

Pharmac damned for heart drug delay

By [Errol Kiong](#)

Two leading cardiologists have criticised Government drug-funding agency Pharmac's handling of a medicine clinically proven to reduce the risk of heart attacks.

Chris Ellis and Harvey White, writing in the latest *New Zealand Medical Journal*, called the agency's handling of the statin group of drugs "woeful". They said it illustrated how Pharmac "impedes" the delivery of modern medicines to patients.

Its handling of statins was one of the worst examples of Pharmac's "mismanagement of medicines".

"It is probable that Pharmac's bizarre and short-sighted approach has caused more harm and premature death to New Zealand patients than any of their other manoeuvres."

But Pharmac's medical director, Dr Peter Moodie, called the allegations a "fantasy" and the attack unprofessional.

Statin drugs are used to lower cholesterol levels in people at risk of heart attacks. Their effectiveness has been backed by various clinical studies worldwide. Studies show that statins also reduce the risk of strokes.

The cardiologists say Pharmac only opened access to statins 2 1/2 years after a landmark Scandinavian study in 1994. Before that funding was given only for heart patients with high cholesterol levels, and only after application from a hospital specialist – not GPs.

The authors also cite obstacles encountered with Pharmac on more advanced statin drugs.

"A review of their rationing methods clearly shows that the principal cost saving that they employ is simply to deny and delay patients' access to modern medicines.

"Pharmac then supplement this strategy with a range of tactics, including misrepresentation of scientific data, the ability to ignore evidence-based medicine when it suits them, major bureaucratic hurdles to the access of medicines, and frequent switching of funding of various drugs, with a significant resultant impact on patient trust and compliance with the use of their medicines.

"Furthermore, Pharmac have a continuous and clever public relations section, which assails the credibility and integrity of doctors, and has often personally and publicly attacked those who have attempted to present scientific evidence, and to discuss in a rational manner, issues of enormous importance to New Zealand patients and taxpayers."

Dr Moodie called the allegations "a fantasy", and said similar criticisms had been levelled against Pharmac's equivalent in Australia.

Pharmac opted for a "slightly less potent" statin in 1998, enabling access to be widened from 12,000 to 60,000 patients.

Pharmac spends about \$50 million on statins now.

"We have to remember that there are nearly 300,000 New Zealanders on statins at present.

"It's really a question of how much can you afford and trying to get the most health gain for the most people. I don't think there's anything unethical about that.

"We are always open to rational debate."



He said criticisms of Pharmac had been running for some months now in the *NZ Medical Journal*, with no automatic right of reply.

National's associate health spokeswoman, Jackie Blue, said the criticism was a sign that Pharmac's way of doing business urgently needed reform.

FUNDING FOR ONE-SHOT INSULIN

A long-acting insulin requiring only one injection a day for some diabetic patients will be funded from July 1.

Insulin glargine, which can reduce the risk of hypoglycaemia, will be funded for those with the most difficulty in controlling their blood sugar levels.

Pharmac chief executive Wayne McNee said about 3200 patients would be using insulin glargine in three years.

It is expected to cost about \$5 million over the next five years.

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