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## *Perspective*

# To Give or Not to Give: The Challenge of Pharmaceutical Coupons

*Mihail Zilbermint and Louise Schiavone*

### ABSTRACT

Diabetes is epidemic and many people cannot afford insulin, a lifesaving medication, as its price has increased by almost 160 percent in the past five years.<sup>1</sup> To help subsidize the cost of insulin, one of the staff members at my hospital would like to give patients copayment coupons provided to her by pharmaceutical companies. I advised my colleague to stop distributing these branded coupons, as they promote particular pharmaceutical companies. This practice is not consistent with the policy on interaction with industry established by the Johns Hopkins Health System. Yet at the same time, I want my patients to be able to afford their insulin so they can treat their diabetes. I truly believe in utilitarianism. Would temporarily subsidizing patients' insulin make me and my staff better healthcare providers? Would this minimize my patients' financial burden? Would giving away medications

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coupons help pharmaceutical companies influence me as a prescriber? This challenge created a personal internal debate and profound moral distress.

### INTRODUCTION

Insulin is a lifesaving medication for patients with diabetes mellitus. After insulin was discovered and purified in Canada in 1921 by Frederick Banting, Charles H. Best, and James B. Collip, the patent was sold for only \$3 to the University of Toronto.<sup>2</sup> They hoped that affordable insulin would soon cure diabetes around the world. The price of major insulins such as glargine (Lantus) and detemir (Levemir) pens increased by at least 160 percent in the past five years, according to a 2015 *Bloomberg Health* report.<sup>3</sup> Today, a box of insulin glargine pens (typically one month's supply) costs up to \$400, which makes it unaffordable for many people in the United States, particularly those who do not have health insurance.<sup>4</sup> It is reasonable to assume that any cost-saving opportunity would be greatly appreciated by patients.

The pharmaceutical industry is playing a "prescription teaser game" by distributing branded medication coupons and samples to doctors' offices that enable patients to save anywhere between \$20 and \$400 on insulin, but only if they select their brand product.

One of the staff members at my hospital would like to give away copayment coupons, provided by pharmaceutical companies. This individual's reasoning is this: "[I] worry that it does a disservice to our patients not to help them with medication costs and copays. . . . We are simply helping our patients out by enabling them to get their medication, which is prescribed without [their careproviders'] input, and the end result hopefully would be that at least for 30 days (hopefully longer), this patient won't be readmitted because he/she could not afford medication to keep them out of the hospital." However, receiving coupons or samples from pharmaceutical companies is forbidden by a Johns Hopkins Medicine Policy on Interaction with Industry.<sup>5</sup> This conflict presents a moral conundrum.

### MORAL ANALYSIS

Would temporarily subsidizing patients' insulin make me and my staff better healthcare providers? Would this minimize my patients' financial burden? Would giving away medication coupons help pharmaceutical companies influence me as a prescriber?

As a caring physician, my ultimate goal is to help patients by "doing whatever I can." Helping patients afford their expensive medications is one goal of the treatment plan, since there is little point in prescribing a medication that patients cannot afford. The Johns Hopkins Policy on Interaction with Industry states, "The practice of accepting free pharmaceutical samples risks interference with one's prescribing practices since industry representatives often provide the newest and most costly drugs. Therefore, free pharmaceutical samples and vouchers for free pharmaceutical samples may not be accepted."<sup>6</sup>

My personal intuitive moral judgment is complex. Human life is the most important value involved in this case. On the first day of my medical school, the dean of the university introduced us to the Latin phrase *Aliis inserviando consumor*, "Consumed in the service of others," which rapidly became my motto. This is where my own values and moral judgments conflict.

This may be a classic right/wrong conflict. Rightfully, I want my patients to receive the best treatment and care. At the same time I understand that pharmaceutical companies are simply employing the concept of "reciprocity," one

of the most powerful influence weapons as described by Robert Cialdini.<sup>7</sup> After receiving something for free, Cialdini maintains, doctors feel obliged to prescribe that particular medication more often, creating a damaging conflict of interest. When patients receive medication coupons, they often come back for a refill. Doctors prefer not to change insulin brands too often. Then the end result is that these patients, who first received the subsidized insulin, ultimately pay the full price later, thus benefiting the pharmaceutical company that issued a coupon.

