

In their latest submission, Medicines Australia wants to continue to provide transfers of value to HCP who do not agree with disclosure. The reasons stated are that stopping transfers of value in these situations would impede facilitating medical education for these HCP, and that MA companies would be put at disadvantage compared to generic manufacturers who do not have a similar code of practice.

I believe both these arguments are fallacious.

First, there are plenty of non-industry controlled, independent, medical education opportunities to assist HCP to keep up-to-date such as the government funded National Prescribing Service offerings: <http://www.nps.org.au/health-professionals>.

Second, MA members can assist with the funding of truly independent educational events for HCP, for example, one organised by a Royal College, and as long as the drug company has no say in choosing (or specifically funding) the speaker(s) or participants, then those attending will not be asked to declare a transfer of value (as none has taken place between the company and the HCP).

Third, generic manufacturers promote (and wheel and deal using discounting) direct to pharmacists to try to influence them to convince a consumer to accept the substitution of their specific generic brand if the doctor has not ticked the "Do not substitute box". The influence of this strategy is diminishing as a result of the government's generic price disclosure policy.

In contrast, MA members promote to (and attempt to influence) doctors in order to influence the drug written on the 'script. Thus, it seems unlikely that disclosure of transfers of value to HCP by MA members would provide any great advantage to generic companies. In particular, if an innovator brand is patent protected (and is the drug of choice) there is no competition from a generic manufacturer.

Cheers  
Ken