

DRUG & DEVICE Disclosure Update

A SUPPLEMENT TO RX COMPLIANCE REPORT

Grassley aide to industry: Brace for “much wider” disclosure regime

MedPAC recommendations likely to reshape Congressional debate over disclosure

“I think we are at the precipice of a fundamental change in the idea of disclosure and its role in this industry,” **Chris Armstrong**, Senator Charles Grassley’s investigative counsel on the Senate Finance Committee and point man on disclosure, said last week. “This this is an issue that is gaining traction.” Armstrong advises drug and device companies to “pay close attention” to the formal publication of the recommendations of the Medicare Payment Advisory Commission (MedPAC), which are set to be released later this month. MedPAC, he points out, has endorsed a disclosure regime that is “much wider” than the Physician Payments Sunshine Act, which is currently limited to payments to physicians. Specifically, the influential Congressional advisory group is set to unveil recommendations for a national disclosure law that includes payments to hospitals, medical organizations, PBMs, pharmacies, continuing medical education providers, and other entities.

“I think that will probably be grounds for a lot of the coming debate and discussion,” Armstrong told participants of a National Disclosure Audioconference co-sponsored by *Rx Compliance Report* earlier this month. “Have that on your radar screen.” ▶ *Cont. on page 2*

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► *Cont. from page 1*

Grassley aide to industry: Brace for “much wider” disclosure regime

John Bentivoglio, who co-chairs King & Spalding’s FDA/Healthcare practice, takes a similar view. “The push toward transparency in many segments of the pharmaceutical and medical device industries is perhaps the most powerful trend in the industry,” he says.

“It is powerful,” says Bentivoglio, “because it extends well beyond just disclosure of financial relationships.” Moreover, he says, the pressure for increased disclosure is coming from numerous directions, including policymakers, legislators, and enforcement agencies, as well as media reports.

For her part, Maine Representative **Sharon Treat** warns that current state disclosure bills are only “the tip of the iceberg.” According to Treat, “the next step is simply to prohibit many of these payments and gifts.”

An untenable situation

Armstrong says the motive behind the Sunshine Act is fairly straightforward. Currently, he points out, only a handful of states have enacted disclosure requirements. But among those states, there already exists “a wide variety of rules and definitions” regarding the data that must be captured. For example, only two states capture payments made by device companies. Likewise, only a few states make the information collected publicly available. “I think that’s a problem,” he says.

Meanwhile, consumers have to check a variety of websites to gather this information, says Armstrong. “That is not a situation that I think is tenable for anybody,” he says. “That’s why we think the answer is to have a single, clear, robust and reasonable federal rule.”

Senate Finance investigations

According to Armstrong, the Senate Finance Committee’s investigations, to date, have tended to focus on relationships between industry and physicians who are often taking part in National Institutes of Health (NIH) research. Federal law requires institutions that receive NIH grants to inform investigators of their reporting responsibilities and to provide adequate guidelines for the enforcement of those requirements. “In

terms of our inquiries at a dozen or so schools, we found that is not always happening,” he reports.

For example, in one case physicians allegedly received more than \$3 million in a single year from a company. However, the institution only required them to disclose that they had received more than \$20,000. “That is an issue with the requirements, rather than compliance,” he says.

At the same time, some physicians have been failing to disclose entirely, says Armstrong. “That is not a problem with the requirements,” he says. “That is a problem with the compliance.”

All of this, he says, “feeds into the need for a clear, federal rule” that establishes a repository for this information.

“Confusion” over preemption

The version of the Sunshine Act introduced by Senators Grassley and Kohl last month differs in several important respects from the version that was circulated in July, most notably the revised preemption provision. According to Armstrong, however, this has been the subject of “a lot of confusion.”

“There is a belief that the intent of the current provision is to create a federal floor,” he says. “That is not the intent at all,” he maintains. In short, the revised bill seeks to preempt state laws that require a duplication of reporting on the state level. For example, states would not be permitted to pass laws that call for semi-annual reporting of payments to physicians as opposed to annual reporting.

However, the bill is not an attempt to create a ceiling, he adds. For example, states would be permitted to pass laws requiring companies to report samples, because that is not captured by the revised bill. Likewise, states would be permitted to pass laws that require the reporting of payments to organizations or other prescribers that fall beyond the scope of the current bill.

“I think we are at the precipice of a fundamental change in the idea of disclosure and its role in this industry,” Chris Armstrong, Senator Grassley’s point man on disclosure.

