Neurological Subcommittee of PTAC meeting held 5 August 2010

(minutes for web publishing)

Neurological 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 Neurological Subcommittee meeting; only the relevant portions of the minutes relating to Neurological Subcommittee discussions about an Application or PHARMAC staff proposal that contain a recommendation are generally published.

The Neurological 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 4 & 5 November 2010, the record of which is available on the PHARMAC website.

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1.1 The Subcommittee noted that it had previously recommended that pramipexole should only be funded open access if a cost-neutral listing could be achieved and that it had requested that PHARMAC staff conduct a literature search and cost-utility analysis (CUA) pertaining to the use of pramipexole as a second-line treatment for Parkinson's disease and restless legs syndrome (RLS) for the Subcommittee's review. The Subcommittee noted that PHARMAC staff had started working on a CUA and were seeking the Subcommittee's advice in relation to this analysis.

1.2 After some discussion, the Subcommittee concluded that it was difficult to define the prior and/or comparator treatments for an analysis of pramipexole as a "second-line" treatment, as its place in the treatment paradigm would depend largely on the disease stage, what treatments had already been tried and the reason that prior treatments had been discontinued. For example, patients who don't respond to ropinirole may not respond to pramipexole, given that the two treatments are from the same class; however, patients who stop ropinirole because of side effects (ie rather than because of lack of response) may benefit from pramipexole.

1.3 For these reasons, the Subcommittee felt that it would be difficult to place restrictions on pramipexole based on it being used at a particular point in a series of treatments and, as such, the Subcommittee considered that there was little point in conducting further analysis on pramipexole as a second-line treatment. The Subcommittee reiterated its previous recommendation to fund pramipexole without restrictions only if it was cost neutral (clarifying that this meant only if pramipexole was a similar price to ropinirole). The Subcommittee noted that this was likely to be achievable within the next couple of years due to the introduction of generics.