

**Minutes of the PHARMAC Consumer Advisory Committee (CAC)
meeting**

Thursday 8 July 2004

The meeting was held in the Hedley Room, 14th floor, Cigna House, 40 Mercer St, Wellington from 9.30am.

Present:

Sandra Coney	Chair
Vicki Burnett	CAC member
Kuresa Tiimalu-Faleseuga	CAC member
Dennis Paget	CAC member
Paul Stanley	CAC member

Apologies:

Matiu Dickson	CAC member
Sharron Cole	CAC member
Anna Dillon	CAC member

The chair moved that the apologies be accepted

Coney/Burnett carried

In attendance

Simon England	PHARMAC (minutes)
Richard Waddel	PHARMAC Board chair
Jean Drage	

Stuart Bruce, Dr Peter Moodie, Rachel Mackay, Steffan Crausaz, Natalie Ganley, Sophie Dalziell, Martin Szuba, Deepti Chotai, Adam McRae (PHARMAC Staff), attended for relevant items.

1. Record of previous CAC meetings

The minutes of the 1 April 2004 meeting of the Consumer Advisory Committee (CAC) were accepted as a true and accurate record.

Dickson/Dillon carried

2. Conflicts of Interest

No conflicts of interest were declared.

3. Correspondence

PHARMAC had written to the Director-General of Health in response to a recommendation from CAC, and this letter had been responded to. The committee noted the Director-General's comment that any new pharmacovigilance committee formed to replace the Medicines Adverse Reactions Committee would include "adequate representation from New Zealand to protect the interests of the New Zealand Consumer".

CAC considered that any new pharmacovigilance committee formed as part of the Trans-Tasman Joint Therapeutic Agency should have at least two consumer representatives, one each from New Zealand and Australia.

CAC resolved to write to the Director-General of Health to recommend that there be consumer membership from both countries in any joint body set up to replace MARC.

Burnett/Coney carried

The committee further resolved to ask the PHARMAC Board to establish its position on the issue of consumer representation on a pharmacovigilance body set up to replace MARC, and to write to the Minister of Health expressing concern about the disestablishment of MARC.

Coney/Burnett carried

The committee noted the summaries of correspondence received by PHARMAC, and sought more information on the subsidy change for atorvastatin, brand change for morphine sulphate, and changes to close control, which were all the subject of a number of letters. These would be dealt with later in the meeting.

The committee considered that, given continued issues around the use of close control, there may be a need for further information to be made available to consumers.

4. Chairperson's report

The chairperson reported verbally on developments since the last CAC meeting.

The chair had joined the May meeting of the PHARMAC Board by teleconference to present recommendations from the 1 April meeting of CAC. Actions and outcomes from this meeting have been reported back to CAC members.

The chair and several other members of the CAC had attended the independent consumer health information conference in Christchurch during May 2004. The committee noted that the chair of CAC had made an address to the conference and that this had been well-received. Members felt the conference had been worthwhile and thanked the PHARMAC Board for supporting members' attendance.

Coney/Paget carried

A number of ideas had been put forward and links established with other organisations. However, no further information had been forthcoming on the outcome of the conference.

The committee resolved to write to the conference organisers to seek information on what had happened, or would happen, as a result of the conference.

Members noted discussion in the media on access to treatments for cardiac diseases, and comments about funding of medicines for heart ailments. The committee requested PHARMAC staff prepare a paper for the next meeting of CAC to brief the committee on the funding of and access to heart medicines, and any new developments in that therapeutic area.

5. Maori Responsiveness Strategy Update

Paul Stanley reported to the committee on the latest meeting of the Maori caucus committee of PHARMAC. The committee had expressed a desire to have regular reports on progress in implementing the Maori Responsiveness Strategy. Paul had also attended the launch of PHARMAC's cardiovascular campaign, One Heart Many Lives, in Rotorua on 29 June.

