So far in 1967, Joe Powell has gotten almost a 70 fold return on his monthly Indocin promotional assortment.

What is your return on the investment of promotional material which you have made?

The Plan

Our objective in April and every month in 1967 is to narrow the gap between your sales and the top sales in the Region.

This can best be done by "Selective Detailing"—bringing the right product to the right physician with the right theme. The theme must be one that allays his fears, or makes his therapy more effective, safer, or more economical.

Indocin is an easy product to be selective about. Sales and Marketing Research studies show that general practitioners and internists prescribe more than 90% of all the nonsteroidal anti-inflammatory, anti-arthritic agents used. Therefore, in April. . . . pin point your shots. Select no more than 30 general practioners and/or internists for a hard hitting detail on Indocin.

Let's be realistic. By this time most physicians have seen, read, or heard about the report in the New England Journal of Medicine and/or the Wall Street Journal.

The general practitioner and internist in private practice is a mature, pragmatic individual. He realizes that his patients can not afford the luxury of "Ivory Tower" thinking.

The arthritic he sees in his daily office practice demands prompt relief of pain.

The arthritic he sees in daily office practice demands an anti-inflammatory agent that will relieve swelling and increase joint mobility so that he can become productive.

The private practitioner realizes that the arthritic he sees in daily practice will probably be taking medication on a chronic basis. He wants a preparation that can be taken for the long term with as few hazardous side effects as possible.

Indocin is an effective anti-inflammatory agent that is suitable for long term as well as short term use in adult patients who are not pregnant.

Indocin has been found effective in relieving pain; reducing fever, swelling, and tenderness; and increasing mobility in patients with rheumatoid arthritis, rheumatoid spondylitis; osteo arthritis of the hip and gout.

Indocin is much more than a simple analgesic. It is a unique chemical entity unrelated to aspirin, steroids, colchrine or phenylbutozine.

Let's stand on our little old two feet this month and sell the benefits of Indocin.

When some hard-nosed physician brings up one of the recent "controlled" studies reported in the Wall Street Journal . . . Rich Mazziotti stops him cold by opening the Indocin literature to the bibliography and simply asking . . .

"Doctor, can all of these physicians of impeccable reputation really be wrong?

"Doctor, can your own experience with Indocin in your own practice these past 33 months really be wrong?"

Take off the kid gloves. If he wants to use aspirin as base line therapy, let him use it. Chances are the patient is already taking aspirin. He has come to the physician because aspirin alone is not affording satisfactory, optimal effects.

When aspirin alone is not enough . . . Indocin is the logical prescription of choice.

District Managers report that because Edecrin was on primary promotion in March, most of you still have a supply of the leave detail piece sent for use in March. It is a good one. Use it in April to show general practitioners how to maximize the benefits of Indocin for their patients. If you do this effectively, your pockets can swell with extra bonus bucks.

Let's go back down to selling Indocin again.