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## Introducing PHARMAC

PHARMAC, the Pharmaceutical Management Agency, is a Crown entity established pursuant to the New Zealand Public Health and Disability Act 2000 (The Act). The primary objective of PHARMAC is to secure for eligible people in need of pharmaceuticals, the best health outcomes that are reasonably achievable from pharmaceutical treatment and from within the amount of funding provided.

The PHARMAC Board consists of up to six members appointed by the Minister of Health. All decisions relating to PHARMAC's operation are made by or under the authority of the Board. In particular, Board members decide on the strategic direction of PHARMAC and may decide which community pharmaceuticals should be subsidised and at what levels, and determine national prices for some pharmaceuticals to be purchased by and used in DHB Hospitals, and whether or not special conditions are to be applied to such purchases.

### Members of the PHARMAC Board

Richard Waddell  
David Kerr

Gregor Coster  
David Moore

Kura Denness  
Adrienne von Tunzelmann

Decisions taken by the PHARMAC Board members, or made under the authority of the Board, incorporate a balanced view of the needs of prescribers and patients. The aim is to achieve long-term gains and efficient ways of making pharmaceuticals available to the community and for DHB Hospitals to purchase them.

Murray Georgel, CE MidCentral DHB, attends PHARMAC's Board meetings as an observer.

The functions of PHARMAC are to perform the following, within the amount of funding provided to it in the Pharmaceutical Budget or to DHBs from their own budgets for the use of pharmaceuticals in their hospitals, as applicable, and in accordance with its annual plan and any directions given by the Minister (Section 103 of the Crown Entities Act):

- a) to maintain and manage a pharmaceutical schedule that applies consistently throughout New Zealand, including determining eligibility and criteria for the provision of subsidies;
- b) to manage incidental matters arising out of (a), including in exceptional circumstances providing for subsidies for the supply of pharmaceuticals not on the pharmaceutical schedule;
- c) to engage as it sees fit, but within its operational budget, in research to meet its objectives as set out in Section 47(a) of the Act;
- d) to promote the responsible use of pharmaceuticals;
- e) to manage the purchasing of any or all pharmaceuticals, whether used either in a hospital or outside it, on behalf of DHBs;
- f) any other functions given to PHARMAC by or under any enactment or authorised by the Minister.

The policies and criteria set out in the Pharmaceutical Schedule and PHARMAC's Operating Policies and Procedures arise out of, and are designed to help PHARMAC achieve and perform, PHARMAC's objective and functions under the Act.

However PHARMAC may, having regard to its public law obligations, depart from the strict application of those policies and criteria in certain exceptional cases where it considers this necessary or appropriate in the proper exercise of its statutory discretion and to give effect to its objective and functions, particularly with respect to:

- Determining eligibility and criteria for the provision of subsidies; and
- In exceptional circumstances providing for subsidies for the supply of pharmaceuticals not on the Pharmaceutical Schedule.

### Decision Criteria

PHARMAC updates the Pharmaceutical Schedule at regular intervals to notify prescribers, pharmacists, hospital managers and patients of changes to Community Pharmaceutical subsidies and the prices for Hospital Pharmaceuticals. In making decisions about amendments to the Pharmaceutical Schedule, PHARMAC is guided by its Operating Policies and Procedures, as amended or supplemented from time to time. PHARMAC takes into account the following criteria when making decisions about Community Pharmaceuticals:

- the health needs of all eligible people within New Zealand (eligible defined by the Government's then current rules of eligibility);
- the particular health needs of Māori and Pacific peoples;
- the availability and suitability of existing medicines, therapeutic medical devices and related products and related things;
- the clinical benefits and risks of pharmaceuticals;
- the cost-effectiveness of meeting health needs by funding pharmaceuticals rather than using other publicly funded health and disability support services;
- the budgetary impact (in terms of the pharmaceutical budget and the Government's overall health budget) of any changes to the Pharmaceutical Schedule;
- the direct cost to health service users;
- the Government's priorities for health funding, as set out in any objectives notified by the Crown to PHARMAC, or in PHARMAC's Funding Agreement, or elsewhere; and
- such other criteria as PHARMAC thinks fit. PHARMAC will carry out appropriate consultation when it intends to take any such "other criteria" into account.

The Operating Policies and Procedures, including any supplements, also describe the way in which PHARMAC determines the level of subsidy or purchase price payable for each Community Pharmaceutical or Hospital Pharmaceutical, respectively. The decision criteria for Hospital Pharmaceuticals are set out in the hospital supplement to the Operating Policies and Procedures and in the introductory part of Section H of the Pharmaceutical Schedule. Copies of PHARMAC's Operating Policies and Procedures and of any applicable supplements are available on the PHARMAC website ([www.pharmac.govt.nz](http://www.pharmac.govt.nz)), or on request.

## PHARMAC and the Pharmaceutical Schedule:

PHARMAC manages the national Pharmaceutical Schedule, which lists:

- Pharmaceuticals available in the community and subsidised by the Government with funding from the Pharmaceutical Budget; and
- some Pharmaceuticals purchased by DHBs for use in their hospitals, and includes those Hospital Pharmaceuticals for which national prices have been negotiated by PHARMAC.

In the community approximately 1848 Pharmaceuticals are subsidised by the Government. Most are available to all eligible people within New Zealand on prescription by a medical doctor. Some are listed with guidelines or conditions such as 'only if prescribed for a dialysis patient' or 'Special Authority - Retail Pharmacy', to ensure that Pharmaceuticals are used by those people who are most likely to benefit from them. Pharmaceuticals provided to patients for use while in DHB hospitals are not covered by Sections A to G of the Pharmaceutical Schedule.

Section H of the Pharmaceutical Schedule is not a comprehensive list of Pharmaceuticals that are used within the DHB Hospitals. Section H of the Pharmaceutical Schedule includes Pharmaceuticals that can be purchased at a national price by DHBs for use in their hospitals. These are referred to as National Contract Pharmaceuticals.

Section H of the Pharmaceutical Schedule also identifies new Pharmaceuticals used in hospitals, which have been or are being assessed by PHARMAC, the results of that analysis being available to DHB Hospitals via PHARMAC's website.

A list of Discretionary Community Supply Pharmaceuticals, in Section H of the Pharmaceutical Schedule, identifies those products that currently are not subsidised from the Pharmaceutical Budget as Community Pharmaceuticals in Sections A to G of the Pharmaceutical Schedule but which DHBs can at their discretion fund for use in the community from their own budgets without specific Hospital Exceptional Circumstances approval.

### PHARMAC's clinical advisors

#### Pharmacology and Therapeutics Advisory Committee (PTAC)

PHARMAC works closely with the Pharmacology and Therapeutics Advisory Committee (PTAC), an expert medical committee which provides independent advice to PHARMAC on health needs and the clinical benefits of particular pharmaceuticals for use in the community and/or in DHB Hospitals.

The committee members are all senior, practising clinicians. The chair of PTAC sits with the PHARMAC Board in an advisory capacity.

PTAC helps decide which community pharmaceuticals are to be subsidised from public monies by making recommendations to PHARMAC. Part of the role of PTAC is to review whether Community Pharmaceuticals already listed on the Schedule should continue to receive Government funds. The resources freed up can be used to subsidise other community pharmaceuticals with a greater therapeutic worth.

PHARMAC may obtain clinical advice from PTAC in relation to national purchasing strategies for Hospital Pharmaceuticals. There may be additional specialist hospital representatives on PTAC subcommittees, or additional PTAC subcommittees, where PHARMAC considers this necessary.

#### PTAC members are:

Carl Burgess	MBChB, MD, MRCP (UK), FRACP, FRCP, physician/clinical pharmacologist, Chair
Ian Hosford	MBChB, FRANZCP, psychiatrist
Sisira Jayathissa	MBBS, MD, MRCP, FAFPHM, FRCP, FRACP, physician
Peter Jones	BMedSci, MBChB, PhD, FRCP, FRACP, physician
George Laking	PhD, MB, B.Med.Sci, MD, FRACP
Jim Lello	BHB, MBChB, DCH, FRNZCGP, general practitioner
Graham Mills	MBChB, MTropHlth, MD, FRACP, infectious disease specialist
Peter Pillans	MBBCh, MD, FCP, FRACP, clinical pharmacologist
Paul Tomlinson	MBChB, MD, MRCP, FRACP, BSc, paediatrician, Deputy Chair
Mark Weatherall	BA, MBChB, MAppStats, FRACP
Howard Wilson	BSc, PhD, MB, BS, Dip Obst, FRNZCGP, general practitioner

Contact PTAC C/-Advisory Committee Manager, Pharmaceutical Management Agency, PO Box 10 254, WELLINGTON, Email: [PTAC@pharmac.govt.nz](mailto:PTAC@pharmac.govt.nz)

## The PHARMAC Team

The PHARMAC team has a wide range of expertise in health, medicine, economics, commerce, critical analysis, and policy development and implementation.

Matthew Brougham	Chief Executive	Adam McRae	Team Leader, Access & Optimal Use
Kate Adams	Health Economist		
Jason Arnold	Senior Analyst	Scott Metcalfe	Chief Advisor Population Medicine / Public Health Physician
Paul Alexander	Health Economist		
Peter Alsop	Manager, Corporate and External Relations	Peter Moodie	Medical Director
Mike Bignall	Therapeutic Group Manager	John Nash	Accounts payable Co-ordinator
Stephen Boxall	Creative Director	Deborah Nisbet	Receptionist
Scott Brydon	Schedule Analyst	Jan Quin	Team Leader, Medical Team
Davina Carpenter	Records Manager	Leigh Parish	PA to Medical Director
Christine Chapman	Contract Manager	Marama Parore	Manager, Access & Optimal Use & Māori Health
Yvonne Chen	Tender Analyst		
Mary Chesterfield	High Cost Medicines Co-ordinator	Chris Peck	Analyst
		Melanie Pemberton	Communications Advisor
Steffan Crausaz	Manager, Funding and Procurement	Fisher	
		Sharonn Ponniah	Access and Optimal Use Manager
Andrew Davies	Procurement Initiatives Manager	Matthew Poynton	Analyst/Health Economist
Jessica Dougherty	Funding and Procurement Assistant	Rachel Pratt	Hospital Exceptional Circumstances Panel Co-ordinator
Sean Dougherty	Therapeutic Group Manager		
Kim Ellis	Access & Optimal Use Co-ordinator	Dilky Rasiah	Deputy Medical Director
		Kyle Reid	High Cost Medicines Panel Co-ordinator / Growth Hormone
Simon England	Communications Manager		
Andy Erceg	IT Support	Diane Robinson	Executive Assistant to Chief Executive / Office Manager
Jackie Evans	Therapeutic Group Manager		
John Geering	Systems Architect	Brian Roulston	Analyst
Rachel Grocott	Health Economist / Team Leader Assessment	Fiona Rutherford	Senior Policy Analyst
		Rico Schoeler	Manager, Analysis and Assessment
Susan Haniel	Advisory Committee Manager		
David Harland	Health Economist	Merryn Simmons	PHARMAC Seminar Series Co-ordinator
Karen Jacobs	Access & Optimal Use Manager		
Cherie Jacobson	Corporate Assistant	Liz Skelley	Finance Manager
Geoff Lawn	Applications Developer	Moana Tane	Māori Health Manager
Julie Lagan	Schedule Analyst	Jayne Watkins	Community Exceptional Circumstances Panel Co-ordinator
Geraldine MacGibbon	Therapeutic Group Manager		
Janet Mackay	Access & Optimal Use Manager	Greg Williams	Therapeutic Group Manager
Rachel Mackay	Manager, Schedule and Contracts	Lisa Williams	Legal Counsel
		Mary-Ann Wilson	Māori Health Analyst
Trish Mahoney	Contract Manager	Stephen Woodruffe	Therapeutic Group Manager

## Purpose of the Pharmaceutical Schedule

The purpose of the Schedule is to list:

- the Community Pharmaceuticals that are subsidised by the Government and to show the amount of the subsidy paid to contractors, as well as the manufacturer's price (if it differs from the Subsidy) and any access conditions that may apply; and
- some Hospital Pharmaceuticals that are purchased and used by DHB Hospitals, including those for which national prices have been negotiated by PHARMAC.

The purpose of the Schedule is not to show the final cost to Government of subsidising each Community Pharmaceutical or to DHBs in purchasing each Hospital Pharmaceutical since that will depend on any rebate and other arrangements PHARMAC has with the supplier and, for some Hospital Pharmaceuticals, on any logistics arrangements put in place by individual DHB Hospitals.

## Finding Information in the Pharmaceutical Schedule

### Community Pharmaceuticals

For Community Pharmaceuticals, the Schedule is organised in a way to help the reader find Community Pharmaceuticals, which may be used to treat similar conditions. To do this, Community Pharmaceuticals are first classified anatomically, originally based on the Anatomical Therapeutic Chemical (ATC) system, and then further classified under section headings structured for the New Zealand medical system.

- Section **A** lists the General Rules in relation to Community Pharmaceuticals and related products.
- Section **B** lists Community Pharmaceuticals and related products by anatomical classification, which are further divided into one or more therapeutic headings. Community Pharmaceuticals used to treat similar conditions are grouped together.
- Section **C** lists the rules in relation to Extemporaneously Compounded Products (ECPs) and Community Pharmaceuticals that will be subsidised when extemporaneously compounded.
- Section **D** lists the rules in relation to Special Foods and the Special Foods that are subsidised.
- Section **E** Part I lists the Community Pharmaceuticals that are subsidised on a Practitioner's Supply Order (PSO) and Wholesale Supply Order (WSO).
- Section **E** Part II lists rural areas for the purpose of PSOs.
- Section **F** lists the Community Pharmaceuticals dispensing period exemptions.
- Section **G** lists the Community Pharmaceuticals eligible for reimbursement of safety cap and related rules.

The listings are displayed alphabetically (where practical) within each level of the classification system. Each anatomical section contains a series of therapeutic headings, some of which may contain a further classification level. Where a Community Pharmaceutical is used in more than one therapeutic area, they may be cross-referenced.

The therapeutic headings in the Pharmaceutical Schedule do not necessarily correspond to the therapeutic groups and therapeutic subgroups, which PHARMAC establishes for the separate purpose of determining the level of subsidy to be paid for each Community Pharmaceutical.

The index located at the back of the book in which Sections A-G of the Pharmaceutical Schedule are published can be used to find page numbers for generic chemical entities, or product brand names.

## Hospital Pharmaceuticals

Section **H** lists Pharmaceuticals that DHBs fund from their own budgets. The Hospital Pharmaceuticals are grouped into the following Parts in Section H:

- Part I lists the rules in relation to Hospital Pharmaceuticals.
- Part II lists Hospital Pharmaceuticals for which national contracts exist (National Contract Pharmaceuticals). These are listed alphabetically by generic chemical entity name and line item, the relevant Price negotiated by PHARMAC and, if applicable, an indication of whether it has Hospital Supply Status (HSS) and any associated Discretionary Variance (DV) Pharmaceuticals and DV Limit.
- Part III lists Assessed Pharmaceuticals, which have been or are being assessed by PHARMAC and, where such assessment is available, PHARMAC's opinion regarding the use of the Assessed Pharmaceuticals in hospitals. DHB Hospitals are not obliged to implement those recommendations.
- Part IV lists Discretionary Community Supply Pharmaceuticals, which are not Community Pharmaceuticals, but which a DHB Hospital can, in its discretion, fund for use in the community from its own budget.

The index located at the back of the Section H supplement can be used to find page numbers for generic chemical entities, or product brand names, for Hospital Pharmaceuticals.

## Explaining drug entries

The Pharmaceutical Schedule lists pharmaceuticals subsidised by the Government, the amount of that subsidy paid to contractors, the supplier's price and the access conditions that may apply.

### Example

ANATOMICAL HEADING			
		Subsidy (Manufacturer's Price) \$	Fully Brand or Subsidised Generic Per ✓ Manufacturer
THERAPEUTIC HEADING			
CHEMICAL	▲ Presentation, form and strength .....	10.00	100 ✓ Brand A ✓ Brand B
	Presentation - Available on a PSO .....	15.00	50 ✓ Brand C
⊕ Presentation - Retail pharmacy-specialist .....	18.00	250 ml	OP ✓ Brand D
a) Prescriptions must be written by a paediatrician or paediatric cardiologist; or b) on the recommendation of a paediatrician or a paediatric cardiologist			
CHEMICAL	⊗ Presentation, form and strength .....	26.53	100
		(35.27)	Brand E

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

Practitioner's Supply Order (or WSO for Wholesale Supply Order)

Safety cap reimbursed

Conditions of and restrictions on prescribing (including Special Authority where it applies)

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

Brand or manufacturer's name

Sole subsidised supply product

Fully subsidised product

Original Pack - Subsidy is rounded up to a multiple of whole packs

Quantity the Subsidy applies to

Subsidy paid on a product before mark-ups and GST

Manufacturer's Price if different from Subsidy

Sole Supply  
✓ Fully Subsidised

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

# Glossary

## Units of Measure

gram .....	g	microgram.....	µg	millimole.....	mmol
kilogram .....	kg	milligram .....	mg	unit.....	u
international unit .....	iu	millilitre.....	ml		

## Abbreviations

Ampoule .....	Amp	Granules .....	Gran	Suppository .....	Supp
Capsule .....	Cap	Infusion .....	Inf	Tablet .....	Tab
Cream .....	Crm	Injection .....	Inj	Tincture.....	Tinc
Device.....	Dev	Linctus .....	Linc	Trans Dermal Delivery	
Dispersible.....	Disp	Liquid.....	Liq	System.....	TDDS
Effervescent.....	Eff	Long Acting.....	LA		
Emulsion.....	Emul	Ointment .....	Oint		
Enteric Coated.....	EC	Sachet .....	Sach		
Gelatinous .....	Gel	Solution.....	Soln		

BSO Bulk Supply Order.

CBS Cost Brand Source. There is no set manufacturer's price, and the Government subsidises the product at the price it is obtained by the pharmacy.

CE Compounded Extemporaneously.

CPD Cost Per Dose. The Funder (as defined in Part I of the General Rules) cost of a standard dose, without mark-ups or fees and excluding GST.

ECP Extemporaneously Compounded Preparation.

HSS Hospital Supply Status, the status of being the brand of the relevant Hospital Pharmaceutical listed in Section H Part II as HSS, that DHBs are obliged to purchase subject to any DV Limit for that Hospital Pharmaceutical for the period of hospital supply, as awarded under an agreement between PHARMAC and the relevant pharmaceutical supplier.

OP Original Pack – subsidy is rounded up to a multiple at whole packs.

PSO Practitioner's Supply Order.

### Sole Subsidised

Supplier Only brand of this medicine subsidised.

WSO Wholesale Supply Order.

XPharm Pharmacies cannot claim subsidy because PHARMAC has made alternative distribution arrangements.

▲ Three months supply may be dispensed at one time if the exempted medicine is endorsed 'certified exemption' by the practitioner.

\* Three months dispensed all-at-once or, in the case of oral contraceptives, six months dispensed all-at-once, unless medicine is endorsed "close control" or "cc" and the endorsement is initialled by the prescriber.

‡ Safety cap required and subsidised for oral liquid formulations, including extemporaneously compounded preparations.

✓ Fully subsidised brand of a given medicine. Brands without the tick are not fully subsidised and may cost the patient a manufacturer's surcharge.

§29 This medicine is an unapproved medication supplied under Section 29 of the Medicines Act 1981. Practitioners prescribing this medication should:

- be aware of and comply with their obligations under Section 29 of the Medicines Act 1981 and otherwise under that Act and the Medicines Regulations 1984;
- 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
- exercise their own skill, judgement, expertise and discretions, and make their own prescribing decisions with respect to the use of an unapproved Pharmaceutical or a Pharmaceutical for an indication for which it is not approved.

Note: Where medicines supplied under Section 29 that are used for emergency situations, patient details required under Section 29 of the Medicines Act may be retrospectively provided to the supplier.

Definitions		
Abbrev.	Pharmacy Services Agreement	All other Pharmacy Agreements
[HP1]	Subsidised when dispensed from pharmacies that have the Complex Medicines Variation of the Pharmacy Services Agreement	Available from selected pharmacies that have an exclusive contract to dispense 'Hospital Pharmacy' [HP1] pharmaceuticals.
[HP3]	Subsidised when dispensed from pharmacies that have the Pharmacy Services Agreement. A Special Food with [HP3] annotation is subsidised when dispensed by a pharmacy that has a Special Foods Service appended to their Pharmacy Services Agreement by their DHB.	Available from selected pharmacies that have an exclusive contract to dispense 'Hospital Pharmacy' [HP3] pharmaceuticals.
[HP4]	Subsidised when dispensed from pharmacies that have the Monitored Therapy Variation (for Clozapine Services)	Available from selected pharmacies that have an exclusive contract to dispense 'Hospital Pharmacy' [HP4] pharmaceuticals.

## Patient costs

### Community Pharmaceutical costs met by the Government

Most of the cost of a subsidised prescription Community Pharmaceutical is met by the Government through the Pharmaceutical Budget. The Government pays a subsidy for the Community Pharmaceutical to Contractors, and a fee covering distribution and pharmacy dispensing services. The subsidy paid to Contractors does not necessarily represent the final cost to Government of subsidising a particular Community Pharmaceutical. The final cost will depend on the nature of PHARMAC's contractual arrangements with the supplier. Fully subsidised medicines are identified with a ✓ in the product's Schedule listing.

