**Minutes of the PHARMAC Consumer Advisory Committee (CAC) Teleconference on Proposed Changes to Sole Supply Policy**

**Thursday 20 September 2007**

**Present:**

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| Sandra Coney | Chair |
| Vicki Burnett | CAC member |
| Dennis Paget | CAC member |
| Sharron Cole | CAC member |

**In attendance:**

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| Simon England | PHARMAC |
| Fiona Rutherford | PHARMAC (minutes) |

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Committee members discussed the problem that the proposal to change the sole supply policy is intended to address. The comment was made that some professional organisations and consumer groups are aware of issues raised for patients from brand changes and would like to see patients' experiences being taken into account in decisions to change the funded brands. Ritalin/Rubifen and paroxetine were discussed as examples.

The three options described in the briefing were outlined. Two questions were raised and discussed.

1. What does the 'nature of the disease' mean in terms of the factors that would be considered when identifying which pharmaceuticals the alternative brand allowance would be applied to?

   PHARMAC's response was that there are some diseases which, if the medicine brand is changed, are more likely to result in the kinds of individual responses that the Alternative Brand Allowance is designed to address (e.g.; mental illness). The nature of disease is considered when a change of brand is being contemplated as there is potential for significant impact on patients.

2. How is the 1% threshold determined?

   PHARMAC advised that the 1% threshold was higher than the maximum number of complaints or adverse reactions that had been recorded after a brand change. In response, Committee members commented that adverse reactions are currently underreported to the Centre for Adverse Reactions Monitoring (CARM) and, as a result, PHARMAC would need to be careful in relying on CARM data to determine an appropriate threshold.

Members agreed with PHARMAC's assessment that Option 1 was the preferred option.

Concerns were raised about the implications the proposed change would have for equity between different groups including:

1. those people who experience significant adverse clinical effects but who are excluded from the alternative because the 1% threshold has already been reached, and

2. those people who experience significant clinical effects in response to medicines listed on the Pharmaceutical Schedule, but who are not entitled to an alternative because there has been no brand change.

The desirability of obtaining better information about the actual rate of significant adverse clinical responses to new brands was discussed, as well as potential approaches for generating this.

CAC resolved that it prefers Option 1 but believes there needs to be some flexibility in the 1% as there may be current under-reporting of adverse effects.

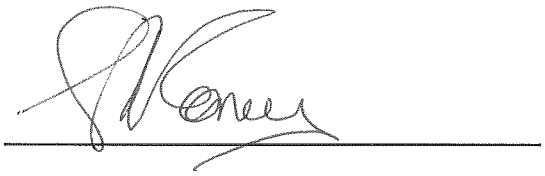
CAC believes PHARMAC needs to avoid any inequity in excluding consumers who may meet the criteria but who make application after the 1% threshold is reached.

CAC also believes there could be inequity in treating consumers differently according to whether they have adverse effects because of a brand change or because of a lack of tolerance of an existing brand.

CAC believes PHARMAC needs mechanisms in place to enable it to conduct research in response to numbers of patients experiencing unacceptable side-effects. There may be an opportunity to link reporting to PHARMAC with the CARM database.

The teleconference ended at 5.30pm.

Signed



Date

27/2/08