Hospital Pharmaceuticals Review

PTAC, Hospital Pharmaceuticals Subcommittee & Ophthalmology Subcommittee minutes for web publishing

Sensory Organs therapeutic group

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This document contains minutes relevant to the consultation document of 25 September 2012 relating to products in the Sensory Organs therapeutic group.

Note that this document is not a complete record of the relevant PTAC and Subcommittee meetings; only the relevant portions of the minutes relating PTAC and its Subcommittees advice on the review of Hospital Pharmaceuticals are included.

Contents

Hospital Pharmaceuticals Subcommittee – 5 July 2011

1 Ear Preparations

1.1 The Subcommittee reviewed the information from DHB hospitals and PHARMAC in relation to products under the Ear Preparations heading.

1.2 The Subcommittee noted that the following pharmaceuticals are commonly used in DHB hospitals and/or are fully subsidised in the Pharmaceutical Schedule and recommended they be included in a national preferred medicines list (PML) without need for further prioritisation:

- Acetic acid with propylene glycol
  - Ear drops 2.3% with propylene glycol 2.8%
- Chloramphenicol
  - Ear drops 0.5%
- Ciprofloxacin with hydrocortisone
  - Ear drops 0.2% with hydrocortisone 1%
- Docusate sodium
  - Ear drops 0.5%
- Flumetasone pivalate with clioquinol
  - Ear drops 0.02% with clioquinol 1%
- Triamcinolone acetonide with gramicidin, neomycin and nystatin
  - Ear drops 1 mg with nystatin 100,000 u, neomycin sulphate 2.5 mg and gramicidin 250 µg per g

1.3 The Subcommittee recommended that as chlorbutol with paradichlorobenzene ear drops were not widely used in DHB hospitals, and as they are not subsidised in the Pharmaceutical Schedule, they not be included in a national PML.

2 Ear/Eye Preparations

2.1 The Subcommittee reviewed the information from DHB hospitals and PHARMAC in relation to products under the Ear/Eye Preparations heading.

2.2 The Subcommittee noted that the following pharmaceuticals are commonly used in DHB hospitals and/or are fully subsidised in the Pharmaceutical Schedule and recommended they be included in a national preferred medicines list (PML) without need for further prioritisation:

- Dexamethasone with framycetin and gramicidin
  - Ear/eye drops 500 µg with framycetin sulphate 5 mg and gramicidin 50 µg per ml
- Framycetin sulphate
  - Ear/eye drops 0.5%

3 Eye Preparations (Anti-Infective Preparations)

3.1 The Subcommittee reviewed the information from DHB hospitals and PHARMAC in relation to products under the Eye Preparations (Anti-Infective Preparations) heading.

3.2 The Subcommittee noted that the following pharmaceuticals are commonly used in DHB hospitals and/or are fully subsidised in the Pharmaceutical Schedule and recommended they be included in a national preferred medicines list (PML) without need for further prioritisation:

- Aciclovir
  - Eye oint 3%
- Chloramphenicol
  - Eye drops 0.5%
  - Eye drops 0.5%, single dose
  - Eye oint 1%
- Ciprofloxacin
  - Eye drops 0.3%
- Fusidic acid
  - Eye drops 1%
- Gentamicin sulphate
  - Eye drops 0.3%
- Natamycin
  - Eye drops 5%
- Sulphacetamide sodium
  - Eye drops 10%
- Tobramycin
  - Eye drops 0.3%
  - Eye oint 0.3%

3.3 The Subcommittee noted that dibrompropamidine (propamidine) isethionate 0.1% eye drops were not in common use in DHB hospitals, and were not fully funded in the Pharmaceutical Schedule, but considered that they should be included in a national PML.

3.4 The Subcommittee noted that natamycin 5% eye drops were not in common use in DHB hospitals, and were not subsidised in the Pharmaceutical Schedule, but recommended that they be included in a national PML.

