

Minutes of the PHARMAC Consumer Advisory Committee (CAC) meeting

Thursday 4 November 2004

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

Present:

Sandra Coney	Chair
Vicki Burnett	CAC member
Matiu Dickson	CAC member
Paul Stanley	CAC member
Heather Thomson	CAC member
Te Aniwa Tutara	CAC member

Apologies:

Sharron Cole	CAC member
Dennis Paget	CAC member
Kuresa Tiimalu-Faleseuga	CAC member

The chair moved that the apologies be accepted

Coney/Dickson carried

In attendance

Simon England PHARMAC (minutes)

Stuart Bruce, Dr Peter Moodie, Dilky Rasiah, Adam McRae, Steffan Crausaz, Marama Parore Katene (PHARMAC Staff), attended for relevant items.

The committee welcomed Te Aniwa Tutara and Heather Thomson to their first CAC meeting.

1. Record of previous CAC meeting

The minutes of the 8 July 2004 meeting of the Consumer Advisory Committee (CAC) were accepted as a true and accurate record.

Coney/Burnett carried

2. Conflicts of Interest

No conflicts of interest were declared

3. Correspondence

Letters had been sent to the Minister of Health, Director-General of Health and Medsafe in response to recommendations from the previous CAC meeting. Substantive replies had not been received to any of these letters. The committee asked the CAC secretary to make enquiries about responses to these letters.

The committee noted that Anna Dillon's term had not been renewed. The committee considered that it should write to Anna Dillon thanking her for her contribution to the

committee. The committee also noted that Sandra Coney and Dennis Paget had been reappointed for further terms. Members agreed unanimously to Sandra Coney continuing to chair the committee.

From examining the list of parties consulted regarding PHARMAC decisions, the committee considered there are still a number of consumer groups who are still not participating in PHARMAC's consultation process. The committee restated its position that its role was to ensure the voice of the consumer was heard when PHARMAC was considering decisions, and that this could still be improved. The committee had previously recommended PHARMAC improve its consumer database, and requested a paper from PHARMAC for the next CAC meeting outlining what progress had been made on this project and any actions taken.

4. Chair's report

The Chair tabled a written report to the committee. The CAC noted that the PHARMAC Board had again been very supportive of the committee's recommendations, and this had resulted in the Board's decision to fund distribution of material on hormone replacement therapy (HRT). The committee resolved to write to the Board commending it for this action.

The committee also noted the personal support of PHARMAC Board chair Richard Waddell, and resolved to write to thank him for personally attending the 8 July CAC meeting.

Information had continued to emerge on the safety profile of SSRI antidepressants, an issue the committee had examined at its 8 July meeting. Medsafe had issued a further letter to health professionals in October 2004. The committee considered that, before being able to examine the issue further, it would be useful to know the response of Medsafe to CAC's letter on SSRIs. This is to be followed up.

5. Demand Side Update

One Heart Many Lives campaign

This campaign continued to be implemented in Auckland, Tauranga, Rotorua, Taupo and Porirua. A community-based strategy was being used and PHARMAC was offering support to about 12 projects in the targeted areas. Imagery and messages from the campaign were also being used by the National Heart Foundation, in consultation with PHARMAC, for its Heart Week promotion during November 2004.

Asthma management campaign

New data indicated average daily doses for inhaled corticosteroids had decreased 12.6 percent. Further work was being carried out. The committee noted the figure and considered it was a positive step but only if people were not being deprived of medicine. However, the decrease in daily doses was not being accompanied by a corresponding rise in the use of reliever inhalers, which could be expected if people were not taking their preventers appropriately.

Hormone replacement therapy

PHARMAC had distributed 4000 copies of the evidence-based NZGG guideline, and 20,000 copies of a patient information leaflet on HRT. This followed a recommendation from CAC. PHARMAC was continuing to gather data on HRT usage.

Diabetes testing

PHARMAC Staff are developing resources to assist people with diabetes to use testing methods appropriately. Components include a patient logbook to record tests and results, and an education resource for patients.

The committee considered that the size of the log book should be carefully thought out. A5 or a smaller brochure size were considered optimal. Members considered that in some cases the management of patients with diabetes was often handled by family members, so any resource should include a section for families or caregivers. This could be incorporated into the proposed log book and patient resource.

The committee also recommended that PHARMAC consult widely with diabetes patients and groups to ensure any new resource supplements those that are already available, and does not cause confusion for patients.

Warfarin resources

The committee provided feedback on a proposed warfarin patient leaflet and educational video. The committee considered that the language used in the resources needed to be simplified or better defined. The video also needed to be patient-focussed. Issues such as the distance people live from hospital or testing facilities also need to be considered in any information provided to patients.

Members submitted written feedback to PHARMAC Staff to enable the resources to be revised.

7. Supply Side Update*Vioxx*

The withdrawal of the Cox-2 anti-inflammatory Vioxx (rofecoxib) had been a significant issue in pharmaceuticals in the past month. This was a medicine PHARMAC had previously declined to fund.

SSRI antidepressants

In the United States, the Food and Drug Administration (FDA) has required that SSRI antidepressants contain "black box" warnings, this is the highest safety alert available to the FDA. The move follows concerns raised over links between the drugs and suicidal behaviour in adolescents and young adults.

