

3 February 2012

Proposal to amend restrictions relating to various ophthalmology products.

PHARMAC is seeking feedback on proposals to remove the prescribing guidelines currently in Part B of the Pharmaceutical Schedule for glaucoma preparations and to include several ophthalmology products on the 'stat' dispensing list.

In summary, this proposal would result in:

- The prescribing guidelines currently in place for the glaucoma preparations including carbonic anhydrase inhibitors and prostaglandin analogues being removed; and
- bimatoprost, latanoprost, travoprost, brinzolamide and brimonidine with timolol maleate eye drops being included on the stat dispensing list.

Feedback sought

PHARMAC welcomes feedback on this proposal. To provide feedback, please submit it in writing by **Wednesday, 22 February 2012** to:

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All feedback received before the closing date will be considered by PHARMAC's Board (or Acting Chief Executive acting under delegated authority) prior to making a decision on this proposal.

Details of the proposal

Glaucoma preparations

Prescribing guidelines currently apply to the following glaucoma preparations in the Pharmaceutical Schedule and PHARMAC proposes that they are removed from 1 May 2012, as follows (deletions in strikethrough):

Glaucoma preparations - Carbonic anhydrase inhibitors

Prescribing Guidelines

~~Trusopt, Cosopt and Azopt are subsidised for use as either monotherapy or as an adjunctive agent for the treatment of glaucoma. Trusopt, Cosopt and Azopt should not be prescribed for a person in whom less expensive first line agents for the treatment of glaucoma are not contraindicated unless:~~

- ~~1) that person has previously trialled all other such subsidised agents (except brimonidine tartrate); and~~
- ~~2) those trials have indicated that that person does not respond adequately to treatment with those other agents.~~

BRINZOLAMIDE

▲ * Eye Drops 1%9.77 5 ml OP ✓ Azopt

Glaucoma preparations - Prostaglandin Analogues

Prescribing Guidelines

~~Bimatoprost, lantanoprost and travoprost are subsidised for use in the treatment of glaucoma as either monotherapy or as an adjunctive agent for patients in whom prostaglandin analogue monotherapy has been ineffective in controlling intraocular pressure. Bimatoprost, lantanoprost and travoprost should not be prescribed for a person in whom less expensive first line agents for the treatment of glaucoma are not contraindicated unless:~~

- ~~1) That person has previously trialled all other such subsidised agents (beta-blockers, pilocarpine, carbonic anhydrase inhibitors); and~~
- ~~2) Those trials have indicated that that person does not respond adequately to treatment with those other agents.~~

BIMATOPROST – Retail pharmacy-Specialist See prescribing guideline below

▲ * Eye drops 0.03%19.50 3 ml OP ✓ Lumigan

LATANOPROST – Retail pharmacy-Specialist See prescribing guideline below

▲ * Eye drops 50 µg per ml, 2.5 ml9.75 2.5mlOP ✓ Hysite

TRAVOPROST – Retail pharmacy-Specialist See prescribing guideline below

▲ * Eye drops 0.004%19.50 2.5mlOP ✓ Travatan

Glaucoma preparations – Other

BRIMONIDINE TARTRATE – See prescribing guideline below

* Eye Drops 0.2%7.9 3.5mlOP ✓ AFT

Prescribing Guidelines

~~Brimonidine tartrate is subsidised for use as either monotherapy or as an adjunctive agent for the treatment of glaucoma. Brimonidine tartrate should not be prescribed for a person in whom less expensive first line agents for the treatment of glaucoma are not contraindicated unless:~~

- ~~• that person has previously trialled all other such subsidised agents (except dorzolamide hydrochloride); and~~
- ~~• those trials have indicated that that person does not respond adequately to or does not tolerate treatment with those other agents.~~

BRIMONIDINE TARTRATE WITH TIMOLOL MALEATE – See prescribing guideline below

▲ * Eye drops 0.2% with timolol maleate 0.5%18.50 5 ml OP ✓ Combigan

Prescribing Guidelines

~~Combigan is subsidised for use as either monotherapy or as an adjunctive agent for the treatment of glaucoma.~~

~~Combigan should only be prescribed when:~~

- ~~1) less expensive first line agents for the treatment of glaucoma are contraindicated; or~~
- ~~2) the response to such subsidised agents is inadequate; or~~
- ~~3) the patient cannot tolerate such subsidised agents.~~

Ophthalmology products moving to the 'stat' list

As also indicated in the strikethrough changes to the text above, PHARMAC is proposing to make the following changes to the existing stat, or dispense all-at-once, lists:

Chemical	Current status	Proposed status
Brimonidine tartrate with timolol maleate	May	Must
Brinzolamide eye drops	May	Must
Bimatoprost eye drops	May	Must
Latanoprost eye drops	May	Must
Travoprost eye drops	May	Must

About the lists

Chemicals on the “must” stat list are listed in the Schedule with an asterisks (*) next to them and must be dispensed all-at-once for the total quantity of the prescription.

Chemicals on the “may” stat list are listed in the Schedule with a triangle (▲) next to them and up to three months supply may be dispensed all-at-once if endorsed “certified exemption” by the prescriber.

Chemicals not on either the “must” or “may” stat list are dispensed in monthly lots unless the patient meets the exemption criteria listed in *Section F: Community Pharmaceuticals Dispensing Period Exemptions, Part II, b* of the Pharmaceutical Schedule or meets the Close Control criteria.

Background

Glaucoma preparations

The Ophthalmology Subcommittee at its 5 May 2010 meeting recommended that the prescribing guidelines currently in place for glaucoma preparations (carbonic anhydrase inhibitors, prostaglandin analogues, brimonidine tartrate and brimonidine tartrate with timolol maleate) be removed. The Subcommittee considered that clinical practice has changed and prostaglandin analogues are now widely used as first-line agents in glaucoma treatment with the addition of beta blockers if there were no contraindications. Other agents like carbonic anhydrase inhibitors or brimonidine tartrate would then be considered if the above were not effective. The cost of glaucoma treatments like prostaglandin analogues has also decreased substantially in the recent years. It is unlikely that the removal of these guidelines would have any effect on the prescribing of prostaglandin analogues in New Zealand.

Full minutes of the Ophthalmology Subcommittee can be found on the PHARMAC website at the following link <http://pharmac.govt.nz/2010/10/05>