3.5 The Subcommittee noted that compounding of eye drops is very common in hospitals, and that the issues around this need to be considered further. Members noted that although the national PML rules are likely to be broadly accommodating in terms of compounding, there would be benefit in having some national consistency in the manufacture of, for example, fortified eye drops. The Subcommittee recommended that PHARMAC staff seek a list of all regularly compounded eye preparations from DHB hospital pharmacies.

4 Eye Preparations (Antineovascularisation Agents)

4.1 The Subcommittee reviewed the information from DHB hospitals and PHARMAC in relation to products under the Eye Preparations (Antineovascularisation Agents) heading.

4.2 The Subcommittee noted that bevacizumab is commonly used in DHB hospitals for the treatment of neovascular age-related macular degeneration, and that this is an off-label use of this agent.

4.3 The Subcommittee recommended that bevacizumab (inj 25 mg per ml, 4 ml vial and inj 25 mg per ml, 16 ml vial) be added to a national PML, and that the listing of bevacizumab in a national PML be limited to the treatment of neovascular age-related macular degeneration.

4.4 The Subcommittee noted that ranibizumab is significantly less used than bevacizumab for this indication, but that it appeared to have an established use in some tertiary hospitals. Members noted that ranibizumab is significantly more expensive than bevacizumab.

4.5 The Subcommittee recommended that ranibizumab (inj 10 mg per ml, 0.23 ml vial and inj 10 mg per ml, 0.3 ml vial) be included in a national PML, and that it be subject to restrictions on its use making it second-line to bevacizumab.

4.6 The Subcommittee recommended that as verteporfin is not used in DHB hospitals, and as it is not subsidised in the Pharmaceutical Schedule, that it not be included in a national PML.

5 Eye Preparations (Beta Blockers)

5.1 The Subcommittee reviewed the information from DHB hospitals and PHARMAC in relation to products under the Eye Preparations (Beta Blockers) heading.

5.2 The Subcommittee noted that the following pharmaceuticals are commonly used in DHB hospitals and/or are fully subsidised in the Pharmaceutical Schedule and recommended they be included in a national preferred medicines list (PML) without need for further prioritisation:

- Betaxolol hydrochloride
  - Eye drops 0.25%
  - Eye drops 0.5%
- Levobunolol
  - Eye drops 0.25%
  - Eye drops 0.5%
- Timolol maleate
  - Eye drops 0.25%
  - Eye drops 0.25%, gel forming
  - Eye drops 0.5%
  - Eye drops 0.5%, gel forming

6 Eye Preparations (Carbonic Anhydrase Inhibitors)

6.1 The Subcommittee reviewed the information from DHB hospitals and PHARMAC in relation to products under the Eye Preparations (Carbonic Anhydrase Inhibitors) heading.

6.2 The Subcommittee noted that the following pharmaceuticals are commonly used in DHB hospitals and/or are fully subsidised in the Pharmaceutical Schedule and recommended they be included in a national preferred medicines list (PML) without need for further prioritisation:

- Acetazolamide
  - Inj 500 mg in 10 ml vial
  - Tab 250 mg
- Brinzolamide
  - Eye drops 1%
- Dorzolamide hydrochloride
  - Eye drops 2%
- Dorzolamide hydrochloride with timolol maleate
  - Eye drops 2% with timolol maleate 0.5%

7 Eye Preparations (Corticosteroids and Other Anti-Inflammatory Preparations)

7.1 The Subcommittee reviewed the information from DHB hospitals and PHARMAC in relation to products under the Eye Preparations (Corticosteroids and Other Anti-Inflammatory Preparations) heading.

7.2 The Subcommittee noted that the following pharmaceuticals are commonly used in DHB hospitals and/or are fully subsidised in the Pharmaceutical Schedule and recommended they be included in a national preferred medicines list (PML) without need for further prioritisation:

