Drugging our kids: RX alliance rewards doctors as drug companies get richer

Adriane Fugh-Berman, a pharmacology professor at Georgetown University’s Medical Center in Washington D.C., says doctors are influenced by pharmaceutical companies’ swag, meals and other gifts. (Dai Sugano/Bay Area News Group)

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Posted: 11/22/14, 4:45 PM PST | Updated: on 11/22/2014

BIG FINES FOR MAKERS OF BIG 5 ANTIPSYCHOTICS

The federal Justice Department prosecuted each of the manufacturers of the top five antipsychotic medications billed to California’s foster care system over charges they illegally marketed the drugs to children and seniors.

Abilify

Manufacturer: Bristol-Myers Squibb

Legal trouble: In 2007, the company agreed to pay more than $515 million in a case that involved payouts to health care providers for consulting and luxury resort travel.

Geodon
Manufacturer: Pfizer

Legal trouble: In 2009, Pfizer agreed to pay $1 billion for deceptive marketing of four drugs, including Geodon. The case focused on false claims for uses that were not “medically accepted.”

Risperdal

Manufacturer: Janssen Pharmaceuticals, a Johnson & Johnson company

Legal trouble: In 2013, the company agreed to pay $2.2 billion to resolve criminal and civil complaints about the company’s marketing of three drugs, including Risperdal. Federal prosecutors asserted that the company knew patients taking Risperdal had an increased risk of developing diabetes but nonetheless promoted the drug as “uncompromised by safety concerns.”

Seroquel

Manufacturer: AstraZeneca

Legal trouble: The company agreed in 2010 to pay $520 million for illegally marketing the drug for uses not approved as safe and effective by the FDA to doctors who treat children and dementia patients. AstraZeneca pushed Seroquel, the government found, through “ghostwritten” medical journal articles.

Zyprexa

Manufacturer: Eli Lilly

Legal trouble: In 2009, Eli Lilly agreed to pay $1.4 billion to resolve accusations of off-label promotion.

Source: U.S. Department of Justice

Olivia Hernandez always trusted the doctors who scribbled out prescription after prescription for the heavy-duty psychiatric drugs that clouded her teenage years in foster care.

Now, she feels “betrayed.”

Three of her former doctors are among a chosen group of California foster care prescribers who received gifts and payments for meals, travel, speaking and industry-sponsored research from the world’s biggest pharmaceutical companies.

An investigation by this news organization has found that drugmakers, anxious to expand the market for some of their most profitable products, spent more than $14 million from 2010 to 2013 to woo the California doctors who treat this captive and fragile audience of patients at taxpayers’ expense.

Drugmakers distribute their cash to all manner of doctors, but the investigation found that they paid the state’s foster care prescribers on average more than double what they gave to the typical California physician.

The connection raises concerns that Hernandez and many other unsuspecting youth have been caught in the middle of a big-money alliance that could be helping to drive the rampant use of psychiatric medications in the state’s foster care system.

“It sucks that the people marketed it that way, but that’s not that shocking. I’m more mad at the doctors for just going along with it,” said Hernandez, 22, who was prescribed as many as four of the drugs at a time as a foster youth in Southern California.
Overall, drugmakers reported payments to 908 doctors — well over half of those who prescribed psych medications to the state’s foster children, according to this news organization’s analysis of prescribing data and four years of pharmaceutical company payments compiled by the public interest journalism nonprofit ProPublica. And those who prescribed the most typically received the most, the analysis found.

The results provide the most comprehensive look to date at the pharmaceutical industry’s influence on the doctors who treat the 60,000 kids in the country’s largest foster care system — a lucrative target because Medi-Cal pays the bill with little scrutiny.

One Sacramento doctor raked in more than $310,000 in four years to give promotional speeches and an extra $8,500 in meals, records show. Another 224 doctors each got more than $500 in meals, and two of them each received more than $20,000 for travel. The biggest payments went for research, with two Southern California doctors each receiving more than $2 million to conduct drug company-sponsored trials.

