

Pharmaceutical research and manufacturers of America

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EDITORIAL NOTE

The Pharmaceutical Research and Manufacturers of America (PhRMA) released updates to its voluntary code on interactions with healthcare professionals on 10 July 2008. The new guidelines took effect in January 2009 in addition to prohibiting small gifts and reminder items such as pens, notepads, staplers, clipboards, paperweights, pill boxes, etc., the revised code: Prohibits company sales representatives providing restaurant meals to healthcare professionals, but allows them to provide occasional modest meals in healthcare professional's offices in conjunction with informational presentations. Includes new provisions requiring companies to ensure their representatives are sufficiently trained about applicable laws, regulations, and industry codes of practice and ethics. Provides that each company will state its intentions to abide by the code and that company CEOs and compliance officers will certify each year that they have processes in place to comply includes more detailed standards regarding the independence of continuing medical education provides additional guidance and restrictions for speaking and consulting arrangements with healthcare professionals.

Free samples have been shown to affect physician prescribing behavior. Physicians with access to free samples are more likely to prescribe brand name medication over equivalent generic medications. Other studies found that free samples decreased the likelihood that physicians would follow the standard of care practices. Receiving pharmaceutical samples does not reduce prescription costs. Even after receiving samples, sample recipients remain disproportionately burdened by prescription costs. It is argued that a benefit to free samples is the "try it before you buy it" approach. Free samples give immediate access to the medication and the patient can begin treatment right away. Also, it saves time from going to a pharmacy to get it filled before treatment begins. Since not all medications work for everyone, and many do not work the same way for each person, free samples allow patients to find which dose and brand of medication works best before having to spend money on a filled prescription at a pharmacy.

PHARMACEUTICAL REPRESENTATIVES

Currently, there are approximately 81,000 pharmaceutical sales representatives in the United States pursuing some 830,000 pharmaceutical prescribers. A pharmaceutical representative will often try to see a given physician every few weeks. Representatives often have a call list of about 200–300 physicians with 120–180 targets that should be visited in 2 weeks or 3 weeks cycle. Because of the large size of the pharmaceutical sales force, the organization, management, and measurement of effectiveness of the sales force are significant business challenges. Management tasks are usually broken down into the areas of physician targeting, sales force size and structure, sales force optimization, call planning, and sales forces effectiveness. A few pharmaceutical companies have realized that training sales representatives on high science alone is not enough, especially when most products are similar in quality. Thus, training sales representatives on relationship selling techniques in addition to medical science and product knowledge can make a difference in sales force

effectiveness. Specialist physicians are relying more and more on specialty sales reps for product information, because they are more knowledgeable than primary care reps. The United States has 81,000 pharmaceutical representatives or 1 for every 7.9 physicians. The number and persistence of pharmaceutical representatives has placed a burden on the time of physicians. "As the number of reps went up, the amount of time an average rep spent with doctors went down—so far down, that tactical scaling has spanned a strategic crisis. Physicians no longer spend much time with sales reps, nor do they see this as a serious problem."

Marketers must decide on the appropriate size of a sales force needed to sell a particular portfolio of drugs to the target market. Factors influencing this decision are the optimal reach (how many physicians to see) and frequency (how often to see them) for each individual physician, how many patients suffer from that disease state, how many sales representatives to devote to office and group practice and how many to devote to hospital accounts if needed. To aid this decision, customers are broken down into different classes according to their prescription behavior, patient population, their business potential, and event their personality traits.

Marketers attempt to identify the set of physicians most likely to prescribe a given drug. Historically, this was done by drug reps 'on the ground' using zip code sales and engaging in recon to figure out who the high prescribers were in a particular sales territory. However, in the mid-1990s the industry, through 3rd party prescribing data (e.g., Quintiles/IMS) switched to "script tracking" technologies, measuring the number of total prescriptions and new prescriptions per week that each physician writes. This information is collected by commercial vendors. The physicians are then "deciled" into ten groups based on their writing patterns. Higher deciles are more aggressively targeted. Some pharmaceutical companies use additional information.

PROFITABILITY OF A PRESCRIPTION

Tendency of the physician to use the pharmaceutical company's drugs, Effect of managed care formularies on the ability of the physician to prescribe a drug, The adoption sequence of the physician (that is, how readily the physician adopts new drugs in place of older treatments), and The tendency of the physician to use a wide palette of drugs Influence that physicians have on their colleagues. Physicians are perhaps the most important component in sales. They write the prescriptions that determine which drugs will be used by people. Influencing the physician is the key to pharmaceutical sales. Historically, by a large pharmaceutical sales force. A medium-sized pharmaceutical company might have a sales force of 1000 representatives. The largest companies have tens of thousands of representatives around the world. Sales representatives called upon physicians regularly, providing clinical information, approved journal articles, and free drug samples. This is still the approach today; however, economic pressures on the industry are causing pharmaceutical companies to rethink the traditional sales process to physicians. The industry has seen a large scale adoption of Pharma CRM systems that works on laptops and more recently tablets.

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