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# Pharmaceutical Industry: Guidelines for the Relationship between Healthcare Facility Pharmacists and the Pharmaceutical Industry (2001)

Canadian Society of Hospital Pharmacists
Société canadienne des pharmaciens d'hôpitaux

# Pharmaceutical Industry: Guidelines for the Relationship between Healthcare Facility Pharmacists and the Pharmaceutical Industry

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30 Concourse Gate, Unit 3
Ottawa ON K2E 7V7
Telephone: 613.736.9733
Fax: 613.736.5660
Internet: www.cshp.ca

# Pharmaceutical Industry: Guidelines for the Relationship between Healthcare Facility Pharmacists and the Pharmaceutical Industry

## PREFACE

This is the 2001 edition of the Canadian Society of Hospital Pharmacists Pharmaceutical Industry: Guidelines for the Relationship between Healthcare Facility Pharmacists and the Pharmaceutical Industry. The relationship between pharmacists and the industry can be beneficial to both parties. Lines of communication should be kept open in a spirit of cooperation and coordination.

These guidelines were approved under the title of Guidelines for the Relationship between Health Care Facility Pharmacists and the Pharmaceutical Industry; the title was fine-tuned in 2009.

## 1. SCOPE

These Guidelines are intended to clarify the industry/pharmacy relationship and to maximize the effectiveness of this relationship.

## 2. COMMUNICATION

### 2.1 Responsibilities of the Manufacturer and Its Representatives

#### 2.1.1

The manufacturer should inform the pharmacy department prior to physician notification of:

a) new products and the approximate date of their availability;
b) new dosage forms;
c) new approved indications;
d) any product monograph changes; and
e) labelling changes.

#### 2.1.2

The manufacturer's medical department, or equivalent, should be prepared to provide the following product information on request:

a) side effects;
b) ingredients, including excipients;
c) recommended dosages; and
d) approved indications.

**Note:** *Information falling outside the federally approved product monograph is provided as a professional courtesy only.*

#### 2.1.3

The manufacturer shall send notices regarding drug recall, discontinuation, or other supply problems promptly and directly to the director or designated delegate of the pharmacy department.

#### 2.1.4

Pharmaceutical manufacturers' representatives (PMRs) shall request written permission before reproducing hospital-prepared drug information bulletins and using them in their detailing.

### 2.2 Responsibilities of the Pharmacy Department

#### 2.2.1 Adverse Drug Reactions

**2.2.1.1**
It is important that manufacturers receive notification of adverse drug reactions (ADR). This may be done by individual hospitals or via a regional reporting centre. If it is a new, infrequent, or serious ADR, the hospital should also notify the company directly.

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### 2.2.2 Product Problems

**2.2.2.1**
Manufacturers should be notified of any problems or defects related to their products, including packaging and labelling.

### 2.2.3 Drug Utilization Information

**2.2.3.1**
Drug utilization information may be shared with the manufacturer at the discretion of the pharmacist. Confidentiality of patients and health care professionals must be maintained.

### 2.2.4 Formulary Considerations

**2.2.4.1**
The pharmacy department should have guidelines, describing the approved process for the addition of a drug to the hospital's formulary, available for the PMR.

**2.2.4.2**
The pharmacy department shall inform the PMR of the formulary status of any products the company is promoting, on request.

**2.2.4.3**
The PMR may be approached to provide information for the development of guidelines for use of a product and to participate in an associated education program to ensure adherence with the guidelines.

**2.2.4.4**
The pharmacy department may inform the PMR of the reasons for acceptance or rejection of an application for the addition of a drug to the hospital's formulary upon request.

### 2.2.5 Physician Lists

**2.2.5.1**
A hospital policy should be available to provide guidelines for the release of physicians' names.

## 3. RESEARCH

## 3.1

The pharmacy department may assist in identifying potential investigators for a clinical study.

## 3.2

Pharmacy departments involved in company-sponsored research should negotiate reimbursement for the time and resources devoted to the study.

## 3.3

Funds received for participation in research should be deposited into a designated account.

## 3.4

The pharmacy department, in conjunction with the hospital administration, shall develop a policy regarding the use of funds received for participation in research.

