Medicines New Zealand

2014 Annual Review

Better Health Outcomes for New Zealand

Medicines New Zealand

Our vision

Innovative medicines and vaccines are recognised as leading health interventions that New Zealanders have access to when they need them.

Our mission

By December 2016, Medicines New Zealand will achieve sustainable influence on New Zealand pharmaceutical policy in order to realise optimal access to medicines and vaccines for New Zealanders.

About us

Medicines New Zealand is the industry association representing companies engaged in the research, development, manufacture and marketing of prescription medicines.

Medicines New Zealand works to:

- demonstrate the value of medicines within the context of the healthcare system
- ensure optimal access to innovative medicines for all New Zealanders and their healthcare professionals
- encourage and support continuing advancement in medical science and its application in health
- ensure the industry, through Medicines New Zealand, is recognised by the health sector and the community generally as a key partner in maintaining the good health of all New Zealanders.

A central objective of Medicines New Zealand is to promote the benefits of a strong research-based medicines industry in New Zealand.

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Welcome from the **Chair**

Medicines save lives.

Hon Heather Roy
Chair, Medicines New Zealand

A quick Google search for best inventions of all times lists medicines – pharmaceuticals and vaccines- somewhere in the top ten because of the huge contribution they have made to saving and changing people's lives for the better.

The development of vaccines has all but eradicated deadly diseases like smallpox, polio, and measles from most of the world. The discovery of pharmaceuticals such as penicillin and insulin have revolutionized the way in which bacterial infections and diabetes can be controlled and treated. Yet on their own these discoveries were not enough to get these medicines to the people who needed them, and quickly. It wasn't until commercial elements were added to the mix that medicines became widely accessible.

In 1928 Scottish scientist Alexander Fleming made his famous discovery of antibiotic mould in a petri dish, but alone he wasn't able to isolate the drug from the fungal extract. It wasn't until 1939 that a team of researchers showed the benefits of penicillin first in mice, then in humans but they were unable to produce enough to treat those who needed it. A pharmaceutical company was approached and industrial scale production began. By 1944 there were 2 million doses ready, just in time for D-Day but not in time to battle infection and save lives at the beginning of World War 2.

Banting and Best discovered insulin in 1921. Their initial elation at finding a cure for diabetes turned to despair as they were inundated by requests from desperate parents pleading for insulin for their dying children. They couldn't produce sufficient quantity of sufficient purity until they approached a pharmaceutical company able to produce vast quantities as a commercial product.

We quite rightly celebrate the discovery of cures today, but are often guilty of forgetting the lessons of history – just how these discoveries become accessible to all those who need them in order to live productive lives and save lives. The World Health organisation has noted the importance of public-private partnerships in facilitating better access to medicines and vaccines as well as other treatment modalities.

Emerging advances now are in the area of personalized medicines - customisation of healthcare - with medical decisions, practices, and products being tailored to the individual patient. As research advances it is possible to 'match' medications more specifically to those they will treat most effectively due to genetic makeup or type of disease process. Again, pharmaceutical companies have an important role to play in this new wave of getting medicines to the right people in a timely way.

The Medicines New Zealand inaugural Parliamentary dinner was held in June 2014 with guest speaker Dr Daniel Kraft from Singularity University in Silicon Valley. Dr Kraft's themes revolved around personalised healthcare, including personalised medicines and the benefits of the use of technology to make people the CEOs of their own healthcare. Dr Kraft noted:

"As we reinvent healthcare we have to think about technology. We spend a lot of our healthcare dollars on sick care we have to shift our focus to health care," and "Traditionally healthcare happens in the hospital; more and more it is happening in the community and in our homes."

These are salient messages that should be considered as we look to provide quality healthcare in more cost effective ways in the future. Dr Kraft's presentation at the parliamentary dinner resulted in lively discussions amongst New Zealand's health leaders: politicians, government officials, DHB heads, patient groups and pharmaceutical industry representatives. Medicines New Zealand looks forward to contributing further to such discussions about the future of healthcare in New Zealand.

Medicines New Zealand other flagship event of 2014 was the Value of Medicines Award which aims to stimulate research and advance understanding, effectiveness or safety of the use of medicines or vaccines. The recipient of our annual $20,000 award for research was Dr Swee Tan of the Gillies McIndoe Research Institute (GMRI) for his outstanding work treating newborn babies suffering from disfiguring and life-threatening strawberry birthmarks. Dr Tan's Award money is going towards his current research project into tongue cancer.

