



Letter

A new type of medication shortage

Introduction

Sample medications, controversial to many, have long been a useful adjunct for clinicians and patients in introducing new drugs and helping with compliance of their treatment regimen. Although the recent state of the economy has presented the need for more samples, diminishing margins have caused pharmaceutical companies to scale back on their sales forces and the total number of samples (average wholesale price) given, potentially changing an important dynamic for many practices and the patients they serve.

We sought to understand whether, and how, sampling of medications to our practice (and, by extension, nationally) had changed in comparison with previous years. Furthermore, we wished to speculate how trending of sampling might impact our practice and practices, in general.

We have continued to periodically survey sample medications given to our allergy practice over the last 15 years and the first 6 months of 2012.^{1,2} Every sample given to our practice from January through June of 2012 was catalogued and its value determined (average wholesale price).

This calendar year, we extrapolate that the pharmaceutical industry will contribute \$217,000 worth of samples to our practice (Table 1). This represents roughly a 50% decrease in the amount of samples given to us in 2005. As recently as 2007, in better economic times, in excess of \$8 billion of sample medication may have been distributed nationally.³

A decrease in the dollar amount of sample medication available to patients and clinicians reflects multiple factors, including a reduction in the pharmaceutical sales force and a diminution in sample size (decreased number of days of medication supplied per sample). Paradoxically, the total number of samples may increase over time for some drugs. As busy asthma specialists, an inordinate supply of 1 drug, Advair, has continued to be given to our practice. At the beginning of 2009, an Advair sample went from providing 2 weeks of medication to 1 week of medication. Therefore, the \$76,000 of Advair this year is representative of actually a greater number of Advair samples given to our practice than in 2005 (\$125,000) but 14% less than 2009 (\$88,000).

As branded drugs come off patent, samples of those drugs cease. Thus, antibiotic samples have almost disappeared. Drugs accounting for \$250 billion in sales are losing their patents by 2015, including Advair in 2012, further threatening the flow of samples.⁴ However, in a given class, other new drugs often replenish the stream of sample medication. As an example, we are on pace this year to receive 4,500 pills of a certain proton pump inhibitor.

Some clinicians or practices are reliant on sample medications (and vouchers) to provide short-term medication need, enable

Table 1

Samples and distribution

Medication type	Average wholesale price, \$			
	1998	2005	2009	2012
Antibiotics	26,000	40,000	11,000	1,400
Nasal antihistamines	52,000	50,000	33,000	10,000
Nasal steroids	85,000	78,000	35,000	39,000
Inhaled corticosteroids with or without LABA (Advair)	70,000	164,000	171,000	122,000
Miscellaneous	125,000	88,000	76,000	
	29,000	68,000	90,000	45,000
Total	262,000	400,000	335,000	217,000
Practice type				
No. of physicians	1	2	1	1
No. of nurse practitioners	2	1	1	1
No. of offices	2	3	2	2

Abbreviation: LABA, Long-acting beta₂-adrenergic agonist.

their patients to try new medication, and help bridge patients when applicable to fulfillment of a 3-month medication supply. Others use sample medication, in part, to assist poor and financially challenged patients. Naysayers cite the potential evils of sampling, specifically the potential to influence the prescribing patterns of clinicians.^{5,6} However, samples remain important to many, including the marketing strategy of pharmaceutical companies. With health care costs rising, the importance of samples and their trend is impactful and noteworthy.

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