REFLECTIONS on the EVE of TRANSPARENCY

Author: Marie-Claire PICKAERT – EFPIA Deputy Director General

PCF CONGRESS
Warsaw, 11 May 2016
Declaration of Interest

• Marie-Claire Pickaert is a full-time employee of EFPIA, and is a member of its General Management.

• Marie-Claire Pickaert has no direct / indirect financial interest in any life science company.

• This slide deck includes EFPIA public policy positions, unless otherwise indicated.

• When expressing personal opinions, Marie-Claire Pickaert will clearly indicate so.
EFPIA Mandate

“The aim of the European Federation of Pharmaceutical Industries & Associations is to promote pharmaceutical discovery and development in Europe and to bring to the market medicinal products in order to improve human health worldwide.”

EFPIA, which has no profit-making purpose, pursues a mainly scientific aim, ensuring and promoting the technological and economic development of the pharmaceutical industry in Europe.

EFPIA’s represents the pharmaceutical industry operating in Europe. Its direct membership includes **33 national associations** and **40+ leading companies**. Two specialised groups within EFPIA represent vaccine manufacturers – **Vaccines Europe - VE**, with 12 member companies and **European Bio-pharmaceutical Enterprises – EBE** with 53 member companies.

“**Partners in Research**” is constituted of non-pharma companies that collaborate in the IMI public-private membership. This constituent entity, created in June 2014, counts 11 members.
The value of collaborations

• The **creation of new and improved medicines** relies upon the collaboration between healthcare professionals and the pharmaceutical industry.

• Supporting **clinicians’ medical information and education** is an investment in healthcare and good clinical practice, which aims to enhance patient care.

• Self-regulation has been successful in **protecting clinical independence**, but the expectations are increasing and industry’s Leadership is committed to keep up with these.

• “**A health literate patient is a better patient**” – patients have a right to information about their condition and about available treatments.
A Critical Relationship

• Industry works with healthcare professionals (HCPs) to advance patient care. Industry and health professionals collaborate in a range of activities from clinical research to sharing best clinical practice and exchanging information on how new medicines fit into the patient pathway.

• HCPs are relied upon as partners to the pharmaceutical industry. Yet, recent disruption with high-profile criticism of the industry impacts on the quality of the long-standing collaboration, which (may) undermine(s) trust in the pharmaceutical industry, also in the HCP community, and indeed trust in the caregivers.

• At the same time, the industry finds increasing failures in public authorities’ (and even HCPs’) recognition / acknowledgment of the role of R&D-based companies in the scientific advances and the development of new treatments.

• Creeping mistrust could ultimately lead to skepticism about the value of new and innovative therapies. Trust and HCPs’ esteem for R&D-based industry’s contribution to improved health outcomes are essential to ensure that the industry-HCPs relationship operates to the best benefit of patients.
Leadership’s Statement
WHAT GOOD LOOKS LIKE

Any practice that might create confusion about the real (scientific and educational) purpose of interactions between healthcare professionals and pharmaceutical companies shall not be tolerated.

Corporations have a responsibility towards the communities in countries where they operate, and recognise that society has particularly high expectations of our industry.

However, while tone at the top is essential, the only way to ensure that this message percolates into practice is to reinforce it with strong tone in the middle.

We cannot ignore the distance from which the tone at the top is received, as very few employees have regular interaction with their Boards and Senior Management, and therefore driving a strong tone in the middle is essential.
INDUSTRY’s VISION

- **TRUST and ESTEEM** – Strengthening the reliability and confidence in industry self-regulation of information and marketing activities, and its relationships with healthcare professionals

- **CONFIDENCE and RESPECT** – Increasing the efficiency and operation of the Codes of Conduct, respecting highest ethical values and ensuring there is no undue influencing of medical decisions

- **TRANSPARENCY** – as a way to enhance understanding of the relationships between pharma companies and healthcare professionals, EFPIA Member Companies are required to make their transfers of value to Receiving healthcare professionals and organisations public (first disclosures in June 2016 of transfers made during 2015, unless national laws & regulations require differently)
EFPIA DISCLOSURE CODE
Countdown to first publications...
Overview timeline

2013 Plan (updated)

- EFPIA General Assembly adopts changes to EFPIA Code 24-25 June 2013
- EFPIA Board to approve “pre-final” wording for changes to EFPIA Code 15 February 2013
- Codes Committee Review of Code Transposition (report to the Board) April 2014
- Member Associations deadline for transposition into national codes 31 December 2013
- Data collection by member companies for individual disclosure
- EMC Action Team supporting national associations
- Individual disclosure period begins
- Common disclosure period: 20-30 June 2016

