

Making the Best Use of Medicines

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Why is PHARMAC in this space?

Better health outcomes for NZ

Make better use of what we have

Using our knowledge and national perspective

Supporting clinicians

Support for PHARMAC funding decisions

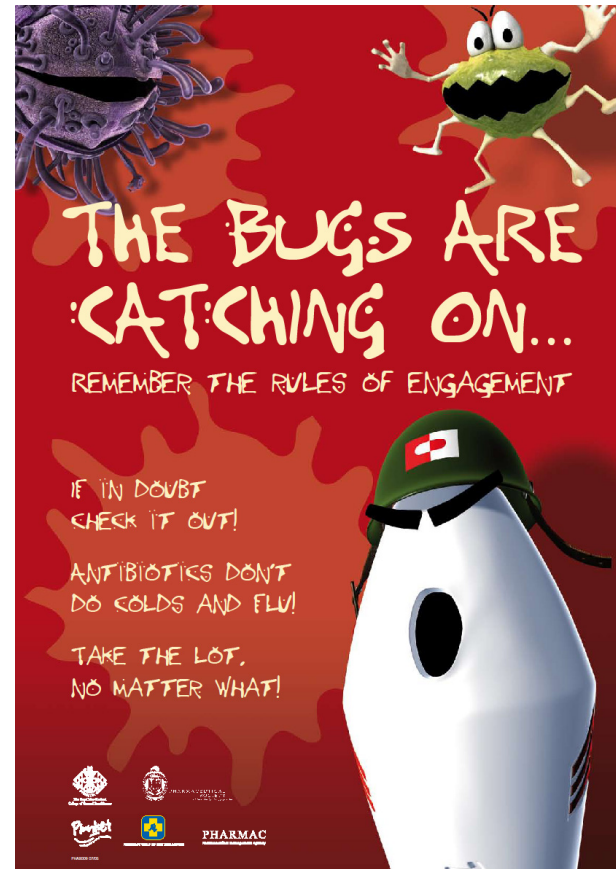
Addressing inequalities

Better health outcomes for New Zealand

The right medicine

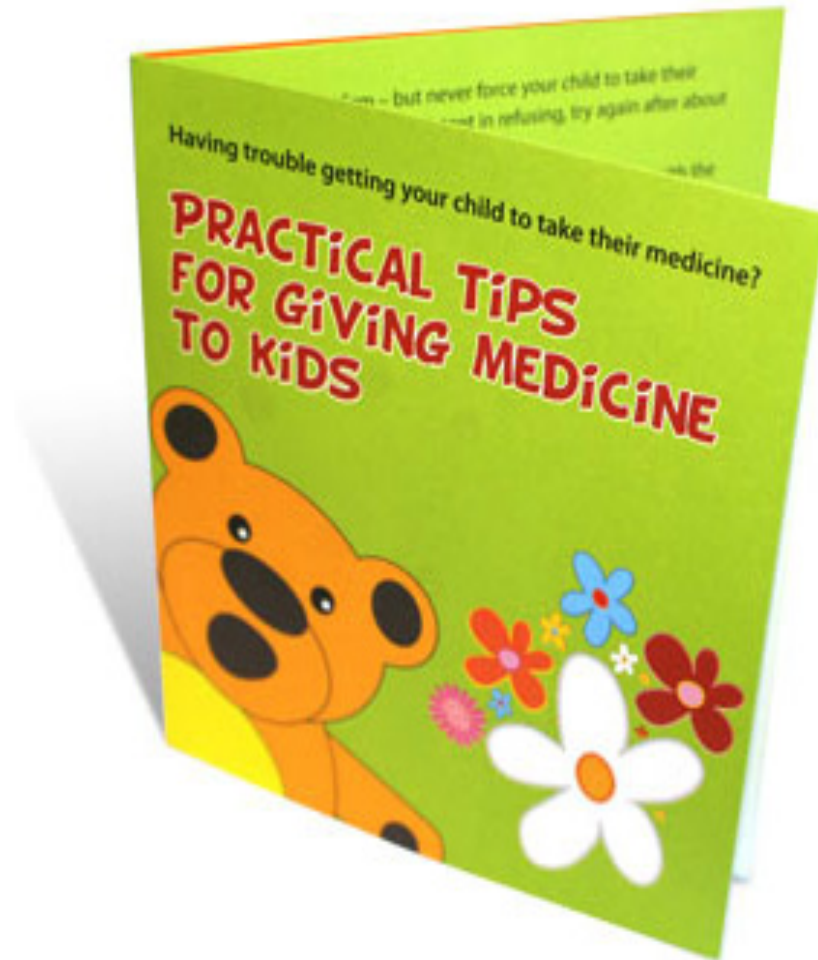
For the right person

At the right time



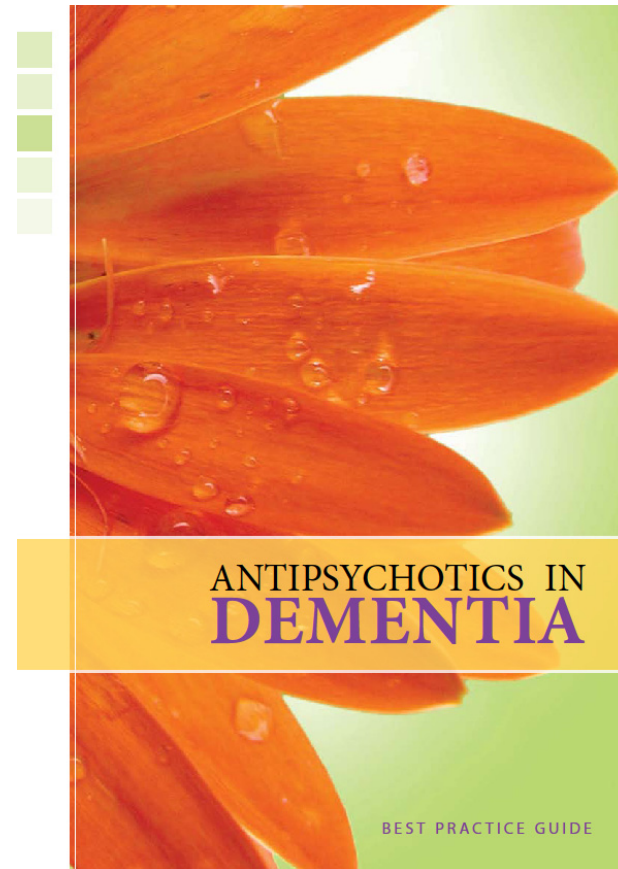
Making better use of what we have

Reducing
Over use
Under use
Misuse



Using our knowledge & national perspective

Evidence-based use
of medicines and
improved prescribing



Supporting clinicians

Providing responsive health professional education:

BPACnz

National Heart Foundation

He Rongoa Pai – He Oranga Whanau



Quiz feedback: How to treat acne

BEST PRACTICE

In BPI 20 (April 2009) we published an article on the treatment of acne. GPs were invited to complete a quiz on this topic and the responses were discussed with our GP panel. Dr Amanda Oakley, Specialist Dermatologist and Clinical Associate Professor, Tristram Clinic, Hamilton, provided expert commentary on several key issues that were highlighted.

A full version of the quiz feedback can be found online at www.bpac.org.nz (search by Publication/CME quiz feedbacks)

The psychological impact of acne

People are affected psychologically to varying degrees by their acne – some have severe acne and seem not to be bothered by it at all and do not even raise it as a concern (especially young males) and some have only a few lesions on their face but are significantly depressed and anxious because of this.

Should doctors be actively asking patients if they want to treat their acne?

Regardless of the number or severity of lesions, acne that causes significant psychological distress is classified as “severe acne”.

