Regulation of Pharmaceutical Industry Representatives

PURPOSE

To establish a clear and consistent set of rules governing all Pharmaceutical Industry Representatives (PIR) activities while conducting business with all subsets of Denver Health and Hospital Authority (DHHA).

SCOPE

DHHA – All locations and departments, including all facilities owned or leased for use by the Authority.

PIRs are responsible for adhering to the requirements below. DH staff are responsible for enforcing PIR requirements and reporting violations.

DEFINITIONS

ACCME Requirements: Procedures developed by the Accreditation Council for Continuing Medical Education, designed to prevent inappropriate commercial influence on continuing medical education programs.

AMCP Monograph: A clinical monograph for drug formulary review, prepared by a pharmaceutical company utilizing the standardized format of the Academy of Managed Care Pharmacy.
**Drug**: A chemical or other substance administered to a patient to diagnose or treat disease. For the purposes of this policy, a biologic, as defined by the US Food and Drug Administration (FDA), is considered a drug. A medical device, as defined by the FDA, is not considered a drug.

**Pharmaceutical Industry Representatives (PIR)**: Manufacturers, services, and other vendors of pharmaceutical, medical device, medical supply, and medical testing companies, and their employees, representatives, agents, and vendors.

**Denver Health and Hospital Authority (DHHA)**: Denver Health Medical Center, Ernest E. Moore Shock Trauma Center, Community Health Services including Family Health Centers and School-based Health Centers, Denver Public Health, Rocky Mountain Poison and Drug Safety, Denver CARES.

**POLICY**

A. Pharmaceutical Industry Representatives (PIRs) may not conduct sales, marketing, or "educational" activities at DHHA facilities or via electronic (email) communications.

B. Exceptions to this policy must be approved in advance and in writing by one of the following:
   1. the Chief Executive Officer
   2. the Chief Medical Officer
   3. the Chief Ambulatory Officer
   4. the Administrative Director of Pharmacy Services
   5. the Chair of the Pharmacy and Therapeutics (P&T) Committee

C. Exceptions to this policy are expected to be rare. Typical situations in which an exception may be appropriate include:
   1. Pharmaceutical company sponsorship of a Continuing Medical Education event, approved by DH and operating in accordance with ACCME requirements
   2. PIR's having appointments with DH personnel for a specific business purpose

D. When on campus for business purposes, PIRs will display a name tag including company affiliation at all times

E. Under no circumstances will sales or marketing activities be conducted in patient care areas or in the presence of patients or family members

F. Under no circumstances may DH personnel share protected health information with PIRs, except for the narrow purposes of
   1. Enrolling a patient in a free or discounted drug program
   2. Complying with an audit of a free or discounted drug program
   3. Reporting a suspected drug-related adverse event

G. Denver Health medical staff members and employees must interact with PIRs in accordance with the DHHA Gifts and Interactions with Vendors and Conflicts of Interest policies and procedures.
H. Patient education items and other clinical aids bearing drug company names and logos may not be used in patient care areas
   1. Exceptions may be granted by one of the persons listed in B.

I. PIRs shall not participate in the formulary approval process, unless contacted by the formulary management pharmacist, the Administrative Director of Pharmacy Services, or the Chair of the Pharmacy and Therapeutics Committee
   1. PIRs shall not assist medical staff members in preparing requests for additions to the formulary
   2. PIRs may provide information to the P&T Committee in the form of an AMCP monograph

J. If PIRs do not follow the applicable REPTrax badging procedures, the PIR shall be redirected to a REPTrax kiosk and a violation shall be reported to the Drug Policy and Formulary Management Clinical Pharmacist Specialist in Acute Pharmacy.

EXTERNAL REFERENCES

ACCME requirements: Available at [www.accme.org](http://www.accme.org) (accessed 2/13/2020)

RELATED DHHA DOCUMENTS

A. Medication Samples
B. Gifts and Interactions with Vendors
C. Conflicts of Interest
D. COI Questionnaire
E. Medical Staff Frequently Asked Questions (FAQ)
F. Medical Device Industry Representatives

ATTACHMENTS

None

Approval Signatures

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<td>Nathalie Seoldo Hinman: Pharmacy Administrative Director Lic 20771</td>
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<tr>
<th>Pharmacy and Therapeutics Committee</th>
<th>Gale Albrecht: Pharmacist Clinical Specialist</th>
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<tr>
<td></td>
<td>Connie Price: Chief Medical Officer</td>
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<td>Thomas MacKenzie: Chief Quality Officer</td>
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<td>Kathy Boyle: Chief Nursing Officer</td>
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<td>Vincent Fransua: Buyer Supervisor</td>
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<td>Scott Hoye: General Counsel</td>
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<td>Dawn Whiting: Assistant Pharmacy Director</td>
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