

PHARMAC

Pharmaceutical Management Agency

Community Exceptional Circumstances
Panel Co-ordinator
PHARMAC
PO Box 10-254
Wellington 6143
Phone (04) 916 7553
Fax (09) 523 6870 (redirects to Wgtn)
Email ecpanel@pharmac.govt.nz

19th May 2010

Dear Dr

NHI:

Patient:

D.O.B.:

Medication: **chloroquine (Avlochor) (up to 250mg bd)**

Application for supplies of chloroquine (Avlochor) (up to 250mg bd) for the above patient has been approved for a period of 52 weeks, based on the information you supplied.

The Ministry of Health, Sector Support Services will notify you with the approval number. The patient will be able to obtain funded supplies from the pharmacy nominated on the application form, in this case

Please note that all renewal applications should be on the appropriate form which can be downloaded from <http://www.pharmac.govt.nz/healthpros/EC/ECForms>

The form can be either faxed to the number on the form or posted to:

PHARMAC
PO Box 10-254
Wellington

Yours sincerely



Jayne Watkins

Signed on behalf of:

Exceptional Circumstances Panel

Investing in Health

Application Form for (Hospital and Community) Exceptional Circumstances Approval

Return completed
form to:

Exceptional Circumstances
Panel Co-ordinator
PHARMAC
PO Box 10-254
Wellington

Phone CEC:
Phone HEC:
Fax:
Email:

04-916-7553
04-916-7521
09-523-6870
ecpanel@pharmac.govt.nz

Section I - General Application

Please refer to information sheet if necessary and complete ALL relevant details.
Please type or print CLEARLY.

Patient Details	Details of Applying Practitioner
Last N	Last N
First N	First N
Address	Address
Gender	Phone
Date	Facsimile:
NHI	Email:
Pho	Are you a GP <input type="radio"/> or Specialist <input checked="" type="radio"/> .

Disease/Condition	Medicine/treatment sought:
*attach further information if appropriate, a clinical report is useful, be specific	Complete fully, attach additional information as necessary to cover all strengths required.
Attached letter.	Brand Name: Avlochor
	Chemical Name: Chloroquine
	Manufacturer: Astra Keneca (UK) Section 29
	Form and Strength: 250mg
	Dosage to be used: 0.5 or 1.5
	Extemporaneously compounded: <input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, provide full list of ingredients)

Eligibility under Hospital Exceptional Circumstances Policy		
Are you a hospital physician applying on behalf of an in-patient in a public hospital for approval to fund from a hospital budget an unsubsidised pharmaceutical for use in the community?	<input type="radio"/> Yes Please complete Sections I & II only	<input checked="" type="radio"/> No Please complete Sections I & III only

Section III - Community Exceptional Circumstances

For a renewal complete sub-sections 3 and 4 only

1. ENTRY CRITERIA

Complete the criteria to which this application applies:

- a) Rare Condition (rare is considered to be <10 nationally)

What is the prevalence of the condition in NZ?

- b) Reaction to alternative treatment unusual (unusual is considered to be <10 nationally)

List all treatments trialed, patient response to each treatment and how often this response to this treatment occurs in NZ:

Treatment	Response of this patient	Rarity (how often would you expect this to occur?)
Hydroxychloroquine	No benefit	only 2 patients I have treated
Prodn wave	Some clearance but high dose	Unusual low high dose
Topical steroids	No benefit	Rare.

- c) Unusual combination of clinical circumstance applies

Describe the unusual combination of clinical circumstances and how often this combination occurs in NZ:

2. Clinical Benefit and Suitability

- a) Describe the demonstrated and significant clinical benefit to this patient that use of this pharmaceutical has shown. Note that Exceptional Circumstances cannot fund trials.

This patient has long standing lupus erythematosus.
Mostly severe cutaneous disease with mild hepatitis.
Poor or no response to past treatment.
After one month of chloroquine 250mg BD her
skin is clear and LFTs improved, she reports this
is the best she has been in 10 years.

- b) If the treatment has not been tried in this patient, attach evidence that it is a safe and efficacious treatment (e.g. Journal articles, not just references or abstracts)

Is the pharmaceutical registered for this indication in NZ? Yes No

If not, Patient consent has been obtained for the use of a non-registered medicine being obtained.

Please indicate that patient has been consulted.