- Dexamethasone
  - Eye drops 0.1%
  - Eye oint 0.1%
- Dexamethasone with neomycin and polymyxin B sulphate
  - Eye drops 0.1% with neomycin sulphate 0.35% and polymyxin B sulphate 6,000 u per g
  - Eye oint 0.1% with neomycin sulphate 0.35% and polymyxin B sulphate 6,000 u per g
- Diclofenac sodium
  - Eye drops 1 mg per ml
  - Eye drops 1 mg per ml, single dose
- Fluorometholone
  - Eye drops 1%
- Levocabastine
  - Eye drops 0.5 mg per ml
- Lodoxamide trometamol
  - Eye drops 0.1%
- Prednisolone acetate
  - Eye drops 0.12%
  - Eye drops 1%
- Prednisolone sodium phosphate
  - Eye drops 0.5%, single dose
- Sodium cromoglycate
  - Eye drops 2%

7.3 The Subcommittee noted that dexamethasone with tobramycin eye drops (0.1% with tobramycin 0.3%) and ketorolac 0.5% eye drops are not widely used in DHB hospitals, and are not subsidised in the Pharmaceutical Schedule, but recommended that they be included in a national PML.

7.4 The Subcommittee considered that there was a need for more than one non-steroidal anti-inflammatory drug (NSAID) eye drop to be available in a national PML, but considered that there was little need for a third agent in this class. The Subcommittee noted that flurbiprofen was less widely used than diclofenac and ketorolac, and was the most expensive of the three. The Subcommittee recommended that flurbiprofen eye drops not be included in a national PML.

8 Eye Preparations (Decongestants and Antiallergics)

8.1 The Subcommittee reviewed the information from DHB hospitals and PHARMAC in relation to products under the Eye Preparations (Decongestants and Antiallergics) heading.

8.2 The Subcommittee noted that the following pharmaceuticals are commonly used in DHB hospitals and/or are fully subsidised in the Pharmaceutical Schedule and recommended they be included in a national preferred medicines list (PML) without need for further prioritisation:

- Naphazoline hydrochloride
  - Eye drops 0.1%
- Phenylephrine hydrochloride
  - Eye drops 0.12%

8.3 The Subcommittee noted that naphazoline hydrochloride with antazoline phosphate eye drops and olopatadine eye drops are not widely used in DHB hospitals and are not subsidised in the Pharmaceutical Schedule, and recommended that they not be included in a national PML.

8.4 The Subcommittee noted that phenylephrine hydrochloride with zinc sulphate eye drops have been recently discontinued, and considered that these do not need to be included in a national PML.

9 Eye Preparations (Diagnostic Agents)

9.1 The Subcommittee reviewed the information from DHB hospitals and PHARMAC in relation to products under the Eye Preparations (Diagnostic Agents) heading.

9.2 The Subcommittee noted that the following pharmaceuticals are commonly used in DHB hospitals and/or are fully subsidised in the Pharmaceutical Schedule and recommended they be included in a national preferred medicines list (PML) without need for further prioritisation:

- Fluorescein sodium
  - Eye drops 1%, single dose
  - Eye drops 2%, single dose
  - Ophthalmic strips 1 mg
- Fluorescein sodium with lignocaine hydrochloride
  - Eye drops 0.25% with lignocaine hydrochloride 4%, single dose

9.3 The Subcommittee noted that lissamine green 1.5 mg ophthalmic strips and rose Bengal 1% ophthalmic strips are not widely used in DHB hospitals, but considered that they should be included in a national PML.

9.4 The Subcommittee noted that while most DHBs use fluorescein sodium eye drops, a majority utilise one strength only, and queried whether there was a need for both strength of fluorescein drops to be included in a national PML.

9.5 The Subcommittee noted that rose bengal 1% single dose eye drops are not used in DHB hospitals and are not subsidised in the Pharmaceutical Schedule, and recommended that they not be included in a national PML. The Subcommittee requested the view of the Ophthalmology Subcommittee on the inclusion of both 1% and 2% eye drops.

10 Eye Preparations (Miotics)

10.1 The Subcommittee reviewed the information from DHB hospitals and PHARMAC in relation to products under the Eye Preparations (Miotics) heading.

