

**Hospital Pharmaceuticals Review**  
**PTAC, Hospital Pharmaceuticals Subcommittee and Special Foods**  
**Subcommittee minutes for web publishing**

**Special Foods therapeutic group**

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

This document contains minutes relevant to the consultation document of 25 February 2013 relating to products in the Special Foods 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.

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# Hospital Pharmaceuticals Subcommittee – 6 December 2011

## 1 Elemental and Semi-Elemental Feeds

- 1.1 The Subcommittee reviewed the information from DHB hospitals and PHARMAC in relation to products under the Elemental and Semi-Elemental Feeds 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 that they be included in a national preferred medicines list (PML) without need for further prioritisation:
  - Enteral feed 1 kcal/ml
    - Liquid 4 g protein, 17.6 g carbohydrate and 1.7 g fat per 100 ml [Peptisorb]
  - Oral feed 0.8 kcal/ml
    - Liquid 2.5 g protein, 11 g carbohydrate and 3.5 g fat per 100 m [Elemental 028 Extra]
  - Oral feed 1 kcal/ml
    - Powder 12.5 g protein, 55.4 g carbohydrate and 3.25 g fat per 79 g sachet [Vital HN]
    - Powder 11.5 g protein, 61.7 g carbohydrate and 0.8 g fat per 80.4 g sachet [Vivonex T.E.N.]
    - Powder 15.8 g protein, 49.5 g carbohydrate and 4.65 g fat per 76 g sachet [Alitraq]

## 2 Enteral Feeds

- 2.1 The Subcommittee reviewed the information from DHB hospitals and PHARMAC in relation to products under the Enteral Feeds 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 that they be included in a national preferred medicines list (PML) without need for further prioritisation:
  - Enteral feed 1 kcal/ml
    - Liquid 4 g protein, 12.3 g carbohydrate and 3.9 g fat per 100 ml [Nutrison Standard]
    - Liquid 4 g protein, 13.6 g carbohydrate and 3.4 g fat per 100 ml [Osmolite/Osmolite RTH]
    - Liquid 4 g protein, 13.6 g carbohydrate and 3.3 g fat per 100 ml [Isosource Standard]
    - Liquid 4 g protein, 14.1 g carbohydrate, 3.47 g fat and 1.76 g fibre per 100 ml [Jevity/Jevity RTH]
    - Liquid 4 g protein, 12.3 g carbohydrate, 3.9 g fat and 1.5 g fibre per 100 ml [Nutrison Multi Fibre]
    - Liquid 5 g protein, 9.6 g carbohydrate and 5.4 g fat per 100 ml [Glucerna Select RTH]
    - Liquid 4.3 g protein, 11.3 g carbohydrate and 4.2 g fat per 100 ml [Diason]
    - Liquid 4 g protein, 12.3 g carbohydrate and 3.9 g fat per 100 ml [Nutrison Low Sodium]

- Liquid 2.8 g protein, 11.2 g carbohydrate and 5 g fat per 100 ml [Pediasure RTH]
- Liquid 2.8 g protein, 12.3 g carbohydrate and 4.4 g fat per 100 ml [Nutrini RTH]
- Liquid 4.3 g protein, 11.3 g carbohydrate and 4.2 g fat per 100 ml [Cubison]
- Enteral feed 1.5 kcal/ml
  - Liquid 6.27 g protein, 20.4 g carbohydrate and 4.9 g fat per 100 ml [Ensure Plus HN RTH]
  - Liquid 6.25 g protein, 20 g carbohydrate and 5 g fat per 100 ml [Ensure Plus HN]
  - Liquid 4.1 g protein, 18.5 g carbohydrate and 6.7 g fat per 100 ml [Nutrini Energy RTH]
- Enteral feed 1.5 kcal/ml with fibre
  - Liquid 6 g protein, 18.5 g carbohydrate, 5.8 g fat and 1.5 g fibre per 100 ml [Nutrison Energy Multi Fibre]
- Enteral feed 2 kcal/ml
  - Liquid 7.5 g protein, 20 g carbohydrate and 10 g fat per 100 ml [Nutrison Concentrated]

- 2.3 The Subcommittee noted that several DHBs were using the Infatrini brand of enteral feed 1 kcal/ml with fibre. Members noted that this product is not a hospital-only product, and that it is not subsidised in the Pharmaceutical Schedule. The Subcommittee recommended that the view of the Special Foods Subcommittee be sought on this product.
- 2.4 The Subcommittee noted that there is some use of high protein enteral feeds (Nutrison Protein Plus and Protein Plus Multi Fibre) in DHB hospitals, but that these are not subsidised in the community. The Subcommittee requested that the view of the Special Foods Subcommittee be sought on these products, but recommended that they only be included in a national PML if they become subsidised in the community.
- 2.5 The Subcommittee noted that some DHBs had reported using the Nutrison Energy brand of enteral feed, and noted that this is not subsidised in the community. The Subcommittee requested that the view of the Special Foods Subcommittee be sought on this product, but recommended that it only be included in a national PML if it becomes subsidised in the community.
- 2.6 The Subcommittee noted that one DHB had reported using a 2 kcal/ml with fibre enteral feed (TwoCal HN RTH), but considered that this did not need to be included in a national PML.

### **3 Feed Supplements and Additives**

- 3.1 The Subcommittee reviewed the information from DHB hospitals and PHARMAC in relation to products under the Feed Supplements and Additives 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 that they be included in a national preferred medicines list (PML) without need for further prioritisation:
- Maltodextrin

- Powder
  - Oral carbohydrate supplement
    - Powder 95 g carbohydrate per 100 g [Polycal]
  - Oral fat supplement
    - Liquid 95 g fat (medium-chain triglycerides) per 100 ml [MCT Oil]
    - Liquid 50 g fat (long-chain triglycerides) per 100 ml [Calogen]
    - Liquid 50 g fat (medium-chain triglycerides) per 100 ml [Liquigen]
  - Oral protein supplement
    - Powder 5 g protein, 0.67 g carbohydrate and 0.6 g fat per 6.6 g [Promod]
    - Powder 6 g protein per 7 g [Resource Beneprotein]
    - Powder 88.5 g protein, 0.5 g carbohydrate and 1.6 g fat per 100 g [Protifar]
  - Oral supplement
    - Powder 72.7 g carbohydrate and 22.3 g fat per 100 g [Super Soluble Duocal]
  - Carob bean gum with maize starch and maltodextrin
    - Powder [Karicare Food Thickener]
- 3.3 The Subcommittee noted that many DHBs reported using glucose supplements for control of hypoglycaemia and glucose tolerance testing, and recommended that glucose gel 40%, 1.5 mg tablets and powder be included in a national PML. Members noted that glucose powder should be listed alongside extemporaneous compound products.
- 3.4 The Subcommittee noted that a small number of DHBs have used an oral fibre supplement (Stimulance), and noted that this is not subsidised in the community. The Subcommittee recommended that this not be included in a national PML.
- 3.5 The Subcommittee noted that two DHBs have used the Scandishake brand of oral supplement, and noted that this is not subsidised in the community. The Subcommittee recommended that this not be included in a national PML.
- 3.6 The Subcommittee noted that DHBs reported using a variety of food thickeners, including guar gum and maize starch, which are not subsidised in the community. The Subcommittee requested that the view of the Special Foods Subcommittee be sought on the need for alternative food thickeners.
- 3.7 The Subcommittee noted that a Special Authority restriction applies to subsidised food thickener in the Pharmaceutical Schedule, but recommended that no such restriction should apply in a national PML.
- 3.8 The Subcommittee noted that there may be a role for pre-thickened drinks in a hospital environment to improve the day-to-day consistency for patients, given that different hospital staff will be preparing these products for patients. Members noted that as patients would likely have much more consistency in who prepares these products at home, there would be less need for pre-thickened drinks in the community. The Subcommittee recommended seeking the views of the Special Foods Subcommittee on this matter.

#### **4 Foods for Special Diets**

- 4.1 The Subcommittee reviewed the information from DHB hospitals and PHARMAC in relation to products under the Foods for Special Diets heading.

- 4.2 The Subcommittee recommended that all subsidised gluten-free and phenyl-free foods should be included in a national PML.
- 4.3 Members noted that in practice, these products are unlikely to be used within hospitals, as foods naturally free from gluten or phenyl would most likely be prepared instead.

## 5 Nutritional Supplements

- 5.1 The Subcommittee reviewed the information from DHB hospitals and PHARMAC in relation to products under the Nutritional Supplements 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 that they be included in a national preferred medicines list (PML) without need for further prioritisation:
  - Oral feed 1 kcal/ml
    - Powder 23 g protein, 65 g carbohydrate and 2.5 g fat per 100 g [Sustagen Hospital Formula]
    - Liquid 10 g protein, 10.3 g carbohydrate and 2.1 g fat per 100 ml [Fortimel Regular]
    - Liquid 4.2 g protein, 16.7 g carbohydrate and 7.5 g fat per 100 ml [Pediasure]
    - Powder 9 g protein, 34 g carbohydrate and 9 g fat per 57 g [Ensure]
    - Powder 16.8 g protein, 40.2 g carbohydrate, 8.3 g fat and 3 g fibre per 74 g [Oral Impact]
  - Oral feed 1.5 kcal/ml
    - Liquid 6 g protein, 18.4 g carbohydrate and 5.8 g fat per 100 ml [Fortisip]
    - Liquid 6.25 g protein, 20.2 g carbohydrate and 4.92 g fat per 100 ml [Ensure Plus tetrapak]
    - Liquid 3.4 g protein, 18.8 g carbohydrate and 6.8 g fat per 100 ml [NutriniDrink]
    - Liquid 4 g protein and 33.5 g carbohydrate per 100 ml [Fortijuce]
    - Liquid 5.5 g protein, 21.1 g carbohydrate and 4.81 g fat per 100 ml [Ensure Plus can]
  - Oral feed 1.5 kcal/ml with fibre
    - Liquid 3.4 g protein, 18.8 g carbohydrate, 6.8 g fat and 1.5 g fibre per 100 ml [NutriniDrink Multifibre]
    - Liquid 6 g protein, 18.4 g carbohydrate, 5.8 g fat and 2.3 g fibre per 100 ml [Fortisip Multi Fibre]
  - Oral feed 2 kcal/ml with fibre
    - Liquid 8.4 g protein, 22.4 g carbohydrate, 8.9 g fat and 0.8 g fibre per 100 ml [TwoCal HN can]
- 5.3 The Subcommittee noted that some DHBs had reported using the Cubitan brand of oral feed (1.25 kcal/ml), and noted that this is not subsidised in the community. The Subcommittee recommended that this not be included in a national PML.
- 5.4 The Subcommittee noted that some DHBs had reported using the Forticreme brand of oral feed (1.6 kcal/ml), and noted that this is not subsidised in the community. The Subcommittee recommended that this not be included in a national PML.

