



New Listing

Fluconazole oral suspension for systemic candidiasis

Fluconazole powder for oral suspension 10 mg per ml, 35 ml (Diflucan) will be fully subsidised for prophylaxis for, or treatment of, systemic candidiasis where the patient is unable to swallow capsules from 1 August 2011 subject to Special Authority restrictions.

Dabigatran and Patient Safety

Since the introduction of dabigatran (Pradaxa) on the Pharmaceutical Schedule on the 1st July 2011 there have been some reports of bleeding among patients being transitioned onto dabigatran. Bleeding is a recognised potential adverse effect of dabigatran and these reports are being evaluated to see if there is any consistent pattern. However, it is important to remember that the medication is indicated only for:

- Prevention of stroke, systemic embolism and reduction of vascular mortality in atrial fibrillation (AF);
- Venous thromboembolism (VTE) prophylaxis following major orthopaedic surgery.

Before prescribing dabigatran you should ensure that you are fully conversant with the relevant literature including:

- the Medsafe datasheet available on the Medsafe website (www.medsafe.govt.nz);
- information on dabigatran available via the PHARMAC and BPAC websites (www.pharmac.govt.nz/ and www.bpac.org.nz).

When initiating dabigatran ensure that:

- For those on warfarin, stop warfarin and make sure that the patient's INR is < 2.0 before starting dabigatran;
- Consider each patient's renal function and creatinine clearance. Do not prescribe dabigatran if the patient's creatinine clearance is < 30mL/min;
- For treatment of atrial fibrillation in patients >80 years, prescribe 220mg to be taken as 110mg twice daily;
- Take particular care when prescribing dabigatran for patients in residential care facilities. Make sure to check renal function and INR levels in each patient before prescribing dabigatran.

If a patient is well controlled on warfarin, there is no particular reason to change to dabigatran at least in the short term.

Further information about dabigatran will be available in the September edition of the Best Practice Journal.



Brand Changes

Omeprazole

A new brand of omeprazole, Omezol Relief, 10 mg, 20 mg and 40 mg capsules will be funded from 1 August 2011. Omezol Relief is supplied by Mylan and will be the sole subsidised brand of omeprazole from 1 January 2012.

Dr Reddy's Omeprazole will be reference priced to Omezol Relief from 1 October 2011.

Venlafaxine

A new brand of venlafaxine, Arrow-Venlafaxine XR 37.5 mg, 75 mg and 150 mg tablets will be funded from 1 August 2011, subject to the same Special Authority criteria as the Efexor XR brand of venlafaxine. We have been informed by the supplier that stock of Arrow-Venlafaxine XR will not be available until early to mid August.

The Efexor XR brand will continue to be listed in Section B of the Pharmaceutical Schedule subject to its current Special Authority restrictions and there is no planned Sole Supply arrangement for venlafaxine at this time.

Other Changes

Hypertonic Sodium Chloride 7% Nebulising Solution – change to packaging

This product is used as a nebulising solution by patients with cystic fibrosis; however there have been problems with the type of seal where the liquid has to be drawn up with a syringe.

In future the 90 ml bottle of Sodium Chloride 7% will not be sealed with a metal band. This means that patients will be able to measure the required volume without having to use a syringe to withdraw the solution.



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

Dates (2011)	Topic	Description
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.

Item of Interest

Rituximab – wider access and subsidy and price decrease

Rituximab (MabThera) subsidy access will be widened to include funding for patients with Chronic Lymphocytic Leukemia (CLL), from 1 August under Special Authority. Rituximab will be funded for treatment naïve CLL patients as well as in rituximab naïve patients whose CLL disease has relapsed following up to three prior lines of therapy.



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.England@pharmac.govt.nz.

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Newsletter feedback: email susan.haniel@pharmac.govt.nz

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

