Anti-Infective Subcommittee of PTAC
Meeting held 31 May 2012

(minutes for web publishing)

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

Note:

- that this document is not necessarily a complete record of the Anti-Infective Subcommittee meeting; only the relevant portions of the minutes relating to Anti-Infective Subcommittee discussions about an Application or PHARMAC staff proposal that contain a recommendation are generally published.
- that any part of the minutes relating to hospital pharmaceuticals and the establishment of a national Preferred Medicines List (PML) will be released, in a complete publication with the original Hospital Pharmaceuticals Subcommittee minutes and final recommendations made by PTAC, once PTAC have reviewed each therapeutic group.

The Anti-Infective Subcommittee may:

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

These Subcommittee minutes were reviewed by PTAC at its meeting on 2 and 3 August 2012, the record of which will be available in September 2012.

1 Valganciclovir

1.1 The Subcommittee considered the proposed Special Authority for valganciclovir for cytomegalovirus (CMV).

1.2 The Subcommittee noted that treatment for CMV retinitis in patients with HIV who were immunocompromised was continued until the CD4 count was appropriate to cease therapy. The Subcommittee **recommended** that a renewal for the indication of CMV retinitis be included and that 90 days was appropriate for this indication.

1.3 The Subcommittee questioned whether there should be initial applications for other CMV serostatus patients undergoing solid organ transplant (i.e. recipient CMV positive). The Subcommittee noted that the proposed Special Authority indications were consistent with the Auckland District Health Board (ADHB) hospital protocols. The Subcommittee agreed to review any changes to the Special Authority and requested that PHARMAC staff confirm the proposed Special Authority with Auckland DHB.

2 Voriconazole

2.1 The Subcommittee noted that the minute of the previous discussion relating to voriconazole did not include reference to Clinical Microbiologists. The Subcommittee **recommended** that Clinical Microbiologists should be included in the restriction for proven or probable invasive fungal infection for voriconazole, but not included in the possible fungal infection restriction for voriconazole.

3 Posaconazole

3.1 The Subcommittee noted that the minute of the previous discussion relating to posaconazole did not include reference to Clinical Microbiologists. The Subcommittee considered there was no requirement to include Clinical Microbiologists in this prescribing restriction.

3.2 The Subcommittee **recommended** that the Special Authority for posaconazole should include re-induction therapy as follows (changes from previous recommendation in bold:

Initial Application from Haematologist or Infectious Disease Physician
Approvals valid for 6 weeks for patients meeting the following criteria:
Both:

1 Either:
   - 1.1 Patient has acute myeloid leukemia; or
   - 1.2 Patient is planned to receive a stem cell transplant and is at high risk for aspergillus infection; and

2 Patient is to be treated with high dose Remission Induction therapy **or re-induction therapy**

Renewal Application from Haematologist or Infectious Disease Physician
Approvals valid for 6 weeks for patients meeting the following criteria:
Both

Chair

1 Patient has previously received posaconazole prophylaxis during Remission Induction therapy; and
2 Any of the following:
  2.1 Patient is to be treated with high dose Remission Re-induction therapy; or
  2.2 Patient is to be treated with high dose Consolidation therapy; or
  2.3 Patient is receiving a high risk stem cell transplant.

Chair