## **6 Nutritional Supplements for Metabolic Diseases**

- 6.1 The Subcommittee reviewed the information from DHB hospitals and PHARMAC in relation to products under the Nutritional Supplements for Metabolic Diseases 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 that they be included in a national preferred medicines list (PML) without need for further prioritisation:
- Amino acid formula (without methionine)
    - Powder 39 g protein and 34 g carbohydrate per 100 g [XMET Maxamum]
  - Amino acid formula (without isoleucine, leucine and valine)
    - Powder 39 g protein and 34 g carbohydrate per 100 g [MSUD Maxamum]
    - Powder 25 g protein and 51 g carbohydrate per 100 g [MSUD Maxamaid]
  - Amino acid formula (without phenylalanine)
    - Liquid 6.7 g protein, 5.1 g carbohydrate and 2 g fat per 100 ml [Easiphen]
    - Powder 13 g protein, 54 g carbohydrate and 23 g fat per 100 g [XP Analog LCP]
    - Powder 39 g protein and 34 g carbohydrate per 100 g [XP Maxamum]
    - Powder 8.33 g protein and 8.8 g carbohydrate per 20 g sachet [Phlexy-10]
    - Liquid 16 g protein, 7 g carbohydrate and 0.27 g fibre per 100 ml [PKU Lophlex LQ]
    - Powder 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g [PKU Anamix Infant]
    - Powder 25 g protein and 51 g carbohydrate per 100 g [XP Maxamaid]
    - Powder 8.4 g protein, 9.9 g carbohydrate and 3.9 g fat per 29 g sachet [Minaphlex]
    - Tab 833 mg protein equivalent [Phlexy-10]
  - Amino acid formula (without phenylalanine) with minerals
    - Powder 172 mmol sodium 212 mmol potassium 205 mmol calcium and 192 mmol phosphorus per 100 g [Metabolic Mineral Mixture]

## **7 Specialised Formulas**

- 7.1 The Subcommittee reviewed the information from DHB hospitals and PHARMAC in relation to products under the Specialised Formulas 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 that they be included in a national preferred medicines list (PML) without need for further prioritisation:
- Oral feed 1 kcal/ml
    - Liquid 5 g protein, 9.6 g carbohydrate and 5.4 g fat per 100 ml [Glucerna Select]
    - Powder 11 g protein, 62 g carbohydrate, 19 g fat per 100 g [Generaid Plus]
  - Oral feed 1 kcal/ml with fibre
    - Liquid 6.4 g protein, 9.5 g carbohydrate, 4.7 g fat and 1.2 fibre per 100 ml [Resource Diabetic]

- Liquid 4 g protein, 8.8 g carbohydrate, 5.4 g fat and 2.5 g fibre per 100 ml [Diasip]
- Amino acid infant formula
  - Powder 1.9 g protein, 7.9 g carbohydrate and 3.4 g fat per 100 ml [Neocate Advance]
  - Powder 1.95 g protein, 8.1 g carbohydrate and 3.5 g fat per 100 ml [Neocate]
  - Powder 2.2 g protein, 7.8 g carbohydrate and 3.4 g fat per 100 ml [Elec care LCP]
  - Powder 2.2 g protein, 7.8 g carbohydrate and 3.4 g fat per 100 ml [Elec care]
  - Powder 2.9 g protein, 10.5 g carbohydrate and 5.1 g fat per 100 ml [Neocate LCP]
  - Powder 2.4 g protein, 13 g carbohydrate and 2.4 g fat per 100 ml [Vivonex Paediatric]
- Extensively hydrolysed infant formula
  - Powder 1.8 g protein, 6.8 g carbohydrate and 3.5 g fat per 100 ml [Pepti Junior Gold]
- Fat-modified infant formula (90% MCT)
  - Powder 11.4 g protein, 68 g carbohydrate and 11.8 g fat per 100 g [Monogen]
- Premature infant formula
  - Liquid 2.2 g protein, 8.4 g carbohydrate and 4.4 g fat per 100 ml [S26 LBW Gold RTF]
- Oral feed 1 kcal/ml
  - Powder 7.5 g protein, 59 g carbohydrate and 26.3 g fat per 100 g [Kindergen]
- Oral feed 2 kcal/ml
  - Liquid 7.5 g protein, 20 g carbohydrate and 10 g fat per 100 ml [Renilon 7.5 / NovaSource Renal]
  - Liquid 3 g protein, 25.5 g carbohydrate and 9.6 g fat per 100 ml [Suplena]
- Oral feed 2 kcal/ml with fibre
  - Liquid 7 g protein, 20.6 g carbohydrate, 9.6 g fat and 1.56 g fibre per 100 ml [Nepro]
- Oral feed 1.5 kcal/ml
  - Liquid 6.2 g protein, 10.5 g carbohydrate and 9.32 g fat per 100 ml [Pulmocare]

7.3 The Subcommittee noted that DHB hospitals used a range of infant formulas, and considered that it was necessary for them to be able to provide a range of feeding options, so recommended that the following be included in a national PML, in addition to those that are subsidised in the community through the Pharmaceutical Schedule:

- Anti-regurgitation infant formula
  - Powder 1.8 g protein, 8.1 g carbohydrate and 3.3 g fat per 100 ml [Karicare Thickened AR]
- Lactose-free infant formula
  - Powder 1.7 g protein, 7.5 g carbohydrate and 3.7 g fat per 100 ml Karicare [De-Lact]
- Premature infant formula
  - Powder 2.5 g protein, 7.6 g carbohydrate and 4.4 g fat per 100 ml [Karicare Nutriprem]
- Soya infant formula
  - Powder 1.8 g protein, 6.6 g carbohydrate and 3.7 g fat per 100 ml [Karicare Soy All Ages]

- 7.4 The Subcommittee recommended that the following infant formula products not be included in a national PML:
- Goats' milk infant formula
    - Powder 1.4 g protein, 7.7 g carbohydrate and 3.6 g fat per 100 ml [Karicare Goat 1]
  - High MCT infant formula
    - Powder 2 g protein, 8.8 g carbohydrate and 2.7 g fat per 100 ml [MCT Peptide]
  - High MCT infant formula
    - Powder 2.8 g protein, 11.8 g carbohydrate and 3.6 g fat per 100 ml [MCT Peptide 1+]
  - Low calcium infant formula
    - Powder 1.9 g protein, 7 g carbohydrate and 3.4 g fat per 100 ml (13.1 g) [Locasol]
  - Partially hydrolysed infant formula
    - Powder 1.3 g protein, 7.3 g carbohydrate and 3.5 g fat per 100 ml [Karicare HA Gold+]
- 7.5 The Subcommittee noted that the Forticare brand of oral feed (1.6 kcal/ml with fibre), was not in use in DHB hospitals and recommended that this not be included in a national PML.
- 7.6 The Subcommittee noted that one DHB reported using 0.5 kcal/ml oral carbohydrate supplement (Pre-Op). The Subcommittee recommended that this not be included in a national PML.
- 7.7 The Subcommittee noted that there was some use of oral supplements with high levels of arginine in DHB hospitals (Resource Arginaid, Resource Arginaid Extra). The Subcommittee considered that further advice was needed before making a recommendation on the listing of these products in a national PML, and requested that the view of the Special Foods Subcommittee be sought on this issue.

## **8 Prescribing Restrictions**

- 8.1 The Subcommittee noted that all subsidised special foods are restricted by Special Authority restriction in the Pharmaceutical Schedule.
- 8.2 The Subcommittee noted that in a large number of cases it would be appropriate for these restrictions to be carried across to a national PML, however in some cases hospitalised patients would be unable to meet the criteria, such as those that require a trial of food fortification. The Subcommittee considered that in these cases, additional entry criteria would be required.
- 8.3 The Subcommittee requested that the Special Foods Subcommittee be asked to consider, for each product, whether the community criteria are sufficient for hospitals, and where not, to draft alternative prescribing restrictions.

## **Special Foods Subcommittee – 27 August 2012**

### **9 Hospital Pharmaceuticals**

- 9.1 The Subcommittee reviewed a series of recommendations by the Hospital Pharmaceuticals Subcommittee in regards to which pharmaceuticals relevant to Special Foods should be included in a national PML. The Subcommittee also reviewed the responses and comments on the draft recommendations that PHARMAC had received from relevant colleges and professional societies.

#### **FEED ADDITIVES (Modules)**

##### **Recommended for inclusion by the Hospital Pharmaceuticals Subcommittee**

<b>Pharmaceuticals</b>	<b>Subcommittee Comments/Recommendations</b>
<b>Maltodextrin</b> Powder	The Subcommittee considered that maltodextrin should not be a category name it should be oral carbohydrate/maltodextrin supplement. The Subcommittee noted that the brand that has been named “maltodextrin” is no longer available.

Pharmaceuticals	Subcommittee Comments/Recommendations
<b>Carbohydrate/maltodextrin supplement</b> Powder 95 g carbohydrate per 100 g, 400 g [ <b>Polycal</b> ] Powder 95 g carbohydrate per 100 g, 368 g [ <b>Moducal</b> ]	<p>The Subcommittee recommended that this be included in the PML under the Section D restriction which should be amended as follows (additions underlined, deletions in strikethrough):</p> <p><b>Special Authority</b></p> <ul style="list-style-type: none"> <li>• <u>as a component in a modular formula (not as an additive)</u></li> <li>• cystic fibrosis; or</li> <li>• chronic renal failure or continuous ambulatory peritoneal dialysis (CAPD) patient; or</li> <li>• cancer in children; or</li> <li>• cancers affecting alimentary tract where there are malabsorption problems in patients over the age of 20 years; or</li> <li>• <del>failure to thrive; or</del></li> <li>• <u>faltering growth in infants/children</u></li> <li>• <del>growth deficiency; or</del></li> <li>• bronchopulmonary dysplasia; or</li> <li>• premature and post premature infant; or</li> <li>• inborn errors of metabolism.</li> </ul>
<b>Carbohydrate/fructose supplement</b> Powder	<p>The Subcommittee recommended that this be included in the PML and in Section D with the following restriction:</p> <p><b>Special Authority (gastroenterologist, metabolic physician or metabolic disorders dietitian)</b></p> <ul style="list-style-type: none"> <li>• as a component in a modular formula (not as an additive)</li> <li>• inborn errors of metabolism</li> <li>• post-surgical gastroenteritis</li> <li>• glucose/galactose malabsorption</li> </ul>

