Hospital Pharmaceuticals Review

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

Dermatologicals therapeutic group

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This document contains minutes relevant to the consultation document of 19 November 2012 relating to products in the Dermatologicals therapeutic group.

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

Contents

Hospital Pharmaceuticals Subcommittee – 4 October 2011

1 Antiacne Preparations

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

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

- Adapalene
  - Crm 0.1%
  - Gel 0.1%
- Benzoyl peroxide
  - Soln 5%
- Isotretinoin
  - Cap 10 mg
  - Cap 20 mg
- Tretinoin
  - Crm 0.05%
- Triclosan
  - Soln 1%

1.3 The Subcommittee recommended that the listing of isotretinoin and triclosan in a national PML be subject to restrictions on their use that are in line with the restrictions for them in the Pharmaceutical Schedule.

1.4 The Subcommittee recommended that, as benzyoyl peroxide gel (2.5%, 5% and 10%) is not subsidised in the Pharmaceutical Schedule and as it does not have a niche use in hospitals, it not be included in a national PML.

1.5 The Subcommittee recommended that, as clindamycin 1% solution is not subsidised in the Pharmaceutical Schedule and as it does not have a niche use in hospitals, it not be included in a national PML.

1.6 The Subcommittee recommended that, as isotretinoin 0.05% gel is not subsidised in the Pharmaceutical Schedule and as it does not have a niche use in hospitals, it not be included in a national PML.

1.7 The Subcommittee recommended that, as retinol palmitate ointment (2000 iu per g) is not subsidised in the Pharmaceutical Schedule and as it does not have a niche use in hospitals, it not be included in a national PML.

2 Antipruritic Preparations

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

2.2 The Subcommittee noted that crotamiton 10% cream is commonly used in DHB hospitals and is fully subsidised in the Pharmaceutical Schedule and recommended that it be included in a national preferred medicines list (PML).

2.3 The Subcommittee noted that calamine is subsidised in the Pharmaceutical Schedule, but noted that it is typically not recommended by dermatologists owing to its drying effect. The Subcommittee recommended that calamine not be included in a national PML, and considered that PHARMAC should consider removing this from the Pharmaceutical Schedule.

3 Barrier Creams and Emollients

3.1 The Subcommittee reviewed the information from DHB hospitals and PHARMAC in relation to products under the Barrier Creams and Emollients 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:

- Dimethicone
  - Crm 5%
- Zinc
  - Crm BP
  - Oint BP
- Zinc and castor oil
  - Crm
  - Oint BP
- Aqueous cream
  - Crm BP
- Benzalkonium chloride with panthenol
  - Crm 0.05% with panthenol 5%
- Cetomacrogol (sorbolene)
  - Crm BP
- Emulsifying ointment
  - Oint BP
- Glycerol with paraffin
  - Crm 10% with white soft paraffin 5% and paraffin liquid 10%
- Oil in water emulsion
  - Crm
- Paraffin
  - Crm white soft paraffin with paraffin liquid
  - Oint paraffin liquid 50% with white soft paraffin 50%
  - White soft
  - Yellow soft
- Paraffin with wool fat
  - Lotn paraffin liquid 15.9% with wool fat 0.6%
  - Lotn paraffin liquid 91.7% with wool fat 3%
- Urea
  - Crm 10%
- Wool fat
  - Crm

3.3 The Subcommittee noted that the following pharmaceuticals are not subsidised in the Pharmaceutical Schedule and, as they do not have a niche use in hospitals, recommended that they not be included in a national PML:

- Dimethicone
  - Crm 10%
- Dimethicone with calamine and retinol palmitate
  - Crm 10 mg with calamine 100 mg and retinol palmitate 150 µg per g
- Dimethicone with cetyl alcohol and glycerol
  - Crm 15% with cetyl alcohol 5% and glycerol 2%
- Zinc with glycerol
  - Oint
- Benzalkonium chloride with triclosan and paraffin
  - Soln 6% with triclosan 2% and paraffin liquid 52.5%
- Cetomacrogol with glycerol
  - Crm 90% with glycerol 10%
- Cetomacrogol with paraffin and cetyl alcohol
  - Crm cetomacrogol with white soft paraffin, paraffin liquid and cetyl alcohol
- Oily cream
  - Crm BP
- Paraffin with retinol palmitate
  - Oint yellow soft paraffin with retinol palmitate 600 µg per g
- Paraffin with wool fat
  - Crm paraffin liquid 12.6% with white soft paraffin 14.5% and wool fat 1%
- Urea with lactic acid
  - Crm 10% with lactic acid 5%

3.4 The Subcommittee deferred making a recommendation on the listing of wool fat anhydrous ointment in a national PML. The Subcommittee noted that it may have a role in compounding, and deferred consideration of this until the review of compounding products at a subsequent meeting.

