

## The Thoracic Society of Australia and New Zealand's response to the PHARMAC's proposed changes to the funding of Pulmonary Arterial Hypertension treatments.

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### Introduction

The Thoracic Society of Australia and New Zealand (TSANZ) is a health promotion charity whose mission is to lead, support, and enable all health workers and researchers who aim to prevent, cure, and relieve disability caused by lung disease. The TSANZ is the only peak body in Australia that represents all health professionals working in all fields of respiratory health.

The TSANZ has a membership base of over 1800 individual members from a wide range of health and research disciplines. The TSANZ is a leading advocate and provider of evidence-based policy for the prevention and management of respiratory conditions in Australia and New Zealand, undertakes professional education and training, is responsible for significant research administration, and coordinates an accredited respiratory laboratory program.

As the leaders in lung health, we promote the:

- Highest quality and standards of patient care.
- Development and application of knowledge about respiratory health and disease.
- Highest quality air standards including a tobacco smoke free society and effective regulation of novel nicotine delivery systems.
- Collaboration between all national organisations whose objects are to improve the wellbeing of individuals with lung disease and to promote better lung health for the community.
- Professional and collegiate needs of the Membership.

The TSANZ is submitting a response to the PHARMAC's open public consultation on the funding and access of treatments for Pulmonary Arterial Hypertension (PAH) patients. As a leading respiratory membership organisation in New Zealand and Australia, we advocate for evidence-based practice and policy to improve respiratory health for all.

## Consultation Topic

The PHARMAC is currently seeking stakeholder feedback on its intended changes to the funding and access of Pulmonary Arterial Hypertension (PAH) treatments.

The proposal, if progressed will be effective from 1 August 2023. It consists of three elements, as set out below:

- *Applications to the PAH Panel for ambrisentan (Ambrisentan Viatris, Ambrisentan Mylan), iloprost (Vebulis) and epoprostenol (Veletri), would no longer be required and all funded PAH treatments would be accessed by a standard Special Authority application in the same way as many other funded medicines.*
- *The funding criteria for all PAH treatments would be amended to align with current international diagnostic criteria and New Zealand funded clinical practice.*
- *The PAH treatments that currently have a renewal period of one year would be amended to two years.*

## The TSANZ' recommendations

While online approval to apply for access to ambrisentan / iloprost and epoprostenol is a reasonable path to take, and the two-year renewal period is sensible, the TSANZ is concerned with the narrow scope employed by the PHARMAC in its review of PAH treatments, as well as the basis on which it has made its proposal.

Firstly, lung transplant and PAH experts within our membership have strong concerns that the proposals are counter to the internationally endorsed, and current best practice guidelines: The European Society of Cardiology (ESC)/ European Respiratory Society (ERS) Clinical Practice Guidelines for the diagnosis and treatment of pulmonary hypertension.

As written, the first line therapy is sildenafil then bosentan, with ambrisentan if there is a contra-indication or adverse effects of bosentan. The latest ESC guidelines specifically advise against combination therapy with sildenafil and bosentan due to the lack of evidence of efficacy. Instead, these recommendations endorse tadalafil, ambrisentan, or macitentan - which are only available through the Named Patient Pharmaceutical Assessment (NPPA) pathway.

Another key issue with the proposal is the that it does not address the lack of accessibility to drugs widely used overseas that are backed by good clinical evidence. These include tadalafil, selexipag, and macitentan (which can be accessed via the NPPA pathway, but with variable success) and riociguat (which we understand is not available in New Zealand through the NPPA process).

It is the TSANZ' view that these newer, and oftentimes preferred therapies should also be available to patients as part of their management plan. Some patients with PAH are not tolerant of ambrisentan, which makes access to macitentan critical. Patients with chronic thromboembolic pulmonary hypertension (CTEPH) need access to riociguat. While existing patients stable on bosentan would not necessarily change over to macitentan if made

available, new referrals and those with an inadequate response to bosentan would switch to this newer therapy. Additionally, because tadalafil only needs to be taken once daily, if it were accessible, most patients on TDS would be considered for it as they struggle with the three-daily dose. Newer drugs such as sotatercept, which has recently been demonstrated to be effective in a large clinical trial, should be considered for funding by PHARMAC when it becomes available.

The proposals in their current form will raise the standard of care for New Zealanders with PAH and CTEPH to the level of care received by patients in other OECD-equivalent countries in 2013. It is not good enough, and more work needs to be done.

### Concluding remarks

The TSANZ thanks the PHARMAC for opening its consultation on changes to PAH treatments to the public and stakeholders - this indicates a shared commitment to effective treatment plans and the best patient outcomes for New Zealand patients with PAH.

As a membership organisation consisting of leading respiratory clinicians, multidisciplinary health professionals, and researchers across New Zealand and Australia, however, we consider that the proposals in their current state are woefully inadequate.

The TSANZ urges the PHARMAC to consider the following proposals:

- Funding newer, evidence-backed, and internationally recognised treatments for PAH and CTEPH in New Zealand.
- Reconsidering the existing therapy options to ensure they are consistent with current international guidelines.

We welcome the opportunity to engage with you further on this topic and are available to provide clinical advice on best practice for patients with PAH. We can be contacted at: [advocacy@thoracic.org.au](mailto:advocacy@thoracic.org.au).

Nāku iti nei, nā



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New Zealand Board President  
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