

30 January 2007

To All Pharmaceutical Suppliers, Medical Groups and Interested Parties

Proposal to remove Special Authority criteria for mianserin hydrochloride, buspirone hydrochloride, midazolam injection and cabergoline

PHARMAC is proposing to remove the Special Authority criteria for mianserin hydrochloride, buspirone hydrochloride, midazolam injection and cabergoline, as currently listed in Section B of the Pharmaceutical Schedule. The date of potential implementation has not yet been determined. We are now seeking feedback on this proposal. A summary of the proposal is provided in the following table:

Pharmaceutical	Special Authority	Other restriction
Buspirone hydrochloride tab 5 mg and tab 10 mg	Would be removed	Hospital pharmacy [HP3] restriction would be removed Month restriction would be retained
Mianserin hydrochloride tab 30 mg	Would be removed	Hospital pharmacy [HP3] restriction would be removed Specialist prescription restriction would be removed
Midazolam inj 1 mg per ml, 5 ml and inj 5 mg per ml, 3 ml	Would be removed	Hospital pharmacy [HP3] restriction would be removed
Cabergoline tab 0.5 mg	Would be removed	Maximum of 2 tab per prescription restriction would be removed

Details of the proposal are as follows

- the Special Authority and Hospital pharmacy [HP3] restrictions applying to buspirone hydrochloride tab 5 mg and tab 10 mg, but not the month restriction, would be removed as follows (changes in strikethrough):

BUSPIRONE HYDROCHLORIDE

a) month restriction

b) ~~Special Authority—Hospital pharmacy [HP3]~~

~~Special Authority for Subsidy—Form SA0055~~

~~Initial application only from a psychiatrist, geriatrician or respiratory specialist. Approvals valid for 2 years for applications meeting the following criteria:~~

~~Both:~~

~~-1 For use only as an anxiolytic; and~~

~~-2 Other agents are contraindicated or have failed.~~

~~Renewal only from a psychiatrist, geriatrician or respiratory specialist. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.~~

- the Special Authority and Hospital pharmacy [HP3] and Specialist prescription restrictions applying to mianserin hydrochloride tab 30 mg would be removed as follows (changes in strikethrough):

MIANSERIN HYDROCHLORIDE — ~~Special Authority — Hospital pharmacy [HP3] — specialist prescription~~
~~Specialist must be a psychiatrist.~~
 Tab 30 mg
~~Special Authority for Subsidy — Form SA0057~~
~~Initial application only from a psychiatrist. Approvals valid for 2 years for applications meeting the following criteria:~~
~~Both:~~
~~1 Depression; and~~
~~2 Any of the following:~~
~~2.1 Both:~~
~~2.1.1 Failed trials with other antidepressants; and~~
~~2.1.2 Patient has been maintained on mianserin prior to December 1993; or~~
~~2.2 Co-existent bladder neck obstruction; or~~
~~2.3 Cardiovascular disease.~~
~~Renewal only from a psychiatrist. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.~~

- the Special Authority and Hospital pharmacy [HP3] restrictions applying to midazolam injection 1 mg per ml, 5 ml and injection 5 mg per ml, 3 ml would be removed as follows (changes in strikethrough):

MIDAZOLAM
 Inj 1 mg per ml, 5 ml — ~~Special Authority — Hospital pharmacy [HP3]~~
 Inj 5 mg per ml, 3 ml — ~~Special Authority — Hospital pharmacy [HP3]~~
~~Special Authority for Subsidy — Form SA0050~~
~~Initial application only from a relevant specialist. Approvals valid for 2 years where terminally ill patient.~~
~~Renewal only from a relevant specialist. Approvals valid for 2 years where terminally ill patient.~~

- the Special Authority and maximum of 2 tab per prescription restrictions applying to cabergoline tab 0.5 mg would be removed as follows (changes in strikethrough):

CABERGOLINE
 Tab 0.5 mg — ~~Maximum of 2 tab per prescription; can be waived by Special Authority~~
~~Special Authority for Waiver of Rule — Form: SA0175~~
~~Initial application only from an obstetrician, endocrinologist or gynaecologist. Approvals valid for 2 years where the patient has pathological hyperprolactinemia.~~
~~Renewal only from an obstetrician, endocrinologist or gynaecologist. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.~~

If you wish to make comments for the PHARMAC Board to consider when making its decision on whether to accept this proposal, please forward them to PHARMAC by **5:00 pm, 16 February 2007**. All comments submitted by this date will be considered.

Yours sincerely



Geraldine MacGibbon
 Therapeutic Group Manager