During 2014 we farewelled Kevin Sheehy who was General Manager of Medicines New Zealand for three years. The Board would like to note the contribution Kevin made during his time in this role and wish him well for his future endeavours. In December Graeme Jarvis was appointed to the General Manager's role and we look forward to his leadership of Medicines New Zealand.

Note from the **Vice Chair**

Alan Carter
Vice Chair, Medicines New Zealand

Health and Wealth. Two things that most of us strive for. Over time expectations have risen, today we are wealthier and healthier than ever before. The two are inextricably linked at an individual level, at a national level or over time.

We read in the media stories about health inequalities in New Zealand, which are attributed to both ethnicity and poverty (or lack of wealth). Often it's more politically correct to focus on the data on the basis of ethnicity, but in November 2010 Treasury produced a working paper[1] looking at the linkage between health and wealth. The paper showed across a range of health measure a clear association between health status and wealth. Those who were healthier were also wealthier.

There is no doubt that a healthier individual or a healthier population are more productive and drive greater productivity, and greater wealth. This provides a clear case for Government investment in our health services, as they provide economic benefit alongside meeting our societal responsibilities.

There is little doubt that the reverse is also true, wealth is a key driver of health status, and this is evident at an International level and over time. If you doubt this check out Hans Rosling's 200 Countries, 200 Years, 4 Minutes - The Joy of Stats – BBC[2], even if you don't doubt the association it's worth a look at how exciting global statistics can be (really)! Two hundred years ago the world was poor, with life expectancy below 40 years. Over the last two hundred years, led by western economies, the world has lifted health and wealth, with most now either rich and healthy or moving rapidly in that direction.

The rise in wealth, particularly in the last century has had two main drivers. Innovation and Trade. Both are critical to New Zealand's future as a small and geographically isolated nation. New Zealand, under both main political parties, has long lead the global charge for free trade, through removing barriers to trade, and negotiating free trade agreements.Yet today we see opposition to trade and in particular the Trans Pacific Partnership Agreement (TTPA) from a variety of commentators and academics.

Collectively, these economies involved in TPPA are worth more than US$27 trillion in GDP. Prior to Japan joining the negotiating economies, a 2012 study estimated New Zealand could gain around US$2.9 billion of GDP if negotiations were successful. None of the studies look at the impact of New Zealand not being a part of a successful TPPA, which would have the reverse effect on New Zealand's economic wellbeing.

All trade negotiations include trade-offs, successful ones are where each country gains more than it surrenders and we have to trust our very experienced Trade Negotiators, Trade Minister and Government to ensure that this is the case for the TPPA for New Zealand.

Rather than focusing on New Zealand's concessions, commentators would be better ensuring that New Zealand gains market access for our key export sectors. This is a far greater challenge and risk than issues around PHARMAC and Intellectual property.

The New Zealand Pharmaceutical Industries perspective on TPP is transparent and available on the Medicine New Zealand website, in a policy document[3] and a speech[4] given at a NZ/US Trade Council meeting in 2012. The US Pharmaceutical Industry position is easy and transparent to find in multiple documents on their website[5] and searching for TPP. It would be enlightening to read perspectives based on these rather than imagined destruction of PHARMAC and the New Zealand health system.

References:

1. Anastadiasis, Simon (2010) "Health and Wealth" Treasury.
2. https://www.youtube.com/watch?v=jbkSRLYSojo
3. http://www.medicinesnz.co.nz/assets/MNZHand-out20120501.pdf
4. http://www.medicinesnz.co.nz/assets/Perspectives-Versus-Perceptions-Final.pdf
5. http://www.phrma.org/

Medicines New Zealand

Operational **report**

Medicines New Zealand had a busy and productive year in 2014. Our Code of Practice, which represents our industry's commitment to rigorous ethics, safety and transparency was reviewed to ensure it keeps pace with an ever-changing environment. This was especially around the areas of digital marketing and social media and this is highlighted in the article later in the review.

Submissions for funding to the National Health Committee (NHC) referral round were made on Oncology and Chronic Obstructive Pulmonary Disease (COPD) in late 2014. We are expecting to hear about the outcome of this by end of first quarter 2015.

