MINUTES OF THE PHARMACEUTICAL MANAGEMENT AGENCY (PHARMAC)

BOARD MEETING JUNE 2019

The meeting was held at Level 9, 40 Mercer Street, Wellington, starting at 10.15am with the following attendees:

Board members

Steve Maharey	Chair
Jan White	Deputy Chair
Ross Lawrenson	Board Member
Jens Mueller	Board Member
Nicole Anderson	Board Member
David Lui	Observer, CAC Chair
Mark Weatherall	Observer, PTAC Chair
Peter Bramley	Observer, DHB Representative

PHARMAC staff in attendance

Sarah Fitt	Chief Executive
Andrew Davies	Acting Director of Operations
Alison Hill	Director of Engagement & Implementation
Michael Johnson	Director of Strategic Initiatives
Mark Woodard	Director of Corporate Services/CFO
Lizzy Cohen	Board Secretary

(PHARMAC staff) attended for relevant items.

1. Directors' Only Discussion

10.40am Ashley Bloomfield, Director-General of Health met with the Board and Chief Executive.

11.35am the Board meeting continued.

2. Apologies

Jan White, Deputy Chair

Lisa Williams, Director of Operations

3. Record of Previous Board and Committee Meetings

3.1 Minutes of May 2019 Board Meeting

resolved to adopt the minutes of the May 2019 meeting as being a true and correct record.

Jens Mueller and Nicole Anderson **(carried)**

3.2 **noted** the minutes of the May 2019 Board Health and Safety Committee meeting.

3.3 Audit and Forecast Recommendations

resolved to release the annual DHB letter;

Nicole Anderson and Jens Mueller **(carried)**

4. Interests Register

noted the interests register; and

noted any decisions by the Chair to manage actual or potential conflicts of interest, as follows:

[None required]

5. Matters Arising

noted the matter's arising.

6. Chairman's Report

6.1 Verbal Report

noted the Chair's verbal report.

6.2 Correspondence

noted the correspondence report.

7. Chief Executive's Report

noted the Chief Executives Report.

8. Key Items

8.1 International Travel request - 14th Edition World Executive Forum - Healthcare Systems

resolved to approve international travel to enable the Chief Executive to accept an invitation to take part in the 14th Edition World Executive Forum, Healthcare Systems, Montreal, Canada on 11 - 13 November 2019;

noted that this travel was not included in the 2018/19 International Travel Plan which was noted by the Board in February 2018;

noted the cost of travel and accommodation would be covered by PHARMAC; and

noted that, if this proposal is approved, the Chief Executive would provide a report back to the Board following the Forum.

Jens Mueller and Nicole Anderson **(carried)**

9. Schedule and Funding

9.1 Pharmaceutical Transaction and Investment Report

noted the contents of this paper.

9.2 Vaccines RFP

Various Vaccines and Influenza Vaccine RFP Cover Paper

noted the contents of this paper;

noted the three supplementary papers that provide additional detail and analysis of the proposals relating to:

- vaccines with no proposed changes to the brand or eligibility criteria (9.2b);
- vaccines with proposed changes to the funded brand or eligibility criteria (9.2a);
- changing the funded brand of influenza vaccine (9.2c); and

resolved that the consultation on the proposals was appropriate, and no further consultation is required.

In consideration of this paper 9.2 and the supplementary papers 9.2a and 9.2b:

resolved to approve the provisional agreement with GlaxoSmithKline NZ Ltd dated 3 May 2019;

resolved to approve the provisional agreement with Seqirus New Zealand Limited dated 3 May 2019;

resolved to approve the provisional agreement with Sanofi-Aventis Limited dated 30 April 2019; and

resolved to approve the provisional agreement with MSD Pharmaceuticals Ltd dated 7 May 2019.

In consideration of this paper 9.2 and the supplementary paper 9.2c:

resolved to approve the provisional agreement with Seqirus New Zealand Limited dated 8 May 2019.