3.5 The Subcommittee recommended seeking the views of nurses, particularly those specialising in wound care, on products in the barrier creams and emollients section.

4 Corticosteroids

4.1 The Subcommittee reviewed the information from DHB hospitals and PHARMAC in relation to products under the Corticosteroids heading.

4.2 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:

- Betamethasone valerate
  - Crm 0.1%
  - Lotn 0.1%
  - Oint 0.1%
- Clobetasol propionate
  - Crm 0.05%
  - Oint 0.05%

- Clobetasone butyrate
  - Crm 0.05%
- Hydrocortisone
  - Crm 0.5%
  - Crm 1%
- Hydrocortisone acetate
  - Crm 1%
- Hydrocortisone butyrate
  - Lipocream 0.1%
  - Milky emul 0.1%
  - Oint 0.1%
- Hydrocortisone with wool fat and paraffin liquid
  - Lotn 1% with paraffin liquid 15.9% and wool fat 0.6%
- Methylprednisolone aceponate
  - Crm 0.1%
  - Oint 0.1%
- Mometasone furoate
  - Crm 0.1%
  - Lotn 0.1%
  - Oint 0.1%
- Triamcinolone acetonide
  - Crm 0.02%
  - Oint 0.02%
- Betamethasone valerate with fusidic acid
  - Crm 0.1% with fusidic acid 2%
- Hydrocortisone with miconazole
  - Crm 1% with miconazole nitrate 2%
- Hydrocortisone with natamycin and neomycin
  - Crm 1% with natamycin 1% and neomycin sulphate 0.5%
  - Oint 1% with natamycin 1% and neomycin sulphate 0.5%
- Triamcinolone acetonide with gramicidin, neomycin and nystatin
  - Crm 1 mg with nystatin 100,000 u, neomycin sulphate 2.5 mg and gramicidin 250 µg per g

4.3 The Subcommittee considered that further advice was needed before making a recommendation on the listing of betamethasone dipropionate 0.05% cream and ointment. The Subcommittee requested the view of dermatologists on the need for this in a national PML, and the benefits of this over other topical corticosteroids.

4.4 The Subcommittee considered that further advice was needed before making a recommendation on the listing of diflucortolone valerate 0.1% cream and fatty ointment. The Subcommittee requested the view of dermatologists on the need for this in a national PML, and the benefits of this over other topical corticosteroid.

4.5 The Subcommittee noted that the following pharmaceuticals are not fully subsidised in the Pharmaceutical Schedule and, as they do not have a niche use in hospitals, recommended that they not be included in a national PML:

- Clobetasone butyrate
  - Oint 0.05%
- Betamethasone valerate with clioquinol
  - Crm 0.1% with clioquiniol 3%

- Betamethasone valerate with clioquinol
  - Oint 0.1% with clioquiniol 3%
- Hydrocortisone butyrate with chlorquinaldol
  - Crm 0.1% with chlorquinaldol 3%
- Hydrocortisone with miconazole
  - Crm 0.5% with miconazole nitrate 2%
- Triamcinolone acetonide with gramicidin, neomycin and nystatin
  - Oint 1 mg with nystatin 100,000 u, neomycin sulphate 2.5 mg and gramicidin 250 µg per g

5 Dusting Powders

5.1 The Subcommittee reviewed the information from DHB hospitals and PHARMAC in relation to dihemanil methylsulphate.

5.2 The Subcommittee noted that diphemanil methylsulphate 2% powder was in use in around half of all DHBs, and noted that it is an important agent for patients with prostheses. The Subcommittee recommended that it be included in a national PML.

6 Other Skin Preparations

6.1 The Subcommittee reviewed the information from DHB hospitals and PHARMAC in relation to products under the Other Skin Preparations 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:

- Heparinoid
  - Crm 0.3%
- Fluorouracil sodium
  - Crm 5%
- Calcium gluconate
  - Gel 2.5%
- Magnesium sulphate
  - Paste

6.3 The Subcommittee noted that cream and lotion forms of sunscreen are both subsidised in the Pharmaceutical Schedule and that one was fully funded under endorsement criteria. The Subcommittee recommended that either a cream or lotion form of sunscreen be included in a national PML. The Subcommittee considered that it was not necessary to include both, and that it was not important which was available.

