for marketers then, is to not only develop relational names that resonate with the market target, but ones that can also pass worldwide trademarking.

That recognition drove us to develop “Relational Asemantics”. RTi-DFD changes the names that doctors like – “relational” names – just enough to pass worldwide trademarking. This new class of names – “Relational Asemantic”, will remind the doctor of the original name both in sound and relationship. A few examples:

**Advair** (advantage air for asthma)

**Amerge** (Emerge from pain and the darkness of the room you hide from the light in with a migraine)

**Balestra** (a gentle balance for diabetes)

**Rescuro** (rescue the axon or neuron after a stroke)

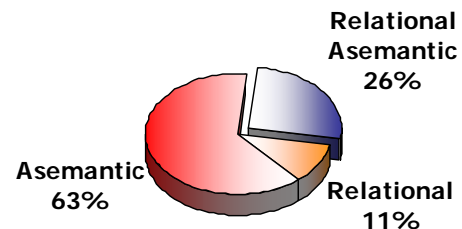
RTi-DFD’s name generation process recognizes the value of supporting the desires of the physician, encompassing the needs of communicating the brand strategy, and addressing the worldwide trademark challenge. By developing “asemantic” appearing names that have a “relational” foundation to the market target, the names sound familiar to the market target yet are not the same as the original “relational” name. The physician recognizes the link to the category / action / impact and, therefore, the name is more efficient than the purely “asemantic” name. Thus, Relational Asemantics.

# Data Supports Superiority of Relational Asemantic Names Over Pure Asemantic (clean slate) Names

An analysis of names that have been tested over the past few years proves the appeal of Relational Asemantic Names (rather than “clean slate” Names) to our market target physicians.

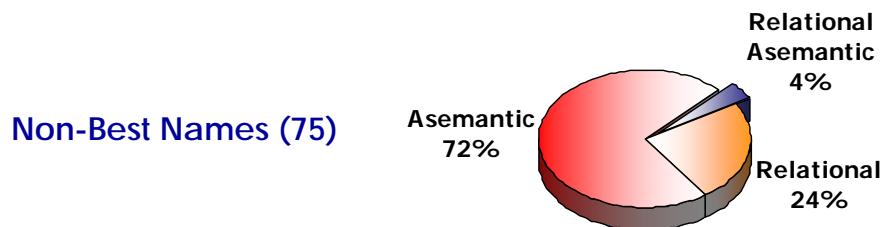
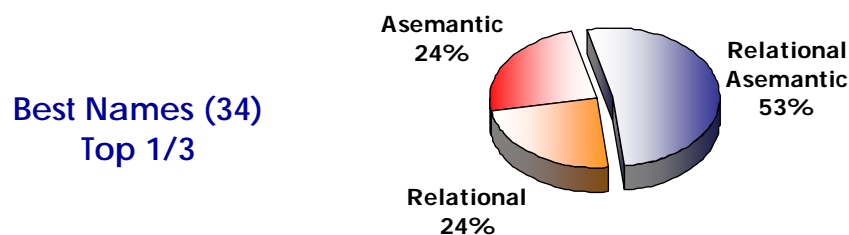
We analyzed Name Tests where a mix of the three types of names was offered to physicians for evaluation. The data from 12 recent Names Tests included 109 test names evaluated by over 1,000 physicians.

109 Names = 100%  
Asemantic (clean slate) Names = 63%  
Relational Names = 11%  
Relational Asemantic (RTi-DFD method) = 26%

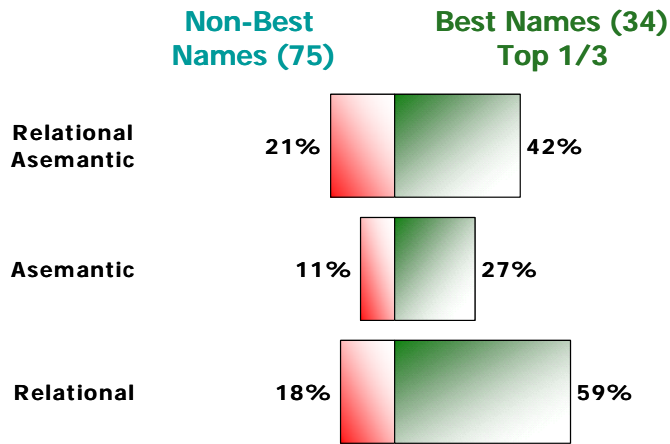


Consistent with the method we use for selecting test names to enter our normative database, the 1/3 highest scoring names in each test were identified. Comparing the composition of these “Best Names” to the composition of the rest of the names provides dramatic proof that physicians prefer both Relational and Relational Asemantic Names over Pure Asemantic (clean slate) names.

Although Asemantic Names outnumbered Relational Asemantic Names (above) 63% to 26%, the share of Best Names is 24% Asemantic (clean slate) and 53% Relational Asemantic Names (below). The Relational Asemantic names make up more than half of the “Best Names” while representing only a quarter of all names tested.



There is also a strong relationship between “preferring a name as my 1<sup>st</sup> or 2<sup>nd</sup> choice” and rating the name “extremely/very appropriate to therapy” (below).



**Percent Rating Extremely/Very Appropriate to Therapy**

The conclusion is that physicians prefer names that they see as being appropriate to the therapy. Names that carry a relational link to the therapy (Relational Names) or are tonal reminders of that linkage (Relational Asemantic Names).

Doug is Vice President, Brand Strategy and heads up the pharmaceutical practice at RTi-DFD. Doug can be reached at 203-324-2420 or dkapp@rti-dfd.com.

