

Testimony in Favor of Requiring Disclosure of Free Samples of Prescribed Products  
given to Vermont Health Care Providers  
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*“Representatives say sampling is the best way for them to gain access to the physician and then present their message. Almost 50% report that physicians would not see them if they did not have samples on hand, which would limit their ability to expand on the relationship with the physician.”<sup>1</sup>*

Good Morning. I am a physician and director of PharmedOut, an independent project founded with public money that empowers physicians to identify and counter inappropriate pharmaceutical promotion practices. I represent a group of physicians and former industry insiders working to expose marketing tactics and to encourage the use of unbiased information sources.

The purpose of samples is to help drug reps gain access to physicians, and to habituate physicians to prescribing expensive branded drugs. Pharmaceutical companies carefully monitor the effect of samples on prescribing and ration their wares accordingly. As an industry article states: "...the manufacturer needs to figure out the right amount of samples the rep has to drop off in order to maximize the number of paid prescriptions written."<sup>2</sup>

Samples are very effective at changing prescribing behavior. Studies have shown that availability of samples leads physicians to dispense and prescribe drugs that differed from their preferred drug choice.<sup>3</sup> Access to drug samples also affects resident

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<sup>1</sup> Reps: publicity is negative. Med Ad News 2006 (June); 25 (6): 6.

<sup>2</sup> Tsang J-P, Rudychev I (2006) The sample equation. Medical Marketing and Media (February); 53-58. Available at [http://www.mmm-online.com/content/fileadmin/files/features/2006/The\\_Sample\\_Equation.pdf](http://www.mmm-online.com/content/fileadmin/files/features/2006/The_Sample_Equation.pdf). Accessed May 25, 2007.

<sup>3</sup> Chew LD, O'Young TS, Hazlet TK, Bradley KA, Maynard C, Lessler DS. A physicians' survey of the effect of drug sample availability on physicians' behavior. J Gen Intern Med. 2000 Jul; 15(7): 478-83.

prescribing.<sup>4</sup> Although physicians believe that samples benefit patients of few means, samples are actually less likely to be given to poor and uninsured patients than insured patients.<sup>5,6</sup> Physicians who do give away full regimens of drugs will have their samples reduced or eliminated. As an industry article states, "Patients who can't, or won't, purchase prescriptions may not be worth sampling. The same applies for patients who have a history of poor adherence. If the bulk of the patient base of a physician has such a profile, aggressive sampling may be a waste of time and money."<sup>2</sup>

Additionally, patients are less likely to refill prescriptions for branded drugs, compared with generic drugs, because patients are more likely to continue using drugs they can afford. The average cost of a prescription generic drug is \$32.23, while the average cost of a prescription for a branded drug is \$111.02.<sup>7</sup> In 3-tiered insurance plans, patients who received generics filled 12.6% more prescriptions in the next year than those who received non-preferred branded drugs.<sup>8</sup>

Regarding the proposed legislation, I will address questions 4 and 5.

4. Would disclosure of the distribution of free samples have a significant impact on the willingness of providers to accept those samples? Would it make a difference if disclosure were only to the Attorney General, and not to the public?

Acceptance of drug samples, as opposed to gifts or trips, is not generally perceived in a negative light. Physicians and other prescribers believe, against the evidence, that samples benefit patients, and patients enjoy receiving "free" drugs from their doctor. If the onus of reporting is on the manufacturer, it is unlikely that the disclosure of distribution of free samples would have a significant impact on the willingness of providers to accept those samples. If the onus of disclosure is on the provider, the perceived burden of paperwork may reduce willingness to accept samples. This outcome could only benefit public health. Decreased availability of samples, especially if combined with education of providers and consumers regarding the real purpose of samples, could help reduce drug costs in Vermont.

Disclosure should be made to the public, not just the AG's office.

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<sup>4</sup> Adair RF, Holmgren LR. Do drug samples influence resident prescribing behavior? A randomized trial. *Am J Med.* 2005 Aug; 118 (8): 881-4.

<sup>5</sup> Cutrona SL, Woolhandler S, Lasser KE, Bor DH, McCormick D, Himmelstein DU. Characteristics of recipients of free prescription drug samples: a nationally representative analysis. *Am J Public Health.* 2008 Feb;98(2):284-9.

<sup>6</sup> Cutrona SL, Woolhandler S, Lasser KE, Bor DH, Himmelstein DU, Shrank WH, LeLeiko NS. Free drug samples in the United States: characteristics of pediatric recipients and safety concerns. *Pediatrics.* 2008 Oct;122(4):736-42.

<sup>7</sup> Prescription Drug Trends, May 2007 <http://www.kff.org>.

<sup>8</sup> Shrank et al. The implications of choice: prescribing generic or preferred pharmaceuticals improves medication adherence for chronic conditions. *Arch Intern Med.* 2006 Feb 13;166(3):332-7.

5. What is your opinion on whether the distribution of free samples should be disclosed to the Attorney General's Office? What is your opinion on whether such disclosures should be released to the public?

PharmedOut supports the disclosure of the distribution of free samples to the public. The disclosure, however, should include not only samples delivered by drug reps but also samples delivered through e-sampling; samples distributed from a central location of a hospital or other facility; and product vouchers, coupons, or discount cards provided by or made accessible through providers.

Information gathered and released to the public should include the names of providers, together with the names and amounts of sampled drugs received. This would provide valuable information to researchers who wish to study sampling patterns. Providers could also compare their own sample use with that of fellow prescribers. For these reasons, PharmedOut supports the public disclosure of the distribution of free samples.

### **About PharmedOut**

*PharmedOut <http://pharmedout.org> is an independent project, based at Georgetown University Medical Center, that educates prescribers about judicious, cost-effective use of drugs and the adverse public health effects of inappropriate pharmaceutical promotion. Launched in 2006 through a 2-year grant from the Attorney General Consumer and Prescriber Grant Program, the project is currently funded by individual donations. The PharmedOut.org website includes links to news, drug information, and many resources, including our own videos, slideshows, articles, and consumer factsheets. The site features links to more than 150 free, pharma-free, web-based continuing education courses, including our three free, web-based CME modules. "The Pharmalyzer: Are you prescribing under the influence?" is a unique self-assessment tool that enables prescribers to assess their individual susceptibility to pharmaceutical marketing. Other modules include "Drug Approval in the United States" and "Generic Drugs: Prescribing Sensibly."*