#### SALBUTAMOL

Aerosol inhaler 100 µg per dose.....	3.80	✓Fully subsidised brand
	(6.00)	Higher priced brand

### Pharmaceutical Co-Payments

Some Community Pharmaceutical costs are met by the patient. Generally a patient pays a prescription charge. In addition a patient will sometimes pay a manufacturer's surcharge, after hours service fee and any special packaging fee.

#### PRESCRIPTION CHARGE

From 1 September 2008, everyone who is eligible for publicly funded health and disability services should in most circumstances pay only \$3 for subsidised medicines.

All prescriptions from a public hospital, a midwife and a Family Planning Clinic are covered for \$3 co-payments.

Prescriptions from the following providers are approved for \$3 co-payments on subsidised medicines if they meet the specified criteria:

- After Hours Accident and Medical Services with a DHB or a PHO contract.
- Youth Health Clinics with a DHB or a PHO contract.
- Dentists who write a prescription that relates to a service being provided under a DHB contract.
- Private specialists (for example, ophthalmologists and orthopaedics) who write a prescription for a patient receiving a publicly funded service contracted by the DHB.
- General practitioners who write a prescription during normal business hours to a person who is not enrolled in the general practice provided the person is eligible for publicly funded health and disability services and the general practice is part of a PHO.
- Hospices that have a contract with a DHB.

Patients can check whether they are eligible for publicly funded health and disability services by referring to the Eligibility Direction on the Ministry of Health's website.

To check if a medicine is fully subsidised, refer to the Pharmaceutical Schedule on PHARMAC's website or ask your pharmacist or general practitioner.

DHBs have a list of eligible providers in their respective regions. Any provider/prescriber not specifically listed by a DHB as an approved provider/prescriber should be regarded as not approved.

NOTE: Information sourced from Ministry of Health Website, for more information please visit [www.moh.govt.nz](http://www.moh.govt.nz)

#### MANUFACTURER'S SURCHARGE

Not all Community Pharmaceuticals are fully subsidised. Although PHARMAC endeavours to fully subsidise at least one Community Pharmaceutical in each therapeutic group, and has contracts with some suppliers to maintain the price of a particular product, manufacturers are able to set their own price to pharmacies. When these prices exceed the subsidy, the pharmacist may recoup the difference from the patient.

To estimate the amount a patient will pay on top of the prescription charge, take the difference between the manufacturer's price



and the subsidy, and multiply this by 1.86. The 1.86 factor represents the pharmacy mark-up on the surcharge plus other costs such as GST. Pharmacies charge different mark-ups so this may vary.

$$\text{Manufacturer's surcharge to patient} = (\text{price} - \text{subsidy}) \times 1.86$$

For example, a Community Pharmaceutical with a supplier (ex-manufacturer) cost of \$11.00 per pack with a \$10.00 subsidy will cost the patient a surcharge of \$1.86 on top of the prescription charge. The most a patient should pay is therefore \$16.86 - being \$15.00 maximum prescription charge, plus \$1.86.

### **Hospital Pharmaceutical and Pharmaceutical Cancer Treatment Costs**

The cost of purchasing Hospital Pharmaceuticals and Pharmaceutical Cancer Treatments (for use in DHB hospitals and/or in association with Outpatient services provided in DHB hospitals) is met by the Funder (in particular, the relevant DHB) from its own budget. As required by section 23(7) of the Act, in performing any of their functions in relation to the supply of Pharmaceuticals including Pharmaceutical Cancer Treatments, DHBs must not act inconsistently with the Pharmaceutical Schedule.

### **PHARMAC web site**

PHARMAC has set up an interactive Schedule on the Internet. It can be used to calculate the cost of a prescribed Community Pharmaceutical. This site at <http://www.pharmac.govt.nz> takes into account the quantity of Community Pharmaceutical prescribed as well as the patient's age, whether the patient has a community services card, high use health card or prescription subsidy card, the fee for pharmacy services and prescription charges.

Other information about PHARMAC is also available on our website. This includes copies of the Annual Review, Annual Report and Annual Plan, as well as information such as the Pharmaceutical Schedule, Pharmaceutical Schedule Updates, National Hospital Pharmaceutical Strategy, other publications and recent press releases.

## **Special Authority Applications**

Special Authority is an application process in which a prescriber requests government subsidy on a Community Pharmaceutical for a particular person. Applications must be submitted to the Ministry of Health by the prescriber for the request to be processed.

### **Subsidy**

Once approved, the prescriber will be provided a Special Authority number which must appear on the prescription. Specialists who make an application must communicate the valid authority number to the prescriber who will be writing the prescriptions.

The authority number can provide access to subsidy, increased subsidy, or waive certain restrictions otherwise present on the Community Pharmaceutical.

Some approvals are dependent on the availability of funding from the Pharmaceutical Budget.

### **Criteria**

The criteria for approval of Special Authority applications are included below each Community Pharmaceutical listing, and on the application forms available on PHARMAC's website.

For some Special Authority Community Pharmaceuticals, not all indications that have been approved by Medsafe are subsidised.

Criteria for each Special Authority Community Pharmaceutical are updated regularly, based on the decision criteria of PHARMAC.

The appropriateness of the listing of a Community Pharmaceutical in the Special Authority category will also be regularly reviewed.

Applications for inclusion of further Community Pharmaceuticals in the Special Authority category will generally be made by a pharmaceutical supplier.

### **Special Authority Applications**

Application forms can be found at [www.pharmac.govt.nz](http://www.pharmac.govt.nz). Requests for fax copies should be made to PHARMAC, phone 04 460 4990. Applications are processed by the Ministry of Health, and should be sent to:

Ministry of Health Sector Services, Private Bag    Fax: (06) 349 1983 of free fax 0800 100 131  
3015, WANGANUI 4540

For enquiries, phone the Ministry of Health Sector Services Call Centre, free phone 0800 0800 243 666

*Note:* The Ministry of Health can only provide information on Special Authority applications to prescribers and pharmacists.

### *Each application must:*

- Include the patients name, date of birth and NHI number (codes for AIDS patients' applications)
- Include the practitioner's name, address and Medical Council registration number
- Clearly indicate that the relevant criteria, have been met.
- Be signed by the practitioner.

## Exceptional Circumstances policies

The purpose of the Exceptional Circumstances policies are to provide:

- funding from the Community Exceptional Circumstances budget for medication, to be used in the community, in circumstances where the provision of a funded community medication is appropriate, but funding from the Pharmaceutical Budget is not able to be provided through the Pharmaceutical Schedule ("Community Exceptional Circumstances"); or
- an assessment process for the DHB Hospitals to determine whether they can fund medication, to be used in the community, in circumstances where the medication is neither a Community Pharmaceutical nor a Discretionary Community Supply Pharmaceutical and where the patient does not meet the criteria for Community Exceptional Circumstances ("Hospital Exceptional Circumstances"); or
- an assessment process for DHB Hospitals to determine whether they can fund pharmaceuticals for the treatment of cancer in their DHB Hospital, or in association with Outpatient services provided in their DHB hospital, in circumstances where the pharmaceutical is not identified as a Pharmaceutical Cancer Treatment ("Cancer Exceptional Circumstances") in Sections A-H of the Pharmaceutical Schedule.

Upon receipt of an application for approval for Community Exceptional Circumstances or Hospital Exceptional Circumstances, the Exceptional Circumstances Panel first decides whether an application will be assessed initially under the Community Exceptional Circumstances criteria or the Hospital Exceptional Circumstances criteria. Cancer Exceptional Circumstances is a separate process.

## Hospital Exceptional Circumstances

If the application is first assessed but not approved under the Community Exceptional Circumstances criteria, the Exceptional Circumstances Panel may recommend the funding of the pharmaceutical for use in the community by a specific patient from a DHB Hospital's own budget under Hospital Exceptional Circumstances.

If the application is first assessed under the Hospital Exceptional Circumstances criteria, the Exceptional Circumstances Panel may:

- a) recommend against the funding of the pharmaceutical for use in the community by a specific patient from a DHB Hospital's own budget, in which case a DHB Hospital must not fund the pharmaceutical from its own budget;
- b) recommend the funding of the pharmaceutical for use in the community by a specific patient from a DHB Hospital's own budget under Hospital Exceptional Circumstances, in which case a DHB Hospital may, but is not obliged to, fund the pharmaceutical from its own budget;
- c) defer its decision until further assessment under the Community Exceptional Circumstances criteria can be undertaken; or
- d) recommend interim funding of the pharmaceutical for use in the community by a specific patient from a DHB Hospital's own budget under Hospital Exceptional Circumstances until further assessment under the Community Exceptional Circumstances criteria can be undertaken.

Permission to fund a pharmaceutical for use in the community by a specific patient from a DHB Hospital's own budget under Hospital Exceptional Circumstances will only be granted by PHARMAC where it has been demonstrated that such funding is cost-effective for the relevant DHB in the region in which the patient resides.

If the patient being treated with a pharmaceutical under Hospital Exceptional Circumstances usually resides in a district other than that within the jurisdiction of the DHB initiating the treatment, then the DHB initiating the treatment must either agree to fund any on-going treatment required once the patient has returned to his/her usual DHB, or obtain written consent from the DHB or DHBs in which the patient will reside following the commencement of treatment.

Applications for Hospital Exceptional Circumstances should be made on the standard application form available from the PHARMAC website [www.pharmac.govt.nz](http://www.pharmac.govt.nz) or the address below:

The Coordinator, Hospital Exceptional Circumstances Panel  
PHARMAC, PO Box 10 254  
Wellington

Phone: (04) 916 7521  
or fax (09) 523 6870  
Email: [ecpanel@pharmac.govt.nz](mailto:ecpanel@pharmac.govt.nz)

## Cancer Exceptional Circumstances

Permission to fund a pharmaceutical for the treatment of cancer from the Hospital's own budget under Cancer Exceptional Circumstances will only be granted by PHARMAC where it has been demonstrated that the proposed use meets the criteria.

If the patient being treated with a pharmaceutical under Cancer Exceptional Circumstances usually resides in a district other than that within the jurisdiction of the DHB initiating the treatment, then the DHB initiating the treatment must either agree to fund any on-going treatment required once the patient has returned to his/her usual DHB, or obtain written consent from the DHB or DHBs in which the patient will reside following the commencement of treatment.

## Community Exceptional Circumstances

In order to qualify for Community Exceptional Circumstances approval one of the following criteria must be met:

- a) the condition must be rare; *or*
- b) the reaction to alternative funded treatment must be unusual; *or*
- c) an unusual combination of circumstances applies.

Rare and unusual are considered to be in the order of less than 10 people nationally.

Where one of the above Community Exceptional Circumstances entry criteria is met, the application may then be further examined under supplementary criteria, assessing suitability of the pharmaceutical, clinical benefit, the cost effectiveness of the treatment, and the patient's ability to pay for the treatment. Where these documented criteria are met, a subsidy sufficient to fully fund the pharmaceutical will be made available to the specific patient on whose behalf the application was made.

Community Exceptional Circumstances funding is only available where the criteria are met and is not available for financial reasons alone.

Applications for Community Exceptional Circumstances, Hospital Exceptional Circumstances and Cancer Exceptional Circumstances should be made on the standard application form available from the PHARMAC website [www.pharmac.govt.nz](http://www.pharmac.govt.nz) or the address below:

The Coordinator, Community Exceptional Circumstances Panel  
PO Box 10 254  
Wellington

Phone (04) 916 7553  
or fax (09) 523 6870  
Email: [ecpanel@pharmac.govt.nz](mailto:ecpanel@pharmac.govt.nz)

## SECTION A: GENERAL RULES

### INTRODUCTION

Section A contains the restrictions and other general rules that apply to Subsidies on Community Pharmaceuticals. The amounts payable by the Funder to Contractors are currently determined by:

- the quantities, forms, and strengths, of subsidised Community Pharmaceuticals dispensed under valid prescription by each Contractor;
- the amount of the Subsidy on the Manufacturer's Price payable for each unit of the Community Pharmaceuticals dispensed by each Contractor and;
- the contractual arrangements between the Contractor and the Funder for the payment of the Contractor's dispensing services.

The Pharmaceutical Schedule shows the level of subsidy payable in respect of each Community Pharmaceutical so that the amount payable by the Government to Contractors, for each Community Pharmaceutical, can be calculated. The Pharmaceutical Schedule also shows the standard price (exclusive of GST) at which a Community Pharmaceutical is supplied ex-manufacturer to wholesalers if it differs from the subsidy. The manufacturer's surcharge to patients can be estimated using the subsidy and the standard manufacturer's price as set out in this Schedule.

The cost to Government of subsidising each Community Pharmaceutical and the manufacturer's prices may vary, in that suppliers may provide rebates to other stakeholders in the primary health care sector, including dispensers, wholesalers, and the Government. Rebates are not specified in the Pharmaceutical Schedule.

This Schedule is dated 1 May 2009 and is to be referred to as the Pharmaceutical Schedule Volume 16 Number 1, 2009. Distribution will be from 20 May 2009. This Schedule comes into force on 1 May 2009.

### PART I INTERPRETATIONS AND DEFINITIONS

1.1 In this Schedule, unless the context otherwise requires:

**"90 Day Lot"** means the quantity of a Community Pharmaceutical required for the number of days' treatment covered by the Prescription, being up to 90 consecutive days' treatment;

**"180 Day Lot"** means the quantity of a Community Pharmaceutical required for the number of days' treatment covered by the Prescription, being up to 180 consecutive days' treatment;

**"Access Exemption Criteria"** means the criteria under which patients may receive greater than one Month's supply of a Community Pharmaceutical covered by Section F Part II (b) subsidised in one Lot. The specifics of these criteria are conveyed in the Ministry of Health guidelines, which are issued from time to time. The criteria the patient must meet are that they:

- a) have limited physical mobility;
- b) live and work more than 30 minutes from the nearest pharmacy by their normal form of transport;
- c) are relocating to another area;
- d) are travelling extensively and will be out of town when the repeat prescriptions are due.

**"Act"** means the New Zealand Public Health and Disability Act 2000.

**"Advisory Committee"** means the Pharmaceutical Services Advisory Committee convened by the Ministry of Health under the terms of the Advice Notice issued to Contractors pursuant to Section 88 of the Act.

**"Alternate Subsidy"** means a higher level of subsidy that the Government will pay contractors for a particular community Pharmaceutical dispensed to a person who has either been granted a Special Authority for that pharmaceutical, or where the prescription is endorsed in accordance with the requirements of this Pharmaceutical Schedule.

**"Assessed Pharmaceuticals"** means the list of Pharmaceuticals set out in Section H Part III of the Schedule, that have been or are being assessed by PHARMAC.

**"Authority to Substitute"** means an authority for the dispensing pharmacist to change a prescribed medicine in accordance with regulation 42(4) of the Medicines Regulations 1984. An authority to substitute letter, which may be used by Practitioners, is available on the final page of the Schedule.

**"Bulk Supply Order"** means a written order, on a form supplied by the Ministry of Health, or approved by the Ministry of Health, made by the licensee or manager of an institution certified to provide hospital care under the Health and Disability Services (Safety) Act 2001 for the supply of such Community Pharmaceuticals as are expected to be required for the treatment of persons who are under the medical or dental supervision of such a Private Hospital or institution.

**"Cancer Exceptional Circumstances"** means the policies and criteria administered by PHARMAC relating to the ability to fund, from a DHB hospital's own budget, pharmaceuticals for the treatment of cancer that are not identified as Pharmaceutical

Cancer Treatments in Sections A-H of the Pharmaceutical Schedule.

**“Class B Controlled Drug”** means a Class B controlled drug within the meaning of the Misuse of Drugs Act 1975.

**“Close Control”** means the dispensing of a Community Pharmaceutical, in accordance with a Prescription, in quantities less than one 90 Day Lot (or for oral contraceptives, less than one 180 Day Lot) for a Community Pharmaceutical referred to in Section F Part I, or in quantities less than a Monthly Lot for any other Community Pharmaceutical, where any of a), b) or c) apply.

- a) All of the following conditions are met:
  - i) the Community Pharmaceutical has been prescribed for a patient who:
    - 1) is not a resident in a Penal Institution, Rest Home or Residential Disability Care Institution; and
    - 2) either of the following:
      - i) in the opinion of the prescribing Practitioner is:
        - a) frail; or
        - b) infirm; or
        - c) unable to manage their medication without additional support; or
        - d) intellectually impaired; or
        - e) requires close monitoring due to recent initiation onto, or dose change for, the Community Pharmaceutical (applicable to the patient's first changed Prescription only); and
        - f) requires that Community Pharmaceutical to be dispensed in a smaller quantity than that for which it is currently funded, or
      - ii) the Community Pharmaceutical is any of the following:
        - a) a tri-cyclic antidepressant; or
        - b) an antipsychotic; or
        - c) a benzodiazepine; or
        - d) a Class B Controlled Drug; and
    - ii) the prescribing Practitioner has:
      - A) endorsed each Community Pharmaceutical on the Prescription clearly with the words “Close Control” or “CC”; and
      - B) initialled the endorsement in their own handwriting; and
      - C) specified the maximum quantity or period of supply to be dispensed at any one time.
  - b) All of the following conditions are met:
    - i) The Community Pharmaceutical is prescribed for a patient who is a resident in a Rest Home or Residential Disability Care Institution; and
      - A) the quantity or period of supply to be dispensed at any one time is not less than 28 days' supply; and
      - B) the prescriber or pharmacist has written the name of the Rest Home or Residential Disability Care Institution on the prescription; and
      - C) the prescriber or pharmacist has:
        - 1) written on the Prescription the words “Close Control” or “CC” (this applies to all medicines prescribed on the prescription), and
        - 2) initialled the endorsement/annotation in their own handwriting; and
        - 3) specified the maximum quantity or period of supply to be dispensed at any one time.
    - c) All of the following conditions are met:
      - i) where PHARMAC has approved and notified pharmacists to annotate prescriptions for a specified Community Pharmaceutical(s) “Close Control” without prescriber endorsement for a specified time; and
      - ii) the dispensing pharmacist has:
        - A) clearly annotated each of the approved Community Pharmaceuticals that appear on the prescription with the words “Close Control” or “CC”; and
        - B) initialled the annotation in their own handwriting; and
        - C) specified the maximum quantity or period of supply to be dispensed at any one time, as specified by PHARMAC at the time of notification.

**“Community Exceptional Circumstances”** means the policies and criteria administered by the Exceptional Circumstances Panel relating to funding from the Community Exceptional Circumstances budget for medication, to be used in the community, in circumstances where the provision of a funded community medication is appropriate, but funding from the Pharmaceutical

## SECTION A: GENERAL RULES

Budget is not able to be provided through the Pharmaceutical Schedule.

**“Community Pharmaceutical”** means a Pharmaceutical listed in Sections A to G of the Pharmaceutical Schedule that is subsidised by the Funder from the Pharmaceutical Budget for use in the community.

**“Contractor”** means a person who is entitled to receive a payment from the Crown or a DHB under a notice issued by the Crown or a DHB under Section 88 of the Act or under a contract with the Ministry of Health or a DHB for the supply of Community Pharmaceuticals.

**“Controlled Drug”** means a controlled drug within the meaning of the Misuse of Drugs Act 1975 (other than a controlled drug specified in Part VI of the Third Schedule to that Act).

**“Cost, Brand, Source of Supply”** means that the Community Pharmaceutical is eligible for Subsidy on the basis of the Contractor’s annotated purchase price, brand, and source of supply.

**“Dentist”** means a person registered with the Dental Council, and who holds a current annual practising certificate, under the HPCA Act 2003.

**“DHB”** means an organisation established as a District Health Board by or under Section 19 of the Act.

**“DHB Hospital”** means a DHB, including its hospital or associated provider unit that the DHB purchases Hospital Pharmaceuticals for.

**“Discretionary Community Supply Pharmaceutical”** means the list of Pharmaceuticals set out in Section H Part IV of the Schedule, which may be funded by a DHB Hospital from its own budget for use in the community.

**“Doctor”** means a medical Practitioner registered with the Medical Council of New Zealand and, who holds a current annual practising certificate under the HPCA Act 2003.

**“DV Limit”** means, for a particular Hospital Pharmaceutical with HSS, the National DV Limit or the Individual DV Limit.

**“DV Pharmaceutical”** means a discretionary variance Pharmaceutical, that does not have HSS and which:

- a) is either listed in Section H Part II of the Schedule as being a DV Pharmaceutical in association with the relevant Hospital Pharmaceutical with HSS; or
- b) is the same chemical entity, at the same strength, and in the same or a similar presentation or form, as the relevant Hospital Pharmaceutical with HSS, but which is not yet listed as being a DV Pharmaceutical.

**“Endorsements”** - unless otherwise specified, endorsements should be either handwritten or computer generated by the practitioner prescribing the medication. The endorsement can be written as “certified condition”, or state the condition of the patient, where that condition is specified for the Community Pharmaceutical in Section B of the Pharmaceutical Schedule. Where the practitioner writes “certified condition” as the endorsement, he/she is making a declaration that the patient meets the criteria as set out in Section B of the Pharmaceutical Schedule.

**“Exceptional Circumstances Panel”** means the panel of clinicians, appointed by the PHARMAC Board, that is responsible for administering policies in relation to Community Exceptional Circumstances and Hospital Exceptional Circumstances.

**“Funder”** means the body or bodies responsible, pursuant to the Act, for the funding of pharmaceuticals listed on the Schedule (which may be one or more DHBs and/or the Ministry of Health) and their successors.

**“GST”** means goods and services tax under the Goods and Services Tax Act 1985.

**“Hospital Care Operator”** means a person for the time being in charge of providing hospital care, in accordance with the Health and Disability Services (Safety) Act 2001.

