



Please note that this newsletter is longer than usual. We have included extra information this month including up coming Seminar Series events. We welcome your feedback on this longer newsletter.

## Christchurch Earthquake

We want to acknowledge the incredible work that GPs and other healthcare professionals have been doing in Canterbury and all around New Zealand to ensure the safety, healthcare and continuous supply of medicines to patients. Please refer to the PHARMAC website for regular updates for healthcare professionals regarding the Canterbury Earthquake. The provision of Emergency Medicine Supplies ceased on 14th March and waiving of co-payments and part-charges (for earthquake affected patients in Canterbury and Nelson / Marlborough) ceased on 15 March. Close Control dispensing for earthquake affected patients ceased in Canterbury on 21 March. For details please go to:

[www.pharmac.govt.nz/patients/EarthquakeUpdates](http://www.pharmac.govt.nz/patients/EarthquakeUpdates)

## Consultation on Schedule Rule Changes and Community Pharmacy Services

PHARMAC and DHBs are currently consulting on proposed changes to the Close Control rule and the establishment of a patient-centric service to provide adherence and compliance services to complex patients. The proposal also covers pharmacy services into aged residential care facilities and community residential care facilities.

Consultation has been extended from 18th March to 8th April to give quake affected people affected time to respond. The extension includes people from outside Canterbury who have been supporting colleagues in Christchurch.

The consultation document is available at [www.pharmac.govt.nz](http://www.pharmac.govt.nz)

## Special Foods Products

All Special Foods changes below are from 1 April 2011.

- GPs and Dietitians will have prescribing rights
- Vocationally Registered General Practitioners will now be able to authorise Special Authority applications for Special Foods.
- Dietitians prescriptions are now subsidised for those scripts written by authorised dietitian prescribers

## Full Funding of Powder Feeds & Part Charges on Ready-Mixed Liquid Sip Feeds:

- Ready-mixed liquid sip feeds (Fortisip, Ensure Plus and Two Cal HN) subsidies will be decreased so that they will be at the same level of powder alternatives (Ensure powder and Sustagen Hospital Formula). Therefore, there will be full funding of the powdered products and part-charges on the ready-mixed liquid sip feeds. Repeats owing on prescriptions first dispensed prior to 1 April 2011 will be fully funded.
- The ready-mixed liquid sip feeds and the powder feeds will be able to be accessed via the same Special Authority (currently separate approvals are required). The Special Authority criteria will change so that patients are required to either have inadequate nutritional uptake and have tried other first-line dietary measures, or meet other specified criteria (i.e. they are children, tube-fed or have a specified medical condition).

## Infant Formula Changes:

- Lactose free, soy and goats milk infant formulas will no longer be funded.
- A new funding pathway will be adopted which will require trial of extensively hydrolysed formula (Pepti Junior) prior to the funding of amino acid based formula (Elecare and Neocate) except for patients with anaphylaxis or eosinophilic oesophagitis.
- All brands of Pepti Junior, Elecare and Neocate will be fully subsidised.

The special food changes align access with international guidelines and widen the range of prescribers who can provide access to funded special foods. We are providing information to stakeholder groups, including educational opportunities, about the changes, and this information is also available on the PHARMAC website.

## Breast Cancer treatment – Widening Access to Exemestane

The Special Authority on the Aromasin brand of the breast cancer treatment exemestane (25 mg) will be removed from 1 April 2011.

## Smoking Cessation – Varenicline Close Control Change

Varenicline tartrate tablets (Champix) will not be funded Close Control in amounts less than 2 weeks of treatment, from 1 April 2011.

## Smaller Pack Size of Nasal Spray – Ipratropium bromide

A new brand of ipratropium bromide nasal spray, 0.03% (Univent) will be listed on the Pharmaceutical Schedule from 1 April 2011. Univent will be the Sole Subsidised brand in the community from 1 September 2011.

Univent is supplied in a 15 ml glass bottle, as opposed to the current Apo-Ipravent brand which is supplied in a 30 ml plastic bottle. Due to the reduction in bottle size, prescribers will need to prescribe “2 x OP” for regular users (those who use 30 ml per month).

**inPharmation**  
Pharmaceutical Management Agency

February 2011

# Tackling rates of rheumatic fever

**Rheumatic Fever**  
Sore throats...can break a heart

Rheumatic fever is an issue of growing public interest and one where PHARMAC is working alongside other agencies to help address the issue. New Zealand's rates of rheumatic fever are unexpectedly very high by Western World standards, due to extremely high rates of rheumatic fever among Māori and Pacific children.

We're closely working with a national expert working group examining ways to address high rates of rheumatic fever in Māori and Pacific children in particular. We've got a number of activities underway in relation to rheumatic fever. These will have a focus both for clinicians and for patients, whānau, and communities.

For example, we're scheduling at least three of our Seminar Series seminars this year on rheumatic fever. The Seminar Series is an evidence-based forum for health professionals to learn more about how to manage specific issues. This is the first time we've ever run Seminars on rheumatic fever.