Our collaborative relationship with PHARMAC continues to grow as evidenced in a number of areas. New Decision Criteria for the funding of Medicines in New Zealand were announced by PHARMAC following a peer-review process of its operating policies and procedures (OPP)– this process was chaired by Kevin Sheehy in his role as Medicines New Zealand General Manager. The new decision criteria are more fully reported on later in this Annual Review and we are happy that a number of our suggestions have been incorporated into the new criteria. Medicines New Zealand was delighted to collaborate with PHARMAC to organise the pilot workshop with eight Medicines New Zealand members and three members of PTAC on optimised submission processes. It is our expectation that further workshops will be run in 2015 and we will advise our members of this ahead of time.

Vaccines were fully transitioned into Medicines New Zealand operations and we are now the industry voice for pharmaceuticals and vaccines in New Zealand. The sub-committee for the vaccines area are very active and we are rolling out an exciting range of activities in 2015 around the central theme of "Immunisation for Life" and the privately-funded vaccines available for a range of life stages.

While there are pieces on both the Parliamentary Dinner and Value of Medicines Award later in the annual review, we would like to highlight that these core Medicines New Zealand activities serve an important role to highlight the importance of development and access to innovative medicines (including vaccines) as part of a high quality healthcare system that all New Zealanders can be proud of. Finally our 'waiting list' journal article investigating the number of products recommended by PTAC but still waiting for PHARMAC funding has been accepted. We are awaiting its publication in 2015, but have provided a "sneak peak" later in the annual review for you all.

As noted at the start of this piece, 2014 was a busy year and we have seen some staff changes with both Kevin Sheehy and Veronica Challis departing. However we are looking forward to the new year with a few fresh faces on-board, more engagement with all our key stakeholders, and building on the past successes to deliver more to our membership in 2015.

How does New Zealand rank?

It is interesting to both hear and read generalised comments and statements about New Zealand having "one of the best health systems in the world".

However a fundamental question has to be asked - just how does New Zealand and its healthcare system rank and compare internationally?

Sadly the message from international quantitative comparative studies indicates that New Zealand does not appear to have a "rock star healthcare system" to match our supposed "rock star economy" status.

This can be independently evidenced from three international reports released in 2014. The first compared New Zealand to 10 other countries using quantitative measures around the areas of access, efficiency, equity, expenditure per capita and quality care of the healthcare system. This data was gathered from a variety of sources including health practitioner and patient survey and WHO reports.[1]

Overall Healthcare System Rankings (2014)

COUNTRY RANKINGS
- Top 2*
- Middle
- Bottom 2*

	AUS	CAN	FRA	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
OVERALL RANKING (2013)	4	10	9	5	5	**7**	7	3	2	1	11
Quality Care	2	9	8	7	5	**4**	11	10	3	1	5
Effective Care	4	7	9	6	5	**2**	11	10	8	1	3
Safe Care	3	10	2	6	7	**9**	11	5	4	1	7
Coordinated Care	4	8	9	10	5	**2**	7	11	3	1	6
Patient-Centered Care	5	8	10	7	3	**6**	11	9	2	1	4
Access	8	9	11	2	4	**7**	6	4	2	1	9
Cost-Related Problem	9	5	10	4	8	**6**	3	1	7	1	11
Timeliness of Care	6	11	10	4	2	**7**	8	9	1	3	5
Efficiency	4	10	8	9	7	**3**	4	2	6	1	11
Equity	5	9	7	4	8	**10**	6	1	2	2	11
Healthy Lives	4	8	1	7	5	**9**	6	2	3	10	11
Health Expenditures/ Capita, 2011**	$3,800	$4,522	$4,118	$4,495	$5,099	**$3,182**	$5,669	$3925	$5,643	$3,405	$8,508

Notes: * Includes ties, ** Expenditures shown in $US PPP (purchasing power parity): Australian $ data are from 2010.
Source Calculated by The Commonwealth Fund based on 2011 International Health Policy Survey of Sicker Adults; 2012 International Health Policy Survey of Primary Care Physicians; 2013 International Health Policy Survey; Commonwealth Fund National Scorecard 2011; World Health Organization and Organization for Economic Cooperation and Development, OECO Health Data.2013 (Paris: OECD, Nov. 2013).

As can be seen, New Zealand's overall rating was 7th equal and in only the metrics of effective care (2nd), co-ordinated care (2nd) and efficiency (3rd) did the country rate in the top three in the international comparisons. Worse yet, the previous 2010 survey has New Zealand ranked higher in 5th position overall – so our healthcare system seems to be getting worse not better.