Pharmaceuticals	Subcommittee Comments/Recommendations
<b>Fat supplement</b>	The Subcommittee recommended that this be included in the PML under the Section D restriction which should be amended as follows (additions underlined, deletions in strikethrough):
Liquid 95 g fat (medium-chain triglycerides) per 100 ml, 500 ml <b>[MCT Oil]</b>	
Liquid 50 g fat (long-chain triglycerides) per 100 ml, 200 ml <b>[Calogen]</b>	
Liquid 50 g fat (long-chain triglycerides) per 100 ml, 500 ml <b>[Calogen]</b>	
Liquid 50 g fat (medium-chain triglycerides) per 100 ml, 250 ml <b>[Liquigen]</b>	<p><b>Special Authority</b></p> <ul style="list-style-type: none"> <li data-bbox="1028 393 1754 417">• <u>As a component in a modular formula (not as an additive)</u></li> <li data-bbox="1028 430 1432 454">• inborn errors of metabolism; or</li> <li data-bbox="1028 466 2039 520">• <del>failure to thrive where other high calorie products are inappropriate or inadequate;</del> or</li> <li data-bbox="1028 533 1462 557">• <u>faltering growth in infants/children</u></li> <li data-bbox="1028 570 1320 593">• <del>growth deficiency;</del> or</li> <li data-bbox="1028 606 1439 630">• bronchopulmonary dysplasia; or</li> <li data-bbox="1028 643 1320 666">• fat malabsorption; or</li> <li data-bbox="1028 679 1320 703">• lymphangiectasia; or</li> <li data-bbox="1028 716 1365 740">• short bowel syndrome; or</li> <li data-bbox="1028 752 1522 776">• infants with necrotising enterocolitis; or</li> <li data-bbox="1028 789 1275 813">• biliary atresia, or</li> <li data-bbox="1028 825 1230 849">• <u>ketogenic diet</u></li> </ul>
<b>Protein supplement</b>	The Subcommittee recommended that this be included in the PML under the Section D restriction which should be amended as follows (additions underlined, deletions in strikethrough):
Powder 5 g protein, 0.67 g carbohydrate and 0.6 g fat per 6.6 g, 275 g <b>[Promod]</b>	
Powder 6 g protein per 7 g, 227 g <b>[Resource Beneprotein]</b>	<p><b>Special Authority</b></p> <ul style="list-style-type: none"> <li data-bbox="1028 1044 1754 1068">• <u>As a component in a modular formula (not as an additive)</u></li> <li data-bbox="1028 1081 1410 1105">• protein losing enteropathy; or</li> <li data-bbox="1028 1117 1432 1141">• high protein needs (e.g. burns).</li> </ul>
Powder 88.5 g protein, 0.5 g carbohydrate and 1.6 g fat per 100 g, 225 g <b>[Protifar]</b>	

Pharmaceuticals	Subcommittee Comments/Recommendations
<b>Carbohydrate and fat supplement</b> Powder 72.7 g carbohydrate and 22.3 g fat per 100 g, 400 g [Super Soluble Duocal]	<p>The Subcommittee noted that this is not used as a modular feed.</p> <p>The Subcommittee recommended that this be included in the PML under the Section D restriction as follows (additions underlined, deletions in strikethrough):</p> <p><b>Special Authority</b></p> <ol style="list-style-type: none"> <li>1 Infant <u>or child</u> aged four years or under with cystic fibrosis.</li> <li>2 Infant <u>or child</u> aged four years or under; and             <ol style="list-style-type: none"> <li>2.1 cancer in children; or</li> <li>2.2 <del>failure to thrive faltering growth</del>; or</li> <li>2.3 growth deficiency; or</li> <li>2.4 bronchopulmonary dysplasia; or</li> <li>2.5 premature and post premature infants.</li> </ol> </li> </ol>

#### Not recommended by the Hospital Pharmaceuticals Subcommittee

Pharmaceuticals	Restrictions
<b>Fibre supplement</b> ► Powder 3.4 g protein, 13.2 g carbohydrate, 0.3 g fat and 76 g fibre per 100 g, 400 g [Stimulance]	<p>The Subcommittee recommended to not include this in the Special Foods Section of the PML.</p> <p>The Subcommittee noted that this is a high fibre product and should be compared to Movicol.</p>
Whey protein isolate (Fonterra)	<p>The Subcommittee noted that this is an alternative oral protein supplement and should be included in the oral protein supplement section of the PML for hospital use. Its cost is approximately \$26 per 20 kg bag. If a smaller pack size could be sourced then it could be included in Section D as an alternative to current products.</p>
Calogen Extra Plus (Nutricia)	<p>The Subcommittee noted that this is a combination fat and protein module which comes in a liquid presentation. It is a combination of Calogen and Promod. The alternative is mixing the fat and protein modules together. The Subcommittee recommended that this is included in the PML and Section D under the common fat and protein module restrictions ie as a component in a modular formula (not as an additive) if available and comparable in cost to the individual fat and protein modules.</p>
Effergize Effervescent Multivitamin tablets (Red Seal)	<p>The Subcommittee noted that this is used as a component in modular feeds when the addition of micronutrients is required to provide a nutritionally complete feed. Currently patients pay for this product when used in the Community. The Subcommittee recommended to list this in the PML and consider for a Section D listing.</p>

<b>Pharmaceuticals</b>	<b>Restrictions</b>
Potassium chloride 1mmol/ml	The Subcommittee noted that these products are supplied in an IV vial and would be included in another section of the PML.
Sodium chloride 1mmol/ml	
Citrus Pectin (powder, Lotus)	The Subcommittee noted that this is currently added to some tube feeds as a modular component. This could be excluded from the PML on the basis that it is a food however it would continue to be used as a modular component. The alternative would be to list it in the PML and consider for a Section D listing.
Probiotic powder	The Subcommittee noted that this could be classified as a food and therefore not included in the PML, however it is used in short gut, intestinal dysmotility and for the prevention of NEC in NICUs - ADHB uses Infloran (Beca) in newborns - <a href="http://www.adhb.govt.nz/newborn/DrugProtocols/Probiotics.htm">http://www.adhb.govt.nz/newborn/DrugProtocols/Probiotics.htm</a> . Could be considered for Section D and a PML listing. As there are a number of probiotic powders (including Primadophilus Reuterii, Nature's Way) prior to any listings the evidence for their use should be formally considered.
Breast milk fortifier <ul style="list-style-type: none"> <li>• FM85 breast milk fortifier (Nestle)</li> <li>• S26 breast milk fortifier (Pfizer)</li> <li>• Nutricia breast milk fortifier (Nutricia)</li> </ul>	The Subcommittee noted that breast milk fortifier is an additive to expressed breast milk that is used in hospitals. It recommended that this is included in the PML as a "breast milk fortifier" as there are not any other uses.

## FOOD THICKENERS

### Recommended for inclusion by the Hospital Pharmaceuticals Subcommittee

Pharmaceuticals	Restrictions
<b>Carob bean gum with maize starch and maltodextrin Powder [Karicare Food Thickener]</b>	The Subcommittee deferred any recommendations regarding food thickeners as they would be discussed in a separate agenda item at the meeting.

## FOODS FOR SPECIAL DIETS

### **Recommended for inclusion by the Hospital Pharmaceuticals Subcommittee**

<b>Pharmaceuticals</b>	<b>Subcommittee Comments/Recommendations</b>
<b>Gluten-free baking mix</b>	
Powder	
<b>Gluten-free bread mix</b>	
Powder	
<b>Gluten-free flour</b>	
Powder	The Subcommittee considered that gluten-free products should be available for Hospital use however they should be considered as food and therefore do not need to be included in the PML.
<b>Gluten-free pasta</b>	
Buckwheat spirals	
Corn and vegetable shells	
Corn and vegetable spirals	
Rice and corn lasagne sheets	
Rice and corn macaroni	
Rice and corn penne	
Rice and maize pasta spirals	
Rice and millet spirals	
Rice and corn spaghetti noodles	
Vegetable and rice spirals	
Italian long style spaghetti	
<b>Low protein baking mix</b>	
Powder [Loprofin Mix]	The Subcommittee recommended that these be included in the PML under the Section D restriction as follows:

<b>Pharmaceuticals</b>	<b>Subcommittee Comments/Recommendations</b>
<b>Low protein pasta</b>	<b>Special Authority</b>
Animal shapes [Loprofin]	Dietary management of homocystinuria; or
Lasagne [Loprofin]	Dietary management of maple syrup urine disease; or
Low protein rice pasta [Loprofin]	Dietary management of phenylketonuria (PKU); or
Macaroni [Loprofin]	For use as a supplement to the Ketogenic diet in patients diagnosed with epilepsy.
Penne [Loprofin]	The Subcommittee recommended that the Special Authority should be widened to include other metabolic conditions (eg glutaric aciduria) if products for them are also listed.
Spaghetti [Loprofin]	
Spirals [Loprofin]	

## STANDARD FEEDS

### Recommended for inclusion by the Hospital Pharmaceuticals Subcommittee

Pharmaceuticals	Subcommittee Comments/Recommendations
<b>Oral feed powder</b>	The Subcommittee recommended: <ul style="list-style-type: none"> <li>• Including Fortisip powder (Oral feed powder) which has recently been listed in Section D in the PML.</li> <li>• Including Jevity HiCal RTH (Enteral feed 1.5 kcal/ml with fibre) and Nutrison Energy RTH (Enteral feed 1.5 kcal/ml without fibre) which were listed in Section D from 1 September and 1 April respectively in the PML.</li> </ul>
Powder 23 g protein, 65 g carbohydrate and 2.5 g fat per 100 g, 900 g [ <b>Sustagen Hospital Formula</b> ]	
Powder 9 g protein, 34 g carbohydrate and 9 g fat per 57 g, 900 g [ <b>Ensure</b> ]	
<b>Oral feed 1.5 kcal/ml</b>	The Subcommittee also considered that: <ul style="list-style-type: none"> <li>• The Ensure Plus HN and the Ensure Plus HN RTH listings in Section D should be amended as they are listed as containing fibre when they do not (they should be listed as Enteral feed 1.5 kcal/ml).</li> <li>• There is a clinical need for a juice/liquid based standard oral feed for patients who cannot tolerate a milk based product in the PML and in Section D.</li> <li>• The milk based products are nutritionally complete and therefore are preferred clinically over the nutritionally incomplete juice/liquid based products. It would be appropriate to include this as an additional access restriction.</li> <li>• There are a number of juice/liquid based products which could be included in the PML or Section D listings such as Fortijuce (Nutricia), Resource Fruit Beverage (Nestle), Enlive Plus (Abbott) and Recover (Flavour Creations).</li> <li>• The juice/liquid based products have the same or similar therapeutic effect as the</li> </ul>
Liquid 4 g protein and 33.5 g carbohydrate per 100 ml, 200 ml [ <b>Fortijuce</b> ]	
Liquid 5.5 g protein, 21.1 g carbohydrate and 4.81 g fat per 100 ml, 237 ml [ <b>Ensure Plus can</b> ]	
Liquid 6 g protein, 18.4 g carbohydrate and 5.8 g fat per 100 ml, 200 ml [ <b>Fortisip</b> ]	
Liquid 6.25 g protein, 20.2 g carbohydrate and 4.92 g fat per 100 ml, 200 ml [ <b>Ensure Plus tetrapak</b> ]	
<b>Oral feed 1.5 kcal/ml with fibre</b>	
Liquid 6 g protein, 18.4 g carbohydrate, 5.8 g fat and 2.3 g fibre per 100 ml, 200 ml [ <b>Fortisip Multi Fibre</b> ]	