In consideration of the supplementary paper 9.2a regarding various vaccine changes:

Hepatitis B recombinant vaccine

resolved to accept the proposal from GSK New Zealand Ltd for its brand to be the sole subsidised brand of the Community Pharmaceutical hepatitis B recombinant vaccine (Engerix-B) inj 20 mcg per 1 ml prefilled syringe from 1 October 2020 until 30 June 2024;

resolved to accept the proposal from GSK New Zealand Ltd for its brand to be the Hospital supply Status brand of the Hospital Pharmaceutical hepatitis B recombinant vaccine (Engerix-B) inj 20 mcg per 1 ml prefilled syringe with a 0% DV Limit, from 1 October 2020 until 30 June 2024;

resolved to delist the following brands and presentations of HBvaxPRO vaccine from Part II of Section H and Section I of the Pharmaceutical Schedule on 1 October 2020, as follows:

Chemical	Presentation	Brand	Pack size
Hepatitis B recombinant vaccine	Inj 5 mcg per 0.5 ml vial	HBvaxPRO	1
Hepatitis B recombinant vaccine	Inj 10 mcg per 0.5 ml vial	HBvaxPRO	1
Hepatitis B recombinant vaccine	Inj 40 mcg per 0.5 ml vial	HBvaxPRO	1

Influenza vaccine

resolved to accept the proposal from Seqirus New Zealand Ltd for its brand to be the sole subsidised brand of the Community Pharmacetuical influenza vaccine (Afluria Quad) inj 60 mcg in 0.5 ml syringe (quadrivalent vaccine) from 1 February 2020 until 31 December 2023;

resolved to list Seqirus New Zealand Ltd's influenza vaccine (Afluria Quad) in Part II of Section H of the Pharmaceutical Schedule from 1 February 2020 as follows:

Chemical	Presentation	Brand	Pack size	Subsidy
Influenza vaccine	Inj 60 mcg in 0.5 ml syringe (quadrivalent vaccine)	Afluria Quad	10	$90.00

resolved to delist Influvac Tetra vaccine from Part II of Section H and Section I of the Pharmaceutical Schedule on 1 January 2020, as follows:

Chemical	Presentation	Brand	Pack size
Influenza vaccine	Inj 60 mcg in 0.5 ml syringe (quadrivalent vaccine)	Influvac Tetra	10

Varicella vaccine [Chickenpox vaccine]

resolved to accept the proposal from MSD New Zealand Ltd for its brand to be the sole subsidised brand of the Community Pharmaceutical varicella vaccine [Chickenpox vaccine] (Varivax) inj 1350 PFU prefilled syringe from 1 October 2020 until 30 June 2024;

resolved to accept the proposal from MSD New Zealand Ltd for its brand to be the Hospital supply Status brand of the Hospital Pharmaceutical varicella vaccine [Chickenpox vaccine] (Varivax) inj 1350 PFU prefilled syringe with a 0% DV Limit, from 1 October 2020 until 30 June 2024;

resolved to list MSD New Zealand Ltd's varicella vaccine [Chickenpox vaccine] (Varivax) in Part II of Section H and Section I of the Pharmaceutical Schedule from 1 July 2020 as follows:

Chemical	Presentation	Brand	Pack size	Subsidy
Varicella vaccine	Inj 1350 PFU prefilled syringe	Varivax	1	$0.00
Varicella vaccine	Inj 1350 PFU prefilled syringe	Varivax	10	$0.00

resolved to apply the following Indication restrictions to the inj 1350 PFU prefilled syringe presentation of varicella vaccine [Chickenpox vaccine] (Varivax) in Part II of Section H of the Pharmaceutical Schedule from 1 July 2020:

Restricted
Initiation – primary vaccinations
Therapy limited to 1 dose
Either:

1. Any infant born on or after 1 April 2016; or
2. For previously unvaccinated children turning 11 years old on or after 1 July 2017, who have not previously had a varicella infection (chickenpox).

Initiation – other conditions
Therapy limited to 2 doses
Any of the following:

1. Any of the following:
   For non-immune patients:
   1.1. with chronic liver disease who may in future be candidates for transplantation; or
   1.2. with deteriorating renal function before transplantation; or
   1.3. prior to solid organ transplant; or
   1.4. prior to any elective immunosuppression*, or
   1.5. for post exposure prophylaxis who are immune competent inpatients.; or
2. For patients at least 2 years after bone marrow transplantation, on advice of their specialist, or
3. For patients at least 6 months after completion of chemotherapy, on advice of their specialist, or
4. For HIV positive non immune to varicella with mild or moderate immunosuppression on advice of HIV specialist, or
5. For patients with inborn errors of metabolism at risk of major metabolic decompensation, with no clinical history of varicella, or
6. For household contacts of paediatric patients who are immunocompromised, or undergoing a procedure leading to immune compromise where the household contact has no clinical history of varicella, or
7. For household contacts of adult patients who have no clinical history of varicella and who are severely immunocompromised, or undergoing a procedure leading to immune compromise where the household contact has no clinical history of varicella.

