New Zealand Medical Association
Te Hauora mō ngā Iwi Katoa

1 July 2020

PHARMAC
By email: consult@pharmac.govt.nz

Proposal relating to schedule changes made in response to COVID-19

Dear Sir/Madam

The New Zealand Medical Association (NZMA) wishes to provide feedback on the above proposal. We note that the proposal relates to the longer-term funding arrangements for many pharmaceuticals for which PHARMAC amended or removed funding criteria over the last few months in order to help improve access to these treatments in anticipation of and/or response to COVID-19 impacts on the health sector.

The NZMA welcomed PHARMAC's lifting of restrictions to make these pharmaceuticals more accessible and we are broadly supportive of the longer-term arrangements PHARMAC is now proposing. In particular, we welcome PHARMAC making the removal of the 'Retail Pharmacy-Specialist' restriction from a number of community pharmaceuticals permanent. We also welcome PHARMAC maintaining the endorsement criteria restriction for hydroxychloroquine. We suggest that the explanatory wording could be strengthened such that it is clear that hydroxychloroquine as a treatment for COVID-19 is unproven and not recommended.

With respect to Special Authority (SA) and endorsement requirements, we note that PHARMAC is proposing that temporary criteria changes relating to specialist consultations and laboratory testing would be reversed from 1 September 2020, and temporary criteria changes relating to radiology and other hospital-based diagnostic procedures would be reversed from 1 December 2020. We have some concerns that there may be access issues for echocardiography for cardiovascular medicines, and even possibly for spirometry, beyond 1 December. Given the backlog in access to these investigations in some areas, reintroducing these requirements could represent a significant barrier and cause equity issues as access is likely to be uneven across the country. For example, while we are pleased that PHARMAC funds sacubitril with valsartan and note the SA requirement for an ejection fraction </=35% was temporarily removed, the backlog for echocardiography in some regions may mean the proposal to revert to the normal SA criteria from 1 December could limit access to this drug in some patients that would otherwise benefit from treatment.

We suggest that PHARMAC take this opportunity to review SA criteria that require investigations prior to funding. The wide variation in waiting times to obtain certain investigations around the country (up to 12 months for some tests) means that such SA criteria limit access to potentially effective treatments and therefore exacerbate inequities. To address

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this, we suggest that PHARMAC consider permanently adjusting the SA criteria for selected drugs to enable access to such treatments on the basis of clinical judgement, where appropriate, rather than the results of investigations.

Finally, we understand that for patients that have started on medicines under temporary changes to SA restrictions during COVID-19, PHARMAC intends to enable continuation of funded access to these medicines without a requirement to meet original criteria. We fully endorse this approach.

We hope our feedback is helpful.

Yours sincerely

Dr Kate Baddock
NZMA Chair