Pharmaceuticals	Subcommittee Comments/Recommendations
<b>Enteral feed 1 kcal/ml</b>	powder and milk-based products and therefore should be included in the same therapeutic group in Section D with reference pricing applying to the powder feeds on a kcal per ml basis.
Liquid 4 g protein, 12.3 g carbohydrate and 3.9 g fat per 100 ml, 500 ml [ <b>Nutrison Standard RTH</b> ]	The Subcommittee recommended including all of these products in the PML under the Standard Supplements Restriction detailed below.
Liquid 4 g protein, 12.3 g carbohydrate and 3.9 g fat per 100 ml, 1000 ml [ <b>Nutrison Standard RTH</b> ]	
Liquid 4 g protein, 12.3 g carbohydrate and 3.9 g fat per 100 ml, 500 ml [ <b>Nutrison Low Sodium</b> ]	The Subcommittee noted that Nutrison Low Sodium product is indicated/marketed for (1) for disease related malnutrition, and (2) for those with normal energy requirements but who require a low sodium diet as in heart disease or hypertension. The sodium content of Nutrison Low Sodium is 25 mg per 100 ml compared to 100 mg per 100 ml for Nutrison Standard (both are 1 kcal/ml products). They are not currently funded in Section D. While Capital and Coast DHB indicated that it did not use the low sodium products other centres use them for patients awaiting liver transplantation with significant ascites, CVICU and renal patients. The Subcommittee recommended including low sodium products in the PML for these specific patients groups and that they should be considered for inclusion in Section D for these patient groups.
Liquid 4 g protein, 12.3 g carbohydrate and 3.9 g fat per 100 ml, 1000 ml [ <b>Nutrison Low Sodium</b> ]	
Liquid 4 g protein, 13.6 g carbohydrate and 3.4 g fat per 100 ml, 250 ml [ <b>Osmolite</b> ]	
Liquid 4 g protein, 13.6 g carbohydrate and 3.4 g fat per 100 ml, 500 ml [ <b>Osmolite RTH</b> ]	
Liquid 4 g protein, 13.6 g carbohydrate and 3.4 g fat per 100 ml, 1000 ml [ <b>Osmolite RTH</b> ]	
Liquid 4 g protein, 13.6 g carbohydrate and 3.3 g fat per 100 ml, 250 ml [ <b>Isosource Standard</b> ]	
Liquid 4 g protein, 13.6 g carbohydrate and 3.3 g fat per 100 ml, 1000 ml [ <b>Isosource Standard RTH</b> ]	
<b>Enteral feed 1 kcal/ml with fibre</b>	
Liquid 4 g protein, 14.1 g carbohydrate, 3.47 g fat and 1.76 g fibre per 100 ml, 237 ml [ <b>Jevity</b> ]	
Liquid 4 g protein, 14.1 g carbohydrate, 3.47 g fat and 1.76 g fibre per 100 ml, 500 ml [ <b>Jevity RTH</b> ]	
Liquid 4 g protein, 14.1 g carbohydrate, 3.47 g fat and 1.76 g fibre per 100 ml, 1000 ml [ <b>Jevity RTH</b> ]	
Liquid 4 g protein, 12.3 g carbohydrate, 3.9 g fat and 1.5 g fibre per 100 ml, 500 ml [ <b>Nutrison Multi Fibre</b> ]	
Liquid 4 g protein, 12.3 g carbohydrate, 3.9 g fat and 1.5 g fibre per 100 ml, 1000 ml [ <b>Nutrison Multi Fibre</b> ]	

Pharmaceuticals	Subcommittee Comments/Recommendations
<b>Enteral feed 1.5 kcal/ml</b> Liquid 6.25 g protein, 20 g carbohydrate and 5 g fat per 100 ml, 250 ml [ <b>Ensure Plus HN</b> ] Liquid 6.27 g protein, 20.4 g carbohydrate and 4.9 g fat per 100 ml, 1000 ml [ <b>Ensure Plus HN RTH</b> ]	
<b>Enteral feed 1.5 kcal/ml with fibre</b> Liquid 6 g protein, 18.5 g carbohydrate, 5.8 g fat and 1.5 g fibre per 100 ml, 1000 ml [ <b>Nutrison Energy Multi Fibre</b> ]	

### Standard Supplement Criteria

- 9.2 The Subcommittee noted the Special Authority access criterion that applies to standard supplements in the Community. The Subcommittee noted that the Community criteria are based on the NICE guidelines although a number of specific indications are used instead of the “at risk of malnutrition” criteria. The Subcommittee noted that those patients with one of the specific indications are not required to have tried the “food first approach” while those defined as having malnutrition are required to have tried the “food first” approach.
- 9.3 The Subcommittee noted that currently Impact Advance Recovery is available on DCS for 5 to 7 days prior to major gastrointestinal or head or neck surgery, and that the Standard and High calorie supplement liquid and powder products are available on DCS for up to 10 days prior to hospitalisation and up to 30 days following discharge.
- 9.4 The Subcommittee noted that the Community criteria would exclude some patients in hospitals in whom the use of standard supplements would be appropriate. The Subcommittee considered that these patients included surgical patients, patients who are transitioning off tube feeds or intravenous fluids and patients who have not, or are not anticipated to consume adequate nutrition for a number of days.
- 9.5 The Subcommittee considered whether it was appropriate to amend the community standard supplements criteria to include those patient groups or whether it was more appropriate to restrict usage of standard supplements according to the criteria proposed by NICE. The Subcommittee considered that the NICE criteria would be more appropriate with some amendments.
- 9.6 The Subcommittee considered the transition of patients between hospital and community care and noted that while the current standard supplements Special Authority in Section D included an initial criteria which provided funding for patients transitioning from DCS, DCS was not being used significantly and therefore this criteria could be removed. The Subcommittee also considered that patients should

be discharged and then the use of standard supplements could be considered as most patients did not require them and an assessment in the Community would be appropriate.

9.7 The Subcommittee recommended the following hospital criteria for standard supplements:

- Patients with malnutrition – as determine by NICE (BMI<18.5, >10% weight loss in last 3-6 months, BMI<20 and >5% weight loss in last 3-6 months)
- Patients who have, or are expected to, eat little or nothing for 5 days
- Patients who have a poor absorptive capacity and/or high nutrient losses and/or increased nutritional needs from causes such as catabolism
- Pre and Post-surgery
- Patients being tube fed
- Tube feeding as a transition from IVN

**Not previously considered by the Hospital Pharmaceuticals Subcommittee**

Pharmaceuticals	Subcommittee Comments/Recommendations
<b>Oral feed 1 kcal/ml</b> Liquid 3.8 g protein, 23 g carbohydrate and 12.7 g fibre per 100 ml, 237 ml [Resource Fruit Beverage]	The Subcommittee noted that that Resource Fruit Beverage is discussed above under the Standard Feeds - Oral feed 1.5 kcal/ml category

## SPECIALISED FORMULAS (DIABETIC PRODUCTS)

### Recommended for inclusion by the Hospital Pharmaceuticals Subcommittee

Pharmaceuticals	Subcommittee Comments/Recommendations
<b>Oral feed 1 kcal/ml</b> Liquid 5 g protein, 9.6 g carbohydrate and 5.4 g fat per 100 ml, 250 ml [ <b>Glucerna Select</b> ]	
<b>Oral feed 1 kcal/ml with fibre</b> Liquid 6.4 g protein, 9.5 g carbohydrate, 4.7 g fat and 1.2 fibre per 100 ml, 237 ml [ <b>Resource Diabetic</b> ] Liquid 4 g protein, 8.8 g carbohydrate, 5.4 g fat and 2.5 g fibre per 100 ml, 200 ml [ <b>Diasip</b> ]	The Subcommittee recommended that all of these products be listed in the PML under the Section D restriction as follows: <b>Special Authority:</b> Patient is a type I or II diabetic who is suffering weight loss and malnutrition that requires nutritional support
<b>Enteral feed 1 kcal/ml</b> Liquid 5 g protein, 9.6 g carbohydrate and 5.4 g fat per 100 ml, 1000 ml [ <b>Glucerna Select RTH</b> ] Liquid 4.3 g protein, 11.3 g carbohydrate and 4.2 g fat per 100 ml, 1000 ml [ <b>Diason</b> ]	

## SPECIALISED FORMULAS (ELEMENTAL AND SEMI-ELEMENTAL FEEDS)

### Recommended for inclusion by the Hospital Pharmaceuticals Subcommittee

Pharmaceuticals	Restrictions
<b>Enteral feed 1 kcal/ml</b> Liquid 4 g protein, 17.6 g carbohydrate and 1.7 g fat per 100 ml, 1000 ml [Peptisorb]	The Subcommittee noted that patients with pancreatitis should be using polymeric products. The Subcommittee recommended inclusion of all of these products in the PML under the Special Authority in Section D which should be amended as (additions underlined, deletions in strikethrough): <b>Special Authority</b> Any of the following: <ol style="list-style-type: none"><li>1. malabsorption; or</li><li>2. short bowel syndrome; or</li><li>3. enterocutaneous fistulas; or</li><li>4. <del>pancreatitis</del></li><li>5. <u>eosinophilic oesophagitis</u>.</li><li>6. <u>inflammatory bowel disease</u></li></ol>
<b>Oral feed 0.8 kcal/ml</b> Liquid 2.5 g protein, 11 g carbohydrate and 3.5 g fat per 100 ml, 250 ml [Elemental 028 Extra]	
<b>Oral feed 1 kcal/ml</b> Powder 12.5 g protein, 55.4 g carbohydrate and 3.25 g fat per 79 g sachet [Vital HN] Powder 11.5 g protein, 61.7 g carbohydrate and 0.8 g fat per 80.4 g sachet [Vivonex T.E.N.] Powder 15.8 g protein, 49.5 g carbohydrate and 4.65 g fat per 76 g sachet [Alitraq]	The Subcommittee considered that PHARMAC should obtain advice from an allergy specialist as to whether any of these products would be used in multiple food allergy.