Note: * immunosuppression due to steroid or other immunosuppressive therapy must be for a treatment period of greater than 28 days

resolved to list an “Any Brand” of the following presentation under varicella vaccine [Chickenpox vaccine] in Part II of Section H of the Pharmaceutical Schedule from 1 October 2020 as follows:

VARICELLA VACCINE [CHICKENPOX VACCINE]
➥ Inj 2000 PFU prefilled syringe plus vial

resolved to replace the Indication restriction with the following for varicella vaccine [Chickenpox vaccine] inj 2000 PFU prefilled syringe plus vial in Part II of Section H of the Pharmaceutical Schedule from 1 October 2020:

Restricted
Initiation – infants between 9 and 12 months of age
Therapy limited to 2 doses

Any of the following:

1. Any of the following:
   For non-immune patients:
   1.1. with chronic liver disease who may in future be candidates for transplantation; or
   1.2. with deteriorating renal function before transplantation; or
   1.3. prior to solid organ transplant; or
   1.4. prior to any elective immunosuppression*, or
   1.5. for post exposure prophylaxis who are immune competent inpatients.; or
2. For patients at least 2 years after bone marrow transplantation, on advice of their specialist, or
3. For patients at least 6 months after completion of chemotherapy, on advice of their specialist, or
4. For HIV positive non immune to varicella with mild or moderate immunosuppression on advice of HIV specialist, or
5. For patients with inborn errors of metabolism at risk of major metabolic decompensation, with no clinical history of varicella, or
6. For household contacts of paediatric patients who are immunocompromised, or undergoing a procedure leading to immune compromise where the household contact has no clinical history of varicella, or
7. For household contacts of adult patients who have no clinical history of varicella and who are severely immunocompromised, or undergoing a procedure leading to immune compromise where the household contact has no clinical history of varicella.

Note: * immunosuppression due to steroid or other immunosuppressive therapy must be for a treatment period of greater than 28 days

resolved to apply the following restrictions to varicella vaccine [Chickenpox vaccine] (Varivax) inj 1350 PFU prefilled syringe in Section I of the Pharmaceutical Schedule from 1 July 2020:

Either:

1. Maximum of one dose for primary vaccination for either:
   a. Any infant born on or after 1 April 2016; or
   b. For previously unvaccinated children turning 11 years old on or after 1 July 2017, who have not previously had a varicella infection (chickenpox), or
2. Maximum of two doses for any of the following:
   a. Any of the following for non-immune patients:
      i. with chronic liver disease who may in future be candidates for transplantation; or
      ii. with deteriorating renal function before transplantation; or
      iii. prior to solid organ transplant; or
      iv. prior to any elective immunosuppression*, or
      v. for post exposure prophylaxis who are immune competent inpatients.; or
   b. For patients at least 2 years after bone marrow transplantation, on advice of their specialist, or

c. For patients at least 6 months after completion of chemotherapy, on advice of their specialist, or

d. For HIV positive non immune to varicella with mild or moderate immunosuppression on advice of HIV specialist, or

e. For patients with inborn errors of metabolism at risk of major metabolic decompensation, with no clinical history of varicella, or

f. For household contacts of paediatric patients who are immunocompromised, or undergoing a procedure leading to immune compromise where the household contact has no clinical history of varicella, or

g. For household contacts of adult patients who have no clinical history of varicella and who are severely immunocompromised, or undergoing a procedure leading to immune compromise where the household contact has no clinical history of varicella.

* immunosuppression due to steroid or other immunosuppressive therapy must be for a treatment period of greater than 28 days.

resolved to delist Varilrix vaccine from Part II of Section H and Section I of the Pharmaceutical Schedule on 1 October 2020 as follows:

Chemical	Presentation	Brand	Pack size
varicella vaccine [chickenpox vaccine]	Inj 2000 PFU prefilled syringe plus vial	Varilrix	1
varicella vaccine [chickenpox vaccine]	Inj 2000 PFU prefilled syringe plus vial	Varilrix	10

Adult diphtheria and tetanus vaccine

resolved to delist ADT Booster vaccine from Part II of Section H and Section I of the Pharmaceutical Schedule on 1 October 2020 as follows:

