

4 August 2006

To DHB Chief Executives, DHB Drug and Therapeutic Committee Chairs, Hospital Pharmacists, Pharmaceutical Suppliers, and other interested parties

### **Consultation on proposed changes to intravenous anti-infectives listed in Section H of the Pharmaceutical Schedule**

Based on advice from the Exceptional Circumstances Panel, the Anti-infective Subcommittee of PTAC and responses to previous consultation, PHARMAC staff propose the following changes to the intravenous anti-infective agents available on the Discretionary Community Supply (DCS) list (Part IV of Section H of the Pharmaceutical Schedule).

#### ***Background***

The original consultation which was sent out in October 2005 looked at replacing the specific intravenous anti-infectives on the DCS list with a general statement, which would allow DHB hospitals to dispense any intravenous anti-infectives to patients in the community at their discretion. However the responses received from consultation and advice from the Anti-infective Subcommittee highlighted a concern that inappropriate use of antibiotics may lead to increased development of antibiotic resistance in the community.

#### ***Proposed changes to the DCS list***

PHARMAC staff propose the following changes to the DCS list which would enable these agents to be prescribed by hospital clinicians for patients in the community without requiring approval through Hospital Exceptional Circumstances (HEC).

#### ***New listings on DCS:***

Cefepime hydrochloride Inj 1 g/15 ml & 2 g/77 ml – up to 6 weeks supply for any appropriate indication;  
Amoxicillin clavulanate Inj 600 mg & 1.2g – up to 6 weeks supply for any appropriate indication.

#### ***Widened access on DCS:***

In line with the recommendations from the Anti-infective Subcommittee we also propose that all anti-infectives currently on the DCS list with treatment durations less than 6 weeks should be available for **up to 6 weeks supply for any appropriate indication**. Gentamycin and tobramycin would have their restrictions extended to **indefinite supply for any appropriate indication**.

The proposed changes are summarised on page 3 of this letter.

***Anti-infective agents excluded from this review***

Agents that are not available on the DCS list would still need HEC approval to allow a hospital to provide them to patients in the community.

The HEC application forms would be redesigned to request specific information such as organism and sensitivity tests and a recommendation from a relevant specialist.

The PHARMAC Board, or Chief Executive, under delegated authority, will consider this proposal in August 2006 with proposed implementation from 1 October 2006. If you have comments to make on this proposal and would like those comments to be considered by the PHARMAC Board or Chief Executive, please respond to this letter by fax, post or email ([katie.harris@pharmac.govt.nz](mailto:katie.harris@pharmac.govt.nz)) by **18 August 2006**.

Yours sincerely



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**Summary of the proposal**

<b>Chemical and presentation</b>	<b>Current restriction</b>	<b>Proposed restriction</b>
Amikacin Inj 500 mg per 2 ml	Up to 2 weeks supply for any appropriate indication (extension for up to 6 weeks supply for endocarditis should be applied for under Hospital EC)	Up to 6 weeks supply for any appropriate indication
Amoxicillin clavulanate Inj 600 mg and Inj 1.2 g	N/A	Up to 6 weeks supply for any appropriate indication
Aztreonam Inj 1 g	Up to 4 weeks supply for any appropriate indication	Up to 6 weeks supply for any appropriate indication
Cefepime Inj 1 g per 15 ml and Inj 2 g per 77 ml	N/A	Up to 6 weeks supply for any appropriate indication
Cefotaxime Inj 0.5 g and Inj 1 g	Up to 2 weeks supply for any appropriate indication	Up to 6 weeks supply for any appropriate indication
Cefoxitin Inj 1 g	Up to 2 weeks supply for any appropriate indication	Up to 6 weeks supply for any appropriate indication
Ceftazidime sodium Inj 500 mg, Inj 1 g, Inj 2 g	Up to 4 weeks for cystic fibrosis only	Up to 6 weeks supply for any appropriate indication
Ceftriaxone Inj 1 g	Up to 2 weeks supply for any appropriate indication	Up to 6 weeks supply for any appropriate indication
Cefuroxime Inj 250 mg, Inj 750 mg and Inj 1.5 g	Up to 2 weeks supply for any appropriate indication	Up to 6 weeks supply for any appropriate indication
Gentamicin Inj 80 mg per 2 ml	Up to 2 weeks supply for any appropriate indication (extension for up to 6 weeks supply for endocarditis should be applied for under Hospital EC)	Indefinite supply for any appropriate indication
Imipenem with cilastatin Inj 500mg with cilastatin 500 mg	Up to 4 weeks supply for any appropriate indication	Up to 6 weeks supply for any appropriate indication
Meropenem Inj 500 mg and Inj 1 g	Up to 4 weeks supply for any appropriate indication	Up to 6 weeks supply for any appropriate indication
Netilmicin Inj 150 mg per 1.5ml	Up to 2 weeks supply for any appropriate indication (extension for up to 6 weeks supply for endocarditis should be applied for under Hospital EC)	Up to 6 weeks supply for any appropriate indication
Piperacillin Inj 2 g and Inj 4 g	Up to 4 weeks supply for any appropriate indication	Up to 6 weeks supply for any appropriate indication
Tazobactam Inj 4.5 g	Up to 4 weeks supply for any appropriate indication	Up to 6 weeks supply for any appropriate indication
Tobramycin Inj 80 mg per 2ml	Up to 2 weeks supply for any appropriate indication (extension for up to 6 weeks supply for endocarditis should be applied for under Hospital EC)	Indefinite supply for any appropriate indication
Ticarcillin disodium/potassium clavulanate (Timentin) Inj 3.1 g	Up to 4 weeks supply for any appropriate indication	Up to 6 weeks supply for any appropriate indication