**“Hospital Exceptional Circumstances”** means the policies and criteria administered by the Exceptional Circumstances Panel relating to the ability to fund, from a DHB Hospital’s own budget, pharmaceuticals for use in the community by a specific patient where a subsidy is not available from the Pharmaceutical Budget or under Community Exceptional Circumstances.

**“Hospital Pharmaceuticals”** means National Contract Pharmaceuticals, DV Pharmaceuticals, Discretionary Community Supply Pharmaceuticals and Assessed Pharmaceuticals.

**“Hospital Pharmacy”** means that the Community Pharmaceutical is not eligible for Subsidy unless it is supplied by a hospital or pharmacy contracted to the Funder to dispense as a hospital pharmacy to an person on the Prescription of a Practitioner.

**“Hospital Pharmacy-Specialist”** means that the Community Pharmaceutical is not eligible for Subsidy unless it is supplied by a hospital or pharmacy contracted to the Funder to dispense as a hospital pharmacy:

- a) to an Outpatient; and
- b) on a Prescription signed by a Specialist; or  
if the treatment of an Outpatient with the Community Pharmaceutical has been recommended by a Specialist, on the Prescription of a Practitioner endorsed with the words “recommended by [name of specialist and year of authorisation]” and signed by the Practitioner.

“As recommended by a Specialist” to be interpreted as:

- a) follows a substantive consultation with an appropriate Specialist;
- b) the consultation to relate to the Patient for whom the Prescription is written;

- c) consultation to mean communication by referral, telephone, letter, facsimile or email;
- d) except in emergencies consultation to precede annotation of the Prescription; and
- e) both the specialist and the General Practitioner must keep a written record of the consultation.

For the purposes of the definition it makes no difference whether or not the Specialist is employed by a hospital.

**“Hospital Pharmacy-Specialist Prescription”** means that the Community Pharmaceutical is not eligible for Subsidy unless it is supplied by a hospital or pharmacy contracted to the Funder to dispense as a hospital pharmacy:

- a) to an Outpatient; and
- b) on a Prescription signed by a Specialist.

For the purposes of this definition, a “specialist” means a doctor who holds a current annual practicing certificate and who satisfies the criteria set out in paragraphs (a) or (b) or (c) of the definitions of Specialist below.

**“HSS”** means hospital supply status, the status of being the brand of the relevant Hospital Pharmaceutical listed in Section H Part II as HSS, that DHBs are obliged to purchase subject to any DV Limit for that Hospital Pharmaceutical for the period of hospital supply, as awarded under an agreement between PHARMAC and the relevant pharmaceutical supplier.

**“In Combination”** means that the Community Pharmaceutical is only subsidised when prescribed in combination with another subsidised pharmaceutical as specified in Section B or C of the Pharmaceutical Schedule.

**“Individual DV Limit”** means, for a particular Hospital Pharmaceutical with HSS and a particular DHB Hospital, the discretionary variance limit, being the specified percentage of that DHB Hospital's Total Market Volume up to which that DHB Hospital may purchase DV Pharmaceuticals of that Hospital Pharmaceutical.

**“Licensed Hospital”** means a place or institution that is certified to provide hospital care within the meaning of the Health and Disability Services (Safety) Act 2001.

**“Lot”** means a quantity of a Community Pharmaceutical supplied in one dispensing.

**“Manufacturer's Price”** means the standard price at which a Community Pharmaceutical is supplied to wholesalers (excluding GST), as notified to PHARMAC by the supplier.

**“Maternity hospital”** means that the Community Pharmaceutical is not eligible for Subsidy unless it is supplied pursuant to a Bulk Supply Order to a maternity hospital certified under the Health and Disability Services (Safety) Act 2001.

**“Midwife”** means a person registered as a midwife with the Midwifery Council, and who holds a current annual practising certificate under the HPCA Act 2003.

**“Month”** means a period of 30 consecutive days.

**“Month restriction”** means that no Subsidy is available:

- a) unless the Community Pharmaceutical is dispensed on the Prescription of a Practitioner; and
- b) for any quantity of that Community Pharmaceutical dispensed on the Prescription (whether or not dispensed as a repeat) in excess of a Monthly Lot.

**“Monthly Lot”** means the quantity of a Community Pharmaceutical required for the number of days' treatment covered by the Prescription, being up to 30 consecutive days' treatment;

**“National Contract Pharmaceutical”** means a Hospital Pharmaceutical for which PHARMAC has negotiated a national contract and the Price.

**“National DV Limit”** means, for a particular Hospital Pharmaceutical with HSS, the discretionary variance limit, being the specified percentage of the Total Market Volume up to which all DHB Hospitals may collectively purchase DV Pharmaceuticals of that Hospital Pharmaceutical.

**“Not In Combination”** means that no Subsidy is available for any Prescription containing the Community Pharmaceutical in combination with other ingredients unless the particular combination of ingredients is separately specified in Section B or C of the Schedule, and then only to the extent specified.

**“Nurse Prescriber”** means a nurse registered with the Nursing Council and who holds a current annual practicing certificate under the HPCA Act 2003 and who is approved by the Nursing Council, to prescribe specified prescription medicines relating to his/her scope of practice.

**“Optometrist”** means a person registered as an optometrist with the Optometrists and Dispensing Opticians Board, who holds a current annual practising certificate under the HPCA Act 2003, and who is authorised by regulations under the Medicines Act 1981 and approved by the Optometrists and Dispensing Opticians Board to prescribe specified medicines.

**“Outpatient”**, in relation to a Community Pharmaceutical, means a person who, as part of treatment at a hospital or other institution under the control of a DHB, is prescribed the Community Pharmaceutical for consumption or use in the person's home.

**“PCT”** means Pharmaceutical Cancer Treatment in respect of which DHB hospital pharmacies and other Contractors can claim Subsidies.

**“PCT only”** means Pharmaceutical Cancer Treatment in respect of which only DHB hospital pharmacies can claim Subsi-



## SECTION A: GENERAL RULES

dies.

**“Penal Institution”** means a penal institution, as that term is defined in The Penal Institutions Act 1954;

**“PHARMAC”** means the Pharmaceutical Management Agency established by Section 46 of the Act (PHARMAC).

**“Pharmaceutical”** means a medicine, therapeutic medical device, or related product or related thing listed in Sections B to H of the Schedule.

**“Pharmaceutical Benefits”** means the right of:

- a) a person; and
- b) any member under 16 years of age of that person's family, to have made by the Government on his or her behalf, subject to any conditions for the time being specified in the Schedule, such payment in respect of any Community Pharmaceutical supplied to that person or family member under the order of a Practitioner in the course of his or her practice.

**“Pharmaceutical Budget”** means the pharmaceutical budget set for PHARMAC by the Crown for the subsidised supply of Community Pharmaceuticals.

**“Pharmaceutical Cancer Treatment”** means Pharmaceuticals for the treatment of cancer, listed in Sections A to G of the Schedule and identified therein as a “PCT” or “PCT only” Pharmaceutical that DHBs must fund, from their own budgets, for use in their hospitals, and/or in association with Outpatient services provided in their DHB Hospitals, in relation to the treatment of cancers.

**“Practitioner”** means a Doctor, a Dentist, a Midwife, a Nurse Prescriber or an Optometrist as those terms are defined in the Pharmaceutical Schedule.

**“Practitioner's Supply Order”** means a written order made by a Practitioner on a form supplied by the Ministry of Health, or approved by the Ministry of Health, for the supply of Community Pharmaceuticals to the Practitioner, which the Practitioner requires to ensure medical supplies are available for emergency use, teaching and demonstration purposes, and for provision to certain patient groups where individual prescription is not practicable.

**“Prescription”** means a quantity of a Community Pharmaceutical prescribed for a named person on a document signed by a Practitioner.

**“Private Hospital”** means a hospital certified under the Health and Disability Services (Safety) Act 2001 that is not owned or operated by a DHB.

**“Residential Disability Care Institution”** means premises used to provide residential disability care in accordance with the Health and Disability Services (Safety) Act 2001.

**“Rest Home”** means premises used to provide rest home care in accordance with the Health and Disability Services (Safety) Act 2001.

**“Retail Pharmacy-Specialist”** means that the Community Pharmaceutical is only eligible for Subsidy if it is supplied on a Prescription or Practitioner's Supply Order signed by a Specialist, or, in the case of treatment recommended by a Specialist, a Prescription or Practitioner's Supply Order and endorsed with the words “recommended by [name of Specialist and year of authorisation]” and signed by the Practitioner.

“As recommended by a Specialist” to be interpreted as:

- a) follows a substantive consultation with an appropriate Specialist;
- b) the consultation to relate to the Patient for whom the Prescription is written;
- c) consultation to mean communication by referral, telephone, letter, facsimile or email;
- d) except in emergencies consultation to precede annotation of the Prescription; and
- e) both the Specialist and the General Practitioner must keep a written record of consultation.

**“Retail Pharmacy-Specialist Prescription”** means that the Community Pharmaceutical is only eligible for Subsidy if it is supplied on a Prescription, or Practitioner's Supply Order, signed by a Specialist. For the purposes of this definition, a “specialist” means a doctor who holds a current annual practicing certificate and who satisfies the criteria set out in paragraphs (a) or (b) or (c) of the definitions of Specialist below.

**“Schedule”** means this Pharmaceutical Schedule and all its sections and appendices.

**“Section B”** of this Pharmaceutical Schedule means the list of Community Pharmaceuticals eligible for Subsidies included in the Schedule.

**“Section C”** of this Pharmaceutical Schedule means the list of community extemporaneously compounded preparations and galenicals eligible for Subsidies included in the Schedule.

**“Section D”** of this Pharmaceutical Schedule means the list of community special foods eligible for Subsidies included in the Schedule.

**“Section E Part I”** of this Pharmaceutical Schedule means the list of Community Pharmaceuticals eligible for Subsidies and available on a Practitioner's Supply Order or a Wholesale Supply Order included in the Schedule.



**“Section E Part II”** of this Pharmaceutical Schedule means the list of rural areas for the purpose of community Practitioner’s Supply Orders included in the Schedule.

**“Section F Part I”** of this Pharmaceutical Schedule means the part of Section F relating to the exemption from dispensing in Monthly Lots, and requirement to dispense in 90 Day Lots or 180 Day Lots, as applicable, in respect of the Community Pharmaceuticals referred to in this part of Section F;

**“Section F Part II”** of this Pharmaceutical Schedule means the part of Section F relating to the exemption from dispensing in Monthly Lots in respect of the Community Pharmaceuticals referred to in this part of Section F;

**“Section G”** of this Pharmaceutical Schedule means the list of Community Pharmaceuticals eligible for reimbursement of safety caps.

**“Section H”** of this Pharmaceutical Schedule means the general rules for Hospital Pharmaceuticals and the lists of National Contract Pharmaceuticals and any associated DV Pharmaceuticals, of Discretionary Community Supply Pharmaceuticals and Assessed Pharmaceuticals included in Section H of the Schedule.

**“Section H Part I”** of this Pharmaceutical Schedule means the general rules for Hospital Pharmaceuticals.

**“Section H Part II”** of this Pharmaceutical Schedule means the list of National Contract Pharmaceuticals, the relevant Price, an indication of whether the Pharmaceutical has HSS and any associated DV Pharmaceuticals and DV Limit.

**“Section H Part III”** of this Pharmaceutical Schedule means the list of Assessed Pharmaceuticals.

**“Section H Part IV”** of this Pharmaceutical Schedule means the list of Discretionary Community Supply Pharmaceuticals.

**“Special Authority”** means that the Community Pharmaceutical or Pharmaceutical Cancer Treatment is only eligible for Subsidy or additional Subsidy for a particular person if an application meeting the criteria specified in the Schedule has been approved, and the valid Special Authority number is present on the prescription.

**“Specialist”**, in relation to a Prescription, a doctor who holds a current annual practising certificate and who satisfies the criteria set out in paragraphs (a) or (b) or (c) or (d) below:

- a)
  - i) the doctor is vocationally registered in accordance with the criteria set out by the Medical Council of New Zealand and the HPCA Act 2003 and who has written the Prescription in the course of practising in that area of medicine; and
  - ii) the doctor’s vocational scope of practice is one of those listed below: — anaesthetics, cardiothoracic surgery, dermatology, diagnostic radiology, emergency medicine, general surgery, internal medicine, neurosurgery, obstetrics and gynaecology, occupational medicine, ophthalmology, oral and maxillofacial surgery, otolaryngology head and neck surgery, orthopaedic surgery, paediatric surgery, paediatrics, pathology, plastic and reconstructive surgery, psychological medicine or psychiatry, public health medicine, radiation oncology, rehabilitation medicine, urology and venereology;
- b) the doctor is recognised by the Ministry of Health as a specialist for the purposes of this Schedule and receives remuneration from a DHB at a level which that DHB considers appropriate for specialists and who has written that Prescription in the course of practising in that area of medicine;
- c) the doctor is recognised by the Ministry of Health as a specialist in relation to a particular area of medicine for the purpose of writing Prescriptions and who has written the Prescription in the course of practising in that area of medicine;
- d) the doctor writes the Prescription on DHB stationery and is appropriately authorised by the relevant DHB to do so.

**“Subsidy”** means the maximum amount that the Government will pay Contractors for a Community Pharmaceutical dispensed to a person eligible for Pharmaceutical Benefits and is different from the cost to Government of subsidising that Community Pharmaceutical. For the purposes of a DHB hospital pharmacy claiming for Pharmaceutical Cancer Treatments, Subsidy refers to any payment made to the DHB hospital pharmacy or service provider to which that pharmacy serves, and does not relate to a specific payment that might be made on submission of a claim.

**“Supply Order”** means a Bulk Supply Order, a Practitioner’s Supply Order or a Wholesale Supply Order.

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

**“Wholesale Supply Order”** means a written order by a Practitioner, on a form supplied by the Ministry of Health for the supply of certain Community Pharmaceuticals as listed in Section B and Section E Part I of the Schedule.

1.2 In addition to the above interpretations and definitions, unless the content requires otherwise, a reference in the Schedule to:

- a) the singular includes the plural; and
- b) any legislation includes a modification and re-enactment of, legislation enacted in substitution for, and a regu-

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lation, Order in Council, and other instrument from time to time issued or made under that legislation, where that legislation, regulation, Order in Council or other instrument has an effect on the prescribing, dispensing or subsidising of Community Pharmaceuticals.

### PART II COMMUNITY PHARMACEUTICALS SUBSIDY

- 2.1 Community Pharmaceuticals eligible for Subsidy include every medicine, therapeutic medical device or related product, or related thing listed in Sections B to G of the Schedule, and every preparation (having an inert base) of any of them, is hereby declared to be a Community Pharmaceutical for the purposes of the Schedule, subject to:
- 2.1.1 clauses 2.2 and 2.3 of the Schedule; and
  - 2.1.2 clauses 3.1 to 4.4 of the Schedule; and
  - 2.1.3 the conditions (if any) specified in Sections B to G of the Schedule;
- 2.2 The following medicines, therapeutic medical devices, or related products or related things are not eligible for Subsidy:
- 2.2.1 substances, or combinations of substances, ordered for any purpose other than:
    - a) treatment of a patient's medical or dental condition; or
    - b) pregnancy tests; or
    - c) the prevention of sexually transmitted disease; or
    - d) contraception.
  - 2.2.2 substances and combinations of substances packed under pressure in aerosol cans or other similar devices, unless it is specified in Sections B to G of the Schedule that they may be so packed;
  - 2.2.3 electrode jellies;
  - 2.2.4 eye drops packed in single-dose units, unless it is specified in Sections B to G of the Schedule that they may be so packed;
  - 2.2.5 insect repellents and similar preparations;
  - 2.2.6 oral preparations in long-acting form, unless it is specified in Sections B to G of the Schedule that they may be in such a form;
  - 2.2.7 substances or combinations of substances in lozenge or similar form, unless it is specified in Sections B to G of the Schedule that they may be in such a form;
  - 2.2.8 machine-spread plasters;
  - 2.2.9 preparations prescribed as foods, unless they are specified in Section D of the Schedule;
  - 2.2.10 substances, combinations of substances, or articles, in the form of proprietary medicines or proprietary articles, unless they are deemed or declared to be Pharmaceuticals elsewhere in the Schedule;
  - 2.2.11 shampoos, other than extemporaneously prepared medicated shampoos, or shampoos specified in Sections B to G of the Schedule intended for the treatment of a patient's medical condition;
  - 2.2.12 toilet preparations;
  - 2.2.13 tooth pastes and powders;
  - 2.2.14 lubricating jellies and catheter lubricants;
  - 2.2.15 sterile diluents for nebulising solutions;
  - 2.2.16 substances in a form intended to enable delivery by transdermal diffusion or osmosis or by the insertion of any solid object or substance into the eye cavity, unless it is specified in Sections B to G of the Schedule that they may be in such a form;
  - 2.2.17 substances in a form intended for intravenous delivery (other than by injection), unless it is specified in Sections B to G of the Schedule that they may be in such a form;
  - 2.2.18 substances packed in pre-loaded syringes known as Min-I-Jets, unless it is specified in Sections B to G of the Schedule that they may be so packed;
  - 2.2.19 Community Pharmaceuticals prescribed as cough mixtures, unless they are specified in Sections B to G of the Schedule otherwise than in combination with other ingredients;
  - 2.2.20 vitamin preparations in capsule form, unless they are specified in Sections B to G of the Schedule;
  - 2.2.21 substances prescribed for use as irrigating solutions, unless it is specified in Sections B to G of the Schedule that they may be prescribed for such use.
- 2.3 No claim by a Contractor for payment in respect of the supply of Community Pharmaceuticals will be allowed unless the Community Pharmaceuticals so supplied:
- 2.3.1 comply with the appropriate standards prescribed by regulations for the time being in force under the Medicines

- Act 1981; or
- 2.3.2 in the absence of any such standards, comply with the appropriate standards for the time being prescribed by the British Pharmacopoeia; or
- 2.3.3 in the absence of the standards prescribed in clauses 2.3.1 and 2.3.2, comply with the appropriate standards for the time being prescribed by the British Pharmaceutical Codex; or
- 2.3.4 in the absence of the standards prescribed in clauses 2.3.1, 2.3.2 and 2.3.3, are of a grade and quality not lower than those usually applicable to Community Pharmaceuticals intended to be used for medical purposes.

### PART III

#### PERIOD AND QUANTITY OF SUPPLY

##### 3.1 Doctors', Midwives', Nurse Prescribers' and Optometrists' Prescriptions (other than oral contraceptives)

The following provisions apply to all Prescriptions, other than those for an oral contraceptive, written by a Doctor, Midwife, Nurse Prescriber or Optometrist:

- 3.1.1 For a Community Pharmaceutical other than a Class B Controlled Drug, only a quantity sufficient to provide treatment for a period not exceeding three Months will be subsidised.
- 3.1.2 For methylphenidate hydrochloride and dexamphetamine sulphate, only a quantity sufficient to provide treatment for a period not exceeding one Month will be subsidised.
- 3.1.3 For a Class B Controlled Drug other than methylphenidate hydrochloride and dexamphetamine sulphate, only a quantity:
- sufficient to provide treatment for a period not exceeding 10 days; and
  - which has been dispensed pursuant to a Prescription sufficient to provide treatment for a period not exceeding one Month, will be subsidised.
- 3.1.4 Subject to clauses 3.1.3 and 3.1.7, for a Doctor, Midwife or Nurse Prescriber and 3.1.7 for an Optometrist, where a practitioner has prescribed a quantity of a Community Pharmaceutical sufficient to provide treatment for:
- one Month or less than one Month, but dispensed by the Contractor in quantities smaller than the quantity prescribed, the Community Pharmaceutical will only be subsidised as if that Community Pharmaceutical had been dispensed in a Monthly Lot;
  - more than one Month, the Community Pharmaceutical will be subsidised only if it is dispensed:
    - in a 90 Day Lot, where the Community Pharmaceutical is a Pharmaceutical covered by Section F Part I of the Pharmaceutical Schedule; or
    - if the Community Pharmaceutical is not a Pharmaceutical referred to in Section F Part I of the Pharmaceutical Schedule, in Monthly Lots, unless:
      - the eligible person or his/her nominated representative endorses the back of the Prescription form with a statement identifying which Access Exemption Criterion (Criteria) applies and signs that statement to this effect; or
      - both:
        - the Practitioner endorses the Community Pharmaceutical on the Prescription with the words "certified exemption" written in the Practitioner's own handwriting, or signed or initialled by the Practitioner; and
        - every Community Pharmaceutical endorsed as "certified exemption" is covered by Section F Part II of the Pharmaceutical Schedule.
- 3.1.5 A Community Pharmaceutical is only eligible for Subsidy if the Prescription under which it has been dispensed was presented to the Contractor:
- for a Class B Controlled Drug, within eight days of the date on which the Prescription was written; or
  - for any other Community Pharmaceutical, within three Months of the date on which the Prescription was written.
- 3.1.6 No subsidy will be paid for any Prescription, or part thereof, that is not fulfilled within:
- in the case of a Prescription for a total supply of from one to three Months, three Months from the date the Community Pharmaceutical was first dispensed; or
  - in any other case, one Month from the date the Community Pharmaceutical was first dispensed. Only that part of any Prescription that is dispensed within the time frames specified above is eligible for Subsidy.

## SECTION A: GENERAL RULES

### 3.1.7 If a Community Pharmaceutical:

- a) is stable for a limited period only, and the Doctor, Midwife, Nurse Prescriber or Optometrist has endorsed the Prescription with the words “unstable medicine” and has specified the maximum quantity that may be dispensed at any one time; or
- b) is stable for a limited period only, and the Contractor has endorsed the Prescription with the words “unstable medicine” and has specified the maximum quantity that should be dispensed at any one time in all the circumstances of the particular case; or
- c) is Close Control,

The actual quantity dispensed will be subsidised in accordance with any such specification.