Looking specifically at the comparative usage per capita of medicines across 13 different countries, the Office of Health Economics (OHE) 2014 report highlighted that New Zealand ranked 13th overall when comparing 12 different therapy areas including cancer, osteoporosis and dementia.[2]

However using a medal table (1st, 2nd or 3rd place) across each of the 12 therapy areas – New Zealand comes off slightly better i.e. in equal 12th place with Sweden.

2014 Medal Table for Medicines Usage across 13 Countries

Ranking	Country	Gold	Silver	Bronze	Total
1st	Spain	3	2	0	5
2nd	USA	3	1	1	5
3rd	Canada	2	2	0	4
4th	Austria	2	1	1	4
5th	Switzerland	1	3	1	5
6th	France	1	1	3	5
7th	Italy	1	1	2	4
8th	Germany	1	0	1	2
9th	Australia	0	1	2	3
10th	UK	0	1	1	2
11th	Norway	0	1	0	1
12th =	Sweden	0	0	1	1
12th =	**New Zealand**	**0**	**0**	**1**	**1**

Data adapted from OHE Report (2014).

The Rand Report (2014),[3] attempts to explain the causes for international variation in drug usage for five therapy areas highlighted in the OHE 2014 report including cancer. Unfortunately no clear root causes were identified – although it is proposed that three factors could heavily influence usage of medicines:

(i) Governmental policies on the inclusion of new medicines in publically funded health systems;
(ii) National priority setting for specific diseases, and;
(iii) Access to timely diagnosis.

Surely these are areas that New Zealand needs to continue to focus on to drive improvements in the health of each and every New Zealander?

Overall – international comparisons despite the multifactorial analyses and complexities of undertaking them are both an important benchmarking tool and provider of opportunities and solutions for driving improvements in health.

All components within the healthcare system can then work collaboratively to ensure that we can justifiably state – New Zealand has "one of the best health systems in the world".

References:

1. K. Davis, K. Stremikis, C. Schoen, and D. Squires, *Mirror, Mirror on the Wall, 2014 Update: How the U.S. Health Care System Compares Internationally*, The Commonwealth Fund, 2014.
2. P. O'Neill, J. Sussex, *International Comparison of Medicines Usage: Quantitative Analysis*, Office of Health Economics (OHE), 2014.
3. E. Nolte, J. Corbett, *International Variation in Drug Usage: An Exploratory Analysis of the "Causes" of Variation*, Rand Corporation, 2014.

PHARMAC OPP review

Medicines New Zealand welcomed the publication of PHARMAC's new *Factors for Consideration* as the replacement for the current *Decision Criteria* for the funding of medicines in New Zealand. We consider the new criteria represents a more holistic approach to decision making. We will be following how the new criteria will be applied when they come into effect in late 2015.

We played a central role in the peer-review process for the proposed changes to the decision criteria as Chair the OPP Reference Group of innovator and generic companies, patient groups and researchers. It was pleasing to be acknowledged for our valuable contribution in chairing this group and our recommendations were taken into account. We now would like to see further clarity and transparency around the decision making process, with greater transparency about which criteria are applied, and agreed timelines for decision making.

We will continue to work closely with PHARMAC in this work and to support their efforts in improving access to innovative medicines for all New Zealanders.

9 Decision Criteria

1. The health needs of all eligible people in New Zealand
2. The particular health needs of Maori and Pacific peoples
3. The availability and suitability of existing medicines, therapeutic medical devices and related things
4. The clinical benefits and risks of pharmaceuticals
5. The cost-effectiveness of meeting health needs by funding pharmaceuticals rather than using other publicly funded health and disability support services
6. The budget impact (in terms of the pharmaceutical budget and the Government's overall health budget) of any changes to the Pharmaceutical Schedule
7. The direct cost of health services criteria
8. The Government's priorities for health funding, as set out in any objectives notified by the Crown to PHARMAC, or in PHARMAC's Funding Agreement, or elsewhere
9. Any other criteria the PTAC considers relevant

15 Factors for Consideration *(now replacing the 9 Decision Criteria)*

1. The impact on Government Health priorities
2. The impact on the health of population groups experiencing health disparities
3. The impact on the Maori health areas of focus and Maori health outcomes
4. The availability and suitability of existing medicines, medical devices and treatments
5. The health need of the person
6. Consequences for the health system
7. The health benefit to the family, whanau and wider society
8. The health benefit to the person
9. Health-related costs and savings to the person
10. Health-related costs and savings to the family, whanau and wider society
11. Costs and savings to Pharmaceutical expenditure
12. Costs and savings to the rest of the health system
13. The features of the medicine or medical device that may impact on the use by the person
14. The features of the medicine or medical device that may impact on use by the family, whanau and wider society
15. The features of the medicines or medical device that may impact on use by the health workforce