Other key changes

The revised bill also seeks to ensure that information posted on the website is posted in the proper context, says Armstrong. “It is important that if the public looks up this website, they are not confused about a dollar amount,” he explains. “That is not very helpful.”

For example, he says, it must be clear what constitutes a royalty versus an honorarium versus a payment for being on a panel. “Those are all very different,” he says, “so it has to be treated accordingly on the website.”

Armstrong also notes that, consistent with MedPAC’s recent recommendations, the reporting threshold was reduced from \$500 in the draft bill to an annual threshold of \$100 in the revised bill. The revised bill also removes an exclusion for a *de minimus* payment, he adds. In addition, the penalties for non-compliance have been increased, albeit with an annual cap.

Positive developments

According to Armstrong, the overriding objective of the bill is to establish disclosure that is “sensible” and “useful.” It is a problem, he says, when drug and device companies are viewed as poorly by the press and the public as they are today. “I think that is, at times, fair and, at times, unfair,” he says. “But I think there are changes happening currently that will affect that.”

Specifically, he points to Pfizer becoming the latest drug company to announce plans to disclose payments (*see related story, p. 9*), as well as changes in disclosure policies by a number of institutions that receive funds from NIH. In addition, he says, the recent changes in the PhRMA Code and the AdvaMed code are “positive” developments.

Bentivoglio takes a similar view. “As a general matter, the push toward transparency is healthy,” he maintains. “Over the long run, it will probably be good for the pharmaceutical and medical device industries.”

While there are strong public policy arguments that counsel in favor of increased transparency and disclosure, says Bentivoglio, it is also important to view this issue in context of other factors and recent developments. For example, while some payments may raise questions about conflicts of interest, they also fund an enormous amount of physician/and patient educational activities. “Sometimes, those are described in negative terms and certainly some companies have stumbled in their efforts,” says

Bentivoglio. But increasingly, he argues, the advent of the PhRMA Code, the AdvaMed Code, revisions to the ACCME Standards of Commercial Support, and related developments have led to markedly improved industry practices.

In short, he says, there should be some recognition that much of the spending that is reflected in the reports filed by companies is devoted to entirely legitimate and useful education directed at physicians and others.

The cost of compliance

Another factor that should be considered, says Bentivoglio, is the cost of compliance. In short, he says, aggregating data, updating contractual terms,

updating finance systems, and similar activities can quickly run into millions or tens of millions of dollars. While companies are well advised to spend the money that is needed to get up to speed with the legal requirements and meet the public’s expectations regarding transparency, he says, it is important to recognize the considerable cost of compliance. “Pulling all this together and doing it accurately and in a manner that companies feel confident they will not be sanctioned for inaccurate reports is a heavy lift,” he concludes. ■

“The push toward transparency in many segments of the pharmaceutical and medical device industries is perhaps the most powerful trend in the industry,” says King & Spalding’s John Bentivoglio.

Senator Kohl’s Chief of Investigations joins National Disclosure Summit panel

Jack Mitchell, Senate Aging Committee Chairman Herb Kohl’s Chief of Investigations, will join Senator Charles Grassley’s Investigative Counsel, Chris Armstrong, on the closing panel of the first day of the National Disclosure Summit in Washington, D.C. March 5, 2009. Senators Kohl and Grassley are the sponsors of the Physician Payments Sunshine Act.

Key Differences in Proposed and Revised Sunshine Act

Below is a comparison of some of the key provisions included in the revised Physician Payments Sunshine Act and the draft version of the bill circulated last year, developed by Tom Sullivan, president of Rockpointe Corporation and publisher of the popular healthcare website, www.policymed.com.

Topic	2008	2009
Additional Physician Reporting Information		Medicare Billing Number
		Specialty
Items to Report		Prospective ownership (stock options)
		Compensation for serving as faculty or speaker for a continuing medical education program
		Grant
Reporting		Applies reporting to product spend (Companies must report what products the payment was applied)
Exception to Report	\$25 exception	No payment or transfer of value too small
Aggregate Reporting	\$500/year	\$100/year
Unknowingly Failure to Report Penalty per event	\$1,000-\$5,000	\$1,000-\$10,000
Unknowingly Failure to Report Limit	\$50,000	\$100,000
Knowing Failure to Report Penalty per event	\$5,000-50,000	\$10,000-\$100,000
Knowing Failure to Report Limit	\$250,000	\$1,000,000
Corrections	Accepted	Companies - no changes accepted once submitted Physicians - changes can be requested in writing
States	No Reports to States	Reports submitted to states
Preemption	Preempted state laws	Partial preemption

Leading state activist outlines the evolving agenda of state legislators

Maine Rep. **Sharon Treat** argues that allowing pharmaceutical and device manufacturers to make gifts or payments of cash or goods creates “an unacceptable conflict of interest” that drives up the cost of healthcare. “It also threatens the integrity of our healthcare system,” she says.