Chemical	Presentation	Brand	Pack size
Adult diphtheria and tetanus vaccine	Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid in 0.5 ml	ADT Booster	5

Diphtheria, tetanus and pertussis vaccine

resolved to accept the proposal from GSK New Zealand Ltd for its brand to be the sole subsidised brand of the Community Pharmaceutical diphtheria, tetanus and pertussis vaccine (Boostrix) Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid, 8 mcg pertussis toxoid, 8 mcg pertussis filamentous haemagluttinin and 2.5 mcg pertactin in 0.5 ml syringe from 1 October 2020 until 30 June 2024;

resolved to accept the proposal from GSK New Zealand Ltd for its brand to be the Hospital Supply Status brand of the Hospital Pharmaceutical diphtheria, tetanus and pertussis vaccine (Boostrix) Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid, 8 mcg pertussis toxoid, 8 mcg pertussis filamentous haemagluttinin and 2.5 mcg pertactin in 0.5 ml syringe with a 0% DV Limit, from 1 October 2020 until 30 June 2024;

resolved to amend the presentation description for diphtheria, tetanus and pertussis vaccine (Boostrix) inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid, 8 mcg pertussis toxoid, 8 mcg pertussis filamentous haemagluttinin and 2.5 mcg pertactin in 0.5 ml syringe in Section I and Part II of Section H of the Pharamceutical Schedule from 1 July 2020 as follows (changes in bold and strikethrough):

> DIPHTHERIA, TETANUS AND PERTUSSIS VACCINE
> Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid, 8 mcg pertussis toxoid, 8 mcg pertussis filamentous **haemagglutinin** ~~haemagluttinin~~ and 2.5 mcg pertactin in 0.5 ml syringe

resolved to amend the Indication restrictions for diphtheria, tetanus and pertussis vaccine in Part II of Section H of the Pharmaceutical Schedule from 1 July 2020 as follows (additions in bold):

> Restricted
> Initiation
> Any of the following:
> 1. A single vaccine for pregnant woman between gestational weeks 28 and 38; or
> 2. A course of up to four vaccines is funded for children from age 7 up to the age of 18 years inclusive to complete full primary immunisation; or
> 3. An additional four doses (as appropriate) are funded for (re-)immunisation for patients post haematopoietic stem cell transplantation or chemotherapy; pre or post splenectomy; pre- or post solid organ transplant, renal dialysis and other severely immunosuppressive regimens; **or**
> 4. **A single dose for vaccination of patients aged 65 years old; or**
> 5. **A single dose for vaccination of patients aged 45 years old who have not had 4 previous tetanus doses; or**
> 6. **For vaccination of previously unimmunised or partially immunised patients; or**
> 7. **For revaccination following immunosuppression; or**
> 8. **For boosting of patients with tetanus-prone wounds.**
>
> Note: Please refer to the Immunisation Handbook for appropriate schedule for catch up programmes.

resolved to amend the restrictions for diphtheria, tetanus and pertussis vaccine in Section I of the Pharmaceutical Schedule from 1 July 2020 as follows (additions in bold):

> Funded for any of the following:
> 1. A single vaccine for pregnant woman between gestational weeks 28 and 38; or
> 2. A course of up to four vaccines is funded for children from age 7 up to the age of 18 years inclusive to complete full primary immunisation; or
> 3. An additional four doses (as appropriate) are funded for (re-)immunisation for patients post haematopoietic stem cell transplantation or chemotherapy; pre or post splenectomy; pre- or post solid organ transplant, renal dialysis and other severely immunosuppressive regimens; **or**
> 4. **A single dose for vaccination of patients aged 65 years old; or**

5. **A single dose for vaccination of patients aged 45 years old who have not had 4 previous tetanus doses; or**
6. **For vaccination of previously unimmunised or partially immunised patients; or**
7. **For revaccination following immunosuppression; or**
8. **For boosting of patients with tetanus-prone wounds.**

Note: Please refer to the Immunisation Handbook for appropriate schedule for catch up programmes.

