

3 April 2014

Glucose 4% sodium chloride 0.18% solution in hospitals

PHARMAC is seeking feedback on requests from a number of DHB hospitals to list glucose 4% sodium chloride 0.18% solution ('Barts solution') on the Pharmaceutical Schedule.

Feedback sought

PHARMAC welcomes feedback on this issue. To provide feedback, please submit it in writing by **Friday, 2 May 2014** to:

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All feedback received before the closing date will be considered by PHARMAC's Board (or its delegate) prior to making any decision on this issue.

Feedback we receive is subject to the Official Information Act 1982 (OIA) and we will consider any request to have information withheld in accordance with our obligations under the OIA. Anyone providing feedback, whether on their own account or on behalf of an organisation, and whether in a personal or professional capacity, should be aware that the content of their feedback and their identity may need to be disclosed in response to an OIA request.

We are not able to treat any part of your feedback as confidential unless you specifically request that we do, and then only to the extent permissible under the OIA and other relevant laws and requirements. If you would like us to withhold any commercially sensitive, confidential proprietary, or personal information included in your submission, please clearly state this in your submission and identify the relevant sections of your submission that you would like it withheld. PHARMAC will give due consideration to any such request.

Background

Prior to the implementation of the Hospital Medicines List (HML) on 1 July 2013, PHARMAC consulted and sought clinical feedback on the suitability of listing various medicines on the HML.

With respect to glucose 4% sodium chloride 0.18% solution ('Barts solution'), we received a recommendation from the Australian and New Zealand College of Anaesthetists (ANZCA) that Barts solution should be excluded from the HML.

This recommendation was on the basis that Barts solution was associated with severe side effects, namely seizures when used as a rehydration solution in children. The National

Health Service (NHS) National Patient Safety Agency in the United Kingdom issued a nationwide alert requiring removal of Barts solution from all clinical areas treating children whilst imposing restricted availability elsewhere¹.

The feedback from ANZCA was reviewed by PHARMAC's Pharmacology and Therapeutics Advisory Committee (PTAC) at its meeting in February 2013. PTAC recommended that Barts solution be excluded from the HML and, in line with this recommendation, PHARMAC determined not to include this product from the HML from 1 July 2013.

Since 1 July 2013, PHARMAC has received requests from various DHB hospitals to list Barts solution on the HML.

PTAC considered this issue again at its meeting in February 2014. The Committee maintained its previous recommendation but noted that it would be willing to review this recommendation following the provision of clinical evidence to support a clinical benefit with the use of Barts solution over alternative available treatment options.

We note that a similar solution, glucose 5% with sodium chloride 0.2% (500 ml bag) is currently listed on the HML.

Details of the consultation

PHARMAC is now seeking feedback in response to the following:

1. Should Barts solution be included on the HML? If yes, please provide evidence to support a clinical benefit with the use of Barts solution over alternative available treatment options.
2. If you consider that Barts solution should be included on the HML, what steps could be taken by PHARMAC and DHB hospitals to manage the risks associated with making Barts solution available in hospital areas where children may be treated?

Following assessment of feedback received in response to this consultation PHARMAC will determine whether a proposal to list Barts solution on the HML should be progressed or not and will liaise directly with DHBs who have requested the listing about this.

¹ Reducing the risk of hyponatraemia when administering intravenous infusions to children (28 March 2007) http://www.nrls.npsa.nhs.uk/resources/?EntryId45_59809