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Fact Sheet

Reducing the Impact of Pharmaceutical Marketing to Physicians and Promoting Appropriate Prescribing and Drug Safety

The pharmaceutical industry spends nearly \$30 billion annually on marketing. The majority (including samples) is spent on direct marketing to physicians (Donohue, NEJM, 2007).

Nationwide, prescription drug spending rose to \$234.1 billion in 2008, almost six times the \$40.3 billion spent in 1990 (Kaiser Family Foundation, 2010).

This fact sheet was created in collaboration with



Sample Prescription Medications

The U.S. pharmaceutical industry spent an estimated \$18.4 billion distributing drug samples to physicians in 2005—more than all other marketing efforts combined.¹ Samples are a key component of pharmaceutical company marketing efforts. Prescribers are often willing to spend time with drug company sales representatives in order to obtain samples to give to patients.² Samples are marketing; they serve as “starter” medications – enticements to prescribe new and generally more expensive medications. Samples have been shown to cause significant increases in new prescriptions for the marketed drug.³ Furthermore, this effect is independent of the effect of detailing by pharmaceutical sales representatives.³ Once therapy has been initiated, patients and their insurers are likely to continue to pay for the new, costly drugs.

Do most samples go to uninsured and low-income patients?

No. Studies have shown that poor or uninsured Americans are less likely than those who are wealthy or insured to receive free drug samples.^{4, 5} Physicians, office staff and pharmaceutical sales representatives also commonly use sample medications intended for patient use.^{6, 7} In 2009, Massachusetts implemented regulations that requires the provision of sample medication be “solely and exclusively for use by the health care practitioner’s patients.”

Does the availability of brand-name samples negatively impact physician prescribing decisions?

Yes. The availability of brand-name samples makes doctors less likely to prescribe their first-choice drugs.⁸ In fact, the removal of samples from one clinic led to the increased prescribing of first-line antihypertensive agents.⁹ In another study, physicians were three times more likely to prescribe usually cheaper generic medications to uninsured patients after drug samples were removed from the practice.¹⁰

Do samples save people money?

In many cases, no. Samples are generally only available for newer, heavily marketed, brand-name drugs. Doctors who use samples tend to use more expensive drugs.¹¹ A comparison of family physicians in 23 similar practices within a comprehensive health care delivery system found that physicians at a clinic that

distributed samples had significantly higher prescribing costs. Prescribing patterns correlated with samples dispensed.⁹ As noted above, removing samples increased the generic prescribing rate.

Are there patient safety concerns related to medication samples?

Yes. In 2004, the 15 most frequently distributed samples for children included four medications that received new or revised FDA black box warnings between 2004 and 2007, as well as two schedule II controlled medications.⁵ In addition, much consumer medication information distributed with sample medications does not meet recommended levels of comprehensibility for such materials.¹² The Joint Commission, which evaluates and accredits more than 16,000 health care organizations and programs in the United States, provides the following recommendations for health care facilities electing to use samples:

- Patient-specific medication information must be available in some fashion
- Medication must be safely stored
- Medication orders or prescriptions are clear and accurate
- The patient record contains information that reflects the patients care, treatment or services
- Medications are labeled
- The organization follows a process to retrieve recalled or discontinued medications
- The organization monitors patients to determine the effects of their medications
- The organization responds to actual or potential adverse drug events, significant adverse drug reactions, and medication errors
- The organization provides patient education and training based on each patient's needs and abilities

What have medical centers, clinics and physicians found as alternatives to free samples?

- One community care center found that devoting staff time to coordinate access to industry prescription assistance programs was an effective alternative to expending staff resources for the proper compliance with sample medication recordkeeping.
- The University of Michigan Hospitals and Health Centers, as part of larger reforms, banned samples in all inpatient care areas and ambulatory clinics in 2003.¹³ To meet the needs of uninsured patients, the social work department maintains a guest assistance program, which can access pharmaceutical industry assistance programs, foundations and institutional resources.
- The Topahkal Family Medical Office serves low-income uninsured patients in Albuquerque, New Mexico. The office stocks its own acute-care pharmacy through low-cost bulk purchasing from Costco Pharmacy. Topahkal prescribers dispense medication in paper envelopes, with patients typically paying \$5 for a one-month supply, which allows the practice to cover costs and make a small surplus and has helped low-income patients afford their medication without difficulty (Andru Ziwasimon M.D., personal communication).

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