NOTIFICATION

PHARMAC
Pharmaceutical Management Agency

24 April 2013

Decisions relating to hospital medicines funding

PHARMAC is pleased to announce that a further decision has been made to establish a nationally-consistent list of medicines to be funded within DHB hospitals. This decision relates to a consultation letter dated 19 November 2012.

These decisions establish a further four (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: Dermatologicals, the Genito-Urinary System, Hormone Preparations and the Nervous System.

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

www.pharmac.health.nz/medicines/hospital-pharmaceuticals

Details of the decision

Following consultation, some changes were made to the proposal. Additional items to be listed in Section H are:

- methohexital (methohexitone);
- betamethasone sodium phosphate injection and tablets;
- prilocaine with felypressin dental cartridges;
- mepivacaine dental cartridges;
- cocaine with adrenaline paste;
- additional presentations of fentanyl (20 mcg per ml, 100 ml bag; 10 mg per ml, 10 ml syringe);
- sucrose 25% oral liquid;
- an additional presentation of ketamine (4 mg per ml, 50 ml syringe);
- additional presentations of bupivacaine with fentanyl (bupivacaine 0.625 mg with fentanyl 2 mcg per ml, 100 ml bag; bupivacaine 1.25 mg with fentanyl 2 mcg per ml, 100 ml syringe)
- a 15% strength of cocaine solution;
- an additional presentation of morphine sulphate (1 mg per ml, 2 ml syringe); and
- additional presentations of pethidine (10 mg per ml, 100 ml bag; 5 mg per ml, 10 ml syringe).

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

Level 9, 40 Mercer Street, PO Box 10-254, Wellington 6143, New Zealand
Phone: 64 4 460 4990 - Fax: 64 4 460 4995 - www.pharmac.govt.nz

Feedback received

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

Feedback	Discussion
Dermatologicals	
Responders questioned the status of betamethasone dipropionate with calcipotriol (Daivobet) as it was not included in the consultation document.	We note that this is listed in Section B of the Schedule and is proposed for inclusion in Section H. The omission from the consultation document was an oversight.
Some responders requested that Janola (sodium hypochlorite) be included.	We will be giving further consideration to a number of disinfecting agents, including sodium hypochlorite, over the next few months and anticipate including a range of them in Section H.
Some responders requested that 1% hydrocortisone cream be included.	Hydrocortisone cream is a compounded product (from hydrocortisone powder), and so does not need to be specifically listed in Section H.
One responder requested potassium permanganate crystals be included.	Our advice has been that either the tablets or crystals would be clinically appropriate, and that due to handling issues only the tablets should be listed.
Responders requested additional topical products, such as Seruca Extra Protective Cream, Seruca Moisturising cleanser and Cavilon Durable Barrier Cream be included.	Our advice is that the range of barrier creams and emollients included in the current list is sufficient to provide a wide range of options for hospital use. However, we will be willing to consider further amendments to this list at a later point in time, and would welcome a funding application for any of these.
Responders requested that heparinoid cream be included.	The Dermatology Subcommittee recommended against including heparinoid cream, owing to a lack of evidence in support of its use, however we would welcome a funding application for this product.
Responders requested the inclusion of other dermatological products, such as pimecrolimus, cetrimide shampoo, an antiseptic bath emollient and ustekinumab.	Our view is that treatments such as these should only be included in Section H if they are also funded in Section B of the Schedule. That is, the funding decision should be led by the community.

Feedback	Discussion
Genito-Urinary System	
Some responders requested the levonorgestrel intrauterine system be available for a number of indications including the management of menstrual bleeding, adenomyosis, endometriosis, dysmenorrhea and long term contraception.	We are currently considering widening access to the levonorgestrel intrauterine system and anticipate notifying any changes later this month.
One DHB requested that clotrimazole pessaries be included for use in pregnancy.	Our view is that this is a community funding issue, and that these should only be included in Section H if they are also subsidised in the community; however, we will be considering this request further over the coming months.
Two responders requested potassium citrate tablets be listed for treatment of adult patients. One responder suggested the Special Authority criteria for potassium citrate is too restrictive and should be amended to remove the restriction that patients have had two or more renal stones.	We have considered potassium citrate tablets previously, however there is a significant price differential between the liquid and the tablets and there are no registered tablets available in New Zealand. We would be pleased to consider widening access to potassium citrate on receipt of an application to do so.
Hormone Preparations	
Responders requested that liothyronine be included.	Out clinical advice to date has been not to list liothyronine tablets, and that access should remain through the NPPA pathway.
One responder requested the use of zoledronic acid for treatment of osteogenesis imperfecta.	We will be considering this request further over the next few months.
One responder raised the issue of continuing supply of fertility pharmaceuticals.	We note that some DHB hospitals provide fertility services under contract to the Ministry of Health, and this is proposed to be an exemption under the Schedule rules.
One responder requested that nandrolone be listed for use in the ICU setting for the treatment of muscle wasting.	We note that the supplier of nandrolone discontinued it in 2012 due to low use and manufacturing problems affecting international distribution; however we will endeavour to list an alternative product once supply can be found. In the meantime, applications would be able to be made under NPPA.
Two responders queried the absence of carbetocin for the prevention of uterine atony and excessive bleeding after elective caesarean section.	Our clinical advice is that carbetocin should only be listed in Section H if it is cost-neutral compared with oxytocin.

