

- The absence of an active comparator study versus a specific medicinal product;
- The absence of evidence demonstrating added therapeutic value of the new medicine in comparison to existing medicines;
- The length of the treatment varies according to national medical practices in the various Member States;
- The targeted population is too narrow, and should include patients who are allergic or intolerant to medicinal products approved for the same indications;
- For products with well-established medicinal use the posology is based on systematic and documented use and the safety is based on pharmacovigilance data;
- The absence of contra-indications from other medicinal products of the same class, if the scientific data provided in the documentation gives no reason to believe that the same contra-indications apply to the new medicine.

**Patients exposed to drugs with no proven therapeutic advantage.** Thus, according to the Enterprise and Industry Directorate-General of the European Commission, major gaps in a drug's clinical assessment do not represent a danger for patients.

In practice, Member States are expected to accept, without raising objections, drugs assessed only in placebo-controlled trials, in adults with no particular risk factors, drugs whose benefits compared to existing drugs of the same class and optimal dose regimens are unknown, and drugs for which the duration of treatment differs from that usually prescribed.

In light of recent drug scandals, some of which resulted from inadequate initial assessment, these guidelines can easily be seen to represent a danger to public health (6), placing patients at risk from new drugs with no proven therapeutic advantage.

**Time to react.** Drugs are not simple consumer goods that can be sold without restriction. If the European Commission's guidelines fail to take patients' safety into account, Member States are duty-bound to challenge them (b).

European citizens must lobby European institutions and their national governments to ensure that, at the very least, in the field of healthcare products EU citizens' interests are placed ahead of the "free movement of goods".

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**a-** Regulatory agencies are mainly financed through the licensing fees that companies pay to have their marketing applications examined, and for advice on preparing their application files.

**b-** When a Member State refuses to endorse a marketing authorisation because of a potential risk, Directive 2004 calls for arbitration by the European Medicines Agency CHMP. However, other Member States deciding to endorse the marketing authorisation can allow the drug to be marketed in their country without waiting for the end of the arbitration procedure (article 29-6 of the Directive) (ref 3).

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**Selected references from Prescrire's literature search.**

**1-** Prescrire Rédaction "En pratique, la politique du médicament tourne le dos à la santé publique" *Rev Prescrire* 2002; **22** (229): 464-466.

**2-** Prescrire Rédaction "Les dangers de la procédure d'AMM par reconnaissance mutuelle" *Rev Prescrire* 2002; **22** (230): 542.

**3-** "Directive 2004/27/EC of the European parliament and of the council of 31 March 2004 amending Directive 2001/83/EC on the Community code relating to medicinal products for human use" *Official Journal of the European Union* 30 April 2004: L136/34 - L 136/57.

**4-** "Regulation (EC) no 726/2004 of the European parliament and of the council of 31 March 2004 laying down Community procedures for the authorisation and supervision of medicinal products for human and veterinary use and establishing a European Medicines Agency" *Official Journal of the European Union* 30 April 2004: L 136/1 - L 136/33.

**5-** European Commission - Enterprise and Industry Directorate-General - Consumer goods - Pharmaceuticals "Proposal for a Guideline on the definition of a potential serious risk to public health" February 2005: 5 pages.

**6-** Prescrire Editorial Staff "How to avoid future Vioxx-type scandals" *Prescrire Int* 2005; **14** (77): 115-117.

Translated from *Rev Prescrire*  
 February 2006; **26** (269): 107

# News of Prescrire network



## Sales first

Year after year, members of Prescrire Sales Representative Monitoring Network have reported the same breaches of regulatory requirements for accuracy, completeness and consistency with approved product labelling in the claims made by drug company salespeople, including: a tendency to promote off-licence uses and to understate potential risks, and a general failure to provide legally required documents.

These breaches are hardly surprising when one compares the legal framework that is supposed to improve the quality of sales representatives' visits with what goes on in the field.

The introduction to the French sales representatives' charter, which came into effect in 2004, states that (our translation): "in accordance with the law, the Charter (...) aims to strengthen the role of sales representatives in promoting rational use of medicines and high-quality information."

Meanwhile, the programme of the annual Sales Forces Effectiveness Europe conference, held this year from 13 to 15 March 2006 in Barcelona, reveals a totally different image of sales representatives. Take these extracts from the programme, for instance:

- "Expert tips on how to use your training plans as motivational tools for your sales force";
- "How Eli Lilly increased productivity with optimal sales force deployment and sizing";
- "Find out how Novartis built a Selling Effectiveness culture that delivered dramatic results";
- "Learn how to provide GPs with value added services to maximise your customer access and increase sales".

The entire programme, and the list of sponsors (Cegecim, Ims, etc.), can be obtained from <http://www.SFEurope.com>

**The Prescrire Sales Reps Monitoring Network**

**Coming soon.** The next issue will carry a comprehensive review of 15 years of Prescrire Sales Representative Monitoring Network.