The Royal New Zealand College of General Practitioners
Te Whare Tohu Rata o Aotearoa

50 years

8 October 2024

Pharmac
PO Box 10254
The Terrace
WELLINGTON 6143

By email: consult@pharmac.govt.nz

Tēnā koe

Submission - Pharmac – Proposal to fund lung treatments, breast cancer, chronic obstructive pulmonary disease (COPD), prevention of RSV

Thank you for the opportunity to provide a submission on the proposal to fund lung treatments, breast cancer, and respiratory conditions.

The Royal New Zealand College of General Practitioners (the College) is the largest medical college in New Zealand. Our membership of 6,238 specialist GPs and rural hospital doctors comprising 40 percent of New Zealand's specialist medical workforce. The Medical Council of New Zealand accredits the College to deliver vocational training to the specialist General Practitioner and Rural Hospital Doctor workforce. Our kaupapa aspires to improve equity by upholding principles of Te Tiriti o Waitangi and supporting members to be culturally safe and competent through our Training, CPD and Quality[1] programmes.

Our members provide care to their wider communities by undertaking 23 million patient contacts each year. Our workforce is the first point of contact for most health concerns, dealing with 90 percent of these concerns in 1077 practices across the motu.

Our submission on the Pharmac proposal

The College is supportive of Pharmac funding and providing access to these medicines given the conditions they will treat to provide greater equity of access and benefit patients. We have provided specific feedback on the proposal for your consideration.

1. **Osimertinib (branded as Tagrisso) for the initial treatment of EGFR mutated, locally advanced or metastatic non-small-cell lung cancer**
   - Ensuring that implementation supports accessibility to pathology for the EGFR testing for treatment and to support patients who need an explanation of the purpose and process must be a key consideration during the implementation phase.
   - As specialist GPs could be prescribing this on the recommendation of a specialist (initial and continuation) it would be helpful during implementation to provide guidance on what they need to be monitoring and managing alongside the specialists to support continuity of care.

2. **Osimertinib (branded as Tagrisso) as a subsequent treatment of EGFR T790M mutated, locally advanced or metastatic non-small cell lung cancer**
   - Ensuring that implementation supports accessibility to pathology for patients for the EGFR T790M testing, and access to funded liquid biopsy for confirmation of T790M must be a key consideration during the implementation phase.
   - As specialist GPs could be prescribing this medication on the recommendation of specialists (initial and continuation) it would be helpful during implementation to provide guidance on what they need to be monitoring and managing alongside the specialists.

3. **Trastuzumab deruxtecan (branded as Enhertu) for the treatment of HER2 positive metastatic breast cancer**
    - The proposal is expected to result in an additional 500 infusion hours in the first year and that this would increase to around 900 additional infusion hours after four years of funding. In an already stretched health system, this increase in hours of infusion services would require thoughtful implementation to ensure consistent access to this medicine. The College recommends that Pharmac also works closely with the hospital implementation phase.
    - We recommend working alongside rural hospitals to ensure patients have a fair and consistent access to Trastuzumab deruxtecan.

4. **Palivizumab (branded as Synagis) for prevention of severe illness caused by respiratory syncytial virus (RSV) in infants and young children at high risk of RSV.**
    - The College has no comments to make on Palivizumab.

5. **Budesonide with glycopyrronium and eformoterol (branded as Breztri Aerosphere) as a single inhaler triple-therapy for the treatment of chronic obstructive pulmonary disease (COPD)**

    Respiratory medicines delivered in pressurised metered-dose inhalers are essential for millions of people living with respiratory disease worldwide, including specific vulnerable populations such as children and elderly people.
    - The College is supportive of the proposal as it provides patients with another option to treat their COPD with a single inhaler triple-therapy. We know that this therapy will enhance medicine access equity by reducing barriers (such as affordability and acceptability) to access treatment from multiple inhalers.
    - The College is concerned about the variable access to spirometry (part of the eligibility criteria) and it being a significant equity barrier to accessing this therapy. The College recommends that Pharmac ensures that access to spirometry is a key consideration as part of the implementation plan to ensure equity of access.
    - We note that some moves internationally to develop low-carbon propellants, with findings showing 99.9% lower GWP than those currently used in inhaled medicines.[i] Although there is no triple therapy turbohaler in New Zealand, an MDI (Metred dose inhaler) is acceptable in the short term.
    - As part of the College's climate change initiative, we encourage the prescribing of dry powder inhalers (DPIs) instead of metered-dose inhalers (MDIs) due to their lower carbon footprint. Additionally, we recommend that Pharmac explores emerging evidence and developments in low-carbon propellant solutions for MDIs.

Conclusion

Although the College is supportive of the proposed medications, our submission raises specific equity and climate considerations.

If you require further clarification, please contact Maureen Gillon, Manager Policy, Advocacy, Insights – Maureen.Gillon@rnzcgp.org.nz.

Nāku noa, nā

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[i] Mittal S. AstraZeneca completes clinical programme for low-emission inhalers. Edie. 24.10.24 Available at: AstraZeneca Transitions Breztri to Low-Carbon Inhaler Propellant (edie.net)