NOTIFICATION

PHARMAC
Pharmaceutical Management Agency

29 January 2013

Decisions relating to hospital medicines funding

PHARMAC is pleased to announce that the first set of decisions have been made to establish a nationally-consistent list of medicines to be funded within DHB hospitals. This proposal was the subject of a consultation letter dated 3 August 2012.

These decisions establish the first two (of sixteen) 'therapeutic groups' that will make up the list of medicines to be funded in DHB hospitals, which will be contained in Section H of the Pharmaceutical Schedule. These two groups, the Cardiovascular System and the Musculoskeletal System, primarily relate to pharmaceuticals used within cardiology and rheumatology.

All of the consultation letters relevant to this work are available on PHARMAC's website:

www.pharmac.govt.nz/HospitalPharmaceuticals

Details of the decision

Following consultation, we made the following changes to the proposal:

- The prescribing restrictions for captopril oral liquid have been amended to allow for use in tube-fed patients.
- The prescribing restrictions for pulmonary arterial hypertension (PAH) treatments (sildenafil, ambrisentan, bosentan and iloprost nebuliser solution) have been amended to include their use for 'in-hospital stabilisation in emergency situations' without needing prior approval from the PAH Panel.
- The criteria for sildenafil been further amended to include use for cardiac surgery, and for use in intensive care as an alternative to nitric oxide.
- Prescribing restrictions for hydralazine have been applied to the tablet form only, not to the injection.
- The metolazone criteria have been amended to reflect the current Discretionary Community Supply criteria, which are wider than the criteria that were included in the consultation document.
- The range of clonidine injections that has been included is less than was indicated in the consultation document. We were informed that those centres that had previously used the 1.5 mg per ml strengths of clonidine injection had all recently ceased using it.
- Corrections have been made to the strengths of ephedrine syringes and propranolol oral liquid.

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- Infliximab has been included in the list for use in the treatment of rheumatoid arthritis, psoriatic arthritis and ankylosing spondylitis.

Other than these changes, the decision reflects what was proposed in the consultation document.

Other decisions

As a consequence of the funding decisions for these products in DHB hospitals, we have decided to extend the funding of some of these agents into the community Schedule (Section B of the Schedule), to enable patients to access these pharmaceuticals from a community pharmacy, as follows:

- Metolazone (tab 5 mg) will be subsidised in the community from 1 April 2013 with a CBS (Cost-Brand Source of Supply) subsidy under the following Special Authority restriction:

  Initial application from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

  Either:

  1 For the treatment of heart failure in patients who are intolerant or have not responded to ACE inhibitors and/or angiotensin receptor blockers; or,
  2 For the treatment of heart failure, in patients in whom treatment with ACE inhibitors and/or angiotensin receptor blockers is not tolerated due to renal impairment.

- Hydralazine tab 25 mg will also be subsidised in the community from 1 April 2013 with a CBS subsidy under Special Authority restriction:

  Initial application from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

  Either:

  1 For the treatment of refractory hypertension; or
  2 For the treatment of heart failure in combination with a nitrate, in patients who are intolerant or have not responded to ACE inhibitors and/or angiotensin receptor blockers.

- Propranolol oral liquid (4 mg per ml) will be subsidised in the community from 1 April 2013 with a CBS subsidy under the following Special Authority restriction:

  Initial application from any relevant practitioner. Approvals valid for 2 years for applications meeting the following criteria:

  Either:

  1 For the treatment of a child under 12 years with an haemangioma causing functional impairment (not for cosmetic reasons only); or
  2 For the treatment of a child under 12 years with cardiac arrhythmias or congenital cardiac abnormalities.

Renewal application from any relevant practitioner. Approvals valid for 2 years for applications meeting the following criteria:

Either:

1 For the treatment of a child under 12 years with an haemangioma causing functional impairment (not for cosmetic reasons only); or

2 For the treatment of a child under 12 years with cardiac arrhythmias or congenital cardiac abnormalities.

We have also recently made some other funding decisions for community pharmaceuticals that are relevant to these therapeutic groups. As these will now be funded in the community, they will also be available for use in DHB hospitals under the same criteria from 1 July 2013:

- Nicorandil has been funded in the community under Special Authority restriction since 1 October 2013.
- Capsaicin 0.025% cream (Zostrix) will be funded in the community under Special Authority restriction for osteoarthritis from 1 February 2013.
- We have made a decision to fund sildenafil for the treatment of Raynaud's phenomenon under Special Authority restriction from 1 March 2013.

Feedback received

We appreciate all of the feedback that we received and acknowledge the time people took to respond. All consultation responses received by 7 September were considered in their entirety in making a decision on the proposal. The following issues were raised in relation to specific aspects of the proposal:

Theme	Comment
Respondents requested that several long-term treatments, such as benzbromarone, febuxostat, rosuvastatin, ranolazine and vernakalant be included in Section H.	Our view is that treatments such as these should only be included in Section H if they are also funded in Section B. That is, the funding decision should be led by the community. Details of outstanding applications can be found at: **www.pharmac.govt.nz/ApplicationTracker** Note that we are currently consulting on a proposal to subsidise benzbromarone.
Some respondents requested that additional oral liquid preparations should be include in Section H.	We note that oral liquid preparations can be compounded from solid dose forms if the components are included in Section H, and that standard formulae for many of these are available on the Emixt website.
Respondents suggested that guanethidine injection be included for the management of complex regional pain syndrome.	We will be considering this issue further over the next few months.
One respondent requested that lignocaine with dextrose IV bags be included.	The Cardiovascular Subcommittee has advised us that these are not needed. However, we will consider this further over the coming months.

Theme	Comment
One respondent considered that some privately-funded items should be available in DHB hospitals on a 'continuation only' basis.	The Pharmaceutical Schedule rules for hospital pharmaceuticals are still being developed, and we are considering the inclusion of a continuation rule for privately funded medications.
Several respondents considered that there is a need to access PAH treatments before approval can be gained from the PAH Panel.	We have amended the criteria for access to these treatments to provide for such use.
Respondents noted that there is some peri-operative use of oral COX-2 inhibitors in DHB hospitals, and requested that these be included for this purpose.	We will be considering this issue further over the next few months.
Some respondents requested that other biologic agents, such as abatacept, golimumab and tocilizumab to be included for rheumatology use.	We note that these are not widely used in DHB hospitals at the moment, and will consider these as new funding proposals. One or more of these may still ultimately be included in Section H at a later time.
Respondents requested that several off-label uses for TNF inhibitors and rituximab be included in the prescribing criteria for these agents.	The funding criteria for the TNF inhibitors and rituximab (within the scope of rheumatology) are consistent with the advice from the Rheumatology Subcommittee; however we have begun evaluating funding applications for a number of off-label uses of biologics, and may include some of these in Section H in the future. In the meantime, use outside these criteria would still be available for some patients under a case-by-case exceptions scheme.
Some respondents requested that topical treatments such as diclofenac gel or arnica cream be included.	Our view is that treatments such as these should only be included in Section H if they are also funded in Section B. That is, the funding decision should be led by the community.

More information

A list of all products considered under these two therapeutic groups is available on our website, and will be updated as further decisions are notified:

www.pharmac.govt.nz/HospitalPharmaceuticals

If you have any questions about these decisions, you can call our toll free number (9 am to 5 pm, Monday to Friday) on 0800 66 00 50.