



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

17 November 2025

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Tēnā koe Jessica

The Royal New Zealand College of General Practitioners (the College) submission to the MedSafe Medical Classifications Committee (MCC) 75th Meeting

Thank you for the opportunity to comment on the MCC 75th meeting agenda.

MCC 75th Meeting Agenda

The College supports and welcomes the new chemical entities for classification —Relatlimab (6.1) and Belantamab mafodotin (6.2)—We have no further comments to make.

Additional Agenda Item for MCC Consideration

The College wishes to raise an item for future consideration by the Medicines Classification Committee (MCC) regarding nirsevimab (trade name Beyfortus, manufactured by Sanofi). Nirsevimab was previously discussed at the MCC's 72nd meeting in June 2024, where the Committee recommended it be classified as a prescription medicine.

This item has been raised by Te Akoranga a Māui, the College's rūpū of indigenous medical practitioners. We note that Beyfortus is not yet Medsafe-approved but understand this may be discussed at a future MCC meeting. The College would like to signal its interest in submitting on the paediatric RSV monoclonal antibody Beyfortus, which differs from Arexvy (already available, though not funded, for older adults).

RSV infection leading to bronchiolitis remains a leading cause of hospitalisation among children in Aotearoa, with significant and persistent inequities by ethnicity and socio-economic status.^{1 2} Compared to non-Māori/non-

¹ Dr Lucy Telfar-Barnard Jane Zhang. The impact of respiratory disease in New Zealand: 2023 update. Prepared for Asthma and Respiratory Foundation NZ September 2024.

² Prasad N, Newbern E, Trenholme A, Wood T, Thompson M, Aminisani N, Huang Q, Grant C. Respiratory syncytial virus hospitalisations among young children: a data linkage study. *Epidemiol Infect*, 2019 Jan;147:e246. doi:10.1017/S0950268819001377. Erratum in: *Epidemiol Infect*. 2020 Aug 28; 148e179.doi: 10.1017/S0950268820001612.PMID: 31364578; PMCID: PM6805750.

Information about the College

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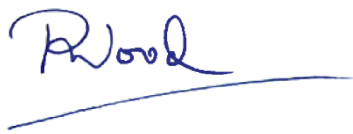
Pacific peers, **tamariki Māori are three times more likely, Pacific children four times more likely**, and children in the most deprived areas **2.5 times more likely** to be hospitalised due to bronchiolitis.³

Evidence from clinical trials, including those led by Mayo Clinic Professor of Paediatrics Robert Jacobsen, supported Nirsevimab's US licensure in 2023. The trials demonstrated 83.5% efficacy in preventing RSV hospitalisation among infants under one year (born at or after 29 weeks' gestation), compared with standard care. Nirsevimab also reduced rates of severe RSV-associated lower respiratory tract infections (LRTIs). Follow-up data confirm sustained efficacy.

Could you please advise the College on the process for submitting an agenda item to the MCC for its next meeting and any additional material required.

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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³ Tustin K, McIntyre P, Fleming J, McAnally H, Wicken A, Adams J, Taylor B, Turnbull F. The burden of bronchiolitis by age, ethnicity, and socio-economic deprivation in Aotearoa NZ. Presentation at Te Kāhu Mātai Arotamariki o Aotearoa Annual Meeting, 75th (Dunedin, New Zealand, 12/11.2024-15/11/2024).