NOTIFICATION

PHARMAC
Pharmaceutical Management Agency

11 May 2015

Decision to list tobramycin powder and widen access to clarithromycin infusion

PHARMAC is pleased to announce a decision to list tobramycin powder and widen access to clarithromycin infusion. In summary, the effect of the decision is that:

- tobramycin powder will be listed in Part II of Section H of the Pharmaceutical Schedule for use in orthopaedic bone cement from 1 June 2015; and
- clarithromycin infusion will be available in Part II of Section H of the Pharmaceutical Schedule as a first-line macrolide for community-acquired pneumonia from 1 June 2015.

This was the subject of a consultation letter dated 10 October 2014 which is available online at: www.pharmac.health.nz/news/consultation-2014-10-10-hml-clarithromycin-tobramycin/

This decision will allow access to tobramycin powder for addition to orthopaedic bone cement and follows requests from DHB clinicians that access be granted in this situation. In relation to clarithromycin, this decision is expected to reduce administration costs for DHB hospitals due to the reduced number of infusions required compared to IV erythromycin.

Details of the decision

Tobramycin

- Tobramycin powder will be listed in Part II of Section H (HML; Hospital Medicines List) of the Pharmaceutical Schedule from 1 June 2015 as follows:

  TOBRAMYCIN
  Powder

  RESTRICTED

  For addition to orthopaedic bone cement

- Tobramycin powder is registered in some countries, but not in New Zealand. In countries where it is registered, it does not have a registered indication for adding to bone cement. In New Zealand, tobramycin powder can be prescribed and supplied to individual patients in accordance with the relevant provisions of the Medicines Act 1981.
- PHARMAC has not entered into a provisional agreement for the supply and listing of tobramycin powder, so the listing of this pharmaceutical in Part II of Section H of the Pharmaceutical Schedule does not guarantee DHB Hospitals price or availability.

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Clarithromycin

- From 1 June 2015, the restriction applying to clarithromycin infusion (inj 500 mg vial) in Part II of Section H of the Pharmaceutical Schedule will be amended as follows (deletion in strikethrough):

  Infusion
  1. Atypical mycobacterial infection; or
  2. *Mycobacterium tuberculosis* infection where there is drug resistance or intolerance to standard pharmaceutical agents; or
  3. Community-acquired pneumonia ~~(clarithromycin is not to be used as the first-line macrolide)~~.

Feedback received

We appreciate all of the feedback that we received and acknowledge the time people took to respond. All consultation responses received by 24 October 2014 were considered in their entirety in making a decision on the proposed changes. Most responses were supportive of the proposal, and the following issue was raised in relation to a specific aspect of the proposal:

Theme	Comment
Feedback from an Infectious Disease Pharmacist that erythromycin is sufficient as a 1st line IV macrolide and clarithromycin is not indicated.	PHARMAC notes the clinical advice that we received from the Anti-Infective Subcommittee of PTAC indicating that there would be no clinical issues with the use of clarithromycin as a first-line macrolide in hospitals for community-acquired pneumonia and this would be appropriate treatment.

More information

If you have any questions about this decision, you can email us at enquiry@pharmac.govt.nz or call our toll free number (9 am to 5 pm, Monday to Friday) on 0800 66 00 50.