According to Treat, who heads NLARx, a nonprofit organization founded by state legislators seeking to reduce drug prices, the billions of dollars drug companies spend on marketing must be viewed as the backdrop to the skyrocketing cost of prescription drugs, especially with regard to state Medicaid programs.

While the cost of drugs has long been a major concern, the issue of disclosure has evolved considerably since Minnesota passed the first disclosure requirement in 1993, she says. In fact, Minnesota’s initiative initially attracted very little attention, says Treat. “Most state legislators were unaware of it,” she says. “The reports were filed and put into a file cabinet.” Moreover, there was no public reporting of the information, she adds.

That scenario began to change when reporters started to examine the data, says Treat. Minnesota provided particularly fertile ground for that examination, she says, because it is the only state that disaggregates the information, thereby enabling the public to determine if an individual physician is receiving money and, if so, how much.

The next states to enact disclosure requirements were Vermont, in 2002, and Maine and West Virginia, in 2003, notes Treat. However, these initiatives were largely aimed at the cost of drugs and the impact that direct-to-consumer advertising (as opposed to physician marketing) was having on the cost of drugs, she says.

New focus on payments to prescribers

In recent years, the focus of state legislators has shifted markedly toward concern about the impact that industry payments to prescribers can have on the practice of medicine, says Treat. This concern has been further fueled by examination of the data generated in states requiring disclosure of payments, she says, especially in Minnesota, where reporters have correlated payments to individual prescribers.

The Vermont data is also revealing, according to Treat. In a state of 800,000 people, she points out, 84 drug manufacturers gave gifts and made payments of over \$3.1 million to healthcare providers in FY 2007. “That was a 33 percent increase over the previous year,” she says. Moreover, one hundred recipients each received an average of \$20,000.

Notably, says Treat, psychiatrists in this group received an average of almost \$57,000 in payments, an increase of 25 percent over the previous year. Cardiovascular specialists also fared well, she says, receiving an average of \$156,000 per physician. “It may not sound like a lot to some people,” says Treat, “but knowing the salary ranges in the states in Northern New England, I can tell you that that is significant.”

“Increasingly, the gifts are not donuts, pens and trinkets,” says Treat. “It is cash and check payments directly to healthcare providers.”

While the raw data leaves much to be desired, it is, nevertheless,

revealing, she says. “I think it certainly argues for a national law,” she says.

“Increasingly, the gifts are not donuts, pens and trinkets,” says NLARx’s Treat. “It is cash and check payments directly to healthcare providers.”

Protecting States’ Rights

Treat says state legislators understand that reporting 50 different formats is not an enviable task. “Clearly, there is an interest on the part of some in making sure that there is one standard,” she says. “We, at the state level, do not necessarily have a problem with that if that one standard is one that disaggregates the data, publicly discloses it, and does not have a preemption provision that is so broad that it prevents states from filling in the gaps.”

For example, she says, some states require reporting for all prescribers, rather than just physicians. Dentists and nurse practitioners prescribe drugs and receive gifts and payments, she points out.

However, these two groups would fall outside the revised Sunshine Act.

Another example cited by Treat is drug samples. “This is an area of tremendous interest,” she says, “particularly now that more information has come

Maine Rep. Sharon Treat says any national disclosure law must disaggregate the data, publicly disclose it, and allow states to fill in the gaps.

out about who gets those samples and whether they are really going to the indigent [or] being used more for marketing purposes.”

In addition, she says, a number of the states require reporting on advertising and marketing, in general, rather than just payments.

In terms of reporting, Treat says, enforcement is inconsistent at the state level. In her home state of Maine, for example, many companies have failed to file their reports. “There is a lot that could be improved,” she says.