### MAJOR STAKEHOLDERS

There are three major groups of stakeholders in this moral dilemma: patients, industry, medical staff. Patients with diabetes obviously need treatment (insulin). And who doesn't like "freebies" and "an opportunity to save a buck or two?" as one of my patients recently described it. Medical providers want "the best for their patients," and if this particular brand of insulin is available with a subsidy, then it probably should be prescribed. Often physicians themselves are unaware that they are being influenced.<sup>8</sup> Finally, the pharmaceutical industry is interested in marketing and selling their product with an ultimate goal of increasing revenue and benefiting their own stakeholders.

In this article, we focus on the drug industry in light of a business's corporate responsibility to create shared value. I concede that the pharmaceutical industry invests millions of dollars in research and development of new drugs and formulations, and the companies would like to maximize their return on investment. However, basic medications, such as insulin, should be almost free, and certainly, in general, inexpensive because they are necessary to save lives. The industry must have its own moral compass to create opportunities for the uninsured to obtain their medications, especially for those who have a limited income.<sup>9</sup> Fortunately, a number of big-name pharmaceutical companies already provide services that benefit society, and not just the company. For example, AstraZeneca helped to provide training and awareness to increase breast-cancer treatment in Kenya.<sup>10</sup>

Importantly, Johns Hopkins Health System has established a Johns Hopkins Medicine Outpatient Medication Assistance Program to "meet the short term needs of uninsured clinic patients who had previously relied on industry samples

for their medications.”<sup>11</sup> Under this program, uninsured patients may receive up to a 30-day supply of selected medications at a limited number of locations. In the case of my hospital, the closest participating pharmacy is in Columbia, Maryland, nearly 30 miles away. Another initiative, Mobile Medical Care, is a designated Federally Qualified Health Center, based in Maryland and a close partner of my hospital.<sup>12</sup> It is a network of primary care and specialty clinics that serve low-income and uninsured residents of Montgomery County, Maryland. Once patients enroll in the MobileMed network, they receive medical consultations, labs, and medication for a modest flat fee (\$25 to \$80, based on a sliding fee scale). Unfortunately, due to the cumbersome logistics, including travel and paperwork, it is not enough for our patients.

#### OPTIONS AND DECISIONS

Options are limited. I can instruct my staff to continue giving away insulin copay vouchers, by pretending that “I am not doing it, they are,” and justifying it by saying that “We are doing what is right for the patient, which is paramount.” Alternatively, I may misinterpret the policy by admitting that “Doctors are not allowed to take the prescription vouchers from pharmaceutical companies,” but “there is nothing wrong if you give those coupons away.” I may justify “an exception,” by stating that “transitional benefit may outweigh the risks,” assuming a patient cannot easily afford the drug now. Finally, I can suggest that my staff stop giving away coupons and prescribe older generic insulin (which costs significantly less.) I picked the latter option, citing the conflict of interests and the policy.<sup>13</sup> These industry marketing materials do influence doctors’ prescribing behavior, despite repeated denials. I feel that distributing coupons may help a few dozen patients pay for their insulin this month, however this may influence their opinions and may hurt other patients in the future. I choose to prescribe cheaper generic insulin to uninsured patients. However, there is a similar moral problem with this choice since I feel obliged to tell them which pharmacy has the cheapest insulin (that is, large discount retail chains), thus unintentionally advertising another industry.

Other medical fields may experience similar challenges. For example, some hospitals and birth centers distribute branded infant formula

discharge packs to breast-feeding mothers in the United States, although this practice has recently declined.<sup>14</sup> This marketing campaign by infant formula manufacturers may imply that hospital and medical staff endorse a particular formula brand.<sup>15</sup>

Dilemmas remain. To the extent that it is the physician’s imperative to “first do no harm,” one must ask, where is the greatest harm done: in failing to provide free, albeit promotional, medication to financially stressed patients? Is drawing patients to higher priced medication, first offered for free, a kind of “bait and switch”?

All of this, of course, does not even address the often-heard charge that the drug, medical, and foods industries are working together to take away all incentives for Americans to improve their habits and lose weight, causing an increase in U.S. healthcare spending.<sup>16</sup> For example, a recent report found that annual diabetes spending between 1996 and 2013 was \$64.4 billion, with \$44.4 billion of this increase spent on pharmaceuticals.<sup>17</sup>

#### SUMMARY

Prescribers should avoid accepting samples and gifts from pharmaceutical companies, since it may compromise their independent judgment and even promote nonrational prescribing behavior.<sup>18</sup> Healthcare policy makers should work together with the industry to make lifesaving medications available and affordable.<sup>19</sup>

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#### NOTES

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