

CodeBlue

Health is a human right

Corporate Benefit Schemes Can't Override Doctors' Clinical Decisions, Says MMA

By Boo Su-Lyn | 21 April 2026

MMA says corporate benefit schemes cannot interfere with doctors' clinical decisions, stressing there's a clear boundary between what's covered by employers and what's prescribed by doctors based on clinical needs. MMA urges MOH to issue clear guidance.



Malaysian Medical Association president Dr R. Arasu speaks at a doctors' rally in Putrajaya on May 6, 2025, to protest the Domestic Trade and Cost of Living Ministry's (KPDN) jurisdiction over mandatory drug price display under the Price Control and Anti-Profiteering Act 2011 (Act 723). Photo by Sam Tham for CodeBlue.

KUALA LUMPUR, April 21 — The Malaysian Medical Association (MMA) has told employers not to interfere with doctors' clinical decision-making authority for cost control purposes.

The country's largest doctors' group said it recognised that employers and corporate benefit administrators had the right to determine the scope of health care coverage for their employees and that newer therapies came with higher cost implications.

"However, there must be a clear boundary between what is covered and what is prescribed," MMA president Dr R. Arasu told *CodeBlue* in a statement.

"Prescribing decisions must remain based on the clinical needs of the patient, guided by current evidence and clinical guidelines — not by employer benefit structures. GLP-1 and GIP/GLP-1 receptor agonists are established, guideline-supported therapies for type 2 diabetes, particularly in patients with cardiovascular risk or obesity-related insulin resistance."

CodeBlue reported yesterday a directive by automaker Perodua Manufacturing Sdn Bhd last month to panel clinics to stop prescribing GLP-1 and GIP/GLP-1 injections to its staff for diabetes, pending further evaluation.

These blockbuster medications, which treat both type 2 diabetes and obesity, reportedly cost around RM800 to RM1,000 a month.

"When a doctor is directed to prescribe a less appropriate alternative purely on cost grounds, this moves beyond benefit management into clinical decision-making. That line should not be crossed," said Dr Arasu.

"MMA's position is clear: the doctor prescribes, the patient decides, and the payor funds what it covers.

"Where a clinically indicated treatment falls outside the benefit scheme, co-payment is a reasonable approach. The patient is informed, given the choice, and allowed to decide. This maintains cost control while preserving clinical independence and patient autonomy.

"MMA calls on the Ministry of Health to provide clear guidance that clinical prescribing decisions, made in the best interest of the patient, must not be overridden by corporate or administrative directives.