10.2 The Subcommittee noted that the following pharmaceuticals are commonly used in DHB hospitals and/or are fully subsidised in the Pharmaceutical Schedule and recommended they be included in a national preferred medicines list (PML) without need for further prioritisation:

- Acetylcholine chloride
  - Irrigation soln 20 mg in 2 ml vial
- Pilocarpine
  - Eye drops 1%
  - Eye drops 2%
  - Eye drops 2%, single dose
  - Eye drops 4%

10.3 The Subcommittee noted that carbachol (inj 150 µg in 1.5 mg vial) is not widely used in DHB hospitals and is not subsidised in the Pharmaceutical Schedule, and recommended that it not be included in a national PML. The Subcommittee requested the view of the Ophthalmology Subcommittee on its exclusion.

10.4 The Subcommittee noted that pilocarpine single dose eye drops are subsidised in the Pharmaceutical Schedule under Special Authority restriction, but considered that no such restriction should apply in a national PML.

11 Eye Preparations (Mydriatics and Cycloplegics)

11.1 The Subcommittee reviewed the information from DHB hospitals and PHARMAC in relation to products under the Eye Preparations (Mydriatics and Cycloplegics) heading.

11.2 The Subcommittee noted that the following pharmaceuticals are commonly used in DHB hospitals and/or are fully subsidised in the Pharmaceutical Schedule and recommended they be included in a national preferred medicines list (PML) without need for further prioritisation:

- Atropine sulphate
  - Eye drops 1%
  - Eye drops 1%, single dose

- Cyclopentolate hydrochloride
  - Eye drops 0.5%, single dose
  - Eye drops 1%
  - Eye drops 1%, single dose
- Homatropine
  - Eye drops 2%
- Phenylephrine hydrochloride
  - Eye drops 2.5%, single dose
  - Eye drops 10%, single dose
- Tropicamide
  - Eye drops 0.5%
  - Eye drops 0.5%, single dose
  - Eye drops 1%
  - Eye drops 1%, single dose

11.3 The Subcommittee noted that atropine 0.5% eye drops are not widely used in DHB hospitals, and are not subsidised in the Pharmaceutical Schedule, but considered that they should be included in a national PML.

11.4 The Subcommittee noted that homatropine 2% single dose eye drops are not widely used in DHB hospitals, and recommended that they not be included in a national PML.

11.5 The Subcommittee requested that the view of the Ophthalmology Subcommittee be sought in relation to the need for homatropine in a national PML given the availability of atropine, cyclopentolate and tropicamide.

12 Eye Preparations (Ocular Anaesthetics)

12.1 The Subcommittee reviewed the information from DHB hospitals and PHARMAC in relation to products under the Eye Preparations (Ocular Anaesthetics) heading.

12.2 The Subcommittee noted that the following pharmaceuticals are commonly used in DHB hospitals and/or are fully subsidised in the Pharmaceutical Schedule and recommended they be included in a national preferred medicines list (PML) without need for further prioritisation:

- Oxybuprocaine hydrochloride
  - Eye drops 0.4%, single dose
- Tetracaine (amethocaine) hydrochloride
  - Eye drops 0.5%, single dose
  - Eye drops 1%, single dose

12.3 The Subcommittee considered that while there would be a need for more than one ocular anaesthetic agent in a national PML, there was uncertain need for a third agent. The Subcommittee noted that proxymetacaine eye drops are not registered in New Zealand, and recommended that they not be included in a national PML. The Subcommittee requested the view of the Ophthalmology Subcommittee on this issue.

13 Eye Preparations (Other Eye Preparations)

13.1 The Subcommittee reviewed the information from DHB hospitals and PHARMAC in relation to products under the Eye Preparations (Other Eye Preparations) heading.

13.2 The Subcommittee noted that the following pharmaceuticals are commonly used in DHB hospitals and/or are fully subsidised in the Pharmaceutical Schedule and recommended they be included in a national preferred medicines list (PML) without need for further prioritisation:

- Balanced salt solution
  - Eye drops

13.3 The Subcommittee noted that balanced salt solution irrigation solutions (250 ml and 500 ml) and ciclosporin 0.2% eye ointment are not widely used in DHB hospitals, but recommended that they be included in a national PML.

