

## **Consumer Perspective on Pharmaceutical Sales Representative Visits and Drug Samples**

Submitted to the Puget Sound Health Alliance Board by the Consumer Advisory Group\*

The Consumer Advisory Group (CAG) agrees with the recommended position statements advising doctors' clinics and hospitals to limit or eliminate access of drug company sales reps in places where patient care is provided (e.g., to meet with doctors and/or to give out promotional items) and to not accept or distribute prescription drug samples.

We know that drug advertising works, which is why the pharmaceutical industry spends about \$21B to market their drugs. About 90% of that is spent on promotions for doctors, including distribution of free samples<sup>1</sup>. This amounts to about \$13K spent annually on each doctor, not to mention costly TV ads aimed at consumers. The purpose of pens or other items printed with drug names is to build brand name recall and ultimately influence prescribing behavior. Doctors can get office supplies and comprehensive information about all drug options in other ways.

We believe that drug companies distribute free samples to increase the use and sale of their products. As it plays out, many times the use of free samples can lead to higher out-of-pocket costs to the patient, higher cost of care and insurance, and increased overall health care costs. For example, having a supply of samples in doctor's offices increases the likelihood that the more expensive drug will be given free to the patient at first and, in many cases, prescribed to the patient (especially those who have seen the TV ads or are skeptical about switching to a generic once they've started on the brand name drug), thus increasing patient demand for the more expensive drug.

We appreciate the fact that the recommended position statements reflect several points important to consumers:

- Acknowledging the dedication of doctors to caring for patients using all available means and trust in the intelligence of doctors to be able to get the latest research information (equally addressing generics) from sources that have no vested interest in the doctor's treatment decision other than good health care outcomes.
- Noting that doctors' offices should be "advertising-free zones" without sales reps or product promotional materials, so doctors can focus on providing quality, cost-effective care based on all available treatment options.
- Recognition of the negative impact that drug samples may have on the relationship between patients and insurer or self-insured employer when the patient perceives the prescription co-pay, formulary or other benefit-based incentive as second-guessing the doctor's professional medical opinion – particularly if patients assume that doctors give out samples because the sample drug is the best medical treatment option (even if there is an equally effective lower-cost drug available when the patient fills a prescription).
- Reiterating the importance of supporting and expanding programs that help low-income people afford the cost of pharmaceuticals because without these programs some people may not get the treatment they need.
- Stating that patients should be prescribed a drug based on what is most effective and that the substitution of one pharmaceutical for another – either one brand name drug for another, or a generic in place of a brand-name drug – is appropriate when the substituted drug is equally-effective and, ideally, lower-cost. There is a concern that the design of some benefit plans places a priority on lower-cost drugs that aren't always equally effective.

The CAG recognizes that the Health Alliance is striving to increase awareness and create incentives to improve quality, safety, effectiveness and affordability of care. We recognize that doctors' clinics and hospitals have varying levels of resources and some may hesitate to implement the recommendations because of the change that would be required. For example, rather than allowing access to doctors by pharmaceutical sales reps, clinics or hospitals may instead need to identify and rely on objective ways to stay informed about the latest research findings for all types of brand name and generic drugs. If a clinic decides to stop distributing samples, physicians may need to write short prescriptions when testing a patient's tolerance for a drug. In clinics or hospitals which serve uninsured or underinsured people, samples may be used to treat those who can't afford a prescription, based on the idea that providing access to the drug is a higher priority than the safety checks that take place when a prescription is written and the drug is dispensed at a pharmacy. In those instances, instead of using samples, clinics and hospitals may need to more actively rely on numerous programs that help low-income patients access or afford prescription drugs. While the current system is not perfect, the CAG agrees with working toward health care in which effective, affordable and safe treatment and care processes are provided by all medical professionals to all patients.

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<sup>1</sup> "Health Industry Practices that Create Conflicts of Interest: A Policy Proposal for Academic Medical Centers." *JAMA*. 2006;295:429-433