

## **Record of the Respiratory Procurement Advisory Group (RPAG) of PTAC meeting held on 17 September 2019**

PHARMAC is releasing the record of the Respiratory Procurement Advisory Group.

The Respiratory Procurement Advisory Group in September 2019, and a record of these meetings is provided below. This version has been prepared for proactive public release. In addition to the exclusion of some administrative details, some agenda items have not been included where PHARMAC would be entitled to withhold them under the Official Information Act 1982, due to privacy or commercial reasons (Official Information Act, sections 9(2)(a), 9(2)(b)(ii), 9(2)(ba)(i), and 9(2)(j)). A small number of sections within the agenda items that have been published have been withheld for the same reasons.

### **1. Overview of the RFP, evaluation and next steps**

- 1.1. The Committee noted the RFP Evaluation Committee Meeting had occurred and a provisional recommendation had been reached which PHARMAC staff were progressing.

Withheld under section 9(2)(ba)(j)

- 1.2. The Committee were supportive of the recommendation reached by the RFP Evaluation Committee and considered that accepting a proposal which would result in different suppliers supplying different strengths of fluticasone or fluticasone with salmeterol MDI would be inappropriate as it would further complicate the market for patients and clinicians.

- 1.3. The Committee noted that PHARMAC are interested in undertaking commercial activity in the dry powder inhaler market. The Committee considered the suitability considerations of a dry powder inhaler (DPI) would be different from a metered dose inhaler (MDI) for some aspects.

Withheld under section 9(2)(b)(ii)

- 1.4. The Committee considered the role of the single use inhaler in asthma management is likely to grow following recent publications and the updating of the New Zealand Asthma Guidelines. The Committee considered that it was important to retain a budesonide with formoterol MDI since a DPI is not suitable for some patients.

- 1.5. The Committee discussed the SMART methodology for the use of budesonide with formoterol combination inhalers for the treatment of asthma and noted that although it is referred to correctly in the current asthma guidelines as 'Single Maintenance and Reliever Therapy' it is often referred to as 'Symbicort Maintenance and Reliever Therapy' by patients and clinicians.

(Withheld under section 9(2)(b)(ii))

### **2. Feedback on implementation activity proposed by PHARMAC**

The Committee reviewed the implementation activities proposed by PHARMAC to support a change in the funded brand of inhaler.

- 2.1. The Committee considered an important aim of implementation activity should be to convey why brand changes occur and that the savings achieved from brand changes are re-invested into medicines.
- 2.2. The Committee considered it would be useful to understand the needs of the consumer to help inform the implementation activities. The Committee considered the types of information gathered from consumers could include what aspects of their current inhaler they liked and what aspects do they not like. The Committee considered it would be useful to understand if patients would choose to change to the funded brand, pay extra to stay on their same brand (if the product remained available), or change treatment type altogether.
- 2.3. The Committee considered it would be useful to understand where consumers go for information and advice regarding their inhalers, including the impact of direct to consumer advertising. Members also considered it would be useful to understand who trained the patient to use their inhaler.
- 2.4. The Committee considered it would also be useful to understand how consumers currently remember to take their medication, and also considered that it would be useful to monitor adherence to determine whether there is any impact of a brand change.
- 2.5. The Committee considered engaging with consumers would also offer an opportunity to address the belief that there will be negative outcomes as a result of switching to generic brands of treatment.
- 2.6. The Committee considered that a long lead time and information resources are important to allow for a well-managed transition of patients. The Committee discussed different channels that could be used to reach consumers about a brand change including social media, radio and television.
- 2.7. The Committee considered that nurses are a key stakeholder for PHARMAC to engage with around an inhaler brand change. This includes practice nurses and nurse practitioners in addition to asthma nurses. Members considered that asthma nurses play an important role, but only see a small number of patients and there are some regions that do not have access to asthma nurses. The Committee considered that any education and training on inhalers/brand changes should be aimed at all nurses and hands on training could be facilitated by asthma nurses. The Committee noted that in a primary care practice, the practice nurses generally lead the education in inhaler use with patients and the general practitioner is more likely to direct patients to the practice nurse. The Committee also noted that educational resources developed for primary care should be promoted to nurses.
- 2.8. The Committee considered key organisations and communication channels that PHARMAC could utilise include the Asthma and Respiratory Foundation of New Zealand, Asthma New Zealand, Tu Kotahi Māori Asthma Trust, Primary Health Organisations. Whānau Ora Collectives and corporates (e.g. Green Cross). The Committee considered secondary care clinicians could be reached via The Thoracic Society of Australia and New Zealand.
- 2.9. The Committee noted that it is important that multiple channels are used to increase the number of contact points a consumer is exposed to. The Committee also considered the importance of consistent messaging across all channels used.

- 2.10. The Committee discussed the importance of health care professionals training patients on inhalers and the need for placebo inhalers, spacers and Haleraids in order to support them to do that. The Committee noted that hospitals cannot access funded spacers through the Schedule. The Committee considered there was a wide range of health care professionals who train patients in inhaler use, and these include community pharmacists, practice nurses, health navigators through Whānau Ora Collectives, nurse specialists, general practitioners and nurse practitioners and all these groups should be able to access funded spacers for patients.

### **3. Feedback on implementation activity proposed by supplier**

(Withheld under section 9(2)(b)(ii) and/or 9(2)(ba)(i))

### **4. Workshop on actions that PHARMAC could undertake to improve inhaler use.**

The Committee discussed the key calls to action that would improve inhaler use in New Zealand, and some of the barriers and areas that PHARMAC could influence.

- 4.1. The Committee considered that the key calls for actions to improve inhaler use include correct technique and spacer use (where appropriate), regular use of a preventer, the availability of clear written resources (including having a written asthma action plan) and not sharing medicines. The Committee also considered that smoking cessation and exercise are important for the management of asthma and COPD.
- 4.2. The Committee considered some of the key barriers to good inhaler use include variable funding of services, time poor workforce, access to tests, and the multitude of devices on the market. The Committee also noted that for some patients, they consider that poor asthma and COPD control is normal. There is also a general lack of awareness of the importance of good inhaler technique and funded spacers can be difficult for some groups of health care professionals who provide training to patients (asthma nurse educators) to access.
- 4.3. The Committee discussed the top priority areas that PHARMAC could influence to improve inhaler use. The Committee considered that correct inhaler technique and using a spacer with an MDI were the top priority messages to improve inhaler use. This includes raising awareness of asthma and COPD and the risks associated with the disease. The Committee noted the key role health care professionals play in training patients on how to use their inhaler correctly. The Committee also noted the importance of removing the stigma of the disease, possibly using role models such as athletes.
- 4.4. The Committee discussed that PHARMAC could work with external agencies to influence and improve inhaler use, for example, the Ministry of Health and Māori Women's Welfare League.
- 4.5. The Committee considered that correct inhaler technique and spacer use is an important message for all communities, including those facing inequities. The Committee noted the importance of trust and a shared identity when engaging with Māori and Pacific people. The Committee considered it would be important to engage with Māori and Pacific health care professionals and communities in developing this work. The Committee noted there were no Pacific health care professionals currently on the Committee.