Doctors who accept the drug companies’ offerings say they aren’t influenced, and the pharmaceutical industry defends its partnerships as a necessity for developing the lifesaving drugs of tomorrow.

“The kind of medical innovation that we have in this country wouldn’t happen without a robust dialogue between industry and physicians,” said John Murphy, assistant general counsel for the Pharmaceutical Research and Manufacturers of America.

But critics say the drug companies are disguising investments in the name of science to reward doctors who in turn boost the industry’s bottom line.

“These figures suggest these doctors are not looking out primarily for the kids’ interests,” said UCLA social welfare professor David Cohen, who has studied medication use in the foster care system and drug company influence. “They suggest many doctors are looking out for their financial interests, and we should all be wary.”

The findings are especially disturbing because of the growing evidence that psychiatric drugs are being overprescribed to California’s foster children despite their significant side effects, the subject of this news organization’s yearlong investigation “Drugging Our Kids.” The news organization previously reported that almost 1 in every 4 adolescents in California foster care has been prescribed psychotropic medications, often to manage troublesome behavior rather than treat the severe mental illnesses for which they are approved.

While the federal government has cracked down in recent years on how drug companies market powerful antipsychotic drugs to the elderly and children, the industry’s investment in courting doctors appears to still be paying off: California taxpayers spend more on psychotropic drugs than on any other kind of medication prescribed to foster children, according to a decade of Medi-Cal spending data revealed by this news organization in August.

Targeting doctors

The state’s Department of Health Care Services has provided only limited information to the news organization about the prescribing history of individual doctors who treat foster kids, so it’s difficult to gauge the influence of drug company payments.

But the news organization’s analysis provides a glimpse into how pharmaceutical companies are targeting these doctors. The ones who received the highest payments range from child psychiatrists in rural outposts to top-tier researchers at publicly funded universities, including UCLA and UC San Francisco. The data showed:

Foster care prescribers reap nearly 2½ times more than the typical California doctor: From 2010 to 2013, almost 30 percent of all California doctors — and about 35 percent of foster care prescribers — received at least $100 from drug companies. But while the California doctors in that group received an average of $10,800 apiece over the four-
year period, foster care prescribers typically received far more, nearly $25,000 each

Frequent prescribers are generally rewarded the most: Doctors who wrote more than 75 prescriptions to foster children in a year received more drug company payments than those who wrote fewer. While the margin fluctuated from year to year, on average the higher prescribers in the most recent fiscal year collected almost four times — or about $10,000 more — than the lower prescribers in 2013.

The bulk of the payments fund drug company-sponsored research: The 17 drugmakers who reported payments steered more than $11.3 million in research funds to doctors who prescribe psychotropic drugs to the state’s foster kids, with Eli Lilly — maker of the antipsychotic drug Zyprexa — leading the pack by spending $6 million.

The companies kept some of their big researchers busy in other ways: Six of the doctors who earned among the largest research grants also tallied a cumulative total of almost $400,000 in speaking and consulting fees and another $45,000 in travel and meals.

The debate over sponsored research

The drug companies’ reports give no specifics on how their research money is spent, but doctors conducting the research say the funds are used on a variety of expenses to run clinical trials of the companies’ drugs. Many doctors say industry-sponsored research is a must with so little federal funding available to advance medicine.

“It’s only fair that pharmaceutical companies fund the research that they’re going to be reaping profits from,” said George Fouras, a San Francisco child psychiatrist and spokesman for the American Academy of Child and Adolescent Psychiatry. “I know that it has to happen this way, but as a consumer of the research I might be somewhat skeptical.”

Numerous studies in recent years confirm that skepticism. For example, a 2007 study in BMJ, formerly known as the British Medical Journal, found “results and conclusions of randomized, controlled trials with financial ties to one drug company are more likely to favor the sponsor’s products.”

