PHARMAC
TE PĀTAKA WHAIORANGA

Record of the ad hoc Primary Care Advisors videoconference
Meeting held on 17 August 2021

Present from the ad hoc Primary Care Advisory Group :
Debbie Hughes
Neil Whittaker
Sam Whittaker
Howard Wilson
Janet Hayward
Alana Wilson
Richard Medlicott

1. Welcome and overview

1.1. This record is a summary of relevant discussion of the key issues and feedback relating to the proposed changes for access to adalimumab and is not to be considered an exhaustive detailed account of all discussions.

1.2. The purpose of this meeting was to discuss and provide feedback on the proposal to widen access to adalimumab and award Principal Supply Status to the citrate-free biosimilar brand of adalimumab (Amgevita), in advance of public consultation.

2. Discussion

2.1 General Practitioner members from PTAC's Subcommittees, (hereafter collectively referred to as Members) jointly reviewed a paper from Pharmac staff on the proposed changes to the funding of adalimumab.

2.2 Members considered the role of primary care in supporting patients managed on adalimumab treatment varies around the country and is often dependent on access to secondary care clinicians, with General Practitioners (GPs) often involved in the renewal of Special Authorities on the recommendation of secondary care clinicians. Members considered the role of General Practice in adalimumab treatment is typically advisory, assisting patients when there are issues or concerns either prior to treatment or whilst on treatment and feeding this back to secondary care. Members considered this involvement was increasing; however, considered there was variation in the level of comfort with this based on individual clinician experience with biologic medicines.

2.3 Members noted that any proposed changes need to be clearly communicated to both patients and healthcare professionals. Members considered all members of a primary care centre should be informed of any changes as patients may choose to engage with any member of the practice team to seek advice or guidance.

2.4 Members recommended utilising a range of resources to ensure healthcare professionals are aware of any changes including educational material, updates on Health Pathways and the New Zealand Formulary, and engaging with relevant clinician groups to ensure dissemination of information throughout their membership. Members noted that many healthcare professionals are utilising webinars to access information, with good uptake following the recent introduction of the injectable treatment, dulaglutide which has improved general confidence in prescribing and counselling of injectable medicines.

2.5 Members considered that education material should be aimed at all healthcare professionals who are likely to engage with patients managed on adalimumab, particularly pharmacists, noting that a patients first interaction regarding the change is critical to ensure patients feel confident with the advice provided and pharmacists would have a key role in patient awareness of any change.

2.6 Members considered support for both patients and healthcare professionals would be valued in supporting a change and providing ongoing support for people using adalimumab. Members noted that the supplier of Amgevita (Amgen) would provide nursing support and general education support for healthcare professionals and patients. Members considered dedicated nurse support and device information would be useful for primary care and recommended that any education cover both general biosimilar information and information on how to use Amgevita. Members considered a range of resources would be useful, including written information and resources in multiple languages and noted it was important that education was delivered through multiple modes of engagement to ensure equitable access was available for all patients.

2.7 Members considered the proposed seven-month transition period to be reasonable, noting that most practices would have a small number of patients on adalimumab so assisting these patients would be manageable. Members considered that these patients would be identifiable to help target information on the change, and due to current Special Authority durations, most patients are in contact with a prescriber every 6 months already.

2.7.1 Members considered it was likely that counselling on any change would require an extended appointment and may involve both an initial GP appointment to explain the change and discuss any concerns followed by a nurse consultation regarding the use of the device. Members considered that device counselling for patients previously managed on Humira should be easily managed due to their experience with injectable pen devices, noting there would be no change to the overall formulation. Members noted this differed for new patients; however, considered these patients were generally educated on how to use their device by hospital nurses when initiated on treatment. Members recommended that consideration be given regarding compensation for any additional support required to assist patients with the change.

2.7.2 Members noted that capacity is a key issue in primary care and there a cost impact on patients who require additional, or extended appointments or appointments with Practice Nurses.

2.7.3 Members noted that prescribing of adalimumab would need to be by brand throughout the transition whilst both Humira and Amgevita are available and considered this was important to ensure patients were notified and counselled of the change prior to dispensing of Amgevita.

2.8 Members noted any change would require careful management and counselling as there may be patients with concerns regarding the impact of changing and it would be important that GPs and other healthcare professionals are provided with information needed to assist with these conversations. Members considered that any information should highlight the expanded access to Amgevita including extension of Special Authority renewal durations and enabling of prescribing by any relevant practitioner and considered the extensive use of Amgevita in international markets may assist with confidence.

2.9 Members considered good communication with healthcare professionals, and between healthcare professionals and patients was essential to ensure understanding and confidence in the change. Members supported maintaining access to an alternative brand (Humira) for patients who do not tolerate a change; however, noted it would be difficult to ensure people are aware that a natural disease relapse may not be related to a brand change

2.10 Members noted that public consultation on the proposed changes would be released in the coming weeks and all members would be able to submit individual feedback in response.