Diabetes Subcommittee of PTAC
Meeting held 1 October 2015

(minutes for web publishing)

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

The Diabetes 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 have yet to be ratified by PTAC and will be reviewed at its meeting on 11 & 12 February 2016.

Record of the Diabetes Subcommittee of the Pharmacology and Therapeutics Committee (PTAC) meeting held at PHARMAC on 1 October 2015

1 Matters Arising

1.1 The Subcommittee noted an item in The PHO Prescriber dated September 2015. The item stated that "Insulin used to prime the needle is NOT currently funded by Pharmac". The Subcommittee considered this statement to be incorrect and that PHARMAC will fund the amount of insulin that is prescribed by health professionals, which includes both therapeutic dose and priming dose of insulin. The Subcommittee further noted that suppliers of funded insulin have said there is an indeterminate amount of overage in insulin vials that usually accounts for the priming dose of insulin.

1.2 The Subcommittee noted email correspondence received by PHARMAC in August 2015 regarding previous clinical advice PHARMAC has received about insulin needles being able to be used up to six times before discarding them. The Subcommittee considered that they were not aware of evidence to support or refute the advice. The Subcommittee further considered that it is not recommended but also not infrequent practice for insulin needles to be used by some patients up to six times before discarding them.

1.3 The Subcommittee **recommended** that PHARMAC undertake a literature review to determine the available evidence regarding the number of times an insulin needle can be used by a person injecting themselves with insulin before discarding it.

2 Special Authority Insulin Pumps and Consumables – Consultation Feedback Memorandum

2.1 The Subcommittee reviewed a memorandum on a Summary of Consultation Responses for Transitioning of Insulin Pump Panel to Special Authority (SA).

2.2 The Subcommittee noted that there were 5 submissions in response to the consultation at the time of closure of the consultation on 29 September 2015. The Subcommittee considered that overall the small number of responses reflected well on the proposed transition for funded access to insulin pumps and consumables from the Insulin Pump Panel to a standard Special Authority (SA). The Subcommittee further considered that whilst there was clear rationale for the transition there may be increased clinician and patient demand for access to insulin pumps and consumables which will have an impact on the workload of diabetes health professionals.

2.3 The Subcommittee noted that a couple of the submission responses expressed some dissent about the term 'relevant specialist working within their vocational scope' being used to identify the applicant type. The Subcommittee noted that the requirements of the Special Authority maintain that the applicant must be part

of a multidisciplinary team and therefore the concerns about applicants having a lack of expertise when applying for the Special Authority would not be possible.

2.4 The Subcommittee considered PHARMAC ought to provide clear communication to SA applicants about how they can have funded access to the insulin pumps or consumables for patients who may meet the intent of the Special Authority but do not technically meet the criteria. The Subcommittee considered that there may be criteria that require particular review including the renewal criteria of 'achieving and maintaining a reduction in HbA1c from baseline of 10 mmol' and the criteria for patients with cystic fibrosis. Members considered that previously there had been a discussion regarding a percentage reduction in HbA1c rather than an absolute number.

2.5 A Member noted that when these criteria are reviewed, specific consideration should also be given to the physiological differences and therefore clinical needs in adolescents.

2.6 The Committee considered that an implementation date of 1 March 2016 was reasonable.

2.7 The Subcommittee **recommended** that the Special Authority is reviewed 6 months after the date of implementation.

2.8 The Subcommittee **recommended** that PHARMAC reconcile patient data including Venn diagrams of Special Authority approvals for patients who meet both the severe unexplained hypoglycaemia and HbA1c criteria and include this data in the 6-month review to the Subcommittee.