### 3.2 Oral Contraceptives

The following provisions apply to all Prescriptions written by a Doctor, Midwife or Nurse Prescriber for an oral contraceptive:

#### 3.2.1 The prescribing Doctor, Midwife or Nurse Prescriber must specify on the Prescription the period of treatment for which the Community Pharmaceutical is to be supplied. This period must not exceed:

- a) three Months if prescribed by a Midwife; or
- b) six Months if prescribed by a Doctor or Nurse Practitioner.

#### 3.2.2 Where the period of treatment specified in the Prescription does not exceed six Months, the Community Pharmaceutical is to be dispensed:

- a) in Lots as specified in the Prescription if the Community Pharmaceutical is Close Control; or
- b) where no Lots are specified, in one Lot sufficient to provide treatment for the period prescribed.

#### 3.2.3 An oral contraceptive is only eligible for Subsidy if the Prescription under which it has been dispensed was presented to the Contractor within three Months of the date on which it was written.

#### 3.2.4 An oral contraceptive prescribed by a Midwife is only eligible for Subsidy if the Prescription under which it has been dispensed has been written within the period of post natal care of the eligible person.

#### 3.2.5 Where a Community Pharmaceutical in a Prescription is Close Control and a repeat on the Prescription remains unfulfilled after six Months from the date the Community Pharmaceutical was first dispensed only the actual quantity supplied by the Contractor within this time limit will be eligible for Subsidy.

### 3.3 Dentists' Prescriptions

The following provisions apply to every Prescription written by a Dentist:

#### 3.3.1 The maximum quantity of a Community Pharmaceutical that will be subsidised is as follows:

- a) where the Community Pharmaceutical is a Controlled Drug, only such quantity as is necessary to provide treatment for a period not exceeding five days; and
- b) in any other case, only such quantity as is necessary to provide treatment for a period not exceeding five days and, where the Prescription specifies a repeat, one further period not exceeding five days.

#### 3.3.2 Notwithstanding clause 3.3.1, if, in the opinion of the Dentist, an eligible person needs extended treatment with sodium fluoride for up to three Months, the Community Pharmaceutical will be subsidised for that extended period. A Prescription for any such extended supply of sodium fluoride will be subsidised only if it is dispensed in Monthly Lots, unless the eligible person or his/her nominated representative endorses the back of the Prescription form with a statement identifying which Access Exemption Criterion (Criteria) applies and signs that statement to this effect.

#### 3.3.3 A Community Pharmaceutical is only eligible for Subsidy if the Prescription under which it has been dispensed has been presented to the Contractor:

- a) for a Class B Controlled Drug, within eight days of the date on which the Prescription was written; or
- b) for any other Community Pharmaceutical, within three Months of the date on which the Prescription was written.

#### 3.3.4 No Subsidy will be paid for any Prescription, or part thereof, that is not fulfilled within:

- a) one Month from the date the Community Pharmaceutical was first dispensed; or
- b) in the case of sodium fluoride, three Months from the date the Community Pharmaceutical was first dispensed.

Only that part of any Prescription that is dispensed within the time frames specified above is eligible for Subsidy.

### 3.4 Original Packs, and Certain Antibiotics

#### 3.4.1 Notwithstanding clauses 3.1 and 3.3 of the Schedule, if a Practitioner prescribes or orders a Community Pharmaceutical that is identified as an Original Pack (OP) on the Pharmaceutical Schedule and is packed in a container from which it is not practicable to dispense lesser amounts, every reference in those clauses to an

amount or quantity eligible for Subsidy, is deemed to be a reference:

- a) where an amount by weight or volume of the Community Pharmaceutical is specified in the Prescription, to the smallest container of the Community Pharmaceutical, or the smallest number of containers of the Community Pharmaceutical, sufficient to provide that amount; and
  - b) in every other case, to the amount contained in the smallest container of the Community Pharmaceutical that is manufactured in, or imported into, New Zealand.
- 3.4.2 If a Community Pharmaceutical is the liquid oral form of an antibiotic to which a diluent must be added by the Contractor at the time of dispensing and it is prescribed or ordered by a Practitioner in an amount that does not coincide with the amount contained in one or more standard packs of that Community Pharmaceutical, Subsidy will be paid for the amount prescribed or ordered by the Practitioner in accordance with either clause 3.1 or clause 3.3 of the Schedule, and for the balance of any pack or packs from which the Community Pharmaceutical has been dispensed. At the time of dispensing the Contractor must keep a record of the quantity discarded. To ensure wastage is reduced, the Contractor should reduce the amount dispensed to make it equal to the quantity contained in a whole pack where:
- a) the difference the amount dispensed and the amount prescribed by the Practitioner is less than 10% (eg; if a prescription is for 105 mls then a 100ml pack would be dispensed); and
  - b) in the reasonable opinion of the Contractor the difference would not affect the efficacy of the course of treatment prescribed by the Practitioner.

Note: For the purposes of audit and compliance it is an act of fraud to claim wastage and then use the wastage amount for any subsequent prescription.

## PART IV MISCELLANEOUS PROVISIONS

### 4.1 Bulk Supply Orders

The following provisions apply to the supply of Community Pharmaceuticals under Bulk Supply Orders:

- 4.1.1 No Community Pharmaceutical supplied under a Bulk Supply Order will be subsidised unless all the requirements in Section B, C or D of the Schedule applicable to that pharmaceutical are met.
- 4.1.2 The person who placed the Bulk Supply Order may be called upon by the Ministry of Health to justify the amount ordered.
- 4.1.3 Class B Controlled Drugs will be subsidised only if supplied under Bulk Supply Orders placed by an institution certified to provide hospital care under the Health and Disability Services (Safety) Act 2001.
- 4.1.4 Any order for a Class B Controlled Drug or for buprenorphine hydrochloride must be written on a Special Bulk Supply Order Controlled Drug Form supplied by the Ministry of Health.
- 4.1.5 Community Pharmaceuticals listed in Part I of the First Schedule to the Medicines Regulations 1984 will be subsidised only if supplied under a Bulk Supply Order placed by an institution certified to provide hospital care under the Health and Disability Services (Safety) Act 2001 and:
  - a) that institution employs a registered general nurse, registered with the Nursing Council and who holds a current annual practicing certificate under the HPCA Act 2003; and
  - b) the Bulk Supply Order is supported by a written requisition signed by a Hospital Care Operator.
- 4.1.6 No Subsidy will be paid for any quantity of a Community Pharmaceutical supplied under a Bulk Supply Order in excess of what is a reasonable monthly allocation for the particular institution, after taking into account stock on hand.
- 4.1.7 The Ministry of Health may, at any time, by public notification, declare that any approved institution within its particular region, is not entitled to obtain supplies of Community Pharmaceuticals under Bulk Supply Orders with effect from the date specified in that declaration. Any such notice may in like manner be revoked by the Ministry of Health at any time.

### 4.2 Practitioner's Supply Orders

The following provisions apply to the supply of Community Pharmaceuticals to Practitioners under a Practitioner's Supply Order:

- 4.2.1 Subject to clause 4.2.3, a Practitioner may only order under a Practitioner's Supply Order those Community Pharmaceuticals listed in Section E Part I and only in such quantities as set out in Section E Part I that the Practitioner requires to ensure medical supplies are available for emergency use, teaching and demonstration purposes, and for provision to certain patient groups where individual prescription is not practicable.

## SECTION A: GENERAL RULES

- 4.2.2 Any order for a Class B Controlled Drug or for buprenorphine hydrochloride must be written on a Special Practitioner's Supply Order Controlled Drug Form supplied by the Ministry of Health.
- 4.2.3 A Practitioner may order such Community Pharmaceuticals as he or she expects to be required for personal administration to patients under the Practitioner's care if:
- a) the Practitioner's normal practice is in the specified areas listed in Section E Part II of the Schedule, or if the Practitioner is a locum for a Practitioner whose normal practice is in such an area.
  - b) the quantities ordered are reasonable for up to one Month's supply under the conditions normally existing in the practice. (The Practitioner may be called on by the Ministry of Health to justify the amounts of Community Pharmaceuticals ordered.)
- 4.2.4 No Community Pharmaceutical ordered under a Practitioner's Supply order will be eligible for Subsidy unless:
- a) the Practitioner's Supply Order is made on a form supplied for that purpose by the Ministry of Health, or approved by the Ministry of Health and which:
    - i) is personally signed and dated by the Practitioner; and
    - ii) sets out the Practitioner's address; and
    - iii) sets out the Community Pharmaceuticals and quantities, and;
  - b) all the requirements of Sections B and C of the Schedule applicable to that pharmaceutical are met.
- 4.2.5 The Ministry of Health may, at any time, on the recommendation of an Advisory Committee appointed by the Ministry of Health for that purpose, by public notification, declare that a Practitioner specified in such a notice is not entitled to obtain supplies of Community Pharmaceuticals under Practitioner's Supply Orders until such time as the Ministry of Health notifies otherwise.

### 4.3 Wholesale Supply Orders

The following provisions apply to the supply of Community Pharmaceuticals to Practitioners under Wholesale Supply Orders:

- 4.3.1 Notwithstanding anything contained in the Schedule, but subject nevertheless to subclause 4.3.3 of this clause, a Practitioner may obtain from a wholesaler or distributor, pursuant to a Wholesale Supply Order made on a form supplied by the Ministry of Health, any Community Pharmaceutical specified in Section B and Section E Part I of the Schedule as being available on a Wholesale Supply Order.
- 4.3.2 Subject to clause 4.3.3, Community Pharmaceuticals supplied to Practitioners under Wholesale Supply Orders will be subsidised at a rate not exceeding the Manufacturer's Price for each such Community Pharmaceutical as set out in Section B and Section E Part I of the Schedule.
- 4.3.3 No subsidy will be paid for any quantity of a Community Pharmaceutical supplied to a Practitioner under a Wholesale Supply Order in excess of what is a reasonable monthly allocation for that particular Practitioner, after taking into account stock on hand.
- 4.3.4 The Ministry of Health may, at any time, on the recommendation of an Advisory Committee appointed by the Ministry of Health for that purpose, by public notification, declare that a Practitioner specified in such a notice is not entitled to obtain supplies of Community Pharmaceuticals under Wholesale Supply Orders until such time as the Ministry of Health notifies otherwise.

### 4.4 Retail Pharmacy and Hospital Pharmacy-Specialist Restriction

The following provisions apply to Prescriptions for Community Pharmaceuticals eligible to be subsidised as "Retail Pharmacy-Specialist" and "Hospital Pharmacy-Specialist":

#### 4.4.1 Record Keeping

It is expected that a record will be kept by both the General Practitioner and the Specialist of the fact of consultation and enough of the clinical details to justify the recommendation. This means referral by telephone will need to be followed up by written consultation.

#### 4.4.2 Expiry

The recommendation expires at the end of two years and can be renewed by a further consultation.

- 4.4.3 The circulation by Specialists of the circumstances under which they are prepared to recommend a particular Community Pharmaceutical is acceptable as a guide. It must however be followed up by the procedure in subclauses 4.4.1 and 4.4.2, for the individual Patient.

- 4.4.4 The use of preprinted forms and named lists of Specialists (as circulated by some pharmaceutical companies) is regarded as inappropriate.

- 4.4.5 The Rules for Retail Pharmacy-Specialist and Hospital Pharmacy-Specialist will be audited as part of the Ministry of Health's routine auditing procedures.

### 4.5 Pharmaceutical Cancer Treatments

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

4.5.2 DHBs must only provide access to Pharmaceuticals for the treatment of cancer that are listed as Pharmaceutical Cancer Treatments in Sections A to G of the Schedule, provided that DHBs may provide access to an unlisted pharmaceutical for the treatment of cancer where that unlisted pharmaceutical:

- a) has Cancer Exceptional Circumstances approval;
- b) has Community Exceptional Circumstances or Hospital Exceptional Circumstances approval;
- c) is being used as part of a bona fide clinical trial which has Ethics Committee approval;
- d) is being used and funded as part of a paediatric oncology service; or
- e) was being used to treat the patient in question prior to 1 July 2005.

4.5.3 A DHB hospital pharmacy that holds a claiming agreement for Pharmaceutical Cancer Treatments with the Funder may claim a Subsidy for a Pharmaceutical Cancer Treatment marked as "PCT" or "PCT only" in Sections A to G of this Schedule subject to that Pharmaceutical Cancer Treatment being dispensed in accordance with:

- a) Part 1;
- b) clauses 2.1 to 2.3;
- c) clauses 3.1 to 3.4; and
- d) clause 4.5,

of Section A of the Schedule

4.5.4 A Contractor (other than a DHB hospital pharmacy) may only claim a Subsidy for a Pharmaceutical Cancer Treatment marked as "PCT" in Sections A to G of the Schedule subject to that Pharmaceutical Cancer Treatment being dispensed in accordance with the rules applying to Sections A to G of the Schedule.

4.5.5 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 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, judgement, 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.

#### 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



## SECTION A: GENERAL RULES

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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 Substitution

Where a Practitioner has prescribed a brand of a Community Pharmaceutical that has no Subsidy or has a Manufacturer's Price that is greater than the Subsidy and there is an alternative fully subsidised Community Pharmaceutical available, a Contractor may dispense the fully subsidised Community Pharmaceutical, subject to:

- a) the Contractor having received a general Authority to Substitute from the Practitioner in relation to the particular medicine or medicines in general; or
- b) the Practitioner having indicated their Authority to Substitute on the prescription; or
- c) the Practitioner having given their Authority to Substitute in relation to the particular prescription.

Such an Authority to Substitute is valid whether or not there is a financial implication for the Pharmaceutical Budget. When dispensing a subsidised alternative brand, the Contractor must annotate and initial the prescription.

### 4.8 Alteration to Presentation of Pharmaceutical Dispensed

A Contractor, when dispensing a Community Pharmaceutical, may alter the presentation of a Pharmaceutical dispensed but may not alter the total daily dose. If the change will result in additional cost to the DHBs, then:

- a) the Practitioner must authorise and initial the alteration; or
- b) in cases where PHARMAC has approved and notified in writing such a change in dispensing of a named Pharmaceutical due to an out of stock event or short supply, the Contractor must annotate and initial the alteration.

### 4.9 Amendment of 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.

### 4.10 Conflict in Provisions

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



## SECTION B: ALIMENTARY TRACT AND METABOLISM

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
<b>Antacids and Antiflatulants</b>				
<b>Antacids and Reflux Barrier Agents</b>				
<b>ALGINIC ACID</b>				
Sodium alginate 225 mg and magnesium alginate 87.5 mg per sachet .....	4.50	30	✓	Gaviscon Infant
<b>CALCIUM CARBONATE WITH AMINOACETIC ACID</b>				
* Tab 420 mg with aminoacetic acid 180 mg – Higher subsidy of \$6.30 per 100 with Endorsement.....	3.00 (6.30)	100		Titralac
Additional subsidy by endorsement is available for pregnant women. The prescription must be endorsed accordingly.				
<b>SIMETHICONE</b>				
* Oral liq aluminium hydroxide 200 mg with magnesium hydrox- ide 200 mg and activated simethicone 20 mg per 5 ml .....	1.50 (4.26)	500 ml		Mylanta P
<b>SODIUM ALGINATE</b>				
* Tab 500 mg with sodium bicarbonate 267 mg and calcium carbonate 160 mg - peppermint flavour .....	1.80 (8.60)	60		Gaviscon Double Strength
* Oral liq 500 mg with sodium bicarbonate 267 mg and calcium carbonate 160 mg per 10 ml .....	1.50 (4.95)	500 ml		Acidex
* Oral liq 500 mg with sodium bicarbonate 267 mg per 10 ml (aniseed) .....	1.50 (8.64)	500 ml		Gaviscon

### Phosphate Binding Agents

<b>ALUMINIUM HYDROXIDE</b>				
Tab 600 mg .....	12.56	100	✓	Alu-Tab

### Antidiarrhoeals

#### Agents Which Reduce Motility

<b>DIPHENOXYLATE HYDROCHLORIDE WITH ATROPINE SULPHATE</b>				
* Tab 2.5 mg with atropine sulphate 25 µg .....	3.90	100	✓	Diastop
<b>LOPERAMIDE HYDROCHLORIDE – Up to 30 tab available on a PSO</b>				
* Tab 2 mg .....	11.50	400	✓	Nodia

### Rectal and Colonic Anti-inflammatories

<b>BUDESONIDE</b>				
Cap 3 mg – Special Authority see SA0913 on the next page – Retail pharmacy .....	166.50	90	✓	Entocort CIR

‡ safety cap

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

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

## ALIMENTARY TRACT AND METABOLISM

Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
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### ►SA0913 Special Authority for Subsidy

**Initial application** from any relevant practitioner. Approvals valid for 3 months for applications meeting the following criteria:

Both:

- 1 Mild to moderate ileal, ileocaecal or proximal Crohn's disease; and
- 2 Any of the following:
  - 2.1 Diabetes; or
  - 2.2 Cushingoid habitus; or
  - 2.3 Osteoporosis where there is significant risk of fracture; or
  - 2.4 Severe acne following treatment with conventional corticosteroid therapy.

**Renewal** from any relevant practitioner. Approvals valid for 3 months where the treatment remains appropriate and the patient is benefiting from treatment.

The patient may not have had more than 1 prior approval in the last year.

Note: Clinical trials for Entocort CIR use beyond three months demonstrated no improvement in relapse rate.

#### HYDROCORTISONE ACETATE

Rectal foam 10 %, CFC-Free (14 applications) .....	21.10	21.1 g OP	✓ <u>Colifoam</u>
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#### MESALAZINE

Tab 400 mg – Retail pharmacy-Specialist .....	49.50	100	✓ <u>Asacol</u>
Tab long-acting 500 mg – Retail pharmacy-Specialist .....	69.06	100	✓ <u>Pentasa</u>
Enema 1 g per 100 ml – Retail pharmacy-Specialist .....	46.90	7	✓ <u>Pentasa</u>
Suppos 500 mg .....	25.20	20	✓ <u>Asacol</u>
Suppos 1 g .....	50.96	28	✓ <u>Pentasa</u>

#### OLSALAZINE

Tab 500 mg .....	59.86	100	✓ <u>Dipentum</u>
Cap 250 mg .....	31.51	100	✓ <u>Dipentum</u>

#### SODIUM CROMOGLYCAT

Cap 100 mg .....	89.21	100	✓ <u>Nalcrom</u>
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#### SULPHASALAZINE

* Tab 500 mg .....	8.42	100	✓ <u>Salazopyrin</u>
* Tab EC 500 mg .....	9.44	100	✓ <u>Salazopyrin EN</u>

### Antihæmorrhoids

#### Corticosteroids

#### FLUCORTOLONE CAPROATE WITH FLUCORTOLONE PIVALATE AND CINCHOCAINE

Oint 950 µg, with flucortolone pivalate 920 µg, and cinchocaine hydrochloride 5 mg per g .....	6.35	30 g OP	✓ <u>Ultraproct</u>
Suppos 630 µg, with flucortolone pivalate 610 µg, and cinchocaine hydrochloride 1 mg .....	2.66	12	✓ <u>Ultraproct</u>

#### Soothing Agents

#### ZINC OXIDE

Oint zinc oxide with balsam peru .....	4.50 (6.67)	50 g OP	Anusol
Suppos zinc oxide with balsam peru .....	4.47 (6.49)	12	Anusol

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
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### Antispasmodics and Other Agents Altering Gut Motility

#### ATROPINE SULPHATE

* Inj 600 µg, 1 ml – Up to 5 inj available on a PSO .....	26.00	50	✓	<u>AstraZeneca</u>
* Inj 1200 µg, 1 ml – Up to 5 inj available on a PSO .....	32.00	50	✓	<u>AstraZeneca</u>

#### HYOSCINE N-BUTYLBROMIDE

* Tab 10 mg .....	1.62	20	✓	<u>Gastrosoothe</u>
* Inj 20 mg, 1 ml – Up to 5 inj available on a PSO .....	8.04	5	✓	<u>Buscopan</u>

#### MEBEVERINE HYDROCHLORIDE

* Tab 135 mg .....	18.00	90	✓	<u>Colofac</u>
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### Antilulcerants

#### Antisecretory and Cytoprotective

#### MISOPROSTOL

* Tab 200 µg .....	52.70	120	✓	<u>Cytotec</u>
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### Helicobacter Pylori Eradication

#### OMEPRAZOLE, AMOXYCILLIN AND CLARITHROMYCIN

Omeprazole cap 20 mg × 14, amoxicillin cap 500 mg × 28 and clarithromycin tab 500 mg × 14 .....	55.00	1 OP	✓	<u>Losec Hp7 OAC</u>
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### H2 Antagonists

#### CIMETIDINE – Only on a prescription

* Tab 200 mg .....	5.00 (7.50)	100		Apo-Cimetidine
* Tab 400 mg .....	10.00 (12.00)	100		Apo-Cimetidine

#### FAMOTIDINE – Only on a prescription

* Tab 20 mg .....	8.10	250	✓	<u>Famox</u>
* Tab 40 mg .....	11.35	250	✓	<u>Famox</u>

#### RANITIDINE HYDROCHLORIDE – Only on a prescription

* Tab 150 mg .....	7.99	250	✓	<u>Arrow-Ranitidine</u>
* Tab 300 mg .....	10.94	250	✓	<u>Arrow-Ranitidine</u>
* Oral liq 150 mg per 10 ml .....	7.95	300 ml	✓	<u>Peptisoothe</u>
* Inj 25 mg per ml, 2 ml .....	8.75	5	✓	<u>Zantac</u>