Pneumococcal (PCV10) conjugate vaccine

resolved to accept the proposal from GSK New Zealand Ltd for its brand to be the sole subsidised brand of the Community Pharmaceutical pneumococcal (PCV10) conjugate vaccine (Syflorix) Inj 1 mcg of pneumococcal polysaccharide serotypes 1, 5, 6B, 7F, 9V, 14 and 23F; 3 mcg of pneumococcal polysaccharide serotypes 4, 18C and 19F in 0.5 ml prefilled syringe from 1 October 2020 until 30 June 2024;

resolved to accept the proposal from GSK New Zealand Ltd for its brand to be the Hospital Supply Status brand of the Hospital Pharmaceutical pneumococcal (PCV10) conjugate vaccine (Syflorix) Inj 1 mcg of pneumococcal polysaccharide serotypes 1, 5, 6B, 7F, 9V, 14 and 23F; 3 mcg of pneumococcal polysaccharide serotypes 4, 18C and 19F in 0.5 ml prefilled syringe with a 0% DV Limit, from 1 October 2020 until 30 June 2024;

resolved to amend the Indication restrictions for pneumococcal (PCV10) conjugate vaccine in Part II of Section H of the Pharmaceutical Schedule from 1 July 2020 as follows (additions in bold, deletions in strikethrough):

Restricted
Initiation
Either:

1. A primary course of ~~four~~ **three** doses for previously unvaccinated individuals up to the age of 59 months inclusive; or
2. Up to ~~three~~ **two** doses as appropriate to complete the primary course of immunisation for individuals under the age of 59 months who have received one to three doses of PCV13.

Note: please refer to the Immunisation Handbook for the appropriate schedule for catch up programmes

resolved to amend the restrictions for pneumococcal (PCV10) conjugate vaccine in Section I of the Pharmaceutical Schedule from 1 July 2020 as follows (additions in bold, deletions in strikethrough):

Either:

1. A primary course of ~~four~~ **three** doses for previously unvaccinated individuals up to the age of 59 months inclusive; or
2. Up to ~~three~~ **two** doses as appropriate to complete the primary course of immunisation for individuals under the age of 59 months who have received one to three doses of PCV13.

Note: please refer to the Immunisation Handbook for the appropriate schedule for catch up programmes.

Meningococcal C conjugate vaccine

resolved to amend the Indication restrictions for meningococcal C conjugate vaccine in Part II of Section H of the Pharmaceutical Schedule from 1 July 2020 as follows (additions in bold, deletions in strikethrough):

> Restricted
> Initiation **– children under 9 months of age**
> Any of the following:
> 1. Up to three doses ~~and a booster every five years~~ for patients pre- and post splenectomy and for patients with functional or anatomic asplenia, HIV, complement deficiency (acquired or inherited), or pre or post solid organ transplant; or
> 2. ~~One dose~~ **Three doses** for close contacts of meningococcal cases; or
> 3. A maximum of ~~two~~ **three** doses for bone marrow transplant patients; or
> 4. A maximum of ~~two~~ **three** doses for patients following immunosuppression*.
>
> Note: children under ~~seven years~~ **nine months** of age require two doses 8 weeks apart, a booster dose **with Meningococcal ACWY vaccine is required** three years after the primary series and then five yearly **with Meningococcal ACWY vaccine**.
> *Immunosuppression due to steroid or other immunosuppressive therapy must be for a period of greater than 28 days.

resolved to amend the restrictions for meningococcal C conjugate vaccine in Section I of the Pharmaceutical Schedule from 1 July 2020 as follows (additions in bold, deletions in strikethrough):

> **Both**
>
> **1. The child is under 9 months of age**
> 2. Any of the following:
> **2.1** Up to three doses ~~and a booster every five years~~ for patients pre- and post splenectomy and for patients with functional or anatomic asplenia, HIV, complement deficiency (acquired or inherited), or pre or post solid organ transplant; or
> **2.2** ~~One dose~~ **Three doses** for close contacts of meningococcal cases; or
> **2.3** A maximum of ~~two~~ **three** doses for bone marrow transplant patients; or
> **2.4** A maximum of ~~two~~ **three** doses for patients following immunosuppression*.
>
> Note: children under ~~seven years~~ **nine months** of age require two doses 8 weeks apart, a booster dose **with Meningococcal ACWY vaccine is required** three years after the primary series and then five yearly **with Meningococcal ACWY vaccine**.
> *Immunosuppression due to steroid or other immunosuppressive therapy must be for a period of greater than 28 days.