“Regardless of what happens at the federal level, especially if nothing happens, I think you will see the states really moving aggressively in this area,” she concludes. ■

Numerous states take action on new and enhanced disclosure laws

Legislatures around the country are in full swing, with an unprecedented level of activity,” reports NLARx Consulting Attorney **John Brautigam**. In the wake of massive budget shortfalls, states are pursuing a number of measures to save money on prescription drug budget items while achieving other important policy goals, he says.

State activists frequently point to the *New England Journal of Medicine* study showing that 94 percent of doctors receive gifts from drug manufacturers. According to Brautigam, a more recent study made possible by current state disclosure laws showed “some alarming statistics,” namely that some specialties received over \$150,000 per prescriber. “This is not just donuts and free

Leading state and federal policymakers and prosecutors to address drug and device disclosure

Below is a list of leading state and federal prosecutors who will address the First Annual Summit on Disclosure and Transparency March 5–6, 2009, in Washington, D.C.

See next page for the additional faculty...

STATE AND FEDERAL POLICYMAKERS

Christopher J. Armstrong, Investigative Counsel, Committee on Finance, The Honorable Chuck Grassley, Ranking Member, United States Senate, Washington, DC

David A. Catania, Member and Chair, Committee on Health, City Council, Washington, DC

Senator Charles Grassley (R-IA), Ranking Member, Senate Finance Committee, United States Senate, Washington, DC

Mark C. Montigny, Massachusetts State Senate, New Bedford, MA

Sharon Anglin Treat, Maine State Representative, Chair, NLARx, Augusta, ME

STATE AND FEDERAL PROSECUTORS

Julie Brill, Assistant Attorney General, State of Vermont, Montpelier, VT

Michele Brown, Counsel to the United States Attorney, US Attorney for the District of New Jersey, Newark, NJ

Christopher J. Christie, Former United States Attorney for the District of New Jersey, Newark, NJ

David Hart, Assistant Attorney General, Oregon Department of Justice, Salem, OR

Daniel R. Miller, Deputy Attorney General, Director, Medicaid Fraud Control Unit, Delaware Department of Justice, President, NAMFCU, Wilmington, DE

Mary E. Riordan, Senior Counsel, Office of Counsel to the Inspector General, Office of Inspector General, US Department of Health and Human Services, Washington, DC

pens,” he says. “The majority of gifts were cold, hard cash.”

Last year, 16 states proposed legislation either banning gifts or some combination of disclosure or a gift ban. Of those, only the Massachusetts bill, which includes a modified gift ban, was passed into law. This year, many of the same states, as well as some new ones, plan to introduce legislation in this area, says Treat.

Below are some of the states where new or enhanced gift bans and/or disclosure legislation is now under consideration. This list also draws on a recent survey by **Tom Sullivan**, president of Rockpointe Corporation in Columbia, MD.

Colorado. “New pharma ethics legislation got cut off at the pass in Colorado yesterday,” the *Rocky Mountain News* reported February 18. State senators voted down a comprehensive reform bill that would have banned industry gifts to physicians and required companies to disclose their advertising and marketing budgets, among other things.

The proposed rules would have been among the toughest in the country. Brautigam says the legislation would have prohibited drug manufacturers from providing economic benefits to health care providers, required greater transparency in marketing, prohibited anyone with a financial interest in a drug manufacturer from being involved in the purchase of prescription drugs, and prohibited the use of patient information for marketing purposes.

Illinois. According to Sullivan, the Prescription Drug Ethical Marketing, recently introduced in Illinois, would require the reporting of all payments, fees, and gifts. Specifically, it would require any manufacturer that sells prescription drugs to disclose the value, nature, and purpose of any gift, fee, payment, subsidy, or other economic benefit provided in connection with detailing or promotional or other marketing activities to any health care provider who can prescribe drugs.

Iowa. The Iowa Healthcare Coverage Partnership Program, introduced by the State Assistant Majority Leader, is a “kitchen sink” bill, says Sullivan. It includes bans on payments and gifts, disclosure requirements, advertising and expenditure reporting, restrictions on data mining, and academic detailing. The legislation defines continuing medical education as an event with more than one speaker, he adds.