### Proton Pump Inhibitors

#### LANSOPRAZOLE

* Cap 15 mg .....	4.30	28	✓	<u>Solox</u>
* Cap 30 mg .....	8.59	28	✓	<u>Solox</u>

† safety cap

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

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

## ALIMENTARY TRACT AND METABOLISM

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
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### OMEPRAZOLE

For omeprazole suspension refer, page 163

* Cap 10 mg .....	2.14	30	✓	Dr Reddy's Omeprazole
* Cap 20 mg .....	3.05	30	✓	Dr Reddy's Omeprazole
* Cap 40 mg .....	3.59	30	✓	Dr Reddy's Omeprazole
* Inj 40 mg .....	38.20	5	✓	Dr Reddy's Omeprazole

### PANTOPRAZOLE

* Tab 20 mg .....	2.24	28	✓	Dr Reddy's Pantoprazole
* Tab 40 mg .....	3.36	28	✓	Dr Reddy's Pantoprazole
* Inj 40 mg .....	8.75	1	✓	Pantocid IV

### Site Protective Agents

### SUCRALFATE

Tab 1 g .....	35.50	120		Carafate
	(48.28)			

### Diabetes

### Hyperglycaemic Agents

### GLUCAGON HYDROCHLORIDE

Inj 1 mg syringe kit – Up to 5 kit available on a PSO.....	27.00	1	✓	Glucagen Hypokit
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### Insulin - Short-acting Preparations

### INSULIN NEUTRAL

▲ Inj human 100 u per ml .....	25.26	10 ml OP	✓	Actrapid
			✓	Humulin R
▲ Inj human 100 u per ml, 3 ml .....	42.66	5	✓	Actrapid Penfill
			✓	Humulin R

### Insulin - Intermediate-acting Preparations

### INSULIN ISOPHANE

▲ Inj human 100 u per ml .....	17.68	10 ml OP	✓	Humulin NPH
			✓	Protaphane
▲ Inj human 100 u per ml, 3 ml .....	29.86	5	✓	Humulin NPH
			✓	Protaphane Penfill

### INSULIN ISOPHANE WITH INSULIN NEUTRAL

▲ Inj human with neutral insulin 100 u per ml .....	25.26	10 ml OP	✓	Humulin 30/70
			✓	Mixtard 30
▲ Inj human with neutral insulin 100 u per ml, 3 ml .....	42.66	5	✓	Humulin 30/70
			✓	PenMix 30
			✓	PenMix 40
			✓	PenMix 50

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
<b>INSULIN LISPRO WITH INSULIN LISPRO PROTAMINE</b>			
▲ Inj lispro 25% with insulin lispro protamine 75% 100 u per ml, 3 ml .....	52.15	5	✓ Humalog Mix 25
▲ Inj lispro 50% with insulin lispro protamine 50% 100 u per ml, 3 ml .....	52.15	5	✓ Humalog Mix 50

### Insulin - Long-acting Preparations

INSULIN GLARGINE – Special Authority see SA0834 below – Retail pharmacy

▲ Inj 100 u per ml, 10 ml .....	63.00	1	✓ Lantus
▲ Inj 100 u per ml, 3 ml .....	94.50	5	✓ Lantus
▲ Inj 100 u per ml, 3 ml disposable pen .....	94.50	5	✓ Lantus SoloStar

#### ►SA0834 Special Authority for Subsidy

**Initial application** only from a relevant specialist. Approvals valid for 1 year for applications meeting the following criteria:

Either:

1 Both:

1.1 Patient has type 1 diabetes and has received an intensive regimen (injections at least three times a day) of an intermediate acting insulin in combination with a rapid acting insulin analogue for at least three months; and

1.2 Either:

1.2.1 Patient has experienced more than one unexplained severe hypoglycaemic episode in the previous 12 months (severe defined as requiring the assistance of another person); or

1.2.2 Patient has experienced unexplained symptomatic nocturnal hypoglycaemia, biochemically documented at <3.0 mmol/L, more than once a month despite optimal management; or

2 Patient has documented severe, or continuing, systemic or local allergic reaction to existing insulins. Note this does not include hypoglycaemic episodes.

**Renewal** only from a relevant specialist or general practitioner. Approvals valid for 1 year for applications meeting the following criteria:

Either:

1 Patient is continuing to derive benefit due to reduced hypoglycaemic events whilst maintaining similar or better glycaemic control; or

2 Patient's allergic reaction has significantly decreased, or resolved, following the change to long-acting insulin and patient is continuing to benefit from treatment.

### Insulin - Rapid Acting Preparations

INSULIN ASPART

▲ Inj 100 u per ml, 3 ml .....	51.19	5	✓ NovoRapid Penfill
▲ Inj 100 u per ml, 10 ml .....	30.03	1	✓ NovoRapid

INSULIN LISPRO

▲ Inj 100 u per ml, 10 ml .....	34.92	10 ml OP	✓ Humalog
▲ Inj 100 u per ml, 3 ml .....	59.52	5	✓ Humalog

### Alpha Glucosidase Inhibitors

ACARBOSE – Special Authority see SA0925 on the next page – Retail pharmacy

* Tab 50 mg .....	16.50	90	✓ Glucobay
* Tab 100 mg .....	26.70	90	✓ Glucobay

‡ safety cap

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

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

Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
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## ►SA0925 Special Authority for Subsidy

**Initial application** from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Both:

- 1 The patient has type 2 diabetes; and
- 2 Either:
  - 2.1 Metformin is not tolerated, or is contraindicated; or
  - 2.2 The patient has not responded to the maximum appropriate dose of metformin.

## Oral Hypoglycaemic Agents

### GLIBENCLAMIDE

* Tab 2.5 mg .....	3.78	100	✓ <b>Gliben</b>
* Tab 5 mg .....	3.31	100	✓ <b>Gliben</b>

### GLICLAZIDE

* Tab 80 mg .....	22.24	500	✓ <b>Apo-Gliclazide</b>
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### GLIPIZIDE

* Tab 5 mg .....	3.50	100	✓ <b>Minidiab</b>
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### METFORMIN HYDROCHLORIDE

* Tab 500 mg .....	9.75	500	✓ <b>Arrow-Metformin</b>
* Tab 850 mg .....	8.00	250	✓ <b>Arrow-Metformin</b>

### PIOGLITAZONE – Special Authority see SA0859 below – Retail pharmacy

Tab 15 mg .....	61.04	28	✓ <b>Actos</b>
Tab 30 mg .....	93.90	28	✓ <b>Actos</b>
Tab 45 mg .....	119.18	28	✓ <b>Actos</b>

## ►SA0859 Special Authority for Subsidy

**Initial application — (Patients with type 2 diabetes)** from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria:

Any of the following:

Monotherapy

1 All of the following:

- 1.1 To be used as monotherapy for patients who after six months of diet and lifestyle changes have inadequate glycaemic control (defined as HbA1c > 7.0% in tests carried out at least two months apart); and
- 1.2 Metformin is contraindicated or not tolerated after a minimum of a four-week trial period; and
- 1.3 Sulphonylurea is contraindicated or not tolerated or the patient is obese; or

In combination with sulphonylurea

2 Both:

- 2.1 For use in combination with a sulphonylurea for patients who after diet and lifestyle changes and a six-month trial of sulphonylurea have poor glycaemic control (defined as HbA1c > 7.5% measured within the last month of the six-month period); and
- 2.2 Metformin is contraindicated or not tolerated after a minimum of a four-week trial period; or

In combination with metformin

3 Both:

- 3.1 For use in combination with metformin for patients who after diet and lifestyle changes and a six-month trial of the maximum tolerated dose of metformin have poor glycaemic control (defined as HbA1c > 7.5% measured within the last month of the six-month period); and
- 3.2 Sulphonylurea is contraindicated or not tolerated, or the patient is obese; or

In combination with metformin after a trial of metformin and sulphonylurea

continued...

Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
	✓	

continued...

- For use in combination with metformin for patients who after diet and lifestyle changes and a six-month trial of a combination of metformin and sulphonylurea at maximum tolerated doses have poor glycaemic control (defined as HbA1c > 7.5% measured within the last month of the six month period); or  
In combination with Insulin
- For use in combination with insulin in patients requiring more than 1.5 units per kilogram of insulin a day for at least 6 months in conjunction with metformin if tolerated.

**Renewal — (Patients with type 2 diabetes)** from any relevant practitioner. Approvals valid for 1 year where patient is continuing to derive benefit from treatment.

Notes: Pioglitazone is not to be used in triple oral combination (defined as a combination of metformin, sulphonylurea and pioglitazone).

Pioglitazone should not be used in patients with heart failure.

Liver function tests should be performed at baseline.

Gastrointestinal side effects are relatively common when initiating metformin therapy. Upward titration of metformin dose over several weeks and taking metformin with food will help to minimize these side effects.

Intolerance and contraindications for metformin include: serum creatinine  $\geq$  0.15 or creatinine clearance < 60 ml/min; significant liver impairment; severe left ventricular dysfunction; and intolerable gastrointestinal side effects that persist beyond 4 weeks duration.

Intolerance for sulphonylurea includes: nausea; diarrhoea; rash; blood disorders (thrombocytopenia, agranulocytosis, aplastic anaemia); erythema multiforme, exfoliative dermatitis, hepatitis; and syndrome of inappropriate antidiuretic hormone secretion (SIADH) with water retention and hyponatraemia.

Maximum tolerated dose of metformin defined as: A dose up to a maximum of 3 g daily.

Maximum tolerated dose of sulphonylurea defined as: A dose up to a maximum of glibenclamide 20 mg daily or glipizide 20 mg daily or gliclazide 320 mg daily.

For the purposes of these criteria "obese" is defined as body mass index (BMI) greater than 33 kg/m<sup>2</sup>.

However, as ethnic differences between patients may vary BMI scores, practitioners may use discretion as to whether the patient meets this criterion.

It is considered that when applying, that the patient may have initiated "six months diet and lifestyle changes" from the date of diagnosis of type 2 diabetes.

## Diabetes Management

### Glucose/Urine Testing

#### COPPER

* Tab, diagnostic – Not on a BSO	5.02 (31.80)	36 OP	Clinitest
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#### GLUCOSE OXIDASE

Urine diagnostic test – Not on a BSO	4.11 (7.00)	50 strip OP	Diabur 5000
Urine diagnostic test with peroxidase – Not on a BSO	4.11 (6.26) 4.13 (8.65)	50 strip OP	Diastix Clinistix

‡ safety cap

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

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

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
<b>Glucose &amp;/or Ketones/Urine Testing</b>				
<b>GLUCOSE OXIDASE</b>				
Urine diagnostic test with peroxidase, sodium nitroprusside and aminoacetic acid – Not on a BSO.....	4.53 (8.00)	50 stick OP		Keto-Diabur 5000
Urine diagnostic test with peroxidase, potassium iodide, sodium nitroprusside and aminoacetic acid – Not on a BSO.....	4.53 (14.87)	50 strip OP		Keto-Diastix
<b>SODIUM NITROPRUSSIDE</b>				
* Urine diagnostic strips, buffered – Not on a BSO.....	3.39 (6.00) 3.40 (10.94)	50 strip OP		Ketur-Test  Ketostix

### Glucose/Blood Testing

#### GLUCOSE BLOOD DIAGNOSTIC TEST METER – Subsidy by endorsement

a) Maximum of 1 meter per prescription

b) A diagnostic blood glucose test meter is subsidised for patients who begin insulin or sulphonylurea therapy after 1 March 2005. Only one meter per patient. No further prescriptions will be subsidised. The prescription must be endorsed accordingly.

Meter .....	9.00	1	✓ Optium Xceed
	19.00		✓ Accu-Chek Performa

#### GLUCOSE DEHYDROGENASE

The number of test strips available on a prescription is restricted to 50 unless:

- 1) Prescribed with insulin or a sulphonylurea but are on a different prescription and the prescription is endorsed accordingly; or
- 2) Prescribed on the same prescription as insulin or a sulphonylurea in which case the prescription is deemed to be endorsed;  
or
- 3) Prescribed for a pregnant woman with diabetes and endorsed accordingly.

Blood/glucose test strips .....	22.00	50 test OP	✓ Accu-Chek Performa ✓ Optium 10 second test ✓ Optium 5 second test
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(Optium 10 second test Blood/glucose test strips to be delisted 1 September 2009)



	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
		✓	

### Insulin Syringes and Needles

Subsidy is available for disposable insulin syringes, needles, and pen needles if prescribed on the same form as the one used for the supply of insulin or when prescribed for an insulin patient and the prescription is endorsed accordingly.

#### INSULIN PEN NEEDLES – Maximum of 100 dev per prescription

NovoFine pen needles 31 g × 6 mm are subsidised for children under 12 years of age.

* 29 g × 12.7 mm	11.75	100	✓ ABM
	13.09		✓ B-D Micro-Fine
* 31 g × 5 mm	13.09	100	✓ B-D Micro-Fine
* 31 g × 6 mm	11.75	100	✓ ABM
	26.00		✓ NovoFine
* 31 g × 8 mm	11.75	100	✓ ABM
	13.09		✓ B-D Micro-Fine

#### INSULIN SYRINGES, DISPOSABLE WITH ATTACHED NEEDLE – Maximum of 100 dev per prescription

* Syringe 0.3 ml with 29 g × 12.7 mm needle	14.45	100	✓ ABM
	15.92		✓ B-D Ultra Fine
* Syringe 0.3 ml with 31 g × 8 mm needle	14.45	100	✓ ABM
	15.92		✓ B-D Ultra Fine II
* Syringe 0.5 ml with 29 g × 12.7 mm needle	14.45	100	✓ ABM
	15.92		✓ B-D Ultra Fine
* Syringe 0.5 ml with 31 g × 8 mm needle	14.45	100	✓ ABM
	15.92		✓ B-D Ultra Fine II
* Syringe 1 ml with 29 g × 12.7 mm needle	14.45	100	✓ ABM
	15.92		✓ B-D Ultra Fine
* Syringe 1 ml with 31 g × 8 mm needle	14.45	100	✓ ABM
	15.92		✓ B-D Ultra Fine II

### Digestives Including Enzymes

#### PANCREATIC ENZYME

Tab EC 1,900 BP u lipase, 1,700 BP u amylase, 110 BP u protease	32.46	300	✓ Pancrex V
Tab EC 5,600 BP u lipase, 5,000 BP u amylase, 330 BP u protease	58.44	300	✓ Pancrex V Forte
Cap 8,000 BP u lipase, 9,000 BP u amylase, 430 BP u protease	67.26	300	✓ Pancrex V
Cap 8,000 USP u lipase, 30,000 USP u amylase, 30,000 USP u protease – Retail pharmacy-Specialist	85.00	250	✓ Cotazym ECS
Cap EC 10,000 BP u lipase, 9,000 BP u amylase and 210 BP u protease – Retail pharmacy-Specialist	34.93	100	✓ Creon 10000
Cap EC 25,000 BP u lipase, 18,000 BP u amylase, 1,000 BP u protease – Retail pharmacy-Specialist	94.38	100	✓ Creon Forte
Cap EC 25,000 BP u lipase, 22,500 BP u amylase, 1,250 BP u protease – Retail pharmacy-Specialist	94.40	100	✓ Panzytrat

#### URSODEOXYCHOLIC ACID – Special Authority see SA0914 on the next page – Retail pharmacy

Cap 300 mg	179.00	100	✓ Actigall
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‡ safety cap

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

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

Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
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# SA0914 Special Authority for Subsidy

**Initial application** from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:

Both:

- 1 Primary biliary cirrhosis confirmed by antimitochondrial antibody titre (AMA) > 1:80, and raised cholestatic liver enzymes with or without raised serum IgM or, if AMA is negative, by liver biopsy; and
- 2 Patient not requiring a liver transplant (bilirubin > 170umol/l; decompensated cirrhosis).

Note: Liver biopsy is not usually required for diagnosis but is helpful to stage the disease.

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

Note: Actigall is not an appropriate therapy for patients requiring a liver transplant (bilirubin > 170 micromol/l; decompensated cirrhosis). These patients should be referred to an appropriate transplant centre. Treatment failure – doubling of serum bilirubin levels, absence of a significant decrease in ALP or ALT and AST, development of varices, ascites or encephalopathy, marked worsening of pruritus or fatigue, histological progression by two stages, or to cirrhosis, need for transplantation.

## Laxatives

### Bulk-forming Agents

MUCILAGINOUS LAXATIVES – Only on a prescription

* Dry .....	5.72	325 g OP	✓ <b>Konsyl-D</b>
	6.69	380 g OP	✓ <b>Mucilax</b>
	7.92	450 g OP	
	(12.71)		Isogel
	8.80	500 g OP	
	(15.27)		Normacol
* Dry-original flavour, regular texture only .....	5.91	336 g OP	
	(12.38)		Metamucil
* Sugar Free .....	4.84	275 g OP	
	(10.60)		Mucilax
MUCILAGINOUS LAXATIVES WITH STIMULANTS			
* Dry .....	3.52	200 g OP	
	(7.69)		Normacol Plus
	8.80	500 g OP	
	(15.27)		Normacol Plus

### Faecal Softeners

DOCUSATE SODIUM – Only on a prescription

* Tab 50 mg .....	4.89	100	✓ <b>Coloxyl</b>
* Tab 120 mg .....	6.73	100	✓ <b>Coloxyl</b>
* Enema conc 18% .....	5.40	100 ml OP	✓ <b>Coloxyl</b>

DOCUSATE SODIUM WITH SENNOSIDES

* Tab 50 mg with total sennosides 8 mg .....	7.98	200	✓ <b>Laxsol</b>
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POLOXAMER – Only on a prescription

* Oral drops 10% .....	3.78	30 ml OP	✓ <b>Coloxyl</b>
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	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
<b>Osmotic Laxatives</b>				
GLYCEROL				
* Suppos 2.55 g – Only on a prescription .....	3.12	12	✓	Fleet Glycerin Suppositories
* Suppos 3.6 g – Only on a prescription .....	5.00	20	✓	PSM
<i>(Fleet Glycerin Suppositories Suppos 2.55 g to be delisted 1 September 2009)</i>				
LACTULOSE – Only on a prescription				
* Oral liq 10 g per 15 ml .....	6.65	1,000 ml	✓	Duphalac
MACROGOL 3350 – Special Authority see SA0891 below – Retail pharmacy				
Powder 13.125 g, sachets – Maximum of 60 sach per pre- scription .....	18.14	30	✓	Movicol

►SA0891 Special Authority for Subsidy

**Initial application** from any relevant practitioner. Approvals valid for 6 months where the patient has problematic constipation requiring intervention with a per rectal preparation despite an adequate trial of other oral pharmacotherapies including lactulose where lactulose is not contraindicated.

**Renewal** from any relevant practitioner. Approvals valid for 12 months where the patient is compliant and is continuing to gain benefit from treatment.

SODIUM ACID PHOSPHATE – Only on a prescription

Enema 16% with sodium phosphate 8% .....	2.50	1	✓	Fleet Phosphate Enema
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SODIUM CITRATE WITH SODIUM LAURYL SULPHOACETATE – Only on a prescription

Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml .....	7.30	12	✓	Microlax
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**Stimulant Laxatives**

BISACODYL – Only on a prescription

* Tab 5 mg .....	5.09	200	✓	Lax-Tabs
* Suppos 5 mg .....	2.35	6		
	(3.00)			Dulcolax
* Suppos 10 mg .....	3.96	12	✓	Fleet
SENNA – Only on a prescription				
* Tab, standardised .....	2.17	100		
	(6.16)			Senokot

**Metabolic Disorder Agents**

**Gaucher's Disease**

IMIGLUCERASE – Special Authority see SA0473 below – Hospital pharmacy [HP1]

Inj 40 iu per ml, 200 iu vial .....	1,072.00	1	✓	Cerezyme
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►SA0473 Special Authority for Subsidy

Special Authority approved by the Gaucher's Treatment Panel

Notes: Subject to a budgetary cap. Applications will be considered and approved subject to funding availability.

