

30 October 2008

Consultation on proposal to remove prescriber restrictions on acitretin and isotretinoin – Extension of response deadline and additional information

Following discussions with interested parties about the proposal to remove the prescriber restrictions on acitretin and isotretinoin (see Consultation letter dated 10 September 2008), PHARMAC has gathered further information showing patient access data to isotretinoin. This information reflects the subsidised use of isotretinoin in the last financial year ending 30 June 2008 using deprivation quintiles and compares its use to the use of statins.

We consider that this new information may assist interested parties when making submissions regarding the proposal and therefore we are extending the deadline for responses to consultation by a further 2 weeks. The new deadline for responses is Friday 14 November 2008.

To provide feedback please submit an email, fax or letter by **5 pm, Friday 14 November 2008** to me at:

Mike Bignall
Therapeutic Group Manager
PHARMAC

Email: mike.bignall@pharmac.govt.nz
Fax: (04) 460 4995
Post: PO Box 10-254, Wellington 6143

All feedback received before the closing date will be considered by PHARMAC's Board (or Chief Executive acting under delegated authority) prior to making a decision on this proposal. We note that if a decision is made to approve the proposal, the proposed changes would take effect from 1 January 2009 at the earliest.

We apologise for the late extension to this consultation, however we consider it important that this information is available, and an opportunity is given, to all interested parties to enable the submission of feedback. If you have already submitted a response and wish to make further comments we are prepared to replace your initial submission with a new one or allow you to include a supplementary submission.

Yours sincerely



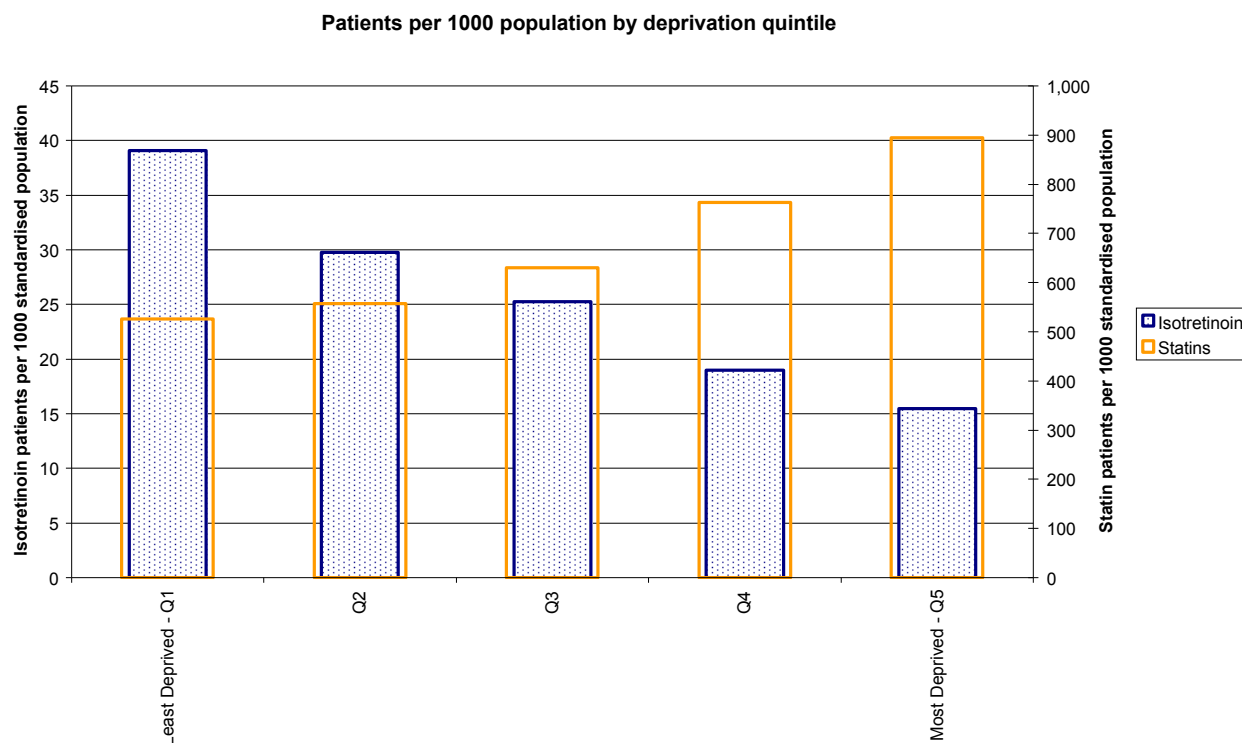
Mike Bignall
Therapeutic Group Manager

Enclosed: Data on subsidised isotretinoin use in the financial year July 2007 to June 2008.

Subsidised isotretinoin use in the financial year July 2007 to June 2008

Using Pharmhouse data (claim and payment information from pharmacists for subsidised dispensings processed by HealthPAC) we have analysed access to isotretinoin using NHI numbers, to provide a breakdown by age and the 1991 deprivation index¹ based on location, to show usage differences between those patients living in areas considered to be most deprived versus those considered to be least deprived. These patients have been grouped into quintiles (i.e. into one fifths of the population).

The graph below also compares isotretinoin against statins (which once were restricted to specialists only but have been unrestricted since April 2002). The graph shows that a person is 2.5 times more likely to be on isotretinoin if they are living in the least deprived area (Q1) compared to the most deprived area (Q5). However for statins a person is nearly twice as likely to be on a statin if they are in the most deprived area (Q5) compared with the least deprived area (Q1). Although statin use in the graph may reflect the higher prevalence of cardiovascular disease in poorer areas, it does still show the differences in access for isotretinoin.



The patient population has been standardised by age to the Segi World population. Age-standardised rates enable comparisons to be made between populations which have different age structures. We used direct standardisation in which the age-specific rates for the population of interest are applied to a standard population. This effectively removes the influence of the age structure on the summary rate.

For example in Q5 there is a higher proportion of people in the 10 – 30 year age group compared with other groups which will affect how many people might be taking isotretinoin in this group. Therefore this method adjusts the data to make comparisons across groups accurate.

¹ <http://www.otago.ac.nz/wsmhs/academic/dph/research/socialindicators.html>