2013

- Update teleconferences with member associations
- Reactive Materials circulated to Member Associations
- Communication plan prepared
- Communication plan reviewed at HAC on 1 March 2013
- Workshop(s)
- Focus group feedback
- Toolkit
- Transparency platform

2014

- Review of National plans
- Pre-launch Plan reviewed at HAC
- Workshop(s)
- Review of National plans
- Toolkit
- Code launch following General Assembly ratification
- Review of National plans
- Pre-launch Plan reviewed at HAC

2015

- Educate
- Go Live

2016

- Common disclosure period: 20-30 June 2016

PCF - Session Day 2 - Warsaw, 11 May 2016
Underlying waves towards increased transparency

Increased external scrutiny of interactions between pharmaceutical companies and HCPs at national level:

- Legal provisions: Denmark, Estonia, France, Latvia, Lithuania, Portugal, Romania, Serbia, Slovakia, Turkey – Planned: Belgium, Greece
- Self-regulatory provisions: the Netherlands, UK
- Disclosure activities outside Europe: Japan, US

Now, **12 countries in Europe** have either legislation in place or are considering including transparency in laws.

Different approaches were in place at national level where pharma companies / HCPs are required to **communicate** to public authorities and/or **publicly disclose** interactions / monetary values on publicly accessible websites.

The EFPIA “transparency” initiatives provide the opportunity to help **encourage a consistent approach** to data disclosure in Europe and help guide further action at national level.
The subsidiarity principle applied to self-regulation

EFPIA Codes set general standards
National standards may be stricter
Code compliance is a membership obligations

Member Associations are required to transpose the EFPIA Code in line with national laws & regulations, and ensure enforcement in the countries

EFPIA corporate members are submitted to applicable codes in the 33 EFPIA countries where they operate, whether they have joined EFPIA’s member associations or not.
CHALLENGE #1: Managing “Variations”

* Promoting consistency, as much as national law and regulations allow – for the initiative to succeed in delivering meaningful transparency, there needs to be consistent implementation across Europe. External stakeholders must be able to compare like-with-like. This will not be possible if Member Associations introduce different provisions that change the scope and/or nature of disclosure. Too much discretion to interpret the Code would lead to confusion rather than transparency, and so will hamper a key goal of the Code, namely to build trust.

* Allowing national codes to go beyond the proposed standards could create implementation challenges for companies, as companies have built their Operating Models to align with the EFPIA Code. Any national variations will therefore have to be managed at the local level, in a labour-intensive way.

* Deviations to align with national law and regulations have been accepted, but member associations have been asked to “close the gap” with EFPIA Disclosure Code provisions as soon as possible.
CHALLENGE #2: Frequently raised issues

- Compatibility of the EFPIA "Disclosure" Code with competition laws – the EFPIA Code was drafted with the support of legal counsel, taking into account the relevant competition law considerations. This support gives EFPIA sufficient comfort as to conformity of the Code with applicable EU legislation.

- “Consent issues" in regard of applicable personal data protection laws – EFPIA has been asked to provide additional support to Member Associations and local operations in countries where consent issues may constitute a major hurdle to implementation of the EFPIA Code in full.

- “Trade secrets", which may build on the legal framework of the protection of trade secrets and on contract laws – EFPIA’s Codes do not require revealing “trade secrets”; activities within the scope of EFPIA’s Code (even when entrusted to service providers do not constitute “trade secrets”; confidentiality clauses in contracts shall not operate as circumventing Code provisions.
COMPETITION LAW CONSIDERATIONS

The Code does not restrict competition among companies but provides transparency in order to serve an important public interest.
EFPIA had the support of legal counsel in drafting the Code and is comfortable that it is consistent with applicable EU legislation.

Member Associations are required to transpose the EFPIA Code into national codes
- Each association has been asked to take the necessary legal opinions as to applicable laws & regulations in their countries – in principle, competition laws requirements should not be different, although there may be a matter of judgement.
- In some countries, self-regulation needs to be submitted for prior approval by national competition authorities – where applicable, the national codes have “passed the test”

Companies’ disclosures
Each company will make its own decisions regarding its disclosures, also taking into account “commercially sensitive data”.

Each company will develop a Methodological note
TRADE SECRETS

Trade secrets are relevant in the exchange of knowledge between businesses and research institutions in the context of R&D and innovation.

