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19 May 2021

Morag McDowell
Health and Disability Commissioner

By email: morag.mcdowell@hdc.govt.nz

Tēnā koe Morag,

Re: PHARMAC – Lamotrigine Sole Supply Decision

HDC Ref 20HDC00933

Thank you again for your letter of 23 March 2021 regarding the Lamotragine sole supply decision, and the management and communication of significant brand funding changes more generally.

First and foremost, I would like to acknowledge your work on the investigation of these issues, and thank you for bringing them to my attention, and the attention of others. These are important, system level issues that must be addressed.

Like you, I am concerned about any confusion about the roles and responsibilities of people and agencies involved, particularly where these changes may involve heightened risks to patients. The Ministry, along with several other agencies across the health system will need to collaborate to address these issues.

PHARMAC has an important role in communicating brand change decisions to prescribers, pharmacists, and consumers. Prescribers and pharmacists also have roles and responsibilities in managing and communicating brand change decisions. This includes maintaining awareness of brand changes and considering this information when prescribing and dispensing medicines.

Actions I will take to address these concerns

The Ministry's role as kaitiaki (guardian) of our health and disability system means we are well placed to facilitate action in this area. I have initiated three specific areas of action to address the matters you raised.

I have written to the Chief Executive of PHARMAC, advising her that the Ministry will undertake a review of PHARMAC's approach to communicating brand changes, in particular how the information can be delivered so that all the agencies and individuals

in the system—including patients—have ready access to timely, consistent, and accurate information.

I have asked the Chief Medical Officer to convene a meeting of the representative organisations of prescribers and pharmacists to clearly establish and agree the obligations of their members when there are significant medicine brand changes, including conveying this to their members. I will include PHARMAC in these discussions so that all involved are clear as to their individual, respective and collective obligations.

The outcome of this meeting will be an agreed plan establishing the actions each group will take to clarify roles and responsibilities, and improve practice and patient safety regarding brand changes, and in particular in the identification and management of changes that involve heightened risks.

Effective practice management systems and other information technologies can assist prescribers and pharmacists by alerting them of significant brand changes at the point of prescribing or dispensing. These tools are not, however, consistently used to their full potential. I have asked the relevant parts of the Ministry to identify the levers and opportunities for improving functionality and utilisation of practice management systems.

In addition, we are awaiting the Parliament's Health Committee's report on its investigation into the lamotrigine issue, and the Chief Coroner's findings on her enquiry into the six deaths of patients who were taking Logem. I will ensure that all recommendations relevant to the issues you raised are considered in our work.

The points you raised are also within the scope of the Government's recently established independent review of PHARMAC. I have therefore forwarded your letter to the Chair of the review committee for consideration as part of that review.

I will advise you on the outcomes of this work in early August 2021. If you would like any further information or wish to discuss our work in the meantime, please contact me. Thank you again for bringing these issues to my attention.

Nāku noa, nā

Dr Ashley Bloomfield

Te Tumu Whakarae mō te Hauora

Director-General of Health

CC PHARMAC

Health Quality and Safety Commission

New Zealand Pharmacovigilance Centre

Medsafe

RNZCGP

Pharmacy Council

Chief Coroner

Medical Council