

Generics - all in the mind?

From the Chief Executive

What lies behind people's unexpected reactions to seemingly small medicine changes?

Research by Auckland University has helped cast light on why some people have difficulty adjusting to medicine changes – or simply can't tolerate them. In the research, students at Auckland University were given sugar pills (a placebo) packaged in three different ways. All three groups reported different responses, with the 'branded' group reporting the greatest efficacy and lowest side effects, and the 'generic' group reporting lower efficacy and more side effects. Perhaps most striking was that the branded group demonstrated greater reductions in blood pressure than the other two groups.

The Auckland team's research, and other publications, show that a person's perceptions of medicine can affect how they respond physiologically (in that case, the lowered blood pressure). So when someone says they are exhibiting a symptom, it's real, not just in the mind.

Knowing this phenomenon occurs is important for our work. It can inform the decisions we make, for example by leading us to choose which medicines are suitable for brand changes. If a medicine has a narrow therapeutic index, or has been taken long-term by patients, then we need to carefully consider the consequences of any change. We already support brand changes with information for patients and health professionals about specific brand changes. But this knowledge also leads us to think about what else we could do to help people adjust to brand changes.

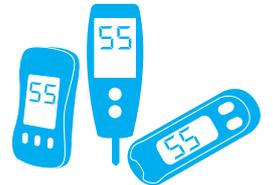
Brand changes are an important part of our work. They release savings that can be reinvested in other medicines or healthcare. Generic medicines now make up three-quarters of all subsidised prescriptions, and brand changes are common.

What's clear is that the messages delivered by healthcare professionals can have a major impact on how well a medicine works for a patient. So if a prescriber or pharmacist tells a patient: "Try this new drug. They say it works the same, but it's only a generic, so it may not work as well", chances are it won't work as well. But if the patient is told: "Here's a different version of your drug, it has the same medicine and the same effect as your old one", the outcome could be quite different.



Hospital medicine access now nationally consistent

1 July 2013 was a major milestone for PHARMAC, and District Health Board hospitals. This was the date when PHARMAC introduced a new way of managing all medicines used in DHB hospitals, publishing the Hospital Medicines List (HML). We're grateful for the assistance of hospital clinicians and pharmacists in helping form the list.



Diabetes meters - implementation complete

The change to new blood glucose testing meters has been completed, with more than 100,000 people picking up the new meters, as outlined in our media release.

PHARMAC continues to operate support services to help people to adjust. This includes information being available for prescribers, diabetes nurses, pharmacists and patients, and 0800 numbers run by both PHARMAC and Pharmaco, the supplier of CareSens meters. These numbers are 0800 GLUCOSE (0800 458 2673), or PHARMAC on 0800 66 00 50.

We're aware some people are continuing to compare results between meters, which can cause confusion, as outlined in this Best Practice Journal article.

PHARMAC continues to have confidence in the accuracy of CareSens meters, which has been established in numerous tests including in New Zealand.

If people experience clinical issues related to the meters, these should be reported to Medsafe. To date, Medsafe has received 38 incident reports. Of these 26 have had their investigations complete (12 were incomplete). None of the completed tests indicated that the meters were faulty in reading blood glucose levels.

Hearing the community's views on our decision criteria

Over the winter months PHARMAC has been seeking the community's views on what its future decision criteria should be. These are the factors PHARMAC thinks about every time it makes a pharmaceutical funding decision.

Written submissions are being accepted until the end of August. We are also holding 12 community forums June to August to gather feedback on the decision criteria. Discussions at these forums have covered lots of ground, and given us plenty to think about. It's clear that people have also valued the opportunity to meet with PHARMAC face to face – an opportunity most don't often have.

Once we've considered the issues raised in consultation, we're likely to seek public submissions again on proposed changes. That's likely to occur in early 2014.

New treatment for heart disease welcomed

PHARMAC's funding of a new treatment for acute coronary syndrome has been welcomed. The medicine, ticagrelor (Brilinta), thins the blood and makes patients less prone to future heart attacks. Funding for the medicine, announced in June, began from 1 July 2013.

Funding has been welcomed by cardiologists, including Associate Professor Gerard Wilkins of Dunedin Hospital.

Ticagrelor is estimated to cost up to \$14.3 million per year, making it likely to be PHARMAC's single largest investment this year. Part of the cost will be rebated back to PHARMAC, under a confidential arrangement with the supplier.

New oral treatment for hepatitis C

PHARMAC is funding a new oral treatment for hepatitis C from 1 September 2013. The addition of boceprevir (Victrelis) to currently available treatments can potentially increase the cure rate of hepatitis C from 35 to 75%.



Four receive Hiwinui Heke scholarships

The Hiwinui Heke pharmacy scholarships have been shared among four Māori pharmacy students this year.

The awards are jointly presented by PHARMAC and Nga Kaitiaki o te Puna Rongoa o Aotearoa (Māori Pharmacists Association or MPA). They are aimed at students enrolled at pharmacy schools and committed to studying pharmacy.

Three University of Auckland and one Otago University pharmacy student have each been awarded \$2500 scholarships. They are:

- Brendan McIntosh (Dunedin – Kai Tahu) final year BPharm Otago University
- Robert Haua (Rotorua – Ngai Te Rangi) 2nd year BPharm University of Auckland
- Jilly Alexander (Kerikeri – Ngapuhi) 3rd year BPharm University of Auckland
- Susan Wilson (Pukekohe – Ngapuhi) final year BPharm University of Auckland

PHARMAC developed the scholarships – named after Hiwinui Heke (Te Arawa), who was one of the first Māori to graduate from a New Zealand pharmacy school in 1955 - with the MPA as a way to encourage more Māori students to complete their pharmacy studies.