## 4. EDUCATION

## 4.1 Funding

**4.1.1**

The primary determinant in a company's decision to fund educational events should be the value of the event to the profession.

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**4.1.2**

Pharmacy departments or pharmacy organizations should only request sufficient funding to cover reasonable expenses incurred by the event.

**4.1.3**

There shall be no real or implied obligation to promote or purchase a product manufactured by the company providing funding for an event.

**4.1.4**

Pharmacy departments or pharmacy organizations should not solicit funds or gifts for events which are primarily social in nature and are not related to an educational event.

**4.1.5**

Funding provided to a pharmacy department shall be made to an educational fund rather than to an individual.

**4.1.6**

Pharmacy departments should report donations received to the hospital administration.

## 4.2 Program Planning

**4.2.1**

The pharmacy organizer shall select and/or approve of the speaker and topic of any company sponsored educational program provided to the department.

**4.2.2**

The pharmacy department should preview company developed educational material and prepare objective responses to issues raised in the program.

**4.2.3**

All material presented should be objective and should present a balanced point of view, regardless of the source of funding. The presenter should disclose any business relationship with manufacturers which may present a conflict of interest, e.g., a research grant.

## 5. PHARMACEUTICAL MANUFACTURERS' REPRESENTATIVES

### 5.1

The hospital, in conjunction with the pharmacy department should develop policies regarding the activities of the pharmaceutical manufacturers' representatives (PMRs) while in the hospital (e.g., PMR presence in patient care areas).

### 5.2

The pharmacy department expects professional conduct and a high degree of product knowledge from the PMR.

### 5.3

New PMRs shall identify themselves to the pharmacy department.

### 5.4

The director of pharmacy, or designate, should review with the PMR the hospital's policies regarding PMRs.

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## 6. GIFTS, DONATIONS

### 6.1 Gifts

Gifts of a personal nature (e.g., tickets to a show, meals not associated with an educational program) should not be accepted.

### 6.2 Donations

#### 6.2.1

Donations of capital equipment or information resources which enhance the pharmacy service are acceptable.

#### 6.2.2

The hospital shall acknowledge the donor and approve the donation.

#### 6.2.3

Donations shall not influence therapeutic decision making.

## 7. FOCUS GROUPS/SURVEYS

### 7.1

Pharmacists shall report, in advance, any fees or gratuities resulting from their participation in a focus group or survey sponsored by a manufacturer or their agent during working hours or on the basis of their institution.

### 7.2

The disposition of fees received for participation on the pharmacist's own time, solely on the basis of professional opinion or advice, should be at the pharmacist's discretion.

### 7.3

Confidential or proprietary information shall not be released without approval from the institution.

### 7.4

Pharmacists participating in focus groups shall declare their involvement during any subsequent related business decisions.

## 8. PRODUCT PRICING

### 8.1

Rebate programs should be discouraged as they result in artificial pricing and may distort patient care costs.

### 8.2

A policy for participation in rebate programs, including the disposition of the rebate, should be approved by the hospital administration.

### 8.3

All proposals regarding special pricing should be presented to the pharmacy department.

## 9. HOSPITAL/CLINIC DISPLAYS

### 9.1

PMRs shall not be charged a fee for access to the medical or hospital staff.

### 9.2

PMRs may be charged a fee for the use of space, catering, set up, and clean up of the display areas.

### 9.3

The acceptability of samples at displays shall be governed by hospital policy. If samples are permitted, they shall not be left unattended.

## 10. SAMPLES

### 10.1

Samples shall be received and distributed according to hospital policy and the Rx&D Code of Marketing Practices. The hospital policy shall describe procedures for handling samples for inpatients and outpatients.

### 10.2

All samples received should be listed on an invoice and authorized for acceptance by the director of pharmacy. This should allow monitoring of expiry dates and lot numbers.

### 10.3

Samples should be delivered directly to the pharmacy department from the company or company representative to ensure product integrity.

### 10.4

The Pharmacy and Therapeutics Committee should be informed of any sample use in the hospital. However, any current or previous use of samples shall not influence formulary decisions.

## 11. BIBLIOGRAPHY

The dates shown indicate the latest issues available at the time of printing:

Code of Marketing Practices, Canada's Research Based Pharmaceutical Companies, Ottawa, Ontario, October 1997.