Regulatory action

With ANZTPA still a reality at the beginning of 2014, we worked with Medicines Australia to develop a shared position on regulatory practices under ANZTPA. However this proved to be in vain because in November the Ministers of Health from New Zealand and Australia announced that ANZTPA had been shelved. It is disappointing as ANZTPA was intended to align regulations and reduce compliance costs for the pharmaceutical industry on both sides of the Tasman.

In its place the Ministry has a programme of regulatory reform, and development of a proposed regulatory scheme will begin in 2015. We will engage with the Ministry on the reform programme, and Medsafe on Trans-Tasman regulation harmonisation activities that will streamline regulatory practices between Australia and New Zealand.

The Regulatory Technical Committee responded to Medsafe consultation supporting the publication of the Medicines Assessment and Advisory Committee (MAAC) decisions to improve transparency. The Committee also responded to TGA consultation where there were opportunities for harmonisation.

Emerging issues are the increasing use of eCTD's; priority applications and the effect on standard processing times, and resource capacity at Medsafe; the cost of approvals for small volume products; and clinical issues with biosimilars and best practice for naming biosimilars. We will be working with Medsafe to resolve these issues.

Code of practice

We were pleased to publish a revised and strengthened Code of Practice (16th Ed) for our members. Consumer and healthcare professional confidence is underpinned by our members abiding to a Code that sets high standards for the pharma industry and follows international trends.

Two Code of Practice complaints and one Appeal were received during the year, and the decisions of the Code of Practice Standing Committee were made public on Medicines New Zealand's website.

An emerging issue is disclosure of payments to healthcare professionals with overseas experience showing it is a complex and resource intensive exercise. It is an issue that we will keep a watching brief on in 2015, and further engage with all key stakeholders.

New Sections	Strengthened
Use of social media	Electronic Media promotion
Fee waiver for complaints from members of the public	Transparency around sponsored articles and meetings, the parameters for Product Familiarisation Programmes and Compassionate Use
On-line advertisements	Who may receive donations of medical utility
Interactions and relationships with the general public, patients and patient organisations	Requirements for advertisements for consumers and HCPs

New Zealand's medicines waiting list

Each year we read about the medicines that PHARMAC has listed on the Pharmaceutical Schedule. However we aren't told that there may be a significant delay in listing these medicines following PTAC approval, and there is a "waiting list" of medicines yet to be funded by PHARMAC. As a result it is not surprising then that New Zealand is falling behind other comparable countries in terms of funded medicines, and the health benefits they can offer.

When we look at the medicines that PTAC has approved for funding but are still not listed by PHARMAC as at September 2014, we find a medicines "waiting list" comprising 29 medicines for 31 indications. The average waiting time is 2.8 years, and the longest time is over 8 years. We also found that the medicine's priority category for funding ie "high", "medium", "low", or "if cost neutral" has no appreciable bearing on the waiting time. The exception is the "if cost neutral category", thereby indicating the emphasis on funding over need.

The medicines that have been on the "waiting list" the longest are those for the treatment of severe allergies, breast cancer, urinary incontinence and high cholesterol, and may be used in people who have not responded to other treatments or have suffered intolerable side effects. Often they are funded in other countries. People needing new treatment options for pain, rheumatoid arthritis, diabetes, osteoporosis, prostate cancer, multiple sclerosis and severe asthma, are also waiting.

Waiting times by priority category (unpublished data)

PTAC priority Category	Number of medicines	mean waiting time	Range of waiting times
High	3	3.3	0.3 – 8.1
Medium	6	2.9	0.6 – 8.2
Low	16	3.2	0.3 – 7.8
If cost neutral	4	0.6	0.3 – 0.8

"A statin for the treatment of high cholesterol in high risk people not responding to other treatments has positive PTAC approval but it remains unfunded. Rosuvastatin has been funded in Australia for over 10 years.

Saxagliptin for type 2 diabetes has been funded in Australia and the UK for at least 6 years, it remains unfunded in New Zealand.