PHARMAC was continuing to implement the Maori Responsiveness Strategy and had identified three key projects for the year ahead:

1. further work to develop consumer materials of use to Maori;
2. specific engagement with Maori organisations (including face-to-face through hui), and improving PHARMAC's database of Maori organisations; and
3. work on PHARMAC's internal systems to both improve the data that is received and the way it is analysed to incorporate Maori health needs.

6. Demand Side update

Since the 1 April 2004 meeting of CAC, PHARMAC staff had:

- Relunched the Wise Use of Antibiotics campaign (May 2004)
- Released the new asthma flip chart visual aid (May 2004)
- Rolled out the cardiovascular campaign, One Heart Many Lives (June 2004).

PHARMAC was keen to see the asthma visual aid used widely, however there was an issue about retaining the integrity of the messages if people took only parts of the resource out of context. Members commented the resource would be well received at a forum such as the Health Promoters' Conference.

PHARMAC was also developing projects on diabetes testing strips, and atypical antipsychotics. Consultation would be held with clinicians to develop key messages. The committee considered any messages developed should be pre-tested with consumers as their view may differ from that of clinicians.

Two things were happening with diabetes testing strips:

1. PHARMAC's supply side team was running a competitive process for some diabetes supplies. Currently more is spent on testing strips than on diabetes medicines.
2. A Demand Side project to promote appropriate use of testing strips. In some cases these were being under-used, in others over-used. PHARMAC would seek to work with Diabetes NZ, whose subsidiary company Diabetes Supplies Ltd currently has a supply contract for testing strips. PHARMAC will seek to work with clinicians and interest groups to develop messages around appropriate use of testing strips.

PHARMAC has recently signed a new contract to both increase and extend funding for the Green Prescriptions programme.

7. Direct to Consumer Advertising and the trans Tasman Therapeutic Agency

Jean Drage, consumer representative on the trans Tasman interim therapeutic advertising council, briefed the committee on developments in relation to medicines advertising.

A 20-person interim council had been formed to develop a code for regulating therapeutic goods advertising in both Australia and New Zealand. The council has been formed to work through recommendations of the Codd report on how therapeutic goods would be advertised, and advertising regulated, under a joint agency.

The council includes representatives of the pharmaceutical, medical and advertising industry, regulators and consumers. The code is now in its 8th re-write and some of the issues raised by NZ consumers have been included although there is still some concern about sponsorship and inducements in advertisements for prescription medicines.

There is also a proposal to establish a statutory consumer advisory committee for the new Trans Tasman agency.

The CAC asked to be kept informed on developments.

8. Supply Side update

The major transaction in the previous month had been the implementation of statins reference pricing, which had seen a large number of people (about 27,000) change to fully funded simvastatin. PHARMAC had issued letters to people holding atorvastatin special authorities to notify them about whether they needed a new Special Authority, however a problem with the data saw some people receive more than one letter. This had since been rectified.

PHARMAC had received a large volume of correspondence related to this issue.

PHARMAC had also approved funding for ezetemibe, a new type of treatment for raised cholesterol.

Another brand change that had led to a substantial amount of correspondence had been morphine sulphate. The brand change resulted from a commercial arrangement in 2003, and the reference pricing of other brands of long-acting morphine sulphate to the new product. PHARMAC had since reached agreement with another supplier to supply another brand of long-acting morphine sulphate, meaning two brands and two presentations (tablets and capsules) will be fully funded from 1 August 2004.

Members asked if any research had been carried out into the number of adverse reactions resulting from brand changes resulting from reference pricing. The committee requested a paper be prepared for the next meeting of CAC on the effect of reference pricing, in terms of health outcomes and the overall pharmaceutical budget.

9. Film coating of medicines

The committee considered a paper on the film coating of some medicines, particularly paracetamol. Some patients had reported difficulties in swallowing and with the taste of the fully subsidised brand of paracetamol, Pacimol.

PHARMAC had held discussions with the supplier of Pacimol about introducing a film coated version. However, this had not yet been approved for use in New Zealand, and was likely to be more costly than the uncoated pill.

The committee considered there was a quality of care issue for those patients in chronic pain who depended on large amounts of paracetamol.