**Not previously considered by the Hospital Pharmaceuticals Subcommittee**

Pharmaceuticals	Subcommittee Comments/Recommendations
<b>Oral feed 3.8 kcal/ml</b>  Powder 13.8 g protein, 5.9 g carbohydrate and 18 g fat per 100 g, 400 g [ <b>MCT Peptide 1+</b> ]	The Subcommittee noted that these are not currently listed in the Schedule and therefore there would be no continuum of care for the patient.
<b>Oral feed</b>  [ <b>MCT Pepdite</b> ]  Powder 13.7 g protein, 62.9 g carbohydrate and 17.5 g fat per 100 g, 400 g [ <b>Peptamen Junior</b> ]  Powder 7.4 g protein, 25.5 g carbohydrate and 12 g fat per 51 g sachet [ <b>Pepdite Junior</b> ]	The Subcommittee noted that these products are currently not in standard use however MCT Pepdite (infant), MCT Pepdite 1+ (1 to 10 year olds) are used in infants and children who require a feed containing hydrolysed protein with an MCT fat content of approximately 75% (eg those with impaired GI function and LCT fat malabsorption or those with chylothorax or lymphatic disorders who are unable to tolerate intact cow's milk protein) as an alternative to IVN when Pepti Junior is not tolerated. Peptamen Junior is an alternative. They are used in a small number of patients (to date 3 this year at Starship). The Subcommittee recommended that a treatment option should be included in the PML or available through an exceptions process.
<b>Enteral feed 1 kcal/ml</b>  Liquid 2.8 g protein, 13.7 g carbohydrate and 3.9 g fat per 100 ml, 500 ml [ <b>Nutrini Peptisorb</b> ]	

## SPECIALISED FORMULAS (HEPATIC PRODUCTS)

### Recommended for inclusion by the Hospital Pharmaceuticals Subcommittee

Pharmaceuticals	Subcommittee Comments/Recommendations
<b>Oral feed 1 kcal/ml</b> Powder 11 g protein, 62 g carbohydrate, 19 g fat per 100 g, 400 g [ <b>Generaid Plus</b> ]	The Subcommittee noted the current Special Authority as follows and deferred any recommendation as this product would be discussed in a separate agenda item at the meeting. <b>Special Authority:</b> Child (up to 18 years) who is awaiting liver transplant

### Not previously considered by the Hospital Pharmaceuticals Subcommittee

Pharmaceuticals	Subcommittee Comments/Recommendations
<b>Oral feed</b> Powder 11 g protein, 64 g carbohydrate and 20 g fat per 100 g, 400 g [ <b>Heparon Junior</b> ] Powder 76 g protein, 5 g carbohydrate and 5.5 g fat per 100 g, 400 g [ <b>Generaid</b> ]	The Subcommittee deferred any recommendation as these products would be discussed in a separate agenda item at the meeting.

## SPECIALISED FORMULAS (HIGH CALORIE PRODUCTS)

### Recommended for inclusion by the Hospital Pharmaceuticals Subcommittee

Pharmaceuticals	Subcommittee Comments/Recommendations
<b>Oral feed 2 kcal/ml with fibre</b> Liquid 8.4 g protein, 22.4 g carbohydrate, 8.9 g fat and 0.8 g fibre per 100 ml, 237 ml <b>[TwoCal HN can]</b>	The Subcommittee recommended that these be included in the PML as below (additions underlined, deletions in strikethrough). Amend the faltering growth criteria in Section D and in the PML. Remove the requirement that lower calorie products should have been tried in the PML but do not remove this requirement for Section D.  <b>Cystic fibrosis</b> Any of the following: 1 Cystic fibrosis; and 2 <del>other lower calorie products have been tried; and</del> 3 patient has substantially increased metabolic requirements.
<b>Enteral feed 2 kcal/ml</b> Liquid 7.5 g protein, 20 g carbohydrate and 10 g fat per 100 ml, 500 ml <b>[Nutrison Concentrated]</b>	 <b>Other indications</b> All of the following: 1 Any of the following: 1.1 any condition causing malabsorption; or 1.2 <del>failure to thrive; or</del> 1.3 <u>faltering growth in infants/children</u> 1.4 increased nutritional requirements; or 1.5 fluid restricted; and 2 <del>other lower calorie products have been tried; and</del> 3 patient has substantially increased metabolic requirements or is fluid restricted.

### Not recommended by the Hospital Pharmaceuticals Subcommittee

Pharmaceuticals	Subcommittee Comments/Recommendations
<b>Enteral feed 2 kcal/ml with fibre</b> Liquid 8.4 g protein, 21.9 g carbohydrate, 9.1 g fat and 0.5 g fibre per 100 ml, 100 ml <b>[TwoCal HN RTH]</b>	The Subcommittee recommended including TwoCal HN RTH in the PML with the same restrictions as Nutrison Concentrated and TwoCal HN can as above as it was listed in Section D from 1 September 2012.

## SPECIALISED FORMULAS (HIGH PROTEIN PRODUCTS)

### Recommended for inclusion by the Hospital Pharmaceuticals Subcommittee

Pharmaceuticals	Subcommittee Comments/Recommendations
<b>Oral feed 1 kcal/ml</b> Liquid 10 g protein, 10.3 g carbohydrate and 2.1 g fat per 100 ml, 200 ml [Fortimel Regular]	The Subcommittee recommended that this be included in the PML under the Section D Special Authority which should be amended as follows (additions underlined, deletions in strikethrough): <b>Special Authority</b> <del>Both:</del> 1 <del>Anorexia and weight loss; and</del> 2 Either: 2.1 decompensating liver disease without encephalopathy; or 2.2 protein losing gastro-enteropathy

### Deferred by the Hospital Pharmaceuticals Subcommittee

Pharmaceuticals	Subcommittee Comments/Recommendations
<b>Enteral feed 1.25 kcal/ml</b> Liquid 6.3 g protein, 14.1 g carbohydrate and 4.9 g fat per 100 ml, 100 ml [Nutrison Protein Plus]	The Subcommittee recommended that these be included in the PML under the following restriction and that they should not be include in Section D. <b>Restriction</b> The patient has a high protein requirement and is/has one of the following:
<b>Enteral feed 1.25 kcal/ml with fibre</b> Liquid 6.3 g protein, 14.1 g carbohydrate, 4.9 g fat and 1.5 g fibre per 100 ml, 100 ml [Protein Plus Multi Fibre]	<ul style="list-style-type: none"> <li>• Bariatric patients</li> <li>• Liver patients</li> <li>• Obese surgical patient</li> <li>• Fluid restricted</li> </ul>

**Not recommended by the Hospital Pharmaceuticals Subcommittee**

Pharmaceuticals	Subcommittee Comments/Recommendations
<b>Oral feed 1.25 kcal/ml</b> Liquid 10 g protein, 14.2 g carbohydrate and 3.5 g fat per 100 ml, 200 ml [ <b>Cubitan</b> ]	The Subcommittee recommended that these are not included in the PML.
<b>Oral feed 1.6 kcal/ml</b> Emulsion 9.5 g protein, 19.3 g carbohydrate and 5 g fat per 100 g, 125 g [ <b>Forticreme</b> ]	

**Not previously considered by the Hospital Pharmaceuticals Subcommittee**

Pharmaceuticals	Subcommittee Comments/Recommendations
<b>Oral feed 1.3 kcal/ml</b> Liquid 9.6 g protein and 22 g carbohydrate per 100 ml, 110 ml [ <b>Recover</b> ]	The Subcommittee noted that these are discussed above in Standard Feeds - Oral feed 1.5 kcal/ml.

## SPECIALISED FORMULAS (ONCOLOGY PRODUCTS)

### Not recommended by the Hospital Pharmaceuticals Subcommittee

Pharmaceuticals	Subcommittee Comments/Recommendations
<b>Oral feed 1.6 kcal/ml with fibre</b> Liquid 9 g protein, 19.1 g carbohydrate, 5.3 g fat and 21 g fibre per 100 ml, 125 ml [Forticare]	The Subcommittee recommended that these are not included in the PML.

## SPECIALISED FORMULAS (PAEDIATRIC PRODUCTS)

### Recommended for inclusion by the Hospital Pharmaceuticals Subcommittee

Pharmaceuticals	Subcommittee Comments/Recommendations
<b>Oral feed 1 kcal/ml</b> Liquid 4.2 g protein, 16.7 g carbohydrate and 7.5 g fat per 100 ml, 200 ml <b>[Pediasure]</b>	The Subcommittee recommended that these be included in the PML under the Section D restriction which should be amended as follows (additions underlined, deletions in strikethrough) <b>Special Authority (oral/enteral feeds)</b> 1 Child aged one to ten years; and 2 Any of the following: 2.1 the child is being fed via a tube or a tube is to be inserted for the purposes of feeding; or 2.2 any condition causing malabsorption; or 2.3 <del>failure to thrive; or</del> 2.4 <u>faltering growth in infants/children; or</u> 2.5 increased nutritional requirements; or 2.6 <u>the child is being transitioned from TPN or tube feeding to oral feeding.</u>
<b>Oral feed 1.5 kcal/ml with fibre</b> Liquid 3.4 g protein, 18.8 g carbohydrate and 6.8 g fat per 100 ml, 200 ml <b>[Fortini]</b>	
<b>Enteral feed 1 kcal/ml</b> Liquid 2.8 g protein, 11.2 g carbohydrate and 5 g fat per 100 ml, 500 ml <b>[Pediasure RTH]</b>	The Subcommittee considered that the transition from TPN or tube feeding to oral feeding criteria should not be included in Section D.
<b>Enteral feed 1.5 kcal/ml</b> Liquid 4.1 g protein, 18.5 g carbohydrate and 6.7 g fat per 100 ml <b>[Nutrini Energy RTH]</b>	The Subcommittee recommended including Pedisure powder (oral feed powder) and Nutrini Energy Multi Fibre (enteral feed 1.5 kcal/ml) in the PML and Section D under the same restrictions as they are being listed in Section D.