LEADING COMPLIANCE PROFESSIONALS

Michael Bigelow, Assistant General Counsel, Eli Lilly and Company, Indianapolis, IN

Cynthia Cetani, Executive Director, Ethics & Compliance, Novartis Pharmaceuticals, Suffern, NY

Anton Ehrhardt, Senior Medical Director, Global Medical Affairs, Millennium: The Takeda Oncology Company, Cambridge, MA

Joel Norris, Senior Manager, State Reporting, King Pharmaceuticals, Bristol, TN

Geralyn S. Ritter, Vice-President, Global Public Policy and Corporate Responsibility, Merck & Company, Whitehouse Station, NJ

Michael Varlotta, Senior Director, Department of Medical Education, Medical Affairs, Centocor, a wholly owned subsidiary of Johnson & Johnson, Horsham, PA

LEADING ACADEMICS AND POLICY EXPERTS

Allan Coukell, Director of Policy, Prescription Project, Boston, MA

Peter Lurie, Public Citizen’s Health Research Group, Washington, DC

David J. Rothman, Bernard Schoenberg Professor of Social Medicine, Columbia College of Physicians & Surgeons, and Professor of History, Columbia University, President, IMAP, New York, NY

LEADING ADVISORS AND LEGAL COUNSEL

John T. Bentivoglio, Partner, King & Spalding LLP, Former Special Counsel for Healthcare Fraud, and Chief Privacy Officer, Department of Justice, Washington, DC

Jeff Brady, President, Advanced Health Media LLC, Bridgewater, NJ

James H. Davidson, Shareholder, Davidson & Company and Polsinelli Shalton Welte Suelthaus, PC, Washington, DC

► *Cont. next page*

Notably, the bill was assigned to the committee where the sponsor is the chairman, says Sullivan.

Maine. Treat says she plans to introduce legislation in Maine that would, among other things, disaggregate the data provided by companies.

Minnesota. The Greater Disclosure Measure, introduced in Minnesota, would tighten up the state's existing law, says Treat.

New York. In New York, Governor Paterson's budget includes provisions prohibiting pharmaceutical companies from giving physicians gifts valued at more than \$50. It also requires presenters at professional continuing education seminars to disclose financial relationships that they have with pharmaceutical companies.

Meanwhile, Sullivan reports, a bill eliminating the tax exemption for direct-to-consumer advertising has also been introduced.

Texas. Several Texas lawmakers are moving forward with legislation to require the disclosure of payments from drug manufacturers to health care providers, Brautigam reports. Senator Rodney Ellis (SB 151), Senator Royce West (SB 296), and Senator Eddie Lucio, Jr. (SB 553) have all introduced gift disclosure legislation, he says.

In addition, some legislators are following data mining initiatives in other states and may be considering their own legislation in Texas, he says. "Given the make-up of Texas," says Sullivan, "I give these bills a Rhode Island-sized chance of passing in this very large, conservative state."

Vermont. In Vermont, Treat says, legislation has been introduced to disaggregate the data, close a trade secret loophole, and expand the law to include devices.

"With all 30 state senators listed as co-sponsors, this is a trouble spot," says Sullivan.

West Virginia. In West Virginia, the Governor has announced he wants to close loopholes in the existing disclosure law, says Treat.

According to Sullivan, states to keep a close eye on currently include Colorado, Iowa, New York and Vermont. "The list only promises to grow longer as states begin their legislative sessions," he warns. ■

John P. Ford, Counsel, Sidley Austin, Former Senior Democratic Counsel, Energy and Commerce Committee, US House of Representatives, Washington, DC

Wendy C. Goldstein, Partner and Chairperson, Pharmaceutical Industry Health Regulatory Practice Group, Epstein Becker & Green, New York, NY

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Joshua S. Levy, Partner, Ropes & Gray, Former Assistant United States Attorney, District of Massachusetts, Boston, MA

Kathleen Meriwether, Principal, Fraud Investigation & Dispute Services, Ernst & Young, Former Assistant United States Attorney, Eastern District of Pennsylvania, Department of Justice, Philadelphia, PA

Peter Pitts, Director, Center for Medicines in the Public Interest, Senior Vice President for Health Affairs, Manning, Selvage & Lee, Washington, DC

Brian Riewerts, Partner, Global Pharmaceutical Advisory Services Group, PricewaterhouseCoopers LLP, Washington, DC

William A. Sarraille, Partner, Sidley Austin, Washington, DC

Paul J. Silver, Managing Director, Huron Consulting Group, LLC, Atlanta, GA

Craig H. Smith, Partner, Hogan & Hartson LLP, Former General Counsel, Florida Agency for Health Care Administration, Washington, DC

Thomas Sullivan, President and Founder, Rockpointe Corporation, Washington, DC

Jon Wilkenfeld, President, Potomac River Partners, Vienna, VA

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Pfizer announces plans to publicly disclose payments to U.S. physicians, healthcare professionals and clinical investigators