Bacillus Calmette-Guerin vaccine

resolved to accept the proposal from Seqirus New Zealand Ltd for its brand to be the sole subsidised brand of the Community Pharmaceutical bacillus calmette-guerin vaccine (BCG Vaccine) inj Mycobacterium bovis BCG (Bacillus Calmette-Guerin), Danish strain 1331, live attenuated, vial with diluent from 1 October 2020 until 30 June 2024;

resolved to accept the proposal from Seqirus New Zealand Ltd for its brand to be the Hospital Supply Status brand of the Hospital Pharmaceutical bacillus calmette-guerin vaccine (BCG Vaccine) inj Mycobacterium bovis BCG (Bacillus Calmette-Guerin), Danish strain 1331, live attenuated, vial with diluent with a 0% DV Limit, from 1 October 2020 until 30 June 2024;

Diphtheria, tetanus, pertussis and polio vaccine

resolved to accept the proposal from GSK New Zealand Ltd for its brand to be the sole subsidised brand of the Community Pharmaceutical diphtheria, tetanus, pertussis and polio vaccine (Infanrix IPV) inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagluttinin, 8 mcg pertactin and 80 D-antigen units poliomyelitis virus in 0.5ml syringe from 1 October 2020 until 30 June 2024;

resolved to accept the proposal from GSK New Zealand Ltd for its brand to be the Hospital Supply Status brand of the Hospital Pharmaceutical diphtheria, tetanus, pertussis and polio vaccine (Infanrix IPV) inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagluttinin, 8 mcg pertactin and 80 D-antigen units poliomyelitis virus in 0.5ml syringe with a 0% DV Limit, from 1 October 2020 until 30 June 2024;

resolved to amend the presentation description for diphtheria, tetanus, pertussis and polio vaccine (Infanrix IPV) inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagluttinin, 8 mcg pertactin and 80 D-antigen units poliomyelitis virus in 0.5ml syringe in Section I and Part II of Section H of the Pharamceutical Schedule from 1 July 2020 as follows (changes in bold and strikethrough):

DIPHTHERIA, TETANUS, PERTUSSIS AND POLIO VACCINE
Inj 30 IU diphtheria toxoid with 30IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous **haemagglutinin** ~~haemagluttinin~~, 8 mcg pertactin and 80 D-antigen units poliomyelitis virus in 0.5 ml syringe

Diphtheria, tetanus, pertussis, polio, hepatitis B and haemophilus influenzae type B vaccine

resolved to accept the proposal from GSK New Zealand Ltd for its brand to be the sole subsidised brand of the Community Pharmaceutical diphtheria, tetanus, pertussis, polio, hepatitis B and haemophilus influenzae type B vaccine (Infanrix-hexa) Inj 30IU diphtheriatoxoid with 40IU tetanustoxoid, 25mcg pertussistoxoid, 25mcg pertussisfilamentoushaemagluttinin, 8 mcgpertactin, 80 D-AgUpoliovirus, 10mcghepatitisBsurfaceantigen in 0.5ml syringe from 1 October 2020 until 30 June 2024;

resolved to accept the proposal from GSK New Zealand Ltd for its brand to be the Hospital Supply Status brand of the Hospital Pharmaceutical diphtheria, tetanus, pertussis, polio, hepatitis B and haemophilus influenzae type B vaccine (Infanrix-hexa) Inj 30IU diphtheriatoxoid with 40IU tetanustoxoid, 25mcg pertussistoxoid, 25mcg pertussisfilamentoushaemagluttinin, 8 mcgpertactin, 80 D-AgUpoliovirus, 10mcghepatitisBsurfaceantigen in 0.5ml syringe with a 0% DV Limit, from 1 October 2020 until 30 June 2024;

resolved to amend the presentation description for diphtheria, tetanus, pertussis, polio, hepatitis B and haemophilus influenzae type B vaccine (Infanrix-hexa) Inj 30IU diphtheriatoxoid with 40IU tetanustoxoid, 25mcg pertussistoxoid, 25mcg pertussisfilamentoushaemagluttinin, 8 mcgpertactin, 80 D-AgUpoliovirus, 10mcghepatitisBsurfaceantigen in 0.5ml syringe in Section I and Part II of Section H of the Pharamceutical Schedule from 1 July 2020 as follows (changes in bold and strikethrough):

DIPHTHERIA, TETANUS, PERTUSSIS, POLIO, HEPATITIS B AND HAEMOPHILUS INFLUENZAE TYPE B VACCINE
Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous **haemagglutinin** ~~haemagluttinin~~, 8 mcg pertactin, 80 D-antigen units poliomyelitis virus, 10 mcg hepatitis B surface antigen in 0.5 ml syringe (1) and inj 10 mcg haemophilus influenzae type B vaccine vial.

