

## ...that reps know what you prescribe?

Prescription information is collected by most pharmacies and sold to companies, which package and sell this information to pharmaceutical companies, giving an estimate of your actual prescriptions. Reps then refine their sales pitches to increase your prescribing. The information also helps them decide how they are going to allocate the money they spend on your practice. [Opt Out](#) (see What You Can Do) to protect your prescribing data.

## ...that the more prescriptions you write, the more money the rep and his managers make?

Reps are under a tremendous amount of pressure to make their sales numbers at any and all costs for bonuses. The bonuses of drug reps and their managers depend on how many prescriptions drug reps persuade prescribers to write. Failure to convince enough prescribers to prescribe enough of targeted drugs can result in reps losing their job. Job pressure may cause some reps to provide fraudulent information to persuade you to use their drugs- even if your patients are put at risk.

## Off-Label Promotion

It is illegal for companies to engage in off-label promotion (promotion of a drug for conditions other than those it was approved for) but drug reps can distribute journal articles about off-label uses. Nonetheless, a rep may imply that a drug benefits a condition for which it is not approved, or say, for example, that “Dr. Brown at University Hospital uses this drug for depression” when the drug has not been approved to treat depression. Other forms of influence are copies of standing orders written by other physicians. Don’t sign or turn over any documents other than a sample receipt to a rep or manager. Physicians have been embarrassed to learn that their standing orders for off-label prescriptions were being used without their knowledge to pressure others to prescribe a drug off-label.

## What you can do

### Complain

Report false or misleading claims made by drug reps, speakers at meetings, or in drug ads to the FDA Division of Drug Marketing, Advertising, and Communications (DDMAC). Email [BadAd@fda.gov](mailto:BadAd@fda.gov) or call 877-RX-DDMAC. For more information, Google “FDA Bad Ad.”

### Opt Out

Visit <http://www.ama-assn.org/ama/pub/about-ama/physician-data-resources/ama-database-licensing/amas-physician-data-restriction-program.shtml> to opt out of letting reps access your prescribing data at the AMA site through the Physician Data Restriction Program. Opting out prevents sales reps and their immediate supervisors (District Managers) from seeing the information, but everyone else in the company still has access to your data.

### Don't See Drug Reps

Posting a No Drug Reps Certificate helps keep drug reps out of your office and lets patients know that you don't depend on marketing. Download yours at [www.pharmedout.org/NoDrugRepsCertificate.pdf](http://www.pharmedout.org/NoDrugRepsCertificate.pdf)



### Support PharmedOUT

PharmedOut researches pharmaceutical marketing practices and promotes evidence-based prescribing by providing grand rounds, teaching tools, pharma-free CME modules, and many other resources for prescribers. Pharmed out is supported by individual donations.

*Glenn Demott MS and the PharmedOUT team*

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\*PharmedOUT is a Georgetown University Medical Center project.

# Don't Be Duped By Drug Reps

*Reps use many tactics to influence what you prescribe.*

## Sham Jobs

“I’d like to arrange a small dinner with you as a speaker, so other physicians could learn from you.” Unless you are a nationally known expert in your field, this invitation is well-disguised bribery. Drug reps know that a physician who is paid for giving a talk to peers at a nice restaurant will prescribe more of the drugs he sells.

“Would you like to be a clinical trial investigator?” Reps are NEVER involved in scientific studies. In recent federal fraud cases, physicians were offered money to participate in sham clinical trials. If you are offered money to “enroll” a few patients from your practice in a “clinical” study, this is a marketing or “seeding” study designed to “seed” prescriptions. This is a violation of Federal law. Repackaged samples are a dead giveaway because they are never used in real, well-designed scientific trials.