Other steps we could take are:

- Developing rheumatic fever risk tables – a tool for health professionals.
- Examining funding for rapid antigen diagnostic tests (RADTs) – used in primary care to quickly determine whether people have strep throat infection and risk developing rheumatic fever, so that they can start antibiotics right away.

We've seen comments that link our Wise Use of Antibiotics campaign to rates of rheumatic fever. People have speculated that the campaign, which promotes appropriate use of antibiotics, might have dissuaded doctors from prescribing antibiotics for strep throat. Our campaign literature has always advised people with a sore throat to see a doctor, and promoted appropriate use of antibiotics to doctors. We will, however, look at whether changes are needed to the literature to strengthen messages around isolated sore throats in children.

Rheumatic fever has been signalled as a disease the Government wants to tackle head-on, and PHARMAC is well placed to help in the battle.

## 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](mailto:simon.England@pharmac.govt.nz).



## – 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.govt.nz](http://www.seminarseries.govt.nz)

## Travel Medicine

Date: **Thursday 14 April 2011**

This seminar is especially suitable for those who have already attended the Travel Medicine day last year or the year before, or otherwise have some prior experience in the field. It will assume a basic working knowledge of the principles and practice of Travel Medicine and provide the opportunity for registrants to build on these by way of challenging case scenarios. Preference will be given to those who have attended the introduction to Travel Medicine seminars in either 2009 and 2010.

*Audience: This seminar is especially suitable for nurses, GPs, pharmacists and others who are involved in the delivery of Travel Medicine services.*

## Rheumatic Fever

Date: **Tuesday 26 April 2011**

Rheumatic fever, a “third world disease”, is still existent in New Zealand and reflects large inequalities in child health. There is an urgent need for accelerated implementation of a coordinated national programme to achieve eradication of Rheumatic Fever before 2020. A systematic and cross-sectoral approach is required with attention to primordial, primary and secondary prevention in high risk settings. This seminar will assist health professionals who are working in such settings to ensure their efforts can achieve rapid improvement.

*Audience: Please note we will be identifying and inviting registrants for these seminars from the relevant high risk areas.*

## Pharmacology for Nurses

Date: **Wednesday 4 May 2011**

Clinical Pharmacology as it applies to primary care and common misconceptions about medicines in New Zealand. Pharmacological principles and mechanisms of action for frequently used drugs – for example:

- Clinical Pharmacology - an introduction
- Antibiotics
- Respiratory
- Lipid lowering drugs
- Eye medications

*Audience: Nurses involved in patient medication management and those looking to update their knowledge and understanding on how drugs work. (Please note that this is a repeat seminar)*

## Communication Workshop

Date: **Thursday 16 June 2011**

This workshop will cover the concepts of resilience and stress-vulnerability, and will look at a broad range of potential interventions which can address stress-induced anxiety and depression. Simple preventative actions and early interventions for depression and anxiety can be effective. For example an active coping style is associated with lower levels of depression, optimism (which can be learned) is associated with reduced stress-related illness and having a 'meaning in life' has been reported to have protective effects against burnout. Many of these skills can be self-taught or provided in Primary Care.

*Audience: GPs, primary care nurses and other members of the primary health team.*

## Polypharmacy Care of the Older Person

Date: **Friday 17 June 2011**

What do you do when your patient has multiple comorbidities and they simply don't fit the guidelines? How do you manage it when your patient's two 'must have' medicines interact? Does it matter? What do you do when different specialists prescribe conflicting therapies? This seminar is designed to help you make those difficult decisions when you're helping patients with their complex regimens. It will provide you with some tools and structure for the medicine rationalisation process; with a specific focus on medicine reconciliation and adherence issues faced by patients at the primary/secondary care interface.

*Audience: General practitioners, pharmacists and nurses working with patients on complex medication regimens*

## Controversies in Screening: What is the Evidence?

Date: **11-July-2011**

Screening forms an integral part of a General Practitioner's work load but several aspects of it remain contentious. This one-day course will first review the basic concepts which underpin screening such as prevalence, sensitivity, specificity, etc, and use those features to analyse screening programs in current use. With these same methods, we then evaluate more controversial screening strategies such as PSA tests and bowel cancer screening.

*Audience: Rather than theoretical or obscure, this evidence-based approach aims to be pertinent, practical and palatable. We envision that this course will be most suitable for General Practitioners who wish to improve their understanding of screening so to critically appraise the various screening decisions they make on a daily basis in the real world of primary care.*



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)

Inpharmation newsletter: [www.pharmac.govt.nz/patients/ourviews/inpharmation](http://www.pharmac.govt.nz/patients/ourviews/inpharmation)

Newsletter feedback: email [rachel.mackay@pharmac.govt.nz](mailto:rachel.mackay@pharmac.govt.nz)

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

**“Make life easier, always prescribe generically”**

**PHARMAC**  
Pharmaceutical Management Agency

New Zealand Government