Hepatitis A vaccine

resolved to accept the proposal from GSK New Zealand Ltd for its brand to be the sole subsidised brand of the Community Pharmaceutical hepatitis A vaccine (Havrix) inj 1440 ELISA units in 1 ml syringe from 1 October 2020 until 30 June 2024;

resolved to accept the proposal from GSK New Zealand Ltd for its brand to be the Hospital Supply Status brand of the Hospital Pharmaceutical hepatitis A vaccine (Havrix) inj 1440 ELISA units in 1 ml syringe with a 0% DV Limit, from 1 October 2020 until 30 June 2024;

resolved to accept the proposal from GSK New Zealand Ltd for its brand to be the sole subsidised brand of the Community Pharmaceutical hepatitis A vaccine (Havrix Junior) inj 720 ELISA units in 0.5 ml syringe from 1 October 2020 until 30 June 2024;

resolved to accept the proposal from GSK New Zealand Ltd for its brand to be the Hospital Supply Status brand of the Hospital Pharmaceutical hepatitis A vaccine (Havrix Junior) inj 720 ELISA units in 0.5 ml syringe with a 0% DV Limit, from 1 October 2020 until 30 June 2024;

Human papillomavirus (6, 11, 16, 18, 31, 33, 45, 52 and 58) vaccine [HPV]

resolved to accept the proposal from Seqirus New Zealand Ltd for its brand to be the sole subsidised brand of the Community Pharmaceutical human papillomavirus (6, 11, 16, 18, 31, 33, 45, 52 and 58) vaccine [HPV] (Gardasil 9) inj 270 mg in 0.5 ml syringe from 1 October 2020 until 30 June 2024;

resolved to accept the proposal from Seqirus New Zealand Ltd for its brand to be the Hospital Supply Status brand of the Hospital Pharmaceutical human papillomavirus (6, 11, 16, 18, 31, 33, 45, 52 and 58) vaccine [HPV] (Gardasil 9) inj 270 mg in 0.5 ml syringe with a 0% DV Limit, from 1 October 2020 until 30 June 2024;

Measles, mumps and rubella vaccine

resolved to accept the proposal from GSK New Zealand Ltd for its brand to be the sole subsidised brand of the Community Pharmaceutical measles, mumps and rubella vaccine (Priorix) inj, measles virus 1,000 CCID50, mumps virus 5,012 CCID50, Rubella virus 1,000 CCID50; prefilled syringe/ampoule of diluent 0.5 ml to have Sole Supply Status from 1 October 2020 until 30 June 2024;

resolved to accept the proposal from GSK New Zealand Ltd for its brand to be the Hospital Supply Status brand of the Hospital Pharmaceutical measles, mumps and rubella vaccine (Priorix) inj, measles virus 1,000 CCID50, mumps virus 5,012 CCID50, Rubella virus 1,000 CCID50; prefilled syringe/ampoule of diluent 0.5 ml with a 0% DV Limit, from 1 October 2020 until 30 June 2024;

Meningococcal (groups A, C, Y and W-135) conjugate vaccine

resolved to accept the proposal from Sanofi-Aventis New Zealand Ltd for its brand to be the sole subsidised brand of the Community Pharmaceutical meningococcal (groups A, C, Y and W-135) conjugate vaccine (Menactra) inj 4 mcg of each meningococcal polysaccharide conjugated to a total of approximately 48 mcg of diphtheria toxoid carrier per 0.5 ml vial from 1 October 2020 until 30 June 2024;

resolved to accept the proposal from Sanofi-Aventis New Zealand Ltd for its brand to be the Hospital Supply Status brand of the Hospital Pharmaceutical meningococcal (groups A, C, Y and W-135) conjugate vaccine (Menactra) inj 4 mcg of each meningococcal polysaccharide conjugated to a total of approximately 48 mcg of diphtheria toxoid carrier per 0.5 ml vial with a 0% DV Limit, from 1 October 2020 until 30 June 2024;