Legal provisions in place aim at protecting against unlawful acquisition, use and disclosure are subject to national laws. Restrictions to the use of trade secrets can be justified; the assessment of whether and to what extent such restrictions are necessary is subject to judicial control.

Definitions of “trade secret” usually include common elements:
- Information that is not generally known or ascertainable by others
- Information that provides economic or competitive value to its owners
- Information that is subject to confidentiality restrictions within the organisation of the owner and when used in the owner’s business dealings

Not any business dealing is a trade secret.

The EFPIA Disclosure Code provides for individual disclosure of ToV in 3 categories:
- Donations and Grants (prohibited to individual HCPs)
- Contributions to costs related to Events
- Fees-for-Service and Consultancy (exempting R&D ToV, that are disclosed in aggregate)

These activities are typically not within scope of the protection of trade secrets.

Activities within scope of the EFPIA Code entrusted to PCOs do not constitute “trade secrets”.
Where applicable, they will be disclosed as INDIRECT ToV.
It is a matter for individual companies to determine whether their contracts with HCOs / PCOs prevent them from making the required disclosures.

Absent confidentiality arrangements explicitly included in the contracts, or other duties, the disclosure in respect of HCOs required under the Code should not constitute an unlawful disclosure of “trade secret”.

EFPIA has encouraged companies to ensure confidentiality agreements do not prevent disclosure of ToV in accordance with the provisions of the EFPIA Disclosure Code. This would, among others, apply to the written contracts with HCOs (or PCOs that receive indirect ToV directed to HCOs).

Actions “orchestrated” by medical associations
Imposing a common attitude to HCPs that are members of these medical associations, may raise problematic collusion which EFPIA considers unacceptable.
Privacy Laws & Regulations

Ref.: EU Data Protection Directive
Transposition in national legislation & regulations

Consent of the Data Subject

*Article 29 WP opinion (data protection authorities’ consensus view)*
Where ToV to a HCP occur in the context of a contract, the contract provides a ready mechanism to obtain the data subject’s consent to the processing of his/her personal data for the purpose of meeting that member’s obligations under the Code → as a matter of good practice, data controllers should create and retain evidence showing that the consent was indeed given

Legitimate Interests of the Data Controller
A company (as a data controller) may have legitimate interest in disclosing data – for instance: to promote confidence in its relationships with HCPs. This legitimate interest must be outweighed by the data subject’s interests → the legal basis is significantly strengthened when a data controller can say that consent had been obtained

*Memo DrinkerBiddle&Reath re Transparency Code & Data Protection – 30 August 2012*
Challenge #3: Balancing Legitimate Interests

Data privacy regulation provides that a company (as a data controller) may have **legitimate interest** in disclosing data – for instance: pharmaceutical companies have a legitimate interest in transparency with a view to promoting confidence in its relationships and interactions with HCPs.

This legitimate interest of the **general public may outweigh the individual interests of the HCPs**, in which case the data controller may decide to disclose personal data without consent of the data subject.

National Data Protection Agencies may reach different conclusions in their appreciation of the **balance between legitimate interests**. Against this background, EFPIA has supported national associations that have taken an initiative to address this issue in a collective manner, within the limits permitted by laws and regulations.

**Data Protection regulations should not be an obstacle to transparency of pharma industry’s relationships with HCPs.** Our ability to reach the right balance requires good understanding of the purpose of disclosure provisions and the value of organising transparency through self-regulation.
Spain’s Data Protection Agency views
Farmaindustria’s proposed Code change

Taking into account the difficulties experienced when trying to achieve a significant percentage of consent from Spanish HCPs that would allow individual disclosure of ToV, Farmaindustria has reach out to national competent authorities – including the Spanish Data Protection Agency – to gain support for an approach leading to the implementation of the EFPIA Disclosure Code *in full whilst avoiding important asymmetries in this regard between enterprises and healthcare professionals*, depending on the HCPs willingness to consent disclosure.

**The Spanish Data Protection Agency (AEPD) confirmed:**
• the **balance of interests is in favour of "transparency"** (and disclosure on an individual basis)
• the Agency would consider a **"block exemption"** as to the request to collect individual consent of each HCP,
• **subject to** ensuring the data cannot be used for another purpose than the (transparency) objective stated in the Code

Farmaindustria is considering how the AEPD’s response can be reflected in the disclosure requirements in Spain. **A Code change** (to be approved at the end May) will clarify that Member Companies can disclose ToVs on an individual basis without prior consent of Recipients, and additional guidance may be considered to ensure consistent implementation in Spain.
EFPIA’s position on the move in Spain

EFPIA’s Board supported Farmaindustria’s actions, subject to an anti-trust legal opinion from the EFPIA Legal Counsel.

