
From: Philip Morris
Sent: Wednesday, 30 July 2014 5:58 PM
To: Adjudication; Macrae, Tess
Subject: TRIM: Re: ACCC - Medicines Australia Limited - Revocation and Substitution - A91436 - A91440 - interested party consultation

Categories: Submission
HP TRIM Record Number: D14/102256

30/7/2014

Submission ACCC
Medicines Australia (MA) revised Code

Dear ACCC, in relation to my point below that any health care professional accepting a payment or 'transfer of value' from a MA pharmaceutical company should be obliged to enter into a contract that must allow the payment or 'transfer of value' to be made transparent, I draw your attention to a section of the Novartis company explanation of the USA Sunshine Act shown below. Surely the same standards should apply to transparency reporting arrangements in Australia.

Prof Philip Morris.

"Frequently Asked Questions

8. Can a physician opt out of having information reported?

No. Novartis is committed to complying with all transparency reporting laws. The only way to avoid appearing on the Novartis Vaccines and Diagnostics disclosure to CMS is to decline meals, education materials, grants and all other reportable payments and transfers of value."

From: Philip Morris
Sent: Wednesday, 30 July 2014 12:53 PM
To: Adjudication
Subject: TRIM: Re: ACCC - Medicines Australia Limited - Revocation and Substitution - A91436 - A91440 - interested party consultation

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HP TRIM Record Number: D14/101863

30/7/2014

Submission ACCC
Medicines Australia (MA) revised Code

Dear ACCC, the proposed revised MA Code is unacceptable as a transparency model.

It does not reflect the final consensus views of the Transparency Working Party (set up by MA in response to the ACCC request to develop an transparency model for health professionals receiving 'transfers of value' (gifts and payments direct or in-kind from the MA member companies) that 'transfers of value' should be made transparent for payments received by individual health professionals.

The proposed Code does not ensure transparency because it allows health professionals who refuse to consent to be part of the transparency arrangements to still receive 'transfers of value' from MA companies. And it does not ensure transparency because it allows health professionals who initially provide consent for the transparency arrangements to later on withdraw their consent and still receive the 'transfer of value'.

These defects mean that 'transfers of value' between the MA companies and individual health professionals will be hidden from public view. This means that any serious conflict of interests will not be able to be appreciated by audiences likely to be influenced by the health professionals receiving the 'transfers of value'.

It should be noted that companies provide 'transfers of value' to health professionals who are key opinion leaders or frequent prescribers of certain medications. By keeping these 'transfers of value' hidden, the audiences likely to be influenced by these health professionals in their prescribing practices and the patients likely to be administered medications by these health professionals will not be able to assess the conflict of interests posed by these 'transfers of value'.

If MA does not agree to modify the Code to make it a clear condition of the contract for a health professional accepting a 'transfer of value' for this to be made transparent, then the ACCC should not authorise the revised Code.

I ask the ACCC to call a public consultation meeting and invite all who have made submissions to attend to discuss these matters before making a final decision.

Prof Philip Morris.