Like waiting lists for medical treatments, we consider that a medicines "waiting list" be published and monitored. This would increase transparency around PHARMAC decision making, timelines for listing, and help with budget forecasting."

Parliamentary dinner

Medicines New Zealand held their inaugural Parliamentary Dinner on 24 June, hosted by the Minister of Health, Hon Tony Ryall with Hon Jo Goodhew stepping in at the last minute for Hon Tony Ryall. Attendees at the Parliamentary Dinner included key stakeholders in the health sector and politicians.

"The Future of Medicines in Healthcare" was the theme and the guest keynote speaker was Dr Daniel Kraft, from Futuremed, Singularity University in San Francisco, founder and executive director of Exponential Medicine.

Dr Kraft is a Stanford and Harvard trained physician-scientist, inventor, entrepreneur, and innovator.

With over 20-years of experience in clinical practice, biomedical research and healthcare innovation, Dr Kraft has chaired the Medicine Track for Singularity University in the US since its inception. His TED talks have been watched by over one1 million people around the world.

While in New Zealand Dr Kraft was also the guest speaker at two other events.

Medicines New Zealand, the Malaghan Institute and CHIASMA held an interactive discussion led by Dr Kraft about innovation in health and how New Zealand can participate in solving the global health challenges of the future. He also held a public lecture at the University of Otago, Wellington.

There was a bit of media interest and he was interviewed on Breakfast TV3.

This was a very successful event and planning is underway for a Parliamentary Dinner for 2015.

Cancer cure could be 10-15 years away

Article written with information provided by Dr Swee Tan

The Value of Medicines Award that Dr Swee Tan received late last year from Medicines New Zealand is bringing the Gillies McIndoe Research Institute (GMRI) one small step closer to the ultimate goal of finding a cure for cancer.

Dr Tan won the Value of Medicines Award following his revolutionary and now well-known work on strawberry birthmarks. The team led by Dr Tan and their collaborators found that the stem cells that cause strawberry birthmarks are regulated by the renin-angiotensin system, and that manipulation of the renin-angiotensin system by drugs such as ACE inhibitors can trigger the tumour to 'commit suicide'.

His team are looking into how this research can be translated into the treatment of other cancers. Dr Tan believes that research is on the right path, however funding and resourcing is required to accelerate the work being done. "The Value of Medicines Award and the $20,000 prize associated with it takes us one step closer to the utlimate goal of curing cancer, possibly only 10-15 years away."

Dr Tan's team has characterised and gained a better understanding of a unique population of cancer stem cells in tongue cancer, the most common and deadly form of oral cancer (see Figure 1). "These cells are thought to be the driving force behind the development and progression of cancer, and logical target of cancer treatment" he says.

Dr Tan says cancer is like a beehive. "The hive has lots of worker bees, which are the cancer cells. These worker bee cancer cells are made quickly, but have a limited life-span. The hive's queen bee are the cancer stem cells. They direct the hive, produce the worker bees, and have an unlimited capacity to replicate themselves, producing even more queen bees which, in turn, produce more worker bees. These queen bees can migrate to other sites and start new hives, analogous to cancer spread (metastases). Currently the cure for cancer remains beyond reach because medical science does not know how to control or manage the equivalent of these queen bees.

Dr Tan believes once they have unravelled the complex bodily systems that regulate and control tongue cancer stem cells, a novel and effective treatment will follow. "We are not certain, but we believe that primitive systems such as the renin-angiotensin system will play a role, [same as for strawberry birthmarks] and it will be possible to manipulate them by simple medications".

The final step, Dr Tan says, is then to apply this knowledge to other types of cancer. He likens the experience of cancer research as "a bit like exploring the realms of outer space. Observations that have been made and the evidence gathered point you in the direction, but it is not until you get there that you behold the wonder of what you find. What you find forms the next step of that complex journey of discovery. But underscoring all these is knowing where to look and plotting the right course to get there in the otherwise unchartered quest. Many baby steps going in the right direction will eventually lead to what you seek."

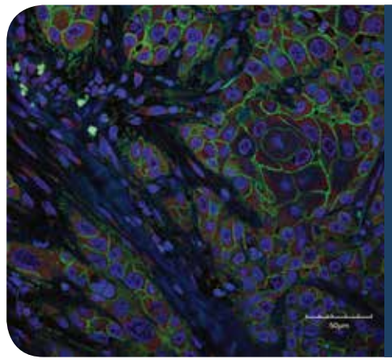

Figure 1: Photograph showing a unique cancer stem cell population in tongue cancer using specific stains for cell membrane (green), cytoplasm (red) and nuclei (blue)

Immunisation for life using additional private market vaccines

Article written with information provided by Dr Nikki Turner and Theo Brandt

The Immunisation Advisory, Director of Immunisation Advisory Centre (IMAC), The University of Auckland

The National Immunisation Schedule (NIS) is a free vaccination programme that starts in pregnancy and goes throughout life.

