

# COPD: respiratory physicians being influenced

In 2014, in the three months leading up to the marketing of the proprietary drug Seebri Breezhaler° (*glycopyrronium*) in France, as also occurred in the few months preceding the launch of Ultibro Breezhaler° (*glycopyrronium + indacaterol*), the company Novartis Pharma ramped up its marketing campaign targeting respiratory physicians, “those primarily concerned” by these drugs which are authorised for chronic obstructive pulmonary disease (COPD) (1). This was the finding of a study carried out by the French national health insurance system (1).

**A carefully thought-out commercial strategy.** This study, based on the French “Transparence Santé” database, analysed the number of contacts between Novartis Pharma and respiratory physicians during the months preceding the marketing of Seebri Breezhaler° and Ultibro Breezhaler° (a)(1,2).

Seebri Breezhaler° and Ultibro Breezhaler° do not represent any advance towards better treatment, according to our analyses (3,4). The French National Authority for Health (HAS) adopted a similar position, concluding that they do not provide any advantage for patients (1). However, these drugs were rapidly and widely prescribed, within barely six months, at a rate of 300 000 packs of Seebri Breezhaler° and 430 000 packs of Ultibro Breezhaler° per month (1).

The French health insurance system attributes the speed of market establishment to the company’s “carefully thought-out commercial strategy”, whose marketing seems “to encourage prescribing outside of strict therapeutic indications”. Indeed, prescription of Ultibro Breezhaler°, which is a combination of *indacaterol* and *glycopyrronium*, is supposed to replace a prescription for the two bronchodilators that patients had previously taken separately. In practice, however, as observed by the health insurance system, Ultibro Breezhaler° is “clearly” also being prescribed as a replacement for only one of these two drugs, incurring an additional cost estimated at 15 million euros in 2015 (1).

**Countering the marketing strategies of drug companies.** Through this study, the health insurance system intends to describe a situation common to the market launch of new drugs, a situation which interferes with more appropriate prescribing and which therefore requires that drug companies’ “commercial strategies be countered”, even before a drug is marketed (1).

Thanks to the “Transparence Santé” database, a new state of affairs now exists for prescribers. They can no longer deny the influence that links with drug companies have on their prescribing practices.

This influence is now crystal clear, apparent even in the work of the health insurance system.

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► Translated from *Rev Prescrire* April 2019  
Volume 39 N° 426 • Page 292

a- “Transparence Santé” is an openly accessible database created by the French authorities in response to the Mediator° disaster.

## Selected references from Prescrire’s literature search

- 1- Cnamts “Améliorer la qualité du système de santé et maîtriser les dépenses. Propositions de l’assurance maladie pour 2019” July 2018: 262 pages.
- 2- Prescrire Rédaction “Prescrire en questions. Base Transparence Santé : quelles “conventions” entre Prescrire et les firmes ?” *Rev Prescrire* 2016; **36** (395): 705-707.
- 3- Prescrire Editorial Staff “Glycopyrronium for inhalation. COPD: another antimuscarinic with cardiac adverse effects that require monitoring” *Prescrire Int* 2014; **23** (146): 36-39.
- 4- Prescrire Editorial Staff “Glycopyrronium + indacaterol. A fixed-dose combination with no advantages in COPD” *Prescrire Int* 2014; **23** (155): 288.

## COMING SOON...

### NEW PRODUCTS

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- Trastuzumab emtansine and inoperable breast cancer

### ADVERSE EFFECTS

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### REVIEWS

- Acute agitation in an adult
- Angiotensin II receptor blockers: contamination by impurities which are probable carcinogens

### OUTLOOK

- Medical devices: action needed to address the lack of patient protection
- The exorbitant price of “recycling” old drugs