13.4 The Subcommittee noted that ciclosporin eye drops (0.05%, single dose) were not widely used in DHB hospitals and were not subsidised in the Pharmaceutical Schedule, but recommended that they be included in a national PML.

13.5 The Subcommittee recommended that the prescribing of ciclosporin eye ointment and eye drops be subject to recommendation by an ophthalmologist.

14 Eye Preparations (Preparations for Tear Deficiency and Ocular Lubricants)

14.1 The Subcommittee reviewed the information from DHB hospitals and PHARMAC in relation to products under the Eye Preparations (Preparations for Tear Deficiency and Ocular Lubricants) heading.

14.2 The Subcommittee noted that the following pharmaceuticals are commonly used in DHB hospitals and/or are fully subsidised in the Pharmaceutical Schedule and recommended they be included in a national preferred medicines list (PML) without need for further prioritisation:

- Carbomer
  - Ophthalmic gel 0.2%
- Hypromellose
  - Eye drops 0.5%
- Hypromellose with dextran
  - Eye drops 0.3% with dextran 0.1%
- Paraffin liquid with soft white paraffin
  - Eye oint with soft white paraffin
- Paraffin liquid with wool fat liquid
  - Eye oint 3% with wool fat liquid 3%
- Polyvinyl alcohol
  - Eye drops 1.4%
  - Eye drops 3%
- Polyvinyl alcohol with povidone
  - Eye drops 1.4% with povidone 0.6%, single dose
- Tyloxapol
  - Eye drops 0.25%

14.3 The Subcommittee noted that carbomer ophthalmic gel (0.3%, single dose) was not widely used in DHB hospitals and was not subsidised in the Pharmaceutical Schedule, but recommended that it be included in a national PML.

14.4 The Subcommittee noted that carmellose sodium eye drops (0.5%, 0.5% single dose, 1% and 1% single dose) were not widely used in DHB hospitals and were not subsidised in the Pharmaceutical Schedule, but recommended that they be included in a national PML.

14.5 The Subcommittee noted that hypromellose with dextran single dose eye drops (0.3% with dextran 0.1%) were not widely used in DHB hospitals and were not subsidised in the Pharmaceutical Schedule, but recommended that they be included in a national PML.

14.6 The Subcommittee noted that acetylcysteine eye drops were not widely used in DHB hospitals, and that this is not a registered medicine in New Zealand. The Subcommittee considered that alternative ocular lubricants were available, such as tyloxapol, and considered that acetylcysteine eye drops should not be included in a national PML.

14.7 The Subcommittee noted that hypromellose 0.3% and 2% eye drops are not subsidised in the Pharmaceutical Schedule and do not have a unique use within hospitals, and recommended that they not be included in a national PML.

14.8 The Subcommittee noted that macrogol with propylene glycol eye drops are not subsidised in the Pharmaceutical Schedule and do not have a unique use within hospitals, and recommended that they not be included in a national PML.

15 Eye Preparations (Prostaglandin Analogues)

15.1 The Subcommittee reviewed the information from DHB hospitals and PHARMAC in relation to products under the Eye Preparations (Prostaglandin Analogues) heading.

15.2 The Subcommittee noted that the following pharmaceuticals are commonly used in DHB hospitals and/or are fully subsidised in the Pharmaceutical Schedule and recommended they be included in a national preferred medicines list (PML) without need for further prioritisation:

- Bimatoprost
  - Eye drops 0.03%
- Latanoprost
  - Eye drops 50 µg per ml
- Travoprost
  - Eye drops 0.004%

15.3 The Subcommittee noted that travoprost with timolol eye drops are not subsidised in the Pharmaceutical Schedule and do not have a unique use within hospitals, and recommended that they not be included in a national PML.

16 Eye Preparations (Sympathomimetics)

16.1 The Subcommittee reviewed the information from DHB hospitals and PHARMAC in relation to products under the Eye Preparations (Sympathomimetics) heading.