In New Zealand, Medsafe has issued further advice to health professionals, advising them to closely monitor patients prescribed SSRIs. The committee noted the Medsafe letter was sent to health professionals, while CAC had written to Medsafe asking it to provide advice to patients and caregivers. A response to that letter had not been received.

Out of stocks

This was a continuing problem highlighted in the past month by National MP Paul Hutchison and pharmacists. The committee was briefed on issues around the gout drug allopurinol, which had been out of stock. PHARMAC had reached an agreement with Pacific Pharmaceuticals to supply allopurinol.

Paracetamol

An alternative presentation of paracetamol 500mg tablets had been sourced from a supplier, this was a different shape to the traditional round pills. The committee was asked for its view on the alternative shaped pills.

Members noted that the alternative presentation is not film coated, and that the committee had stated at its 8 July 2004 meeting that it was preferable to have film-coated tablets from a consumer perspective.

After examining the alternative sample the committee considered it was not in a position to fully evaluate the tolerability of the new product, and reconfirmed its position that it was preferable to have film-coated tablets listed on the Pharmaceutical Schedule.

Coney/Thomson carried

8. Cancer treatments basket update

Following a ministerial directive in 2002, DHB hospitals have been required to fund a group of cancer treatments nationwide (the basket). PHARMAC had responsibility for assessing new treatments, but not for funding the basket. Now PHARMAC is developing a proposal to move responsibility for managing funding to PHARMAC. This would be in addition to undertaking assessment.

PHARMAC is currently gathering data to determine how much is spent on cancer treatments in hospitals. A number of working groups have been set up to look at issues such as finance and information technology. The project is aimed at being completed by June 2005.

Members noted progress on the management of cancer treatments and commented on the need for the committee to keep in touch with developments in the cancer area. This could involve inviting a representative from a consumer group with an interest in cancer treatments to talk to the committee at a future meeting.

9. Clinical Evidence pilot

Clinical Evidence is a British Medical Journal publication aimed at prescribers. PHARMAC and ACC have been jointly funding a pilot scheme to give prescribers access to *Clinical*


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Evidence. Initially this involved funding access to 1000 hard copies and 200 electronic copies of *Clinical Evidence*.

Feedback on the pilot had been positive, with a preference for hard copy. ACC had subsequently decided to order a further 4000 hard copies and 1000 electronic copies.

The committee viewed the move as a success story and considered that as it supported evidence-based decision-making, it was a project worth PHARMAC continuing to be involved with.

10. Maori Responsiveness Strategy

A project was underway to develop a Maori Use of Medicines resource. This had involved consulting with South Island Maori at a series of hui. The hui were useful for outlining some key themes and the understanding and use of medicine by Maori. A summary of the feedback received during these hui was supplied to CAC members.

Three initiatives were being explored:

- The development of a training programme for community health workers;
- Patient education resources; and
- Seeking advice from general practitioners on how they treated Maori and Pacific people and any barriers to those patients receiving information on medicines.

Members commented that other countries had looked at access and information issues for ethnic populations, including a successful scheme for native Alaskans in Anchorage.

The committee considered that the summary of feedback received during the hui might be of interest to PHOs, who had a role to play in increasing access to medicines for Maori through lowering access costs.

PHARMAC will soon be having further hui to report back to Maori on the Maori Responsiveness Strategy. A staff training programme was also being implemented. CAC members were invited to take part in the hui.

The committee continued to support the strategy and success of the One Heart Many Lives campaign.

11. Discussion paper on guidelines for consumer groups

The committee considered a redrafted paper, following feedback from the 8 July meeting. Members commented on the second draft and agreed to send further comments to the Chair via email by the end of November 2004. The process from there would be as follows:

- Reach agreement on a final draft
- Discuss next step at the next meeting of CAC
- Set a date for feedback to be received by.

Members agreed to be able to seek comment from people outside the CAC membership on the draft paper.

12. Medicines for cardiac patients

Members considered a paper on the funding of and access to medicines for cardiovascular disease. The paper showed medicines for cardiovascular disease treat large numbers of New Zealanders (over 200,000 for both ACE Inhibitors and statins), and account for nearly a fifth


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of pharmaceutical expenditure. Compared to other therapeutic areas, there were not many new medicine types becoming available to treat cardiovascular disease. The most recent is a new type of cholesterol lowering treatments called selective cholesterol absorption blockers. One of these (ezetimibe) had been funded in NZ during 2004.

The committee noted that a polypill had also been proposed. This proposal had been the subject of discussion among cardiologists.

A number of patients had changed from atorvastatin to simvastatin during 2004 as a result of reference pricing. About 5 to 10 percent of those patients had since changed back to atorvastatin.

13. General

Members discussed items that might be raised for inclusion in PHARMAC's next funding round (for the 2005-06 financial year).

- Pacific Responsiveness Strategy: This was included in the current year's work, however ongoing funding had not been secured. The committee recommended ongoing funding be considered for inclusion in the 2005-06 year and beyond.
- Collection of ethnicity data on medicine usage. This would help build the picture of Maori use of medicines
- Allocation of funding for a research project on the impact of reference pricing
- The risks of antipsychotics and their impact on weight gain. This had implications for diabetes and heart disease.
- Promotion of CAC. Members noted they had no budget for meeting with outside groups. There was also an absence of resources such as business cards and letterhead.
- Consultation database. This was work to be undertaken during 2004-05, however the committee considered this may require ongoing funding.

The meeting concluded at 4pm.


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