

14 July 2009

Removal of the Dipyridamole Special Authority

PHARMAC is pleased to announce that the Special Authority that applies to dipyridamole was removed from 1 July 2009. Dipyridamole is now fully funded without restriction.

Background

Following a recommendation from the Pharmacology and Therapeutics Advisory Committee (PTAC) to remove the dipyridamole Special Authority, PHARMAC staff evaluated the clinical, fiscal and cost-effectiveness of this recommendation. In this process both, removing the Special Authority, and widening access so that the dipyridamole Special Authority would include funding for patients post-stroke, was considered.

Following consultation on both proposals, the PHARMAC Board decided to remove the dipyridamole Special Authority. However, the PHARMAC Board also considered that the uptake of dipyridamole should be closely monitored. PHARMAC Staff will therefore be reviewing the usage of dipyridamole in about 12 months.

Feedback Received Regarding the Proposals

We appreciated all the feedback that was received as a result of the two consultation letters and acknowledge the time that people took to respond.

There was significant support for removing the dipyridamole Special Authority, funding dipyridamole for aspirin intolerant patients, and funding dipyridamole for ischaemic stroke.

A number of issues were raised in the consultation responses. The following table illustrates the main issues and also PHARMAC's response to these concerns:

Issue	PHARMAC's response
Funding the 200 mg long-acting tablet would be preferable as the evidence supports the use of the 200 mg strength (rather than the 150 mg long-acting strength).	The 150 mg long-acting strength was appropriate for the previously funded indications (patients with prosthetic heart valves or patients who have had a CABG). While we will review funding a 200 mg strength we note that it is significantly more expensive than the 150 mg strength.
A combination dipyridamole and aspirin tablet should be funded.	Advice from PTAC is that a combination tablet should not be funded as there is a risk that patients may end up not taking any anti-platelet therapy at all if they are intolerant to the combination product and stop taking it without initiating aspirin therapy.
Clopidogrel monotherapy should be funded for patients with TIA or stroke, if they are unable to tolerate aspirin or dipyridamole. In addition, clopidogrel and aspirin combination therapy should be funded for one month, if initiated within 48 hours of a TIA or for those at high risk of early recurrent stroke.	The proposal related to dipyridamole not clopidogrel. However, we are aware that clopidogrel can be used in these circumstances and have initiated a review of the current clopidogrel access criteria.

More information

If you have any queries about these changes please contact the PHARMAC helpline on 0800 66 00 50 (9 am to 5 pm weekdays).

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