

Pharmaceutical Management Agency

# GP Newsletter



*“Make life easier,  
always think generically”*

June 2011

## Proposal for six monthly prescriptions

### - Medicines Regulations Changes

MedSafe is proposing to extend the length of a prescription from three months to six months. MedSafe has advised PHARMAC that the proposed changes to the Medicines Regulations described in the March edition of MedSafe's Prescriber Update are not yet in force. The Ministry of Health will inform healthcare professionals of the date the changes will come into force. Further information about the proposed changes to the Medicines Regulations is available from MedSafe at: <http://www.medsafe.govt.nz/profs/PUArticles/ChangestoMedicinesRegulations.htm>

## Special Foods – Update

From 1 April 2011 a number of changes were made to the funding and access to Special Foods including:

- vocationally registered General Practitioners being able to initiate Special Authorities
- reduced subsidy for the standard ready-made liquid supplement feeds (Fortisip, Ensure Plus, Fortisip Multi Fibre and Two Cal HN) except for patients being bolus fed through a feeding tube who can gain full funding when the prescription is endorsed - Ensure powder and Sustagen Hospital Formula powder remain available fully funded
- changes to the Special Authority criteria for the standard supplements (liquids and powder) and specialised infant formula (Pepti Junior Gold, Elecare and Neocate ranges).

There are some technical difficulties with on-line Special Authority applications for standard supplements. These issues are being worked through. Should you not be able to do an electronic application then a manual application can be filed.

The patient information leaflet explaining the changes to the funding of nutritional products is available to order in hard copy from bpacnz. [http://www.bpac.org.nz/resources/orders/admin/resource\\_order.asp](http://www.bpac.org.nz/resources/orders/admin/resource_order.asp) A link to the order form is also available on the PHARMAC website. There is no restriction on how many information leaflets you can order. <http://www.pharmac.govt.nz/patients/SpecialFoodsChanges>. A special edition of the Best Practice Journal has also been developed and distributed to health professionals about the appropriate use of Special Foods. This can be accessed from the bpacnz website, [www.bpac.org.nz](http://www.bpac.org.nz). A televised medical CME session was held on 5th May – for those people who missed this, it can be viewed here: <http://www.bpac.org.nz/magazine/2011/specialfoods/videoLinks.asp>

## Removal of Restrictions

### Olanzapine – new listings

Two new brands of olanzapine tablets and orodispersible tablets will be listed without restriction and fully subsidised from 1 June 2011, Dr Reddy's Olanzapine and Olanzine tablets 2.5 mg, 5 mg and 10 mg, and Dr Reddy's Olanzapine and Olanzine-D orodispersible tablets 5 mg and 10 mg.

The Zyprexa and Zyprexa Zydys brands will continue to be listed in Section B of the Pharmaceutical Schedule subject to their current Special Authority restrictions until 1 September 2011 when their subsidy will be reduced to the level of the generic brands and the Special Authorities will be removed.

This means that there will be no restriction on who can initiate and prescribe olanzapine provided that the script is written using the generic name.

### Sumatriptan injection – removal of Specialist restriction

The “Retail pharmacy-Specialist” restriction that currently applies to sumatriptan injection will be removed from 1 June 2011. The “Maximum of 10 injections per prescription” restriction will remain.

This means that there will be no restriction on who can initiate and prescribe sumatriptan injection provided that the script is written using the generic name.

### Fluconazole – removal of Specialist restriction

A Specialist recommendation will no longer be required by prescribers for fluconazole 150 mg capsules from 1 June 2011, but will be replaced by an endorsement requirement. The endorsement must state that it is for patients with vaginal candida albicans and must be endorsed by the prescriber. Only one capsule will be subsidised per prescription. The Retail pharmacy-Specialist restriction will remain on fluconazole 50 mg and 200 mg capsules.

### Ondansetron – widened access

From 1 May 2011 the prescribing and dispensing restrictions that currently apply to ondansetron tablets and dispersible tablets will be removed. This means that there will be no restriction on the number of tablets subsidised per prescription or dispensing, regardless of indication, and no restriction on who can initiate and prescribe ondansetron provided that the script is written using the generic name

### Influenza vaccine – access widened for Canterbury DHB

The access criteria for funded influenza vaccine has widened. Subsidy is now available for people under 18 years of age living within the boundaries of the Canterbury District Health Board.

## Other Changes

### **Morphine sulphate long-acting tablets – brand change**

A new brand of morphine sulphate long-acting tablets, Arrow-Morphine LA has been awarded the Sole Subsidised Supply tender for both the community and hospitals markets until 30 June 2013. The current subsidy for LA-Morph by Douglas Pharmaceuticals will be discontinued from 31 October 2011. Arrow-Morphine LA is supplied in blisters rather than bottles.

### **Zapril now available in bottles**

The Zapril brand of cilazapril 2.5 mg and 5 mg tablets will be supplied, and subsidised, in bottles rather than blister packs from 1 June 2011. The change from blister packs to bottles is because the tablets sometimes broke when removing them from the blister packs. Zapril 0.5 mg tablets remain unchanged as it was already supplied in a bottle.

### **Ornidazole – new listing**

The current brand of ornidazole (Tiberal) has been discontinued by Roche Products (NZ) Limited and current supplies of Tiberal are low. The Arrow brand of ornidazole 500 mg tablets, Arrow-Ornidazole, will be subsidised from 1 June 2011, however Arrow-Ornidazole will not be available until 13 June 2011.