“Many people claim that ‘science is science,’ but it’s not that hard to find what you want with most research studies,” said Jerome Hoffman, a emergency medicine specialist at UCLA and critic of the pharmaceutical industry’s influence. “Even negative studies can often be made to look positive.”

Drug companies buy doctors lunch or sponsor speaker dinners to discuss their latest products. Pfizer picked up the tab for more than $105,000 on dining, more than any other company in the news organization’s analysis, which also found that 7 percent of all foster care prescribers took at least $1,000 in meals during the four-year period, compared with 2 percent of all California doctors.

“People are more receptive to messages of any kind when they’re eating,” said Adriane Fugh-Berman, an associate pharmacology professor at Georgetown University’s Medical Center who has published extensively on drug company influence. “Food is the great lubricant.”

In a study of doctors in the nation’s capital, Fugh-Berman and colleagues also found that psychiatrists who accepted Medicaid were top targets of antipsychotic drugmakers and received a disproportionate share of gifts.

Like most states, California has no restrictions to prevent doctors who treat patients on Medi-Cal, the state’s public health system, from accepting payments from drugmakers. Massachusetts’ Physician Gift Ban Law prohibits the industry from treating doctors to trips and other types of entertainment, but it rolled back a provision that outlawed most gifts or meals. The pharmaceutical industry has instituted its own voluntary code with similar restrictions.

But even small gestures such as meals and free samples pay dividends, experts say.
“As doctors, we like to think and will often say that we are not influenced much by marketing,” said Pennsylvania neurologist Richard Paczynski, who has testified against drug companies over the illegal promotion of antipsychotics. “But we shouldn’t be naive and think these drug companies would be spending as much as they do reaching out to us if it wasn’t paying off.”

‘Key opinion leaders’

While some doctors may be dubious of drug company sales reps dropping off cookies to get their foot in the door, they are more inclined to listen to one of their peers — especially one who prescribes a drug, experts say. Drug companies dub them “key opinion leaders.”

Among them is Dr. Janak Mehtani, a Sacramento psychiatrist who state records show prescribed psychiatric medications to foster children from 2008 to 2012 — although that appears to be a small part of his practice.

He’s also a fixture on the speaking circuit, with records showing Mehtani or his Fair Oaks Psychiatric Association chalking up well over $300,000 in the past five years from a who’s who of pharmaceutical giants: $97,000 from AstraZeneca, $86,000 from Eli Lilly, $42,000 from Forest Laboratories, $44,000 from Merck, $52,000 from Novartis. Mehtani collected another $19,000 in consulting gigs, travel and meals from Otsuka America Pharmaceutical, maker of the country’s top-selling drug, Abilify, in the last five months of 2013.

Earlier this year, he gave a talk at a dinner in Reno called “Discover a New Option for the Treatment of Major Depressive Disorder” to tout Forest Laboratories’ new drug Viibryd.

In an interview, Mehtani said some of those payments went to six other doctors in his practice — although he didn’t provide specifics. He said he is the sole proprietor of the practice and other doctors used his tax ID number.

When physicians ask him about using antipsychotics and other psychiatric drugs on children, Mehtani insists he only advises them about Food and Drug Administration-approved treatments and calls drugs a “last resort.” It isn’t clear what types of psych meds Mehtani or the other doctors on the state’s list prescribed to foster children, because the state has not provided the news organization that level of detail.

Mehtani said he sees no conflict in his work: “My conflict is essentially neutralized because I speak on almost all brand-name drugs.”

Lynne Pappas, a Shasta County psychiatrist who treats foster children, accepted more than $125,000 from a variety of drug companies for speaking, meals and travel.

She said she often talks about medications such as the stimulant Intuniv, which is FDA-approved for use in children.

“Whether I teach about a medication or not,” Pappas said, “I do not believe that impacts how I prescribe, or my decision-making on how to treat an individual patient.”

