PHARMAC
TE PĀTAKA WHAIORANGA

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Pharmaceutical Management Agency (Pharmac)

Minutes of the Out of Cycle Board Meeting

Held on 7 March 2024 at 2.00pm via Microsoft Teams

Present:

Board members

Dr Peter Bramley (BSc (Hon), LL.B, PhD)	Acting Chair
Talia Anderson-Town (BBS, PG Dip Professional Accounting, CA, CPP)	Board member
Dr Anthony Jordan (BHB, MBChB, FRACP)	Board member
Dr Diana Siew (PhD)	Board member
Dr Margaret Wilsher (MD, FRACP, FRACMA)	Board member

Apologies Nil

Pharmac staff in attendance

Sarah Fitt	Chief Executive
Geraldine MacGibbon	Director, Pharmaceuticals
David Hughes	Director, Advice and Assessment/CMO
Jacqui Webber	Minute taker

Attendees joined the meeting to present their paper: Adrienne Martin and Andrew Oliver.

The meeting commenced at 2.05pm with the Chair welcoming everyone. He handed over to staff to present their paper.

Proposal to remove the Xpharm restriction from some childhood vaccines

The Board considered a proposal to remove the Xpharm restriction from six childhood vaccines in the Pharmaceutical Schedule, from 1 April 2024. Removing the Xpharm restriction would enable pharmacist vaccinators to claim reimbursement for these, as part of the childhood immunisation schedule. The proposal was developed in collaboration with Health New Zealand to help address low childhood immunisation rates.

The Board also considered a related proposal to enable direct provision of paracetamol oral liquid by pharmacists to infants being vaccinated with meningococcal B vaccine. This was proposed in response to feedback received from consultation on removal of the Xpharm restriction.

The Board noted the large number of consultation responses and the proposed plans to address the points raised, including through Health New Zealand's implementation plan. The Board was supportive of the initiative from Health New Zealand to improve childhood vaccination rates.

The Board:

- **noted** the contents of the paper;
- **resolved** to approve the amendments to the Pharmaceutical Schedule listings, as set out:
    - ***Diphtheria, tetanus, pertussis and polio vaccine***

      resolved to remove the Xpharm restriction from Diphtheria, tetanus, pertussis and polio vaccine in Section I of the Pharmaceutical Schedule from 1 April 2024;

resolved to amend the restrictions for Diphtheria, tetanus, pertussis and polio vaccine in Section I of the Pharmaceutical Schedule from 1 April 2024 as follows (additions in bold, deletions in strikethrough):

a) Only on a prescription
b) No patient co-payment payable
c)

A) Funded for any of the following:
1) A single dose for children up to the age of 7 who have completed primary immunisation; or
2) A course of four vaccines is funded for catch up programmes for children (to the age of 10 years) to complete full primary immunisation; or
3) An additional four doses (as appropriate) are funded for (re-)immunisation for **people** ~~patients~~ post HSCT, or chemotherapy; pre- or post splenectomy; pre- or post solid organ transplant, renal dialysis and other severely immunosuppressive regimens; or
4) Five doses will be funded for children requiring solid organ transplantation.

B) Contractors will be entitled to claim payment from the Funder for the supply of Diphtheria, tetanus, pertussis and polio vaccine to people eligible under the above criteria pursuant to their contract with Health New Zealand -Te Whatu Ora for subsidised immunisation, and they may only do so in respect of the Diphtheria, tetanus, pertussis and polio vaccine listed in the Pharmaceutical Schedule.

C) Contractors may only claim for populations within the criteria that are covered by their contract, which may be a sub-set of the population described in paragraph A above.

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

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

resolved to remove the Xpharm restriction from Diphtheria, tetanus, pertussis, polio, hepatitis B and haemophilus influenzae type b vaccine in Section I of the Pharmaceutical Schedule from 1 April 2024;

resolved to amend the restrictions for Diphtheria, tetanus, pertussis, polio, hepatitis B and haemophilus influenzae type b vaccine in Section I of the Pharmaceutical Schedule from 1 April 2024 as follows (additions in bold, deletions in strikethrough):

a) Only on a prescription
b) No patient co-payment payable
c)

A) Funded for **children** ~~patients~~ meeting any of the following criteria:
1) Up to four doses for children up to and under the age of 10 for primary immunisation; or
2) An additional four doses (as appropriate) are funded for (re-)immunisation for children up to and under the age of 10 who are 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
3) Up to five doses for children up to and under the age of 10 receiving solid organ transplantation.

B) Contractors will be entitled to claim payment from the Funder for the supply of Diphtheria, tetanus, pertussis, polio, hepatitis B and haemophilus influenzae type b vaccine to people eligible under the above criteria pursuant to their contract with

Health New Zealand -Te Whatu Ora for subsidised immunisation, and they may only do so in respect of the Diphtheria, tetanus, pertussis, polio, hepatitis B and haemophilus influenzae type b vaccine listed in the Pharmaceutical Schedule.

