

18 November 2015

Proposal to award sole supply of the cardiovascular medication metoprolol tartrate in the community and DHB hospitals

Following a Request for Tender for the supply of metoprolol succinate and metoprolol tartrate to DHB hospitals and/or community pharmacies, issued on 20 April 2015, PHARMAC is seeking feedback on a proposal to:

- award Sole Supply Status for metoprolol tartrate to Apotex NZ Limited for its Apo-Metoprolol brand of tablets: 50 mg and 100 mg from 1 November 2016 until 30 June 2018; and
- award Hospital Supply Status for metoprolol tartrate to Apotex NZ Limited for its Apo-Metoprolol brand of tablets: 50 mg and 100 mg from 1 August 2016 until 30 June 2018 with a 1% DV limit.

In summary, this proposal would result in the following:

- the tablet colour for the 50 mg tablet would remain pink and the tablet colour for the 100 mg tablet would change from light blue to white; and
- the tablet shape would change from heart shape to standard convex shape for both 50 mg and 100 mg tablets; and
- the packaging would change from plastic bottle to blister pack with foil for both 50 mg and 100 mg presentations; and
- the pack sizes would remain the same, 100 tablets per pack for 50mg presentation and 60 tablets per pack for 100mg presentation;
- a reduction in price across both presentations of metoprolol tartrate.

Feedback sought

PHARMAC welcomes feedback on this proposal. To provide feedback, please submit it in writing by **5pm Wednesday, 2 December 2015** to:

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Email: chris.little@pharmac.govt.nz

Fax: 04 460 4995

All feedback received before the closing date will be considered by PHARMAC's Board (or its delegate) prior to making a decision on this proposal. Feedback we receive is subject to the Official Information Act 1982 (OIA) and we will consider any request to have information withheld in accordance with our obligations under the OIA. Anyone providing feedback, whether on their own account or on behalf of an organisation, and whether in a personal or professional capacity, should be aware that the content of their feedback and their identity may need to be disclosed in response to an OIA request.

We are not able to treat any part of your feedback as confidential unless you specifically request that we do, and then only to the extent permissible under the OIA and other relevant laws and requirements. If you would like us to withhold any commercially sensitive,

confidential proprietary, or personal information included in your submission, please clearly state this in your submission and identify the relevant sections of your submission that you would like it withheld. PHARMAC will give due consideration to any such request.

Details of the proposal

Apo-Metoprolol (metoprolol tartrate) tablets 50 mg and 100 mg would be listed in Section B and Part II of Section H of the Pharmaceutical Schedule at the following price and subsidy from 1 June 2016:

Chemical	Presentation	Brand	Pack size	Current incumbent price and subsidy (ex GST, ex manuf)	Proposed price and subsidy (ex GST, ex manuf)
Metoprolol tartrate	Tab 50 mg	Apo-Metoprolol	100	\$16.00	\$4.64
Metoprolol tartrate	Tab 100 mg	Apo-Metoprolol	60	\$21.00	\$6.09

Apo-Metoprolol brand of 50 mg and 100 mg tablets would be awarded:

- Sole Supply Status for metoprolol tartrate tab 50 mg and 100 mg from 1 November 2016 until 30 June 2018; and
- Hospital Supply Status for metoprolol tartrate from 1 August 2016 until 30 June 2018, with a 1% DV limit.

The incumbent, Lopressor brand, metoprolol tartrate 50 mg and 100 mg tablets would:

- have a subsidy decrease to match the subsidy of Apo-Metoprolol from 1 August 2016 and would be delisted from 1 November 2016 in Section B of the Pharmaceutical Schedule; and
- be delisted from 1 August 2016 from Part II of Section H of the Pharmaceutical Schedule.

Background

Metoprolol is a cardioselective beta-blocker indicated for patients with disturbances of cardiac rhythm (including supraventricular and ventricular arrhythmias), hypertension (as monotherapy or for use in combination with other antihypertensives), angina pectoris (long term prophylaxis), hyperthyroidism (as adjunctive medication), functional heart disorders with palpitation, and prevention of migraine.

In April 2015, PHARMAC invited tenders for the supply of metoprolol succinate and metoprolol tartrate to DHB hospitals and/or community pharmacies. This proposal to award tenders for Sole Supply Status and Hospital Supply Status for metoprolol tartrate is a result of that process.

Approximately 3,500 patients receive prescriptions for metoprolol tartrate 50 mg or 100 mg each year. Should the proposal be approved, it would result in a brand change for these patients.

The funded brand would change from Lopresor to Apo-Metoprolol. This would be the first brand-switch for the metoprolol tartrate tablet 50 mg and 100 mg market since listing on the Pharmaceutical Schedule. This change would enable savings of approximately \$170,000 per annum to the Combined Pharmaceutical Budget, which could be reinvested in other medicines. Our expert clinical advisors have assessed the proposed Apotex products and are supportive of their clinical suitability.

PHARMAC is likely to consider the application of a brand-switch fee in the event that Apotex's bid for metoprolol tartrate tablets was accepted.