



New Zealand House of Representatives
Te Whare Māngai o Aotearoa

Health Committee

Komiti Whiriwhiri Take Hauora

54th Parliament
September 2024

Petition of Lucy Mullinger: Provide funding to Pharmac for Pemigatinib for bile duct cancer

Presented to the House of Representatives
by Sam Uffindell, Chairperson

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Petition of Lucy Mullinger

Recommendation

The Health Committee has considered the petition of Lucy Mullinger—Provide funding to Pharmac for Pemigatinib for bile duct cancer—and recommends that the House take note of its report.

Request for funding medicine for bile duct cancer

The petition was presented to the House on 9 April 2024. It requests:

That the House of Representatives urge the Government to provide funding to Pharmac for the medication Pemigatinib (Pemazyre).

Pemigatinib is an anti-cancer medication used for the treatment of bile duct cancer. Pemigatinib is currently not approved by Medsafe, the regulatory authority, and not funded by Pharmac. The petitioner asks that the medication be available to any patient who would benefit from it on the advice of their oncologist.

Comments from the petitioner

We heard from the petitioner, who shared with us her personal connection to this cause. She told us that one of her friends who was treated for cancer tried pemigatinib but, partly due to cost, was unable to continue this medication. The petitioner and others raised \$30,000, which she said enabled her friend to have five rounds of pemigatinib, but this was not adequate. The petitioner noted that other individuals with this disease, including signatories on this petition, have provided positive feedback and reaffirmed their need for the medication.

Cost of pemigatinib

The petitioner notes that each pemigatinib tablet costs \$519.46, which she suggests is too much for the average New Zealander to afford. She calculates that patients who may benefit from this medication would have to pay \$7,272.50 per three-week round of treatment, which only includes 14 pills. The petition mentions existing evidence of benefits offered by this medication over chemotherapy, and notes that pemigatinib can reduce the costs and dangers of chemotherapy.

Need and efficacy

The petition offers details on the need for this medication. It notes that pemigatinib works by inhibiting receptors in tumour cells, which has relevance for a wide variety of cancers, including those of the bladder, breast, ovary, prostate, endometrium, lung, and stomach. For certain cancers, the petitioner suggests that surgery is at present the only curative treatment. However, only roughly 35 percent of patients can undergo curative surgery, and of those patients, 35 percent have a clinical relapse within two years.

In discussing the efficacy of pemigatinib, the petition cited data from the FIGHT-202 trial.¹ This trial included people whose disease had progressed following first-line treatment, and grouped patients according to cancer mutations. All patients were given 13.5 mg of oral pemigatinib daily (over 21-day cycles, which included 2 weeks on, 1 week off). The petition draws attention to the accelerated approval of this medication in the United States, which stemmed from data produced in the FIGHT-202 trial. The petition notes that the trial demonstrated a treatment effect that was considered to be of sufficient magnitude and durability to represent evidence of effectiveness. The petitioner added that, in the case of her friend, there had been a significant decrease in cancer markers from 3,500 to just 1,950 within the first two rounds of treatment.

Comments from Pharmac

Pharmac noted that, as of 1 June 2024, Medsafe has not received an application for assessment from any supplier of pemigatinib. Pharmac has not received an application for funding pemigatinib and has not evaluated its suitability for funding.

We learned that Pharmac has received funding applications for two other medicines for the treatment of bile duct cancer: durvalumab (from a supplier) and pembrolizumab (from a consumer). Durvalumab was recommended for funding with a low priority by Pharmac's Cancer Treatments Advisory Committee (CTAC) in October 2023, and pembrolizumab will be considered at a future meeting of CTAC.

Funding pathways

Pharmac told us that, in New Zealand, funding applications to Pharmac can be submitted by pharmaceutical suppliers (or consultants acting on their behalf), clinicians, and members of the public. Pharmac noted that New Zealand is unique in allowing members of the public to submit medicine funding applications.²

Alternative pathway to funding

Pharmac mentioned the Named Patient Pharmaceutical Assessment (NPPA) as an alternative pathway to funding. Pharmac uses the NPPA process to consider whether to fund a treatment for an individual patient whose clinical circumstances are exceptional. We were informed that applications can only be made by a clinician, who must provide supporting evidence that their patient meets the principles of the NPPA. Clinicians are required to address the following questions in relation to the NPPA:

- Does the person have exceptional clinical circumstances?
- Has the person tried all existing funded alternative treatments?
- Has Pharmac considered the treatment for funding previously?

Our response to the petition

We thank the petitioner for sharing her experience and commend her for championing this petition through to Parliament. We acknowledge the efforts she and others have made to

¹ More information is available on the [US National Institutes of Health website](#).

² An outline of [Pharmac's funding application assessment process](#) is available [here](#).

raise funds for her friend. We appreciate the support the petition has received from those experiencing cancer.

Although we acknowledge the promising results of pemigatinib, we respect Pharmac's independent funding process. We do not believe it is Parliament's role to influence which medicines should be funded. Although Pharmac is ultimately accountable to the Minister of Health, making decisions independently from government is important for the organisation to be able to function effectively. We encourage the petitioner to investigate funding application pathways available to members of the public.

Appendix

Committee procedure

The petition was referred to us on 9 April 2024. We met between 26 June and 25 September 2024 to consider it. We received written evidence from Pharmac, and heard oral evidence from the petitioner on 31 July 2024.

Committee members

Sam Uffindell (Chairperson)
Dr Hamish Campbell
Dr Carlos Cheung
Ingrid Leary
Cameron Luxton
Hūhana Lyndon
Jenny Marcroft
Debbie Ngarewa-Packer
Hon Dr Ayesha Verrall

Related resources

The documents we received as evidence in relation to this petition are available on the [Parliament website](#).

A recording of our hearing can be [accessed online here on the Parliament website](#).