However there are a range of additional vaccines licensed in NZ and available on the world market that also offer protection against other serious diseases not covered by the NIS.

The Immunisation Advisory Centre IMAC) often receives phone calls from the general public indicating they are unaware of these private purchase vaccines and wish to be better informed about them.

For some other common childhood illnesses such as chickenpox, private market vaccines are available, which may avoid some of the side effects often seen from the disease such as permanent scarring and secondary skin infections. Prevention has social and financial spinoffs as well- a reduced caregiver burden if the disease passes between siblings in a family and parents have to take time off work.

Meningococcal disease rates are highest in infants and young children and there is a peak again in adolescents (15-19 years of age). With vaccines available for each of these age ranges, vaccination is well worth discussing and considering.

The HPV (human papilloma virus) vaccine is only funded for girls and women up until the age of 20. However it is licensed and available for purchase for women over this age, boys and young men. This will help protect against cervical cancer, genital warts and other HPV-associated cancers such as genital, anal, mouth and throat cancers.

The most effective protection for infants from influenza and pertussis is for the mother to receive vaccines in pregnancy (28-38 weeks).These are also funded as part of the NIS. However it is also worth offering influenza and pertussis vaccines to adult caregivers in close contact with young infants, particularly infants under 6 months of age, as they are too young to have their own protection. Adults who have received a whooping cough booster vaccine not only protect infants- they also protect themselves from acquiring this debilitating and sometimes very serious disease.

Herpes zoster (shingles) is a skin rash caused by a reactivation of chicken pox and most common in elderly people where it can lead to prolonged pain at the site. So vaccination against it in adults particularly 60 years and older is worth considering to provide an immune boost. Finally, the elderly often have waning immunity or other health problems putting them at higher risk of a range of diseases, particularly respiratory. There are pneumococcal vaccines available on the private market that can be considered for this group. For a list of the private market vaccines available that can be considered in the different age groups refer to the IMAC poster in the written resources section of immune.org.nz.

Significant long term health benefits are possible from utilising both the national schedule and non-funded vaccination schedules over the whole of life, and something which all New Zealanders need to consider as we strive to maintain a high quality of life.

Medicines New Zealand is now running its Immunisation for Life Project which aims to raise awareness and acceptance of the value of immunisation at all stages of life. In 2015 we will work with key stakeholders to highlight benefits of adult immunization schedules both funded and non-funded.

86% of 1500 surveyed adults want healthcare providers to inform them of vaccines that provide extra coverage against diseases, even if these are not funded through the NIS. This includes 80% of adults earning less than $30,000 per year, and 92% of Maori adults who want to be informed about non-funded vaccines.

Source: *Immunisation Health Report (2013) http://www.immune.org.nz/sites/default/files/resources/Immunisation%20Health%20Report,%202013.pdf*

BCAC profile

Article written by Libby Burgess

Ten years ago, frustration at the lack of resources available to diagnose and effectively treat New Zealand women with breast cancer brought medical professionals and breast cancer groups together for a one day forum. All agreed that an evidence-based patient voice was needed to transform breast cancer care and the Breast Cancer Aotearoa Coalition (BCAC) was born.

Today, we at BCAC are proud to have established a united and credible voice to support, inform and represent the 3000 New Zealanders who are diagnosed with breast cancer every year.

Over the years, we have worked to build a strong, evidence-based platform from which to advocate for access to early detection and world-class treatment and care. While maintaining close contact with those recently diagnosed, we have worked hard to build close ties with oncologists, surgeons and breast care nurses to give us a 'coalface' view of current issues. We have also forged strong links with the Ministry of Health and a range of other decision-making groups.

BCAC continues to support women with breast cancer through providing our free Step by Step support packs, which last year went out to more than 1300 women across the country. We provide up to date and relevant information about breast cancer, treatment options and how to get support, primarily through our website.

