



20 June 2017

Our ref: HMB17-259

Matthew Tyson
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Dear Mr Tyson

Iron infusions in the community

Thank you for giving the Royal New Zealand College of General Practitioners (the College) the opportunity to provide feedback on PHARMAC's proposal regarding iron infusions in the community. The College commends PHARMAC on its work on improving access to medicines in primary care.

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 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

PHARMAC is proposing to list ferric carboxymaltose (Ferrinject) 50 mg per ml, 10 ml vial in Section B of the Pharmaceutical Schedule from 1 August 2017. Under the proposal, ferric carboxymaltose would be fully funded when dispensed from a community pharmacy for patients with a prescription and a valid Special Authority. Thus, the medicine may be administered by community-based infusion services such as in general practice.

In effect, the proposal means that eligible prescribers may prescribe ferric carboxymaltose and apply for Special Authority approval for patients who meet the criteria. We understand that general practices would need to liaise with their DHB regarding service arrangements, and pharmacies with community contracts would submit reimbursement claims.

The College's response

The College fully supports PHARMAC's proposal to list ferric carboxymaltose in Section B of the Pharmaceutical Schedule and its administration by community-based infusion services such as in general practice. However, we are concerned the proposal does not address the issue of funding for administering ferric carboxymaltose in the primary care setting, and the associated cost barriers affecting patient access.

More broadly, the proposal highlights a disconnect between the funding of a medicine and the funding for its administration. Our view is that PHARMAC and the Ministry of Health as a matter of urgency need to develop a new model for the supply and funding of medicines in the community.

The College's specific feedback is set out below.

Improving access to health care

The College welcomes PHARMAC's proposal to increase the availability of ferric carboxymaltose. The proposal has the potential to improve patient access to health care by shifting health service provision to patients' local communities. This is in keeping with theme of the *New Zealand Health Strategy* of care closer to home.

We also note that it can be satisfying for GPs to be able to offer this treatment, which we understand is well tolerated and provides a quick reversal of iron deficiency anaemia for people where oral iron preparations are ineffective or cannot be used. We acknowledge that a significant number of people cannot tolerate oral iron and that intramuscular iron injections are less effective with more side effects.

Moreover, administering iron infusions in the community has the potential to free up DHB resources such as haematology and gastroenterology hospital services.

More broadly, this proposal is consistent with the direction of PHARMAC's discussion document of October 2015, 'Improving access to medicines and devices in primary care' which suggested that there are opportunities to improve patient outcomes by increasing funded access to medicines and devices. The College welcomes PHARMAC's developments in this area.

College members' feedback on the proposal were largely positive, and included the following comments:

- *"I think it would be much easier for patients if they could have their iron infusions provided locally."*
- *"It would be of real benefit in our rural community to be able to offer this on site at the practice."*
- *"Our practice would be keen to offer infusions if they were funded; we have had a couple of anaemic young women who have been tired for years while we go through available options and wait times."*
- *"I'm fully in favour of ferric carboxymaltose being funded for administration in general practice. We currently already do IV iron for patients and it would be great to have more availability for those who need it."*

- *"I fully support the funding of Ferrinject for administration in the community. ... Ferrinject would be a lot quicker, safer and simpler [than current iron infusions]; more convenient for patients; and saves precious/expensive hospital resources."*
- *"We have been giving iron infusions for a few years now. We have not had a significant reaction in what must be well over 100 infusions. We find it quick to give, in that patients are usually here for about an hour. There has been a lot of positive feedback from those who have benefited. ... People will be very grateful if there is funding for ferric carboxymaltose (Ferinject). Up until now they have had to pay for their infusion, unless they have been able to get the hospital day stay to give this to them. Unfortunately capacity for this is very limited, and few seem to be accommodated by this service."*

Funding administration of the medicine

As indicated above, the College is concerned about funding arrangements (or lack thereof) for the administration of iron infusions in general practice. The consultation document states that general practices would need to liaise with their DHB regarding service arrangements. However, while ferric carboxymaltose is to be funded, the proposal does not discuss the mechanism for reimbursing general practice's involvement.

As you will be aware, the cost to general practice for administering the medicine would include staff time, staff training, and safety and resuscitation equipment. We acknowledge that up to 1000 mg of ferric carboxymaltose can be administered as a single infusion over 15 minutes. The lack of funding for administration is likely to result in patients who are prescribed ferric carboxymaltose bearing the costs. One GP estimated that the patient would be charged around \$120. This in turn, creates a potential barrier to accessing health care, particularly for poorer populations. In addition, the potential for variation in the administration charges between general practices will contribute to further health inequities.