- c) Attach specialist opinion (if available) or provide contact details of the specialist the patient has seen and who can be contacted by the EC Panel.

Name of specialist: _____

Address: _____

(Note: the Exceptional Circumstances Panel reserves the right to seek any appropriate opinion)

- d) The following subsidised pharmaceuticals have been trialled or considered:
 Complete if the information has not already been adequately supplied in Question 1 b).

Pharmaceutical	Unsuitable due to:

3. Cost Benefit (as this is an application for funding a cost estimate *must* be included. Failure to give cost estimate may delay processing of the application.)

Cost per year (quoted by nominated pharmacy, based on dosage requested)

\$ 710

Note that applications in excess of \$30,000 will be sent for a cost utility analysis.

Nominated Pharmacy (if approval given from where will supplies be obtained?)	
This will go	
Name:
Address:
.....
Phone:.....

4. Renewal

If this is an application for renewal please detail the patient's clinical progress, the continuing need for the medication and the short and long term future management of this patient. Please append any relevant investigations eg laboratory tests, radiology.

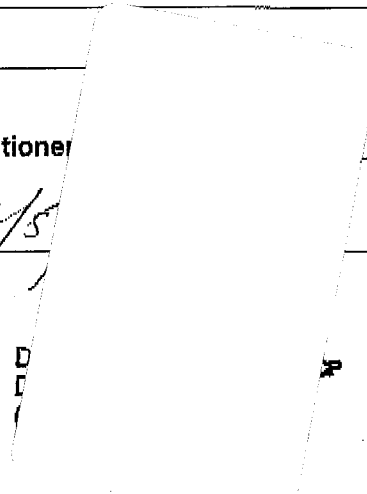
5. Other Issues

Is there any other relevant information that should be considered?

Signature of Medical Practitioner

Date of Request: 6/5

Practitioners Stamp:



3 March 2010

Dear [redacted]

Re: [redacted]

Thank you for suggesting I see

Diagnosis:

Chronic discoid lupus erythematosus.

Management:

Chloroquine 250 mg twice daily. Vigorous sun avoidance.

Comment:

This patient has had a longstanding rash on the face and scalp and previous biopsies have confirmed discoid lupus erythematosus. These biopsies were done in 1994 and I note that she saw Dr [redacted] in 1998 and 1999. She recalls that Plaquenil made no difference to her skin but I note from his letter that he felt that this was successful.

She certainly has quite troublesome DLE on the face and somewhat on the other sun exposed areas. She avoids leaving the house because of the appearance of her skin.

I have suggested more appropriate sun avoidance and the use of a high potency sunblock such as Sensense Ultra. In view of her concern that Plaquenil was not effective I have suggested a trial of Chloroquine. Although this has a high risk of retinal toxicity it can be more effective in management of chronic discoid lupus. If it proves effective within the first month then I will arrange ophthalmology screening and apply for funding to cover the cost of the medication.

She also has a patch of chondrodermatitis on the right ear and this has caused her some discomfort during sleeping. She may need surgery to have this resolved.

I have taken the opportunity to arrange some further blood tests to make sure there has been no deterioration in her disease.

Yours sincerely,

cc: Exceptional Circumstances, PHARMAC, P. O. Box 10-254, Wellington 6143



Dear

Re:

I had the pleasure of seeing [redacted] again for review. Her face is almost completely clear and she has one minor spot on the chest only. This is the best she has been for ten years and is directly related to the Chloroquine treatment and avoidance of sunlight. I have recommended reducing the Chloroquine down to 250 mg daily and will apply for exceptional circumstances to allow her to continue with this with funding.

I have also added in treatment with Vitamin D prescribing Calciferol forte to be taken one monthly. She should maintain this indefinitely as she should be completely avoiding outdoor sun exposure.

Because of the ongoing need for Chloroquine I have made a referral for her to be seen at [redacted] District Health Board Ophthalmology for maintenance and review.

You would have noted her blood tests showing positive double stranded DNA and a mildly abnormal liver function test. I suspect she has early progression to liver involvement with her lupus but this seems to be coming under control with the Chloroquine. I will monitor this over her treatment and introduce more aggressive immunosuppression if the abnormalities do not reverse.

I am reviewing her again in two months times.

Best regards.

Yours sincerely,

cc: Exceptional Circumstances, PHARMAC, P O Box 10-254, Wellington 6143