Pharmaceuticals	Subcommittee Comments/Recommendations
<b>Amino acid formula</b>	
Powder 1.9 g protein, 7.9 g carbohydrate and 3.4 g fat per 100 ml, 400 g [ <b>Neocate Advance</b> ]	The Subcommittee considered that the word infant should be removed from these formula as they are not restricted to infants.
Powder 1.95 g protein, 8.1 g carbohydrate and 3.5 g fat per 100 ml, 400 g [ <b>Neocate</b> ]	The Subcommittee recommended that these are included in the PML under the Section D restrictions (see below).
Powder 2.2 g protein, 7.8 g carbohydrate and 3.4 g fat per 100 ml, 400 g [ <b>Elecare LCP</b> ]	The Subcommittee considered that Neocate Gold should be included in the PML with the same restrictions. Neocate is being replaced by Neocate Gold and may be discontinued by the supplier by implementation.
Powder 2.2 g protein, 7.8 g carbohydrate and 3.4 g fat per 100 ml, 400 g [ <b>Elecare</b> ]	
Powder 2.9 g protein, 10.5 g carbohydrate and 5.1 g fat per 100 ml, 400 g [ <b>Neocate LCP</b> ]	
Powder 2.4 g protein, 13 g carbohydrate and 2.4 g fat per 100 ml, 48.5 g [ <b>Vivonex Paediatric</b> ]\	
<b>Extensively hydrolysed formula</b>	The Subcommittee recommended that this should be included in the PML under the Section D restriction (see below).
Powder 1.8 g protein, 6.8 g carbohydrate and 3.5 g fat per 100 ml, 450 g [ <b>Pepti Junior Gold</b> ]	
<b>Fat-modified (80% MCT) formula</b>	The Subcommittee recommended inclusion in the PML under the Section D restriction which should be amended as (additions underlined, deletions in strikethrough):
Powder 11.4 g protein, 68 g carbohydrate and 11.8 g fat per 100 g, 400 g [ <b>Monogen</b> ]	<p><b>Special Authority</b></p> <p>Either:</p> <ol style="list-style-type: none"> <li>1 Patient has metabolic disorders of fat metabolism; or</li> <li>2 Patient has chylothorax; or</li> <li>3 <u>Modified as a modular feed for adults</u></li> </ol>

Pharmaceuticals	Subcommittee Comments/Recommendations
<b>Premature formula</b> Liquid 2.2 g protein, 8.4 g carbohydrate and 4.4 g fat per 100 ml, 100 ml [ <b>S26 LBW Gold RTF</b> ] Liquid 2.5 g protein, 7.6 g carbohydrate and 4.4 g fat per 100 ml, 60 ml [ <b>Karicare Nutriprem</b> ]	<p>The Subcommittee recommended inclusion in the PML but not in Section D under the following restriction:</p> <p><b>Special Authority</b>            Infant born before 33 weeks gestation or weighed less than 1.5 kg at birth</p> <p>The Subcommittee noted that S-26 Gold LBW RTF is being delisted from the Schedule from 1 July 2013 as S-26 Gold Premgro has recently been listed and is preferred as a post-discharge formula however S-26 Gold LBW RTF should remain in Section H as it is used in hospitals.</p> <p>The Subcommittee noted that the brand name of Karicare Nutriprem is changing.</p> <p>The Subcommittee recommended that Nestle's Pre Nan formula is included in the PML with the same restrictions.</p>
<b>Anti-regurgitation infant formula</b> Powder 1.8 g protein, 8.1 g carbohydrate and 3.3 g fat per 100 ml, 900 g [ <b>Karicare Thickened AR</b> ]	
<b>Lactose-free infant formula</b> Powder 1.7 g protein, 7.5 g carbohydrate and 3.7 g fat per 100 ml , 900 g [ <b>Karicare De-Lact</b> ]	<p>The Subcommittee recommended that these products are included in the PML as they are required for patients in the event that the patient is diagnosed with the relevant condition while in hospital. Also include S-26 Soy and S-26 Lactose free in the PML.</p>
<b>Soya infant formula</b> Powder 1.8 g protein, 6.6 g carbohydrate and 3.7 g fat per 100 ml , 900 g [ <b>Karicare Soy All Ages</b> ]	

### **SPECIAL AUTHORITY – AMINO ACID FORMULA**

Initial application only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 6 months for applications meeting the following criteria:

Any of the following:

1. Extensively hydrolysed formula has been reasonably trialled and is inappropriate due to documented severe intolerance or allergy or malabsorption; or
2. History of anaphylaxis to cows' milk protein formula or dairy products; or
3. Eosinophilic oesophagitis.

Renewal only from a dietitian, relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

- 1 An assessment as to whether the infant can be transitioned to a cows' milk protein, soy, or extensively hydrolysed infant formula has been undertaken; and
- 2 The outcome of the assessment is that the infant continues to require an amino acid infant formula; and
- 3 General Practitioners must include the name of the dietitian, relevant specialist or vocationally registered general practitioner and date contacted.

## **SPECIAL AUTHORITY – EXTENSIVELY HYDROLYSED FORMULA**

Initial application only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 6months for applications meeting the following criteria:

Any of the following:

- 1 Both:
  - 1.1 Cows' milk formula is inappropriate due to severe intolerance or allergy to its protein content; and
  - 1.2 Either:
    - 1.2.1 Soy milk formula has been trialled without resolution of symptoms; or
    - 1.2.2 Soy milk formula is considered clinically inappropriate or contraindicated; or
- 2 Severe malabsorption; or
- 3 Short bowel syndrome; or
- 4 Intractable diarrhoea; or
- 5 Biliary atresia; or
- 6 Cholestatic liver diseases causing malabsorption; or
- 7 Chylous ascite; or (Monogen or Peptamen Junior should be used for this indication)
- 8 Chylothorax; or (Monogen or Peptamen Junior should be used for this indication)
- 9 Cystic fibrosis; or
- 10 Proven fat malabsorption; or
- 11 Severe intestinal motility disorders causing significant malabsorption; or
- 12 Intestinal failure.

Renewal only from a dietitian, relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

- 1 An assessment as to whether the infant can be transitioned to a cows' milk protein or soy infant formula has been undertaken; and
- 2 The outcome of the assessment is that the infant continues to require an extensively hydrolysed infant formula; and
- 3 General Practitioners must include the name of the dietitian, relevant specialist or vocationally registered general practitioner and the date contacted.

Renewal - (Step Down from Amino Acid Formula) only from a dietitian, relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a dietitian, relevant specialist or vocationally registered general practitioner.

Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

- 1 The infant is currently receiving funded amino acid formula; and
- 2 The infant is to be trialled on, or transitioned to, an extensively hydrolysed formula; and
- 3 General Practitioners must include the name of the dietitian, relevant specialist or vocationally registered general practitioner and the date contacted.

## Deferred by the Hospital Pharmaceuticals Subcommittee

Pharmaceuticals	Subcommittee Comments/Recommendations
<b>Oral feed 1 kcal/ml</b> Liquid 2.6 g protein, 10.3 g carbohydrate, 5.4 g fat and 0.8 g fibre per 100 ml, 100 ml [ <b>Infatrini</b> ]	<p>The Subcommittee recommended including this in the PML under the criteria previously proposed by the Subcommittee in June 2010 as follows:</p> <ul style="list-style-type: none"> <li>• patients that would otherwise concentrate a standard formula</li> <li>• not more than 150 ml per kg</li> <li>• a 6 month initial Special Authority approval period</li> <li>• only one 6 month Special Authority renewal</li> </ul> <p>The Subcommittee also proposed the following options to tighten this criteria should PHARMAC consider it too wide:</p> <ol style="list-style-type: none"> <li>1. The inclusion of an age related energy requirement as for infants over 6 months of age the energy requirement reduces. Maximum of 150 ml per kg for the initial 6 month approval and a maximum of 120 ml per kg for the 6 month renewal.</li> <li>2. The inclusion of a restriction requiring the infant to have significant fluid restriction due to a chronic medical condition.</li> </ol>

## Not previously considered by the Hospital Pharmaceuticals Subcommittee

Pharmaceuticals	Subcommittee Comments/Recommendations
<b>Enteral feed 1 kcal/ml</b> Liquid 3.3 g protein, 12.3 g carbohydrate, and 4.2 g fat per 100 ml, 500 ml [ <b>Tentrini RTH</b> ]	
<b>Enteral feed 1.5 kcal/ml</b> Liquid 4.9 g protein, 18.5 g carbohydrate and 6.3 g fat per 100 ml, 500 ml [ <b>Tentrini Energy RTH</b> ]	The Subcommittee noted that these products are not currently in use and have the same or similar therapeutic effect as currently listed products - Tentrini RTH to Pediasure RTH, Tentrini Energy RTH to Nutrini Energy RTH, and Tentrini Energy Multifibre RTH to Nutrini Energy Multi Fibre. The Subcommittee recommended that these products are not included in the PML unless listed in Section D.
<b>Enteral feed 1.5 kcal/ml with fibre</b> Liquid 4.9 g protein, 18.5 g carbohydrate, 6.3 g fat and 1.1 g fibre per 100 ml, 500 ml [ <b>Tentrini Energy Multifibre RTH</b> ]	

Pharmaceuticals	Subcommittee Comments/Recommendations
<b>Enteral feed 0.75 kcal/ml with fibre 500 ml [Nutrini Low Energy Multifibre RTH]</b>	<p>The Subcommittee recommended including this in the PML under the Section D restriction as below as this was recently listed in Section D:</p> <p><b>Special Authority</b></p> <p>Child (1-8 years) with low energy but normal protein and micronutrient requirements.</p>
<b>Preterm post-discharge infant formula Liquid [S-26 Gold Premgro]</b>	<p>The Subcommittee recommended including this in the PML under the Section D restriction as below as this was recently listed in Section D:</p> <p><b>Special Authority</b></p> <p>The infant was born before 33 weeks gestation or weighed less than 1.5 kg at birth; and</p> <p>2. Any of the following:</p> <p>2.1. The infant has faltering growth (downward crossing of percentiles); or</p> <p>2.2. The infant is not maintaining, or is considered unlikely to maintain, adequate growth on standard infant formula.</p>
<b>Low calcium infant formula Powder [Locasol]</b>	<p>The Subcommittee recommended including this in the PML under the Section D restriction as below:</p> <p><b>Special Authority</b></p> <p>Infant suffering from Williams Syndrome and associated hypercalcaemia.</p>
<b>Extensively hydrolysed infant formula Powder [Alfare]</b>	<p>The Subcommittee recommended that this is not included in the PML unless listed in Section D as there would be no continuum of care for the patient.</p>
<b>[Galactomin 19]</b>	<p>The Subcommittee noted that there are perhaps 3 children going through NPPA using this product and recommended its inclusion in the PML and Section D with the following restriction:</p> <p><b>Restriction</b></p> <ul style="list-style-type: none"> <li>• Patient has inborn error of metabolism or glucose-galactose malabsorption</li> <li>• Prescriber is a metabolic consultant or paediatric gastroenterologist</li> </ul>

## SPECIALISED FORMULAS (RENAL PRODUCTS)

### **Recommended for inclusion by the Hospital Pharmaceuticals Subcommittee**

<b>Pharmaceuticals</b>	<b>Subcommittee Comments/Recommendations</b>
<b>Oral feed 1 kcal/ml</b> Powder 7.5 g protein, 59 g carbohydrate and 26.3 g fat per 100 g, 400 g [ <b>Kindergarten</b> ]	The Subcommittee recommended that this be included in the PML under the Section D restriction which should be amended as follows (additions underlined, deletions in strikethrough):  <b>Special Authority:</b> Child (up to 18 years) with <u>acute or</u> chronic renal failure
<b>Oral feed 2 kcal/ml</b> Liquid 7.5 g protein, 20 g carbohydrate and 10 g fat per 100 ml, 125 ml [ <b>Renilon 7.5</b> ]  Liquid 7.5 g protein, 20 g carbohydrate and 10 g fat per 100 ml, 237 ml [ <b>NovaSource Renal</b> ]  Liquid 3 g protein, 25.5 g carbohydrate and 9.6 g fat per 100 ml, 237 ml [ <b>Suplena</b> ]	The Subcommittee recommended that this be included in the PML under a combined Special Authority which should also be applied to Section D as follows (additions underlined, deletions in strikethrough):  <b>Special Authority</b> <del>Undialysed end stage renal failure</del> Acute or chronic renal failure
<b>Oral feed 2 kcal/ml with fibre</b> Liquid 7 g protein, 20.6 g carbohydrate, 9.6 g fat and 1.56 g fibre per 100 ml, 200 ml [ <b>Nepro</b> ]	The Subcommittee considered that Nepro RTH 500ml should be included in the PML as it will be listed in Section D from 1 September.