6.4 The Subcommittee considered that further advice was needed before making a recommendation on the listing of hydrogen peroxide in a national PML. The Subcommittee noted that it had previously recommended 3% (10 vol) solution be included in a national PML, but was unsure if there was also need for a 6% (20 vol) solution to be included. The Subcommittee recommended that the view of wound management nurses be sought on this matter.

6.5 The Subcommittee noted that urea 25% ointment is not widely used in DHB hospitals and is not subsidised in the Pharmaceutical Schedule. The Subcommittee considered that it did not need to be included in a national PML.

6.6 The Subcommittee noted that vitamin E cream is not widely used in DHB hospitals and is not subsidised in the Pharmaceutical Schedule. The Subcommittee considered that it did not need to be included in a national PML.

6.7 The Subcommittee noted that two DHBs had reported using methyl aminolevulinate hydrochloride cream. The Subcommittee noted that there may be difficulties associated with including this product on a national PML, as this product requires the purchase of specialised equipment to administer the product, and PML listing may indicate that DHBs are required to purchase this equipment. Members noted that non-inclusion in a national PML may equally present difficulties, as two DHBs have already purchased this equipment. The Subcommittee recommended that it not be included in a national PML, but considered that this issue may have to be reconsidered at a later time.

7 Psoriasis and Eczema Preparations

7.1 The Subcommittee reviewed the information from DHB hospitals and PHARMAC in relation to products under the Psoriasis and Eczema Preparations heading.

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

- Acitretin
  - Cap 10 mg
  - Cap 25 mg
- Calcipotriol
  - Crm 50 µg per g
  - Oint 50 µg per g
  - Soln 50 µg per ml
- Coal tar with salicylic acid and sulphur
  - Oint 12% with salicylic acid 2% and sulphur 4%
- Coal tar with triethanolamine laryl sulphate and fluorescein
  - Soln 2.3% with triethanolamine lauryl sulphate and fluorescein sodium
- Adalimumab
  - Inj 40 mg per 0.8 ml pen
  - Inj 40 mg per 0.8 ml syringe
- Etanercept
  - Inj 25 mg
  - Inj 50 mg
- Infliximab
  - Inj 100 mg

7.3 The Subcommittee recommended that the listing of acitretin in a national PML be subject to restrictions on its use that are in line with the Special Authority restriction for it in the Pharmaceutical Schedule.

7.4 The Subcommittee recommended that the listing of adalimumab and etanercept in a national PML for psoriasis be subject to restrictions on their use that are in line with the Special Authority restriction for it in the Pharmaceutical Schedule.

7.5 The Subcommittee recommended that the listing of infliximab in a national PML for psoriasis be subject to restrictions on its use that are in line with the Special Authority restrictions for adalimumab and etanercept.

7.6 The Subcommittee considered that further advice was needed before making a recommendation on the listing of methoxsalen 10 mg capsules in a national PML. The Subcommittee recommended that the view of dermatologists be sought on the need for methoxsalen in a national PML, and the benefits of this over other treatment options. The Subcommittee requested further information as to whether PUVA treatment was primarily a public or private treatment.

7.7 The Subcommittee noted that there is a small demand for a topical tacrolimus preparation for Crohn's disease, but noted that this could be achieved either by a proprietary preparation or compounding from capsules. The Subcommittee recommended seeking advice from gastroenterologists on this issue. The Subcommittee noted that there may be benefit from having this available in the community.

7.8 The Subcommittee noted that the following pharmaceuticals are not fully subsidised in the Pharmaceutical Schedule and, as they do not have a niche use in hospitals, recommended that they not be included in a national PML:

- Coal tar with allantoin, menthol, phenol and sulphur
  - Soln 5% with sulphur 0.5%, menthol 0.75%, phenol 0.5% and allantoin crm 2.5%
- Tar with coal tar and cade oil
  - Liq 0.1% with coal tar 0.3% and cade oil 0.3%
- Pimecrolimus
  - Crm 1%

7.9 The Subcommittee noted that dithranol 1% cream had been discontinued and considered that it did not need to be included in a national PML.

7.10 The Subcommittee noted that ustekinumab is not in use in DHB hospitals, and that it would be considered a community pharmaceutical. The Subcommittee noted that PTAC has recommended that it only be listed in the Pharmaceutical Schedule if cost-neutral compared to other funded biologics. The Subcommittee recommended that it only be included in a national PML if it becomes listed in the Pharmaceutical Schedule.