Legal Counsel concluded:
• the line of arguments in Spanish legal opinions on anti-trust aspects are incremental to EFPIA’s previous positions, as the Farmaindustria proposal does not change the purpose, and therefore is acceptable from a European competition regulation point of view;
• the Spanish Data Protection Agency’s decision regarding the balance of legitimate interests is specific to the country – when considering similar moves, Member Associations should reach out and check if their approach is robust enough in each country;
• as other legal issues may arise – such as: fair trade practices, anti-corruption laws, etc. – it is strongly recommended that legal opinions are complemented, as appropriate;
• EFPIA’s planned recommendation to include a Disclaimer regarding the meaning / use of data published in line with applicable codes (in line with national laws and regulations) cannot hurt (but could be helpful from time to time).

EFPIA will continue to assess legal implications as issues further arise. This will help establishing self-regulation as the optimal option to establish high ethical standards, which requires support from both the HCP communities and the competent authorities.
A critical issue: the use of data

Reluctance to consent often stems from the use of data “against” the interests of the data subject.

EFPIA may (subject to legal counsel clearing) issue additional guidance recommending that Member Companies include the following disclaimer to their disclosure publications:

Publication of transfers of value to Recipients aims at reporting the values (monetary or in-kind) to HCPs/HCOs our company is collaborating / has relationships with, following the objectives and provisions included in the applicable codes. These publications do not grant a general permission for those accessing our website or the national platforms to undertake additional processing of the healthcare professionals’ data, such as crossing the data with information published in other members’ websites.

For a good understanding of the reporting included in our disclosures as published, we refer to the Methodological Notes that clarifies the meaning and content of the transfers of value reported.
CPME Guidelines on Transparency

CPME Board, 15 November 2014

Meetings & Conferences

3. These meetings have a scientific and professional purpose only.
4. Hospitality is reasonable and strictly limited to the purpose of the event. Persons accompanying physicians to these meetings do not see their costs reimbursed.
5. All sources of funding for such events are publicly disclosed.
6. The relationships, commercial interests or financial ties that organisers and lecturers might have with the sponsoring entity are also disclosed.

Continuous Medical Education / Continuous Professional Development (CME/CPD)

Basic and postgraduate training and continuing education for physicians need to constantly adapt to scientific development, as diagnostic, procedures and therapeutic agents rapidly evolve. CME/CPD events are often sponsored by commercial companies. Regardless how CME/CPD activities are organised, their content should be free from any undue influence. The following principles should always apply:

7. Activities and events may only be considered as forming part of CME/CPD after they have been reviewed and certified by a competent authority or other independent body in case there is no such authority.
8. The content and material of CME/CPD activities and events are designed by the organisers and may not be influenced by sponsoring companies.
9. All sources of funding of CME/CPD activities and events are publicly disclosed.
Legal Opinion from Greece
On the Law 4316/2014 requiring disclosure of ToV on company and EOF websites

- The requirement on pharmaceutical companies and of EOF to disclose on their websites the names of the HCPs and HCOs to which they have made any transfers of value, as well as the level of such transfers, serves the public interest of transparency in healthcare.
- Such disclosure is not only compatible with the Constitution but also is part of the constitutional obligation of the State to “provide for the health of citizens”. Moreover, it ensures the patients’ right to be information so that they can responsibly exercise their constitutionally protected right to freely choose their physician and healthcare institution.
- The law permits the posting of only those personal data that are necessary, appropriate and relevant for the fulfilment of the intended purpose. Such are the physician’s identity details, specialty and address.
- The lawful posting of the above data does not require a prior approval from the competent Authority, but only a notification to that Authority by the data controllers, i.e. pharmaceutical companies and EOF.
- For the fulfilment of the intended purpose of providing information to healthcare services users, there must be free access to the relevant files, i.e. the websites of pharmaceutical companies and of EOF. Therefore, it would not be lawful to limit access to public Authorities only.
... and what is expected: countdown to the first publications
Legislation versus Self-Regulation

Countries covered
Transparency law implemented
Transparency recently incorporated in law
Voluntary signed off to EFPIA Codes
Publication on Company Websites versus Platforms

3 types of Central Platforms have been implemented:

► **Association platform**: Czech Republic, Ireland, Slovakia, Sweden, Romania, UK