Initiative will be first to include payments for both clinical development and product education

Pfizer announced plans this month to make publicly available its compensation of U.S. healthcare professionals for consulting, speaking engagements and clinical trials. The disclosure will include payments made to practicing U.S. physicians and other healthcare providers, as well as principal investigators, major academic institutions and research sites for clinical research. The announcement makes Pfizer the fourth pharma company to commit to disclosing payments to physicians. Eli Lilly, Merck and GlaxoSmithKline have previously reported similar plans. However, Pfizer is the first to commit to reporting payments for conducting Phase I-IV clinical trials in addition to disclosing payments for speaking and consulting.

“We are committed to taking the steps necessary to achieve greater transparency in our interactions with U.S. healthcare professionals,” said Pfizer President and CEO Jeffrey Kindler. “By disclosing payments to physicians, we are breaking down a major barrier and increasing the trust healthcare providers must have when prescribing our medicines.”

A massive undertaking

Pfizer reports that in 2008 it collaborated with almost 8,000 clinical investigators to conduct more than 280 studies. The company makes payments to investigators and research institutions to compensate them for the work done on the company’s behalf. As part of this initiative, Pfizer says it will ensure that payments are posted in a clear and consistent manner that clearly demonstrates the recipient name or institution, the payment made and the service provided.

Pfizer plans to publish its first annual online update on www.pfizer.com in early 2010. The report will include payments made from July 1, 2009, going forward. Parameters under consideration include reporting payments to recipients whose aggregate amount exceeds \$500 in a calendar year, including the value of non-monetary items, such as meals, that exceed \$25 in value.

Specifically, this includes all payments to:

- All practicing healthcare providers who can prescribe medicines;
- Major institutions for ongoing clinical trials; and
- All principal investigators and other entities for Phase I-IV clinical trials sponsored by Pfizer beginning after July 1, 2009.

The payments include:

- Clinical development and commercial consulting;
- Promotional speaking;
- Phase I-IV clinical trials;
- Investigator-initiated research; and
- Meals and other non-monetary items.

Notably, however, the Physician Payment Sunshine Act would be even more stringent than the disclosure policies announced by Pfizer, Lilly, Merck, and GlaxoSmithKline. For example, Pfizer and Eli Lilly plan to report payments that exceed \$500 per year whereas the Sunshine Act would require disclosure of payments exceeding \$100.

“The release of financial information about consulting, education and clinical research activities sets a standard for transparency in the pharmaceutical and medical device industries,” says Andrew Leuchter, Professor of Psychiatry and Biobehavioral Sciences at UCLA.

Recent Pfizer initiatives

Pfizer has long been in the vanguard of efforts to increase transparency. In 2002, it began to register its clinical trials on the public database www.clinicaltrials.gov. In 2004, Pfizer began publicly posting the results of its clinical trials at www.clinicalstudyresults.org. In 2006, it launched a public website, describing compounds in its drug development pipeline and detailing their progress. In 2007, Pfizer began reporting its FDA post-marketing commitments. ■

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FIRST ANNUAL SUMMIT ON DISCLOSURE, TRANSPARENCY AND AGGREGATE SPEND FOR DRUG, DEVICE AND BIOTECH COMPANIES

REGISTRATION FORM

HOW TO REGISTER: Fully complete the following (one form per registrant, photocopies acceptable). Payment must accompany each registration (U.S. funds, payable to Health Care Conference Administrators, LLC).

ONLINE: Secure online registration at www.DisclosureSummit.com.

FAX: 760-418-8084 (include credit card information with registration)

MAIL: Conference Office, 3291 West Wilson Road, Pahrump, NV 89048

FOR REGISTRATION QUESTIONS:

PHONE: 800-684-4549 (Continental US, Alaska and Hawaii only)
Monday-Friday, 9 AM - 5 PM PST

E-MAIL: registration@hcconferences.com
(Registration is not available by phone or e-mail.)

ONSITE CONFERENCE ATTENDANCE

Onsite conference registration includes onsite attendance, professional networking, and live interaction with the faculty, plus a conference materials DVD.

