

29 February 2024

PHARMAC  
PO Box 10254  
The Terrace  
Wellington 6143

Sent via email to: [consult@pharmac.govt.nz](mailto:consult@pharmac.govt.nz)

Dear Sir/Madam,

**Re: Proposal to fund treatments for gynaecological cancers, respiratory disorders, infectious diseases and vasculitis**

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

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. Guild submissions should not be taken as any endorsement of, or any attempt to comment on, issues of safety, efficacy, or individual patient utility.

**Niraparib for gynaecological cancers**

We support niraparib capsules (branded as Zejula) being funded for first line and second line maintenance treatment of advanced, high-grade, platinum sensitive ovarian, fallopian tube or primary peritoneal cancer, subject to eligibility criteria, irrespective of BRCA gene mutational status or homologous recombination deficiency (HRD) from 1 May 2024. The ability of people with these cancers to take this medicine at home, coupled by the reduction in the likelihood of progression and improving survival, would allow consistent medicine delivery and enable these people to undergo everyday activities, leading to improved quality of life and potentially less hospitalisation costs and waiting times versus inpatient chemotherapy.

We request Pharmac allow community pharmacies to claim wastage for any niraparib capsules that are not dispensed so that there is no financial loss for the ordering and dispensing of this medicine in good faith to eligible patients. We also believe that community pharmacies should be paid a fee for their part in the distribution of this medicine given the specialised advice and consistency of clinical messaging that needs to be conveyed to this group of patients.

**Fluticasone furoate with umeclidinium and vilanterol for chronic obstructive pulmonary disease (COPD)**

We are supportive of the proposal to fund the single inhaler triple -therapy (inhaled corticosteroid/long-acting muscarinic antagonist/long-acting beta agonist, fluticasone furoate with umeclidinium and vilanterol inhaler (branded as Trelegy Ellipta) for the treatment of moderate to severe chronic obstructive pulmonary disease (COPD) from 1 May 2024.

With respiratory health being one of Pharmac's Māori health areas of focus, especially as the health burden of COPD is one of the most significant sources of healthcare disparity in the motu and amongst Māori and Pacific peoples, funding a triple therapy single inhaler will reduce barriers for people to access treatment with multiple single inhalers and offer potential advantages in practicality, convenience, and adherence to therapy, with the aim to provide a better health-related quality of life for these patients. Various studies have shown that combination therapies can also reduce drug wastage.

#### **Dolutegravir with lamivudine for treatment of Human Immunodeficiency Virus (HIV)**

We strongly support the funding of dolutegravir with lamivudine combination tablets (branded as Dovato) for people with HIV infection from 1 May 2024, subject to the existing Pharmac eligibility criteria for HIV treatments.

Poor adherence to treatment in HIV is extremely complex, both in its myriad of causes and in its capacity to negatively affect patient outcomes, treatment options, and healthcare costs, and poor adherence takes on particular importance as it may impact not only viral suppression, but also the emergence of permanent treatment resistance in patients with HIV infection.

With Dovato being shown to be clinical equivalent to current funded treatment regimens by Pharmac's clinical advisors, and the two potent antiretroviral compounds making up Dovato both having favourable tolerability profiles and limited drug interaction potential, the funding of this combination medicine will offer promising solutions in the need to ease the management and complication of HIV treatment without harming its efficacy and safety, and allow patients to receive effective HIV treatment with minimal impact on their day to day lives.

#### **Mepolizumab for treatment of relapsed or refractory eosinophilic granulomatosis with polyangiitis (EGPA)**

We agree with the recommendations of the Pharmac's Respiratory Advisory Committee and support the access to mepolizumab (branded as Nucala) pre-filled pen to be widened to include people with eosinophilic granulomatosis with polyangiitis (EGPA) from 1 May 2024.

With strong evidence of the benefits in using mepolizumab to sustain remission in EGPA, the funding of this medicine will allow patients who have trialed and cannot tolerate oral corticosteroids and cytotoxic immune therapies, to have a funded product that has shown to improve symptom-related quality of life, reduce the risk of organ damage and enhance survival for this group of patients.

As mepolizumab must be administered by subcutaneous injection, we request Pharmac to consider funding disposable pen needles if prescribed on the same form as mepolizumab in the same manner as the funded supply of these consumables for a patient using insulin or liraglutide.

#### **Recombinant varicella zoster virus vaccine for the prevention of shingles in immunocompromised people**

We strongly support expanding the criteria for the Shingrix vaccine as this proposal acknowledges the heightened vulnerability of certain populations to the shingles infection and aims to address their unique healthcare needs. This proposal aligns with a proactive public health strategy, ensuring equitable access to vaccination while maintaining the existing age eligibility criteria for other demographics.

We agree with the Immunisation Advisory Committee that the Shingrix vaccine is a safe and effective vaccine for preventing shingles and is more effective at preventing the complications of shingles than the current antiviral treatments available once the disease has begun. As there is currently a workforce shortage of healthcare professionals, the prevention of shingles cases will assist in reducing the pressure on front-line healthcare services and in turn reduce the prolonged pain and debilitation that sufferers of the shingles infection may experience.

The emphasis on the heightened risk and superior prevention of shingles complications in immunocompromised individuals underscores the urgent need for expanded access. Importantly, recognising the potential disproportionate impact on Māori and Pacific peoples, along with the documented healthcare barriers they face, addresses important health disparities. For this reason, we would encourage Pharmac to also favourably review the further expansion of the eligibility criteria for the Shingrix vaccine as per the applications received, including (but not limited to):

- People from 50 to 64 years of age.
- People over 65 years of age who have received Zostavax at least five years previously.
- Māori and Pacific peoples 60 years of age and over.
- People with rheumatological conditions treated with a JAK Kinase inhibitor or rituximab.
- Catch-up programme for people aged over 65 years, due to Covid-19 pandemic disruption.

We also ask that consideration is given to allow pharmacist vaccinators to be funded to provide the Shingrix vaccine to the newly funded population, if approved, so that the public can visit the vaccination provider that they feel more comfortable with at their convenience, with the aim to support equitable vaccination access across the motu.

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

Yours sincerely,



**Nicole Rickman**

General Manager – Membership and Professional Services