PHARMAC’s response on clopidogrel

We agree with Harvey White and Chris Ellis (http://www.nzma.org.nz/journal/119-1228/1808) that clopidogrel would be effective and, relative to other potential investments, cost-effective for some—but not all—of the patients that the authors advocate funding for. There are also issues of scope—that is, the affordability (and opportunity costs) of providing clopidogrel to the 30,000 patients that they advocate, as it would mean not funding many other investments.

In essence, the article by Drs White and Ellis has little to do with the effectiveness or cost-effectiveness of clopidogrel, but is rather a selective summary of PHARMAC’s commercial negotiations with Sanofi-Aventis. PHARMAC has been, and still is, in commercial negotiations with this pharmaceutical supplier, and will not comment publicly on the details of these negotiations. Despite the detailed information, the authors have not disclosed any conflicts of interest relating to Sanofi-Aventis.

Drs White and Ellis make a number of claims regarding PHARMAC’s processes. Most of these points have been raised in previous articles in the Journal’s Special Series (of which there are now ten), which PHARMAC has responded to already.2–11

Peter Moodie
Medical Director
PHARMAC
Wellington

Sean Dougherty
Therapeutic Group Manager
PHARMAC
Wellington

Conflicts of interest: Neither Peter Moodie nor Sean Dougherty declare any conflicts.

References:


