

Dear Sir/Madam,

It has been brought to my attention that reimbursement for certain drugs will be classed as a family and the subsidy will be at the lowest common level, of that of current generics.

In the field of osteoporosis, caring for patients with this condition, I am surprised at the lack of consultation regarding these drugs. New research highlights the different mode of action in achieving the same end-result for osteoporosis. Unfortunately this difference may have long term ramifications as the recent results suggesting fragility fractures in the long-term use of Alendronate but not Risendronate. Doctors may choose to prescribe the best known treatment for their patients. Patients particularly the elderly will have to pay more for the best treatment due to the reduced subsidy.

Research for steroid-induced osteoporosis is also different among different groups and we have to use proven treatment rather than empirical treatments for these conditions. Actonel combinations also make it easier for elderly patients to remember to take calcium and Vitamin D for their bones and muscles than they would otherwise be able to do.

I am sure that this committee will be able to identify these issues by proper study and make the right decision, which is to assess each drug on its own merits and not as a therapeutic class.

Best wishes,

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