New Zealand's lack of access to the most effective breast cancer medicines was a major catalyst behind the formation of BCAC. A well-known oncologist arrived in New Zealand in 2004 and was astounded that she was required to treat women without the most effective medicines. New Zealand was far behind Australia and the rest of the world in terms of our speed of access to innovative treatments. This same oncologist became a core member of BCAC. In the subsequent years, we have fought some long and difficult battles. A significant win for us was to get Herceptin, the first-line treatment for women with HER2-positive breast cancer (an aggressive form of the disease), funded in our public health system in 2008. We are also proud to have played a significant role in bringing taxanes, aromatase inhibitors and other medicines to New Zealand breast cancer patients, as these have a huge impact on survival and quality of life.

But there is still more to do. Recent results from various clinical trials have shown three more breast cancer medicines (none of which is funded here in NZ) to be highly effective in the treatment of breast cancer. Thus, BCAC is now advocating that pertuzumab (Perjeta), trastuzumab emtansine (Kadcyla) and nab-paclitaxel (Abraxane) be made available to all breast cancer patients who require them.

In addition to improving medicines access, BCAC also hopes to see more clinical trials here in New Zealand and greater powers to review the safety and ethics of clinical trials already under way.

Recent evidence of New Zealand having a lower breast cancer survival rate than Australia is a very real concern as well as a strong indicator that our work for and on behalf of breast cancer patients continues to be desperately needed. Of course, that work would not be possible without the generosity of all our members and supporters who continue to give their time, passion and commitment to this worthy cause.

To find out more about BCAC or become a member, please visit www.breastcancer.org.nz.

Together we're stronger, Tangata Tū pakari tonu!

Medicines New Zealand **highlights**

- **A Parliamentary Dinner, with international guest speaker Dr Daniel Kraft hosted by Hon Jo Goodhew. The theme was "The Future of Medicines in Healthcare".**
- **Presentation of the $20,000 Value of Medicines Award to Dr Swee Tan from the Gillies McIndoe Research Institute for his work treating newborn babies suffering from disfiguring and life-threatening strawberry birthmarks.**
- **The revised Code of Practice (16th edition) was published and a series of training workshops were held.**
- **Medicines New Zealand chaired a group of external stakeholders including patient groups, to provide input into PHARMAC's review of its Operation Policies and Procedures (OPP) resulting in changes to PHARMAC's decision making criteria from 2015.**
- **Medicines New Zealand Australian visit by Chair and General Manager.**
- **Regulatory, Compliance and Market Access Manager's secondment to Medicines Australia to work on a shared position on regulatory practices under ANZTPA.**
- **Medicines New Zealand/PHARMAC workshop on improving the quality of submissions to PTAC.**
- **Medicines New Zealand's third intern joined us for six months researching a project to improve access to medicines.**

Board of Directors 2014

As pictured below from left to right.

Heather Roy, Independent Chair

Alan Carter, Vice Chairman and Country Manager, Sanofi New Zealand

Nick Leach, Country Manager, AbbVie

Anna Stove, General Manager NZ, GlaxoSmithKline NZ Ltd

Andre Musto, General Manager NZ, AstraZeneca (resigned June 2014)

Melissa McGregor, New Zealand Country Manager, Pfizer New Zealand Ltd

Max Pahlow, Business Unit Director, Janssen New Zealand

Michael Broome, Chief Executive, Healthcare Logistics

Lance Baldo, Managing Director, Roche Products (New Zealand) Ltd

Paul Smith, Managing Director, Merck Sharp & Dohme (New Zealand) Limited

Secretariat

Kevin Sheehy, General Manager, outgoing September 2014

Heather Roy, Acting General Manager, October 2014 – January 2015

Graeme Jarvis, General Manager, incoming December 2015

Carolyn Cummins, Executive Assistant and Board Secretary

Philippa Davies, Regulatory, Compliance and Market Access Manager

Veronica Challies, Marketing and Communications Manager, outgoing May 2014

Member Companies

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NEW ASSOCIATE MEMBERS

Atlantis Healthcare

Established in 1993, Atlantis Healthcare is dedicated to improving patient outcomes in a way that also delivers significant value to our clients, and healthcare systems. Our patient centred solutions tackle treatment non-adherence head-on to deliver better health outcomes for all and reduce wastages in medical spending.

Green Cross Health

Green Cross Health Limited (formerly Pharmacybrands) is a leading primary healthcare provider, delivering integrated healthcare solutions to communities the length and breadth of New Zealand who represent more than 300 community pharmacies throughout New Zealand.