16.2 The Subcommittee noted that the following pharmaceuticals are commonly used in DHB hospitals and/or are fully subsidised in the Pharmaceutical Schedule and recommended they be included in a national preferred medicines list (PML) without need for further prioritisation:

- Apraclonidine
  - Eye drops 0.5%
- Brimonidine tartrate
  - Eye drops 0.2%
- Brimonidine tartrate with timolol maleate
  - Eye drops 0.2% with timolol maleate 0.5%

16.3 The Subcommittee requested the view of the Ophthalmology Subcommittee on the use of apraclonidine, and the need for its inclusion in a national PML.

16.4 The Subcommittee noted that brimonidine 0.15% eye drops are not subsidised in the Pharmaceutical Schedule and do not have a unique use within hospitals, and recommended that they not be included in a national PML.

17 Eye Preparations (Viscoelastic Substances)

17.1 The Subcommittee reviewed the information from DHB hospitals and PHARMAC in relation to products under the Eye Preparations (Viscoelastic Substances) heading.

17.2 The Subcommittee noted that while the use of products under this heading is common in DHB hospitals, few presentations are common to many DHBs. The Subcommittee recommended that the following be included in a national preferred medicines list (PML) without need for further prioritisation:

- Hypromellose (hydroxypropyl methylcellulose)
  - Inj 2%, 1 ml syringe
- Sodium hyaluronate
  - Inj 10 mg per ml, 0.4 ml
  - Inj 10 mg per ml, 0.55 ml
  - Inj 10 mg per ml, 0.85 ml
  - Inj 14 mg per ml, 0.55 ml
  - Inj 14 mg per ml, 0.85 ml
  - Inj 23 mg per ml, 0.6 ml
- Sodium hyaluronate with chondroitin sulphate
  - Inj 10 mg per ml, 0.4 ml (1) and inj 30 mg per ml with chondroitin sulphate 40 mg per ml, 0.35 ml (1)
  - Inj 10 mg per ml, 0.55 ml (1) and inj 30 mg per ml with chondroitin sulphate 40 mg per ml, 0.5 ml (1)
  - Inj 30 mg with chondroitin sulphate 40 mg per ml, 0.75 ml

17.3 The Subcommittee noted that sodium hyaluronate inj 16 mg per ml (0.25 ml, 0.5 ml and 0.8 ml) was not a widely used presentation of this agent, and recommended that it not be included in a national PML.

Ophthalmology Subcommittee – 3 September 2012

18 Hospital Pharmaceuticals

18.1 The Subcommittee reviewed a series of recommendations by the Hospital Pharmaceuticals Subcommittee in regards to which pharmaceuticals relevant to ophthalmology preparations should be included in a national Preferred Medicines List (PML). The Subcommittee also reviewed the responses and comments on the draft recommendations that PHARMAC had received from relevant colleges and professional societies. Except where specific comment has been made, the Subcommittee agreed with the recommendations of the Hospital Pharmaceuticals Subcommittee.

Anti-Infective Preparations

18.2 The Subcommittee noted that further education regarding the use of fusidic acid eye drops. Members noted that this pharmaceutical should only be used for blepharitis caused by staphylococcal infection. The Subcommittee noted that fusidic acid should not be prescribed for conjunctivitis.

Antineovascularisation Agents

18.3 The Subcommittee considered that there was good evidence for the use of bevacizumab for exudative diabetic maculopathy (an exudative ocular angiopathy) in patients with diabetes and recommended that this should be available on the PML as it is currently funded in some DHB Hospitals.

18.4 The Subcommittee recommended that bevacizumab for use in ophthalmic indications should be available on the PML when prescribed by ophthalmologists for the following indications:

- Ocular neovascularisation
- Exudative ocular angiopathy

18.5 The Subcommittee considered that in those patients who do not respond to three doses of bevacizumab, that it may be appropriate to trial ranibizumab.

