



Mr. Greenwood. I addressed some questions to the representative of the Drug Enforcement Agency about data that is available. In informal conversations with representatives of your company, I have been led to understand that there is a private entity that creates a data base that I thought provided the data in terms of prescriptions per physician, and that your company, in fact, acquires that data on an ongoing basis and has that data. Can you summarize that for us? What does your company know about how many prescriptions each physician writes for your OxyContin?

Mr. Friedman. We do acquire data very much along the lines that you describe, Mr. Chairman. We acquire it from IMS Health. IMS Health captures this data through the computers at pharmacies. Of course, certain patient information is excluded to protect the patient's right to privacy.

Mr. Greenwood. Like, for instance, if Dr. Paolino here in Buckingham--Bensalem, wrote 1,200 prescriptions in the 5-month period, that is data that you would have had. Correct?

Mr. Friedman. Correct.

Mr. Greenwood. Okay. Now, when you have that data, I would guess that one of the things that you would do with that data is arrange it so that you can take a look at--you can rank these physicians. You have some indication as to who is writing the most, who is writing the least, and in between, and who the outliers are. Do you have--do you look at that information in that way?

Mr. Friedman. Yes. The only comment that I would add is that we get the data somewhat after the actual event of the prescription. There is a 6 to 8-week lag.

Mr. Greenwood. Okay. But assuming that Dr. Paolino was a great outlier, very abusive individual, who wrote this without any regard whatsoever for the medical condition of the patients, wrote these prescriptions as fast as he could purely for profit-making purposes. What does your--I would think that Dr. Paolino--I would hope that he would have stuck out like a sore thumb and that there must be other Dr. Paolinos in this country who do the same--take the same kind of approach, and that that information would be aware--that your company would be aware of that kind of information. The question then is, how do you respond to that, when you see a doctor who is not associated with Fox Chase Cancer Center, and is just a little osteopath here in Bensalem, doing this vast number? What do you do with that information?

Mr. Friedman. Well, we have learned over the years that the absolute number of prescriptions that a physician is prescribing is, in and of itself, not an indicator of the doctor doing something wrong. We don't measure or assess how well a physician practices medicine. We are not in the office with a physician and a patient observing the examination or involved in that process. We know, for example----

Mr. Greenwood. Well, why do you want that information then?

Mr. Friedman. Well, we use that information to understand what is happening in terms of the development of use of our product in any area.

Mr. Greenwood. And so the use of it--and I assume that part of it--a large part of it you want is to see how successful your marketing techniques are so that you can expend money in a particular region or among a particular group of physicians--you look to see if your marketing practices are increased in

sales. And, if not, you go back to the drawing board with your marketers and say, how come we spent ``X'' number of dollars, according to these physicians, and sales haven't responded. You do that kind of thing. Right?

Mr. Friedman. Sure.