### **Not previously considered by the Hospital Pharmaceuticals Subcommittee**

<b>Pharmaceuticals</b>	<b>Subcommittee Comments/Recommendations</b>
<b>Oral feed 2 kcal/ml</b> Liquid 4 g protein, 23.5 g carbohydrate and 10 g fat per 100 ml, 125 ml [ <b>Renilon 4.0</b> ]	The Subcommittee noted that this is not currently used and has the same or similar therapeutic effect to Suplena. The Subcommittee considered that it should not be included in the PML unless listed in Section D as there would be no continuum of care for the patient.

## SPECIALISED FORMULAS (RESPIRATORY PRODUCTS)

### Recommended for inclusion by the Hospital Pharmaceuticals Subcommittee

Pharmaceuticals	Subcommittee Comments/Recommendations
<b>Oral feed 1.5 kcal/ml</b> Liquid 6.2 g protein, 10.5 g carbohydrate and 9.32 g fat per 100 ml, 237 ml [Pulmocare]	The Subcommittee considered that this product is being overprescribed especially by General Practice and patients do just as well on other products. The Subcommittee recommended that it is included in the PML under the Section D restriction which should be amended as follows: <b>Special Authority:</b> Patient has CORD and hypercapnia (include a CO <sub>2</sub> value – this is likely to be around >55mmHg) The Subcommittee considered the criteria should be reviewed after 12 months.

### Not recommended by the Hospital Pharmaceuticals Subcommittee

Pharmaceuticals	Subcommittee Comments/Recommendations
<b>Oral feed 2.5 kcal/ml</b> Powder 4.7 g protein, 65 g carbohydrate and 24.7 g fat per 100 g, 85 g [Scandishake]	The Subcommittee considered that this should not be included in the PML unless listed in Section D as there would be no continuum of care for the patient.

## SPECIALISED FORMULAS (SURGICAL PRODUCTS)

### **Recommended for inclusion by the Hospital Pharmaceuticals Subcommittee**

Pharmaceuticals	Subcommittee Comments/Recommendations
<b>Oral feed 1 kcal/ml with fibre</b> Powder 16.8 g protein, 40.2 g carbohydrate, 8.3 g fat and 3 g fibre per 74 g [ <b>Oral Impact</b> ]	The Subcommittee noted that this product is not available and therefore considered it should not be included in the PML. It noted that Impact Advanced Recovery (see below) is the available alternative.

### **Not recommended by the Hospital Pharmaceuticals Subcommittee**

Pharmaceuticals	Subcommittee Comments/Recommendations
<b>Oral feed 0.5 kcal/ml</b> Liquid 12.6 g carbohydrate per 100 ml, 200 ml [ <b>Pre-Op</b> ]	The Subcommittee noted that this product is water with added carbohydrate and flavouring. Carbohydrate loading is recommended in the Enhanced Recovery After Surgery Programme (ERAS) which is being implemented by the DHB's with the support of the Ministry of Health, although this product is not mentioned in these guidelines. The Subcommittee considered that commercially available food powders provide the same function as the product and therefore this product should not be included in the PML.

### **Not previously considered by the Hospital Pharmaceuticals Subcommittee**

Pharmaceuticals	Subcommittee Comments/Recommendations
<b>Oral feed 1.4 kcal/ml with fibre</b> Liquid 7.6 g protein, 18.9 g carbohydrate, 3.9 g fat and 1.4 g fibre per 100 ml, 237 ml [ <b>Impact Advanced Recovery</b> ]	The Subcommittee recommended that this be included in the PML with the current Discretionary Community Supply criteria (three packs per day for 5-7 days prior to major gastrointestinal or head or neck surgery).

## SPECIALISED FORMULAS (WOUND HEALING PRODUCTS)

### Recommended for inclusion by the Hospital Pharmaceuticals Subcommittee

Pharmaceuticals	Subcommittee Comments/Recommendations
<b>Enteral feed 1 kcal/ml</b> Liquid 4.3 g protein, 11.3 g carbohydrate and 4.2 g fat per 100 ml [Cubison]	The Subcommittee recommended that this is not included in the PML. Cubison is the enteral feed equivalent of Cubitan the oral feed which was considered under the Specialised Formulas (High Protein Products) Section – where the recommendation was not to be included in the PML. It is also not listed in Section D. These products are similar to Resource Arginaid.  The Subcommittee considered that a review of the evidence supporting these product should occur prior to any further consideration for a listing in the PML or Section D. This should include consideration of the protein requirement for burns and extensive wounds patients, and consideration of the protein levels in the wound healing, the low calorie enteral feeds (1.0 kcal/ml) and the protein powder products and the applicable restrictions.

### Deferred by the Hospital Pharmaceuticals Subcommittee

Pharmaceuticals	Subcommittee Comments/Recommendations
<b>Oral feed 0.15 kcal/ml</b> Powder 4.5 g protein with 4 g carbohydrate per 9.2 g sachet [Resource Arginaid]	The Subcommittee considered that a review of the evidence supporting these products should occur prior to any further consideration for a listing in the PML or Section D.
<b>Oral feed 1 kcal/ml</b> Liquid 10.5 g protein with 52 g carbohydrate per 237 ml [Resource Arginaid Extra]	

## METABOLIC PRODUCTS

### Recommended for inclusion by the Hospital Pharmaceuticals Subcommittee

Pharmaceuticals	Subcommittee Comments/Recommendations
<b>Homocystinuria - Amino acid formula (without methionine)</b> Powder 39 g protein and 34 g carbohydrate per 100 g [ <b>XMET Maxamum</b> ]	The Subcommittee recommended inclusion in the PML under the Section D restriction as follows: <b>Special Authority</b> <ul style="list-style-type: none"> <li>• Dietary management of homocystinuria;</li> </ul>
<b>Maple Syrup Urine Disease (MSUD) - Amino acid formula (without isoleucine, leucine and valine)</b> Powder 39 g protein and 34 g carbohydrate per 100 g [ <b>MSUD Maxamum</b> ] Powder 25 g protein and 51 g carbohydrate per 100 g [ <b>MSUD Maxamaid</b> ]	The Subcommittee recommended inclusion in the PML under the Section D restriction as follows: <b>Special Authority</b> <ul style="list-style-type: none"> <li>• Dietary management of maple syrup urine disease;</li> </ul>
<b>Phenylketonuria (PKU) - Amino acid formula (without phenylalanine)</b> Liquid 6.7 g protein, 5.1 g carbohydrate and 2 g fat per 100 ml [ <b>Easiphen</b> ] Powder 13 g protein, 54 g carbohydrate and 23g fat per 100 g [ <b>XP Analog LCP</b> ] Powder 39 g protein and 34 g carbohydrate per 100 g [ <b>XP Maxamum</b> ] Powder 8.33 g protein and 8.8 g carbohydrate per 20 g sachet [ <b>Phlexy-10</b> ] Liquid 16 g protein, 7 g carbohydrate and 0.27 g fibre per 100 ml [ <b>PKU Lophlex LQ</b> ] Powder 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g [ <b>PKU Anamix Infant</b> ] Powder 25 g protein and 51 g carbohydrate per 100 g [ <b>XP Maxamaid</b> ] Powder 8.4 g protein, 9.9 g carbohydrate and 3.9 g fat per 29 g sachet [ <b>Minaphlex</b> ] Tab 833 mg protein equivalent [ <b>Phlexy-10</b> ]	The Subcommittee recommended inclusion in the PML under the Section D restriction as follows: <b>Special Authority</b> <ul style="list-style-type: none"> <li>• Dietary management of phenylketonuria (PKU)</li> </ul> <p>The Subcommittee considered that PHARMAC should determine if XP Analog LCP is still available.</p>

Pharmaceuticals	Subcommittee Comments/Recommendations
<b>Amino acid formula (without phenylalanine) with minerals</b> Powder 172 mmol sodium 212 mmol potassium 205 mmol calcium and 192 mmol phosphorusper 100 g [Metabolic Mineral Mixture]	The Subcommittee noted that metabolic mineral mix is no longer being supplied therefore should not be included in the PML. It noted that Phlexy-Vits would be an appropriate replacement however these are not currently available in New Zealand (see below).

#### Not previously considered by the Hospital Pharmaceuticals Subcommittee

Pharmaceuticals	Subcommittee Comments/Recommendations
<b>Homocystinuria - Amino acid formula (without methionine)</b> HCU Anamix Infant (Infant and toddlers) XMET Maxamaid (1-3 and older) HCU Anamix Junior Liquid (1-3 and older)	The Subcommittee recommended that these be included in the PML and in Section D with the following restriction: <b>Special Authority</b> <ul style="list-style-type: none"> <li>Dietary management of homocystinuria</li> </ul>
<b>Maple Syrup Urine Disease (MSUD) - Amino acid formula (without isoleucine, leucine and valine)</b> MSUD Anamix Infant (Infant and toddlers) MSUD Anamix Junior Liquid (1-3 and older)	The Subcommittee recommended that these be included in the PML and in Section D with the following restriction: <b>Special Authority</b> <ul style="list-style-type: none"> <li>Dietary management of maple syrup urine disease</li> </ul>
<b>Glutaric Aciduria type 1 (GA1) - Amino acid formula (without lysine and low tryptophan)</b> GA Anamix Infant (Infant and toddlers) XLYS Low TRY Maxamaid (1-3 and older)	The Subcommittee recommended that these be included in the PML and in Section D with the following restriction: <b>Special Authority</b> <ul style="list-style-type: none"> <li>Dietary management of glutaric aciduria</li> </ul>
<b>Isovaleric Acidaemia - Amino acid formula (without leucine)</b> IVA Anamix Infant (Infant and toddlers) XLEU Maxamaid (1-3 and older) XLEU Maximum (Older children, adolescents, and adults)	The Subcommittee recommended that these be included in the PML and in Section D with the following restriction: <b>Special Authority</b> <ul style="list-style-type: none"> <li>Dietary management of isovaleric acidaemia</li> </ul>