8 Scalp Preparations

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

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

- Betamethasone valerate
  - Scalp app 0.1%
- Clobetasol propionate
  - Scalp app 0.05%
- Hydrocortisone butyrate
  - Scalp lotn 0.1%

8.3 The Subcommittee considered that further advice was needed before making a recommendation on the listing of coal tar shampoo in a national PML. The Subcommittee recommended that the view of dermatologists be sought on the need for this in a national PML.

8.4 The Subcommittee noted that cetrimide shampoo is not subsidised in the Pharmaceutical Schedule and, as it does not have a niche use in hospitals, recommended that it not be included in a national PML.

9 Wart Preparations

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

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

- Imiquimod
  - Crm 5%
- Podophyllotoxin
  - Soln 0.5%
- Silver nitrate
  - Sticks with applicator

9.3 The Subcommittee recommended that the listing of imiquimod in a national PML be subject to restrictions on its use that are in line with the Special Authority restriction for it in the Pharmaceutical Schedule.

9.4 The Subcommittee noted that the following pharmaceuticals are not subsidised in the Pharmaceutical Schedule and, as they do not have a niche use in hospitals, recommended that they not be included in a national PML:

- Podophyllum resin with salicylic acid
  - Oint 20% with salicylic acid 25%
- Salicylic acid
  - Gel 27%
- Salicylic acid with lactic acid
  - Liq 16.7% with lactic acid 16.7%

Hospital Pharmaceuticals Subcommittee – 1 November 2011

10 Matters Arising

10.1 The Subcommittee noted that there is some use of zinc oxide 15.25% with wool fat 4% cream (Sudocrem) in DHB hospitals. The Subcommittee recommended that PHARMAC seek the view of dermatologists and wound care nurses on the need for this in a national PML.

Dermatology Subcommittee – 15 May 2012

11 Hospital Pharmaceuticals

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

Anti-Acne preparations

11.2 The Subcommittee recommended that a low strength benzoyl peroxide cream/gel, be included in a national PML, but that this should be a community lead listing. Members considered there was no requirement for a higher strength of benzyl peroxide as there was no increase in response with increasing potency.

11.3 The Subcommittee recommended including Paediatricians in the restriction for isotretinoin on the PML as this would be within their scope of practice.

11.4 The Subcommittee considered that fusidic acid cream and ointment and mupirocin ointment 2% should be restricted due to concerns regarding resistance. The Subcommittee recommended that this be restricted to Infectious Disease Specialists, Clinical Microbiologists and Dermatologists.

Antibacterials

11.5 The Subcommittee recommended that potassium permanganate crystals or tablets should be included in a national PML as an antiseptic/disinfectant for infected eczema. The Subcommittee noted this should be a community lead decision.

11.6 The Subcommittee noted and agreed with the Australasian Society for Infectious Disease recommendation that fusidic acid be used subject to a recommendation from Dermatologists, Infectious Disease Physicians and Clinical Microbiologists.

11.7 The Subcommittee noted the recommendation that mupirocin ointment be listed in a national PML and recommended that, due to the risk of developing antibiotic resistance, use should be restricted to a recommendation from a Dermatologist, Infectious Disease Physician or Clinical Microbiologist as per the recommendation by the Australasian Society of Infectious Diseases.

11.8 The Subcommittee recommended that minocycline 50 mg tablets be included in a national PML for the treatment of rosacea and other acneiform conditions, but that this should be a community lead listing.

Antifungals

11.9 The Subcommittee recommended that bifonazole cream, clotrimazole soln, econazole cream, ketoconazole cream, miconazole dusting powder, miconazole spray powder and miconazole nitrate with zinc not be included in the national PML.

11.10 The Subcommittee noted the recommendations of the Anti-Infective Subcommittee in relation to prescribing restrictions for itraconazole in a national PML, and recommended that Dermatologists be included in the prescriber restriction.

11.11 The Subcommittee considered that ketoconazole tablets should be restricted to Infectious Disease Physicians, Clinical Microbiologists and Dermatologists on a national PML.

Antiparasitics

11.12 The Subcommittee recommended that metronidazole gel 0.75% be included in a national PML for fungating wounds and that this should be funded in the community with a high priority.

Antipruritic Preparations

11.13 The Subcommittee noted the comments by the Hospital Pharmaceuticals Subcommittee in relation to calamine lotion, but recommended that this continue to be available in the community, and included in a national PML.