Application details may be obtained from PHARMAC's website <http://www.pharmac.govt.nz> or:

The Co-ordinator, Gaucher's Treatment Panel	Phone: (04) 460 4990
PHARMAC, PO Box 10 254	Facsimile: (04) 916 7571
Wellington	Email: <a href="mailto:gaucherpanel@pharmac.govt.nz">gaucherpanel@pharmac.govt.nz</a>

‡ safety cap

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

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

## ALIMENTARY TRACT AND METABOLISM

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
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### Mouth and Throat

#### Agents Used in Mouth Ulceration

<b>BENZYDAMINE HYDROCHLORIDE</b>				
Soln 0.15% .....	9.00 (15.36)	500 ml		Diffiam
<b>CHLORHEXIDINE GLUCONATE</b>				
Mouthwash 0.2% .....	3.06	200 ml OP	✓ <u>Orion</u>	
<b>CHOLINE SALICYLATE WITH CETALKONIUM CHLORIDE</b>				
* Adhesive gel 8.7% with cetalkonium chloride 0.01% .....	2.06 (5.25)	15 g OP		Bonjela
<b>SODIUM CARBOXYMETHYLCELLULOSE</b>				
With pectin and gelatin paste .....	17.20 1.52 (3.60) 4.55 (7.90)	56 g OP 5 g OP 15 g OP	✓ <u>Stomahesive</u>	Orabase
With pectin and gelatin powder .....	8.48 (10.95)	28 g OP		Stomahesive
<b>TRIAMCINOLONE ACETONIDE</b>				
0.1% in Dental Paste USP .....	4.38	5 g OP	✓ <u>Oracort</u>	

#### Oropharyngeal Anti-infectives

<b>AMPHOTERICIN B</b>				
Lozenges 10 mg .....	5.86	20	✓ <u>Fungilin</u>	
<b>MICONAZOLE</b>				
Oral gel 20 mg per g .....	8.70	40 g OP	✓ <u>Daktarin</u>	
<b>NYSTATIN</b>				
Oral liq 100,000 u per ml .....	3.19	24 ml OP	✓ <u>Nilstat</u>	

#### Other Oral Agents

For folinic mouthwash, pilocarpine oral liquid or saliva substitute formula refer, page 163

<b>HYDROGEN PEROXIDE</b>				
* Soln 10 vol – Maximum of 200 ml per prescription.....	1.28	100 ml	✓ <u>PSM</u>	
<b>THYMOL GLYCERIN</b>				
* Compound, BPC .....	9.15	500 ml	✓ <u>PSM</u>	

### Vitamins

#### Vitamin A

<b>VITAMIN A WITH VITAMINS D AND C</b>				
Soln 1000 u with Vitamin D 400 u and ascorbic acid 30 mg per 10 drops .....	4.38 (5.51)	10 ml OP		Vitadol C

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
<b>Vitamin B Group</b>				
<b>HYDROXOCOBALAMIN</b>				
* Inj 1 mg per ml, 1 ml – Up to 6 inj available on a PSO .....	9.21	3	✓	<b>ABM</b>
	10.84		✓	<b>Hydroxocobalamin</b>
			✓	<b>Neo-B12</b>
<b>PYRIDOXINE HYDROCHLORIDE</b>				
a) No more than 100 mg per dose				
b) Only on a prescription				
* Tab 25 mg – No patient co-payment payable .....	3.06	90	✓	<b>Healtheries</b>
* Tab 50 mg .....	17.63	500	✓	<b>Apo-Pyridoxine</b>
<b>THIAMINE HYDROCHLORIDE – Only on a prescription</b>				
* Tab 50 mg .....	5.62	100	✓	<b>Apo-Thiamine</b>
<b>VITAMIN B COMPLEX</b>				
* Tab, strong, BPC .....	12.10	500	✓	<b>Apo-B-Complex</b>

**Vitamin C**

<b>ASCORBIC ACID</b>				
a) No more than 100 mg per dose				
b) Only on a prescription				
* Tab 100 mg .....	17.25	500	✓	<b>Apo-Ascorbic Acid</b>

**Vitamin D**

<b>ALFACALCIDOL</b>				
Cap 0.25 µg .....	26.32	100	✓	<b>One-Alpha</b>
Cap 1 µg .....	87.98	100	✓	<b>One-Alpha</b>
Oral drops 2 µg per ml .....	60.68	20 ml OP	✓	<b>One-Alpha</b>
<b>CALCITRIOL</b>				
* Cap 0.25 µg .....	13.45	100	✓	<b>Calcitriol-AFT</b>
* Cap 0.5 µg .....	24.95	100	✓	<b>Calcitriol-AFT</b>
* Oral liq 1 µg per ml .....	39.40	10 ml OP	✓	<b>Rocaltrol solution</b>
<b>CHOLECALCIFEROL</b>				
* Tab 1.25 mg (50,000 iu) – Maximum of 12 tab per prescription .....	10.35	12	✓	<b>Cal-d-Forte</b>

**Vitamin E**

<b>ALPHA TOCOPHERYL ACETATE – Special Authority see SA0915 below – Hospital pharmacy [HP3]</b>				
Water solubilised soln 156 iu/ml, with calibrated dropper .....	18.30	50 ml OP	✓	<b>Micelle E</b>

**SA0915 Special Authority for Subsidy**

**Initial application** from any relevant practitioner. Approvals valid for 2 years for applications meeting the following criteria:  
Either:

- 1 Cystic fibrosis patient; or
- 2 Both:
  - 2.1 Infant or child with liver disease or short gut syndrome; and
  - 2.2 Requires vitamin supplementation.

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

‡ safety cap

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

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

## ALIMENTARY TRACT AND METABOLISM

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
<b>Multivitamin Preparations</b>			
VITAMINS			
* Tab (BPC cap strength) .....	14.80	1,000	✓ <u>Healtheries</u> <u>Multi-vitamin</u> <u>tablets</u>
<b>Minerals</b>			
<b>Calcium</b>			
CALCIUM			
* Tab eff 1 g (elemental) .....	6.54	30	✓ <u>Calsource</u>
CALCIUM CARBONATE			
* Tab 1.25 g .....	9.18	250	✓ <u>Calci-Tab 500</u>
* Tab 1.5 g .....	10.33	250	✓ <u>Calci-Tab 600</u>
CALCIUM GLUCONATE			
* Inj 10%, 10 ml .....	21.40	10	✓ <u>Mayne</u>
<b>Fluoride</b>			
SODIUM FLUORIDE			
Tab 1.1 mg .....	4.00	100	✓ <u>PSM</u>
<b>Iron</b>			
FERROUS FUMARATE			
Tab 200 mg .....	3.75	100	✓ <u>Ferro-tab</u>
FERROUS FUMARATE WITH FOLIC ACID			
Tab 310 mg with folic acid 350 µg .....	3.95	60	✓ <u>Ferro-F-Tabs</u>
FERROUS GLUCONATE WITH ASCORBIC ACID			
* Tab 170 mg with ascorbic acid 40 mg .....	12.04	500	✓ <u>Healtheries Iron</u> <u>with Vitamin C</u>
FERROUS SULPHATE			
* Tab long-acting 325 mg .....	5.06 (13.55)	150	Ferro-Gradumet
*‡ Oral liq 150 mg per 5 ml .....	10.30	500 ml	✓ <u>Ferodan</u>
FERROUS SULPHATE WITH FOLIC ACID			
* Tab long-acting 325 mg with folic acid 350 µg .....	1.80 (3.24)	30	Ferrograd-Folic
IRON POLYMALTOSE			
Inj 50 mg per ml, 2 ml .....	20.95	5	✓ <u>Ferrum H</u>
<b>Magnesium</b>			
For magnesium hydroxide mixture refer, page 163			
MAGNESIUM SULPHATE			
Inj 49.3% .....	26.60	10	✓ <u>Mayne</u>

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
<b>Zinc</b>			
ZINC SULPHATE			
* Cap 220 mg .....	10.00	100	✓ <u>Zincaps</u>

‡ safety cap

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

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

Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
	✓	

## Antianaemics

### Hypoplastic and Haemolytic

#### ►SA0922 Special Authority for Subsidy

**Initial application** only from a relevant specialist. Approvals valid for 2 years for applications meeting the following criteria:

Both:

- 1 Both:
  - 1.1 patient in chronic renal failure; and
  - 1.2 Haemoglobin  $\leq$  100g/L; and
- 2 Any of the following:
  - 2.1 Both:
    - 2.1.1 patient is not diabetic; and
    - 2.1.2 glomerular filtration rate  $\leq$  30ml/min; or
  - 2.2 Both:
    - 2.2.1 patient is diabetic; and
    - 2.2.2 glomerular filtration rate  $\leq$  45ml/min; or
  - 2.3 patient is on haemodialysis or peritoneal dialysis.

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

Notes: Erythropoietin beta is indicated in the treatment of anaemia associated with chronic renal failure (CRF) where no cause for anaemia other than CRF is detected and there is adequate monitoring of iron stores and iron replacement therapy.

The Cockcroft-Gault Formula may be used to estimate glomerular filtration rate (GFR) in persons 18 years and over:

GFR (ml/min) (male) =  $(140 - \text{age}) \times \text{Ideal Body Weight (kg)} / 814 \times \text{serum creatinine (mmol/l)}$

GFR (ml/min) (female) = Estimated GFR (male)  $\times$  0.85

ERYTHROPOIETIN ALPHA – Special Authority see SA0922 above – Hospital pharmacy [HP3]

Inj human recombinant 1,000 iu pre-filled syringe .....	48.68	6	✓ Eprex
Inj human recombinant 2,000 iu, pre-filled syringe .....	120.18	6	✓ Eprex
Inj human recombinant 3,000 iu, pre-filled syringe .....	166.87	6	✓ Eprex
Inj human recombinant 4,000 iu, pre-filled syringe .....	193.13	6	✓ Eprex
Inj human recombinant 5,000 iu, pre-filled syringe .....	243.26	6	✓ Eprex
Inj human recombinant 6,000 iu, pre-filled syringe .....	291.92	6	✓ Eprex
Inj human recombinant 10,000 iu, pre-filled syringe .....	395.18	6	✓ Eprex

ERYTHROPOIETIN BETA – Special Authority see SA0922 above – Hospital pharmacy [HP3]

Inj 2,000 iu, pre-filled syringe .....	120.18	6	✓ NeoRecormon
Inj 3,000 iu, pre-filled syringe .....	166.87	6	✓ NeoRecormon
Inj 4,000 iu, pre-filled syringe .....	193.13	6	✓ NeoRecormon
Inj 5,000 iu, pre-filled syringe .....	243.26	6	✓ NeoRecormon
Inj 6,000 iu, pre-filled syringe .....	291.29	6	✓ NeoRecormon
Inj 10,000 iu, pre-filled syringe .....	395.18	6	✓ NeoRecormon

### Megaloblastic

#### FOLIC ACID

* Tab 0.8 mg .....	16.50	1,000	✓ Apo-Folic Acid
* Tab 5 mg .....	6.59	500	✓ Apo-Folic Acid
Oral liq 50 µg per ml .....	21.05	25 ml OP	✓ Biomed



	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
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## Antifibrinolytics, Haemostatics and Local Sclerosants

### SODIUM TETRADECYL SULPHATE

* Inj 0.5% 2 ml .....	23.20 (45.52)	5	Fibro-vein
* Inj 1% 2 ml .....	25.00 (48.98)	5	Fibro-vein
* Inj 3% 2 ml .....	28.50 (55.91)	5	Fibro-vein

### TRANEXAMIC ACID

Tab 500 mg .....	49.14	100	✓ <b>Cyklokapron</b>
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## Vitamin K

### MENADIONE SODIUM BISULPHITE

* Tab 10 mg .....	4.75	100	✓ <b>K-Thrombin</b>
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(K-Thrombin Tab 10 mg to be delisted 1 August 2009)

### PHYTOMENADIONE

Tab 10 mg .....	5.60	10	✓ <b>Konakion</b>
Inj 2 mg per 0.2 ml – Up to 5 inj available on a PSO .....	8.00	5	✓ <b>Konakion MM</b>
Inj 10 mg per ml, 1 ml – Up to 5 inj available on a PSO .....	9.21	5	✓ <b>Konakion MM</b>

## Antithrombotic Agents

### Antiplatelet Agents

#### ASPIRIN

* Tab 100 mg .....	16.83	990	✓ <b>Ethics Aspirin EC</b>
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#### CLOPIDOGREL – Special Authority see SA0867 below – Retail pharmacy

Tab 75 mg .....	35.00 (73.38)	28	✓ <b>Apo-Clopidogrel</b> Plavix
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### SA0867 Special Authority for Subsidy

**Initial application — (aspirin allergic patients)** from any relevant 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)** from any relevant practitioner. Approvals valid for 3 months for applications meeting the following criteria:

Any of the following:

continued...

‡ safety cap

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

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

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
		✓	

continued...

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)** from any relevant practitioner. Approvals valid for 6 months where the patient is on a waiting list or active review list for stenting, coronary artery bypass grafting, or percutaneous coronary angioplasty following acute coronary syndrome.

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

**Initial application — (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.

**Renewal — (aspirin tolerant patients)** from any relevant 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
- 4 had a revascularisation procedure.

**Renewal — (patients awaiting revascularisation)** from any relevant practitioner. Approvals valid for 6 months where the patient is on a waiting list or 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.

## DIPYRIDAMOLE

* Tab 25 mg – Additional subsidy by Special Authority see SA0930 below – Retail pharmacy .....	0.16	84	Persantin
	(8.36)		
* Tab long-acting 150 mg – Special Authority see SA0929 on the next page – Retail pharmacy .....	11.52	60	✓ <b>Pytazen SR</b>

## ►►SA0930 Special Authority for Manufacturers Price

**Initial application — (Conditions other than transient ischaemic episodes)** from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Either:

- 1 Patients with prosthetic heart valves – as an adjunct to oral anticoagulation for prophylaxis of thromboembolism; or
- 2 Patients after coronary artery vein bypass graft – as an adjunct to aspirin or as monotherapy for patients who are aspirin intolerant.

Note: Aspirin intolerant patients are defined as those with aspirin induced asthma, urticaria, or anaphylaxi, or those with significant aspirin induced bleeding, excluding bruising.

continued...

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
		✓	

continued...

**Initial application — (Transient ischaemic episodes)** from any relevant practitioner. Approvals valid without further renewal unless notified where the patient continues to have transient ischaemic episodes despite aspirin therapy or has transient ischaemic episodes and is aspirin intolerant.

Note: Aspirin intolerant patients are defined as those with aspirin induced asthma, urticaria, or anaphylaxi, or those with significant aspirin induced bleeding, excluding bruising.

**Renewal — (Existing 2 year approvals)** from any relevant practitioner. Approvals valid without further renewal unless notified where the treatment remains appropriate and the patient is benefiting from treatment.

►SA0929 Special Authority for Subsidy

**Initial application — (Conditions other than transient ischaemic episodes)** from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Either:

- 1 Patients with prosthetic heart valves – as an adjunct to oral anticoagulation for prophylaxis of thromboembolism; or
- 2 Patients after coronary artery vein bypass graft – as an adjunct to aspirin or as monotherapy for patients who are aspirin intolerant.

Note: Aspirin intolerant patients are defined as those with aspirin induced asthma, urticaria, or anaphylaxi, or those with significant aspirin induced bleeding, excluding bruising.

**Initial application — (Transient ischaemic episodes)** from any relevant practitioner. Approvals valid without further renewal unless notified where the patient continues to have transient ischaemic episodes despite aspirin therapy or has transient ischaemic episodes and is aspirin intolerant.

Note: Aspirin intolerant patients are defined as those with aspirin induced asthma, urticaria, or anaphylaxi, or those with significant aspirin induced bleeding, excluding bruising.

**Renewal — (Existing 2 year approvals)** from any relevant practitioner. Approvals valid without further renewal unless notified where the treatment remains appropriate and the patient is benefiting from treatment.

## Heparin and Antagonist Preparations

### HEPARIN SODIUM

Inj 1,000 iu per ml, 5 ml .....	66.80	50	✓ Mayne
Inj 1,000 iu per ml, 35 ml .....	12.10	1	✓ Mayne
Inj 5,000 iu per ml, 1 ml .....	10.32	5	✓ Mayne
Inj 5,000 iu per ml, 5 ml .....	37.45	10	✓ Multiparin
Inj 25,000 iu per ml, 0.2 ml .....	9.50	5	✓ Mayne

### HEPARINISED SALINE

* Inj 100 iu per ml, 2 ml .....	8.30	10	✓ Hospira S29
* Inj 10 iu per ml, 5 ml .....	18.00	50	✓ AstraZeneca

(Hospira S29 Inj 100 iu per ml, 2 ml to be delisted 1 August 2009)

### PROTAMINE SULPHATE

* Inj 10 mg per ml, 5 ml .....	22.40	10	
	(86.54)		Artex

## Oral Anticoagulants

### WARFARIN SODIUM

Note: Marevan and Coumadin are not interchangeable.

* Tab 1 mg .....	3.46	50	✓ Coumadin
	5.69	100	✓ Marevan
* Tab 2 mg .....	4.31	50	✓ Coumadin
* Tab 3 mg .....	8.00	100	✓ Marevan
* Tab 5 mg .....	5.93	50	✓ Coumadin
	9.64	100	✓ Marevan

‡ safety cap

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

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

## BLOOD AND BLOOD FORMING ORGANS

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
<b>Fluids and Electrolytes</b>				
<b>Intravenous Administration</b>				
<b>DEXTROSE</b>				
* Inj 50%, 10 ml – Up to 5 inj available on a PSO .....	22.75	5	✓	<u>Biomed</u>
* Inj 50%, 90 ml – Up to 5 inj available on a PSO .....	11.25	1	✓	<u>Biomed</u>
<b>POTASSIUM CHLORIDE</b>				
* Inj 75 mg per ml, 10 ml .....	26.00	50	✓	<u>AstraZeneca</u>
* Inj 150 mg per ml, 10 ml .....	26.00	50	✓	<u>AstraZeneca</u>
<b>SODIUM BICARBONATE</b>				
Inj 8.4%, 50ml .....	19.95	1	✓	<u>Biomed</u>
a) Up to 5 inj available on a PSO				
b) Not in combination				
Inj 8.4%, 100 ml .....	20.50	1	✓	<u>Biomed</u>
a) Up to 5 inj available on a PSO				
b) Not in combination				
<b>SODIUM CHLORIDE</b>				
Inf 0.9% – Up to 2000 ml available on a PSO .....	3.06	500 ml	✓	<u>Baxter</u>
	4.06	1,000 ml	✓	<u>Baxter</u>
Only if prescribed on a prescription for renal dialysis, maternity or post-natal care in the home of the patient, or on a PSO for emergency use. (500 ml and 1,000 ml packs)				
Inj 23.4%, 20 ml .....	26.50	5	✓	<u>Biomed</u>
Inj 0.9%, 5 ml – Up to 5 inj available on a PSO .....	11.50	50	✓	<u>AstraZeneca</u>
Inj 0.9%, 10 ml – Up to 5 inj available on a PSO .....	11.50	50	✓	<u>AstraZeneca</u>
Inj 0.9%, 20 ml .....	7.86	20	✓	<u>Multichem</u>
	11.79	30	✓	<u>Pharmacia</u>
<b>TOTAL PARENTERAL NUTRITION (TPN) – Hospital pharmacy [HP1]-Specialist</b>				
Infusion .....	CBS	1 OP	✓	<u>TPN</u>
<b>WATER</b>				
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 2 ml – Up to 5 inj available on a PSO .....	21.90	50	✓	<u>Baxter</u>
Purified for inj 5 ml – Up to 5 inj available on a PSO .....	9.31	50	✓	<u>Multichem</u>
Purified for inj 10 ml – Up to 5 inj available on a PSO .....	10.38	50	✓	<u>Multichem</u>
Purified for inj 20 ml – Up to 5 inj available on a PSO .....	5.04	20	✓	<u>Multichem</u>
(Baxter Purified for inj 2 ml to be delisted 1 July 2009)				
<b>Oral Administration</b>				
<b>CALCIUM POLYSTYRENE SULPHONATE</b>				
Powder .....	169.85	300 g OP	✓	<u>Calcium Resonium</u>
<b>COMPOUND ELECTROLYTES</b>				
Powder for soln for oral use 5 g – Up to 10 sach available on a PSO .....	2.86	10	✓	<u>Enerlyte</u>

## BLOOD AND BLOOD FORMING ORGANS

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
<b>DEXTROSE WITH ELECTROLYTES</b>				
Soln with electrolytes .....	6.66	1,000 ml OP	✓	<u>Pedialyte - Bubblegum</u>
	6.78		✓	<u>Pedialyte - Fruit</u>
			✓	<u>Pedialyte - Plain</u>
<b>POTASSIUM BICARBONATE</b>				
Tab eff 315 mg with sodium acid phosphate 1.937 g and sodium bicarbonate 350 mg .....	82.50	100	✓	<b>Phosphate-Sandoz</b>
For phosphate supplementation				
<b>POTASSIUM CHLORIDE</b>				
* Tab eff 548 mg (14 m eq) with chloride 285 mg (8 m eq) .....	5.26 (11.85)	60		Chlorvescent
* Tab long-acting 600 mg .....	5.20	200	✓	<u>Span-K</u>
<b>SODIUM POLYSTYRENE SULPHONATE</b>				
Powder .....	89.10	450 g OP	✓	<b>Resonium-A</b>

### Lipid Modifying Agents

#### Fibrates

<b>BEZAFIBRATE</b>				
* Tab 200 mg .....	9.75	90	✓	<u>Fibalip</u>
* Tab long-acting 400 mg .....	5.70	30	✓	<u>Bezalip Retard</u>

#### Other Lipid Modifying Agents

<b>ACIPIMOX</b>				
* Cap 250 mg .....	18.75	30	✓	<b>Olbetam</b>
<b>NICOTINIC ACID</b>				
* Tab 50 mg .....	5.08	100	✓	<u>Apo-Nicotinic Acid</u>
* Tab 500 mg .....	17.60	100	✓	<u>Apo-Nicotinic Acid</u>

#### Resins

<b>CHOLESTYRAMINE WITH ASPARTAME</b>				
Sachets 4 g with aspartame .....	19.25 (28.88)	50		Questran-Lite
<b>COLESTIPOL HYDROCHLORIDE</b>				
Sachets 5 g .....	16.17	30	✓	<u>Colestid</u>

### HMG CoA Reductase Inhibitors (Statins)

#### Prescribing Guidelines

Treatment with HMG CoA Reductase Inhibitors (statins) is recommended for patients with dyslipidaemia and an absolute 5 year cardiovascular risk of 15% or greater.