Dr. Raman Sankar, the chief of pediatric neurology at UCLA, also is quick to defend doctors who speak on behalf of pharmaceutical companies. “There is nothing sinister about experts on specific topics giving talks,” said Sankar, who treats some foster youth at UCLA and in Kern County.

As a member of GlaxoSmithKline’s speakers bureau, Sankar received $75,000 from 2010 to 2013 to give talks on medications that treat pediatric epilepsy, his specialty.

“A lot of physicians rely on my expertise,” he said. “Doctors say to the sales reps, ‘I don’t want to hear from you, and cannot get comfortable with a new medication just from the package insert, but I would like to hear from Dr. Sankar.'
Sankar said accepting money from drug companies doesn’t taint him or influence how he treats his patients; he is paid because his time is worth money.

“I honestly believe I have brought a lot of value to the community,” he said, “and these efforts involve preparation and time. I believe it is reasonable to be compensated for time.”

A painful journey

Hernandez called it “pathetic” that three of the psychiatrists she saw while bouncing among nine physicians in foster care turned up on the news organization’s list of prescribers who accepted meals, travel and speaking engagements.

As a teenager, she spent two years on a painful journey through foster care when her mother died. At the time, she said she was prescribed a panoply of psychotropic drugs, including Prozac, Wellbutrin, Klonopin, Ativan, Depakote, Geodon, Abilify and trazodone. Many of the drugs are either not FDA-approved for children or have only limited approval, but doctors have the discretion to prescribe them “off-label.”

From 2010 to 2013, one of her psychiatrists is listed as receiving more than $26,000 in meals, travel and speaking engagements paid for by Pfizer (which makes the antipsychotic Geodon), Eli Lilly (maker of Prozac) and Forest Laboratories — although it isn’t clear which medications he prescribed to Hernandez.

Two of her doctors accepted more than $1,800 each in meals and gifts.

None of her doctors responded to inquiries for comment.

“If I was a doctor,” said Hernandez, a third-year psychology major at UCLA, “I would want to be more responsible — especially with kids.”

Behind Zyprexa marketing machine

By spending almost $6.5 million on California foster care prescribers, Eli Lilly topped the 16 other drug companies in the news organization’s analysis, more than doubling the second-biggest spender, Pfizer.

Its aggressive campaign to promote the blockbuster antipsychotic Zyprexa, revealed in federal court documents, is a case study in how companies use marketing savvy to help boost prescriptions of their drugs. One of the promising markets it identified, according to an internal email: “the treatment of disruptive kids.”

In the early 2000s, sales directives show the company had “unleashed more than 130 psychs and PCPs (primary care physicians) who are chomping at the bit to help you sell Zyprexa.”

The company’s so-called “High Flyer” prescriber profile described general and family practice physicians who typically are “treating symptoms rather than a diagnosis” and who are “willing to push the dosage of medications they are comfortable with.” The company also targeted child psychiatrists, documents from the federal whistleblower suit show.

Not much was said about the hazards of olanzapine, the drug marketed as Zyprexa. Since 1996, federal and state health officials in California had written to Eli Lilly, concerned about patients on Zyprexa gaining weight and developing diabetes. The company repeatedly was warned in letters from the FDA about false and misleading advertising that encouraged use of the drug as a treatment for unapproved conditions.

“All the antipsychotics were originally intended to treat schizophrenia and classic manic depression, but with
Zyproxa the goal was to become the best-selling psychotropic drug of all time,” said Glen Spielmans, a psychology professor at Metropolitan State University in St. Paul, Minnesota, who studied the Zyproxa promotion. “So they essentially watered down bipolar disorder quite a bit to come up with this thing called ‘complicated mood.’”

The symptoms included anxiety, irritability, disrupted sleep and mood swings. “It’s a fantastic disorder,” Spielmans said, “because everyone has it.”

Sales reps were instructed to avoid the dicey topics of side effects, company documents show.