CAC considered that it was preferable to have film-coated tablets from a consumer perspective, even though the cost for PHARMAC might be higher.

The committee favoured the listing of film coated tablets. It noted that people using large amounts of paracetamol and having difficulties swallowing non-film coated tablets were likely to be those people taking it for long periods of time, and therefore the ability to swallow pills is important to enhance compliance.

10. Hormone Replacement Therapy

The committee considered a paper on Hormone Replacement Therapy (HRT), as part of PHARMAC's consultation on restrictions to HRT. Prescribing data seemed to indicate that long-term users were coming off of HRT leaving mainly short-term users on the medicine. This was in line with best-practice guidelines.

The committee asked to receive a summary of consultation responses.

The committee considered there were opportunities for the HRT guidelines, and a consumer booklet based on the guidelines, to be distributed more widely. CAC considered this could be an area for PHARMAC's Demand Side team to work on, or PHARMAC could consider funding distribution of the resources to GPs and patients.

The committee recommended:

- that it receive a copy of the summary of consultation responses;

- wider distribution of the New Zealand Guidelines Group best practice guideline on HRT; and
- better information be provided to patients.

CAC recommended a letter be sent to the Ministry of Health thanking it for funding development of the HRT guideline, and asking it to consider funding wider distribution, and provide better information to patients. A letter could be sent to doctors summarising the main points and alerting them to the full document on the New Zealand Guidelines Group website. The chair proposed drafting a letter to send to the Ministry of Health and the PHARMAC Board.

11. Prescribing of SSRI antidepressants to under 18s

The committee considered a paper on prescribing of SSRIs to under 18s, as part of PHARMAC's review of the listing of SSRIs.

Since PTAC examined the issue in May 2004, further information had been published, with GlaxoSmithKline publishing a raft of data on its website. The US FDA had also strengthened warnings to doctors about the possibility of paroxetine increasing risks of suicidal ideation.

Evidence of the effectiveness of SSRIs in treating under 18s was not strong. Only fluoxetine had good evidence to support its use in under 18s.

The committee expressed concern at the practice of giving people access to pharmaceuticals that led to suicidal ideation, particularly as the practice affected young people. There was a large increase in uptake of products that aren't supported by good data.

The committee considered that there was a need for close monitoring of patients by patients and caregivers. The committee noted that in some cases, parents and caregivers may not be aware a child had been prescribed antidepressants.

The committee recommended that a letter be sent to the Ministry of Health urging it to circulate advice on the prescribing of SSRI antidepressants to under 18s, to patients' parents and caregivers. The committee noted that any advice to parents and caregivers should not cause undue alarm about the risks of therapy.

The committee also considered that DHBs should be made aware of the variable rate of prescribing of SSRIs antidepressants across different regions.

CAC considered there may be a role for organisations such as the College of GPs to play in encouraging prescribers to monitor patients prescribed antidepressants. The committee would also be interested in the College of GPs' view on SSRI prescribing data.

12. Discussion paper on consumer groups accepting pharmaceutical industry funding

The committee considered a draft discussion paper on guidelines for consumer groups accepting funding from the health and pharmaceutical industry.

Members were asked to consider any further options or discussion points for inclusion in the paper. A process would also have to be developed for circulating the paper and collating and summarising feedback.

The chair proposed re-drafting the paper and re-circulating to members via email prior to the next CAC meeting.

13. General Business

Consultation on Close Control rules

PHARMAC had sought feedback on a review of the Close Control rules implemented as part of all-at-once dispensing. PHARMAC had committed to reviewing all-at-once dispensing, and the Close Control consultation formed part of this review.

PHARMAC had noted wide regional variations in the rates of Close Control usage. Most of the feedback received had favoured keeping the existing rules, however there was some concern about how the current rules were already being misused.

The committee considered that information should continue to be sent to DHBs to highlight rates of Close Control use in their areas.

The committee's view was that it was happy with the existing policy on Close Control but wanted to see the problems that had been identified ironed out.

The meeting ended at 4.30pm

Signed

[Handwritten Signature]

Date

12/8/06