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Committee Secretary  
Senate Community Affairs Committee  
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Dear sir / madam,

**Re: Bisphosphonate Therapy Group - Senate Inquiry**

I am writing to express my concern over the possible plans by the PBAC to reduce the subsidy support for non-generic bisphosphonate preparations to that of the less expensive generic brands. Generic preparations of the bisphosphonate alendronate are now available while there are no generic forms of other commonly prescribed bisphosphonates like risedronate. This will create pressure on patients and prescribers to use alendronate over risedronate. I appreciate that this is being considered in an effort to reduce cost to the health budget. I fully support these efforts as a means to provide greater funding in other areas of need. However I worry that any decisions to reduce funding in this particular area are ill-considered and premature.

The main argument for reducing the subsidy for non-generic bisphosphates is that the generic preparations have demonstrated bioequivalence. While generics have comparable bioavailability (serum drug levels) they have no strong data regarding actual fracture risk. The generic preparations do not contain calcium or vitamin D which greatly enhance bisphosphonate effectiveness. When prescribing a generic bisphosphonate the doctor must also remember to ask the patient to separately purchase calcium and vitamin D at additional cost, explain why this must be done and then the patient must actually take it. Levels of compliance could easily be very low. This could substantially compromise the effectiveness of bisphosphonates in the face of good serum drug levels. We simply do not know. A separate concern is the emerging data that implicate bisphosphonates as having a causal role in a specific type of fracture (Transverse Fractures of the Femoral Diaphysis). While this may represent a bisphosphonate class effect and may be multi-factorial the available evidence has linked these fractures to alendronate.

There is much that we do not know about this highly efficacious class of drugs. I have a foreboding of future class actions relating to the effects of economic incentives to use specific drug preparations within this class. I urge you to defer action until there is sufficient information to make the best decision for the public.

Sincerely

Stephen Oakley