Therefore, we stress the need for a model where funding for service delivery in general practice accompanies the proposed funding changes to the supply of the medicine. We consider that if funding does not flow with the patient to primary care, it becomes a cost shifting exercise. You will be well aware that the College raised this issue with PHARMAC and the Ministry of Health in relation to treatment for hepatitis C.

College members expressed their views on this aspect of the proposal. Set out below are some of the comments:

- *"We would need to ensure adequate funding for the administration of this in primary care though, otherwise it may still be unattainable for certain patient populations."*
- *"Will there be any funding available for the infusion costs for the practice? ... There are many patients who are iron deficient and cannot tolerate iron tablets who would benefit from this, but not sure if they could afford to pay for the infusion."*
- *"General practice nurses are busy and underfunded. ... They will need to be funded by the government for the extra significant time required to give iron infusions, or the significant costs will have to be billed to all patients. PHARMAC funding for patients is only one part of the process. Yet again the Ministry of Health does not appreciate the very limited funding in primary care."*
- *"We already offer these at our practice. However the cost of the medication does limit access for some patients. Also we do charge for the administration. It would be great if this was funded and if the administration was funded."*
- *"I would be supportive of this, but would hope for DHB funding to facilitate this at minimal cost to patients."*
- *"We have recognised the benefits to be gained from using iv ferinject and fund the administration of it using our POAC [Primary Options for Acute Care] service. We have a number of general practices who give ferinject and secondary care refers antenatal women to these centres. ... The provision of ferrinject to our women [with anaemia and menorrhagia] can prevent hospital admissions and reduce clinically significant post partum haemorrhage. ... Currently the ferrinject is supplied to the general practices by POAC who must source it from the hospital. If the DHB is not subsidising the giving of ferrinject, then freeing up the availability of ferinject will only increase inequities."*

The College understands that PHARMAC has continued discussions with DHB and primary care providers about developing a model for funding processes for medicine in primary care, including those medicines requiring infusion services. Furthermore, since 2016 some DHBs have expanded their community based infusion services.

The College notes two potential approaches to funding for the administration of the medicine in primary care, both of which will require input from the Ministry of Health:

- Direct funding for visits to general practice for administration of ferric carboxymaltose.
- Funding through a DHB Primary Options for Acute Care (POAC) programme.

One College member noted that the POAC programme in Auckland currently pays for this in one DHB under certain criteria, but not in the other DHBs. This highlights the necessity for direction from the Ministry of Health to the DHBs to ensure national coverage and equity of access.

We agree with a College member's comment that overall there needs to be a lot more long-term planning and surety from government about what is wanted over the next five to ten years in relation to improving access and funding to medicines and devices in primary care.

Education

Many GPs will have had no prior involvement in prescribing and administering ferric carboxymaltose, so training and competence will need attention. It is essential that the general practice team has the appropriate knowledge and are competent to safely prescribe and administer this medicine. Therefore, education packages/training should be readily available to health practitioners wishing to prescribe and administer the medicine. Information and education from bpac^{nz} may be one option. The College would be happy to be involved in education. We also note the Special Authority process may allow for a safety mechanism as the application process can allow for closer control and audit of prescribing.

The consultation document notes issues in previous feedback regarding improving access to medicine in primary care. We note that issues particularly applicable to ferric carboxymaltose include:

- inconvenience for the patient who is required to collect medicines for administration in general practice; and
- delays when the pharmacy does not have stock in hand.

Therefore, the College advocates for a model that better streamlines the supply and funding processes for medicines (such as ferric carboxymaltose) that require administration and oversight by a qualified health practitioners in the community.

In the meantime, the College considers it is crucial that communication to the public about this medicine is clear and appropriate, particularly about who is eligible, how patient visits will be funded, and the process of collecting and receiving the medicine.

Other comments

Under the proposal, the application process takes into account serum ferritin levels. A GP suggested that PHARMAC considers stating a level for haemoglobin in addition to ferritin. Current criteria could imply that people with serum ferritin ≤ 20 mcg/L are eligible for subsidy for ferric carboxymaltose regardless of their haemoglobin level. However, we would not want patients to have to wait until their haemoglobin levels are very low before being able to access the medicine.

Concluding remarks

While the College supports the proposal and commends PHARMAC on enhancing access to medicines in primary care, we stress the need to ensure general practice is supported particularly in relation to funding for oversight and administration of the medicine.

The College considers the issue around funding will be a recurring problem as PHARMAC seeks to widen access to funded medicines and devices in the primary care setting. Therefore, we have sent a copy of this letter to the Ministry of Health and suggest that the College, representatives from PHARMAC and the Ministry of Health meet to work together to find a solution to this issue.

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

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Helen Morgan-Banda', with a stylized flourish at the end.

Helen Morgan-Banda
Chief Executive

cc: Jill Lane, Director, Service Commissioning, Ministry of Health
Jill.Lane@moh.govt.nz