

The Secretary
The Senate Community Affairs Committee

I wish to address recent developments in regards to the proposal by the PBAC to create a new therapeutics group that treats all oral Bisphosphonates as equivalent to generic Alendronate and therefore interchangeable at an individual patient level. I believe this proposal has now been referred to a Senate Committee for an inquiry. The Senate Community Affairs Committee has released terms of reference for that inquiry and is calling for written submissions. I wish to submit my own comments on this subject.

I am sure you will also receive a submission by the Therapeutics Committee of the Australian and New Zealand Bone and Mineral Society (ANZBMS) commenting on the proposal by the PBAC. The proposal to treat branded Risedronate interchangeably with branded Alendronate and generic Alendronate will result in a number of problems.

Firstly, since branded Risedronate is the only medication approved for the treatment of steroid induced osteoporosis by the PBAC it is clear that the other medications cannot be used interchangeably in this condition. The proposal to list branded Risedronate in the same therapeutic group cannot proceed until this issue is addressed.

Secondly, branded Alendronate and branded Risedronate are both available with calcium and vitamin D. All of the important trials demonstrating fracture efficacy were conducted with concomitant calcium and vitamin D supplementation. Since both vitamin D and calcium have been withdrawn from PBS subsidy many years ago, the need for concomitant therapy has cost implications. Such cost considerations frequently result in the elderly or disadvantaged, who are in most need of these medications, not continuing to subsidise their own therapy. Since generic Alendronate will be supplied without calcium and vitamin D these issues need to be appreciated in any proposed decision to treat each medication interchangeably.

I have summarised the main issues but there are also other more minor issues that need consideration. I would hope that this and other future changes to the PBS do not proceed without due consultation of expert opinion from societies such as the ANZBMS or AMA.

Yours Sincerely,

Paul Glendenning