

Key opinion leaders and unbranded corporate influence: an analysis of internal pharmaceutical documents

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INTRODUCTION

Internal pharmaceutical industry documents made available through a lawsuit by the state of Oklahoma against opioid manufacturers offered a unique opportunity to assess how well known physicians and researchers referred to as “key opinion leaders” were identified and how drug companies developed and leveraged relationships with these individuals to shift the medical community’s consensus on opioids and promote opioid sales.

OBJECTIVE

Characterize the process of key opinion leader identification and how opioid manufacturers leveraged these individuals in unbranded promotional campaigns

METHODS

We reviewed all 503 documents in the Oklahoma Opioid Litigation Document Collection held by the Drug Industry Document Archive at the University of California, San Francisco from *State of Oklahoma v. Purdue Pharma, LP, et al.*

Opioid manufacturers pay researchers millions of dollars every year to overstate the benefits and understate the risks of opioid use.



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RESULTS

Multiple opioid manufacturers conducted marketing surveys with pain specialist physicians to identify key opinion leaders at the national and regional levels. Opioid manufacturers pursued efforts to maximize prescribing using key opinion leader influence in many facets:

- Opioid friendly research conducted by opinion leaders was funded while studies on safety and abuse potential were not.
- Opinion leaders were recruited to teach “neutral” continuing education courses.
- Opioid manufacturers also took advantage of the relationships opinion leaders had with advocacy organizations as well.

“[Opinion leaders] help to shape: Clinical drug development, Product positioning, Brand development/life cycle management, Prescribing practices, i.e. \$\$\$.”

“Are you guys OK with the concept that just because a KOL is obnoxious, difficult or a pain it doesn’t mean he or she is an opponent? Conversely, that a sweetie who just isn’t putting out for you shouldn’t qualify as an advocate?”

“Should the abuse potential of Duragesic be discussed?” KOLs responded, “NO’ – resounding and unanimous. It is bad for the LAO class and bad for patients and prescribers.”

CONCLUSIONS

Opioid manufacturers were explicit internally about their intention to use prominent physicians and researchers in pain management to favorably influence prescribing behaviors and promote sales.

QUESTIONS?

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