► **Government platform**: Denmark, France, Greece, Portugal

► **Multi stakeholders platform**: Belgium, the Netherlands
# Common Disclosure Period

<table>
<thead>
<tr>
<th>Before 20\textsuperscript{th} June ‘16</th>
<th>20\textsuperscript{th} – 30\textsuperscript{th} June ‘16</th>
<th>Between 1\textsuperscript{st} – 30\textsuperscript{th} June ‘16</th>
<th>No response or N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estonia</td>
<td>1\textsuperscript{st} June</td>
<td>20\textsuperscript{th}-30\textsuperscript{th} June</td>
<td>Romania and Ukraine</td>
</tr>
<tr>
<td>Finland</td>
<td>31\textsuperscript{st} May</td>
<td>20\textsuperscript{th}-30\textsuperscript{th} June</td>
<td>By 30\textsuperscript{th} June</td>
</tr>
<tr>
<td>Sweden</td>
<td>31\textsuperscript{st} May</td>
<td>20\textsuperscript{th}-30\textsuperscript{th} June</td>
<td>Before 30\textsuperscript{th} June</td>
</tr>
<tr>
<td>Austria</td>
<td></td>
<td>20\textsuperscript{th}-30\textsuperscript{th} June</td>
<td>Romania and Ukraine</td>
</tr>
<tr>
<td>Belgium</td>
<td></td>
<td>20\textsuperscript{th}-30\textsuperscript{th} June</td>
<td>By 30\textsuperscript{th} June</td>
</tr>
<tr>
<td>Czech Rep.</td>
<td></td>
<td>20\textsuperscript{th}-30\textsuperscript{th} June</td>
<td>Before 30\textsuperscript{th} June</td>
</tr>
<tr>
<td>Germany</td>
<td></td>
<td>20\textsuperscript{th}-30\textsuperscript{th} June</td>
<td></td>
</tr>
<tr>
<td>Greece</td>
<td></td>
<td>20\textsuperscript{th}-30\textsuperscript{th} June</td>
<td></td>
</tr>
<tr>
<td>Italy</td>
<td></td>
<td>20\textsuperscript{th}-30\textsuperscript{th} June</td>
<td></td>
</tr>
<tr>
<td>Ireland</td>
<td></td>
<td>20\textsuperscript{th}-30\textsuperscript{th} June</td>
<td></td>
</tr>
<tr>
<td><strong>Latvia</strong></td>
<td></td>
<td>20\textsuperscript{th}-30\textsuperscript{th} June</td>
<td></td>
</tr>
<tr>
<td>Latvia</td>
<td></td>
<td>20\textsuperscript{th}-30\textsuperscript{th} June</td>
<td></td>
</tr>
<tr>
<td>Lithuania</td>
<td></td>
<td>30\textsuperscript{th} June</td>
<td>Romanian and Ukrainian</td>
</tr>
<tr>
<td>Norway</td>
<td></td>
<td>30\textsuperscript{th} June</td>
<td>Romanian and Ukrainian</td>
</tr>
<tr>
<td>Poland</td>
<td></td>
<td>20\textsuperscript{th}-30\textsuperscript{th} June</td>
<td>Romanian and Ukrainian</td>
</tr>
<tr>
<td>Russia</td>
<td></td>
<td>20\textsuperscript{th}-30\textsuperscript{th} June</td>
<td>Romanian and Ukrainian</td>
</tr>
<tr>
<td>Slovakia</td>
<td></td>
<td>30\textsuperscript{th} June</td>
<td>Romanian and Ukrainian</td>
</tr>
<tr>
<td>Slovenia</td>
<td></td>
<td>30\textsuperscript{th} June</td>
<td>Romanian and Ukrainian</td>
</tr>
<tr>
<td>Spain</td>
<td></td>
<td>From 20\textsuperscript{th} June</td>
<td>Romanian and Ukrainian</td>
</tr>
<tr>
<td>Switzerland</td>
<td></td>
<td>20\textsuperscript{th}-30\textsuperscript{th} June</td>
<td>Romanian and Ukrainian</td>
</tr>
<tr>
<td>Turkey</td>
<td></td>
<td>20\textsuperscript{th}-30\textsuperscript{th} June</td>
<td>Romanian and Ukrainian</td>
</tr>
<tr>
<td>UK</td>
<td></td>
<td>30\textsuperscript{th} June</td>
<td>Romanian and Ukrainian</td>
</tr>
<tr>
<td>• Not applicable:</td>
<td></td>
<td></td>
<td>Denmark and France</td>
</tr>
<tr>
<td>• Not applicable:</td>
<td></td>
<td></td>
<td>Netherlands and Portugal</td>
</tr>
<tr>
<td>• No response:</td>
<td></td>
<td></td>
<td>Croatia and Serbia</td>
</tr>
</tbody>
</table>
NEXT STEPS

anticipating perception...
About EFPIA disclosure communications

EFPIA communications on disclosure of transfers of value to health professionals are designed to support the implementation of the EFPIA Disclosure Code across the 33 countries EFPIA represents. The overall disclosure communications strategy addresses three phases: preparation, publication and post-publication of the data.