Pharmaceuticals	Subcommittee Comments/Recommendations
<b>Propionic Acidaemia and Methylmalonic acidaemia - Amino acid formula (without isoleucine, methionine, threonine and valine)</b> MMA/PA Anamix Infant (Infant and toddlers) XMTVI Maxamaid (1-3 and older) XMTVI Maxamum (Older children, adolescents, and adults)	The Subcommittee recommended that these be included in the PML and in Section D with the following restriction: <b>Special Authority</b> <ul style="list-style-type: none"> <li>• Dietary management of propionic acidaemia</li> <li>• Dietary management of methylmalonic acidaemia</li> </ul>
<b>Tyrosinaemia - Amino acid formula (without phenylalanine and tyrosine)</b> TYR Anamix Infant (Infant and toddlers) TYR Anamix Junior Liquid (1-3 and older) TYR Anamix Junior powder (1-3 and older) XPHEN, TYR Maxamaid (1-3 and older)	The Subcommittee recommended that these be included in the PML and in Section D with the following restriction: <b>Special Authority</b> <ul style="list-style-type: none"> <li>• Dietary management of tyrosinaemia</li> </ul>
<b>Urea Cycle Disorders – Essential Amino Acids only</b> Essential amino acid mix (All ages)	The Subcommittee recommended that these be included in the PML and in Section D with the following restriction: <b>Special Authority</b> <ul style="list-style-type: none"> <li>• Dietary management of urea cycle disorders</li> </ul> <p>This is also used in restricted protein modular feeds to ensure that the range of essential amino acids are provided and appropriate criteria would be required.</p>
<b>Urea Cycle Disorders – Complete Amino Acids only</b> Dalamine (All ages)	The Subcommittee recommended that these be included in the PML and in Section D with the following restriction: <b>Special Authority</b> <ul style="list-style-type: none"> <li>• Dietary management of urea cycle disorders</li> </ul>
<b>X-linked adrenoleukodystrophy (ALD)</b> Glycerol Trioleate Oil and Glycerol Trierucate Oil (Lorenzo's Oil) (1-10 years)	The Subcommittee recommended that these be included in the PML and in Section D with the following restriction: <b>Special Authority</b> <ul style="list-style-type: none"> <li>• Adrenoleukodystrophy</li> </ul>

Pharmaceuticals	Subcommittee Comments/Recommendations
Phlexy-Vits (all ages)	<p>The Subcommittee noted that this would be used in rare instances for patients with inborn errors of metabolism and in modular feeds. Previously metabolic mineral mix and ketovite liquid/ tablets were used but these have been discontinued by the supplier. The Subcommittee noted that this product is not currently available in New Zealand however if it was it should be included in the PML and in Section D.</p>
KetoCal 3:1	<p>The Subcommittee noted that PHARMAC is discussing the availability of this product with Nutricia. It noted that if this is available it should be included in the PML and Section D as per the KetoCal 4:1 restriction.</p>
KetoCal 4:1	<p>The Subcommittee recommended including this in the PML under the current Section D Special Authority restriction as follows:</p> <ul style="list-style-type: none"> <li>• Initial application only from a metabolic physician or paediatric neurologist. Approvals valid for 3 months for patients with intractable epilepsy, pyruvate dehydrogenase deficiency or glucose transported type-1 deficiency and other conditions requiring a ketogenic diet.</li> <li>• Renewal only from a metabolic physician or paediatric neurologist. Approvals valid for 2 years for patients on a ketogenic diet and the patient is benefiting from the diet.</li> </ul>
Energivit	<p>The Subcommittee recommended that this be included in the PML and in Section D with the following restriction:</p> <p><b>Special Authority</b></p> <ul style="list-style-type: none"> <li>• For use in a modular feed for the dietary management of metabolic disorders</li> <li>• Application by a metabolic physician</li> </ul>
Add-Ins	<p>The Subcommittee recommended that this should not be included in the PML unless it is listed in Section D as there would be no continuum of care for the patient. If listed it should be under the current Section D restriction:</p> <p><b>Special Authority</b></p> <ul style="list-style-type: none"> <li>• Dietary management of phenylketonuria (PKU)</li> </ul>

Pharmaceuticals	Subcommittee Comments/Recommendations
<b>Biotin</b> 10 mg tabs (if available) otherwise 5 mg tab, 50 mg cap 100mg/10ml ampoules	<p>The Subcommittee recommended that this be included in the PML and in Section D with the following restriction:</p> <p><b>Restriction</b></p> <ul style="list-style-type: none"> <li>• Metabolic physician or metabolic disorders dietician</li> </ul>
<b>L-Carnitine</b> 500mg cap 200mg/ml, 5ml injection 500mg/15ml oral solution	<p>The Subcommittee noted that these are used in emergency rescue regime and in a ketogenic diet.</p> <p>The Subcommittee recommended that these be included in the PML and in Section D with the following restriction:</p> <p><b>Restriction</b></p> <ul style="list-style-type: none"> <li>• Metabolic physician or metabolic disorders dietician or neurologist</li> </ul>
<b>Riboflavin</b> 100 mg tabs or caps	
<b>Vitamin B12</b> 1000ug ampoules adenosylcobalamin 1-5 mg caps (ideally)	<p>The Subcommittee recommended that these be included in the PML and in Section D with the following restriction:</p> <p><b>Restriction</b></p> <ul style="list-style-type: none"> <li>• Metabolic physician or metabolic disorders dietician</li> </ul>
<b>Pyridoxal-5-phosphate (PLP)</b> 50mg tabs or caps	
<b>Folinic acid</b> 15 mg tabs 50mg/5ml, 100mg/10ml and 300mg/30ml amps for IV and IM use	
<b>Arginine</b> 15g/25ml amp 100% powder (400g)	<p>The Subcommittee noted that Arginine powder and 600mg/ml, 25ml infusion were recommended for inclusion in the Alimentary Tract &amp; Metabolism List.</p>
<b>Citrulline</b> 100% powder (100g) 1000 mg per 4g sachet	<p>The Subcommittee recommended that all these products be included in the</p>

Pharmaceuticals	Subcommittee Comments/Recommendations
<b>Phenylalanine</b>	PML and in Section D with the following restriction:
50mg per 4g sachet	<b>Restriction</b> <ul style="list-style-type: none"> <li data-bbox="1156 325 1897 357">• Metabolic physician or metabolic disorders dietician</li> </ul>
<b>Isoleucine</b>	
50mg per 4g sachet	
<b>Valine</b>	
50mg per 4g sachet	
<b>Glycine</b>	
<b>Betaine</b>	The Subcommittee noted that the powder is recommended for inclusion in the Alimentary Tract & Metabolism List
500 mg tabs	
Powder 98% (180g)	The Subcommittee recommended inclusion in the PML and Section D or Section B with the following restriction:
	<b>Restriction</b> <ul style="list-style-type: none"> <li data-bbox="1156 754 1897 786">• Metabolic physician or metabolic disorders dietician</li> </ul>
<b>Glucose gel (fructose and sucrose free)</b>	The Subcommittee noted that this is used in emergency treatment
GlucoGelbuccal absorption (40% dextrose giving 10g glucose per tube)	The Subcommittee recommended inclusion in the PML and Section D with the following restriction:
	<b>Restriction</b> <ul style="list-style-type: none"> <li data-bbox="1156 944 1897 976">• Metabolic physician or metabolic disorders dietician</li> </ul>
Aminogran Mineral Mix	The Subcommittee noted that this is not available
Complete amino acid	The Subcommittee noted that this is cheaper than the essential amino acid mix and is used in modular feeds. A hospital only product made by SHS.
	The Subcommittee recommended it should be included in the PML.
Galactomin 19	The Subcommittee noted that this is included above.
Peptide Module AA Mix	The Subcommittee noted that this is used in modular feeds. A hospital only product made by SHS. PHARMAC to determine if available.

<b>Pharmaceuticals</b>	<b>Subcommittee Comments/Recommendations</b>
XP Analog LCP	The Subcommittee noted that this had been discontinued by the supplier.
Phylexy-10 sachets	The Subcommittee noted that this is included above.

## Hospital Pharmaceuticals Subcommittee – 11 December 2012

### 10 Review of Special Foods Recommendations

- 10.1 The Subcommittee reviewed its previous recommendations in relation to products in the Special Foods group, feedback from other organisations, and recommendations from the Special Foods Subcommittee.

#### *Feed Additives*

- 10.2 The Subcommittee noted the recommendation from the Special Foods Subcommittee for carbohydrate supplements. The Subcommittee recommended that the restriction for carbohydrate supplements be aligned with the restriction for standard feeds.
- 10.3 The Subcommittee noted the recommendation from the Special Foods Subcommittee in relation to fructose supplements, and recommended that paediatricians be included in the prescriber restriction.
- 10.4 The Subcommittee noted the recommendations from the Special Foods Subcommittee in relation to citrus pectin and probiotics. Members noted that these may be considered to be out of scope of a national PML.

#### *Food Thickeners*

- 10.5 The Subcommittee noted that the Special Foods Subcommittee is continuing to review the use of food thickeners in the community, and that this would inform any decision on the availability of these in DHB hospitals. Members noted that food thickeners are widely used in DHB hospitals at present.

#### *Specialised Formulas (Hepatic Products)*

- 10.6 The Subcommittee noted that it had previously recommended that Generaid Plus be included in a national PML. Members noted that this is being replaced by Heparon Junior.

#### *Specialised Formulas (Paediatric Products)*

- 10.7 The Subcommittee noted that the Special Foods Subcommittee had recommended the listing of Galactomin 19 in a national PML and in the community Schedule. The Subcommittee recommended that paediatricians and dietitians be included in the prescriber restriction for this product.

#### *Specialised Formulas (Wound Healing Products)*

- 10.8 The Subcommittee noted that it had previously recommended including Cubison in a national PML. The Subcommittee noted the feedback from the Special Foods Subcommittee, and recommended that this not be included in a national PML at this time.

#### *Specialised Formulas (Metabolic Products)*

- 10.9 The Subcommittee noted the recommendations of the Special Foods Subcommittee in relation to metabolic products. The Subcommittee recommended that the prescriber restrictions for biotin, l-carnitine, betaine, glucose gel, arginine, citrulline,

phenylalanine, isoleucine, valine and glycine include paediatricians in the prescriber restrictions.

## **Pharmacology and Therapeutics Advisory Committee – 14 & 15 February 2013**

### **11 Hospital Pharmaceuticals Review**

- 11.1 The Committee considered a list of pharmaceuticals under consideration for use in DHB hospitals under the Special Foods heading, including advice from the Hospital Pharmaceuticals Subcommittee and the Special Foods Subcommittee. Except where indicated, the Committee agreed with the recommendations by the subcommittees.
- 11.2 The Committee noted that the Special Foods Subcommittee and Hospital Pharmaceuticals Subcommittee had made different recommendations in relation to the in-hospital prescribing restrictions for carbohydrate supplements. The Committee agreed with the recommendations of the Special Foods Subcommittee.
- 11.3 The Committee noted the recommendations of the Special Foods Subcommittee in relation to in-hospital prescribing restrictions for standard supplements. Members noted that the proposed criteria were relatively wide and that it could be useful to be clear that long-term use should conform to the community Special Authority criteria.