

Memorandum from NZSG:

Ustekinumab is a funded medication for eligible people with IBD

Background:

Since 1/2/23, ustekinumab has been funded by Pharmac for the treatment of eligible people with inflammatory bowel disease (IBD). The first dose of ustekinumab is given as an intravenous (IV) infusion in an infusion centre or an inpatient hospital setting. Subsequent maintenance ustekinumab doses are subcutaneous (SC). The first SC dose is under the supervision of a treating team member, with the goal that the person with IBD will self-administer their SC 8 weekly injections independently in time.

Regional differences and challenges with this initial IV dose of Ustekinumab:

NZSG and Janssen have received queries from some centres about the funding of that first IV dose of ustekinumab. Some centres have rolled out the initial IV ustekinumab infusion smoothly, whilst others have experienced challenges, citing funding as the roadblock. There have been meetings and communications to seek clarity. This memorandum is to provide background, reassurance and a way forward for all centres to enable funded ustekinumab to be prescribed and administered consistently throughout Aotearoa New Zealand.

Summary:

Ustekinumab is funded for eligible people in Aotearoa New Zealand, including the initial IV dose. There should be no cost barrier to using it for your patients. It may appear in a department's budget, that should not in any way be a barrier to its use. Pharmac have communicated with all Te Whatu Ora Hospital Chief Pharmacists this week to reinforce that the IV dose is funded via the Combined Pharmaceutical Budget (summarised below). NZSG anticipates this communication will smooth the way for all eligible patients who are prescribed ustekinumab to receive it promptly.

More detail:

What do I do if still experience challenges with funding queries about the loading dose of IV ustekinumab for my patients?

For anyone wanting to know the finer detail, a summary of the communication between Pharmac and the Hospital Pharmacists is below. If you continue to encounter difficulties, NZSG suggests showing this information to your manager and pharmacist.

Ustekinumab funding and hospital budgets

Unlike infliximab and vedolizumab, the first loading IV dose of ustekinumab is not listed on the PCT. PCT funding means a hospital can claim for the medication dispensed against the dispensing episode, so even though the PCT rebate is not visible as it is confidential, there is no question about the medication cost being covered.

This particular challenge with ustekinumab has arisen because ustekinumab is supplied in two formulations - IV & SC. Due to the current structure of special authority approvals, the special authority for ustekinumab is a community special authority. An example of community special authority most members will be familiar with is adalimumab, and an example of a familiar PCT hospital special authority is infliximab. These are necessary for retail pharmacies to be reimbursed

from the community budget. Pharmac are not able to produce dual special authorities at this time. Clearly this is something they may need to address in future.

The hospital dose of ustekinumab is funded via the CPT (Combined Pharmaceutical Budget). Pharmac “bulk funds” Te Whatu Ora for hospital medicines expenditure outside of the PCT. Ustekinumab is currently paid for out of this budget.

Hospital treatments funding flow



A fixed gross amount (\$145 million for 2022/23) is paid to Te Whatu Ora (via monthly payments as described in the Cashflow section above) to reimburse for forecasted gross costs incurred by Te Whatu Ora hospitals for purchases of treatments (medicines, fluids, special foods etc) listed in Section H of the Pharmaceutical Schedule that are not claimed (PCTs).

Given the condition of the data on Te Whatu Ora hospital purchases we are unable to “wash-up” any difference between this forecasted expenditure and actual expenditure. Effectively any differential will be either a gain or loss to Te Whatu Ora.

Current data collection and cleansing processes need to continue as they enable Pharmac to collect rebates related to hospital treatment purchases, provide a degree of information to support management of Section H of the Pharmaceutical Schedule and will support negotiations between Te Whatu Ora and Pharmac for setting the fixed gross amount for hospital medicines that will be paid in future years.

Approximately \$237 million of hospital medicines expenditure (all cancer treatments and ~3 non-cancer infusion medicines) is ‘claimed’ by hospitals (PCTs). These claims will be included in the wash-up process described under the Cashflow section above.

Who put together this memorandum?

The NZSG Working Group for IBD Medication wrote this memo, with input from NZSG members, Pharmac and pharmaceutical company representatives. Pharmac have been in direct communication with hospital pharmacists, which is summarised above. This memo has been reviewed by the NZSG Executive.

Please email office@nzsg.co.nz with any queries or concerns.

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