Feedback	Discussion
One responder enquired if PHARMAC intends to list risedronate tablets in Section H.	Risedrondate tablets will be listed in both the community and hospital following registration.
A responder requested that PDE-5 inhibitors and intracavernosal alprostadil be included for erectile dysfunction in spinal cord injury patients.	Our view is that this is a community funding issue, and that these should only be included in Section H if they are also subsidised in the community. We would welcome a funding application for inclusion of these in the Schedule.
Responders requested modifications to the Special Authority criteria for the bisphosphonates.	We would welcome a funding application for this.
Responders provided feedback regarding other products such as ferric subsulfate, megestrol and iodine tablets.	These products have all been considered as part of other therapeutic groups, and it is our intention that they would all be included in Section H.
Nervous System	
A number of responders requested that melatonin be available for help with sleep/night time sedation instead of benzodiazepines in hospitalised patients, including in children (including but not limited to those with autism, intellectual disabilities, mental illness, challenging behaviours) and in adults where tolerance to benzodiazepines has developed, in the elderly and in the ICU	PHARMAC staff are currently working through a community listing proposal and, at the same time, will consider which in-hospital uses may be appropriate for melatonin. We anticipate resolving this prior to 1 July 2013.
One responder requested that domperidone suppository be included on the list to provide a second antinausea suppository option (i.e. in addition to prochlorperazine suppositories).	Domperidone 30 mg suppositories are available overseas but this presentation is not registered for use in New Zealand. We intend to take advice from the Analgesic Subcommittee of PTAC as to the need for this presentation in New Zealand.
Several responders requested that methoxyflurane be available as an adjunct analgesic for office-based gynaecologic surgical procedures.	We are currently consulting on a proposal to list methoxyflurane in Section H.
Several responders requested that nicotine inhalers be available for urge control in hospitalised patients who are not intending to quit smoking and in the emergency department.	We have received a funding application for nicotine inhalers and oral spray; this will be considered by PTAC at its May 2013 meeting.

Feedback	Discussion
One responder requested that aprepitant be made available for all hospitalised patients (i.e. not just those undergoing highly emetogenic cancer treatment).	We have not considered the use of aprepitant in the wider setting but would be pleased to consider widening access on receipt of an application to do so.
Some responders requested that hyoscine patches be available with wider access than proposed.	We have not considered the use of hyoscine for wider use, but would be pleased to consider widening access on receipt of an application to do so.
Responders requested that buprenorphine sublingual tablets be made available for women managed on Suboxone (buprenorphine with naloxone) who fall pregnant and in whom methadone is not appropriate.	We intend to seek advice from the Mental Health Subcommittee of PTAC about this at its next meeting.
Responders requested that diazepam liquid be included in the list as they consider it is less easily diverted than the tablets.	We note that diazepam liquid can be extemporaneously compounded, with a standard formulation available on the PharmInfoTech website.
One responder requested that zuclopenthixol decanoate 500 mg/ml be available to aid compliance in patients on high-dose depot antipsychotic.	We note that the Mental Health Subcommittee has previously advised against listing this presentation, however we will raise this again with the Subcommittee at its next meeting.
One responder requested that amethocaine gel 4% be available for use in paediatrics as it has a faster onset of action than prilocaine.	We will be seeking advice from PTAC on this product at its May 2013 meeting.
One responder requested that benzocaine 20% topical gel be made available for dentistry for use as topical anaesthesia prior to injections (in children, anxious patients, etc).	We will be seeking advice from PTAC on this product at its May 2013 meeting.
Responders requested that pimozide be available for use as an antipsychotic where other agents are not tolerated.	We note that pimozode has been discontinued in New Zealand; however, we remain open to relisting this agent should a registered version of pimozide become available.
Responders requested that prefilled syringes of suxamethonium be included.	We note that as these are drawn up from ampoules (which are to be included in Section H) specifically listing the syringes is not necessary.
Responders noted that COX-2 inhibitors and gabapentin are used in the surgical setting.	We are currently consulting on a proposal to list COX-2 inhibitors and gabapentin for surgical use.

Feedback	Discussion
One responder requested the use of trihexyphenidyl for use in paediatric neurology for tremor and spasms.	We would welcome a funding application such use; in the meantime applications would be able to be made under NPPA.
One DHB noted that it is currently using a proprietary levetiracetam liquid in preference to a compounded version, and that the proprietary version is not proposed for inclusion.	We note that funded levetiracetam liquid in the community is extemporaneously compounded, and consider it appropriate for this to be consistent between the hospital and community settings.
Responders noted that rituximab and alemtuzumab are used in the paediatric setting for refractory multiple sclerosis.	We would welcome a funding application such use; in the meantime applications would be able to be made under NPPA.
There were a number of other responses relating to pharmaceuticals in the Nervous System section that we consider are primarily for community use, such as buprenorphine patches, paliperidone, duloxetine, Alzheimer's treatments, olanzapine, natalizumab and pregabalin.	We consider that such decisions should be led by the community Schedule, and we note that we have funding applications for many of these products.

More information

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

www.pharmac.health.nz/medicines/hospital-pharmaceuticals

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.

If you would like to submit a funding application for anything raised in this document, or for any matter, information on this process can be found on our website at:

www.pharmac.health.nz/medicines/how-medicines-are-funded/new-funding-applications