It is always useful to ask how much the acne is bothering the patient, to determine its perceived severity and the likely adherence to potentially tedious and long term treatment regimens. Patients are usually relieved to be

asked how the acne affects them and will readily admit to low self-esteem. Questions may reveal significant embarrassment, withdrawal from social encounters, family friction and clinical depression.

The Cardiff Acne Disability Index (CADI) is a five item questionnaire aimed at adolescents and young adults.¹ It is simple to use, however results do not always correlate with clinical acne severity.

Question 1 asks whether acne has induced negative feelings such as aggression, frustration or anger.

Question 2 asks whether the acne has interfered with social encounters.

Question 3 asks whether the acne has prevented swimming. This question might be altered to include other sports with communal changing rooms.

Question 4 asks about the effect of the acne on the patient’s feelings i.e., the degree of concern or depression caused by it.

Question 5 asks about the patient’s assessment of severity.

The CADI is available online from several sources including: www.dermatology.org.uk/quality/quality-cadi.html

Does junk food cause acne?

Myths about junk food causing acne are still prevalent among young people and their parents. Is there any evidence of a link between certain foods and cause or exacerbation of acne? Also, are there any dietary sources that are beneficial?

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Supporting PHARMAC funding decisions

Providing
information
and
reassurance

Upcoming BrandSwitch

Over the next few months, there are some major brand changes occurring that may affect your patients. To help make these transitions easier for your patients, PHARMAC has developed a series of leaflets.

<http://www.pharmac.govt.nz/BrandSwitch>

Details of changes will be in Pharmaceutical Update January 2009 onwards.

Freephone Information line
0800 66 00 50
(9am-5pm weekdays)

BrandSwitch

Brand change notification

Simvastatin
(10mg, 20mg, 40mg & 80mg tablets)
SimvaRex changing to Arrow-Simva

Arrow-Simva 40mg

The subsidised brand of simvastatin 10mg, 20mg, 40mg and 80mg tablets, a treatment to help lower cholesterol, is changing. Arrow-Simva will replace SimvaRex as the brand subsidised by PHARMAC.

The information below will help guide you through the changeover period.

Why is the brand changing?
PHARMAC has reached an agreement with a new supplier of simvastatin. This means savings can be made, allowing PHARMAC more funds to subsidise other medicines.

Will the medicine work the same? Yes.
The medicine itself is not changing, only the brand. This means you should have the same effect from taking Arrow-Simva as you would have from taking SimvaRex.

If you notice any prolonged side effects following the change, you should discuss this with your doctor.

Will the new tablets or pack look different?
Yes.
Because the Arrow-Simva tablets are made by a different supplier, they look different, but they contain the same medication. The size and colour of the pack will also be different, but the tablets will still come in blister packs.

Will the new brand cost any more? No.
There will be no extra cost to patients for Arrow-Simva.

When will the change occur?

- From 1 March 2009, Arrow-Simva will become available fully subsidised, and SimvaRex will remain available fully subsidised.
- From 1 May 2009, Arrow-Simva will be available fully subsidised. There may be a part payment required for SimvaRex prescriptions because a full subsidy will no longer be available for SimvaRex.
- From 1 August 2009, only Arrow-Simva will be fully subsidised. SimvaRex will no longer be subsidised.

Will the old brand be available after 1 August 2009?
The availability of SimvaRex after 1 August 2009 will be at the discretion of the pharmaceutical supplier, Rex Medical. PHARMAC cannot guarantee the availability or price of SimvaRex. However, all costs of purchasing this brand of simvastatin would have to be met by the patient.

Where can I get more information?
Please phone the PHARMAC helpline, 0800 66 00 50 (between 9 am and 4 pm weekdays).
You can also e-mail brandswitch@pharmac.govt.nz with your queries and/or comments.
Your doctor or pharmacist will also help guide you during the changeover period.

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“My medicine looks different”

If your medicine has changed, this leaflet will help explain why

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Addressing inequalities

Some groups with high needs are missing out



Questions and comments.

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