### **New funded treatment for epilepsy**

Lacosamide (Vimpat) tablets became funded as a last-line treatment for epilepsy from 1 May 2011. Funding is subject to Special Authority criteria for patients with partial-onset epilepsy and seizures which are not adequately controlled by, or the patient has experienced unacceptable side effects from, optimal treatment with other epilepsy treatments.

### **New funded treatment for narcolepsy**

Modavigil (modafinil) 100 mg tablets is now funded for the treatment of narcolepsy. Funding is available via Special Authority approval for the treatment of hypersomnia associated with narcolepsy in patients who cannot tolerate methylphenidate or dexamphetamine, or in whom both methylphenidate and dexamphetamine are contraindicated.

## Item of Interest

### **- New treatment options for patients with multiple myeloma and amyloidosis**

Bortezomib (Velcade) 3.5 mg injection and 1 mg for ECP is funded for patients with treatment naïve and relapsed/refractory multiple myeloma and systemic AL amyloidosis (i.e. first and second line treatment).

A new strength of thalidomide, 100 mg capsule, is also subsidised. The "Pharmaceutical Cancer Treatment – Only" (PCT-only – Specialist) restriction remains on all strengths and brands of thalidomide. Funded access to thalidomide has also been widened to include funding for all patients with multiple myeloma and systemic AL amyloidosis through an agreement with Celgene Pty Limited.

## Exceptional Circumstances Review

PHARMAC has undertaken a Review of the Exceptional Circumstances (EC) schemes. We sought feedback from a broad range of stakeholders on a discussion document "Review of Exceptional Circumstances: Seeking Your Views" which was released in August 2010 ([www.pharmac.govt.nz/2010/08/02/EC%20doc%201.pdf](http://www.pharmac.govt.nz/2010/08/02/EC%20doc%201.pdf)). The document included key questions about the purpose, criteria, funding and operations of Exceptional Circumstances.

The review of EC aims to:

- review and clarify the purpose of the provision of funding in exceptional circumstances,
- review and clearly describe what constitutes 'exceptional circumstances', and
- ensure the funding and operational arrangements for exceptional circumstances are optimal.

We received 76 written submissions from a wide variety of stakeholder groups. The responses and other feedback received have informed the development of proposals which we consulted on in a second document "Review of Exceptional Circumstances: Consultation on Proposed Changes" which was released in January 2011 ([www.pharmac.govt.nz/2011/01/10/EC%20consult.pdf](http://www.pharmac.govt.nz/2011/01/10/EC%20consult.pdf)). We have recently closed consultation on the proposed changes and are considering all feedback we received.

We are currently considering what changes, if any, to make to the EC scheme. We intend to provide a proposal to the PHARMAC Board in June.

Although the consultation period on proposed changes to EC is closed, you can still read the consultation document, PHARMAC's Review of Exceptional Circumstances: Consultation on Proposed Changes [www.pharmac.govt.nz/2011/01/10/EC%20consult.pdf](http://www.pharmac.govt.nz/2011/01/10/EC%20consult.pdf)

For further information, or if you have any questions about this review please contact:

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## PHARMAC Seminar Series – Upcoming Seminars

The PHARMAC Seminar Series provides high quality educational seminars for a range of health professionals. The seminars are held in Wellington and the cost to attend is \$100 + GST. PHARMAC covers the cost of travel, including flights, to and from the seminar and provides catering on the day.

For further information on the seminars below, and to register for a place, head to our website: [www.seminarseries.pharmac.govt.nz](http://www.seminarseries.pharmac.govt.nz)



Dates (2011)	Topic	Description
16 June	Communication Workshop	Covers concepts of resilience and stress-vulnerability, and looks at a broad range of potential interventions which can address stress-induced anxiety and depression
17 June	Polypharmacy Care of the Older Person	When the patient has multiple comorbidities and they simply don't fit the guidelines. Covers tools and structure for the medicine rationalisation process.
11 July	Controversies in Screening: What is the Evidence?	Reviews the basic concepts which underpin screening such as prevalence, sensitivity, specificity, etc, and use those features to analyse screening programs in current use. Evaluates more controversial screening strategies such as PSA tests and bowel cancer screening.
29 July	Update on Prescribing and Using Standing Orders in Schools	Focuses on standing orders for school based health services through links with primary health care and why they can make a difference. Updates on youth health issues, relevant pharmacology, understanding the legislation that supports safe practice, presentations from GPs and school nurses who currently use standing orders, and workshop on developing standing orders.
5 August	Rest Home Prescribing	Covers some of those areas that are chronically undertreated in the elderly and some of those areas in which treatment is often confused. There will be a focus on how to manage some of those acute management issues in the rest home environment; and we'll spend some time looking at the end of life/palliative care perspective of residential care.
22 August	Common Paediatric Conditions (repeat)	Focuses on common conditions in childhood that present to the general practice. Areas covered will include chronic cough, constipation, dental problems, the six-week check, changes to the immunisation schedule, head shapes and fontanelles, rashes and behavioural and learning issues.



### inPharmation

PHARMAC publishes a quarterly email newsletter, inPharmation, that includes news and updates on developments around PHARMAC and pharmaceutical issues. If you would like to receive inPharmation, contact [simon.english@pharmac.govt.nz](mailto:simon.english@pharmac.govt.nz).

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*Please note this is not a complete reference to all changes occurring from 1 June 2011, for the full reference; please consult your Update to the Pharmaceutical Schedule.*

New Zealand Government

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