

PRIMARY CARE TRUST HEAD OF PRESCRIBING AND PHARMACY SERVICES v NOVARTIS

Conduct of representative

The head of prescribing and pharmacy services at a primary care trust (PCT) complained that a representative from Novartis had stated at a surgery that Exforge (amlodipine and valsartan) was endorsed by the PCT which was not so.

The Panel noted that the parties' accounts differed; it was difficult in such cases to know exactly what had transpired. The complaint had arisen from a conversation between a dispensary manager and the representative but had been submitted by a third party.

The Panel noted there appeared to have been a misunderstanding between the representative and the dispensary manager as to which of Novartis' products had been endorsed by the PCT. When discussing such product endorsement with customers it was beholden upon representatives to be very clear. Diovan (valsartan) had been endorsed by a hospital trust as one of the formulary choices and the representative had been told that local PCTs were going to adopt similar guidance. Novartis stated the representative had not discussed PCT endorsement of Exforge only that the representative would be interested to hear the PCT viewpoint on Exforge. According to Novartis the dispensary manager appeared to accept that a misunderstanding had occurred.

It was not possible to determine where the truth lay. On the basis of the parties' submissions the Panel did not consider that there was sufficient evidence to show that on the balance of probabilities the representative had stated that Exforge was endorsed by the PCT as alleged. The Panel ruled no breach of the Code.

The head of prescribing and pharmacy services at a primary care trust (PCT) complained about comments made by a representative from Novartis Pharmaceuticals UK Ltd in relation to Exforge (amlodipine and valsartan).

COMPLAINT

The complainant stated that one of the PCT pharmacists had reported that, whilst working at a surgery, the Novartis representative claimed that Exforge was endorsed by the PCT.

The PCT had never endorsed the product and the complainant considered that the representative had given misleading information in order to instigate prescribing of the product.

When writing to Novartis, the Authority asked it to respond in relation to Clauses 7.2 and 15.2 of the Code.

RESPONSE

Novartis stated that it knew about the complaint and had already interviewed the pharmaceutical advisor, the dispensary manager and the representative. Such complaints from customers were rare and were taken extremely seriously.

The representative's records confirmed that he visited the surgery in 15 February to meet the dispensary manager. The discussion opened with the representative telling the dispensary manager that the Novartis hypertension portfolio had recently been extended and now offered a third therapeutic option with the addition of Exforge. (The three options were Exforge, Co-Diovan (valsartan and hydrochlorothiazide), and Diovan (valsartan)). The representative then discussed the British Hypertension Society (BHS) guidelines and the patient profile for the use of Exforge, the derivation of the product as a fixed dose combination of valsartan and amlodipine, the efficacy data, the BHS view of fixed dose combinations, the complimentary action of the two active ingredients, the cost and dosing. The representative recalled the dispensary manager stating that she would share this information with colleagues in the practice and arrange a follow up visit. She also said that she was expecting a visit from the PCT pharmaceutical advisor and would discuss Exforge with her. The representative stated that he would be interested to hear the PCT's view of Exforge.

The representative then discussed the use of angiotensin II receptor blockers (ARBs) within the practice and mentioned that as a result of the recent ARB review carried out by a local hospital trust there had been an agreement to include Diovan as one of the formulary choices. Key GPs in the area had told the representative that local PCTs were going to adopt the same guidance as the hospital trust. The feedback provided by the representative therefore referred to PCT endorsement of Diovan but not of Exforge as suggested by the complainant.

The interview with the dispensary manager confirmed the structure and content of the discussion with the representative. She recalled the representative stating that Exforge had been endorsed by the local PCT. However during the review of the areas covered by the discussion she observed that a misunderstanding had clearly occurred and that when the representative had referred to Diovan she had assumed he was still

talking about Exforge. In retrospect she observed that it was strange that the representative should have shown an interest in the PCT's view of Exforge at her forthcoming meeting with the pharmaceutical advisor if this had already been established.

During the interview the dispensary manager was generally very complimentary about the representative and the service that Novartis representatives had provided.

In conclusion it appeared that this confusion had arisen because of a misunderstanding and not as a result of any deliberate attempt by the representative to mislead regarding the PCT's endorsement of Exforge, or indeed as a result of any failing in the ethical standards maintained by the representative.

As a result of these events representatives had been instructed to make the transition between products absolutely clear when speaking with health professionals given the close relationship between Exforge and Diovan.

PANEL RULING

The Panel noted that the parties' accounts differed; it was difficult in such cases to know exactly what had transpired. A judgement had to be made on the available evidence. The complaint had arisen from a conversation between a dispensary manager and the

representative but had been submitted by a third party.

The Panel noted there appeared to have been a misunderstanding between the representative and the dispensary manager as to which of Novartis' products had been endorsed by the PCT. When discussing such product endorsement with customers it was beholden upon representatives to be very clear about the matter. Diovan had been endorsed by a hospital trust as one of the formulary choices and the representative had been told that local PCTs were going to adopt similar guidance. Novartis stated the representative had not discussed PCT endorsement in relation to Exforge only that the representative would be interested to hear the PCT viewpoint on Exforge. According to Novartis following discussions with it about the complaint, the dispensary manager appeared to accept that a misunderstanding had occurred.

It was not possible to determine where the truth lay. On the basis of the parties' submissions the Panel did not consider that there was sufficient evidence to show that on the balance of probabilities the representative had stated that Exforge was endorsed by the PCT as alleged. The Panel ruled no breach of Clauses 7.2 and 15.2.

Complaint received	23 February 2007
Case completed	20 April 2007