‡ safety cap

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

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

## BLOOD AND BLOOD FORMING ORGANS

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
ATORVASTATIN – Additional subsidy by Special Authority see SA0788 below – Retail pharmacy See prescribing guideline on the preceding page				
* Tab 10 mg .....	4.03 (18.32)	30		Lipitor
* Tab 20 mg .....	5.87 (26.70)	30		Lipitor
* Tab 40 mg .....	8.14 (37.02)	30		Lipitor
* Tab 80 mg .....	16.28 (110.50)	30		Lipitor

### SA0788 Special Authority for Manufacturers Price

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

Both:

- 1 Patient has a calculated absolute risk of cardiovascular disease of at least 15% over 5 years; and
- 2 Either:
  - 2.1 Patient has severe documented intolerance to simvastatin (blood tests are not required); or
  - 2.2 Both:
    - 2.2.1 Patient has been compliant with a dose of simvastatin of 80 mg per day for at least 2 months; and
    - 2.2.2 Either:
      - 2.2.2.1 All of the following:
        - 2.2.2.1.1 Patient has venous CABG; and
        - 2.2.2.1.2 LDL cholesterol test 1  $\geq$  2.0 mmol/litre; and
        - 2.2.2.1.3 LDL cholesterol test 2  $\geq$  2.0 mmol/litre (at least 1 week after test 1); or
      - 2.2.2.2 All of the following:
        - 2.2.2.2.1 Patient does not have venous CABG; and
        - 2.2.2.2.2 LDL cholesterol test 1  $\geq$  2.5 mmol/litre; and
        - 2.2.2.2.3 LDL cholesterol test 2  $\geq$  2.5 mmol/litre (at least 1 week after test 1).

Notes: To confirm that cholesterol levels are not still improving, two lipid tests must be carried out during treatment with simvastatin 80 mg, and have results for LDL cholesterol that have reduced by <10% in the second test. The tests must be carried out while the patient is in a fasted state (with the exception of patients with IDDM).

The following indications of intolerance to simvastatin, are known as class effects for all statins, and hence are likely to mean that the patient may also be intolerant of atorvastatin:

- Constipation, flatulence (may occur in >1% of patients)
- Asthenia, abdominal pain, headache (may occur in >1% of patients)
- Myopathy, rhabdomyolysis (may occur in <3% of patients)
- Elevated serum transaminase levels (may occur in <1% of patients)

Statins have been shown to be generally well tolerated in clinical studies, with the rate of discontinuation due to adverse reactions being less than 5%, and similar to the discontinuation rate for patients taking a placebo.

PRAVASTATIN – Special Authority see SA0932 on the next page – Retail pharmacy

See prescribing guideline on the preceding page

Tab 10 mg .....	27.46	30	✓ Pravachol
Tab 20 mg .....	42.58	30	✓ Pravachol
Tab 40 mg .....	65.31	30	✓ Pravachol

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
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►SA0932 Special Authority for Subsidy

**Initial application — (Confirmed HIV/AIDS)** from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

All of the following:

- 1 Patient has dyslipidaemia and an absolute 5 year cardiovascular risk of 15% or greater; and
- 2 Confirmed HIV infection; and
- 3 Patient is being treated with an HIV protease inhibitor.

SIMVASTATIN — See prescribing guideline on page 45

* Tab 10 mg	0.68	30	✓ SimvaRex
	2.05	90	✓ Arrow-Simva 10mg
	0.68	30	
	(11.37)		Lipex
* Tab 20 mg	1.00	30	✓ SimvaRex
	3.00	90	✓ Arrow-Simva 20mg
	1.00	30	
	(11.67)		Lipex
* Tab 40 mg	1.78	30	✓ SimvaRex
	5.35	90	✓ Arrow-Simva 40mg
	1.78	30	
	(12.41)		Lipex
* Tab 80 mg	3.88	30	✓ SimvaRex
	11.65	90	✓ Arrow-Simva 80mg
	3.88	30	
	(14.39)		Lipex

(SimvaRex Tab 10 mg to be delisted 1 August 2009)

(Lipex Tab 10 mg to be delisted 1 August 2009)

(SimvaRex Tab 20 mg to be delisted 1 August 2009)

(Lipex Tab 20 mg to be delisted 1 August 2009)

(SimvaRex Tab 40 mg to be delisted 1 August 2009)

(Lipex Tab 40 mg to be delisted 1 August 2009)

(SimvaRex Tab 80 mg to be delisted 1 August 2009)

(Lipex Tab 80 mg to be delisted 1 August 2009)

## Selective Cholesterol Absorption Inhibitors

EZETIMIBE — Special Authority see SA0796 below — Retail pharmacy

Tab 10 mg	57.60	30	✓ Ezetrol
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►SA0796 Special Authority for Subsidy

**Initial application** only from a relevant specialist. Approvals valid for 2 years for applications meeting the following criteria:

Both:

- 1 Either:
  - 1.1 ezetimibe is to be used in combination with simvastatin; or
  - 1.2 ezetimibe is to be used without a statin; and
- 2 Either:
  - 2.1 All of the following:
    - 2.1.1 Patient has a calculated absolute risk of cardiovascular disease >20% over 5 years; and
    - 2.1.2 Patient cannot tolerate statin therapy at a dose of  $\geq 40$  mg per day; and
    - 2.1.3 Either:
      - 2.1.3.1 All of the following:
        - 2.1.3.1.1 Patient has venous CABG; and

continued...

Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
	✓	

continued...

- 2.1.3.1.2 LDL cholesterol  $\geq$  2.0 mmol/litre (see note); and
- 2.1.3.1.3 LDL cholesterol  $\geq$  2.0 mmol/litre (at least 1 week after test 1 – see note); or
- 2.1.3.2 All of the following:
  - 2.1.3.2.1 Patient does not have venous CABG; and
  - 2.1.3.2.2 LDL cholesterol  $\geq$  2.5 mmol/litre (see note); and
  - 2.1.3.2.3 LDL cholesterol  $\geq$  2.5 mmol/litre (at least 1 week after test 1 – see note); or
- 2.2 All of the following:
  - 2.2.1 Patient has homozygous familial hypercholesterolemia, or heterozygous familial hypercholesterolemia; and
  - 2.2.2 Patient has been compliant for at least two months with maximum dose statin therapy; and
  - 2.2.3 LDL cholesterol  $\geq$  5 mmol/litre (see note); and
  - 2.2.4 LDL cholesterol  $\geq$  5 mmol/litre (at least 1 week after test 1 – see note).

Note: Two lipid tests are required to assess LDL cholesterol levels, the tests must be at least one week apart, and be carried out in a fasted state (other than for patients with IDDM). The results for LDL cholesterol levels in both tests must be above those specified.

**Renewal** only from a relevant specialist. Approvals valid for 2 years for applications meeting the following criteria:

Both:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 Either:
  - 2.1 ezetimibe is to be used in combination with simvastatin; or
  - 2.2 ezetimibe is to be used without a statin.

EZETIMIBE WITH SIMVASTATIN – Special Authority see SA0826 below – Retail pharmacy

Tab 10 mg with simvastatin 10 mg .....	69.00	30	✓ Vytorin
Tab 10 mg with simvastatin 20 mg .....	75.00	30	✓ Vytorin
Tab 10 mg with simvastatin 40 mg .....	103.50	30	✓ Vytorin
Tab 10 mg with simvastatin 80 mg .....	123.00	30	✓ Vytorin

## SA0826 Special Authority for Subsidy

**Initial application** only from a relevant specialist. Approvals valid for 2 years for applications meeting the following criteria:

Either:

- 1 All of the following:
  - 1.1 Patient has a calculated absolute risk of cardiovascular disease >20% over 5 years; and
  - 1.2 Patient cannot tolerate statin therapy at a dose of  $\geq$  40 mg per day; and
  - 1.3 Either:
    - 1.3.1 All of the following:
      - 1.3.1.1 Patient has venous CABG; and
      - 1.3.1.2 LDL cholesterol  $\geq$  2.0 mmol/litre (see note); and
      - 1.3.1.3 LDL cholesterol  $\geq$  2.0 mmol/litre (at least 1 week after test 1 – see note); or
    - 1.3.2 All of the following:
      - 1.3.2.1 Patient does not have venous CABG; and
      - 1.3.2.2 LDL cholesterol  $\geq$  2.5 mmol/litre (see note); and
      - 1.3.2.3 LDL cholesterol  $\geq$  2.5 mmol/litre (at least 1 week after test 1 – see note); or
- 2 All of the following:
  - 2.1 Patient has homozygous familial hypercholesterolemia, or heterozygous familial hypercholesterolemia; and
  - 2.2 Patient has been compliant for at least two months with maximum dose statin therapy; and
  - 2.3 LDL cholesterol  $\geq$  5 mmol/litre (see note); and
  - 2.4 LDL cholesterol  $\geq$  5 mmol/litre (at least 1 week after test 1 – see note).

Note: Two lipid tests are required to assess LDL cholesterol levels, the tests must be at least one week apart, and be carried out in a fasted state (other than for patients with IDDM). The results for LDL cholesterol levels in both tests must be above those specified.

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



	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
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## Alpha Adrenoceptor Blockers

### DOXAZOSIN MESYLATE

* Tab 2 mg .....	22.85	500	✓	<u>Apo-Doxazosin</u>
* Tab 4 mg .....	30.26	500	✓	<u>Apo-Doxazosin</u>

### PHENOXYBENZAMINE HYDROCHLORIDE

* Cap 10 mg .....	7.82	30	✓	<u>Dibenyline S29</u>
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### PHENTOLAMINE MESYLATE

* Inj 10 mg per ml, 1 ml .....	17.97 (31.65)	5		Regitine
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### PAZOSIN HYDROCHLORIDE

* Tab 1 mg .....	5.53	100	✓	<u>Apo-Prazo</u>
* Tab 2 mg .....	7.00	100	✓	<u>Apo-Prazo</u>
* Tab 5 mg .....	11.70	100	✓	<u>Apo-Prazo</u>

### TERAZOSIN HYDROCHLORIDE

* Tab 1 mg .....	2.50	28	✓	<u>Apo-Terazosin</u>
* Tab 7 × 1 mg and 7 × 2 mg .....	0.74	14 OP	✓	<u>Hytrin Starter Pack</u>
* Tab 2 mg .....	23.30	500	✓	<u>Apo-Terazosin</u>
	1.48	28		
	(4.66)			Hytrin
* Tab 5 mg .....	29.00	500	✓	<u>Apo-Terazosin</u>
	1.91	28		
	(5.60)			Hytrin

(Hytrin Tab 2 mg to be delisted 1 October 2009)

(Hytrin Tab 5 mg to be delisted 1 October 2009)

## Agents Affecting the Renin-Angiotensin System

Perindopril and trandolapril will be funded to the level of the ex-manufacturer price listed in the Schedule for patients who were taking these ACE inhibitors for the treatment of congestive heart failure prior to 1 June 1998. The prescription must be endorsed accordingly. We recommend that the words used to indicate eligibility are "certified condition" or an appropriate description of the patient such as "congestive heart failure", "CHF", "congestive cardiac failure" or "CCF". **Definition of Congestive Heart Failure** At the request of some prescribers the PTAC Cardiovascular subcommittee has provided a definition of congestive heart failure for the purposes of the funding of the manufacturer's surcharge: "Clinicians should use their clinical judgement. Existing patients would be eligible for the funding of the surcharge if the patient shows signs and symptoms of congestive heart failure, and requires or has in the past required concomitant treatment with a diuretic. The definition could also be considered to include patients post myocardial infarction with an ejection fraction of less than 40%."

## ACE Inhibitors

### CAPTOPRIL

* Tab 12.5 mg .....	10.40	500	✓	<u>Apo-Captopril</u>
* Tab 25 mg .....	13.40	500	✓	<u>Apo-Captopril</u>
* Tab 50 mg .....	19.00	500	✓	<u>Apo-Captopril</u>
*‡ Oral liq 5 mg per ml .....	51.04	95 ml OP	✓	<u>Capoten</u>

Oral liquid restricted to children under 12 years of age.

### CILAZAPRIL

* Tab 0.5 mg .....	2.20	30	✓	<u>Inhibace</u>
* Tab 2.5 mg .....	4.10	28	✓	<u>Inhibace</u>
* Tab 5 mg .....	6.01	28	✓	<u>Inhibace</u>

‡ safety cap

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

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

## CARDIOVASCULAR SYSTEM

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
<b>ENALAPRIL</b>				
* Tab 5 mg .....	2.19	90	✓	<u>m-Enalapril</u>
* Tab 10 mg .....	2.76	90	✓	<u>m-Enalapril</u>
* Tab 20 mg .....	3.68	90	✓	<u>m-Enalapril</u>
<b>LISINAPRIL</b>				
* Tab 5 mg .....	2.78	30	✓	<u>Arrow-Lisinopril</u>
* Tab 10 mg .....	3.16	30	✓	<u>Arrow-Lisinopril</u>
* Tab 20 mg .....	3.91	30	✓	<u>Arrow-Lisinopril</u>
<b>PERINDOPRIL</b>				
* Tab 2 mg – Higher subsidy of \$18.50 per 30 with Endorsement .....	3.00 (18.50)	30		Coversyl
* Tab 4 mg – Higher subsidy of \$25.00 per 30 with Endorsement .....	4.05 (25.00)	30		Coversyl
<b>QUINAPRIL</b>				
* Tab 5 mg .....	1.60	30	✓	<u>Accupril</u>
* Tab 10 mg .....	1.75	30	✓	<u>Accupril</u>
* Tab 20 mg .....	2.35	30	✓	<u>Accupril</u>
<b>TRANDOLAPRIL</b>				
* Cap 1 mg – Higher subsidy of \$18.67 per 28 with Endorsement .....	3.06 (18.67)	28		Gopten
* Cap 2 mg – Higher subsidy of \$27.00 per 28 with Endorsement .....	4.43 (27.00)	28		Gopten

### ACE Inhibitors with Diuretics

<b>CILAZAPRIL WITH HYDROCHLOROTHIAZIDE</b>				
* Tab 5 mg with hydrochlorothiazide 12.5 mg .....	6.30	28	✓	<u>Inhibace Plus</u>
<b>ENALAPRIL WITH HYDROCHLOROTHIAZIDE</b>				
* Tab 20 mg with hydrochlorothiazide 12.5 mg .....	3.32 (8.70)	30		Co-Renitec
<b>QUINAPRIL WITH HYDROCHLOROTHIAZIDE</b>				
* Tab 10 mg with hydrochlorothiazide 12.5 mg .....	3.37	30	✓	<u>Accuretic 10</u>
* Tab 20 mg with hydrochlorothiazide 12.5 mg .....	4.57	30	✓	<u>Accuretic 20</u>

### Angiotension II Antagonists

<b>CANDESARTAN – Special Authority see SA0933 below – Retail pharmacy</b>				
* Tab 4 mg – No more than 1.5 tab per day .....	16.22	30	✓	<u>Atacand</u>
* Tab 8 mg – No more than 1.5 tab per day .....	19.30	30	✓	<u>Atacand</u>
* Tab 16 mg – No more than 1 tab per day .....	23.54	30	✓	<u>Atacand</u>
* Tab 32 mg – No more than 1 tab per day .....	38.50	30	✓	<u>Atacand</u>

#### ►SA0933 Special Authority for Subsidy

**Initial application** from any relevant 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:

continued...

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
continued...			
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.			
LOSARTAN – Special Authority see SA0911 below – Retail pharmacy			
* Tab 12.5 mg .....	17.40	30	✓ Cozaar
* Tab 25 mg .....	21.76	30	✓ Cozaar
* Tab 50 mg .....	23.10	30	✓ Cozaar
Tab 50 mg with hydrochlorothiazide 12.5 mg .....	30.00	30	✓ Hyzaar
* Tab 100 mg .....	35.40	30	✓ Cozaar

►SA0911 Special Authority for Subsidy

**Initial application — (ACE inhibitor intolerance)** from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Either:

- 1 Patient has persistent ACE inhibitor induced cough that is not resolved by ACE inhibitor retrial (same or new ACE inhibitor); or
- 2 Patient has a history of angioedema.

**Initial application — (Unsatisfactory response to ACE inhibitor)** from any relevant practitioner. Approvals valid without further renewal unless notified where patient is not adequately controlled on maximum tolerated dose of an ACE inhibitor.

**Initial application — (Patient had an approval for Losartan with hydrochlorothiazide prior to 1 May 2008)** from any relevant practitioner. Approvals valid without further renewal unless notified where the treatment remains appropriate and the patient is benefiting from treatment.

## Antiarrhythmics

For lignocaine hydrochloride refer to NERVOUS SYSTEM, Anaesthetics, Local, page 106

### AMIODARONE HYDROCHLORIDE

▲ Tab 100 mg – Retail pharmacy-Specialist .....	18.65	30	✓ Aratac
▲ Tab 200 mg – Retail pharmacy-Specialist .....	30.52	30	✓ Cordarone-X
Inj 50 mg per ml, 3 ml – Up to 5 inj available on a PSO .....	60.84	10	✓ Aratac
			✓ Cordarone-X
			✓ Cordarone-X

### DIGOXIN

* Tab 62.5 µg – Up to 30 tab available on a PSO .....	6.94	250	✓ Lanoxin PG
* Tab 250 µg – Up to 30 tab available on a PSO .....	15.13	250	✓ Lanoxin
*‡ Oral liq 50 µg per ml .....	16.60	60 ml	✓ Lanoxin

### DISOPYRAMIDE PHOSPHATE

▲ Cap 100 mg .....	15.00	100	
	(23.87)		Rythmodan
▲ Cap 150 mg .....	26.21	100	✓ Rythmodan

‡ safety cap

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

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

## CARDIOVASCULAR SYSTEM

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
<b>FLECAINIDE ACETATE – Retail pharmacy-Specialist</b>				
▲ Tab 50 mg .....	42.82	60	✓	Tambacor
▲ Tab 100 mg .....	75.63	60	✓	Tambacor
▲ Cap long-acting 100 mg .....	42.82	30	✓	Tambacor CR
▲ Cap long-acting 200 mg .....	75.63	30	✓	Tambacor CR
Inj 10 mg per ml, 15 ml .....	49.02	5	✓	Tambacor
<b>MEXILETINE HYDROCHLORIDE</b>				
▲ Cap 50 mg .....	23.52	100	✓	Mexitil
▲ Cap 200 mg .....	55.05	100	✓	Mexitil
<b>PROPAFENONE HYDROCHLORIDE – Retail pharmacy-Specialist</b>				
▲ Tab 150 mg .....	40.90	50	✓	Rytmonorm

### Antihypotensives

<b>MIDODRINE – Special Authority see SA0934 below – Hospital pharmacy [HP3]</b>				
Tab 2.5 mg .....	53.00	100	✓	Gutron
Tab 5 mg .....	79.00	100	✓	Gutron

#### ►SA0934 Special Authority for Subsidy

**Initial application** from any relevant practitioner. Approvals valid for 2 years for applications meeting the following criteria:  
All of the following:

- 1 Disabling orthostatic hypotension not due to drugs; and
- 2 Patient has tried fludrocortisone (unless contra-indicated) with unsatisfactory results; and
- 3 Patient has tried non pharmacological treatments such as support hose, increased salt intake, exercise, and elevation of head and trunk at night.

Notes: Treatment should be started with small doses and titrated upwards as necessary.

Hypertension should be avoided, and the usual target is a standing systolic blood pressure of 90 mm Hg.