18.6 The Subcommittee recommended that ranibizumab for use in ophthalmic indications should be available on the PML when prescribed by ophthalmologists for the following indications:

- Age-related macular degeneration
- Chorodial neovascular membrane

18.7 The Subcommittee recommended that ranibizumab should be available on the PML when prescribed by ophthalmologists for choroidal neovascularisation in patients with age related macular degeneration, but only be used where one of the following situations apply:

- Where the patient has had a severe ophthalmic inflammatory response following bevacizumab

- The patient has had a myocardial infarction or stroke within the last three months

- The patient has failed to respond to bevacizumab following three intraocular injections

- The patient is of child-bearing potential and has not completed a family

18.8 The Subcommittee noted that if a patient responded to ranibizumab and had previously not responded to bevacizumab, a further trial of bevacizumab to confirm non-response would be warranted.

18.9 The Subcommittee recommended that a patient had to show a response to ranibizumab after 3 doses to be eligible for continuation of therapy.

Carbonic Anhydrase Inhibitors

18.10 The Subcommittee noted that a slow release acetazolamide tablet would be beneficial due to an improved side-effect profile, but that this was would be a community-led funding decision.

Corticosteroids and other Anti-Inflammatory Preparations

18.11 The Subcommittee considered that prednisolone sodium phosphate 0.5% single use eye drops would be beneficial to subsidise in the community. Members noted that this should be restricted to ophthalmologists specialising in corneal disease for inflammation or severe allergy in proven dry eyes (slit lamp test). Members noted that less steroid was absorbed with this salt of prednisolone.

18.12 The Subcommittee recommended that a preservative-free triamcinolone acetonide should be included in the PML. Members noted that the preservative-free triamcinolone acetonide was licensed for intraocular use (in the United States, but not in New Zealand). Members noted that the preserved triamcinolone acetonide was currently used for the intravitreal management of macular oedema at a DHB hospital although unlicensed for this indication. Members considered that the limited data available suggests that the preserved formulation is associated with higher rates of sterile endophthalmitis than the preservative-free formulation.

18.13 The Subcommittee recommended that infliximab should be available on the PML with an indication restriction for patients with Behçet's disease with vision threatening ocular involvement.

18.14 The Subcommittee recommended that infliximab should be available on the PML for the following indications and criteria:

Severe, vision-threatening ocular inflammation requiring rapid control

1. Patient has severe, vision-threatening ocular inflammation requiring rapid control, and

2. Either:

a. Patient has failed to achieve control of severe vision-threatening ocular inflammation following high-dose steroids (intravenous methylprednisolone) followed by high dose oral steroids; or

b. Patient developed new inflammatory symptoms while receiving high dose steroids.

Chronic ocular inflammation resistant to other agents

1. Patient has severe uveitis uncontrolled with treatment of steroids and other immunosuppressants with a severe risk of vision loss; and

2. Patient has tried at least two other immunomodulatory agents.

18.15 The Subcommittee recommended that for indications other than Behçet's disease, patients should undergo a trial withdrawal once inflammation was controlled.

18.16 The Subcommittee recommended that infliximab should be available on the PML for treatment of uveitis with a high priority.

Decongestants and Antiallergics

18.17 The Subcommittee considered that there may be a place for olopatadine 0.1% eye drops for use in ocular allergy in paediatric patients. Members considered that an application should be provided to PTAC for consideration and recommended that PHARMAC staff approach the manufacturer or Paediatric Ophthalmologists to request an application. Members considered that olopatadine should be a community-led listing and therefore not included on the PML.

Diagnostic Agents

18.18 The Subcommittee considered that there was no requirement to maintain the fluorescein sodium eye drops 1% single dose presentation on the PML as the 2% single use eye drops and ophthalmic strips 1 mg were acceptable alternatives.

Mydriatics and Cycloplegics

18.19 The Subcommittee noted that it would be beneficial to have access to atropine sulphate 0.5% eye drops and cyclopentolate hydrochloride eye drops 0.5 % single dose in the community.

18.20 The Subcommittee recommended that homatropine eye drops 2% not be included on the PML as there were acceptable alternatives. Members noted there was no requirement to maintain homatropine eye drops 2% in the community.

Other Eye Preparations

18.21 The Subcommittee considered that cyclosporin eye ointment 0.2% or eye drops 0.05% single dose preparations should be a community-led listing and recommended PHARMAC staff seek a listing when a product became registered.

