



23 April 2018

Our ref: MT18-383

Alexander Rogers
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Dear Mr Rogers

Proposal to remove funding restrictions for candesartan

Thank you for the opportunity to provide feedback on PHARMAC's proposal to remove the funding restrictions for candesartan.

Introduction to general practice and the College

General practice is the medical specialty that treats patients: with the widest variety of conditions; with the greatest range of severity (from minor to terminal); from the earliest presentation to the end; and with the most inseparable intertwining of the biomedical and the psychosocial. General practitioners (GPs) treat patients of all ages, from neonates to elderly, across the course of their lives.

GPs comprise almost 40 percent of New Zealand's specialist workforce and their professional body, the Royal New Zealand College of General Practitioners (the College), is the largest medical college in the country. The College provides training and ongoing professional development for GPs and rural hospital generalists, and sets standards for general practice. The College has a commitment to embed the three principles (participation, partnership and protection) of Te Tiriti o Waitangi (Treaty of Waitangi) across its work, and to achieving health equity in New Zealand.

Health equity is the absence of avoidable or remediable differences in health outcomes and access to health services among groups of people, whether those groups are defined socially, economically, demographically, or geographically (WHO). To achieve health equity, we advocate for:

- A greater focus on the social determinants of health (including labour, welfare, education, housing, and the environment).
- Funding and support to sustain the development of a GP workforce of sufficient capacity to meet population need for access to quality primary medical care, particularly in rural and high need areas.
- Sustained focus on measures to reduce smoking and to increase healthy food options for low-income families.
- Improved integration of primary, community, and secondary care health and social services which ensures the provision of high quality services.
- Universally accessible free primary health care for children and low-income families, because health inequities begin early and compound over the life course.
- A review of the funding model for primary care to ensure that resourcing is allocated equitably across diverse populations with differing needs.

PHARMAC's proposal

You are proposing to remove the Special Authority and hospital restrictions that currently apply to all strengths of candesartan. Under the proposal, clinicians would no longer be required to apply for a Special Authority approval for each patient starting on candesartan.

The College's feedback

The College strongly supports the proposal. We sought feedback from GPs and received 10 responses, which were unanimously supportive of the proposal. Two members referenced a recent review published in the Journal of the American College of Cardiology¹, which concluded that ARB agents (such as candesartan) are probably preferable to ACE inhibitors for the treatment of hypertension or other cardiovascular indications. One member also commented that she currently avoids prescribing candesartan where she can, specifically because of the extra paperwork required.

Two members did note that the current pricing structure for candesartan does represent a modestly higher cost when compared to ACE inhibitors, but both felt that even if PHARMAC's negotiations fail to bring this cost down significantly then the benefits to patients would still make the decision worthwhile.

We hope you find our submission helpful. If you require any further information or clarification, please contact the College's policy team at policy@mzcgcp.org.nz.

Yours sincerely

A handwritten signature in blue ink, consisting of a large, stylized 'M' followed by a horizontal line that curves upwards and then back down.

Michael Thorn
General Manager – Policy

¹ **Angiotensin-Converting Enzyme Inhibitors in Hypertension.** Franz H. Messerli, Sripal Bangalore, Chirag Bavishi, Stefano F. Rimoldi. Journal of the American College of Cardiology Apr 2018, 71 (13) 1474-1482; DOI: 0.1016/j.jacc.2018.01.058