

23 June 2025

Pharmac
PO Box 10254
The Terrace
Wellington 6143
By email to: consult@pharmac.govt.nz

Tēnā koe

Re: PHARMAC 2024/2025 Medicine Schedule Changes

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is a membership organisation that prepares doctors to be medical specialists in the field of psychiatry, supports and enhances mental health practice, and advocates for people affected by addiction, or other mental health difficulties.

The RANZCP represents more than 8,730 members, including more than 6000 qualified psychiatrists and 2500 trainees across Aotearoa New Zealand and Australia. Our policy and advocacy approaches are guided by a range of expert committees made up of psychiatrists and subject matter experts with a breadth of academic, clinical, and service delivery expertise in mental health and addiction.

The RANZCP welcomes the opportunity to provide feedback on potential brand changes for medicines included in the 2024/25 annual tender. We focus on proposed changes to the medicines below, which are significant to the communities we serve:

- Citalopram hydrobromide – tab 20 mg
- Docusate sodium with sennosides – tab 50 mg with sennosides 8 mg
- Fluoxetine hydrochloride – cap 20 mg
- Sertraline – tab 50 mg
- Sertraline – tab 100 mg
- Varenicline – tab 0.5 mg x 11 and 1 mg x 42
- Varenicline – tab 1 mg

We understand that any proposed and introduced changes to these funded medicines would be of significance to prescribers and pharmacists, but also our lived experience community, whānau and whai ora.

While we do not have feedback on specific medicines and brands, we do take this opportunity to request that all communication of these changes is done so in a manner that centres whānau whai ora to avoid adverse reactions such as the nocebo effect, or cause fear where a person may cease to take their prescription without conversation or tapering planning with a medical practitioner.

We understand brand changes and subsequent media interest can cause anxiety and a nocebo effect for tāngata whai ora and their whānau. We highlight this concern, especially given the influence of the nocebo effect in such cases, particularly with the antidepressants impacted in this ordering schedule.

Navigating this may need careful attention from both prescribers and pharmacists – to alleviate and not increase any concerns people may have with this change.

Recommendations

We encourage PHARMAC to share relevant information regarding medicine changes with whānau whai ora in mind, by way of supporting their prescribers to communicate these changes in ways that are clear, and do not cause anxiety or any adverse effects.

We recommend care in communication to healthcare professionals, with an emphasis on their role in minimising the influence of the nocebo effect by considering how information about treatments, including benefits and adverse effects, is framed and communicated.

We encourage PHARMAC to communicate the importance of relationship between prescribing practitioner and whai ora when discussing changes to medicines. To enable better treatment outcomes, practitioners can support whai ora to understand their illness, be actively involved in decisions about their treatment, and know how to proactively manage their symptoms.

Thank you for the opportunity to provide feedback; we look forward to working with PHARMAC in the future. If you have any further questions regarding this letter, please contact the New Zealand National Office - Tu Te Akaaka Roa via nzoffice@ranzcp.org or on +64 4 472 7265.

Ngā mihi,



Dr Hiran Thabrew
National Chair, Tu Te Akaaka Roa