Barrier creams

11.14 The Subcommittee recommended that Zinc paste should be included in a national PML as this had benefits over the other presentations.

11.15 The Subcommittee considered there may be a requirement for Cavilon no-sting barrier film spray and Cavilon durable barrier cream to be included in a national PML for wound care.

11.16 The Subcommittee noted that zinc 15.25% with wool fat 4% cream (Sudocrem) may increase patient compliance as its texture was better than other zinc containing products. The Subcommittee considered that there was no other benefit to this treatment and recommended seeking the opinion of a General Practitioner. .

11.17 The Subcommittee recommended that PHARMAC list an alternative barrier cream on the Pharmaceutical Schedule and that a dimethicone cream or zinc paste product would be acceptable.

Emollients

11.18 The Subcommittee noted that the Hospital Pharmaceuticals Subcommittee had recommended including benzalkonium chloride 0.05% with panthenol 5% cream in a national PML; the Subcommittee recommended that this be excluded from a national PML.

11.19 The Subcommittee recommended that liquid paraffin 50% with white soft paraffin 50% be included in a national PML, however this should be a community-led listing. Members noted that this should be included in the community for paediatric patients e.g. with eczema or ichthyosis. Members noted that compliance with this product reduced after this age due to its consistency. The Subcommittee considered that this should be a first line treatment for atopic eczema in children. The Subcommittee recommended PHARMAC fund Duoleum with a high priority.

11.20 The Subcommittee considered cetomacrogol 90% with glycerol 10% cream should be available on a national PML and subsidised in the community. The Subcommittee noted that this could be compounded by pharmacy if the restriction on use of glycerol in compounding was amended. The Subcommittee recommended PHARMAC fund cetomacrogol 90% with glycerol 10% cream either as a proprietary product or compounded product with a medium priority.

Psoriasis and eczema preparations

11.21 The Subcommittee recommended that the restrictions applying to infliximab in a national PML for dermatology indications should match the restrictions applying to adalimumab and etanercept in the community. The Subcommittee noted that further indications were likely to occur but these should be considered by application to PHARMAC.

11.22 The Subcommittee considered that methoxsalen cap 10 mg should be included in a national PML. The Subcommittee noted that there was a niche role for psoralen plus UVA (PUVA) treatment for cutaneous lymphomas, cutaneous graft vs. host disease and treatment-resistant psoriasis, and that access to methoxsalen was important for this therapy.

11.23 The Subcommittee recommended that 5-MOP (5-methoxypsoralen) should be included in a national PML as this is used in bath PUVA.

11.24 The Subcommittee noted that the Hospital Pharmaceuticals Subcommittee had recommended against the inclusion of pimecrolimus cream in a national PML. Members noted that tacrolimus cream is preferred to pimecrolimus, and considered that this should only be included in a national PML if it was subsidised in the community.

11.25 The Subcommittee recommended including Paediatricians and Renal Physicians in the restriction for acitretin on the PML as this would be within their scope of practice.

Scalp preparations

11.26 The Subcommittee considered that coal tar 4% shampoo be included in a national PML, however this would be a community-led decision. Members considered that this product was beneficial for seborrhoeic dermatitis of the scalp. Members noted that approximately 3% of the population would suffer from this and about half of this population would tolerate treatment with this product. Members recommended PHARMAC list this with a low priority.

Wart preparations

11.27 The Subcommittee recommended that salicylic acid 16.7% with lactic acid 16.7% be included in a national PML, but noted this would be a community lead listing. Members noted that this may reduce the use of imiquimod.

Other Skin preparations

11.28 The Subcommittee noted that the Hospital Pharmaceuticals Subcommittee had recommended including heparinoid cream and magnesium sulphate paste in a national PML. The Subcommittee considered that there is insufficient evidence to support the use of these products, and recommended that they not be included in a national PML.

11.29 The Subcommittee noted that the Hospital Pharmaceuticals Subcommittee had deferred making a recommendation on the listing of hydrogen peroxide solution in a national PML pending advice on the strength that should be included. The Subcommittee considered that a 10 vol (3%) solution would be appropriate as the sole presentation in a national PML. Members noted that the 20 vol (6%) hydrogen peroxide solution was possibly used in wound care or surgical care and this should be considered by those specialities.

11.30 The Subcommittee noted that the Hospital Pharmaceuticals Subcommittee had recommended against including methyl aminolevulinate hydrochloride cream in a national PML due to issues relating to the equipment for this product. Members noted this would only be required in hospital and not in the community. Members noted that the cost of purchase of the equipment was approximately $5,000, compared with $450 for a tube of cream. The Subcommittee recommended that this be included in a national PML, with prescribing subject to recommendation by Dermatologists and Plastic Surgeons.

