

Translated from *Rev Prescrire* February 2004; 24 (247): 104

# Sales reps : footsoldiers in drug company wars

**P**rescrire's sales reps monitoring network has existed for 13 years. Successive annual reports show no major changes in reps' practices (a)(1,2), but a number of new trends were reported last year.

**Virtually no new substance presented to community practitioners.** In 2003 most reps seen by network members promoted either old drugs or their variants (isomers, metabolites, combinations, and me-toos) (b). Most other products were new formulations (orally dispersible tablets are trendy) or new dose strengths. These trends reflect the type of new pharmaceuticals we described in "2003: the year in review" (issue 70 on page 71).

New indications for old drugs are welcome as long as they are based on thorough long-term evaluation. However, 25% of indications promoted in 2003 conflicted with the SPCs.

**Near-extinction of Commission de la transparence reports.** What prescribers want most from sales reps is comparative data and clinical information, according to a recent American survey, in which only 35% of prescribers found rep visits useful (3,4).

Reports by the *Commission de la transparence* [editor's note: official opinion on added therapeutic value] are one source of comparative information that sales reps in France are legally obliged to show health professionals. Yet, according to *Prescrire's* network, only 1% of reps spontaneously offered this document in 2003. Worse, when network members (who remain anonymous) asked for the report, most reps said they do not have it and some didn't even know what it was! Some reps do use these official measures of the advantage offered by a new drug relative to existing options, especially when it allows them to criticise their competitors' products. Other reps deliberately maintain prescribers' confusion between the terms 'added therapeutic value' and 'therapeutic value'. A me-too, for instance, can have a high therapeutic value, without offering any advantages over existing products.

**Risks barely mentioned.** Contraindications were mentioned by only one-third of reps who visited network members, but the information was incomplete in about 50% of visits. Information on interactions and adverse effects was just as scant.

When network members asked reps about the adverse effects of older drugs, many reps said they assumed the risks were well known. But if this were the case, would there be any need to recall these products' beneficial effects?! Failure to point out adverse effects is especially serious given the current tendency to encourage health professionals to prescribe higher doses, for longer periods, and in borderline indications (5).

**Better sales training?** Biased data are all the more harmful when they are cleverly presented, and sales reps seen by network members last year appeared to have honed their selling skills. Following reps' visits observers said they found their arguments convincing in about 20% of cases, compared to 9% the year before, and 6% the year before that (2).

This 'improvement' might be due to new methods used by drug companies and their business partners, including sophisticated analysis of prescriber behaviour during rep visits and better use of computers (6,7). Or might it simply be due to an increase in human and financial resources? According to the president of the French pharmaceutical industry (LEEM), the number of sales reps operating in France has increased by 40% over the last decade, to 23 000 at present (8).

The figures on launch campaigns that were made public are extremely impressive. For example, AstraZeneca claimed they spent a billion US dollars on the international launch of their statin rosuvastatin, which competes with Pfizer's product ator-

vastatin (c)(9).

Sales reps' main task is simply to increase sales, especially by targeting "high-potential" prescribers, i.e. physicians who have a tendency to over-prescribe (10). In no way can sales reps be considered a source of reliable information. To quote a Pfizer executive: "sales reps should be seen in quite a different perspective: more as representatives of drug companies manufacturing customers rather than medicines; in other words reps do not sell but induce purchasing behaviour" (11).

©Prescrire's sales reps monitoring network

a- For further information on *Prescrire's* sales reps monitoring network, the sentinel system of *Prescrire* readers, see references 1 and 12.

b- The 20 pharmaceuticals most often promoted to network members included coxibs, sartans, triptans, -prazos, -dronates, a -floxacin, a -mycin, a -pril, and various levo-, de- and es- compounds, simply aimed at replacing old drugs whose patents had expired.

c- AstraZeneca and Pfizer have worldwide sales forces of about 6500 and 11 000, respectively (ref 9).

### Selected references from *Prescrire* document watch.

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- 2- *Prescrire* Editorial Staff "Performance of sales representatives in France: still bad" *Prescrire Int* 2003; 12 (66): 153-154.
- 3- "Do old detailing methods need an overhaul?" *Scrip* 2003; (2872): 16.
- 4- Sanfourche C "MG et VM: "Je t'aime, moi non plus"" *Le Généraliste* 2003; (2262): 22-25.
- 5- *Prescrire* Editorial Staff "News of *Prescrire* network: boundless imagination" *Prescrire Int* 2003; 12 (67): 197.
- 6- "Improving rep visits with "closed loop" marketing" *Scrip* 2003; (2872): 16.
- 7- Coladangelo R "Physicians' attitudes to online detailing explored" *Scrip* 2003; (2867): page 6.
- 8- Cassan JP, cited in: JH "La qualité de la visite médicale" *Visite Actuelle* 2003; (96): 10.
- 9- "Pfizer rises early to the challenge of Crestor" *Scrip* 2003; (2876): 7.
- 10- Raymond D "Lancements de produits - quelques exemples à méditer" *Pharmaceutiques* 2003; (105): 57-59.
- 11- Pelegry M - Pfizer Executive Vice President, quoted in: JH "La qualité de la visite médicale" *Visite Actuelle* 2003; (96): 14.
- 12- *Prescrire* Rédaction "Visite médicale - Réactions, commentaires et discussions" *Rev Prescrire* 1999; 19 (196): 472-475.



VM: Sales representatives