C) Contractors may only claim for populations within the criteria that are covered by their contract, which may be a sub-set of the population described in paragraph A above.

Note: A course of up-to four vaccines is funded for catch up programmes for children (up to and under the age of 10 years) to complete full primary immunisation. Please refer to the Immunisation Handbook for the appropriate schedule for catch up programmes.

- ***Haemophilus influenzae type b vaccine***

resolved to remove the Xpharm restriction from Haemophilus influenzae type b vaccine in Section I of the Pharmaceutical Schedule from 1 April 2024;

resolved to amend the restrictions for Haemophilus influenzae type b vaccine in Section I of the Pharmaceutical Schedule from 1 April 2024 as follows (additions in bold, deletions in strikethrough):

a) Only on a prescription
b) No patient co-payment payable
c)

A) One dose for **people** ~~patients~~ meeting any of the following:
1) For primary vaccination in children; or
2) An additional dose (as appropriate) is funded for (re-)immunisation for **people** ~~patients~~ post haematopoietic stem cell transplantation, or chemotherapy; functional asplenic; pre or post splenectomy; pre- or post solid organ transplant, pre or post cochlear implants, renal dialysis and other severely immunosuppressive regimens; or
3) For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.

B) Contractors will be entitled to claim payment from the Funder for the supply of Haemophilus influenzae type b vaccine to people eligible under the above criteria pursuant to their contract with Health New Zealand -Te Whatu Ora for subsidised immunisation, and they may only do so in respect of the Haemophilus influenzae type b vaccine listed in the Pharmaceutical Schedule.

C) Contractors may only claim for populations within the criteria that are covered by their contract, which may be a sub-set of the population described in paragraph A above.

- ***Pneumococcal conjugate vaccine***

resolved to remove the Xpharm restriction from Pneumococcal (PCV13) conjugate vaccine in Section I of the Pharmaceutical Schedule from 1 April 2024;

resolved to amend the restrictions for Pneumococcal (PCV13) conjugate vaccine in Section I of the Pharmaceutical Schedule from 1 April 2024 as follows (additions in bold):

a) Only on a prescription
b) No patient co-payment payable
c)

A) Any of the following:
1) A course of three doses for previously unvaccinated children up to the age of 59 months inclusive; or

2) Two doses are funded for high risk individuals (over the age of 12 months and under 18 years) who have previously received two doses of the primary course of PCV10; or
3) Up to an additional four doses (as appropriate) are funded for the (re)immunisation of high risk children aged under 5 years with any of the following:
   a) on immunosuppressive therapy or radiation therapy, vaccinate when there is expected to be a sufficient immune response; or
   b) primary immune deficiencies; or
   c) HIV infection; or
   d) renal failure, or nephrotic syndrome; or
   e) who are immune-suppressed following organ transplantation (including haematopoietic stem cell transplant); or
   f) cochlear implants or intracranial shunts; or
   g) cerebrospinal fluid leaks; or
   h) receiving corticosteroid therapy for more than two weeks, and who are on an equivalent daily dosage of prednisone of 2 mg/kg per day or greater, or children who weigh more than 10 kg on a total daily dosage of 20 mg or greater; or
   i) chronic pulmonary disease (including asthma treated with high-dose corticosteroid therapy); or
   j) pre term infants, born before 28 weeks gestation; or
   k) cardiac disease, with cyanosis or failure; or
   l) diabetes; or
   m) Down syndrome; or
   n) who are pre-or post-splenectomy, or with functional asplenia; or
4) Up to an additional four doses (as appropriate) are funded for the (re-)immunisation of individuals 5 years and over with HIV, pre or post haematopoietic stem cell transplantation, or chemotherapy; pre- or post splenectomy; functional asplenia, pre- or post- solid organ transplant, renal dialysis, complement deficiency (acquired or inherited), cochlear implants, intracranial shunts, cerebrospinal fluid leaks or primary immunodeficiency; or
5) For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.

B) Contractors will be entitled to claim payment from the Funder for the supply of Pneumococcal (PCV13) conjugate vaccine to people eligible under the above criteria pursuant to their contract with Health New Zealand -Te Whatu Ora for subsidised immunisation, and they may only do so in respect of the Pneumococcal (PCV13) conjugate vaccine listed in the Pharmaceutical Schedule.

C) Contractors may only claim for populations within the criteria that are covered by their contract, which may be a sub-set of the population described in paragraph A above.

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

- **Rotavirus oral vaccine**

resolved to remove the Xpharm restriction from Rotavirus oral vaccine in Section I of the Pharmaceutical Schedule from 1 April 2024;

resolved to amend the restrictions for Rotavirus oral vaccine in Section I of the Pharmaceutical Schedule from 1 April 2024 as follows (additions in bold, deletions in strikethrough):

a) Only on a prescription
b) No patient co-payment payable

c)

A) Maximum of two doses for **people** ~~patients~~ meeting the following:

1) first dose to be administered in infants aged under 14 weeks of age; and
2) no vaccination being administered to children aged 24 weeks or over.

