

The Myth and Reality of Drug Samples

By Anne S. Kimbol, J.D., LL.M.

Getting something for free in today's American health care system is fairly rare and increasingly valuable. Drug samples are often considered a great perquisite of seeing a physician. Drug representatives are often lambasted for providing free pens, mugs, and other gifts to physicians,¹ but most patients appreciate a free sample when available.

The theories behind free samples are multiple. Some argue that they are simply marketing tools by the big drug companies to sell their newest and most expensive drugs to as many patients as possible. Others see them as a way to help patients with the rising costs of prescriptions drugs. Still others view them as a way to allow a trial run of a drug to see if it works for the patient before a large financial investment is made.²

A group of physicians recently studied the use of drug samples to determine which patients were benefiting the most from these free drugs. They found that samples are more likely available from a physician's office than from an emergency department or clinic and therefore those with more access to a physician's office – the wealthy and insured – were more likely to receive samples.³

The study's authors began by noting that the retail value of drug samples has risen from \$4.9 billion in 1996 to over \$16.4 billion in 2004. In order to examine the recipients of these samples, the authors used data from the Agency for Healthcare Research and Quality's 2003 Medical Expenditure Panel Survey. They defined the various income categories as: low income for those in families with incomes of less than 200 percent of the Federal Poverty Level (FPL); middle income for those with family incomes between 200 and 400 percent FPL; and high income for those in families with incomes over 400 percent FPL.⁴

Based on the data, 12 percent of Americans received a free drug sample in 2003, and 18.7 percent of those who received prescription drugs that year received at least one free sample. Despite belief that drug samples help create a safety net, 12.9 percent of people who were insured all year received a sample compared to 9.9 percent of those uninsured for all or part of 2003. 71.9 percent of sample recipients were middle or upper income compared to 28.1 percent lower income. Non-Whites, Hispanics, non-English speakers and those born outside the US were less likely than their counterparts to receive samples. Those with Medicaid and no insurance coverage were the least likely to receive samples.⁵

¹ See <http://drugreptoys.blogspot.com/> (last accessed Jan. 3, 2008) for examples.

² Theo Francis, *Poor Get Short Shrift on Drug Samples*, Health Blog, WALL STREET JOURNAL, available at: <http://blogs.wsj.com/health/2008/01/02/poor-get-short-shrift-on-drug-samples/> (last accessed Jan. 3, 2008).

³ Sarah L. Cutrona, et al., *Characteristics of Recipients of Free Prescription Drug Samples: A Nationally Representative Analysis*, 98 AM. J. PUB HEALTH No. 2, p. 1 (Feb. 2008), posted ahead of printing on January 2, 2008 at: <http://www.ajph.org/cgi.doi.10.2105/AJPH.2007.114249> (last accessed Jan. 3, 2008).

⁴ *Id.* at 1-2.

⁵ *Id.* at 2-3.

Given these factors, a look at discrimination might be warranted, but the study authors found that the uninsured were more likely to receive samples than the insured when they visited a physicians offer and had a usual provider. As a group, however, these individuals are significantly less likely that the wealthy and/or insured to have a usual physician office provider. They generally go to emergency departments or clinics, where samples are less frequently available.⁶

When interviewed about the study, Sarah Cutrona, one of the authors, remarked that while people like free samples, the study shows they are not really a safety net but are more a marketing tool for the drug companies to reach doctors' offices.⁷ She also mentioned possible safety concerns related to samples, particularly with respect to bypassing pharmacists who check for drug allergies and interactions for patients.⁸

Ken Johnson, senior vice president of the Pharmaceutical Research and Manufacturers of America, faulted the study for failing to look at health outcomes rather than possible motives for drug samples and stated that 75 percent of physicians frequently or sometimes give out samples to help patients with out-of-pocket costs.⁹

The fundamental issue then becomes whether drug samples are a good thing even if most are not given to the most needy patients. Drug costs are constantly on the rise, and even middle and upper income patients with chronic conditions may struggle with co-pays and prices for prescription drugs. Those most in need do get samples when they present to physicians' offices, where the drug representatives tend to go and leave samples. Samples also ease providing trials of drugs. Samples are least likely to be helpful in terms of chronic conditions for the uninsured, as available generics will be more affordable and therefore accessible in the long run.

On the other hand, samples generally are going to those who need them the least, bypass pharmacists who serve a safeguard position for patients, and encourage the use of expensive, brand name drugs even when cheaper generics are available. If the drug companies truly cared about drug samples supporting the safety net, they would go to clinics and public hospitals with samples in hand. Also, there is sufficient evidence available in other areas to cast severe doubt on the intentions of any "freebies" from the drug companies.

⁶ *Id.* at 3-4.

⁷ Liz Szabo, *Study: Free drug samples go to wealthy, insured*, USA TODAY, Jan. 2, 2008, available at: http://www.usatoday.com/news/health/2008-01-02-drug-samples_N.htm (last accessed Jan. 3, 2008); Kaiser Daily Health Policy Report, *Insured, Wealthier Patients More Likely to Receive No-Cost Prescription Drug Samples From Physicians, According to Study*, Kaisernetwork.org, Jan. 3, 2008, available at: http://www.kaisernetwork.org/daily_reports/print_report.cfm?DR_ID=49641&dr_cat=3 (last accessed Jan. 3, 2008).

⁸ Elizabeth Cooney, *Drug sample distribution system faulted*, Boston.com, Jan. 3, 2008, available at: http://www.boston.com/news/nation/articles/2008/01/03/drug_sample_distribution_system_faulted/ (last accessed Jan. 3, 2008).

⁹ *Id.*; Szabo, *supra* note 7.

Completing banning drug samples will not really help anyone. Doctors will be somewhat less incentivized to prescribe the newest drugs, but the drug companies have other ways to influence doctors that do not benefit patients at all. Banning samples will put more money in the drug company pockets, and, without a guarantee that the new found money will go into prescription assistance programs for the poor, will only help the bottom-line of highly profitable companies.

At least with drug samples, even if it is not the drug companies' intention, they are easing the burden of prescription drug costs for some people. If the real concern is that samples are not available enough to those with the least access to them, look at connecting drug companies and/or physicians who receive the most samples to clinics and emergency departments. Do not sacrifice the mediocre in want of the perfect, at least not when there is no realistic way that sacrificing the mediocre will get us any closer to perfect.