The objectives of the overall campaign are:

1. **Building awareness & support**
   Of the relationship between industry and health professionals. Increase the awareness of HCP disclosure, the rationale, time-lines, process, benefits and implications across stakeholder audiences.

2. **Managing reputation**
   Drive opportunities for reputational credit and mitigate reputational and relationship risks from disclosure of payments to health professionals.

3. **Addressing potential hurdles**
   Support member associations in finding solutions to managing consent and managing other potential hurdles towards consistent and full implementation.
Time-lines

January
February
March
April
May
June
July

1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4

Communications on the value of the HCP – industry relationship

Scenario planning workshops

HCO stakeholder Briefings

Press Briefings

HCP Stakeholder Briefings

Comms Training

Final member Resource Pack

HCP Mailing

Association press release

Press Briefings

Issue tracking

Publication of data

Data collection in view of the second reporting period
WHAT DO WE EXPECT FROM TRANSPARENCY
Ethics is an attitude

Ethical decisions typically involve **simple rules**: Obey the law. Do unto others as you would have them to unto you. Don’t take the benefits while pushing the costs onto the unaware or unwilling.

**But even a “correct” decision can draw criticism.** Good intentions are not enough; your company must be able to explain and defend its decision-making processes.

*Citing from “4 Key Steps to Help your Business Do Well While it Does Good”, posted by Robert ZAFFT in Corporate Compliance Insiders*
EFPIA Key Ethical Principles

Work in progress

We keep patients at the heart of what we do

We act with integrity

We act with respect

We are transparent about our actions

We believe in what we do
ETHICAL DILEMMAS
MEDICINES FOR MANKIND
Today's Research, Tomorrow's cures
FURTHER QUESTIONS...
Legal & Self-regulatory background

Legal background
- National law & regulations

Self regulation background
- Code of Conduct for the Promotion of Medicines (1992)
  - Guidelines for Internet websites (2001 - incorporated to the HCP Code in 2007)
- Joint Declaration between CPME and EFPIA (2005)
- Pre-assessment Platform **e4ethics** (2012)
- Principles for Responsible **Clinical Trial Data Sharing** – joint PhRMA-EFPIA Principles (2013)
EFPIA HCP Code

EFPIA Code on the Promotion of Prescription-only Medicines to, and Interactions with, Healthcare Professionals

- Marketing authorisation
- Information to be made available – reference documents
- Promotion and its substantiation
- Use of quotations in promotion
- Transparency of promotion
- No advice on personal medical matters

- Informational & educational materials, and items of medical utility
- Events & hospitality
- Donations & Grants that support healthcare of research
- Fees for Service
- Sponsorship of HCPs
- The use of consultants
- Non-interventional studies for marketed medicines
- Medical Samples

- Prohibition of gifts
EFPIA PO Code

EFPIA Code of Practice on Relationships between the Pharmaceutical Industry and Patient Organisations

- Non-promotion of prescription-only medicines
- Written agreements
- Use of logos and proprietary materials
- Editorial control
- Transparency
- Contracted services
- Single company funding
- Events and hospitality
EFPIA Disclosure Code

EFPIA Code on Disclosure of Transfers of Value from Pharmaceutical Companies to Healthcare Professionals and Healthcare Organisations

the “EFPIA Disclosure Code”

- Each member company shall document and disclose Transfers of Value it makes, directly or indirectly, to or for the benefit of a HCP/HCO Recipient
- The first Reporting Period is the calendar year 2015 (disclosure in 2016)
- Each member association has transposed the provisions of this Code into its national code by 31 December 2013
- The Code sets out the minimum standards applicable to Member Associations, expect where it is in conflict with applicable national law or regulation, in which case deviations are allowed, but only to the extent necessary to comply with such national law or regulation

Building greater transparency of the relationships between pharma companies and HCPs/HCOs aims to building understanding of the collaboration and recognition of its value to patient care.