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Tēnā koe Ms McDowell

Publication of Letter to Director-General of Health re Lamotrigine

Thank you for giving The Royal New Zealand College of General Practitioners the opportunity to comment on the proposed publication of the letter from yourself to Dr Ashley Bloomfield dated 23 March 2021.

The Royal New Zealand College of General Practitioners is the largest medical college in New Zealand. Our membership of 5,500 general practitioners comprises almost 40 percent of New Zealand's specialist medical workforce. Our kaupapa is to set and maintain education and quality standards for general practice, and to support our members to provide competent and equitable patient care.

Summary

The College is concerned that publication of the letter without accompanying context will perpetuate misunderstandings regarding the prescribing of generic medications. The College considers that your suggested solution of utilising the Practice Management System (PMS) to alert general practitioners (GPs) to brand changes has merit. We would appreciate the opportunity to explore this further with PHARMAC and the Ministry of Health.

Generic prescribing

The College considers that in most circumstances general practitioners should prescribe generically rather than by brand name.

Generic prescribing has been taught and encouraged in New Zealand for many years and is firmly established as the default mode of prescribing. This is illustrated by the Best Practice Advocacy Centre New Zealand (bpac^{nz}) resource titled "Why you should prescribe generically" published in 2008.¹ The subtitle reads:

"Generic prescribing is cost effective, associated with less potential for error and is considered "best practice" in most situations. We give you six reasons why you should prescribe generically and describe the situations when you should not."

The article went on to state that "prescribing a drug generically is an indicator of good prescribing practice.

¹ <https://bpac.org.nz/BPJ/2008/June/generic.aspx> Accessed 12/5/21

The New Zealand Formulary likewise encourages generic prescribing. It states;

“Prescribe generically unless there is a need to give a patient a specific brand. Prescribe the generic name of the medicine where possible and appropriate. The funded brand often changes in New Zealand and prescribing generically enables suitable products to be dispensed or administered saving delay for the patient. Brand names are often similar and can be confused with other brand names or generic names.”²

In summary, although drug companies would prefer that prescribers stipulate their particular brand, the recommendation to general practitioners from reputable, trusted and independent sources is to prescribe generically.

Even if the prescriber does prescribe by brand, the pharmacist may substitute an alternative brand. The Pharmaceutical Schedule Rules state:

3.4.1 Substitution: Where a Prescriber has prescribed a brand of a Community Pharmaceutical that has no Subsidy or has a Manufacturer's Price that is greater than the Subsidy and there is an alternative fully Subsidised Community Pharmaceutical available, a Pharmacist may dispense and claim the fully Subsidised Community Pharmaceutical.³

To direct the pharmacist to supply a specific brand of a medication, the prescriber must annotate the prescription stating that substitution is not allowed.

Brand changes occur frequently and most do not cause major problems

As alluded to in the Formulary in New Zealand the funded brand of medication changes often. A third of all funded medicines go out for tender each year and many of these tenders result in generic substitutions. These brand changes can initially be inconvenient, but they do not usually cause significant problems. General practitioners have confidence that the processes used by PHARMAC and Medsafe, who are the experts in this field, are robust and for the most part that trust has been justified.

When prescribers should consider prescribing by brand

There are some circumstances where it is appropriate to prescribe by brand name. Advice in the New Zealand formulary reads

“Note The Health Quality and Safety Commission’s Medication Safety Expert Advisory Group recommends that, for patient safety, for some medicines the brand name should be specified when prescribing. This information is presented in the NZF drug monograph as a note under the dose, e.g. insulin products. Criteria considered in compiling this list include: where there is a clinically significant difference in bioavailability between brands of the same medicine, where modified-release preparations are not interchangeable, and where there is a potential safety concern if one brand is confused with another (e.g. modified-release confused with immediate-release).”⁴

A similar message is contained in the Medsafe prescriber update of December 2019 which makes reference to Lamotrigine and Levothyroxine as examples of medicines that require particular care when changing brands.⁵

² https://nzf.org.nz/nzf_10158 Accessed 12/5/21

³ <https://pharmac.govt.nz/pharmaceutical-schedule/general-rules-section-a/> Accessed 12/5/21

⁴ https://nzf.org.nz/nzf_10158 Accessed 12/5/21

⁵ [https://www.medsafe.govt.nz/profs/PUArticles/PDF/Prescriber-Update-vol-40-No-4-\(Dec-2019\).pdf](https://www.medsafe.govt.nz/profs/PUArticles/PDF/Prescriber-Update-vol-40-No-4-(Dec-2019).pdf) Accessed 12/5/21

The pharmacist is key to the communication with the patient about brand changes.

A special edition of the Best Practice Journal was produced in 2009 which focused on Generic medications.⁶ On page 15, under a heading of “Practice Tips for health professionals” the respective roles of health professionals in guiding patients through brand changes are summarised. The text reads

“All health professionals have a role in successfully guiding patients through brand changes and acceptance of generic medicines.

- **GPs**-Prescribe by generic name
- **Pharmacists**- provide appropriate counselling”⁷

This summary reflects usual practice in New Zealand. The ability of pharmacists to claim a brand switch fee for providing this service is also indicative of their key role in advising and counselling patients around brand switches.^{8 9}

The potential role of Practice Management Systems in providing information on brand changes

The College considers that your suggested solution of utilising the PMS to alert GPs to brand changes has merit. The College would appreciate the opportunity to explore this further with PHARMAC and the Ministry of Health.

Medsafe and PHARMAC are responsible for identifying medications requiring alerts.

For alerts to be effective they must be designed to avoid the very real risk of alert fatigue. The College considers that the responsibility for identifying medications where brand changes are most at risk of triggering significant adverse effects should rest with Medsafe with assistance from PHARMAC. Alerts should be limited to brand changes involving these medications.

CONCLUSION

The College thanks you for providing the opportunity to respond prior to publication of your letter to the Director-General of Health re Lamotrigine. The College would have appreciated having an opportunity to respond to your concerns before the letter was drafted. We would like to request a meeting with you to explore how communication between yourself and the College can be improved in future

We hope you find our response helpful. If you have any questions, or would like more information, please email us at policy@rnzcgp.org.nz

Nāku noa, nā



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⁶ <https://pharmac.govt.nz/assets/bpjse-generics-2009.pdf> Accessed 12/5/21

⁷ <https://pharmac.govt.nz/assets/bpjse-generics-2009.pdf> Page 15 Accessed 12/5/21

⁸ <https://pharmac.govt.nz/assets/pharmacy-claiming-brandswitch.pdf> Accessed 12/5/21

⁹ <https://tas.health.nz/assets/FINAL-ICPS-Agreement-1-October-2020.docx> p111 Accessed 12/5/21