Preparations for Tear Deficiency and Ocular Lubricants

18.22 The Subcommittee noted that acetylcystine eye drops were a useful treatment for filamentary keratitis in the community and that the compounded acetylcystine eye drop preparation would be appropriate for this indication.

Prostaglandin Analogues

18.23 The Subcommittee noted that a combination prostaglandin analogue with timolol eye drop would be beneficial in the community. Members noted that any of the analogues would be appropriate and that no restriction would be required as clinicians would not use a combination product as a first line agent.

Sympathomimetics

18.24 The Subcommittee considered that apraclonidine eye drops 0.5% were used as a diagnostic agent and to manage intra-ocular pressure in DHB hospitals and should be included on the PML; however there was no need for this to be funded in the community. Members noted that apraclonidine was used to diagnose Horner's syndrome.

Other Feedback Items

18.25 The Subcommittee noted the request from a clinician for mycophenolate cream for severe atopic keratitis. Members noted that this was a compounded product and was not a registered indication for mycophenolate in New Zealand. Members considered that a pimecrolimus cream or ointment would be an acceptable product for this indication and recommended that PHARMAC staff seek an application for this product.

18.26 The Subcommittee noted a request from a clinician for chloramphenicol with hydrocortisone ointment. Members noted that this product had been discontinued and was no longer registered in New Zealand. Members considered there was no need to seek a listing for this pharmaceutical.

18.27 The Subcommittee noted the request from a clinician for tetracycline ointment for blepharitis. Members considered that this would be used as a pulse therapy for margin disease. Members considered that patients would receive six to eight weeks treatment and then stop. One member noted tetracycline ointment was used for its anti-inflammatory effects rather than its antibiotic effect. Members considered that approximately 200 packs would be used in New Zealand per annum if this was available.

18.28 The Subcommittee noted that chlorhexidine 0.2% compounded eye drops were occasionally required for acanthamoeba keratitis. Members noted that patients would typically require three months treatment with this eye drop for this indication.

19 Review of Sensory Organs Recommendations

19.1 The Subcommittee reviewed its previous recommendations in relation to products in the Sensory Organs group, feedback from other organisations, and recommendations from the Ophthalmology Subcommittee.

Antineovascularisation Agents

19.2 The Subcommittee noted the Ophthalmology Subcommittee's recommendations in relation to prescribing restrictions for bevacizumab and ranibizumab.

Corticosteroids and Other Anti-Inflammatory Preparations

19.3 The Subcommittee noted the Ophthalmology Subcommittee's recommendations in relation to prescribing restrictions for infliximab.

Diagnostic Agents

19.4 The Subcommittee noted that it has requested advice on the need for multiple strengths of fluorescein sodium eye drops, and that the Ophthalmology Subcommittee had recommended excluding the fluorescein sodium eye drops 1% single dose presentation.

Mydriatics and Cycloplegics

19.5 The Subcommittee noted that it has previously expressed uncertainty on the need for homatropine, and that the Ophthalmology Subcommittee had recommended that this be excluded from a national PML and delisted in the community.

Other Eye Preparations

19.6 The Subcommittee noted that it had previously recommended that ciclosporin eye drops and ointment be included in a national PML, and noted that the Ophthalmology Subcommittee has recommended that this be a community-led funding decision.

Sympathomimetics

19.7 The Subcommittee noted that it has previously expressed uncertainty on the need for apraclonidine, and that the Ophthalmology Subcommittee had recommended that this be included due to its role as a diagnostic agent.

Pharmacology and Therapeutics Advisory Committee – 2 and 3 August 2012

20 Sensory Organs

20.1 The Committee considered a list of pharmaceuticals under consideration for use in DHB hospitals under the Sensory Organs heading, including advice from the Hospital Pharmaceuticals Subcommittee and the Ophthalmology Subcommittee. Except where indicated, the Committee agreed with the recommendations by the subcommittees.

20.2 The Committee recommended that the continuation criteria for ranibizumab should specify that “documented benefit after three doses must be demonstrated to continue”.