

28 August 2023

PHARMAC
PO Box 10254
The Terrace
Wellington 6143

Sent via email to: tender@pharmac.govt.nz

Dear Sir/Madam,

Re: Pharmac's consultation on the proposed 2023/2024 Invitation to Tender

Thank you for the opportunity to provide feedback on the above consultation.

The Pharmacy Guild of New Zealand (Inc.) (the Guild) is a national membership organisation representing the majority of community pharmacy owners. We provide leadership on all issues affecting the sector and advocate for the business and professional interests of community pharmacy.

Our feedback on this consultation focuses on Guild members' concerns around general economic, funding and supply issues.

Before we provide some specific feedback on medicines listed for the 2023/2024 Invitation to Tender, we would like to provide general comments on several areas that we believe should be taken into consideration:

1. Brand switch fees and patient information

We urge the consistent implementation of brand switch fees for medicines prescribed for medium to long-term conditions, as well as when a brand changes due to stock issues, to reflect the increased workload for pharmacists and dispensary staff in ensuring comprehensive patient awareness during these brand changes. We would like Pharmac to consider the extra time taken to answer questions by the patients such as: "Why am I getting an unapproved medicine, is Medsafe not convinced it's safe?", or "Are unapproved medicines inferior quality medicines?"

2. Patient education/information collateral

We request Pharmac provide patient information to assist pharmacy staff in discussing brand changes effectively with patients, especially considering current workforce shortages. Patient transition between brands occurs primarily at community pharmacy level and can be highly emotive in some circumstances, necessitating robust support for community pharmacy staff to ensure patients are fully informed of brand changes and are left confident to continue to take their medicine as prescribed. We would like to see Pharmac produce collateral that can be disseminated to patients by pharmacy staff in English and Te Reo.

3. Ensuring clarity to prescribers and patients

We seek clarification on how Pharmac plans to communicate the proposed brand changes to prescribers. This transparency is crucial to uphold prescriber obligations under the Code of Health and Disability Services Consumers' Rights, ensuring

patients are well informed and are aware of unapproved medicines and potential safety concerns, so that they can give informed consent. Timely and accurate information dissemination of changes is vital to maintain patient safety and informed decision-making. Keeping prescribers appropriately informed prevents time and resource wasting during dispensing where brand changes to unapproved medicine either need to be endorsed, annotated, approved or all of the above.

4. Multiple brand funding: Streamlining dispensing of medicines

In light of the number of stock shortages post-Covid, we propose that Pharmac considers a model to fund multiple brands of a medicine to ensure supply continuity. This approach could mitigate the need for periodic funding of unapproved medicines under section 29 of the Medicines Act 1981 or switching to alternative treatments due to shortages. We believe that the potential savings from reduced brand switch fees and workforce time could justify any additional expenses incurred by funding multiple brands.

5. Addressing medicine wastage

We acknowledge and appreciate Pharmac's efforts in granting tenders for appropriate pack sizes of medicines. However, medicine wastage remains a significant concern for community pharmacy, and we encourage ongoing collaboration to identify strategies to minimise wastage, benefiting both patient care and resource utilisation by optimising pack sizes and minimising unnecessary blister-pack dose forms that might add to unrecyclable waste.

6. Special authority model

We recommend that Pharmac reviews the current special authority model for funded access to certain medicines. Simplifying this process, or even removing it all together in some instances, could ensure equitable and convenient access to medicines for patients, reducing the likelihood of less appropriate alternatives being prescribed due to administrative barriers. We invite further discussion on specific examples for consideration.

7. Expanding pharmacy services

We propose expanding the funded pharmacist-led treatment options for basic ailments beyond the Community Pharmacy Minor Ailments Service that is currently being piloted in various districts throughout the country. A permanently funded Pharmacist Advice Therapy list of medicines for direct provision by a pharmacist for minor conditions such as scabies, head lice, etc., could lead to significant downstream cost savings while ensuring timely equitable access to treatment options for the public.

8. Promoting health equity

We are interested in understanding how Pharmac plans to align with the Pae Ora (Healthy Futures) Act 2022. Specifically, we seek clarification on funding and monitoring access to medicines and treatments that promote health equity, such as point of care tests in community pharmacies for gout treatment, HIV screening, etc.

