

## **Aromatase inhibitors**

There are some changes to the subsidises for aromatase inhibitors. In summary:

### ***Anastrozole***

- Both DP-Anastrozole and Arimidex brands will remain fully funded from 1 February 2010. Arimidex remains fully funded because Astra Zeneca notified that it has dropped its price to match the reference subsidy.
- Medsafe has approved DP-Anastrozole as bioequivalent to Arimidex.

### ***Exemestane***

- From 1 February 2010, patients who are currently on exemestane, and any new patients, will need to have Special Authority approval in order to stay fully funded on this product. The new Special Authority form is available to download from the PHARMAC website.

### ***Letrozole***

- The Letara brand of letrozole was listed fully subsidised from 1 February 2010.
- From 1 April 2010 the subsidy on the Femara brand of letrozole will be reduced to match the subsidy of the Letara brand. Femara will be delisted from 1 July 2010.
- Medsafe has approved Letara to be bioequivalent to Femara.

## **Ursodeoxycholic acid – widened access**

Access will be widened for ursodeoxycholic acid (Actigall) 300 mg capsules from 1 March 2010. The Special Authority criteria has been amended to include cholestasis of pregnancy.

## **Crotamiton cream – now fully subsidised**

From 1 March 2010 the Itch-Soothe brand of crotamiton cream 10% will be listed fully subsidised. This new brand is fully subsidised while the other brand listed, Eurax, incurs a manufacturer's surcharge. The Eurax brand will be reference priced from 1 May 2010 and will be delisted 1 August 2010.

## **Stelazine tablets – now registered**

Stelazine (trifluoperazine hydrochloride) tab 1 mg, 2 mg and 5 mg has gained full registration by Medsafe. The Section 29 restriction will no longer apply.

## **Nicotine replacement therapy and access exemption**

As you are aware, Nicotine Replacement Therapy (NRT) became funded on the presentation of either a prescription or a Quit Card from 1 September 2009. This enabled practitioners, but not Quit Card Providers, to write a prescription for subsidised NRT as an alternative to the Quit Cards. Quit Card providers can continue to provide subsidised NRT via Quit Cards.

There appears to be some confusion around the stat or all-at-once dispensing rules for NRT. Eight weeks stat supply of NRT cannot be supplied under Access Exemption Criteria. The restrictions for NRT have been amended to clarify that the maximum numbers per dispensing can not be waived via the Access Exemption Criteria.

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### **Arrow-Metformin – delay in delisting**

Following an agreement between Arrow Pharmaceuticals and Apotex New Zealand, the delisting of the Arrow-Metformin brand of metformin hydrochloride 500 mg and 850 mg immediate-release tablets will be delayed by one month to 1 May 2010. Sole Supply Status will apply to Apotex's brand of metformin from 1 May 2010.

### **Enoxaparin sodium (Clexane) injections – Special Authority clarification**

PHARMAC staff understand there may be some confusion regarding the recent listing of enoxaparin sodium injections on the Pharmaceutical Schedule. Only those indications specified in the Special Authority criteria are available for subsidy in the community. Patients travelling on long-haul flights with increased risk factors for DVT's do not qualify for Special Authority funding.

Please note this is not a complete reference to all changes occurring from 1 March 2010, for the full reference, please consult your Update to the Pharmaceutical Schedule.

Special Authority Queries: **0800 243 666**  
General Questions: **0800 66 00 50** (9am – 5pm Monday to Friday)  
Online: **[www.pharmac.govt.nz/healthpros/Schedule/PHONewsletter](http://www.pharmac.govt.nz/healthpros/Schedule/PHONewsletter)**  
Newsletter feedback: email **[rachel.mackay@pharmac.govt.nz](mailto:rachel.mackay@pharmac.govt.nz)**

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