NZMA
New Zealand Medical Association

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Proposals involving flecainide acetate and beclometasone dipropionate

Dear Katie

The New Zealand Medical Association (NZMA) wishes to provide feedback to PHARMAC on the above proposals.

We support the proposals relating to flecainide acetate. We understand that these proposals would result in:

- a reduction in price and subsidy of the following flecainide acetate products: 50 mg tablets (Tambocor), 100 mg long-acting capsules (Tambocor CR) and 200 mg long-acting capsules (Tambocor CR);
- the delisting of flecainide acetate 100 mg tablets from the Pharmaceutical Schedule; the Tambocor brand of flecainide injection, 10 mg per ml, 15 ml ampoule remaining listed at the current price and subsidy;
- subsidy and delisting protection for the Tambocor brand of flecainide acetate until 31 July 2017.

We understand that Tambocor is the brand of flecainide that is currently funded in New Zealand and that this proposal would ensure that Tambocor and Tambocor CR remain fully funded, reducing the likelihood that patients would need to switch brands, and would ensure continuity of supply. We note that the Cardiovascular Subcommittee of the Pharmacology and Therapeutics Advisory Committee (PTAC) advised that switching patients to a different brand of flecainide would require close clinical supervision. As such, we support this proposal.

With regard to delisting the 100 mg flecainide acetate tablets, we understand that the Cardiovascular Subcommittee of PTAC has highlighted a concern regarding the potential for confusion between the immediate-release 100 mg tablet and the long-acting 100 mg capsule. We note that the Subcommittee recommended that the 100 mg tablet formulation be delisted and considered that patients requiring a 100 mg immediate-release flecainide acetate tablet formulation can be managed using the alternative flecainide acetate preparations that will remain available. Accordingly, the NZMA extends its support to this proposal.

In terms of the proposal to list the Qvar brand of extra fine beclometasone dipropionate aerosol inhalers, we note that the Respiratory Subcommittee of PTAC recommended that a funding application for this product be listed with a medium priority. We understand that the Subcommittee noted that clinical evidence confirms that adult and elderly patients required approximately half the dose of Qvar to achieve the same degree of asthma control as with a CFC beclometasone dipropionate inhaler. As such, the NZMA has no objections to this proposal.

Thank you for the opportunity to provide feedback on these proposals.

Yours sincerely

Dr Mark Peterson
NZMA Chair