

**Analgesic Subcommittee of PTAC**  
**Meeting held 10 December 2014**

**(minutes for web publishing)**

Analgesic Subcommittee minutes are published in accordance with the *Terms of Reference for the Pharmacology and Therapeutics Advisory Committee (PTAC) and PTAC Subcommittees 2008*.

Note that this document is not necessarily a complete record of the Analgesic Subcommittee meeting; only the relevant portions of the minutes relating to Analgesic Subcommittee discussions about an Application or PHARMAC staff proposal that contain a recommendation are generally published.

The Analgesic Subcommittee may:

- (a) recommend that a pharmaceutical be listed by PHARMAC on the Pharmaceutical Schedule and the priority it gives to such a listing;
- (b) defer a final recommendation, and give reasons for the deferral (such as the supply of further information) and what is required before further review; or
- (c) recommend that PHARMAC decline to list a pharmaceutical on the Pharmaceutical Schedule.

These Subcommittee minutes were reviewed by PTAC at its meeting on 7 & 8 February 2015

**Record of the Analgesic Subcommittee of PTAC meeting  
held at PHARMAC on 10 December 2014**

*Alfentanil*

- 1.1 The Subcommittee considered the Tender Medical Subcommittee's suggestion, from its meeting in September 2014, that PHARMAC staff consider the possibility of listing alfentanil injection (administered intranasally for incident pain) in the community for use in palliative care.
- 1.2 The Subcommittee considered that alfentanil, as an analgesic, has a faster onset of action but shorter duration of action compared to fentanyl.
- 1.3 Members considered that alfentanil has the same effect in relieving pain as fentanyl when administered in a nasal spray. Members considered that alfentanil may have a benefit over fentanyl if used in a syringe driver in the palliative care setting for patients with renal impairment, as smaller volumes could be used.
- 1.4 Members noted there was a significant cost differential between fentanyl and alfentanil and a funding application with a full review of the evidence would be needed to be able to make any recommendations.
- 1.5 The Subcommittee noted that it would be happy to consider a funding application for alfentanil and suggested that should the Tender Medical Subcommittee submit a funding application that it include alfentanil for intranasal use and for use in a syringe driver in the palliative care setting.

*Aprepitant*

- 1.6 The Subcommittee noted the recommendations and minutes regarding aprepitant for the prevention of post-operative nausea and vomiting (PONV) from the February 2014 PTAC meeting.
- 1.7 The Subcommittee requested that PTAC reconsider the low priority recommendation given to aprepitant for the prevention of PONV as members considered there was a clinical need for another treatment option for patients at high risk of PONV. In addition the Subcommittee considered that the restrictions, as recommended by PTAC should be changed to the following (deletions in strikethrough), to ensure treatment was targeted to those who are most likely to benefit:

Indication - postoperative nausea and vomiting (PONV)

Prescriber: Anaesthetists

Dosage: Limited to one 40 mg dose

Criteria: Any of the following

- 4- Patient has a history of PONV refractory to at least two other antiemetic treatments;~~or~~

- ~~2. Both:~~
  - ~~ii. Patient at high risk of PONV; and~~
  - ~~iii. Scopolamine, droperidol or cyclizine are contraindicated; or~~
- ~~3. Patient at high risk of QT prolongation~~

1.8 The Subcommittee **recommended** that the priority rating for aprepitant for PONV be changed to a high priority.

#### *Methylphenidate*

1.9 The Subcommittee noted that, as per its suggestion, PHARMAC had sought the opinion of the Australian and New Zealand Society of Palliative Medicine (ANZSPM) Aotearoa on the role of psychostimulants for palliative care, in particular respect to fatigue, depression and appetite.

1.10 The Subcommittee considered the correspondence from the ANZSPM. The Subcommittee noted that the ANZSPM had concluded that there is little good evidence on the benefit of methylphenidate in palliative care settings, although it does seem to have an acceptable tolerability. The Subcommittee considered that the opinion provided by the ANZSPM was similar to that of that of the Mental Health Subcommittee.

#### *Midazolam*

1.11 The Subcommittee considered relevant minutes from the Mental Health Subcommittee meeting (July 2013), regarding a query from the Subcommittee about the possible need for midazolam tablets to be funded in the community.

1.12 The Subcommittee noted that midazolam injection is funded and registered for intravenous (IV), intramuscular (IM), intranasal, rectal or oral administration and that a compounded liquid using the midazolam injection is fully subsidised. Members considered that the injection used orally may have an unpalatable taste, however members considered that there were other relatively short acting benzodiazepines, , available as funded alternatives.

1.13 The Subcommittee considered that there was no unmet need in palliative care or the elderly for midazolam tablets.