# Mental Health Subcommittee of PTAC meeting

# held 29 May 2008

# (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 Minute relating to Mental Health Subcommittee discussions about an application that contain a recommendation in relation to an application are 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.

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## Contents

# 1 Zuclopenthixol Hydrochloride Tablets for Schizophrenia

1.1 The Subcommittee noted that PHARMAC had not received a funding application from the current supplier of zuclopenthixol hydrochloride tablets (oral zuclopenthixol), but that the Mental Health Subcommittee had been asked by PHARMAC staff to review this formulation of zuclopenthixol in response to queries from a pharmacist and the Exceptional Circumstances panel. The Subcommittee noted that there is currently a small number of patients receiving funding through hospitals for oral zuclopenthixol, mainly in Waikato.

1.2 The Subcommittee considered that oral zuclopenthixol provided the same or similar therapeutic effect as other older generation ('typical') antipsychotics. The Subcommittee noted that review of oral zuclopenthixol published by the Cochrane Collaboration in 2005 suggested that it causes movement disorders; however, the Subcommittee considered that this was unlikely to be more common or more severe than with other older generation antipsychotics.

1.3 The Subcommittee considered that if zuclopenthixol was listed without restrictions the average daily dose would be at the lower end of the recommended 20–40 mg per day dose range, probably around 20 mg per day.

1.4 The Subcommittee considered that there was no significant unmet clinical need for oral zuclopenthixol; however, it might of benefit in some patients who have not responded adequately to treatment with other funded agents and who might benefit from an older generation antipsychotic. The Subcommittee noted that two older generation antipsychotics (thioridazine and pimozide) had recently been discontinued by the suppliers, and that the number of funded older generation antipsychotics was diminishing. The Subcommittee considered that there was some merit in funding an oral formulation of a depot antipsychotic in the community, because of the ability to titrate to an appropriate dose prior to initiating treatment with the depot, and to allow a short-term dose increase in patients on the depot who have an exacerbation of psychotic symptoms without changing the pharmaceutical.

1.5 The Subcommittee considered that listing oral zuclopenthixol would have little effect on the markets for other funded antipsychotics, and that use would be low.

1.6 The Subcommittee **recommended** that zuclopenthixol hydrochloride tablets be listed in the Pharmaceutical Schedule with a low priority.

1.7 The Decision Criteria relevant to this recommendation are: *(i) The health needs of all eligible people within New Zealand; (iii) The availability and suitability of existing medicines, therapeutic medical devices and related products and related things; (iv) The clinical benefits and risks of pharmaceuticals; (vi) The budgetary impact (in terms of the pharmaceutical budget and the Government's*

*overall health budget) of any changes to the Pharmaceutical Schedule; (viii) The Government's priorities for health funding, as set out in any objectives notified by the Crown to PHARMAC, or in PHARMAC's Funding Agreement, or elsewhere.*