The Royal Australian & New Zealand College of Psychiatrists
Tu Te Akaaka Roa
New Zealand National Office

Your Health in Mind
Hauora hinengaro Manatuhia

30 July 2024

Pharmac
PO Box 10254
The Terrace
Wellington 6143

By email to: consult@pharmac.govt.nz

Tēnā koe

Re: Proposal to widen access to aripiprazole long-acting injection

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) welcomes the opportunity to provide feedback on PHARMAC's proposal to widen the access to aripiprazole long-acting injection.

The RANZCP is the principal organisation representing the medical specialty of psychiatry in New Zealand and Australia and is responsible for training, educating, and representing psychiatrists on policy issues. The RANZCP has over 8400 members, including more than 5900 qualified psychiatrists and is guided on policy matters by a range of expert committees including Tu Te Akaaka Roa, the New Zealand National Committee and Te Kaunihera, the Māori mental health committee.

Tu Te Akaaka Roa supports PHARMAC's proposal to widen the access to aripiprazole long-acting injection (LAI). However, we strongly recommend amending the criteria to include young people experiencing their first episode of psychosis, as this group may benefit greatly from accessing aripiprazole LAI.

Early stages of treatment have been shown to be particularly important for determining the long-term prognosis of schizophrenia, a complex, multifactorial disorder associated with a high burden of disability. [1] Optimal treatment provided after the onset of the first episode of psychosis has been shown to decrease the risk for recurrent episodes, thereby reducing the subsequent duration of active psychosis and improving treatment outcomes. [2-5] Due to the nature of the disorder and the adverse side effects of antipsychotic medication, treatment compliance is typically low and the relapse rate is over 90% at 2 years, if the disorder is left untreated, compared to 3% for those continuously treated with antipsychotics.[6] LAI antipsychotic medications are an effective way to improve treatment adherence and long-term outcomes. [7]

Despite their advantages, second generation LAIs such as Olanzapine, Paliperidone and Risperidone can cause significant amounts of weight gain, and metabolic disturbances that increase the risk for diabetes mellitus type 2 and cardiovascular events. [8, 9] While LAI aripiprazole can still cause significant side effects, several studies have described better quality of life and patient preference measures for this medication, compared to other LAI

PO Box 10669 Wellington 6143 New Zealand
T +64 (0)4 472 7247 F +64 (0)4 472 7246
ranzcp@ranzcp.org www.ranzcp.org
ABN 68 000 439 047

antipsychotic agents. [10-12]

The proposed special authority criteria require tāngata whai ora to be at high risk of metabolic syndrome, or to have tried another depot antipsychotic and experienced intolerable side effects; this often means that they have already gained significant amounts of weight before aripiprazole can be prescribed. Māori and Pacific people are particularly impacted due inequalities in the rate of schizophrenia diagnosis, as well as an increased risk of developing diabetes mellitus, obesity, and cardiovascular disease. [13, 14] Switching from one antipsychotic medication to another can also increase the risk of worsening psychiatric symptoms and other adverse consequences. [15, 16]

Tu Te Akaaka Roa therefore advocates for aripiprazole to be available as first line treatment, before tāngata whai ora have suffered adverse consequences. 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 (0)4 472 7247.

Ngā manaakitanga

Dr Hiran Thabrew
National Chair, Tu Te Akaaka Roa

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