Mental Subcommittee of PTAC
Meeting held 4 June 2015

(minutes for web publishing)

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

The Mental Health 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 13 & 14 August 2015, the record of which is now available.

Record of the Mental Health Subcommittee of the Pharmacology and Therapeutics Advisory Committee (PTAC) meeting held at PHARMAC on 4 June 2015

1 Zuclopenthixol decanoate 500 mg per ml, 1 ml Injection

1.1 The Subcommittee noted that zuclopenthixol decanoate depot injection 200 mg per ml, 1 ml is funded in the community and listed on the HML. The Subcommittee noted that PHARMAC had received a request from a hospital clinician to fund a higher strength of zuclopenthixol deconoate depot injection – 500mg per ml, 1 ml.

1.2 The Subcommittee noted that the Hospital Pharmaceuticals Subcommittee had previously recommended against listing the higher dose on the HML because it was not registered, and that the Mental Health Subcommittee had previously recommended against listing it because of lack of clinical need for the higher dose.

1.3 The Subcommittee noted that the applicant had advised that some patients were receiving 600 mg of zuclopenthixol decanoate depot injection weekly, which members considered was a very high dose. The Subcommittee considered that it would be unpleasant for patients to receive multiple injections; therefore, there may be some benefit of a 500 mg per ml, 1 ml preparation for patients on very high doses.

1.4 The Subcommittee considered that it would be very unlikely that many patients in New Zealand would be on such high doses of zuclopenthixol decanoate, so usage of the higher strength would be very low if it was funded. The Subcommittee considered that listing the higher strength would be very unlikely to grow the market and would simply replace some use of the lower strength.

1.5 The Subcommittee considered that if zuclopenthixol decanoate 500 mg per ml, 1 ml was funded it should be listed in Section B of the Pharmaceutical Schedule as well as the HML because most patients would receive injections in the community.

1.6 The Subcommittee **recommended** that zuclopenthixol decanoate 500 mg per ml, 1 ml be listed in Section B of the Pharmaceutical Schedule and on the HML; however, the Subcommittee expressed its strong preference for a registered product to be funded.

2 Paliperidone/Risperidone/Olanzapine Depot Injection Criteria

2.1 The Subcommittee considered a consultation response (from the paliperidone depot injection funding proposal consultation) from a clinician suggesting that the Special Authority criteria for paliperidone depot injection be amended such that “the period of hospitalisation per year be reduced to 10 days” and that approval reviews be moved to every second year.

2.2 The Subcommittee considered that any change of this nature to the paliperidone depot injection Special Authority criteria would also need to be applied to the risperidone depot and olanzapine depot Special Authority criteria.

2.3 The Subcommittee noted that the relevant initial criterion, which states that the patient "has been admitted to hospital or treated in respite care, or intensive outpatient or home-based treatment for 30 days or more in the last 12 months" was sufficiently broad, and noted that the criterion did not require the patient to have been hospitalised for 30 days or more. The Subcommittee considered that making renewal applications yearly was not particularly burdensome and noted that patients would be seen regularly anyway.

2.4 The Subcommittee considered that there was no unmet clinical that would be met by making either of the suggested changes and **recommended** that the clinician's request to amend the paliperidone depot injection Special Authority criteria be declined.

3 Methylphenidate and Dexamfetamine

3.1 The Subcommittee noted that most of the usage and expenditure on simulants/ADHD treatments is accounted for by methylphenidate.

3.2 The Subcommittee noted that at its previous meeting in July 2013 the Subcommittee had deferred making a recommendation to fund methylphenidate for treatment-resistant depression pending publication of the new Royal Australian New Zealand College of Psychiatrists (RANZCP) guidelines for the treatment of depression. The Subcommittee noted that the new guidelines have not been published but the RANZCP is due to release the draft of the new guidelines for public feedback on 9 June 2015. The Subcommittee again deferred making a recommendation in relation to methylphenidate for treatment-resistant depression pending publication of the new guidelines.

3.3 The Subcommittee noted that nurse practitioners registered with the Nursing Council of New Zealand practising within their area of practice ("nurse practitioner") can now legally prescribe methylphenidate or dexamfetamine on the recommendation of a psychiatrist or paediatrician (for ADHD), neurologist or respiratory specialist (for narcolepsy) or palliative care specialist (for palliative care). The Subcommittee noted that nurse practitioners are not able to apply for Special Authorities for methylphenidate or dexamfetamine, as the funding rules limit these applications to the relevant specialist types or a medical practitioner on the recommendation of a relevant specialist. Nurse Practitioners are not "medical practitioners" as defined in the Medicines Act 1981 or the HPCA Act 2003. The Subcommittee noted that this means that nurse practitioners are not able to initiate a patient onto funded methylphenidate or dexamfetamine although they would be able to write subsequent prescriptions once a Special Authority approval had been granted. The Subcommittee considered that this was appropriate, and that the Special Authority should not be amended