Pneumococcal (PPV23) polysaccharide vaccine

resolved to accept the proposal from MSD New Zealand Ltd for its brand to be the sole subsidised brand of the Community Pharmaceutical pneumococcal (PPV23) polysaccharide vaccine (Pneumovax 23) inj 575 mcg in 0.5 ml prefilled syringe (25 mcg of each 23 pneumococcal serotype) from 1 October 2020 until 30 June 2024;

resolved to accept the proposal from MSD New Zealand Ltd for its brand to be the Hospital Supply Status brand of the Hospital Pharmaceutical pneumococcal (PPV23) polysaccharide vaccine (Pneumovax 23) inj 575 mcg in 0.5 ml prefilled syringe (25 mcg of each 23 pneumococcal serotype) with a 0% DV Limit, from 1 October 2020 until 30 June 2024;

Poliomyelitis vaccine

resolved to accept the proposal from Sanofi-Aventis New Zealand Ltd for its brand to be the sole subsidised brand of the Community Pharmaceutical poliomyelitis vaccine (IPOL) inj 80D antigen units in 0.5 ml syringe to have Sole Supply Status from 1 October 2020 until 30 June 2024;

resolved to accept the proposal from Sanofi-Aventis New Zealand Ltd for its brand to be the Hospital Supply Status brand of the Hospital Pharmaceutical poliomyelitis vaccine (IPOL) inj 80D antigen units in 0.5 ml syringe with a 0% DV Limit, from 1 October 2020 until 30 June 2024;

Rotavirus oral vaccine

resolved to accept the proposal from GSK New Zealand Ltd for its brand to be the sole subsidised brand of the Community Pharmaceutical rotavirus oral vaccine (Rotarix) oral susp live attenuated human rotavirus 1,000,000 CCID50 per dose, prefilled oral applicator from 1 October 2020 until 30 June 2024;

resolved to accept the proposal from GSK New Zealand Ltd for its brand to be the Hospital Supply Status brand of the Hospital Pharmaceutical rotavirus oral vaccine (Rotarix) oral susp live attenuated human rotavirus 1,000,000 CCID50 per dose, prefilled oral applicator with a 0% DV Limit, from 1 October 2020 until 30 June 2024;

Tuberculin PPD [Mantoux] test

resolved to accept the proposal from Sanofi-Aventis New Zealand Ltd for its brand to be the sole subsidised brand of the Community Pharmaceutical Tuberculin PPD [Mantoux] test (Tubersol) inj 5 TU per 0.1 ml, 1 ml vial from 1 October 2020 until 30 June 2024; and

resolved to accept the proposal from Sanofi-Aventis New Zealand Ltd for its brand to be the Hospital Supply Status brand of the Hospital Pharmaceutical Tuberculin PPD [Mantoux] test (Tubersol) inj 5 TU per 0.1 ml, 1 ml vial with a 0% DV Limit, from 1 October 2020 until 30 June 2024.

Proposal for the supply of various vaccines with proposed changes to the funded brand or eligibility criteria and to decline bids for various other vaccines

noted the summary of information about the proposed changes to eight vaccines.

Proposal for the supply of various vaccines with no proposed changes to the funded brand or eligibility criteria

noted the summary of information about the proposed supply of vaccines with no changes to funded brand or eligibility criteria.

Proposal for changing the funded brand of influenza vaccine

noted the summary of information about the proposed supply of influenza vaccine for the 2020-2023 influenza seasons

Ross Lawrenson and Jens Mueller **(carried)**

9.3 Medical Devices Transaction and Investment Report

noted the contents of this paper.

10. Strategic Planning and Policy

10.1 Data and Information Strategy

noted the contents of this paper; and

noted that staff intend to report back on the progress in implementing the Data and Information Strategy in 6 months.

10.2 Improving Inbound Pharmaceutical Data

noted the contents of this paper.

11. Regular Reports and Noting Papers

11.1 Prioritisation Report - June 2019

noted the prioritisation report.

11.2 Communications Report

noted the content of the Communications Report covering May 2019.

11.3 Risk report

noted the contents of this report.

11.4 Summary of Decisions Made Under Delegated Authority – May 2019

noted the summary of decisions made by PHARMAC staff during May 2019 under Delegated Authority.

12. Interest Articles

13. General Business

Date of Next Meeting

The date for the next Board meeting is set for Friday 26 July 2019 in Wellington, commencing with the Directors only from 9.30am, and attendees and relevant staff from 10.00am.

The meeting closed at 1.56pm.

Chair: Date: