07

UPDATE

New Zealand
Pharmaceutical Schedule

Effective 1 July 2007

Cumulative for May, June and July 2007

Section H cumulative for April, May, June and July 2007

Investing in Health

PHARMAC
Pharmaceutical Management Agency

Contents

Summary of PHARMAC decisions

EFFECTIVE 1 JULY 2007

New listing (pages 18-19)

- Metformin hydrochloride (Arrow-Metformin) tab 500 mg and 850 mg
- Hydroxocobalamin (Neo-B12) inj 1 mg per ml, 1 ml
- Dipyridamole (Persantin) tab 25 mg, 84 tab pack – additional subsidy by Special Authority – Retail Pharmacy
- Water (Multichem) purified for inj 5 ml and 10 ml
- Isradipine (Dynacirc-SRO) cap long-acting 2.5 mg and 5 mg
- Malathion (Derbac M) liq 0.5%
- Leuprorelin (Eligard) inj 7.5 mg, 22.5 mg, 30 mg, 45 mg – Special Authority – Hospital pharmacy [HP3]
- Benzathine benzylpenicillin (Bicillin LA) inj 1.2 mega u per 2 ml – available on a PSO
- Leflunomide (AFT-Leflunomide) tab 10 mg and 20 mg – Special Authority – Retail pharmacy
- Lamotrigine (Lamictal) tab dispersible 2 mg
- Sumatriptan (Sumagran) tab 50 mg and 100 mg
- Sirolimus (Rapamune) tab 1 mg and 2 mg and oral liq 1 mg per ml, 60 ml OP – Special Authority – Hospital pharmacy [HP3]
- Syrup (pharmaceutical grade) (Midwest) liq

Changes to restriction (pages 20-28)

- Clopidogrel (Plavix) tab 75 mg – amended Special Authority criteria
- Hormone replacement therapy – systemic – amended Special Authority criteria
- Levonorgestrel (Mirena) levonorgestrel- releasing intrauterine system 20 μg/24 hr – amended Special Authority criteria
- Etanercept (Enbrel) inj 25 mg – amended Special Authority criteria
- Lignocaine with prilocaine (EMLA) crm 2.5% with prilocaine 2.5% 30 g OP and 5 g tubes – presentation description change
- Lamotrigine (Arrow-Lamotrigine & Mogine) tab dispersible all strengths – presentation description change
- New antiepilepsy drugs – amended Special Authority criteria
- Lamotrigine (Lamictal) tab dispersible 5 mg, 25 mg, 50 mg and 100 mg – removal of Special Authority criteria
- Hyoscine (Scopolamine) (Scopoderm TTS) patches 1.5 mg – amended Special Authority criteria

- Dexamphetamine sulphate (PSM) tab 5 mg – amended Special Authority criteria
- Methylphenidate hydrochloride (Rubifen & Rubifen SR) tab 5 mg, 10 mg, 20 mg and tab long-acting 20 mg – amended Special Authority criteria
- Naltrexone hydrochloride (ReVia) tab 50 mg – amended Special Authority criteria
- Capecitabine (Xeloda) tab 150 mg and 300 mg – removal of "PCT only – Specialist", addition of Hospital pharmacy [HP1] and amended Special Authority criteria
- Docetaxel (Taxotere) inj 20 mg and 80 mg, and (Baxter) inj 1 mg for ECP – amended Special Authority criteria
- Trastuzumab (Herceptin) inj 150 mg vial and 440 mg vial, and (Baxter) inj 1 mg for ECP – amended Special Authority criteria
- Tiotropium bromide (Spiriva) powder for inhalation, 18 μg per dose – amended Special Authority criteria

Increased subsidy (pages 32-35)

- Famotide (Famox) tab 20 mg and 40 mg
- Doxazosin mesylate (Dosan) tab 2 mg and 4 mg
- Propranolol (Cardinol) tab 10 mg and 40 mg, and (Cardinol LA) cap long-acting 160 mg
- Hydrocortisone with miconazole (Micreme H) crm 1% with miconazole nitrate 2%
- Permethrin (Lyderm) crm 5%
- Indomethacin (Rheumacin SR) cap long-acting 75 mg and (Arthrexin) suppos 100 mg
- Etanercept (Enbrel) inj 25 mg
- Paracetamol (Paracare) suppos 500 mg
- Fluoxetine hydrochloride (Fluox) cap 20 mg
- Paraldehyde (AFT) inj 5 ml
- Lithium carbonate (Douglas) cap 250 mg
- Buspirone hydrochloride (Pacific Buspirone) tab 5 mg and 10 mg
- Interferon beta-1-alpha (Avonex) inj 6 million iu per vial

Decreased subsidy (pages 32-35)

- Loperamide hydrochloride (Nodia) tab 2 mg
- Fluocortolone caproate with fluocortolone pivalate and cinchocaine (Ultraproct) oint 950 µg, with fluocortolone pivalate 920 µg, and cinchocaine hydrochloride 5 mg per g and suppos 630 µg, with fluocortolone pivalate 610 µg, and cinchocaine hydrochloride 1 mg
- Bisacodyl (Lax-Tabs) tab 5 mg
- Cholecalciferol (Cal-d-Forte) tab 1.25 mg (50,000 iu)
- Clopidogrel (Plavix) tab 75 mg
- Frusemide (Mayne) inj 10 mg per ml, 2 ml
- Fusidic acid (Foban) crm 2% and oint 2%
- Cetomacrogol (PSM) cream BP
- Maldison (A-Lices) shampoo 1%
- Clotrimazole (Clomazol) vaginal crm 1% with applicator(s)
- Goserelin acetate (Zoladex) inj 3.6 mg and 10.8 mg
- Amoxycillin (Apo-Amoxi) cap 250 mg and 500 mg
- Neostigmine (AstraZeneca) inj 2.5 mg per ml, 1 ml
- Lignocaine hydrochloride (Xylocaine) inj 0.5%, 5 ml
- Lignocaine with prilocaine (EMLA) crm 2.5% with prilocaine 2.5% 30 g OP and 5 g tubes
- Codeine phosphate (PSM) tab 15 mg, 30 mg and 60 mg
- Pethidine hydrochloride (PSM) tab 50 mg and 100 mg
- Lamotrigine (Lamictal) tab dispersible 25 mg, 50 mg and 100 mg
- Cisplatin (Baxter) inj 1 mg for ECP
- Paclitaxel (Paclitaxel Ebewe) inj 150 mg and 300 mg
- Loratadine (Lorapaed) oral liq 1 mg per ml
- Ipratropium bromide (Ipratropium Steri-Neb) nebuliser soln, 250 µg per ml 1 ml and 2 ml
- Salbutamol (Salapin) oral liq 2 mg per 5 ml and (Ventolin Nebules) nebuliser soln, 1 mg per ml, 2.5 ml and 2 mg per ml, 2.5 ml

Widened access to capecitabine Special Authority

An estimated 450 people per year with colorectal cancer will have access to more convenient treatment from 1 July 2007. PHARMAC is to subsidise capecitabine (Xeloda), an oral chemotherapy treatment, for use after surgery for patients with Dukes C (stage III) colorectal cancer. Capecitabine is a substitute for another chemotherapy treatment, 5FU, that has to be administered by infusion in hospital.

This means that people being treated for colorectal cancer will be able to take tablets at home instead of having to go to hospital to receive multiple infusions over a prolonged period of time; up to 30 times over a six-month period to receive their chemotherapy. Having treatment in tablet form is much more convenient for patients.

The 'PCT only' restriction on capecitabine will also be removed from 1 July 2007 and replaced with the Hospital pharmacy [HP1] restriction. This means that pharmacies with a HP1 contract will be able to dispense and claim for capecitabine tablets. PHARMAC understands that there are approximately 250 pharmacies spread across the country with HP1 dispensing contracts, as well as all DHB hospital pharmacies. Hospital pharmacies without out-patient dispensing services are advised to contact their DHB for a list of pharmacies with current HP1 dispensing contracts to pass on to their patients. The change from PCT only to HP1 effectively moves drug costs for capecitabine from DHB hospital drug budgets to the Community Pharmaceuticals budget.

Trastuzumab subsidy for HER2-positive breast cancer

About 350 women are set to benefit each year from a decision to fund trastuzumab (Herceptin) for HER2-positive early breast cancer. Funding will be available from 1 July 2007 for a nine-week course of trastuzumab, when used in combination with a taxane drug (such as docetaxel), for women with HER2-positive early breast cancer.

In addition to the funding decision, PHARMAC will be developing resources for women with breast cancer and their families. These resources will help people understand more about HER2-positive breast cancer and the treatment options that are available, including Herceptin. The resources will also help women understand the need to give informed consent to receive the subsidised treatment. Since nine weeks concurrent therapy is not currently approved by the medicines regulator Medsafe, practitioners need to be aware of and comply with their obligations under section 25 of the Medicines Act. Access to treatment in this way is often used for other cancer medicines.

Widened access and price change for clopidogrel tablets

The Special Authority criteria for clopidogrel tablets 75 mg will be amended from 1 July 2007. The amendments will widen access so that aspirin-naïve patients who experience an acute coronary event or have a revascularisation procedure qualify for a three month course of clopidogrel. There is also an addition of a number of renewal criteria as some patients currently can not be issued a renewal, even though they qualify under the Special Authority criteria. See page 20 for further details.

The price and subsidy decrease for Plavix tablets 75 mg also takes effect from 1 July 2007.

New immunosuppressant subsidised

The immunosuppressant sirolimus (Rapamune tablets and oral liquid) will be subsidised on the Pharmaceutical Schedule from 1 July 2007. Sirolimus will be subsidised under Special Authority criteria for patients requiring rescue therapy following an organ transplant. Rescue therapy is defined in the Special Authority criteria. See page 19 for full details.

There is a small number of patients with subsidy approvals under the Hospital Exceptional Circumstances (HEC) and the Community Exceptional Circumstances (CEC) schemes. Prescribers with patients with HEC and CEC approvals are requested to apply for Special Authority approvals for their patients. HEC and CEC approvals for sirolimus will remain valid until their expiry.

Etanercept – amended Special Authority criteria

The Special Authority criteria for etanercept (Enbrel) injection 25 mg will be amended from 1 July 2007 to provide subsidised access to patients with juvenile idiopathic arthritis regardless of age. Previously only patients less than 18 years of age at the commencement of treatment were eligible for subsidy.

The amendment will also allow all rheumatologists to apply for a Special Authority approval, in addition to the named specialists currently able to apply.

Tiotropium – subsidised for moderate COPD

Patients with moderate COPD may be eligible for subsidy for tiotropium bromide (Spiriva) powder for inhalation. From 1 July 2007 the Special Authority criteria will be amended to allow use in patients with moderate COPD ($FEV_1 < 60\%$ of predicted). Previously only patients with $FEV_1 < 40\%$ of predicted were eligible for subsidy. Minor amendments to the Special Authority form have also been made to make it easier to apply for Special Authority approvals for new patients.

Lamictal – subsidised without Special Authority

From 1 July 2007 the Lamictal brand of lamotrigine will be subsidised without Special Authority restriction. This means that all brands and strengths of lamotrigine will be subsidised without Special Authority. In addition to this change, several other changes to lamotrigine listings will take effect from 1 July 2007:

- the price and subsidy for Lamictal dispersible tablets 25 mg, 50 mg and 100 mg will be reduced.
- Lamictal dispersible tablets 2 mg will be subsidised.
- the presentation descriptions for the Arrow-Lamotrigine and Mogine brands of lamotrigine will be amended to bring descriptions of all brands of lamotrigine into line.

Bicillin LA availability

Bicillin LA (benzathine benzylpenicillin) injection is now available, following approval by Medsafe. It comes as a 1.2 mega u per 2 ml injection, 10 pack, and the pack contains an injector and needles. Bicillin LA will be subsidised on prescription and PSO from 1 July 2007.

Plendil ER – price increase delayed

AstraZeneca has notified PHARMAC that the proposed price increase for Plendil ER (felodipine) tablets 2.5 mg has now been delayed. This price increase was due to be implemented on 1 July 2007, but now may occur from September 2007.

Neo-B12 injection subsidised

The registered brand of hydroxocobalamin injection 1 mg per ml, 1 ml, (Neo-B12) will be fully subsidised from July 2007. This is good news for patients, prescribers and pharmacists as the Neo-B12 brand is a registered medicine. The Goldshield brand, currently being supplied under Section 29 criteria, will be delisted from the Pharmaceutical Schedule in 6 months.

Isradapine – relisting

A dihydropyridine calcium channel blocker (DHP CCB) is to be relisted on the Pharmaceutical Schedule from 1 July 2007. Dynacirc-SRO (isradapine) long-acting capsules 2.5 mg and 5 mg will be subsidised to provide clinicians with another DHP CCB treatment option.

PHO prescription fee eligibility expands again

Eligibility for low cost PHO enrolees is being expanded again from 1 July 2007 to include those aged 25 – 44 years. This will mean that a low cost PHO enrolee is a patient who is enrolled in any Primary Health Organisation and the prescription has been issued by a prescriber working for the eligible person's enrolling PHO (unless local arrangements are in place).

The maximum prescription fee of $3 applies to prescriptions from an eligible patient's usual PHO doctor practice, if the medicine is fully subsidised. It does not include prescriptions issued by specialists, hospital outpatient clinics or other eligible prescribers.

Maximum patient co-payments:

Age	PHO	Care Plus or CSC	No PHO or card
0-5	Nil	Nil	Nil
6-18	$3	$3	$10
19 and over	$3	$3	$15

Tender News

Sole Subsidised Supply changes – effective 1 August 2007

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Roxithromycin	Tab 150 mg; 50 tab	Arrow-Roxithromycin (Arrow)
Roxithromycin	Tab 300 mg; 50 tab	Arrow-Roxithromycin (Arrow)
Promethazine hydrochloride	Tab 10 mg; 50 tab	Allersoothe (AFT)
Promethazine hydrochloride	Tab 25 mg; 50 tab	Allersoothe (AFT)

Looking Forward

This section is designed to alert both pharmacists and prescribers to possible future changes. It may assist pharmacists to manage stock levels and keep prescribers up-to-date with proposals to change the Pharmaceutical Schedule.

Possible decisions for implementation 1 August 2007

- Lopinavir with ritonavir (Kaletra) tab 250 mg, 200 mg lopinavir with 50 mg ritonavir – new listing under existing Special Authority criteria
- Amantadine hydrochloride cap 100 mg – removal of Retail pharmacy – Specialist restriction
- Apomorphine hydrochloride inj 10 mg per ml, 1 ml – removal of Hospital pharmacy [HP3] – Specialist restriction
- Clobazam tab 10 mg – removal of Retail pharmacy – Specialist restriction
- Entacapone tab 200 mg - removal of Retail pharmacy – Specialist restriction
- Selegiline hydrochloride tab 5 mg – removal of Retail pharmacy – Specialist restriction
- Gabapentin – new Special Authority criteria – not interchangeable with other NAEDs
- Neurontin (gabapentin) cap 100 mg, 300 mg, 400 mg and tab 600 mg – price and subsidy decrease
- Vigabatrin – new Special Authority criteria – not interchangeable with other NAEDS
- Topiramate – new Special Authority criteria – not interchangeable with other NAEDS
- Ziprasidone (Zeldox) cap 20 mg, 40 mg, 60 mg and 80 mg – new listing with endorsement criteria
- Exemestane (Aromasin) tab 25 mg – new listing
- Lignocaine gel 2% with chlorhexidine 0.05% 10 ml syringes – new listing

Sole Subsidised Supply Products – cumulative to July 2007

Generic Name	Presentation	Brand Name	Expiry Date*
Acetazolamide	Tab 250 mg	Diamox	2008
Acipimox	Cap 250 mg	Olbetam	2008
Acitretin	Cap 10 mg & 25 mg	Neotigason	2008
Allopurinol	Tab 100 mg & 300 mg	Progout	2008
Amitriptyline	Tab 10 mg, 25 mg & 50 mg	Amitrip	2008
Amlodipine	Tab 5 mg & 10 mg	Calvasc	2008
Apomorphine hydrochloride	Inj 10 mg per ml, 1 ml	Mayne	2009
Amoxycillin	Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml Inj 250 mg, 500 mg & 1 g	Ranbaxy Amoxicillin Ranbaxy Amoxicillin Ibiamox	2009 2008
Applicator	Device	Ortho	2008
Aqueous cream	Cream	Multichem	2008
Ascorbic acid	Tab 100 mg	Apo-Ascorbic Acid	2009
Atenolol	Tab 50 mg & 100 mg	Loten	2009
Atropine sulphate	Inj 600 μg, 1 ml Inj 1200 μg, 1 ml Eye drops 1%	AstraZeneca AstraZeneca Atropt	2009 2008
Beclomethasone dipropionate	Metered aqueous nasal spray 50 μg Metered aqueous nasal spray 100 μg	Alanase Alanase	2009
Betamethasone valerate	Scalp app 0.1% Crm 0.1% Oint 0.1%	Beta Scalp Beta Cream Beta Ointment	2009 2008
Bezafibrate	Tab 200 mg	Fibalip	2008
Bromocriptine mesylate	Tab 2.5 mg & 10 mg	Alpha-Bromocriptine	2008
Calamine	Lotion BP Crm, aqueous, BP	ABM ABM	2009
Calcitriol	Cap 0.25 μg & 0.5 μg	Calcitriol-AFT	2009
Calcium carbonate	Tab dispersible 2.5 g Tab 1.25 g Tab 1.5 g	Calci-Tab Effervescent Calci-Tab 500 Calci-Tab 600	2008
Calcium folinate	Inj 50 mg	Calcium Folinate Ebewe	2008
Cefazolin sodium	Inj 500 mg & 1 g	m-Cefazolin	2008
Ceftriaxone sodium	Inj 500 mg & 1 g	AFT	2008
Cetirizine hydrochloride	Oral liq 1 mg per ml Tab 10 mg	Allerid C Razene	2008
Chloramphenicol	Eye drops 0.5% Eye oint 1%	Chlorsig Chlorsig	2009
Chlorhexidine gluconate	Handrub 1% with ethanol 70% Mouthwash 0.2% Soln 4%	Orion Orion Orion	2009 2008

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Sole Subsidised Supply Products – cumulative to July 2007

Generic Name	Presentation	Brand Name	Expiry Date*
Chlorthalidone	Tab 25 mg	Hygroton	2009
Ciprofloxacin	Tab 250 mg, 500 mg & 750 mg	Cipflox	2008
Clindamycin	Cap hydrochloride 150 mg Inj phosphate 150 mg per ml, 4 ml	Dalacin C	2008
Clobetasol propionate	Crm 0.05% Scalp app 0.05% Oint 0.05%	Dermol Dermol Dermol	2009 2008
Clonazepam	Tab 500 μg & 2 mg	Paxam	2008
Clonidine	TDDS 2.5 mg, 100 μg per day TDDS 5 mg, 200 μg per day TDDS 7.5 mg, 300 μg per day	Catapres-TTS-1 Catapres-TTS-2 Catapres-TTS-3	2008
Clonidine hydrochloride	Tab 25 μg Tab 150 μg Inj 150 μg per ml, 1 ml	Dixarit Catapres Catapres	2008
Clotrimazole	Crm 1%	Clomazol	2008
Co-trimoxazole	Oral liq sugar-free trimethoprim 40 mg and sulphamethoxazole 200 mg per 5 ml Tab trimethoprim 80 mg and sulphamethoxazole 400 mg	Trisul	2008
Cyclizine hydrochloride	Tab 50 mg	Nausicalm	2009
Cyclizine lactate	Inj 50 mg per ml, 1 ml	Valoid (AFT)	2008
Cyproterone acetate	Tab 50 mg	Siterone	2009
Dantrolene sodium	Cap 25 mg & 50 mg	Dantrium	2009
Desmopressin	Nasal spray 10 μg per dose	Desmopressin-PH&T	2008
Dexamethasone sodium phosphate	Inj 4 mg per ml, 1 ml Inj 4 mg per ml, 2 ml	Mayne	2009
Diaphragm	Range of sizes	Ortho All-flex & Ortho Coil	2008
Dicloflenac sodium	Tab EC 25 mg & 50 mg Tab long-acting 75 mg & 100 mg	Apo-Diclo Apo-Diclo SR	2009
Didanosine (DDI)	Cap 125 mg, 200 mg, 250 mg & 400 mg	Videx EC	2009
Dihydrocodeine tartrate	Tab long-acting 60 mg	DHC Continus	2008
Diphenoxylate hydrochloride with atropine sulphate	Tab 2.5 mg with atropine sulphate 25 μg	Diastop	2008
Dipyridamole	Tab long-acting 150 mg	Pytazen SR	2008
Docusate sodium	Tab 50 mg & 120 mg	Coloxyl	2008
Emulsifying ointment BP	Ointment	AFT	2008
Enalapril	Tab 5 mg, 10 mg & 20 mg	m-Enalapril	2009

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Sole Subsidised Supply Products – cumulative to July 2007

Generic Name	Presentation	Brand Name	Expiry Date*
Ergometrine maleate	Inj 500 μg per ml, 1 ml	Mayne	2009
Ergotamine tartrate with caffeine	Tab 1 mg with caffeine 100 mg	Cafergot	2009
Erythromycin ethyl succinate	Grans for oral liq 200 mg per 5 ml Grans for oral liq 400 mg per 5 ml	E-Mycin E-Mycin	2008
Ethambutol hydrochloride	Tab 400 mg	Myambutol	2008
Ethinyloestradiol	Tab 10 μg	New Zealand Medical and Scientific	2009
Ethinyloestradiol with norethisterone	Tab 35 μg with norethisterone 500 μg and 7 inert tab	Norimin	2008
Etoposide	Cap 50 mg & 100 mg	Vepesid	2009
Flucloxacillin sodium	Cap 250 mg & 500 mg Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml	Staphlex AFT AFT	2009
Fluconazole	Cap 50 mg, 150 mg & 200 mg	Pacific	2008
Fluorometholone	Eye drops 0.1%	Flucon	2009
Fluphenazine decanoate	Inj 12.5 mg per 0.5 ml, 0.5 ml Inj 25 mg per ml, 1 ml Inj 100 mg per ml, 1 ml	Modecate Modecate Modecate	2008
Folic Acid	Tab 0.8 mg & 5 mg	Apo-Folic Acid	2009
Gentamicin sulphate	Inj 40 mg per ml, 2 ml	Pfizer	2009
Gliclazide	Tab 80 mg	Apo-Gliclazide	2008
Glipizide	Tab 5 mg	Minidiab	2008
Haloperidol	Inj 5 mg per ml, 1 ml	Serenace	2009
Haloperidol decanoate	Inj 50 mg per ml, 1 ml Inj 100 mg per ml, 1 ml	Haldol Haldol Concentrate	2008
Heparinised saline	Inj 10 iu per ml, 5 ml	AstraZeneca	2009
Hydrocortisone	Tab 5 mg & 20 mg Powder 25 g	Douglas m-Hydrocortisone	2009 2008
Hydrocortisone acetate	Rectal foam 10%, CFC-Free	Colifoam	2009
Hydrocortisone with wool fat and mineral oil	Lotn 1% with wool fat hydrous 3% and mineral oil	DP Lotn HC	2008
Hyoscine N-butylbromide	Inj 20 mg	Buscopan	2008
Hypromellose	Eye drops 0.3% Eye drops 0.5%	Poly-Tears Methopt	2008
Ibuprofen	Tab 200 mg	I-Profen	2008
Imipramine hydrochloride	Tab 10 mg & 25 mg	Tofranil	2009
Indapamide	Tab 2.5 mg	Napamide	2009
Indomethacin	Cap 25 mg & 50 mg	Rheumacin	2008

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Generic Name	Presentation	Brand Name	Expiry Date*
Ipratropium bromide	Aerosol inhaler, 20 μg per dose CFC-free	Atrovent	2008
Isosorbide mononitrate	Tab long-acting 60 mg	Duride	2009
Isotretinoin	Cap 10 mg Cap 20 mg	Isotane 10 Isotane 20	2009
Ketoconazole	Shampoo 2%	Ketopine	2008
Levodopa with benserazide	Cap 50 mg with benserazide 12.5 mg Tab dispersible 50 mg with benserazide 12.5 mg Cap 100 mg with benserazide 25 mg Cap long-acting 100 mg with benserazide 25 mg Cap 200 mg with benserazide 50 mg	Madopar 62.5 Madopar Dispersible Madopar 125 Madopar HBS Madopar 250	2009
Lorazepam	Tab 1 mg & 2.5 mg	Ativan	2009
Magnesium sulphate	Inj 49.3%	Mayne	2009
Maprotiline hydrochloride	Tab 25 mg & 75 mg	Ludiomil	2009
Mesalazine	Enema 1 g per 100 ml	Pentasa	2009
Methadone hydrochloride	Powder 1 g	AFT	2009
Methotrexate	Tab 2.5 mg & 10 mg Inj 100 mg per ml, 5 ml Inj 100 mg per ml, 10 ml Inj 100 mg per ml, 50 ml	Methoblastin Methotrexate Ebewe Methotrexate Ebewe Methotrexate Ebewe	2009 2008
Methyldopa	Tab 125 mg, 250 mg & 500 mg	Prodopa	2008
Methylphenidate hydrochloride	Tab long-acting 20 mg Tab 5 mg & 20 mg Tab 10 mg	Rubifen SR Rubifen Rubifen	2009
Methylprednisolone	Tab 4 mg & 100 mg	Medrol	2009
Methylprednisolone aceponate	Crm 0.1% and oint 0.1%	Advantan	2009
Methylprednisolone acetate	Inj 40 mg per ml, 1 ml	Depo-Medrol	2008
Methylprednisolone acetate with lignocaine	Inj 40 mg per ml with lignocaine 1 ml	Depo-Medrol with Lidocaine	2008
Methylprednisolone sodium succinate	Inj 40 mg per ml, 1 ml Inj 62.5 mg per ml, 1 ml Inj 500 mg & 1 g	Solu-Medrol Solu-Medrol Solu-Medrol	2009
Metoclopramide hydrochloride	Inj 5 mg per ml, 2 ml	Pfizer	2008
Metoprolol tartrate	Tab long-acting 200 mg	Slow-Lopressor	2009
Metyrapone	Cap 250 mg	Metopirone	2009
Mexiletine hydrochloride	Cap 50 mg & 200 mg	Mexitil	2008
Miconazole nitrate	Crm 2%	Multichem	2008

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Sole Subsidised Supply Products – cumulative to July 2007

Generic Name	Presentation	Brand Name	Expiry Date*
Midodrine	Tab 2.5 mg & 5 mg	Gutron	2009
Misoprostol	Tab 200 μg	Cytotec	2009
Moclobemide	Tab 150 mg & 300 mg	Apo-Moclobemide	2009
Morphine hydrochloride	Oral liq 1 mg per ml Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml	RA-Morph RA-Morph RA-Morph RA-Morph	2009
Morphine sulphate	Inj 5 mg per ml, 1 ml Inj 15 mg per ml, 1 ml Cap long-acting 10 mg, 30 mg, 60 mg, 100 mg & 200 mg Tab immediate release 10 mg & 20 mg	Mayne Mayne m-Eslon Sevredol	2009
Morphine tartrate	Inj 80 mg per ml, 1.5 ml & 5 ml	Mayne	2009
Naphazoline hydrochloride	Eye drops 0.1%	Naphcon Forte	2008
Naproxen	Tab 250 mg Tab 500 mg Tab long-acting 750 mg Tab long-acting 1000 mg	Noflam 250 Noflam 500 Naprosyn SR 750 Naprosyn SR 1000	2009 2008
Nevirapine	Oral suspension 10 mg per ml	Viramune Suspension	2009
Nicotinic acid	Tab 50 mg & 500 mg	Apo-Nicotinic Acid	2009
Nifedipine	Tab long-acting 20 mg	Nyefax Retard	2009
Nonoxynol-9	Jelly 2%	Gynol II	2008
Norethisterone	Tab 350 μg Tab 5 mg	Noriday 28 Primolut-N	2009 2008
Norfloxacin	Tab 400 mg	Arrow-Norfloxacin	2008
Nortriptyline	Tab 10 mg & 25 mg	Norpress	2008
Nystatin	Vaginal crm 100,000 u per 5 g with applicators Oral liq 100,000 u per ml	Nilstat Nilstat	2009 2008
Oxytocin	Inj 5 iu per ml, 1 ml Inj 10 iu per ml, 1 ml Inj 5 iu with ergometrine maleate 500 μg per ml, 1 ml	Syntocinon Syntocinon Syntometrine	2009
Pamidronate disodium	Inj 3 mg per ml, 5 ml Inj 3 mg per ml, 10 ml Inj 6 mg per ml, 10 ml	Pamisol Pamisol Pamisol	2008
Paracetamol	Tab 500 mg Suppos 125 mg & 250 mg Oral liq 120 mg per 5 ml Oral liq 250 mg per 5 ml	Panadol Panadol Junior Parapaed Six Plus Parapaed	2008
Paracetamol with codeine	Tab 500 mg with 8 mg codeine	Codalgin	2008

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Sole Subsidised Supply Products – cumulative to July 2007

Generic Name	Presentation	Brand Name	Expiry Date*
Pergolide	Tab 0.25 mg & 1 mg	Permax	2008
Perhexiline maleate	Tab 100 mg	Pexsig	2009
Pilocarpine	Eye drops 0.5%, 1%, 2%, 3%, 4% & 6%	Pilopt	2008
Poloxamer	Oral drops 10%	Coloxyl	2008
Potassium chloride	Tab long-acting 600 mg Inj 75 mg per ml, 10 ml Inj 150 mg per ml, 10 ml	Span-K AstraZeneca AstraZeneca	2009 2008
Prednisone	Tab 1 mg, 2.5 mg, 5 mg & 20 mg	Apo-Prednisone	2008
Pregnancy tests - HCG urine	Cassette	MDS Quick Card	2009
Procaine penicillin	Inj 1.5 mega u	Cilicaine	2008
Pyridoxine hydrochloride	Tab 50 mg	Apo-Pyridoxine	2009
Quinapril	Tab 5 mg, 10 mg & 20 mg	Accupril	2008
Quinapril with hydrochlorothiazide	Tab 10 mg with hydrochlorothiazide 12.5 mg Tab 20 mg with hydrochlorothiazide 12.5 mg	Accuretic 10 Accuretic 20	2008
Quinine sulphate	Tab 200 mg Tab 300 mg	Q 200 Q 300	2009
Ranitidine hydrochloride	Tab 150 mg & 300 mg	Arrow Ranitidine	2008
Salbutamol with ipratropium bromide	Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg	Duolin	2009
Selegiline hydrochloride	Tab 5 mg	Apo-Selegiline	2009
Sodium chloride	Inj 0.9%, 5 ml & 10 ml	AstraZeneca	2009
Sodium cromoglycate	Nasal spray 4% Eye drops 2%	Rex Cromolux	2009 2008
Sulphasalazine	Tab 500 mg Tab EC 500 mg	Salazopyrin Salazopyrin EN	2009
Tar with triethanolamine lauryl sulphate and fluorescein	Soln 2.3% with triethanolamine lauryl sulphate and fluorescein sodium	Pinetarsol	2008
Temazepam	Tab 10 mg	Normison	2008
Terbinafine	Tab 250 mg	Apo-Terbinafine	2008
Timolol maleate	Tab 10 mg	Apo-Timol	2009
Thiamine hydrochloride	Tab 50 mg	Apo-Thiamine	2009
Triamcinolone acetonide	Crm & Oint 0.02% Dental Paste USP 0.1%	Aristocort Oracort	2008
Triamcinolone acetonide with gramicidin, neomycin and nystatin	Ear drops 1 mg with nystatin 100,000 u, neomycin sulphate 2.5 mg and gramicidin 250 mcg per g Oint 1 mg with nystatin 100,000 u, neomycin sulphate 2.5 mg and gramicidin 250 μg per g	Kenacomb Kenacomb	2009 2008

**Expiry date of the Sole Subsidised Supply period is 30 June of the year indicated.*

Sole Subsidised Supply Products – cumulative to July 2007

Generic Name	Presentation	Brand Name	Expiry Date*
Triazolam	Tab 125 μg Tab 250 μg	Hypam Hypam	2008
Trimethoprim	Tab 300 mg	TMP	2008
Trimipramine maleate	Cap 25 mg & 50 mg	Tripress	2008
Urea	Crm 10%	Nutraplus	2008
Ursodeoxycholic acid	Cap 300 mg	Actigall	2008
Vancomycin hydrochloride	Inj 50 mg per ml, 10 ml	Pacific	2008
Verapamil hydrochloride	Tab long-acting 120 mg	Verpamil SR	2008
Vincristine sulphate	Inj 1 mg per ml, 1 ml Inj 1 mg per ml, 2 ml	Mayne Mayne	2009
Vitamins	Tab (BPC cap strength)	Healtheries	2009
Vitamin B complex	Tab, strong, BPC	Apo-B-Complex	2009
Water	Purified for injection 20 ml	Multichem	2009
Zinc and castor oil	Oint BP	Multichem	2008
Zinc sulphate	Cap 220 mg	Zincaps	2008
Zopiclone	Tab 7.5 mg	Apo-Zopiclone	2008

**Expiry date of the Sole Subsidised Supply period is 30 June of the year indicated.*

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ fully subsidised

New Listings

Effective 1 July 2007

29 METFORMIN HYDROCHLORIDE

✳Tab 500 mg	9.75	500	✔**Arrow-Metformin**
✳Tab 850 mg	8.00	250	✔**Arrow-Metformin**

35 HYDROXOCOBALAMIN

✳Inj 1 mg per ml, 1 ml	10.84	3	✔**Neo-B12**

42 DIPYRIDAMOLE

Tab 25 mg – Additional subsidy by Special Authority see SA0648 – Retail Pharmacy

	0.16	84	
	(8.36)		Persantin

44 WATER

1) On a prescription or Practitioner's Supply Order only when on the same form as an injection listed in the Pharmaceutical Schedule requiring a solvent or diluent; or
2) On a bulk supply order; or
3) When used in the extemporaneous compounding of eye drops.

Purified for inj 5 ml – Available on a PSO	9.31	50	✔**Multichem**
Purified for inj 10 ml – Available on a PSO	10.38	50	✔**Multichem**

57 ISRADIPINE

Cap long-acting 2.5 mg	7.50	30	✔**Dynacirc-SRO**
Cap long-acting 5 mg	7.85	30	✔**Dynacirc-SRO**

67 MALATHION

Liq 0.5%	4.99	200 ml	✔**Derbac M**

83 LEUPRORELIN – Special Authority see SA0837 – Hospital pharmacy [HP3]

Inj 7.5 mg	184.90	1	✔**Eligard**
Inj 22.5 mg	554.70	1	✔**Eligard**
Inj 30 mg	739.60	1	✔**Eligard**
Inj 45 mg	1,109.40	1	✔**Eligard**

88 BENZATHINE BENZYLPENICILLIN

Inj 1.2 mega u per 2 ml – Available on a PSO	200.00	10	✔**Bicillin LA**

101 LEFLUNOMIDE – Special Authority see SA0635 – Retail pharmacy

Tab 10 mg	71.00	30	✔**AFT-Leflunomide**
Tab 20 mg	97.00	30	✔**AFT-Leflunomide**

111 LAMOTRIGINE

▲Tab dispersible 2 mg	6.74	30	✔**Lamictal**

113 SUMATRIPTAN

Tab 50 mg	12.00	4	✔**Sumagran**
Tab 100 mg	12.00	2	✔**Sumagran**

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ fully subsidised

New listings - effective 1 July 2007 (continued)

142 SIROLIMUS – Special Authority see SA0866 below – Hospital pharmacy [HP3]

Tab 1 mg	813.00	100	✔ **Rapamune**
Tab 2 mg	1,626.00	100	✔ **Rapamune**
Oral liq 1 mg per ml	487.80	60 ml OP	✔ **Rapamune**

SA0866 Special Authority for Subsidy

Initial application from any medical practitioner. Approvals valid without further renewal unless notified where the drug is to be used for rescue therapy for an organ transplant recipient

Note: Rescue therapy defined as unresponsive to calcineurin inhibitor treatment as defined by refractory rejection; or intolerant to calcineurin inhibitor treatment due to any of the following:

- GFR < 30 ml/min; or
- Rapidly progressive transplant vasculopathy; or
- Rapidly progressive obstructive bronchiolitis; or
- HUS or TTP; or
- Leukoencepthalopathy; or
- Significant malignant disease

161 SYRUP (PHARMACEUTICAL GRADE) – Only in combination

Only in extemporaneously compounded oral mixtures.

Liq	21.75	2,000 ml	✔ **Midwest**

Effective 1 June 2007

27 OMEPRAZOLE

✻ Cap 10 mg	6.28	30	✔ **Omezol**
✻ Cap 20 mg	6.28	30	✔ **Omezol**
✻ Cap 40 mg	9.50	30	✔ **Omezol**

75 ALENDRONATE SODIUM WITH CHOLECALCIFEROL – Special Authority see SA0797 – Retail pharmacy

Tab 70 mg with cholecalciferol 2800 iu	35.91	4	✔ **Fosamax Plus**

99 IBUPROFEN – Additional subsidy by Special Authority see SA0291– Retail pharmacy

✻ Tab 400 mg	1.07	30	
	(4.56)		Brufen
✻ Tab long-acting 800 mg	1.50	30	
	(9.12)		Brufen Retard

130 MITOMYCIN C – PCT only – Specialist

Inj 2 mg	283.00	10	✔ **Mitomycin-C** S29
Inj 10 mg	531.30	5	✔ **Mitomycin-C** S29

165 FAT SUPPLEMENT – Special Authority see SA0580 – Hospital pharmacy [HP3]

Emulsion (neutral)	12.30	200 ml OP	✔ **Calogen**
Emulsion (strawberry)	12.30	200 ml OP	✔ **Calogen**

170 RENAL ORAL FEED 2KCAL/ML – Special Authority see SA0587 – Hospital pharmacy [HP3]

Liquid	2.43	200 ml OP	✔ **Nepro (vanilla)**

Effective 1 May 2007

146 SALBUTAMOL

Nebuliser soln, 1 mg per ml, 2.5 ml – Available on a PSO	3.70	20	✔ **Asthalin**
Nebuliser soln, 2 mg per ml, 2.5 ml – Available on a PSO	3.85	20	✔ **Asthalin**

▲ Three months supply may be dispensed at one time if endorsed "certified exemption" by the prescriber.

✻ Three months or six months, as applicable, dispensed all-at-once

Changes to Restrictions

Effective 1 July 2007

41 CLOPIDOGREL – Special Authority see SA~~0847~~ **0867** – Retail pharmacy
Tab 75 mg .....73.38 28 ✔**Plavix**

➽ SA~~0847~~ 0867 Special Authority for Subsidy

Initial application - (aspirin allergic patients) ~~only~~ from ~~a~~ **any** relevant ~~specialist or general~~ practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:
Both:
1 The patient is allergic to aspirin (see definition below); and
2 Any of the following:
The patient has:
2.1 suffered from a stroke, or transient ischaemic attack; or
2.2 experienced an acute myocardial infarction; or
2.3 experienced an episode of pain at rest of greater than 20 minutes duration due to coronary disease that required admission to hospital for at least 24 hours; or
2.4 had a troponin T or troponin I test result greater than the upper limit of the reference range; or
2.5 had a revascularisation procedure; or
2.6 experienced symptomatic peripheral vascular disease of a severity that has required specialist consultation.

Note
Aspirin allergy is defined as a history of anaphylaxis, urticaria or asthma within 4 hours of ingestion of aspirin, other salicylates or NSAIDs.

Initial application - (aspirin tolerant patients **and aspirin naive patients**) ~~only~~ from ~~a~~ **any** relevant ~~specialist or general~~ practitioner. Approvals valid for 3 months for applications meeting the following criteria:
Any of the following:
~~While on treatment with aspirin the~~ **The** patient has:
1 experienced an acute myocardial infarction; or
2 had an episode of pain at rest of greater than 20 minutes duration due to coronary disease that required admission to hospital for at least 24 hours; or
3 had a troponin T or troponin I test result greater than the upper limit of the reference range; or
4 had a revascularisation procedure.

Initial application - (patients awaiting revascularisation) ~~only~~ from ~~a~~ **any** relevant ~~specialist or general~~ practitioner. Approvals valid for 6 months where the patient is ~~awaiting~~ **on a waiting list or on an active review list for** stenting, coronary artery bypass grafting, or percutaneous coronary angioplasty following acute coronary syndrome.

Initial application - (post stenting ~~(no renewals)~~) ~~only~~ from ~~a~~ **any** relevant ~~specialist or general~~ practitioner. Approvals valid for 6 months where the patient has had a stent inserted **in the previous 4 weeks**.

Initial application - (documented stent thrombosis) ~~only~~ from ~~a~~ **any** relevant ~~specialist or general~~ practitioner. Approvals valid without further renewal unless notified where the patient has, while on treatment with aspirin **or clopidogrel**, experienced documented stent thrombosis.

Renewal - (aspirin tolerant patients) ~~only~~ from ~~a~~ **any** relevant ~~specialist or general~~ practitioner. Approvals valid without further renewal unless notified where **while on treatment with aspirin** the patient has experienced an additional vascular event following the recent cessation of clopidogrel.

Renewal - (acute coronary syndrome - aspirin tolerant patients and aspirin naive patients) from any relevant practitioner. Approvals valid for 3 months for applications meeting the following criteria:
Any of the following:
The patient has:
1 experienced an acute myocardial infarction; or
2 had an episode of pain at rest of greater than 20 minutes duration due to coronary disease that required admission to hospital for at least 24 hours; or
3 had a troponin T or troponin I test result greater than the upper limit of the reference range; or

continued...

Changes to Restrictions - effective 1 July 2007 (continued)

continued...

4 had a revascularisation procedure.

Renewal - (patients awaiting revascularisation) ~~only~~ from ~~a~~ **any** relevant ~~specialist or general~~ practitioner. Approvals valid for 6 months where the patient is ~~awaiting~~ **on a waiting list or on an active review list for** stenting, coronary artery bypass grafting, or percutaneous coronary angioplasty following acute coronary syndrome.

Renewal - (post stenting) from any relevant practitioner. Approvals valid for 6 months where the patient has had a stent inserted in the previous 4 weeks

Renewal - (documented stent thrombosis) from any relevant practitioner. Approvals valid without further renewal unless notified where the patient has, while on treatment with aspirin or clopidogrel, experienced documented stent thrombosis.

78 HORMONE REPLACEMENT THERAPY – SYSTEMIC

➽ SA0312 Special Authority for Alternate Subsidy

Initial application only from an obstetrician, gynaecologist, general practitioner or general physician. Approvals valid for 5 years for applications meeting the following criteria:

Any of the following:

1 acute or significant liver disease **where oral oestrogens are contraindicated as determined by a gastroenterologist or general physician. The applicant must keep a written confirmation from such a specialist with the patient's record** ~~– a declaration must be provided from a gastroenterologist or general physician stating that oral oestrogens are contraindicated due to liver disease (Details to be attached to application);~~ or

2 oestrogen induced hypertension requiring antihypertensive therapy – documented evidence must be ~~provided~~ **kept on file** that raised blood pressure levels or inability to control blood pressure adequately occurred post oral oestrogens ~~(Details to be attached to application);~~ or

3 hypertriglyceridaemia – documented evidence must be ~~provided~~ **kept on file** that triglyceride levels increased to at least 2 × normal triglyceride levels post oral oestrogens ~~(Details to be attached to application)~~.

Note: Prescriptions with a valid Special Authority (CHEM) number will be reimbursed at the level of the lowest priced TDDS product within the specified dose group.

Renewal only from an obstetrician, gynaecologist, general practitioner or general physician. Approvals valid for 5 years where the treatment remains appropriate and the patient is benefiting from treatment.

Prescribing Guideline HRT should be taken at the lowest dose for the shortest period of time necessary to control symptoms. Patients should be reviewed 6 monthly in line with the updated NZGG "Evidence-based Best Practice Guideline on Hormone Replacement Therapy March 2004".

80 LEVONORGESTREL

✻ Levonorgestrel - releasing intrauterine system 20μg/24 hr –
Special Authority see SA0782 – Retail pharmacy .....269.50 1 ✔**Mirena**

➽ SA0782 Special Authority for Subsidy

Initial application — (No previous use) only from a relevant specialist or general practitioner. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

1 The patient has a clinical diagnosis of heavy menstrual bleeding; and

2 The patient has failed to respond to or is unable to tolerate other appropriate pharmaceutical therapies as per the Heavy Menstrual Bleeding Guidelines; and

3 Either:
3.1 serum ferritin level < 16 mg/l (within the last 12 months); or
3.2 haemoglobin level < 120 g/l.

Note: Applications are not to be made for use in patients as contraception except where they meet the above criteria.

continued...

Changes to Restrictions - effective 1 July 2007 (continued)

continued...

Initial application — (Previous use before 1 October 2002) only from a relevant specialist or general practitioner. Approvals valid for 6 months for applications meeting the following criteria:
All of the following:
1 The patient had a clinical diagnosis of heavy menstrual bleeding; and
2 Patient demonstrated clinical improvement of heavy menstrual bleeding; and
3 Applicant to state date of the previous insertion ~~(Details to be attached to application)~~.
Note: Applications are not to be made for use in patients as contraception except where they meet the above criteria
Renewal only from a relevant specialist or general practitioner. Approvals valid for 6 months for applications meeting the following criteria:
Both:
1 Either:
1.1 Patient demonstrated clinical improvement of heavy menstrual bleeding; or
1.2 Previous insertion was removed or expelled within 3 months of insertion; and
2 Applicant to state date of the previous insertion ~~(Details to be attached to application)~~.

102 ETANERCEPT – Retail pharmacy-Specialist prescription – Special Authority see SA~~0667~~ **0868** – Retail pharmacy
Inj 25 mg ..... 949.96 4 ✔**Enbrel**
➽ SA~~0667~~ **0868** **Special Authority for Subsidy**
Initial application only from a named specialist **or a rheumatologist**. Approvals valid for 4 months for applications meeting the following criteria:
All of the following:
1 To be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
2 Patient **diagnosed with Juvenile Idiopathic Arthritis (JIA)** ~~is less than 18 years of age at commencement of treatment;~~ and
3 Patient has had severe active polyarticular course ~~Juvenile Idiopathic Arthritis (~~JIA~~)~~ for 6 months duration or longer; and
4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate (at a dose of 10-20mg/m^2 weekly **or at maximum tolerated dose**) in combination with oral corticosteroids (prednisone 0.25 mg/kg **or at maximum tolerated dose**); and
5 Patient has tried and not responded to at least three months of oral or parenteral methotrexate (at a dose of 10-15mg/m^2 weekly **or at maximum tolerated dose**) in combination with one other disease-modifying agent; and
6 Both:
6.1 Either:
6.1.1 Patient has persistent symptoms of poorly-controlled and active disease in at least 20 active, swollen, tender joints; or
6.1.2 Patient has persistent symptoms of poorly-controlled and active disease in at least four active joints from the following: wrist, elbow, knee, ankle, shoulder, cervical spine, hip; and
6.2 Physician's global assessment indicating severe disease; and
7 The patient or their legal guardian consents to details of their treatment being held on a central registry and has signed a consent form outlining conditions of ongoing treatment.
Note:
A patient declaration form http://www.pharmac.govt.nz/special_authority_forms/SA0667-declaration.pdf must be signed by the legal guardian of the patient and the prescriber in the presence of a witness (over 18 years of age).
Renewal only from a named specialist **or a rheumatologist**. Approvals valid for 6 months for applications meeting the following criteria:
Both:
8 Subsidised as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
9 Either:

continued...

Changes to Restrictions - effective 1 July 2007 (continued)

continued...

9.1 Following 4 months initial treatment, the patient has at least a 50% decrease in active joint count and an improvement in physician's global assessment from baseline; or

9.2 On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count and continued improvement in physician's global assessment from baseline.

104 LIGNOCAINE WITH PRILOCAINE ~~HYDROCHLORIDE~~ – Special Authority see SA0323 – Hospital pharmacy [HP3]

Crm 2.5% with prilocaine ~~hydrochloride~~ 2.5%	41.00	30 g OP	✔**EMLA**
Crm 2.5% with prilocaine ~~hydrochloride~~ 2.5% (5 g tubes)	41.00	5	✔**EMLA**

111 LAMOTRIGINE

▲Tab dispersible ~~chewable/dispersible~~ 5 mg	15.00	56	✔**Arrow-Lamotrigine**
▲Tab dispersible ~~chewable/dispersible~~ 25 mg	25.50	56	✔**Arrow-Lamotrigine** ✔**Mogine**
▲Tab dispersible ~~chewable/dispersible~~ 50 mg	43.40	56	✔**Arrow-Lamotrigine** ✔**Mogine**
▲Tab dispersible ~~chewable/dispersible~~ 100 mg	74.90	56	✔**Arrow-Lamotrigine** ✔**Mogine**
▲Tab dispersible ~~chewable/dispersible~~ 200 mg	127.30	56	✔**Arrow-Lamotrigine** ✔**Mogine**

111 NEW ANTIEPILEPSY DRUGS

➽ SA0780 Special Authority for Subsidy

Initial application - (Single NAED Therapy) only from a paediatrician, neurologist or general physician. Approvals valid for 15 months for applications meeting the following criteria:
Any of the following:

1 Was on NAED therapy before 1 September 2000; or
2 Seizures are not adequately controlled with optimal older anti-epilepsy drug treatment; or
3 Seizures are controlled adequately but who experience unacceptable side effects from older anti-epilepsy drug treatment.

Note: "Optimal older anti-epilepsy drug therapy" is defined as treatment with those older anti-epilepsy drugs which are indicated and clinically appropriate for the patient, given singly and in combination in adequate doses for the patient's age, weight, and other features affecting the pharmacokinetics of the drug with good evidence of compliance.

Initial application - (Dual NAED Therapy) only from a paediatrician, neurologist or general physician. Approvals valid for 18 months for applications meeting the following criteria:
Either:

1 Stabilised on two NAEDs on or before 31 July 2000; or
2 Both:
2.1 A second NAED has been added; and
2.2 An attempt to withdraw one NAED has been made and was unsuccessful.

Initial application - (Neuropathic pain - gabapentin only) only from a relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of such a specialist. Approvals valid for 2 months where the Patient has tried and failed, or has been unable to tolerate, treatment with a tricyclic antidepressant AND an anticonvulsant agent.
Notes: Gabapentin is not interchangeable with other NAEDs when used for treating neuropathic pain.
Vocationally registered general practitioners are a relevant specialist when recommending gabapentin for neuropathic pain.

Renewal - (Single or Dual NAED Therapy) only from a paediatrician, neurologist or general physician. Approvals valid for 18 months for applications meeting the following criteria:
Either:

1 Both:

continued...

Changes to Restrictions - effective 1 July 2007 (continued)

continued...

1.1 Patient has been prescribed adequate doses of gabapentin, ~~lamotrigine~~, topiramate or vigabatrin; and
1.2 Patient has demonstrated a significant and sustained improvement in seizure rate or severity and/or quality of life; or

2 Patient has had a previous approval but has not yet trialed monotherapy with all available NAEDs.

Note: As a guideline, clinical trials have referred to a notional 50% reduction in seizure frequency as an indicator of success with anti-convulsant therapy and have assessed quality of life from the patient's perspective.

Renewal - (Triple NAED Therapy) only from a paediatrician, neurologist or general physician. Approvals valid for 6 months for applications meeting the following criteria:

Both:

1 Patient is on dual therapy; and
2 Patient switching from vigabatrin to another NAED.

Renewal - (Neuropathic pain - gabapentin only) only from a relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of such a specialist. Approvals valid for 2 years where the patient has demonstrated a marked improvement in their control of pain (prescriber determined).

Notes: Gabapentin is not interchangeable with other NAEDs when used for pain.

Vocationally registered general practitioners are a relevant specialist when recommending gabapentin for neuropathic pain.

Note: Special Authority applications and reapplications must be made by a neurologist or paediatric neurologist. Applications from a general physician or paediatrician will be accepted if access to neurology or paediatric neurology services is limited in the locality in which they practice.

112 LAMOTRIGINE ~~– Special Authority see SA0780– Retail pharmacy~~

▲Tab dispersible 5 mg	9.64	30	✔**Lamictal**
▲Tab dispersible 25 mg	29.09	56	✔**Lamictal**
▲Tab dispersible 50 mg	47.89	56	✔**Lamictal**
▲Tab dispersible 100 mg	79.16	56	✔**Lamictal**

114 HYOSCINE (SCOPOLAMINE) – Special Authority see SA0727 – Hospital pharmacy [HP3]

Patches, 1.5 mg	9.56	2	
	(12.40)		Scopoderm TTS

➽ **SA0727 Special Authority for Subsidy**

Initial application from any medical practitioner. Approvals valid for 1 year for applications meeting the following criteria:

All of the following:

1 Control of intractable nausea, vomiting, or inability to swallow saliva in the treatment of malignancy or chronic disease; and
2 Patient cannot tolerate or does not adequately respond to oral anti-nausea agents; and
3 The applicant must specify the underlying malignancy or chronic disease ~~(Details to be attached to application)~~.

Renewal from any medical practitioner. Approvals valid for 1 year where the treatment remains appropriate and the patient is benefiting from treatment.

122 DEXAMPHETAMINE SULPHATE – Special Authority see SA0696 – Retail pharmacy

Only on a controlled drug form

Tab 5 mg	18.00	100	✔**PSM**

➽ **SA0696 Special Authority for Subsidy**

Initial application — (Narcolepsy) only from a neurologist or respiratory specialist. Approvals valid for 24 months where the patient suffers form narcolepsy.

Initial application — (ADHD in patients 5 or over) only from a paediatrician, psychiatrist or general practitioner on the recommendation of a relevant specialist. Approvals valid for 24 months for applications meeting the following criteria:

continued...

Changes to Restrictions - effective 1 July 2007 (continued)

continued...

All of the following:
1 ADHD (Attention Deficit and Hyperactivity Disorder) patients aged 5 years or over; and
2 Diagnosed according to DSM-IV or ICD 10 criteria; and
3 Either:
3.1 Applicant is a specialist; or
3.2 Both:
3.2.1 Applicant is a GP and a specialist has recommended treatment; and
3.2.2 Provide name of specialist ~~(Details to be attached to application)~~.

Initial application — (ADHD in patients under 5) only from a paediatrician or psychiatrist. Approvals valid for 12 months for applications meeting the following criteria:
Both:
1 ADHD (Attention Deficit and Hyperactivity Disorder) patients under 5 years of age; and
2 Diagnosed according to DSM-IV or ICD 10 criteria.

Renewal — (Narcolepsy) only from a neurologist or respiratory specialist. Approvals valid for 24 months where the treatment remains appropriate and the patient is benefiting from treatment.

Renewal — (ADHD in patients 5 or over) only from a paediatrician, psychiatrist or general practitioner. Approvals valid for 24 months for applications meeting the following criteria:
Either:
1 Applicant is a specialist; or
2 Both:
2.1 Applicant is a GP and a specialist has recommended treatment; and
2.2 Provide name of specialist ~~(Details to be attached to application)~~.

Renewal — (ADHD in patients under 5) only from a paediatrician or psychiatrist. Approvals valid for 12 months where the treatment remains appropriate and the patient is benefiting from treatment.

123 METHYLPHENIDATE HYDROCHLORIDE – Special Authority see SA0696 – Retail pharmacy
Only on a controlled drug form

Tab 5 mg	3.20	30	✔ **Rubifen**
Tab 10 mg	4.29	30	✔ **Rubifen**
Tab 20 mg	7.85	30	✔ **Rubifen**
Tab long-acting 20 mg	10.95	30	✔ **Rubifen SR**

➽ **SA0696 Special Authority for Subsidy**

Initial application — (Narcolepsy) only from a neurologist or respiratory specialist. Approvals valid for 24 months where the patient suffers form narcolepsy.

Initial application — (ADHD in patients 5 or over) only from a paediatrician, psychiatrist or general practitioner on the recommendation of a relevant specialist. Approvals valid for 24 months for applications meeting the following criteria:
All of the following:
1 ADHD (Attention Deficit and Hyperactivity Disorder) patients aged 5 years or over; and
2 Diagnosed according to DSM-IV or ICD 10 criteria; and
3 Either:
3.1 Applicant is a specialist; or
3.2 Both:
3.2.1 Applicant is a GP and a specialist has recommended treatment; and
3.2.2 Provide name of specialist ~~(Details to be attached to application)~~.

Initial application — (ADHD in patients under 5) only from a paediatrician or psychiatrist. Approvals valid for 12 months for applications meeting the following criteria:
Both:
1 ADHD (Attention Deficit and Hyperactivity Disorder) patients under 5 years of age; and
2 Diagnosed according to DSM-IV or ICD 10 criteria.

continued...

Changes to Restrictions - effective 1 July 2007 (continued)

continued...

Renewal — (Narcolepsy) only from a neurologist or respiratory specialist. Approvals valid for 24 months where the treatment remains appropriate and the patient is benefiting from treatment.

Renewal — (ADHD in patients 5 or over) only from a paediatrician, psychiatrist or general practitioner. Approvals valid for 24 months for applications meeting the following criteria:
Either:
1 Applicant is a specialist; or
2 Both:
2.1 Applicant is a GP and a specialist has recommended treatment; and
2.2 Provide name of specialist ~~(Details to be attached to application)~~.

Renewal — (ADHD in patients under 5) only from a paediatrician or psychiatrist. Approvals valid for 12 months where the treatment remains appropriate and the patient is benefiting from treatment.

124 NALTREXONE HYDROCHLORIDE – Special Authority see SA0714 – Retail pharmacy
Tab 50 mg ..... 180.00 30 ✔**ReVia**

➽ **SA0714 Special Authority for Subsidy**

Initial application from any medical practitioner. Approvals valid for 3 months for applications meeting the following criteria:
All of the following:
1 Patient is currently enrolled in a recognised comprehensive treatment programme for alcohol dependence in a service accredited against the New Zealand Alcohol and Other Drug Sector Standard or the National Mental Health Sector Standard;
and
2 Applicant works in an Alcohol & Drug Service; and
3 Applicant must include the address of the service ~~(Details to be attached to application)~~.

Renewal from any medical practitioner. Approvals valid for 3 months for applications meeting the following criteria:
Both:
1 Compliance with the medication (prescriber determined); and
2 Any of the following:
2.1 Patient is still unstable and requires further treatment; or
2.2 Patient achieved significant improvement but requires further treatment; or
2.3 Patient is well controlled but requires maintenance therapy.
The patient may not have had more than 1 prior approval in the last 12 months.

126 CAPECITABINE ~~– PCT only~~ – Specialist – Special Authority see SA~~0774~~ **0869 - Hospital pharmacy [HP1]**
Tab 150 mg ..... 115.00 60 ✔**Xeloda**
Tab 500 mg ..... 705.00 120 ✔**Xeloda**

➽ **SA~~0774~~ 0869 Special Authority for Subsidy**

Initial application only from a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:
Any of the following:
1 The patient has advanced gastrointestinal malignancy; or
2 The patient has metastatic breast cancer*; or
3 The patient has stage III (Dukes' stage C) colorectal*# cancer and has undergone surgery; or
~~3~~**4** Both:
~~3~~**4**.1 The patient has poor venous access or needle phobia*; and
~~3~~**4**.2 The patient requires a substitute for single agent fluoropyrimidine*.

Renewal only from a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:
Either:
~~4~~**5** The patient requires continued therapy; or

continued...

Changes to Restrictions - effective 1 July 2007 (continued)

continued...

~~5~~**6** The tumour has relapsed and requires re-treatment.

Note indications marked with * are **U**~~u~~napproved **I**~~i~~ndications, **#capecitabine is approved for stage III (Dukes' stage C) colon cancer**.

129 DOCETAXEL – PCT only – Specialist – Special Authority see SA~~0809~~ **0870**

Inj 20 mg	460.00	1	✔**Taxotere**
Inj 80 mg	1,650.00	1	✔**Taxotere**
Inj 1 mg for ECP	24.82	1 mg	✔**Baxter**

➽ **SA~~0809~~ 0870 Special Authority for Subsidy**

Initial application only from a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

Any of the following:

1 Both:
- 1.1 The patient has ovarian, fallopian* or primary peritoneal cancer*; and
- 1.2 Either:
  - 1.2.1 Has not received prior chemotherapy; or
  - 1.2.2 Has received prior chemotherapy but have not previously been treated with taxanes; or

2 The patient has metastatic breast cancer; or

3 **Both**
- 3.1 **The patient has early breast cancer; and**
- 3.2 **Docetaxel is to be given concurrently with trastuzumab; or**

~~3~~**4** Both
- ~~3.1~~**4.1** The patient has non small-cell lung cancer; and
- ~~3.2~~**4.2** Either:
  - ~~3.2.1~~**4.2.1** Has advancing disease (stage IIIa or above); or
  - ~~3.2.2~~**4.2.2** Is receiving combined chemotherapy and radiotherapy; or

~~4~~**5** Both:
- ~~4.1~~**5.1** The patient has small-cell lung cancer*; and
- ~~4.2~~**5.2** Docetaxel is to be used as second-line therapy.

Renewal only from a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

~~5~~**6** The patient has metastatic breast cancer, non small-cell lung cancer, or small-cell lung cancer* and;
- ~~5.1~~**6.1** The patient requires continued therapy; or
- ~~5.2~~**6.2** The tumour has relapsed and requires re-treatment.

Note indications marked with * are Unapproved Indications.

139 TRASTUZUMAB – PCT only – Specialist – Special Authority see SA~~0778~~ **0871**

Inj 150 mg vial	1,350.00	1	✔**Herceptin**
Inj 440 mg vial	3,875.00	1	✔**Herceptin**
Inj 1 mg for ECP	9.99	1 mg	✔**Baxter**

➽ **SA~~0778~~ 0871 Special Authority for Subsidy**

Initial application **(metastatic breast cancer)** only from a relevant specialist. Approvals valid for 12 months where the patient has metastatic breast cancer expressing HER 2 **IHC** 3+ or FISH +.

Renewal **(metastatic breast cancer)** only from a relevant specialist. Approvals valid for 12 months ~~where the cancer has not progressed~~ **for applications meeting the following criteria:**

Both:

1 The patient has metastatic breast cancer; and

2 The cancer has not progressed.

Initial application (early breast cancer) only from a relevant specialist. Approvals valid for 3 months for applicants meeting the following criteria:

All of the following:

continued...

Changes to Restrictions - effective 1 July 2007 (continued)

continued...

1 The patient has early breast cancer expressing HER 2 IHC 3+ or FISH +; and
2 Maximum cumulative dose of 20mg/kg (9 weeks treatment)*; and
3 Trastuzumab is to be given concurrently with adjuvant taxane chemotherapy*; and
4 Trastuzumab is not to be given concurrently with anthracycline chemotherapy.

Notes:
Indications marked with * are Unapproved Indications.
It is recommended that for early breast cancer trastuzumab be administered concurrently with docetaxel prior to anthracyclines as per the FinHer regimen (Joensuu H, Kellokumpu-Lehtinen P, Bono P, et al. Adjuvant docetaxel or vinorelbine with or without trastuzumab for breast cancer. N Engl J Med 2006;354(8):809-20).

146 TIOTROPIUM BROMIDE – Special Authority see SA~~0758~~ **0872** Retail pharmacy
Powder for inhalation, 18 μg per dose ..... 70.00 30 dose ✔**Spiriva**
➽ ~~**SA0758**~~ **0872** **Special Authority for Subsidy**
Initial application only from a general practitioner or relevant specialist. Approvals valid for 2 years for applications meeting the following criteria:
All of the following:
1 To be used for the long-term maintenance treatment of bronchospasm and dyspnoea associated with COPD; and
2 In addition to standard treatment, the patient has trialled a dose of at least 40 μg ipratropium q.i.d for one month; and
3 Any of the following:
The patient's breathlessness ~~≥ grade 4~~ according to the Medical Research Council (UK) dyspnoea scale ~~(see note)~~ is:
3.1 Grade 4 (stops for breath after walking about 100 meters or after a few minutes on the level); or
3.2 Grade 5 (too breathless to leave the house, or breathless when dressing or undressing); and
4 **Actual** FEV_1 (litres) < ~~0.4~~ **0.6** × predicted FEV_1 (litres); and
5 Either:
5.1 The patient is not a smoker (for reporting purposes only); or
5.2 The patient is a smoker and **has** been offered smoking cessation counselling; and
6 The patient has been offered annual influenza immunisation.

Renewal only from a general practitioner or relevant specialist. Approvals valid for 2 years for applications meeting the following criteria:
All of the following:
1 Patient is compliant with the medication; and
2 Patient has experienced improved COPD symptom control (prescriber determined); and
3 Applicant must **state** ~~supply~~ recent measurement of FEV_1 (% of predicted) ~~(Details to be attached to application)~~.
~~Note: Grade 4 = stops for breath after walking about 100 meters or after a few minutes on the level; Grade 5 = too breathless to leave the house, or breathless when dressing or undressing~~

Effective 1 June 2007

108 MIANSERIN HYDROCHLORIDE – ~~Hospital pharmacy [HP3] Specialist prescription –~~ Special Authority see ~~SA0057~~ **SA0864** below – **Retail pharmacy** ~~Hospital pharmacy [HP3]~~
~~Specialist must be a psychiatrist.~~
Tab 30 mg ..... 29.25 30 ✔**Tolvon**
➽ ~~**SA0057**~~ **0864** **Special Authority for Subsidy**
Initial application ~~only from a psychiatrist~~ **from any relevant practitioner**. Approvals valid for 2 years for applications meeting the following criteria:
Both:
1 Depression; and

continued...

Changes to Restrictions - effective 1 June 2007 (continued)

continued...

2 ~~Any of the following:~~ **Either:**
~~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~~
2.1~~2~~ Co-existent bladder neck obstruction; or
2.2~~3~~ Cardiovascular disease.

Renewal ~~only from a psychiatrist~~ **from any relevant practitioner**. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.

109 PAROXETINE HYDROCHLORIDE

Tab 20 mg ~~– Higher subsidy of up to $35.02 per 30 with Endorsement~~ ..... 5.90 (35.02) 30 ✔**Loxamine** Aropax

~~Additional subsidy by endorsement is available for patients who:~~
~~1) were taking paroxetine hydrochloride on February 2001; or~~
~~2) have previously responded to treatment with paroxetine hydrochloride; or~~
~~3) have had a trial of fluoxetine and have had to discontinue due to~~
~~a) inability to tolerate the drug due to side effects; or~~
~~b) failed to respond to an adequate dose and duration of treatment; or~~
~~4) have contraindications to fluoxetine (eg pre-existing significant levels of nausea, breastfeeding, potential drug interactions).~~
~~The prescription must be endorsed accordingly.~~

120 BUSPIRONE HYDROCHLORIDE – Special Authority see ~~SA0055~~ **SA0863** – **Retail pharmacy** ~~Hospital pharmacy [HP3]~~

Month Restriction

Tab 5 mg ..... 7.00 100 ✔**Pacific Buspirone**
Tab 10 mg ..... 7.00 100 ✔**Pacific Buspirone**

➽ **SA~~0055~~ 0863 Special Authority for Subsidy**

Initial application ~~only from a psychiatrist, geriatrician or respiratory specialist~~ **from any relevant practitioner**. 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~~ **from any relevant practitioner**. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.

Effective 1 May 2007

53 CANDESARTAN – Special Authority see SA**0862** ~~0706~~ below – Retail pharmacy

✳ Tab 4 mg – No more than 1.5 tab per day ..... 16.22 30 ✔**Atacand**
✳ Tab 8 mg – No more than 1.5 tab per day ..... 19.30 30 ✔**Atacand**
✳ Tab 16 mg – No more than 1 tab per day ..... 23.54 30 ✔**Atacand**
✳ Tab 32 mg – No more than 1 tab per day ..... 38.50 30 ✔**Atacand**

➽ **SA0862 ~~0706~~ Special Authority for Subsidy**

Initial application only from a relevant specialist or general practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:
Either:
1 Both:
1.1 Patient with congestive heart failure; and
1.2 Either:
1.2.1 Has been treated with, and cannot tolerate, two ACE inhibitors, due to persistent cough; or

continued...

Changes to Restrictions - effective 1 May 2007 (continued)

continued...

1.2.2 Has experienced angioedema on an ACE inhibitor at any time in the past or who have experienced angioedema (even if not using an ACE inhibitor) in the last 2 years; or

2 All of the following:
2.1 Patient with raised blood pressure; and
2.2 Use of fully funded beta blockers or diuretics are contraindicated; or not well tolerated; or insufficient to control blood pressure adequately at appropriate doses; and
2.3 Either:
2.3.1 Has been treated with, and cannot tolerate, two ACE inhibitors, due to persistent cough; or
2.3.2 Has experienced angioedema on an ACE inhibitor at any time in the past or who have experienced angioedema (even if not using an ACE inhibitor) in the last 2 years.

~~Renewal – (Previous approval has expired)~~ ~~only from a relevant specialist or general practitioner. Approvals valid without further renewal unless notified where the treatment remains appropriate and the patient is benefiting from treatment.~~

54 LOSARTAN – Special Authority see SA**0862** ~~0706~~ below – Retail pharmacy

✻Tab 12.5 mg	23.84	30	✔**Cozaar**
✻Tab 50 mg	31.79	30	✔**Cozaar**
✻Tab 100 mg	35.40	30	✔**Cozaar**

➽ **SA0862** ~~**0706**~~ **Special Authority for Subsidy**

Initial application only from a relevant specialist or general practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Either:

1 Both:
1.1 Patient with congestive heart failure; and
1.2 Either:
1.2.1 Has been treated with, and cannot tolerate, two ACE inhibitors, due to persistent cough; or
1.2.2 Has experienced angioedema on an ACE inhibitor at any time in the past or who have experienced angioedema (even if not using an ACE inhibitor) in the last 2 years; or

2 All of the following:
2.1 Patient with raised blood pressure; and
2.2 Use of fully funded beta blockers or diuretics are contraindicated; or not well tolerated; or insufficient to control blood pressure adequately at appropriate doses; and
2.3 Either:
2.3.1 Has been treated with, and cannot tolerate, two ACE inhibitors, due to persistent cough; or
2.3.2 Has experienced angioedema on an ACE inhibitor at any time in the past or who have experienced angioedema (even if not using an ACE inhibitor) in the last 2 years.

~~Renewal – (Previous approval has expired)~~ ~~only from a relevant specialist or general practitioner. Approvals valid without further renewal unless notified where the treatment remains appropriate and the patient is benefiting from treatment.~~

80 OESTRADIOL WITH LEVONORGESTREL – See prescribing guideline on page 78

✻Tab 2 mg with 75 μg levonorgestrel (**36** ~~12~~) and tab 2 mg oestradiol (**48** ~~16~~)	16.20	84	✔**Nuvelle**

113 CYCLIZINE HYDROCHLORIDE – ~~Additional subsidy by Special Authority see SA0178 below – Retail pharmacy~~

Tab 50 mg	1.99	10	✔**Nausicalm**

➽ ~~**SA0178 Special Authority for Manufacturers Price**~~

~~**Initial application** from any medical practitioner. Approvals valid for 6 months where the patient is terminally ill and requires control of nausea and vomiting.~~

~~Renewal from any medical practitioner. Approvals valid for 6 months where the treatment remains appropriate and the patient is benefiting from treatment.~~

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ **fully subsidised**

Changes to Restrictions - effective 1 May 2007 (continued)

121 MIDAZOLAM

Inj 1 mg per ml, 5 ml ~~– Special Authority see SA0050 below~~			
~~– Hospital pharmacy [HP3]~~	12.65	10	✔ **Hypnovel**
Inj 5 mg per ml, 3 ml ~~– Special Authority see SA0050 below~~			
~~– Hospital pharmacy [HP3]~~	14.00	5	✔ **Hypnovel**

~~➽ **SA0050** **Special Authority for Subsidy**~~

~~**Initial application** only from a relevant specialist. Approvals valid for 2 years where the patient is terminally ill.~~

~~**Renewal** only from a relevant specialist. Approvals valid for 2 years where the patient is terminally ill.~~

130 MITOMYCIN C – PCT only – Specialist

Inj 2 mg	28.30	1	✔ **Mitomycin-C** S29
Inj 10 mg	106.26	1	✔ **Mitomycin-C** S29

Changes to Subsidy and Manufacturer's Price

Effective 1 July 2007

24 LOPERAMIDE HYDROCHLORIDE – Available on a PSO (↓ subsidy)
- ✻ Tab 2 mg ..... 11.50 — 400 — ✔ **Nodia**

25 FLUOCORTOLONE CAPROATE WITH FLUOCORTOLONE PIVALATE AND CINCHOCAINE (↓ subsidy)
- Oint 950 μg, with fluocortolone pivalate 920 μg, and cinchocaine hydrochloride 5 mg per g ..... 6.35 — 30 g OP — ✔ **Ultraproct**
- Suppos 630 μg, with fluocortolone pivalate 610 μg, and cinchocaine hydrochloride 1 mg ..... 2.66 — 12 — ✔ **Ultraproct**

26 FAMOTIDINE – Only on a prescription (↑ subsidy)
- ✻ Tab 20 mg ..... 9.20 — 250 — ✔ **Famox**
- ✻ Tab 40 mg ..... 12.90 — 250 — ✔ **Famox**

34 BISACODYL – Only on a prescription (↓ subsidy)
- ✻ Tab 5 mg ..... 5.09 — 200 — ✔ **Lax-Tabs**

36 CHOLECALCIFEROL (↓ subsidy)
- ✻ Tab 1.25 mg (50,000 iu) – Maximum of 12 tab per prescription ..... 10.35 — 12 — ✔ **Cal-d-Forte**

41 CLOPIDOGREL – Special Authority see SA0867 – Retail pharmacy (↓ subsidy)
- Tab 75 mg ..... 73.38 — 28 — ✔ **Plavix**

52 DOXAZOSIN MESYLATE (↑ subsidy)
- ✻ Tab 2 mg ..... 14.20 — 250 — ✔ **Dosan**
- ✻ Tab 4 mg ..... 17.70 — 250 — ✔ **Dosan**

57 PROPRANOLOL (↑ subsidy)
- ✻ Tab 10 mg ..... 3.55 — 100 — ✔ **Cardinol**
- ✻ Tab 40 mg ..... 4.65 — 100 — ✔ **Cardinol**
- ✻ Cap long-acting 160 mg ..... 16.90 — 100 — ✔ **Cardinol LA**

58 FRUSEMIDE (↓ subsidy)
- ✻ Inj 10 mg per ml, 2 ml – Available on a PSO ..... 29.50 — 50 — ✔ **Mayne**

61 FUSIDIC ACID (↓ subsidy)
- Crm 2 % ..... 3.95 — 15 g OP — ✔ **Foban**
  a) Maximum of 15 g per prescription
  b) Only on a prescription
  c) Not in combination
- Oint 2 % ..... 3.95 — 15 g OP — ✔ **Foban**
  a) Maximum of 15 g per prescription
  b) Only on a prescription
  c) Not in combination

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ fully subsidised

Changes to Subsidy and Manufacturer's Price - effective 1 July 2007 (continued)

63	DIFLUCORTOLONE VALERATE (↑ price)			
	Crm 0.1%	8.97	50 g OP	
		(15.23)		Nerisone
	Fatty oint 0.1%	8.97	50 g OP	
		(15.23)		Nerisone
	Oint 0.1%	8.97	50 g OP	
		(15.23)		Nerisone
64	HYDROCORTISONE WITH MICONAZOLE – Only on a prescription (↑ subsidy)			
	✻ Crm 1% with miconazole nitrate 2%	2.20	15 g OP	✔ **Micreme H**
65	CETOMACROGOL (↓ subsidy)			
	✻ Cream BP	3.50	500 g	✔ **PSM**
66	POVIDONE IODINE (↑ price)			
	Skin preparation, povidone iodine 10% with 70% alcohol	8.13	500 ml	
		(18.09)		Orion
		1.63	100 ml	
		(5.86)		Orion
67	MALDISON (↓ subsidy)			
	Shampoo 1%	2.83	30 ml OP	✔ **A-Lices**
67	PERMETHRIN (↑ subsidy)			
	1) Should be strictly reserved for use as second line therapy in:			
	1) patients unable to tolerate the other medications, such as infants, young children and patients with allergies or eczema;			
	2) cases of scabies which are resistent to gamma benzene hexachloride and resistant to malathion.			
	2) Verification of drug resistance is dependent on the persistence of the condition after treatment. In order to establish whether there is drug resistance, the following criteria should be fulfilled:			
	1) a definite diagnosis of scabies should be made;			
	2) it should be ascertained that the medication was administered properly;			
	3) the possibility of reinfestation should have been excluded.			
	Crm 5%	4.20	30 g OP	✔ **Lyderm**
74	CLOTRIMAZOLE (↓ subsidy)			
	✻ Vaginal crm 1% with applicator(s)	1.45	35 g OP	✔ **Clomazol**
81	MEDROXYPROGESTERONE ACETATE (↓ price)			
	✻ Tab 200 mg – Retail pharmacy-Specialist	78.06	30	✔ **Provera**
83	GOSERELIN ACETATE – Special Authority see SA0839 – Hospital pharmacy [HP3] (↓ subsidy)			
	Inj 3.6 mg	221.60	1	✔ **Zoladex**
	Inj 10.8 mg	554.70	1	✔ **Zoladex**
88	AMOXYCILLIN (↓ subsidy)			
	Cap 250 mg – Available on a PSO	17.30	500	✔ **Apo-Amoxi**
	Cap 500 mg	27.25	500	✔ **Apo-Amoxi**
99	NEOSTIGMINE (↓ subsidy)			
	Inj 2.5 mg per ml, 1 ml	20.30	50	✔ **AstraZeneca**

▲ Three months supply may be dispensed at one time if endorsed "certified exemption" by the prescriber.

✻ Three months or six months, as applicable, dispensed all-at-once

		Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ fully subsidised
Changes to Subsidy and Manufacturer's Price - effective 1 July 2007 (continued)				
100	INDOMETHACIN (↑ subsidy)			
	✻ Cap long-acting 75 mg	13.30	100	✔ **Rheumacin SR**
	✻ Suppos 100 mg	14.50	30	✔ **Arthrexin**
102	ETANERCEPT – Retail pharmacy-Specialist prescription – Special Authority see SA0868 – Retail pharmacy (↑ subsidy)			
	Inj 25 mg	949.96	4	✔ **Enbrel**
104	LIGNOCAINE HYDROCHLORIDE (↓ subsidy)			
	Inj 0.5% , 5 ml – Available on a PSO	44.10	50	✔ **Xylocaine**
	Only if prescribed on prescription for a dialysis patient or child with rheumatic fever or on a PSO for emergency use.			
104	LIGNOCAINE WITH PRILOCAINE – Special Authority see SA0323 – Hospital pharmacy [HP3] (↓ subsidy)			
	Crm 2.5% with prilocaine 2.5%	41.00	30 g OP	✔ **EMLA**
	Crm 2.5% with prilocaine 2.5% (5 g tubes)	41.00	5	✔ **EMLA**
104	PARACETAMOL (↑ subsidy)			
	✻ Suppos 500 mg	20.50	50	✔ **Paracare**
105	CODEINE PHOSPHATE (↓ subsidy)			
	Tab 15 mg	6.65	100	✔ **PSM**
	Tab 30 mg	9.75	100	✔ **PSM**
	Tab 60 mg	19.65	100	✔ **PSM**
107	PETHIDINE HYDROCHLORIDE (↓ subsidy)			
	a) Only on a controlled drug form			
	b) No patient co-payment payable			
	Tab 50 mg	3.00	10	✔ **PSM**
	Tab 100 mg	4.00	10	✔ **PSM**
109	FLUOXETINE HYDROCHLORIDE (↑ subsidy)			
	✻ Cap 20 mg	4.95	90	✔ **Fluox**
110	PARALDEHYDE (↑ subsidy)			
	✻ Inj 5 ml	62.37	5	✔ **AFT**
112	LAMOTRIGINE (↓ subsidy)			
	▲ Tab dispersible 25 mg	29.09	56	✔ **Lamictal**
	▲ Tab dispersible 50 mg	47.89	56	✔ **Lamictal**
	▲ Tab dispersible 100 mg	79.16	56	✔ **Lamictal**
116	LITHIUM CARBONATE (↑ subsidy)			
	Cap 250 mg	7.22	100	✔ **Douglas**
120	BUSPIRONE HYDROCHLORIDE – Special Authority see SA0863 – Retail pharmacy (↑ subsidy) Month Restriction			
	Tab 5 mg	28.00	100	✔ **Pacific Buspirone**
	Tab 10 mg	17.00	100	✔ **Pacific Buspirone**

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ **fully subsidised**

Changes to Subsidy and Manufacturer's Price - effective 1 July 2007 (continued)

121 NITRAZEPAM – Month Restriction (↑ price)

Tab 5 mg	2.00	100	
	(4.65)		Nitrados

‡ Safety cap for extemporaneously compounded oral liquid preparations.

121 OXAZEPAM – Month Restriction (↑ price)

Tab 10 mg	1.98	100	
	(5.50)		Ox-Pam

‡ Safety cap for extemporaneously compounded oral liquid preparations.

Tab 15 mg	2.45	100	
	(7.60)		Ox-Pam

‡ Safety cap for extemporaneously compounded oral liquid preparations.

125 CISPLATIN – PCT only – Specialist (↓ subsidy)

Inj 1 mg for ECP	0.47	1 mg	✔**Baxter**

130 PACLITAXEL – PCT only – Specialist – Special Authority see SA0842 (↓ subsidy)

Inj 150 mg	461.70	1	✔**Paclitaxel Ebewe**
Inj 300 mg	895.85	1	✔**Paclitaxel Ebewe**

141 INTERFERON BETA-1-ALPHA – Special Authority see SA0855 (↑ subsidy)

Inj 6 million iu per vial	1,245.13	4	✔**Avonex**

144 LORATADINE (↓ subsidy)

✻ Oral liq 1 mg per ml	3.65	100 ml	✔**Lorapaed**

146 IPRATROPIUM BROMIDE (↓ subsidy)

Nebuliser soln, 250 μg per ml, 1 ml – Available on a PSO	4.30	20	✔**Ipratropium Steri-Neb**
Nebuliser soln, 250 μg per ml, 2 ml – Available on a PSO	5.25	20	✔**Ipratropium Steri-Neb**

146 SALBUTAMOL (↓ subsidy)

‡ Oral liq 2 mg per 5 ml	2.25	150 ml	✔**Salapin**
Nebuliser soln, 1 mg per ml, 2.5 ml – Available on a PSO	3.70	20	
	(4.83)		Ventolin Nebules
Nebuliser soln, 2 mg per ml, 2.5 ml – Available on a PSO	3.85	20	
	(5.10)		Ventolin Nebules

152 BRIMONIDINE TARTRATE – Retail pharmacy-Specialist (↓ price)

✻ Eye Drops 0.2%	8.95	5 ml OP	✔**Alphagan**

160 CODEINE PHOSPHATE (↑ price)

Powder – Only in combination	12.62	5 g	
	(25.46)		Douglas
	63.09	25 g	
	(84.20)		Douglas

a) Only in extemporaneously compounded codeine linctus diabetic or codeine linctus paediatric.
b) ‡ Safety cap for extemporaneously compounded oral liquid preparations.

▲ Three months supply may be dispensed at one time if endorsed "certified exemption" by the prescriber.

✻ Three months or six months, as applicable, dispensed all-at-once

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ fully subsidised

Changes to Subsidy and Manufacturer's Price - effective 1 June 2007

26	HYOSCINE N-BUTYLBROMIDE (↓ subsidy)			
	✻ Tab 10 mg	6.65	100	
		(10.85)		Buscopan
45	CHOLESTYRAMINE WITH ASPARTAME (↑ price)			
	Sachets 4 g with aspartame	19.25	50	
		(28.88)		Questran-Lite
53	LISINOPRIL (↓ subsidy)			
	✻ Tab 5 mg	2.78	30	
		(4.91)		Prinivil
	✻ Tab 10 mg	3.16	30	
		(7.14)		Prinivil
	✻ Tab 20 mg	3.91	30	
		(10.10)		Prinivil
72	ETHINYLOESTRADIOL WITH NORETHISTERONE (↓ price)			
	✻ Tab 35 μg with norethisterone 1 mg – Available on a PSO	6.62	63	✔ **Brevinor 1/21**
	✻ Tab 35 μg with norethisterone 1 mg and 7 inert tab – Available on a PSO	6.62	84	✔ **Brevinor 1/28**
	✻ Tab 35 μg with norethisterone 500 μg – Available on a PSO	6.62	63	✔ **Brevinor 21**
91	ITRACONAZOLE – Hospital pharmacy [HP3]-Specialist (↓ subsidy)			
	Cap 100 mg	23.70	15	✔ **Sporanox**
92	ACICLOVIR (↓ subsidy)			
	✻ Tab dispersible 200 mg	7.13	90	
		(48.75)		Zovirax
		7.92	100	
		(10.00)		Acicvir
92	ACICLOVIR (↓ subsidy)			
	✻ Tab dispersible 400 mg	28.46	240	
		(36.00)		Acicvir
92	ACICLOVIR (↓ subsidy)			
	✻ Tab dispersible 800 mg	21.09	100	
		(26.70)		Acicvir
92	VALACICLOVIR (↓ subsidy)			
	Tab 500 mg	1.58	10	
		(54.63)		Valtrex
		4.74	30	
		(163.80)		Valtrex
104	BUPIVACAINE HYDROCHLORIDE (↓ subsidy)			
	Inj 0.5%, 4ml	29.35	5	✔ **Marcain Isobaric**
	Inj 0.5%, 8% glucose, 4 ml	24.50	5	✔ **Marcain Heavy**

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ **fully subsidised**

Changes to Subsidy and Manufacturer's Price - effective 1 June 2007 (continued)

109	PAROXETINE HYDROCHLORIDE (↑ subsidy)			
	Tab 20 mg	5.90	30	
		(35.02)		Aropax
114	ONDANSETRON – Hospital pharmacy [HP3]-Specialist (↓ subsidy)			
	a) Maximum of 12 tab per prescription			
	b) Maximum of 6 tab per dispensing			
	c) Not more than one prescription per month.			
	Tab 4 mg	17.18	10	✔**Zofran**
	Tab disp 4 mg	17.18	10	✔**Zofran Zydis**
	Tab 8 mg	33.89	20	✔**Zofran**
	Tab disp 8 mg	20.43	10	✔**Zofran Zydis**
148	BUDESONIDE (↑ price)			
	Metered aqueous nasal spray, 50 μg per dose	2.35	200 dose OP	
		(2.95)		Butacort Aqueous
	Metered aqueous nasal spray, 100 μg per dose	2.61	200 dose OP	
		(3.30)		Butacort Aqueous
152	BRIMONIDINE TARTRATE – Retail pharmacy-Specialist (↓ subsidy)			
	✻ Eye Drops 0.2%	8.95	5 ml OP	
		(14.00)		Alphagan

Effective 1 May 2007

39	ERYTHROPOIETIN ALPHA – Special Authority see SA0626 – Hospital pharmacy [HP3] (↓ subsidy)			
	Inj human recombinant 1,000 u pre-filled syringe	60.82	6	
		(162.90)		Eprex
	Inj human recombinant 2,000 u, pre-filled syringe	121.63	6	
		(325.80)		Eprex
	Inj human recombinant 3,000 u, pre-filled syringe	182.45	6	
		(455.34)		Eprex
	Inj human recombinant 4,000 u, pre-filled syringe	243.67	6	
		(572.40)		Eprex
	Inj human recombinant 10,000 u, pre-filled syringe	608.16	6	
		(1,322.82)		Eprex
69	SUNSCREENS, PROPRIETARY – Retail pharmacy-Specialist (↓ price)			
	Lotn	4.80	125 ml OP	
		(8.82)		Aquasun Sensitive SPF 30+
79	OESTRADIOL (↓ price)			
	✻ TDDS 3.9 mg (releases 50 μg of oestradiol per day)	4.12	4	
		(32.50)		Femtran 50
	a) Higher subsidy of $13.18 per 4 with Special Authority see SA0312			
	b) No more than 1 patch per week			
	c) Only on a prescription			

▲ Three months supply may be dispensed at one time if endorsed "certified exemption" by the prescriber.

✻ Three months or six months, as applicable, dispensed all-at-once

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ **fully subsidised**

Changes to Subsidy and Manufacturer's Price - effective 1 May 2007 (continued)

79	OESTRADIOL (↑ price)			
	✻ TDDS 7.8 mg (releases 100 μg of oestradiol per day)	7.05	4	
		(35.00)		Femtran 100
	a) Higher subsidy of $16.14 per 4 with Special Authority see SA0312			
	b) No more than 1 patch per week			
	c) Only on a prescription			
88	ROXITHROMYCIN (↓ subsidy)			
	Tab 150 mg	9.50	50	
		(14.95)		Romicin
	Tab 300 mg	18.00	50	✔ **Romicin**
101	LEFLUNOMIDE – Special Authority see SA0635 below – Retail pharmacy (↓ subsidy)			
	Tab 10 mg	79.27	30	✔ **Arava**
	Tab 20 mg	108.60	30	✔ **Arava**
	Tab 100 mg	54.44	3	✔ **Arava**
155	SODIUM CALCIUM EDETATE (↑ price)			
	✻ Inj 200 mg per ml, 5 ml	53.31	6	
		(156.71)		Calcium Disodium Versenate
144	PROMETHAZINE HYDROCHLORIDE (↓ subsidy)			
	✻ Tab 25 mg	2.25	25	
		(8.51)		Phenergan
		4.50	50	
		(14.47)		Phenergan

Changes to General Rules

Effective 1 July 2007

17 Part I

Interpretations and definitions

"Unapproved Indication" means, for a Pharmaceutical, an indication for which it is not approved under the Medicines Act 1981.

22 4.5.1 DHBs must provide access to Pharmaceutical Cancer Treatments **by funding their** ~~for~~ use in the treatment of cancers in their DHB hospitals, and/or in association with Outpatient services provided in their DHB hospitals.

4.5.5 Some indications for Pharmaceutical Cancer Treatments listed in the Schedule **are Unapproved Indications.** ~~have not been approved by Medsafe, but~~ **Some of these** formed part of the October 2001 direction from the Minister of Health as to pharmaceuticals and indications for which DHBs must provide funding. As far as reasonably practicable, these **Unapproved i**Indications are marked in the Schedule. However, PHARMAC makes no representations and gives no guarantee as to the accuracy of this information. Practitioners prescribing Pharmaceutical Cancer Treatments for such ~~u~~**U**napproved **i**Indications should:

(a) be aware of and comply with their obligations under section**s 25 and** 29 of the Medicines Act 1981, **as applicable**, and otherwise under the Medicines Act and the Medicines Regulations 1984;

(b) be aware of and comply with their obligations under the Health and Disability Commissioner's Code of Consumer Rights, including the requirement to obtain informed consent from the patient (PHARMAC recommends that Practitioners obtain written consent); and

(c) exercise their own skill, judgment, expertise and discretion, and make their own prescribing decisions with respect to the use of an unapproved Pharmaceutical Cancer Treatment or a Pharmaceutical Cancer Treatment for an **Unapproved i**Indication ~~for which it is not approved~~.

23 **4.6 Practitioners prescribing unapproved Pharmaceuticals**

Practitioners should, where possible, prescribe Pharmaceuticals that are approved under the Medicines Act 1981. However, the access criteria under which a Pharmaceutical is listed on the Pharmaceutical Schedule may:

(a) in some case, explicitly permit Government funded access to a Pharmaceutical that is not approved under the Medicines Act 1981 or for an Unapproved Indication; or

(b) not explicitly preclude Government funded access to a Pharmaceutical when it is used for an Unapproved Indication;

Accordingly, if Practitioners are planning on prescribing an unapproved Pharmaceutical or a Pharmaceutical for an Unapproved Indication, Practitioners should:

(a) be aware of and comply with their obligations under sections 25 and 29 of the Medicines Act 1981, as applicable, and otherwise under that Act and the Medicines Regulations 1984;

(b) be aware of and comply with their obligations under the Health and Disability Commissioner's Code of Consumer Rights, including the requirement to obtain informed consent from the patient (PHARMAC recommends that Practitioners obtain written consent); and

(c) exercise their own skill, judgment, expertise and discretion, and make their own prescribing decisions with respect to the use of an unapproved Pharmaceutical or a Pharmaceutical for an Unapproved Indication.

Practitioners should be aware that simply by listing a Pharmaceutical on the Pharmaceutical Schedule PHARMAC makes no representations about whether that Pharmaceutical has any form of approval or consent under, or whether the supply or use of the Pharmaceutical otherwise complies with, the Medicines Act 1981. Further, the Pharmaceutical Schedule does not constitute an advertisement, advertising material or a medical advertisement as defined in the Medicines Act or otherwise.

4.~~7~~**6** Amendment to Schedule

PHARMAC may amend the terms of the Schedule from time to time by notice in writing given in such manner as PHARMAC thinks fit, and in accordance with such protocols as agreed with the Pharmacy Guild of New Zealand (Inc) from time to time.

4.~~8~~**7** Conflict in Provisions

If any rules in Section B-G of this Schedule conflict with the rules in Section A, the rules in Sections B-G apply.

Changes to Brand Name

Effective 1 July 2007

104 LIGNOCAINE HYDROCHLORIDE

Inj 0.5% , 5 ml – Available on a PSO ..... 44.10 | 50 | ✔ **Xylocaine ~~0.5%~~**
Only if prescribed on prescription for a dialysis patient or child with rheumatic fever or on a PSO for emergency use.

Inj 1% 5 ml – Available on a PSO ..... 42.00 | 50 | ✔ **Xylocaine ~~1.0%~~**
Only if prescribed on prescription for a dialysis patient or child with rheumatic fever or on a PSO for emergency use.

Inj 1% 20 ml – Available on a PSO ..... 23.50 | 5 | ✔ **Xylocaine ~~1.0%~~**
Only if prescribed on prescription for a dialysis patient or child with rheumatic fever or on a PSO for emergency use.

104 LIGNOCAINE WITH PRILOCAINE – Special Authority see SA0323– Hospital pharmacy [HP3]

Crm 2.5% with prilocaine 2.5% ..... 41.00 | 30 g OP | ✔ **EMLA ~~Emla~~**

Crm 2.5% with prilocaine 2.5% (5 g tubes) ..... 41.00 | 5 | ✔ **EMLA ~~Emla~~**

110 PARALDEHYDE

✻ Inj 5 ml..... 62.37 | 5 | ~~Mayne~~ ✔ **AFT**

146 IPRATROPIUM BROMIDE

Nebuliser soln, 250 μg per ml, 1 ml – Available on a PSO ..... 4.30 | 20 | ✔ **~~Steri-Neb~~ Ipratropium Steri-Neb**

Nebuliser soln, 250 μg per ml, 2 ml – Available on a PSO ..... 5.25 | 20 | ✔ **~~Steri-Neb~~ Ipratropium Steri-Neb**

Effective 1 June 2007

106 METHADONE HYDROCHLORIDE

a) Only on a controlled drug form
b) No patient co-payment payable
c) Extemporaneously compounded methadone will only be reimbursed at the rate of the cheapest form available (methadone powder, not methadone tablets).
d) For methadone hydrochloride oral liquid refer, page 159

Inj 10 mg per ml, 1 ml ..... 26.00 | 5 | ✔ **AFT** ~~Mayne~~

106 MORPHINE SULPHATE

a) Only on a controlled drug form
b) No patient co-payment payable

Suppos 10 mg ..... 11.08 | 12 | ✔ **Martindale** ~~Baxter~~ S29

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ **fully subsidised**

Changes to Brand Name - effective 1 May 2007

69	SUNSCREENS, PROPRIETARY – Retail pharmacy-Specialist			
	Lotn	4.80 (8.82)	125 ml OP	**Aquasun Sensitive SPF 30+** ~~Aquabloc 30+~~
101	PENICILLAMINE – Retail pharmacy-Specialist			
	Tab 125 mg	61.93	100	✔**D-Penamine (S29)**
	Tab 250 mg	98.98	100	✔**D-Penamine (S29)**
130	MITOMYCIN C – PCT only – Specialist			
	Inj 2 mg	28.30	1	✔**Mitomycin-C** ~~Kyowa~~ S29
	Inj 10 mg	106.26	1	✔**Mitomycin-C** ~~Kyowa~~ S29

Changes to Sole Subsidised Supply

Effective 1 July 2007

For the list of new Sole Subsidised Supply products effective 1 July 2007 refer to the bold entries in the cumulative Sole Subsidised Supply table pages 11-17.

▲ Three months supply may be dispensed at one time if endorsed "certified exemption" by the prescriber.

✳ Three months or six months, as applicable, dispensed all-at-once

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ **fully subsidised**

Delisted Items

Effective 1 July 2007

37 CALCIUM CARBONATE
✻Tab 1.25 g ..... 4.50 100 ✔Osteo~500

80 OESTRADIOL WITH LEVONORGESTREL – See prescribing guideline on page 78
✻Tab 2 mg with 75 μg levonorgestrel (12) and tab 2 mg oestradiol (16) ..... 5.40 28 ✔Nuvelle

105 FENTANYL – Special Authority see SA0743– Retail pharmacy
a) Only on a controlled drug form
b) No patient co-payment payable
Transdermal patch 2.5 mg, 25 μg per hour ..... 55.23 5 ✔Durogesic
Transdermal patch 5 mg, 50 μg per hour ..... 100.52 5 ✔Durogesic
Transdermal patch 7.5 mg, 75 μg per hour ..... 139.18 5 ✔Durogesic
Transdermal patch 10 mg, 100 μg per hour ..... 171.22 5 ✔Durogesic

118 TRIFLUOPERAZINE HYDROCHLORIDE
Tab 1 mg ..... 9.83 (10.22) 112 Stelazine Section 29 S29

153 CARBACHOL – Retail pharmacy-Specialist
✻Eye drops 3% ..... 6.99 15 ml OP ✔Isopto Carbachol

154 PHENYLEPHRINE HYDROCHLORIDE
✻Eye drops 0.12% ..... 3.25 15 ml OP ✔Isopto Frin

154 POLYVINYL ALCOHOL WITH POVIDONE
✻Eye drops 1.4% with povidone 0.6% ..... 3.62 15 ml OP ✔Tears Plus

166 ORAL SUPPLEMENT 1KCAL/ML – Special Authority see SA0583 – Hospital pharmacy [HP3]
Powder (vanilla) ..... 11.50 900 g OP ✔Nutridrink

Effective 1 June 2007

28 INSULIN NEUTRAL
▲Inj animal (pork) 100 u per ml, 10 ml ..... 25.26 10 ml OP ✔Actrapid

28 INSULIN ISOPHANE
▲Inj animal (pork) 100 u per ml ..... 25.26 10 ml OP ✔Insulatard

28 INSULIN ISOPHANE WITH INSULIN NEUTRAL
▲Inj animal (pork) 100 u per ml, 10 ml ..... 25.26 10 ml OP ✔Mixtard 30

35 HYDROXOCOBALAMIN
✻Inj 1 mg per ml, 1 ml ..... 10.84 3 ✔Neo-Cytamen

37 CALCIUM CARBONATE
✻Tab 1.5 g ..... 3.55 60 ✔Osteo~600

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ **fully subsidised**

Delisted Items - effective 1 June 2007 (continued)

44	WATER 1) On a prescription or Practitioner's Supply Order only when on the same form as an injection listed in the Pharmaceutical Schedule requiring a solvent or diluent; or 2) On a bulk supply order; or 3) When used in the extemporaneous compounding of eye drops.			
	Purified for inj 20 ml – Available on a PSO	7.56 (21.00)	30	Pharmacia
86	PYRANTEL EMBONATE			
	Oral liq 50 mg per ml	2.52 (4.45)	15 ml	Combantrin
107	DESIPRAMINE HYDROCHLORIDE – Hospital pharmacy [HP3]			
	Tab 25 mg	32.32 (36.62)	50	Pertofran
114	METOCLOPRAMIDE HYDROCHLORIDE			
	✻‡Oral liq 5 mg per 5 ml	2.74 (5.20)	100 ml	Maxolon
148	SODIUM CROMOGLYCATE			
	Nasal spray, 4%	13.50	22 ml OP	✔Rynacrom Forte

Effective 1 May 2007

36	CALCITRIOL – Retail pharmacy-Specialist			
	✻ Cap 0.25 μg	13.45 (52.63)	100	Rocaltrol
	✻ Cap 0.5 μg	24.95 (87.98)	100	Rocaltrol
88	AMOXYCILLIN			
	Grans for oral liq 125 mg per 5 ml – Available on a PSO	1.00 (1.08)	100 ml	Ospamox
	Grans for oral liq 250 mg per 5 ml – Available on a PSO	1.27 (1.38)	100 ml	Ospamox
113	CYCLIZINE HYDROCHLORIDE			
	Tab 50 mg	1.26 (4.20)	10	Marzine
125	CARBOPLATIN – PCT only – Specialist			
	Inj 10 mg per ml, 15 ml	30.00	1	✔Mayne
	Inj 10 mg per ml, 45 ml	75.00	1	✔Mayne
132	VINORELBINE – PCT only – Specialist – Special Authority see SA0799			
	Inj 10 mg per ml, 1 ml	141.00	1	✔Navelbine
	Inj 10 mg per ml, 5 ml	560.00	1	✔Navelbine
143	DEXTROCHLORPHENIRAMINE MALEATE			
	✻ Tab 2 mg	1.51 (6.72)	30	Polaramine

▲ Three months supply may be dispensed at one time if endorsed "certified exemption" by the prescriber.

✻ Three months or six months, as applicable, dispensed all-at-once

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ **fully subsidised**

Items to be Delisted

Effective 1 August 2007

88	ROXITHROMYCIN			
	Tab 150 mg	9.50	50	
		(14.95)		Romicin
	Tab 300 mg	18.00	50	✔**Romicin**
144	PROMETHAZINE HYDROCHLORIDE			
	✻Tab 10 mg	1.19	25	
		(6.58)		Phenergan
		2.37	50	
		(8.58)		Phenergan
	✻Tab 25 mg	2.25	25	
		(8.51)		Phenergan
		4.50	50	
		(14.47)		Phenergan

Effective 1 September 2007

26	HYOSCINE N-BUTYLBROMIDE			
	✻Tab 10 mg	6.65	100	
		(10.85)		Buscopan
53	LISINOPRIL			
	✻Tab 5 mg	2.78	30	
		(4.91)		Prinivil
	✻Tab 10 mg	3.16	30	
		(7.14)		Prinivil
	✻Tab 20 mg	3.91	30	
		(10.10)		Prinivil
92	ACICLOVIR			
	✻Tab 200 mg	7.92	100	✔**Apo-Acyclovir**
	✻Tab dispersible 200 mg	7.13	90	✔**Lovir**
		(48.75)		Zovirax
		7.92	100	
		(10.00)		Acicvir
92	ACICLOVIR			
	✻Tab 400 mg	11.86	100	✔**Apo-Acyclovir**
	✻Tab dispersible 400 mg	28.46	240	
		(36.00)		Acicvir
92	ACICLOVIR			
	✻Tab dispersible 800 mg	21.09	100	
		(26.70)		Acicvir
92	VALACICLOVIR			
	Tab 500 mg	1.58	10	
		(54.63)		Valtrex
		4.74	30	
		(163.80)		Valtrex

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ **fully subsidised**

Items to be Delisted - effective 1 September 2007 (continued)

109	PAROXETINE HYDROCHLORIDE			
	Tab 20 mg	5.90	30	
		(35.02)		Aropax
152	BRIMONIDINE TARTRATE – Retail pharmacy-Specialist			
	✳ Eye Drops 0.2%	8.95	5 ml OP	
		(14.00)		Alphagan

Effective 1 October 2007

146	SALBUTAMOL			
	Nebuliser soln, 1 mg per ml, 2.5 ml – Available on a PSO	3.70	20	
		(4.83)		Ventolin Nebules
	Nebuliser soln, 2 mg per ml, 2.5 ml – Available on a PSO	3.85	20	
		(5.10)		Ventolin Nebules

Effective 1 November 2007

100	TIAPROFENIC ACID – Additional subsidy by Special Authority see SA0291 on page 99 – Retail pharmacy			
	✳ Cap long-acting 300 mg	3.77	56	
		(17.51)		Surgam SA

Effective 1 December 2007

27	TRIPOTASSIUM DICITRATOBISMUTHATE			
	Tab 120 mg	38.00	112	✔**De-nol**
59	ADRENALINE			
	Inj 1 in 1,000, 1 ml – Available on a PSO	12.50	5	✔**AstraZeneca**
		90.00	50	✔**AstraZeneca**
99	IBUPROFEN – Additional subsidy by Special Authority see SA0291 above – Retail pharmacy			
	✳ Tab 400 mg	1.78	50	
		(7.60)		Brufen
	✳ Tab long-acting 800 mg	3.01	60	
		(18.24)		Brufen Retard
118	THIORIDAZINE HYDROCHLORIDE			
	Tab 100 mg	17.14	90	✔**Aldazine**
155	CHARCOAL			
	✳ Oral liq 50 g per 300 ml – Only on a PSO	19.95	300 ml OP	✔**Carbosorb**

▲ Three months supply may be dispensed at one time if endorsed "certified exemption" by the prescriber.

✳ Three months or six months, as applicable, dispensed all-at-once

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ fully subsidised

Items to be Delisted - effective 1 December 2007 (continued)

165	FAT SUPPLEMENT – Special Authority see SA0580 on the preceding page – Hospital pharmacy [HP3]			
	Emulsion (neutral)	15.38	250 ml OP	✔ **Calogen**
	Emulsion (strawberry)	15.38	250 ml OP	✔ **Calogen**
170	RENAL ORAL FEED 2KCAL/ML – Special Authority see SA0587 above – Hospital pharmacy [HP3]			
	Liquid	2.88	237 ml OP	✔ **Nepro (vanilla)**
179	PREMATURE BIRTH FORMULA – Special Authority see SA0602 above – Hospital pharmacy [HP3]			
	Powder	7.41	400 g OP	✔ **S26LBW Gold**

Effective 1 January 2008

35	HYDROXOCOBALAMIN			
	✻ Inj 1 mg per ml, 1 ml	10.84	5	✔ **Goldshield** S29
42	DIPYRIDAMOLE			
	Tab 25 mg – Additional subsidy by Special Authority see SA0648 – Retail Pharmacy	0.19	100	
		(9.95)		Persantin
89	DICLOXACILLIN			
	Grans for oral liq 125 mg per 5 ml	3.55	100 ml	
		(4.10)		Diclocil
	Inj 500 mg	5.45	5	✔ **Diclocil**
	Inj 1 g	7.54	5	✔ **Diclocil**
110	CARBAMAZEPINE			
	✻ Tab 200 mg	14.53	100	✔ **Teril**
118	THIORIDAZINE HYDROCHLORIDE			
	Tab 10 mg	6.88	90	✔ **Aldazine**

Contracted Pharmaceutical Description	Brand	Price ($) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceutical
Section H changes to Part II						
Effective 1 July 2007						
AMOXYCILLIN (New listing)						
Cap 250 mg	**Apo-Amoxi**	17.30	500	1%	Sept-07	Amoxil Moxlin Ospamox
Cap 500 mg	**Apo-Amoxi**	27.25	500	1%	Sept-07	Amoxil Moxlin Ospamox
BENZATHINE BENZYLPENICILLIN (New listing)						
Inj 1.2 mega units per 2 ml	Bicillin LA	200.00	10			
BISACODYL (New listing)						
Tab 5 mg	**Lax-Tabs**	5.09	200	1%	Sept-07	Apo-Bisacodyl Dulcolax
BUSPIRONE HYDROCHLORIDE (New listings)						
Tab 5 mg	Pacific Buspirone	28.00	100			
Tab 10 mg	Pacific Buspirone	17.00	100			
CALCIUM POLYSTYRENE SULPHONATE						
Powder	Calcium Resonium	169.85	300 g			
CEFACLOR MONOHYDRATE						
Cap 250 mg						
(Continuation of HSS)	**Ranbaxy-Cefaclor**	28.90	100	1%	Sept-07	Clorotir
Grans for oral liq 125 mg per 5 ml						
(New listing)	**Ranbaxy-Cefaclor**	3.92	100 ml	1%	Sept-07	CEC Suspension Clorotir
CELIPROLOL (New listing)						
Tab 200 mg	Celol	19.00	180			
CHOLECALCIFEROL (↓ price and expiry of HSS)						
Tab 50,000 iu	Cal-d-Forte	10.35	12	~~1%~~	~~Nov-06~~	~~(B)~~
CIPROFLOXACIN (New listing)						
Inj 2 mg per ml, 100 ml	**Aspen Ciprofloxacin**	75.00	10	1%	Sept-07	Ciproxin Ciprofloxacin (AFT) m-Ciproflaxacin Topistin Ufexil
Note - Ufexil inf 2 mg per ml, 100 ml to be delisted from 1 September 2007.						
CLARITHROMYCIN (New listing)						
Grans for oral liq 125 mg per 5 ml	**Klacid**	23.12	70 ml	1%	Sept-07	(B)
CLINDAMYCIN (Expiry of HSS)						
Cap 150 mg	Dalacin C	11.39	16	~~1%~~	~~Aug-04~~	~~(B)~~

Contracted Pharmaceutical Description	Brand	Price ($) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceutical
Section H changes to Part II - effective 1 July 2007 (continued)						
CLOPIDOGREL (↓ price)						
Tab 75 mg	Plavix	73.38	28			
CLOTRIMAZOLE (New listing)						
Vaginal crm 1% with applicator(s)	**Clomazol**	1.45	35 g	1%	Sept-07	Canesten Clocreme Clotrimaderm 1% Fungizid
CODEINE PHOSPHATE (↓ price and expiry of HSS)						
Tab 15 mg	PSM	6.65	100	~~1%~~	~~Oct-04~~	~~Douglas Alpha Codeine~~
Tab 30 mg	PSM	9.75	100	~~1%~~	~~Oct-04~~	~~Douglas Alpha Codeine~~
Tab 60 mg	PSM	19.65	100	~~1%~~	~~Oct-04~~	~~Douglas Alpha Codeine~~
COLCHICINE (New listing)						
Tab 500 µg	**Colgout**	9.60	100	1%	Sept-07	Colchicine Abbott
DESFERRIOXAMINE MESYLATE (Addition of HSS)						
In 500 mg	**Mayne**	99.00	10	1%	Sept-07	(B)
~~DICLOXACILLIN SODIUM~~ (Delisted effective 1 July 2007)						
~~Inj 500 mg~~	~~Diclocil~~	~~5.45~~	~~5~~			
~~Inj 1 g~~	~~Diclocil~~	~~7.54~~	~~5~~			
DOXAZOSIN MESYLATE (New listings)						
Tab 2 mg	Dosan	14.20	250			
Tab 4 mg	Dosan	17.70	250			
ETANERCEPT (↑ price)						
Inj 25 mg	Enbrel	949.96	4			
FELODIPINE (New listings)						
Tab long-acting 5 mg	Felo 5 ER	16.50	90			
Tab long-acting 10 mg	Felo 10 ER	24.00	90			
FERROUS SULPHATE (Expiry of HSS)						
Oral liquid, 150 mg per 5 ml	Ferro-liquid	7.95	250 ml	~~1%~~	~~Aug-05~~	~~Ferodan~~
FLUOCORTOLONE CAPROATE WITH FLUOCORTOLONE PIVALATE AND CINCHOCAINE (New listings)						
Oint 950 µg, wtih fluocortolone pivalate 920 µg, and cinchocaine hydrochloride 5 mg per g	**Ultraproct**	6.35	30 g	1%	Sept-07	Proctosedyl Xyloproct
Suppos 630 µg, with fluocortolone pivalate 610 µg, and cinchocaine hydrochloride 1 mg	**Ultraproct**	2.66	12	1%	Sept-07	Proctosedyl Xyloproct

Contracted Pharmaceutical Description	Brand	Price ($) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceutical

Section H changes to Part II - effective 1 July 2007 (continued)

FLUOXETINE HYDROCHLORIDE (Expiry of HSS)						
Cap 20 mg (↑ price)	Fluox	4.95	90	~~1%~~	~~Sept-04~~	~~Lovan Plinzine Prozac~~
Tab disp 2 mg, scored	Fluox	5.90	30	~~1%~~	~~Sept-04~~	~~Lovan Prozac~~
FRUSEMIDE (↓ price)						
Inj 10 mg per ml, 2 ml	Mayne	29.50	50			
FUSIDIC ACID (New listings)						
Crm 2%	**Foban**	3.95	15 g	1%	Sept-07	Fucidin
Oint 2%	**Foban**	3.95	15 g	1%	Sept-07	Fucidin
GLYCEROL (New listing)						
Suppos 3.6 g	PSM	5.00	20			
GOSERELIN ACETATE (↓ price)						
Inj 3.6 mg	Zoladex	221.60	1			
Inj 10.8 mg	Zoladex	554.70	1			
HYDROCORTISONE WITH MICONAZOLE (New listing)						
Crm 1% with miconazole nitrate 2%	Micreme H	2.20	15 g			
HYDROXOCOBALAMIN (New listing)						
Inj 1 mg per ml, 1 ml	Neo-B12	10.84	3			
HYDROXYCHLOROQUINE SULPHATE (New listing)						
Tab 200 mg	Plaquenil	31.09	100			
IPRATROPIUM BROMIDE (change of description , change of brand name, ↓ price & continuation of HSS)						
Nebuliser soln 250 μg per **ml**, 1 ml	**Ipratropium Steri-Neb**	4.30	20	1%	Sept-07	IPRA 250
Nebuliser soln, ~~500~~ **250 μg per ml**, 2 ml	**Ipratropium Steri-Neb**	5.25	20	1%	Sept-07	IPRA 500
LAMOTRIGINE (Change in description)						
Tab ~~chewable/~~dispersible 5 mg	Arrow-Lamotrigine	15.00	56			
Tab ~~chewable/~~dispersible 25 mg	Arrow-Lamotrigine	25.50	56			
	Mogine	25.50	56			
Tab ~~chewable/~~dispersible 50 mg	Arrow-Lamotrigine	43.40	56			
	Mogine	43.40	56			
Tab ~~chewable/~~dispersible 100 mg	Arrow-Lamotrigine	74.90	56			
	Mogine	74.90	56			
Tab ~~chewable/~~dispersible 200 mg	Arrow-Lamotrigine	127.30	56			
	Mogine	127.30	56			

Contracted Pharmaceutical Description	Brand	Price ($) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceutical
Section H changes to Part II - effective 1 July 2007 (continued)						
LAMOTRIGINE (New listings)						
Tab dispersible 2 mg	Lamictal	6.74	30			
Tab dispersible 5 mg	Lamictal	9.64	30			
Tab dispersible 25 mg	Lamictal	29.09	56			
Tab dispersible 50 mg	Lamictal	47.89	56			
Tab dispersible 100 mg	Lamictal	79.16	56			
LEFLUNOMIDE (New listing)						
Tab 10 mg	AFT-Leflunomide	71.00	30			
Tab 20 mg	AFT-Leflunomide	97.00	30			
LEUPRORELIN (New listing)						
Inj 7.5 mg	Eligard	184.90	1			
Inj 22.5 mg	Eligard	554.70	1			
Inj 30 mg	Eligard	739.60	1			
Inj 45 mg	Eligard	1,109.40	1			
LIGNOCAINE HYDROCHLORIDE (Addition of HSS)						
Inj 0.5%, 5 ml	**Xylocaine**	44.10	50	1%	Sept-07	(B)
LIGNOCAINE ~~HYDROCHLORIDE~~ WITH PRILOCAINE ~~HYDROCHLORIDE~~ (Amended description, ↓ price and addition of HSS)						
Crm 2.5% with ~~2.5%~~ prilocaine ~~hydrochloride~~ **2.5%**, 5 g	**EMLA**	41.00	5	1%	Sept-07	(B)
Crm 2.5% with ~~2.5%~~ prilocaine ~~hydrochloride~~ **2.5%**, 30 g	**EMLA**	41.00	1	1%	Sept-07	(B)
Patch 2.5% with ~~2.5%~~ prilocaine ~~hydrochloride~~ **2.5%**,	EMLA	10.40	2			
Patch 2.5% with ~~2.5%~~ prilocaine ~~hydrochloride~~ **2.5%**,	EMLA	104.00	20			
LORATADINE (New listing)						
Oral liq 1 mg per ml	**Lorapaed**	3.65	100 ml	1%	Sept-07	Claratyne Lorafast
MEDROXYPROGESTERONE ACETATE (Addition of HSS)						
Tab 2.5 mg	**Provera**	2.07	30	1%	Sept-07	Cycrine
Tab 5 mg	**Provera**	13.75	100	1%	Sept-07	Cycrine
Tab 10 mg	**Provera**	7.57	30	1%	Sept-07	Cycrine
Tab 100 mg (New listing)	**Provera**	104.26	100	1%	Sept-07	(B)
Tab 200mg (New listing)	**Provera**	78.06	30	1%	Sept-07	(B)
METFORMIN HYDROCHLORIDE (New listing)						
Tab 500 mg	**Arrow-Metformin**	9.75	500	1%	Oct-07	3M Metformin Apo-Metformin Glucomet Metomin
Tab 850 mg	**Arrow-Metformin**	8.00	250	1%	Oct-07	3M Metformin Apo-Metformin Glucomet Metomin

Note - Metomin tab 500 mg and 850 mg to be delisted October 2007

Contracted Pharmaceutical Description	Brand	Price ($) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceutical
Section H changes to Part II - effective 1 July 2007 (continued)						
METOCLOPRAMIDE HYDROCHLORIDE (New listing)						
Tab 10 mg	Metamide	5.15	100			
METRONIDAZOLE (New listings)						
Tab 200 mg	Trichozole	9.50	100			
Tab 400 mg	Trichozole	17.50	100			
Oral liq 200 mg per 5 ml	Flagyl-S	25.00	100 ml			
Suppos 500 mg	Flagyl	24.48	10			
Suppos 1 g	Flagyl	33.31	10			
NADOLOL (New listings)						
Tab 40 mg	**Apo-Nadolol**	14.97	100	1%	Sept-07	Corgard
Tab 80 mg	**Apo-Nadolol**	22.19	100	1%	Sept-07	Corgard
NALTREXONE HYDROCHLORIDE (Addition of HSS)						
Tab 50 mg	**ReVia**	180.00	30	1%	Sept-07	(B)
NEOSTIGMINE METHYLSULPHATE (↓ price & addition of HSS)						
Inj 2.5 mg per ml, 1 ml	**AstraZeneca**	20.30	50	1%	Sept-07	(B)
NYSTATIN (New listings)						
Cap 500,000 u	**Nilstat**	11.64	50	1%	Sept-07	(B)
Tab 500,000 u	**Nilstat**	9.60	50	1%	Sept-07	Mycostatin
ONDANSETRON HYDROCHLORIDE (↓ price)						
Inj 2 mg per ml, 2 ml	Zofran	24.64	5			
Inj 2 mg per ml, 4 ml	Zofran	52.79	5			
PACLITAXEL (↓ price)						
Inj 150 mg	**Paclitaxel Ebewe**	461.70	1	1%	Mar-06	Anzatax Taxol
Inj 300 mg	**Paclitaxel Ebewe**	895.85	1	1%	Mar-06	Taxol
PARACETAMOL (New listing)						
Suppos 500 mg	Paracare	20.50	50			
PENTASTARCH (↑ DV limit)						
Inf 6%, 500 ml bag	**StarQuin 200 6%**	239.68	16	**10%**	Nov-06	Voluven
PERMETHRIN (New listing)						
Crm 5%	Lyderm	4.20	30 g			
PETHIDINE HYDROCHLORIDE (New listing)						
Tab 50 mg	PSM	3.00	10			
Tab 100 mg	PSM	4.00	10			
PHENOXYMETHYLPENICILLIN (PENICILLIN V) (New listing)						
Cap potassium salt 250 mg	**Cilicaine VK**	4.29	50	1%	Sept-07	(B)
Cap potassium salt 500 mg	**Cilicaine VK**	8.15	50	1%	Sept-07	(B)

Products with Hospital Supply Status (HSS) are in **bold**.

(B) – Subject only to part (b) of the definition of "DV Pharmaceutical"

Contracted Pharmaceutical Description	Brand	Price ($) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceutical

Section H changes to Part II - effective 1 July 2007 (continued)

PREDNISOLONE SODIUM PHOSPHATE (Expiry of HSS)						
Oral liq 5 mg per ml	Redipred	9.95	30 ml	~~1%~~	~~Sept-04~~	~~(B)~~
PROCHLORPERAZINE (New listing)						
Tab 5 mg	Antinaus	16.85	500			
PROPRANOLOL (New listing)						
Cap long-acting 160 mg	Cardinol LA	16.90	100			
RIFABUTIN (New listing)						
Cap 150 mg	**Mycobutin**	213.19	30	1%	Sept-07	(B)
SALBUTAMOL (New listing)						
Oral liq 2 mg per 5 ml	**Salapin**	2.25	150 ml	1%	Sept-07	Ventolin
SIROLIMUS (New listing)						
Tab 1 mg	Rapamune	813.00	100			
Tab 2 mg	Rapamune	1,626.00	100			
Oral liq 1 mg per ml	Rapamune	487.80	60 ml			
SODIUM CITRO-TARTRATE (change to description and addition of HSS)						
Grans **eff** ~~effervescent~~ 4 g sachets	Ural	2.75	28	1%	Sept-07	Citravescent
SUMATRIPTAN (New listing)						
Tab 50 mg	Sumagran	12.00	4			
Tab 100 mg	Sumagran	12.00	2			
SYRUP (PHARMACEUTICAL GRADE) (New listing)						
Liq	**Midwest**	21.75	2,000 ml	1%	Sept-07	David Craig
TRANEXAMIC ACID (Expiry of HSS)						
Cap 500 mg	Cyclokapron	49.14	100	~~1%~~	~~Sept-04~~	~~(B)~~

Effective 1 June 2007

ADRENALINE						
Inj 1 in 1,000, 1 ml	~~AstraZeneca~~	~~12.50~~	~~5~~			
	~~AstraZeneca~~	~~90.00~~	~~50~~			
To be delisted 1 December 2007.						
ATRACURIUM BESYLATE (new listing)						
Inj 10 mg per ml, 2.5 ml	Mayne	12.55	5			
Inj 10 mg per ml, 5 ml	Mayne	32.55	5			
ATRACURIUM BESYLATE (amended description)						
Inj **10 mg per ml**, ~~25 mg per~~ 2.5 ml amp	Tracrium	20.65	5			
Inj **10 mg per ml**, ~~50 mg per~~ 5 ml amp	Tracrium	38.50	5			

Contracted Pharmaceutical Description	Brand	Price ($) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceutical
Section H changes to Part II - effective 1 June 2007 (continued)						
BUDESONIDE (↑ price)						
Metered aqueous nasal spray, 50 mcg						
per dose	Butacort Aqueous	2.95	200 doses			
Metered aqueous nala spray, 100 mcg						
per dose	Butacort Aqueous	3.30	200 doses			
BUPIVACAINE HYDROCHLORIDE (↓ price & addition of HSS)						
Inf 0.125%, 100 ml theatre pack	**Marcain**	109.39	5	1%	Aug-07	(B)
Inf 0.125%, 200 ml theatre pack	**Marcain**	146.23	5	1%	Aug-07	(B)
Inf 0.25%, 100 ml theatre pack	**Marcain**	132.42	5	1%	Aug-07	(B)
Inj 0.375%, 20 ml theatre pack	**Marcain**	56.20	5	1%	Aug-07	(B)
Inj 0.5%, 4 ml ~~theatre pack~~	**Marcain Isobaric**	29.35	5	1%	Aug-07	(B)
Inj 0.5%, 8% glucose, 4 ml	**Marcain Heavy**	24.50	5	1%	Aug-07	(B)
CYCLOPHOSPHAMIDE						
Tab 50 mg	**Cycloblastin**	25.71	50	1%	Aug-07	Endoxan
ETIDRONATE DISODIUM						
Tab 200 mg	Didronel	22.80	60			
ITRACONAZOLE						
Cap 100 mg	**Sporanox**	23.70	15	1%	Aug-07	Itrazole
LEVOBUNOLOL (addition of HSS)						
Eye drops 0.25%	**Betagan**	7.00	5 ml	1%	Aug-07	(B)
Eye drops 0.5%	**Betagan**	7.00	5 ml	1%	Aug-07	Alcon-Levobunolol
LIGNOCAINE HYDROCHLORIDE (↓ price & addition of HSS)						
Pump spray 10%, 50 ml CFC-free	**Xylocaine**	60.00	1	1%	Aug-07	(B)
LIGNOCAINE HYDROCHLORIDE WITH ADRENALINE (↓ price & addition of HSS)						
Inj 1% with 1:100,000 of adrenaline,						
5 ml	**Xylocaine**	18.00	10	1%	Aug-07	(B)
Inj 1% with 1:200,000 of adrenaline,						
20 ml	**Xylocaine**	44.00	5	1%	Aug-07	(B)
Inj 2% with 1:200,000 of adrenaline,						
20 ml	**Xylocaine**	49.50	5	1%	Aug-07	(B)
METHADONE HYDROCHLORIDE (change in brand name and supplier)						
Inj 10 mg per ml, 1 ml	**AFT** ~~Mayne~~	26.00	5			
OMEPRAZOLE						
Cap 10 mg	Omezol	6.28	30			
Cap 20 mg	Omezol	6.28	30			
Cap 40 mg	Omezol	9.50	30			
ONDANSETRON HYDROCHLORIDE (↓ price & addition of HSS)						
Tab 4 mg	**Zofran**	17.18	10	1%	Aug-07	(B)
Tab 8 mg	**Zofran**	33.89	20	1%	Aug-07	(B)

Contracted Pharmaceutical Description	Brand	Price ($) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceutical
Section H changes to Part II - effective 1 June 2007 (continued)						
ONDANSETRON HYDROCHLORIDE (↓ price, amended description & addition of HSS)						
Tab disp ~~wafer~~ 4 mg	**Zofran Zydis**	17.18	10	1%	Aug-07	(B)
Tab disp ~~wafer~~ 8 mg	**Zofran Zydis**	20.43	10	1%	Aug-07	(B)
PRILOCAINE HYDROCHLORIDE (↑ price & addition of HSS)						
Inj 0.5%, 50 ml	**Citanest**	160.00	10	1%	Aug-07	(B)
Note – Citanest inj 0.5%, 50 ml, 1 injection pack to be delisted 1 August 2007						
PRILOCAINE HYDROCHLORIDE (↓ price & addition of HSS)						
Inj 2%, 5 ml	**Citanest**	30.90	10	1%	Aug-07	(B)
ROPIVACAINE HYDROCHLORIDE (↓ price & addition of HSS)						
Inj 2 mg per ml, 10 ml	**Naropin**	19.75	5	1%	Aug-07	(B)
Inj 2 mg per ml, 20 ml	**Naropin**	33.20	5	1%	Aug-07	(B)
Inf 2 mg per ml, 100 ml	**Naropin**	104.00	5	1%	Aug-07	(B)
Inf 2 mg per ml, 200 ml	**Naropin**	184.00	5	1%	Aug-07	(B)
Inj 7.5 mg per ml, 10 ml	**Naropin**	35.00	5	1%	Aug-07	(B)
Inj 7.5 mg per ml, 20 ml	**Naropin**	62.45	5	1%	Aug-07	(B)
Inj 10 mg per ml, 10 ml	**Naropin**	41.10	5	1%	Aug-07	(B)
Inj 10 mg per ml, 10 ml	**Naropin**	74.20	5	1%	Aug-07	(B)
ROPIVACAINE HYDROCHLORIDE WITH FENTANYL (↓ price & addition of HSS)						
Inf 2 mg per ml with 2μg of fentanyl per ml, 100 ml	**Naropin**	145.20	5	1%	Aug-07	(B)
Inf 2 mg per ml with 2μg of fentanyl per ml, 200 ml	**Naropin**	262.60	5	1%	Aug-07	(B)
SUXAMETHONIUM CHLORIDE (↓ price & addition of HSS)						
Inj 50 mg per ml, 2 ml	**AstraZeneca**	95.00	50	1%	Aug-07	(B)
~~THIORIDAZINE HYDROCHLORIDE~~						
~~Tab10 mg~~	~~Aldazine~~	~~6.88~~	~~90~~			
~~Tab 25 mg~~	~~Aldazine~~	~~7.85~~	~~90~~			
~~Tab 50 mg~~	~~Aldazine~~	~~10.66~~	~~90~~			
~~Tab 100 mg~~	~~Aldazine~~	~~17.14~~	~~90~~			
Note – to be delisted 1 June 2007						
Effective 1 May 2007						
LEFLUNOMIDE						
Tab 10 mg	Arava	79.27	30			
Tab 20 mg	Arava	108.60	30			
Tab 100 mg	Arava	54.44	3			
SALBUTAMOL						
Nebuliser soln, 1 mg per ml, 2.5 ml	**Asthalin**	3.70	20	1%	Jul-07	Ventolin Nebules
Nebuliser soln, 2 mg per ml, 2.5 ml	**Asthalin**	3.85	20	1%	Jul-07	Ventolin Nebules

Contracted Pharmaceutical Description	Brand	Price ($) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceutical
Section H changes to Part II - effective 1 April 2007						
CANDESARTAN (↓ price)						
Tab 4 mg	Atacand	16.22	30			
Tab 8 mg	Atacand	19.30	30			
Tab 16 mg	Atacand	23.54	30			
Tab 32 mg	Atacand	38.50	30			
CEFTAZIDIME						
Inj 1 g	Mayne	9.00	1			
Inj 2 g	Mayne	18.00	1			
EMTRICITABINE						
Cap 200 mg	Emtriva	307.20	30			
HEPARIN WITH SODIUM CHLORIDE						
Inf 25,000 iu with 0.9% sodium chloride, 250 ml	Baxter	7.25	1			
Inf 25,000 iu with 0.9% sodium chloride, 500 ml	Baxter	7.67	1			
ONDANSETRON HYDROCHLORIDE (new listing)						
Inj 2 mg per ml, 2 ml	Mayne	18.00	5			
Inj 2 mg per ml, 4 ml	Mayne	29.00	5			
ONDANSETRON HYDROCHLORIDE (amended description)						
Inj **2 mg per ml, 2 ml** ~~4 mg per 2 ml amp~~	Zofran	32.86	5			
Inj **2 mg per ml, 4 ml** ~~8 mg per 4 ml amp~~	Zofran	70.39	5			
PAROXETINE HYDROCHLORIDE						
Tab 20 mg	**Loxamine**	5.90	30	1%	Jul-07	Apo-Paroxetine Aropax Luxotine
SUMATRIPTAN						
Tab 50 mg	Arrow-Sumatriptan	12.00	4			
Tab 100 mg	Arrow-Sumatriptan	12.00	2			
TENOFOVIR DISOPROXIL FUMARATE						
Tab 300 mg	Viread	531.00	30			

Contracted Pharmaceutical Description	Brand	Price ($) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceutical

Section H changes to Part I General Rules

Effective 1 July 2007

12 "Unapproved Indication" means, for a Pharmaceutical, an indication for which it is not approved under the Medicines Act 1981.

15 9.5 Some indications for Pharmaceutical Cancer Treatments listed in the Schedule are Unapproved Indications. Some of these formed part of the October 2001 direction from the Minister of Health as to pharmaceuticals and indications for which DHBs must provide funding. As far as reasonably practicable, these Unapproved Indications are marked in the Schedule. However, PHARMAC makes no representation and gives no guarantee as to the accuracy of this information. Practitioners prescribing Pharmaceutical Cancer Treatments for such Unapproved Indications should:

(a) be aware of and comply with their obligations under sections 25 and 29 of the Medicines Act 1981, as applicable, and otherwise under that Act and the Medicines Regulations 1984;

(b) be aware of and comply with their obligations under the Health and Disability Commissioner's Code of Consumer Rights, including the requirement to obtain informed consent from the patient (PHARMAC recommends that Practitioners obtain written consent); and

(c) exercise their own skill, judgment, expertise and discretion, and make their own prescribing decisions with respect to the use of an unapproved Pharmaceutical Cancer Treatment or a Pharmaceutical Cancer Treatment for an Unapproved Indication.

9.6~~5~~ Applications to add pharmaceuticals, and add or amend indications for Pharmaceutical Cancer Treatments, may be made in writing by pharmaceutical suppliers and/or clinicians to PHARMAC. Applications should follow PHARMAC's *Guidelines for Submissions to PTAC for New Chemical Entity Pharmaceuticals and Recommended methods to derive clinical inputs for proposals to PHARMAC*, copies of which are available from PHARMAC or PHARMAC's website.

9.7~~6~~ Applications made under clause 9.6~~5~~ must be assessed by HPAC, PHARMAC, PTAC and/or relevant sub-committees of PTAC.

10. Practitioners prescribing unapproved Pharmaceuticals

Practitioners should, where possible, prescribe Pharmaceuticals that are approved under the Medicines Act 1981. However, the access criteria under which a Pharmaceutical is listed on the Pharmaceutical Schedule may:

(a) in some case, explicitly permit Government funded access to a Pharmaceutical that is not approved under the Medicines Act 1981 or for an Unapproved Indication; or

(b) not explicitly preclude Government funded access to a Pharmaceutical when it is used for an Unapproved Indication.

Accordingly, if Practitioners are planning on prescribing an unapproved Pharmaceutical or a Pharmaceutical for an Unapproved Indication, Practitioners should:

(a) be aware of and comply with their obligations under sections 25 and 29 of the Medicines Act 1981, as applicable, and otherwise under that Act and the Medicines Regulations 1984;

(b) be aware of and comply with their obligations under the Health and Disability Commissioner's Code of Consumer Rights, including the requirement to obtain informed consent from the patient (PHARMAC recommends that Practitioners obtain written consent); and

(c) exercise their own skill, judgment, expertise and discretion, and make their own prescribing decisions with respect to the use of an unapproved Pharmaceutical or a Pharmaceutical for an Unapproved Indication.

Practitioners should be aware that simply by listing a Pharmaceutical on the Pharmaceutical Schedule PHARMAC makes no representations about whether that Pharmaceutical has any form of approval or consent under, or whether the supply or use of the Pharmaceutical otherwise complies with, the Medicines Act 1981. Further, the Pharmaceutical Schedule does not constitute an advertisement, advertising material or a medical advertisement as defined in the Medicines Act or otherwise.

Contracted Pharmaceutical Description	Brand	Price ($) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceutical

Section H changes to Part III

Effective 1 July 2007

65 **Practitioners prescribing unapproved Pharmaceuticals**

Practitioners should, where possible, prescribe Pharmaceuticals that are approved under the Medicines Act 1981. However, the access criteria under which a Pharmaceutical is listed on the Pharmaceutical Schedule may:

(a) in some case, explicitly permit Government funded access to a Pharmaceutical that is not approved under the Medicines Act 1981 (as in the case of some Pharmaceuticals listed in Part IV ~~and Part V~~ of Section H) **or for an Unapproved Indication; or**

(b) not explicitly preclude Government funded access to a Pharmaceutical when it is used for an **Unapproved i**Indication ~~other than that indication or those indications for which it is approved under the Medicines Act 1981.~~

Accordingly, if Practitioners are planning on prescribing an unapproved Pharmaceutical or a Pharmaceutical for an **Unapproved i**Indication ~~for which it is not approved~~, Practitioners should:

(a) be aware of and comply with their obligations under section**s 25 and** 29 of the Medicines Act 1981, **as applicable,** and otherwise under that Act and the Medicines Regulations 1984;

(b) be aware of and comply with their obligations under the Health and Disability Commissioner's Code of Consumer Rights, including the requirement to obtain informed consent from the patient (PHARMAC recommends that Practitioners obtain written consent); and

(c) exercise their own skill, judgment, expertise and discretion, and make their own prescribing decisions with respect to the use of an unapproved Pharmaceutical or a Pharmaceutical for an **Unapproved i**Indication ~~for which it is not approved.~~

Practitioners should be aware that simply by listing a Pharmaceutical on the Pharmaceutical Schedule PHARMAC makes no representations about whether that Pharmaceutical has any form of approval or consent under, or whether the supply or use of the Pharmaceutical otherwise complies with, the Medicines Act 1981. Further, the Pharmaceutical Schedule does not constitute an advertisement, advertising material or a medical advertisement as defined in the Medicines Act or otherwise.

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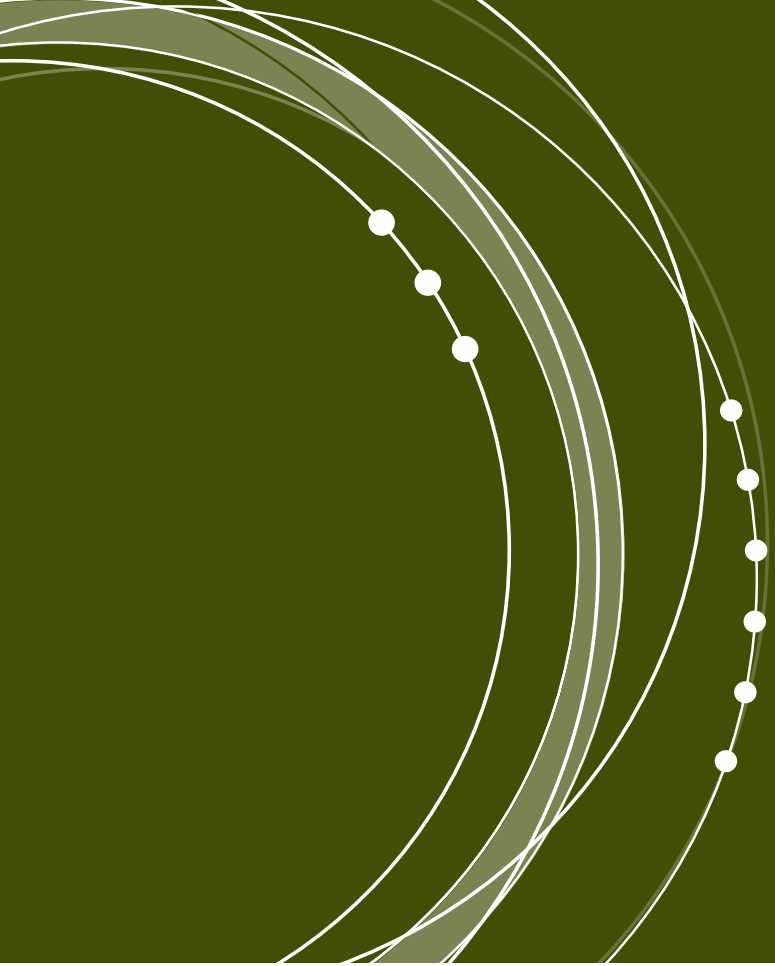

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