INDIVIDUAL REGISTRATION:

PRECONFERENCE: \$ 495

CONFERENCE REGISTRATION:
(March 5 - 6, 2009; does not include Preconference):

- Through Friday, January 30, 2009
- After Friday, January 30, 2009

\$1,295 ~~\$1,505~~
~~\$1,795~~

DISCLOSURE TRAINING PROGRAM:
(Includes preconference readings and questions, online courses and post conference online examination. Requires preconference and conference registration.) \$ 395

GROUP REGISTRATION DISCOUNT:

Three or more registrations submitted at the same time receive the following discounted rates for conference registration only:

Conference:

- Through Friday, January 30, 2009
- After Friday, January 30, 2009

\$995 ~~\$1,295~~
~~\$1,495~~

Terms and Conditions, continued

INTELLECTUAL PROPERTY POLICY

Unauthorized sharing of Summit content via Internet access through the sharing of user names and passwords or via alternative media (30GB Video iPod™, CD-ROM and Flash Drive) through the sharing of said media is restricted by law and may subject the copyright infringer to substantial civil damages. The Summit aggressively pursues copyright infringers.

If a registrant needs the ability to share Summit content within his or her organization, multiple Summit registrations are available at discounted rates.

The Summit will pay a reward for information regarding unauthorized sharing of Summit content. The reward will be one half of any recovery resulting from a copyright infringement (less legal fees and other expenses related to the recovery) up to a maximum reward payment of \$25,000. The payment will be made to the individual or individuals who in the opinion of our legal counsel first provided the factual information, which was necessary for the recovery.

If you have knowledge regarding the unauthorized Summit content sharing, contact the Summit registration office.

GENERAL TERMS AND CONDITIONS

The Summit program is subject to change. An executed registration form constitutes binding agreement between the parties.

FOR FURTHER INFORMATION

Call 1-800-684-4549, send e-mail to registration@hcconferences.com, or visit our website at www.RACSummit.com.

COMPLETE THE FOLLOWING. PLEASE PRINT:

NAME _____

SIGNATURE OF REGISTRANT - REQUIRED _____

JOB TITLE _____

ORGANIZATION _____

DEPARTMENT _____

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE _____

FAX - Please include fax number if you wish to receive a confirmation letter. _____

E-MAIL _____

Special Needs (Dietary or Physical) _____

ONLINE CONFERENCE ATTENDANCE

All online registrants are registered for the preconference boot camp, conference and Disclosure Training Program.

Online conference registration includes live Internet feed from the Summit, plus six months of continued archived Internet access, available 24/7.

As an alternative to post-conference archived internet access, online conference registrants may choose to access post-conference content in one of the following media: 8GB Video iPod™ Nano (for additional \$150 charge), CD-ROM and Flash Drive.

INDIVIDUAL REGISTRATION:

INDIVIDUAL REGISTRATION includes preconference boot camp, conference and Disclosure Training Program.

- Through Friday, January 30, 2009
- After Friday, January 30, 2009

\$995 ~~\$1,195~~
~~\$1,395~~

GROUP REGISTRATION DISCOUNT:

GROUP REGISTRATION offers the substantial volume discounts set forth below.

All group registrants are enrolled in the preconference, conference and Disclosure Training Program.

Group registration offers the possibility of implementing a Disclosure online training program. Group registration permits the organizational knowledge coordinator either to share conference access with colleagues or to assign and track conference participation to employees. Certificate of successful completion of online post conference examination evidences mastery of conference body of knowledge.

Conference Access:

- 5 or more \$595 each
- 10 or more \$495 each
- 20 or more \$395 each
- 40 or more \$295 each

See INTELLECTUAL PROPERTY POLICY policy below.

PAYMENT

DISCOUNT CODE **Disclosure**

TOTAL FOR ALL OPTIONS, ONSITE OR ONLINE:

Please enclose payment with your registration and return it to the Registrar at The Disclosure Summit, 3291 West Wilson Road, Pahrump, NV 89048, or fax your credit card payment to 760-418-8084.

You may also register online at www.DisclosureSummit.com.

- Check/money order enclosed (payable to Health Care Conference Administrators LLC)
- Payment by credit card: American Express Visa Mastercard

If a credit card number is being given to hold registration only until such time as a check is received it must be so noted. If payment is not received by seven days prior to the Summit, the credit card payment will be processed. Credit card charges will be listed on your statement as payment to Health Care Conference Administrators LLC.

TOTAL \$ _____

ACCOUNT # _____

EXPIRATION DATE _____

NAME OF CARDHOLDER _____

SIGNATURE OF CARDHOLDER _____