9. Ensuring a patient-centric approach

Lastly, we reiterate the importance of ensuring patient safety during brand transitions and potential new brand introductions. Patients who depend on specific

brands for chronic conditions, such as multiple sclerosis, spinal cord injuries, epilepsy, mental health conditions, require special consideration to ensure a seamless and safe transition process.

Please find below our feedback on specific medicines and other comments for consideration:

- *Fusidic acid 2% cream and sodium fusidate 2% ointment*: Consider the removal of the 1 tube limit per prescription as some larger wounds require a quantity greater than 5g (equivalent to 1 tube) to be used for a specific period for optimal results.
- *Aciclovir 3% ophthalmic ointment*: Ensure that a potential new brand can always be available as it is a specific antiviral eye ointment and there are currently no alternatives. Community pharmacies traditionally do not keep large numbers of this product in stock due to expiry dates, therefore all-at-once dispensing would not be appropriate due to low stock holding.
- *Enoxaparin sodium (Clexane) injections*: Consider allowing wastage to be claimed for all strengths of the injection, as the community pharmacy invariably wears the cost of leftover stock for a particular strength that may not be used again and are unable legally to on-sell the leftover stock to other pharmacies.
- *Disulfuram tablets*: Ensure that a potential new brand can always be available with no stock shortages as there is no other medicine that has similar indications. If this cannot be assured, then potentially multiple brands should be subsidised.
- *Methadone oral liquid*: The current funded brand, Biodone, has been used for several years by many patients and continues to do so in assisting those with withdrawing from opioids. To change a brand, with the potential of differences in effects for some patients, could cause distress and potential relapse.
- *Filgrastim pre-filled syringes*: Consider allowing wastage to be claimed for all strengths of the injection, as the community pharmacy invariably wears the cost of leftover stock for a particular strength that may not be used again and are unable legally to on-sell the leftover stock to other pharmacies. Alternatively, consider that this medicine can only be dispensed in packs, not single syringes.
- *Sildenafil tablets*: Sildenafil is classified as a prescription medicine except in medicines for oral use containing 100 milligrams or less per dose unit when sold in the manufacturer's original pack containing not more than 12 solid dosage units for the treatment of erectile dysfunction in males aged 35-70 years by a registered pharmacist who has successfully completed a training programme endorsed by the Pharmaceutical Society of New Zealand. Therefore, for accredited pharmacists to provide this medicine without a prescription it is ideal that pack sizes are in multiples of 2 tablets. Currently the smallest pack size is a pack of 4 tablets, however patients regularly ask for smaller quantities and pharmacists are unable to supply smaller quantities than what is in an original pack.
- *Tretinoin cream*: Consider the removal of the 1 tube limit per prescription as the treatment of acne using this medicine usually requires more than 1 tube for the acne to effectively be controlled and this will allow patients to continue with this treatment for longer periods without having to see their GP.
- *All lowest strength medicines in tablet form*: It is a preference that the lowest strength of a medicine is in a scored tablet form to accommodate lower dosage prescribing and dose-appropriate titration.
- *High-risk medicines and medicines with a narrow therapeutic index*: Ensure that patients can safely transition to a new brand, i.e., bioequivalent, and

interchangeable, especially those who are dependent on a medicine for their condition, i.e., MS, spinal cord injuries, Parkinson's disease, etc. If the new brand of a medicine is not interchangeable, there should be consideration that two brands are funded, especially for those patients who are stable on the original brand, and it is not safe for them to transition to a different brand. Examples in the 2023/2024 tender list include Baclofen, Entacapone, Levodopa with carbidopa, Lithium carbonate, Moclobemide.

- *Medicines where there are multiple strengths available:* It is preference for medicines that have multiple strengths available that each strength of a tablet/capsule is a different colour to assist in the safe identification of each different strength and in the dispensing process.

Thank you for your consideration of our response. If you have any questions about our feedback, please contact our Senior Advisory Pharmacists, Martin Lewis (martin@pgnz.org.nz, 04 802 8218) or Cathy Martin (cathy@pgnz.org.nz, 04 802 8214).

Yours sincerely,



Nicole Rickman

General Manager – Membership and Professional Services