B) Contractors will be entitled to claim payment from the Funder for the supply of Rotavirus oral vaccine to people eligible under the above criteria pursuant to their contract with Health New Zealand -Te Whatu Ora for subsidised immunisation, and they may only do so in respect of the Rotavirus oral vaccine listed in the Pharmaceutical Schedule.

C) Contractors may only claim for populations within the criteria that are covered by their contract, which may be a sub-set of the population described in paragraph A above.

- **Varicella Vaccine [Chickenpox vaccine]**

resolved to remove the Xpharm restriction from Varicella vaccine [Chickenpox vaccine] in Section I of the Pharmaceutical Schedule from 1 April 2024;

resolved to revoke the following decision in the Minute of the July 2023 Board meeting from 1 April 2024 (additions in bold, deletions in strikethrough):

~~**resolve** to apply the following indication restrictions to the Inj 2000 PFU prefilled syringe plus vial presentation of Varicella Vaccine [Chickenpox vaccine] (Varilrix) in Section I of the Pharmaceutical Schedule from 1 July 2024:~~

~~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~~
~~c) 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 amend the restrictions for Varicella vaccine [Chickenpox vaccine] in Section I of the Pharmaceutical Schedule from 1 April 2024 as follows (additions in bold, deletions in strikethrough):

a) Only on a prescription
b) No patient co-payment payable
c)

A) 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 **individuals** ~~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 **individuals** ~~patients~~ at least 2 years after bone marrow transplantation, on advice of their specialist; or
   c) For **individuals** ~~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 **individuals** ~~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.

B) Contractors will be entitled to claim payment from the Funder for the supply of Varicella vaccine [Chickenpox vaccine] vaccine to people eligible under the above criteria pursuant to their contract with Health New Zealand -Te Whatu Ora for subsidised immunisation, and they may only do so in respect of the Varicella vaccine [Chickenpox vaccine] listed in the Pharmaceutical Schedule.

C) Contractors may only claim for populations within the criteria that are covered by their contract, which may be a sub-set of the population described in paragraphs A above.

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

- ***Paracetamol oral liquid***

resolved to amend the restrictions for Paracetamol (Paracetamol (Ethics) and Avallon) oral liq 120 mg per 5 ml in Section B of the Pharmaceutical Schedule from 1 April 2024 as follows (additions in **bold**):

a) Maximum of 600 ml per prescription; can be waived by endorsement

b) Up to 200 ml available on a PSO

c) Not in combination

d)

1) Maximum of 200 ml per dispensing for non-endorsed patients. If quantities prescribed exceed 200 ml (for non-endorsed patients), then dispense in repeat dispensing not exceeding 200 ml per dispensing.

2) Subsidy by endorsement for higher quantities is available for patients with long term conditions who require regular daily dosing for one month or greater and the prescription is endorsed or annotated accordingly. Pharmacists may annotate the prescription as endorsed where dispensing history supports a long-term condition.

3) Note: 200 ml presentations of paracetamol oral liquid may be supplied on BSO to a Vaccinator **(other than a Pharmacist)** under the provisions in Part I of Section A

4) Note: Direct Provision by a pharmacist of up to 200 ml permitted under the provisions in Part I of Section A in conjunction with immunisation of a child under 2 years of age with meningococcal B multicomponent vaccine.

resolved to amend the restrictions for Paracetamol (Pamol) oral liq 250 mg per 5 ml in Section B of the Pharmaceutical Schedule from 1 April 2024 as follows (additions in **bold**):

a) Maximum of 600 ml per prescription; can be waived by endorsement

b) Up to 200 ml available on a PSO

c) Not in combination

d)

1) Maximum of 200 ml per dispensing for non-endorsed patients. If quantities prescribed exceed 200 ml (for non-endorsed patients), then dispense in repeat dispensing not exceeding 200 ml per dispensing.

2) Subsidy by endorsement for higher quantities is available for patients with long term conditions who require regular daily dosing for one month or greater and the prescription is endorsed or annotated accordingly. Pharmacists may annotate the prescription as endorsed where dispensing history supports a long-term condition.

3) Note: 200 ml presentations of paracetamol oral liquid may be supplied on BSO to a Vaccinator **(other than a Pharmacist)** under the provisions in Part I of Section A

4) Note: Direct Provision by a pharmacist of up to 200 ml permitted under the provisions in Part I of Section A in conjunction with immunisation of a child under 2 years of age with meningococcal B multicomponent vaccine.

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

Margaret Wilsher/Diana Siew ***Carried***

The meting closed at 2.35pm

Approved *March 2024*

Peter Bramley, Acting Chair Date