12 Review of Dermatologicals Recommendations

Antiacne Preparations

12.1 The Subcommittee noted that the Dermatology Subcommittee had recommended that the access criteria for isotretinoin be amended, and considered that this be a community-led decision.

Antipruritic Preparations

12.2 The Subcommittee noted that the Dermatology Subcommittee had recommended that both crotamiton and calamine be retained in a national PML.

Barrier Creams and Emollients

12.3 The Subcommittee noted the Dermatology Subcommittee had recommended that a paste version of zinc oxide be included in a national PML.

12.4 Members noted that the Dermatology Subcommittee had recommended that benzalkonium with panthenol be excluded from a national PML.

12.5 The Subcommittee noted the advice from the Dermatology Subcommittee in relation to zinc oxide with wool fat, and recommended that this be included in a national PML.

12.6 The Subcommittee noted the advice from the Dermatology Subcommittee in relation to cetomacrogol with glycerol. The Subcommittee noted that this is not subsidised in the community, and could be extemporaneously compounded, and recommended that this not be included in a national PML.

12.7 The Subcommittee recommended that Cavilon no-sting barrier film spray be included in the PML for use in patients with stomas, however members noted that this might not be considered to be a pharmaceutical.

Corticosteroids

12.8 The Subcommittee noted that the Dermatology Subcommittee had recommended excluding 0.5% hydrocortisone cream and 1% hydrocortisone acetate cream.

12.9 The Subcommittee noted that it had previously deferred making a recommendation in relation to betamethasone dipropionate cream and ointment, and for diflucortolone valerate cream and ointment. The Subcommittee recommended that they be included in a national PML, limited to continuation use only.

12.10 The Subcommittee noted the advice from the Dermatology Subcommittee in relation to betamethasone valerate with clioquinol. The Subcommittee considered that, for indications other than intertrigo, it be limited to continuation use only.

Psoriasis and Eczema Preparations

12.11 The Subcommittee noted that the Dermatology Subcommittee had recommended that the access criteria for acitretin be amended, and considered that this be a community-led decision.

12.12 Members noted that the Dermatology Subcommittee had recommended that both methoxsalen and 5-methoxypsoralen be included in a national PML.

12.13 The Subcommittee noted the advice from the Dermatology Subcommittee in relation to potassium permanganate. The Subcommittee recommended that the tablet form be included in a national PML.

Scalp Preparations

12.14 The Subcommittee noted the recommendation from the Dermatology Subcommittee in relation to coal tar shampoo.

Other Skin Preparations

12.15 The Subcommittee noted that the Dermatology Subcommittee had recommended that heparinoid cream be excluded from a national PML.

12.16 The Subcommittee noted that the Dermatology Subcommittee had recommended that magnesium sulphate paste be excluded from a national PML. Members noted that this is currently subsidised in the community, and considered that PHARMAC should ensure that these are consistent.

12.17 The Subcommittee recommended that a 10 vol (3%) solution of hydrogen peroxide be included in a national PML, but that there was no need to include a 20 vol (6%) solution.

12.18 The Subcommittee noted the Dermatology Subcommittee's recommendation in relation to methyl aminolevulinate hydrochloride cream.

Pharmacology and Therapeutics Advisory Committee – 8 & 9 November 2012

13 Dermatologicals

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

13.2 The Committee noted that the Dermatology Subcommittee had recommended that either tablets or crystals of potassium permanganate be included in a national PML, and that the Hospital Pharmaceuticals Subcommittee had considered tablets to be a preferable option. Members noted that the crystals dissolve in a bath more quickly than tablets, but that they are also more hazardous to handle.

13.3 The Committee noted and agreed with the recommendation from the Dermatology Subcommittee that the Special Authority restrictions for isotretinoin and acitretin be amended to include paediatricians and, in the case of acitretin, renal physicians. Members noted that it may be appropriate to remove the prescriber-specific restriction completely.

13.4 The Committee noted that the proposed list of barrier creams and emollients included a number of products that are not currently subsidised in the community. Members considered that while use of these agents in hospital would not always require on-going use in the community, there was a potential for use of these in the community. The Committee considered that while it was preferable for funding of these agents to be aligned between the community and hospital settings, financial risks would likely limit the funding of all of these agents in the community at this time.