“For Zyproxa, weight gain is the ultimate topic to handle with skill,” one company document stated. A slide to sales reps, titled “Weight Gain Management,” simply advised: “Don't Introduce the Issue!!”

Promotional material from 2001 noted that “the competition wins if we are distracted into talking about diabetes.”

Shahram Ahari, a former drug rep for Eli Lilly’s neuroscience team from 1998 to 2000, said his team would do its best to “cloud up” and “muddle” any potentially sales-impacting discussions with doctors.

And when the friendly banter turned to science, the studies Ahari would discuss with doctors “were embarrassingly cherry-picked perceptions of the drug,” he said. “These companies put profits before science and before the patients. They make the physician the target, and leverage the physician against the patient.”

Former foster youths such as Rochelle Trochtenberg see Zyproxa’s marketing as a scandal. She nearly doubled her weight after being prescribed the antipsychotic and a host of other medications during her tumultuous teenage years in foster care growing up in Los Angeles. “I feel angry that they got away with such deception,” said Trochtenberg, 32, who now lives in Eureka. “The fines they faced are nothing compared with what they’re making off these kids.

“If it was any other population this happened to, the whole world would be outraged.”

**Illegal marketing fails to slow sales**

Drugmakers such as Eli Lilly faced one significant obstacle in their quest to open up new markets for antipsychotics: Marketing drugs for treatments that aren’t approved by the FDA is against the law.

In recent years, each of the manufacturers of the top five antipsychotic medications billed to Medi-Cal — Abilify, Risperdal, Geodon, Seroquel and Zyproxa — have been prosecuted by the U.S. Justice Department for illegal marketing to children and seniors. Eli Lilly, Johnson & Johnson, Pfizer, Bristol-Myers Squibb and AstraZeneca have collectively paid $4.6 billion in fines, in some cases the largest health care fraud settlements in U.S. history.

Eli Lilly spokesman Scott MacGregor would not discuss the Zyproxa case, but he referred a reporter to a statement the company issued in 2009, when a settlement with the Justice Department resulted in a $1.4 billion fine. He said the company has not marketed Zyproxa in the U.S. since 2011 when its patent expired.

The statement reiterates that Zyproxa is not approved for patients younger than 18 and describes the risks of weight gain, a worsening of diabetic conditions and the potentially irreversible condition known as “tardive dyskinesia,” which can cause uncontrollable movements.

In each case, the drug companies settled with U.S. justice officials and admitted no wrongdoing. And the legal battles have done little to slow record-setting sales.

From 2004 to 2013, sales of the five antipsychotic drugs most often prescribed to children on Medi-Cal skyrocketed 128 percent. Last year, Bristol-Myers Squibb’s Abilify was the top-selling drug in the United States, with more than $6.8 billion in sales.
And researchers across the country have seen evidence of the drug company-doctor alliance behind the trend.

A 2010 Arkansas study found Abilify had “the highest level of non-evidence-based use” of all psychotropic medications prescribed to children on Medicaid in that state: 77 percent of the time, Abilify was used with “no strong or plausible evidence” that it would be effective “to treat any condition.”


“I could see immediately that there was a huge problem with the growth of antipsychotics that was out of proportion with the growth of the benefit to the patient,” said study co-author Mark Helm, a former pharmaceutical market researcher. “It was an effect of marketing to physicians.”

In the end, the least suspecting patients suffer because foster children do not even consent for their care, said Cohen, the UCLA social welfare professor. They are easy targets for irresponsible prescriptions, he added — especially when taxpayers pay the bill.

“They’re the canaries in the coal mine,” he said. “The experimentation, the drug cocktails, the first-line drugging typically starts with the group that’s the least protected — and foster kids are at the bottom of the ladder in our society and so it’s easier to do this to them.

“Since the drug companies know well how to influence doctors to prescribe this way, then what happens to the kids happens to everybody next. We all need to wake up because it’s our doctor next.”

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