

**Hospital Pharmaceuticals Review**  
**PTAC and Hospital Pharmaceuticals Subcommittee minutes for**  
**web publishing**

**Vaccines 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 Vaccines 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 – 3 April 2012

### 1 Vaccines

- 1.1 The Subcommittee reviewed the information from DHB hospitals and PHARMAC in relation to products under the Vaccines heading.
- 1.2 The Subcommittee noted that it had previously made a recommendation in relation of influenza vaccine.
- 1.3 The Subcommittee noted that vaccines are funded in the community through the Immunisation Schedule, which is managed by the Ministry of Health. The Subcommittee recommended that the vaccines in a national PML should largely be based around what is funded under the Immunisation Schedule, and so recommended that the following be included in a national PML:
  - BCG vaccine
  - Diphtheria toxoid with haemophilus B conjugate vaccine, hepatitis B vaccine, pertussis vaccine, poliomyelitis vaccine and tetanus toxoid
  - Diphtheria toxoid with pertussis vaccine, poliomyelitis vaccine and tetanus toxoid
  - Diphtheria toxoid with pertussis vaccine and tetanus toxoid
  - Diphtheria toxoid with tetanus toxoid
  - Haemophilus B conjugate vaccine
  - Hepatitis B vaccine
  - Human papillomavirus vaccine, recombinant
  - Measles vaccine with mumps vaccine and rubella vaccine
  - Neisseria meningitidis vaccine
  - Pneumococcal vaccine
  - Poliomyelitis vaccine
- 1.4 The Subcommittee recommended that prescribing restrictions for vaccines in DHB hospitals should generally be aligned with the funding criteria for them in the Immunisation Schedule, although members noted that there may be a need to have wider access to some agents for hospital-specific uses.
- 1.5 The Subcommittee recommended that hepatitis B vaccine also be available for use in dialysis patients.
- 1.6 The Subcommittee recommended that human papillomavirus vaccine also be available for use prior to transplants.
- 1.7 The Subcommittee recommended that hepatitis A vaccine also be included in a national PML for use prior to transplants.
- 1.8 The Subcommittee recommended that salmonella typhi vaccine also be included in a national PML. The Subcommittee recommended that use of this be limited to typhoid fever outbreaks.
- 1.9 The Subcommittee recommended that varicella zoster vaccine also be included in a national PML for transplant patients and immunosuppressed patients.
- 1.10 The Subcommittee noted that it is common for additional vaccines to be used to vaccinate DHB hospital staff, such as pertussis vaccine and, for dialysis unit staff,

hepatitis A vaccine, and recommended that these uses be included in a national PML.

- 1.11 The Subcommittee noted that some DHB hospitals have funded a pneumococcal vaccine for some COPD patients, but that this indication is not covered in the Immunisation Schedule.
- 1.12 The Subcommittee recommended that, as the following vaccines are not included in the Immunisation Schedule, and as they do not have a niche use in hospitals, they not be included in a national PML:
  - Diphtheria toxoid with haemophilus B conjugate vaccine, pertussis vaccine; and tetanus toxoid
  - Haemophilus B conjugate vaccine with hepatitis B vaccine
  - Hepatitis A vaccine with hepatitis B vaccine
  - Tetanus toxoid

## Hospital Pharmaceuticals Subcommittee – 11 December 2012

### 2 Review of Recommendations

#### *Vaccines*

- 2.1 The Subcommittee noted feedback suggesting that hepatitis B vaccine be available to HIV positive patients and to hepatitis C positive patients. The Subcommittee recommended that these groups be included in the prescribing restrictions for hepatitis B vaccine.
- 2.2 The Subcommittee noted feedback suggesting that human papillomavirus vaccine be available to 9-18 year old males with HIV infection. The Subcommittee recommended that this group be included in the prescribing restriction for human papillomavirus vaccine.
- 2.3 The Subcommittee noted feedback suggesting that varicella zoster vaccine be available to family members of transplant and immunosuppressed patients, and to children with metabolic disorders. The Subcommittee recommended that the view of the Immunisation Subcommittee be sought on this matter.
- 2.4 The Subcommittee noted feedback suggesting that rotavirus vaccine be available to children with metabolic disorders. The Subcommittee recommended that the view of the Immunisation Subcommittee be sought on this matter.
- 2.5 The Subcommittee noted that it had previously made recommendations relating to the availability of several vaccinations for DHB hospital staff. Members noted that PHARMAC was considering excluding staff vaccinations from the scope of a national PML, as these are an occupational health and safety matter.

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

### **3 Hospital Pharmaceuticals Review**

- 3.1 The Committee considered a list of pharmaceuticals under consideration for use in DHB hospitals under the Vaccines heading, including advice from the Hospital Pharmaceuticals Subcommittee. Except where indicated, the Committee agreed with the recommendations by the subcommittee.
- 3.2 The Committee noted that the subcommittee had proposed that the criteria for pneumococcal polysaccharide vaccine (Pneumovax 23) should be in line with the community funding criteria for this product, which would limit use in DHB hospitals to use in splenectomy patients and in children with functional asplenia. Members noted that some DHB hospitals are currently funding this vaccine for other populations as well. The Committee considered that it would be useful for PTAC to have an opportunity to consider a funding application for wider funding of pneumococcal polysaccharide vaccine, given the current funding by some DHB hospitals.