“Would you like to become a speaker?” If you have ever attended a speaker training in a luxury resort with a hundred other physicians, you’ve been duped. You have not been chosen for your clinical expertise or even your gift for speaking but because of your prescribing potential. Prospective “speakers” study marketing messages believing that they are being trained to present at medical meetings and scientific conferences. Documents revealed in litigation show that these sham training events are designed to purchase physician loyalty and persuade “speakers in training” to prescribe more of the company’s drugs. The pharmaceutical company has no intention of ever using attendees at sham training events as speakers. Real speaker trainings only have 10-20

**“Would you like to moderate a Journal Club? I will gladly pay an honorarium.”**

Teaching your colleagues may seem flattering and may look like a good opportunity to promote your practice, but beware! This is an attempt to make marketing messages more powerful and actually to transfer the liability for illegal activity to you because reps may recruit physicians to present articles favoring off-label use of a drug. If you are a paid moderator, you are legally considered a representative of the drug company and must operate under the same rules as the rep. As a paid speaker, you cannot legally discuss unapproved uses of a drug on behalf of a pharmaceutical company.

**G**enuine journal clubs are a great idea. If you are interested in meeting with other physicians to discuss recent publications, do it on your own and evaluate the scientific credibility of each journal article as part of the discussion. Be very skeptical of any articles authored by employees, speakers or consultants for the pharmaceutical industry. Ghostwritten articles produced for marketing purposes are common- even in the best peer-reviewed journals.

**“Would you help us train our reps?”** A company representative may ask you to listen to and rate different drug reps detailing the same drug. You’ll be paid for your time as a “consultant,” but the company isn’t interested in your opinion. You are listening to marketing messages so that they become imbedded in your subconscious. You can be sure that your prescribing habits have been reviewed prior to your invitation to train the reps on materials they have already been thoroughly trained on. Companies spend millions of dollars on very sophisticated sales force training, so they don’t need your help except to write more prescriptions for the targeted drug.

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## Misleading Statements

**“Here’s a journal article I photocopied for you.”** A rep that hands out photocopied journal articles has violated both copyright law and company policy. Only company-approved reprints, not photocopies, can be distributed. This reprint must be reviewed by the company, sent to the FDA, and accompanied by a Package Insert to be legally distributed.

**“The FDA approves the information I give you.”** This is a lie. While all marketing materials used by reps are under the FDA’s jurisdiction, the FDA does not pre-approve these materials. Companies are required to send a copy of these materials to the FDA, but the FDA is too swamped to examine every item. Reviewers can review only about 0.2% of the 100,000 marketing materials that companies send the FDA annually. The FDA mainly depends on prescribers to complain about questionable marketing (see [Bad Ad](#) campaign).

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**“This article from a medical journal shows my drug is superior.”** A drug must only be superior to placebo to be FDA-approved. To legally make a superiority claim, a drug must be statistically significantly superior to another drug in two well-conducted randomized controlled trials with clinically relevant endpoints. Look out for ways of manipulating study design including:  
*Unfair comparisons* (testing a targeted drug against a subclinical dose of a comparative drug) or *Cherry-picking results* (using secondary endpoints to show superiority when the primary endpoints were insignificant).

**“If you compare the product inserts for these two drugs, you’ll see that my drug is superior...”** Data in Package Inserts for two drugs cannot be directly compared. Claims of superiority cannot be made without comparing drugs in the same trial.

## Did You Know...

**...that samples are a ticket to getting face time with a physician?** Samples are the best marketing tool pharmaceutical companies have and are only provided for the most profitable drugs. They are doled out in weekly rations so reps can visit often. Prescribers must sign for samples, but requests that the signature be witnessed are a marketing ploy to get a few minutes with you. Company policy may require a witnessed signature, but no state or Federal law requires witnessed signatures. **M**any prescribers believe that they give most samples to patients who cannot afford drugs, but data proves otherwise. It’s better to prescribe drugs that are best for patients based on objective scientific information and affordability rather than whether you have samples to give your patients.



*Don't be Duped!*

**...that your staff loves reps?** Drug reps feed and flatter the staff to recruit them to provide personal information about you and your patients, and to suggest specific drugs. Staff may even give the reps information on which drugs specific patients are taking. This provides the reps ammunition with which to debate you, and all of this is meant to affect what you prescribe. Consider hosting your own weekly lunch with staff. This can be used to discuss office or patient issues, education, or just to have some relaxing downtime to help ensure that staff loyalties stay with prescribers and patients, not salespeople.