

Dear Sir/madam

I am a Consultant Endocrinologist in practice in Southern Sydney. I write regarding the proposal to reduce the PBS rebate for risedronate to the generic rebate for alendronate and the formation of a Senate Committee to examine this proposal. The following are issues that need to be considered by this committee;

- 1) The bisphosphonates have differential effects, for example in the time of onset in reducing fracture events
- 2) Whilst the side effect profile across the class is similar, I have numerous patients who tolerate one drug and do not tolerate the other. Increasing the cost of risedronate to the patient in this situation will act as a deterrent to treatment, especially relevant as most patients taking these agents are elderly and often financially disadvantaged.
- 3) If this proposal is implemented, it will act as a major deterrent to the introduction of new therapies to the Australian market, thus potentially denying Australians access to new developments in therapy.

I encourage the Committee to consider the above in making their deliberations regarding the future reimbursement for the oral bisphosphonate agents.

Yours sincerely,

Dr Stephen Thornley