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

### Beta Adrenoceptor Blockers

<b>ACEBUTOLOL</b>				
* Cap 100 mg .....	9.50	100	✓	ACB
* Cap 200 mg .....	15.94	100	✓	ACB
<b>ATENOLOL</b>				
* Tab 50 mg .....	0.39	30	✓	Noten <sup>S29</sup>
	6.50	500	✓	Pacific Atenolol
* Tab 100 mg .....	11.30	500	✓	Pacific Atenolol
<b>CARVEDILOL</b>				
Tab 6.25 mg .....	21.00	30	✓	Dilatrend
Tab 12.5 mg .....	27.00	30	✓	Dilatrend
Tab 25 mg .....	33.75	30	✓	Dilatrend
<b>CELIPROLOL</b>				
* Tab 200 mg .....	19.00	180	✓	Celol

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
<b>LABETALOL</b>				
* Tab 50 mg .....	8.66	100	✓	Hybloc
* Tab 100 mg .....	10.59	100	✓	Hybloc
* Tab 200 mg .....	18.47	100	✓	Hybloc
* Tab 400 mg .....	34.44	100	✓	Hybloc
* Inj 5 mg per ml, 5 ml .....	14.77	5		
	(22.15)			Trandate <del>\$29</del>
* Inj 5 mg per ml, 20 ml .....	59.06	5		
	(88.60)			Trandate
<i>(Trandate <del>\$29</del> Inj 5 mg per ml, 5 ml to be delisted 1 September 2009)</i>				
<b>METOPROLOL SUCCINATE</b>				
Additional subsidy by endorsement is available for patients who:				
1) were being prescribed metoprolol succinate prior to 1 October 2007; or				
2) have experienced a myocardial infarction; or				
3) have experienced heart failure and are either intolerant of carvedilol or it is contra-indicated.				
Pharmacists may annotate prescriptions for patients who were being prescribed metoprolol succinate prior to 1 October 2007 in which case the prescription is deemed to be endorsed. The pharmacist must be able to show a clear documented dispensing history for the patient. The prescription must be endorsed accordingly.				
* Tab long-acting 23.75 mg – Higher subsidy of \$6.20 per 30				
with Endorsement.....	5.20	30		
	(6.20)			Betaloc CR
* Tab long-acting 47.5 mg – Higher subsidy of \$7.80 per 30				
with Endorsement.....	6.50	30		
	(7.80)			Betaloc CR
* Tab long-acting 95 mg – Higher subsidy of \$13.20 per 30 with				
Endorsement.....	11.20	30		
	(13.20)			Betaloc CR
* Tab long-acting 190 mg – Higher subsidy of \$21.00 per 30				
with Endorsement.....	20.25	30		
	(21.00)			Betaloc CR
<b>METOPROLOL TARTRATE</b>				
* Tab 50 mg .....	16.50	100	✓	Lopresor
* Tab 100 mg .....	21.80	60	✓	Lopressor
* Tab long-acting 200 mg .....	18.40	28	✓	Slow-Lopressor
* Inj 1 mg per ml 5 ml .....	24.08	5		
	(34.00)			Betaloc
<b>NADOLOL</b>				
* Tab 40 mg .....	14.97	100	✓	Apo-Nadolol
* Tab 80 mg .....	22.19	100	✓	Apo-Nadolol
<b>PINDOLOL</b>				
* Tab 5 mg .....	4.50	100	✓	Pindol
* Tab 10 mg .....	8.35	100	✓	Pindol
* Tab 15 mg .....	12.00	100	✓	Pindol
<b>PROPRANOLOL</b>				
* Tab 10 mg .....	3.55	100	✓	Cardinol
* Tab 40 mg .....	4.65	100	✓	Cardinol
* Cap long-acting 160 mg .....	16.90	100	✓	Cardinol LA

‡ safety cap

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

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

## CARDIOVASCULAR SYSTEM

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
<b>SOTALOL</b>				
* Tab 80 mg .....	27.50	500	✓	<b>Pacific</b>
* Tab 160 mg .....	10.50	100	✓	<b>Pacific</b>
* Inj 10 mg per ml, 4 ml .....	41.34	5	✓	<b>Sotacor</b>
<b>TIMOLOL MALEATE</b>				
* Tab 10 mg .....	10.55	100	✓	<b>Apo-Timol</b>

### Calcium Channel Blockers

#### Dihydropyridine Calcium Channel Blockers (DHP CCBs)

<b>AMLODIPINE</b>				
* Tab 5 mg .....	7.33	100	✓	<b>Apo-Amlodipine</b>
* Tab 10 mg .....	11.79	100	✓	<b>Apo-Amlodipine</b>
<b>FELODIPINE</b>				
* Tab long-acting 2.5 mg – No more than 1 tab per day .....	10.38	30	✓	<b>Plendil ER</b>
* Tab long-acting 5 mg .....	16.50	90	✓	<b>Felo 5 ER</b>
* Tab long-acting 10 mg .....	24.00	90	✓	<b>Felo 10 ER</b>
<b>ISRADIPINE</b>				
Cap long-acting 2.5 mg .....	7.50	30	✓	<b>Dynacirc-SRO</b>
Cap long-acting 5 mg .....	7.85	30	✓	<b>Dynacirc-SRO</b>
<b>NIFEDIPINE</b>				
* Tab long-acting 10 mg .....	17.72	60	✓	<b>Adalat 10</b>
* Tab long-acting 20 mg .....	7.30	100	✓	<b>Nyefax Retard</b>
* Tab long-acting 30 mg .....	10.70	30	✓	<b>Adefin XL</b>
	5.50		✓	<b>Arrow-Nifedipine XR</b>
	(19.90)			Adalat Oros
* Tab long-acting 60 mg .....	15.35	30	✓	<b>Adefin XL</b>
	8.00		✓	<b>Arrow-Nifedipine XR</b>
	(29.50)			Adalat Oros

#### Other Calcium Channel Blockers

<b>DILTIAZEM HYDROCHLORIDE</b>				
* Tab 30 mg .....	4.60	100	✓	<b>Dilzem</b>
* Tab 60 mg .....	8.50	100	✓	<b>Dilzem</b>
* Tab long-acting 180 mg .....	7.65	30	✓	<b>Dilzem LA</b>
* Tab long-acting 240 mg .....	10.20	30	✓	<b>Dilzem LA</b>
* Cap long-acting 90 mg .....	7.65	60	✓	<b>Dilzem SR</b>
* Cap long-acting 120 mg (once per day) .....	4.72	30	✓	<b>Cardizem CD</b>
* Cap long-acting 120 mg (twice per day) .....	18.00	100	✓	<b>Dilzem SR</b>
* Cap long-acting 180 mg .....	7.08	30	✓	<b>Cardizem CD</b>
* Cap long-acting 240 mg .....	9.44	30	✓	<b>Cardizem CD</b>
<i>(Dilzem LA Tab long-acting 180 mg to be delisted 1 June 2009)</i>				
<i>(Dilzem LA Tab long-acting 240 mg to be delisted 1 June 2009)</i>				
<i>(Dilzem SR Cap long-acting 90 mg to be delisted 1 June 2009)</i>				
<i>(Dilzem SR Cap long-acting 120 mg (twice per day) to be delisted 1 June 2009)</i>				

PERHEXILINE MALEATE – Special Authority see SA0256 on the next page – Hospital pharmacy [HP3]

* Tab 100 mg .....	62.90	100	✓	<b>Pexsig</b>
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	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
		✓	

►SA0256 Special Authority for Subsidy

**Initial application** only from a cardiologist or general physician. Approvals valid for 2 years for applications meeting the following criteria:

Both:

- 1 Refractory angina; and
- 2 Patient is already on maximal anti-anginal therapy.

**Renewal** only from a cardiologist or general physician. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.

VERAPAMIL HYDROCHLORIDE

* Tab 40 mg .....	7.01	100	✓ Isoptin
* Tab 80 mg .....	11.74	100	✓ Isoptin
* Tab long-acting 120 mg .....	15.20	250	✓ Verpamil SR
* Tab long-acting 240 mg .....	25.00	250	✓ Verpamil SR
* Inj 2.5 mg per ml, 2 ml – Up to 5 inj available on a PSO .....	7.54	5	✓ Isoptin

Centrally Acting Agents

CLONIDINE

* TDDS 2.5 mg, 100 µg per day – Only on a prescription.....	21.29	4	✓ Catapres-TTS-1
* TDDS 5 mg, 200 µg per day – Only on a prescription.....	30.79	4	✓ Catapres-TTS-2
* TDDS 7.5 mg, 300 µg per day – Only on a prescription.....	39.10	4	✓ Catapres-TTS-3

CLONIDINE HYDROCHLORIDE

* Tab 150 µg .....	30.33	100	✓ Catapres
* Inj 150 µg per ml, 1 ml .....	14.00	5	✓ Catapres

METHYLDOPA

* Tab 125 mg .....	12.00	100	✓ <u>Prodopa</u>
* Tab 250 mg .....	13.10	100	✓ <u>Prodopa</u>
* Tab 500 mg .....	20.85	100	✓ <u>Prodopa</u>

Diuretics

Loop Diuretics

BUMETANIDE

* Tab 1 mg .....	16.36	100	✓ Burinex
* Inj 500 µg per ml, 4 ml .....	7.95	5	✓ Burinex

FUROSEMIDE

* Tab 40 mg – Up to 30 tab available on a PSO.....	10.75	1,000	✓ Diurin 40
* Tab 500 mg .....	12.00	100	✓ Diurin 500
*† Oral liq 10 mg per ml .....	10.66	30 ml OP	✓ Lasix
* Infusion 10 mg per ml, 25 ml .....	48.14	5	✓ Lasix
* Inj 10 mg per ml, 2 ml – Up to 5 inj available on a PSO .....	29.50	50	✓ Mayne

Potassium Sparing Diuretics

AMILORIDE

† Oral liq 1 mg per ml .....	26.20	25 ml OP	✓ Biomed
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SPIRONOLACTONE

* Tab 25 mg .....	8.50	100	✓ Spiroton
* Tab 100 mg .....	21.70	100	✓ Spiroton
† Oral liq 5 mg per ml .....	26.80	25 ml OP	✓ Biomed

† safety cap

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

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

## CARDIOVASCULAR SYSTEM

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
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### Potassium Sparing Combination Diuretics

#### AMILORIDE WITH FRUSEMIDE

* Tab 5 mg with frusemide 40 mg .....	4.67 (8.63)	28		Frumil
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#### AMILORIDE WITH HYDROCHLOROTHIAZIDE

* Tab 5 mg with hydrochlorothiazide 50 mg .....	13.00	500	✓ Amizide	
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#### TRIAMTERENE WITH HYDROCHLOROTHIAZIDE

* Tab 50 mg with hydrochlorothiazide 25 mg .....	5.00	100	✓ Triamizide	
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### Thiazide and Related Diuretics

#### BENDROFLUAZIDE

* Tab 2.5 mg – Up to 150 tab available on a PSO.....	13.50	500	✓ Neo-Naclex	
May be supplied on a PSO for reasons other than emergency.				

* Tab 5 mg .....	21.50	500	✓ Neo-Naclex	
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#### CHLOROTHIAZIDE

‡ Oral liq 50 mg per ml .....	22.60	25 ml OP	✓ Biomed	
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#### CHLORTHALIDONE

* Tab 25 mg .....	8.00	50	✓ Hygroton	
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#### INDAPAMIDE

* Tab 2.5 mg .....	4.00	100	✓ Napamide	
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### Nitrates

#### GLYCERYL TRINITRATE

* Tab 600 µg – Up to 100 tab available on a PSO.....	8.00	100 OP	✓ Lycinate	
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* Oral pump spray 400 µg per dose – Up to 250 dose available on a PSO .....	5.16	250 dose OP	✓ Nitrolingual Pumpspray	
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* TDDS 5 mg .....	16.56	30	✓ Nitroderm TTS	
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* TDDS 10 mg .....	19.60	30	✓ Nitroderm TTS	
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#### ISOSORBIDE MONONITRATE

* Tab 20 mg .....	18.00	100	✓ Ismo 20	
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* Tab long-acting 40 mg .....	14.84	30	✓ Corangin	
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* Tab long-acting 60 mg .....	4.15	90	✓ Duride	
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### Sympathomimetics

#### ADRENALINE

Inj 1 in 1,000, 1 ml – Up to 5 inj available on a PSO .....	4.98	5	✓ Aspen Adrenaline	
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5.25			✓ Mayne	
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Inj 1 in 10,000, 10 ml – Up to 5 inj available on a PSO .....	27.00	5	✓ Mayne	
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#### ISOPRENALINE HYDROCHLORIDE

* Inj 200 µg per ml, 1 ml .....	36.80 (135.00)	25	Isuprel	
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	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
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## Vasodilators

### AMYL NITRITE

* Ampoule, 0.3 ml crushable .....	62.92 (73.40)	12		Baxter
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### HYDRALAZINE

* Inj 20 mg per ml, 1 ml .....	25.90	5	✓	Apresoline
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### OXYPENTIFYLLINE – Hospital pharmacy [HP3]

Tab 400 mg .....	36.94 (42.26)	50		Trental 400
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### PAPAVERINE HYDROCHLORIDE

* Inj 12 mg per ml, 10 ml .....	73.12	5	✓	Mayne
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## Smoking Cessation

### NICOTINE – Only on a Quitcard

Patch 7 mg .....	10.53	7	✓	Habitrol
Patch 14 mg .....	11.63	7	✓	Habitrol
Patch 21 mg .....	12.32	7	✓	Habitrol
Lozenge 1 mg .....	11.08	36	✓	Habitrol
Lozenge 2 mg .....	11.08	36	✓	Habitrol
Gum 2 mg (Fruit) .....	14.97	96	✓	Habitrol
	23.41		✓	Nicotinell
Gum 2 mg (Mint) .....	14.97	96	✓	Habitrol
	23.41		✓	Nicotinell
Gum 4 mg (Fruit) .....	20.02	96	✓	Habitrol
	23.41		✓	Nicotinell
Gum 4 mg (Mint) .....	20.02	96	✓	Habitrol
	23.41		✓	Nicotinell

‡ safety cap

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

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

Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
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## Antiacne Preparations

For systemic antibacterials, refer to INFECTIONS, Antibacterials, page 84

ISOTRETINOIN – Special Authority see SA0955 below – Retail pharmacy

Cap 10 mg .....	36.00	100	✓ <u>Isotane 10</u>
Cap 20 mg .....	47.50	100	✓ <u>Isotane 20</u>

### ►SA0955 Special Authority for Subsidy

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

All of the following:

- 1 Patient has had an adequate trial on other available treatments and has failed these treatments or these are contraindicated; and
- 2 Applicant is a vocationally registered dermatologist, vocationally registered general practitioner, or nurse practitioner working in a relevant scope of practice; and
- 3 Applicant has an up to date knowledge of the treatment options for acne and is aware of the safety issues around isotretinoin and is competent to prescribe isotretinoin; and
- 4 Either:
  - 4.1 Patient is female and has been counselled and understands the risk of teratogenicity if isotretinoin is used during pregnancy and the applicant has ensured that the possibility of pregnancy has been excluded prior to the commencement of the treatment and that the patient is informed that she must not become pregnant during treatment and for a period of one month after the completion of the treatment; or
  - 4.2 Patient is male.

Note: Applicants are recommended to either have used or be familiar with using a decision support tool accredited by their professional body.

**Renewal** from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria:

All of the following:

- 1 Patient has had an adequate trial on other available treatments and has failed these treatments or these are contraindicated; and
- 2 Applicant is a vocationally registered dermatologist, vocationally registered general practitioner, or nurse practitioner working in a relevant scope of practice; and
- 3 Applicant has an up to date knowledge of the treatment options for acne and is aware of the safety issues around isotretinoin and is competent to prescribe isotretinoin; and
- 4 Either:
  - 4.1 Patient is female and has been counselled and understands the risk of teratogenicity if isotretinoin is used during pregnancy and the applicant has ensured that the possibility of pregnancy has been excluded prior to the commencement of the treatment and that the patient is informed that she must not become pregnant during treatment and for a period of one month after the completion of the treatment; or
  - 4.2 Patient is male.

Note: Applicants are recommended to either have used or be familiar with using a decision support tool accredited by their professional body.

## Antibacterials Topical

For systemic antibacterials, refer to INFECTIONS, Antibacterials, page 84

FUSIDIC ACID

Crm 2 % .....	3.95	15 g OP	✓ <u>Foban</u>
a) Maximum of 15 g per prescription			
b) Only on a prescription			
c) Not in combination			
Oint 2 % .....	3.95	15 g OP	✓ <u>Foban</u>
a) Maximum of 15 g per prescription			
b) Only on a prescription			
c) Not in combination			

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
<b>HYDROGEN PEROXIDE</b>			
* Crm 1% .....	8.56	10 g OP	✓ <b>Crystacide</b>
<b>MUPIROCIN</b>			
Oint 2% .....	6.60 (9.26)	15 g OP	Bactroban
a) Only on a prescription			
b) Not in combination			
<b>SILVER SULPHADIAZINE</b>			
Crm 1% with chlorhexidine digluconate 0.2% .....	15.04	100 g OP	✓ <b>Silvazine</b>
a) Up to 500 g available on a PSO			
b) Not in combination			

### Antifungals Topical

For systemic antifungals, refer to INFECTIONS, Antifungals, page 88

#### AMOROLFINE

a) Only on a prescription			
b) Not in combination			
Nail soln 5% .....	37.86 (61.87)	5 ml OP	Loceryl

#### CICLOPIROXOLAMINE

a) Only on a prescription			
b) Not in combination			
Crm 1% .....	1.00 (12.82)	20 g OP	Batrafen
Nail soln 8% .....	19.85	3.5 ml OP	✓ <b>Batrafen</b>
Soln 1% .....	4.36 (11.54)	20 ml OP	Batrafen

#### CLOTRIMAZOLE

* Crm 1% .....	0.50	20 g OP	✓ <b>Clomazol</b>
a) Only on a prescription			
b) Not in combination			
* Soln 1% .....	4.36 (7.55)	20 ml OP	Canesten
a) Only on a prescription			
b) Not in combination			

#### ECONAZOLE NITRATE

Crm 1% .....	1.00 (6.50)	20 g OP	Pevaryl
a) Only on a prescription			
b) Not in combination			
Foaming soln 1%, 10 ml sachets .....	9.89 (15.66)	3	Pevaryl
a) Only on a prescription			
b) Not in combination			

#### KETOCONAZOLE

Crm 2% .....	1.00 (9.50)	15 g OP	Nizoral
a) Only on a prescription			
b) Not in combination			

‡ safety cap

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

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

## DERMATOLOGICALS

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
<b>MICONAZOLE NITRATE</b>				
* Crm 2% .....	0.42	15 g OP	✓	<b>Multichem</b>
a) Only on a prescription				
b) Not in combination				
* Lotn 2% .....	4.36 (10.03)	30 ml OP		Daktarin
a) Only on a prescription				
b) Not in combination				
* Tinct 2% .....	4.36 (12.10)	30 ml OP		Daktarin
a) Only on a prescription				
b) Not in combination				
<b>NYSTATIN</b>				
Crm 100,000 u per g .....	1.00 (5.10)	15 g OP		Mycostatin
a) Only on a prescription				
b) Not in combination				

### Antipruritic Preparations

#### CALAMINE

a) Only on a prescription				
b) Not in combination				
Crm, aqueous, BP .....	3.02	100 ml	✓	<b>ABM</b>
Lotn, BP .....	19.44	2,000 ml	✓	<b>ABM</b>

#### CROTAMITON

a) Only on a prescription				
b) Not in combination				
Crm 10% .....	4.26 (4.45)	20 g OP		Eurax
Lotn 10% .....	7.56 (7.70)	50 ml		Eurax

(Eurax Lotn 10% to be delisted 1 July 2009)

#### MENTHOL – Only in combination

Only in combination with aqueous cream, 10% urea cream, wool fat with mineral oil lotion, 1% hydrocortisone with wool fat and mineral oil lotion, and glycerol, paraffin and cetyl alcohol lotion

Crystals .....	7.40 29.60	25 g 100 g	✓	<b>PSM</b> <b>MidWest</b>
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Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
	✓	

## Corticosteroids Topical

For systemic corticosteroids, refer to CORTICOSTEROIDS AND RELATED AGENTS, page 75

### Corticosteroids - Plain

#### BETAMETHASONE DIPROPIONATE

Crm 0.05% .....	2.96 (6.91)	15 g OP	
	8.97 (18.36)	50 g OP	Diprosone
Crm 0.05% in propylene glycol base .....	4.33 (13.83)	30 g OP	Diprosone
Oint 0.05% .....	2.96 (6.51)	15 g OP	Diprosone OV
	8.97 (17.11)	50 g OP	Diprosone
Oint 0.05% in propylene glycol base .....	4.33 (13.83)	30 g OP	Diprosone
			Diprosone OV

#### BETAMETHASONE VALERATE

* Crm 0.1% .....	2.00	50 g OP	✓ <b>Beta Cream</b>
* Oint 0.1% .....	2.20	50 g OP	✓ <b>Beta Ointment</b>
* Lotn 0.1% .....	10.05	50 ml OP	✓ <b>Betnovate</b>

#### CLOBETASOL PROPIONATE

* Crm 0.05% .....	2.35	30 g OP	✓ <b>Dermol</b>
* Oint 0.05% .....	1.60	30 g OP	✓ <b>Dermol</b>

#### CLOBETASONE BUTYRATE

Crm 0.05% .....	5.38 (7.09)	30 g OP	
	16.13 (22.00)	100 g OP	Eumovate
			Eumovate

#### DIFLUCORTOLONE VALERATE

Crm 0.1% .....	8.97 (15.23)	50 g OP	
Fatty oint 0.1% .....	8.97 (15.23)	50 g OP	Nerisone
			Nerisone

#### HYDROCORTISONE

* Crm 1% – Only on a prescription .....	2.44	100 g	✓ <b>Lemnis Fatty Cream HC</b>
	12.20	500 g	✓ <b>PSM</b>
* Powder – Only in combination .....	37.64	25 g	✓ <b>m-Hydrocortisone</b>
Up to 5% in a dermatological base (not proprietary Topical Corticosteroid – Plain) with or without other dermatological galenicals. Refer, page 160			

#### HYDROCORTISONE BUTYRATE

Lipocream 0.1% .....	5.00	30 g OP	✓ <b>Locoid Lipocream</b>
	15.00	100 g OP	✓ <b>Locoid Lipocream</b>
Oint 0.1% .....	15.00	100 g OP	✓ <b>Locoid</b>
Milky emul 0.1% .....	5.00	30 ml OP	✓ <b>Locoid Crelo</b>
	15.00	100 ml OP	✓ <b>Locoid Crelo</b>

‡ safety cap

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

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

## DERMATOLOGICALS

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
<b>HYDROCORTISONE WITH WOOL FAT AND MINERAL OIL</b>				
Lotn 1% with wool fat hydrous 3% and mineral oil – Only on a prescription .....	9.95	250 ml	✓	<b>DP Lotn HC</b>
<b>METHYLPREDNISOLONE ACEPONATE</b>				
Crm 0.1% .....	4.95	15 g OP	✓	<b>Advantan</b>
Oint 0.1% .....	4.95	15 g OP	✓	<b>Advantan</b>
<b>MOMETASONE FUROATE</b>				
Crm 0.1% .....	3.96	15 g OP	✓	<b>Elocon</b>
	10.82	45 g OP	✓	<b>Elocon</b>
Oint 0.1% .....	3.96	15 g OP	✓	<b>Elocon</b>
	10.82	45 g OP	✓	<b>Elocon</b>
Lotn 0.1% .....	4.80	30 ml OP	✓	<b>Elocon</b>
<b>TRIAMCINOLONE ACETONIDE</b>				
Crm 0.02% .....	6.63	100 g OP	✓	<b>Aristocort</b>
Oint 0.02% .....	6.69	100 g OP	✓	<b>Aristocort</b>
<b>Corticosteroids - Combination</b>				
<b>BETAMETHASONE VALERATE WITH CLIOQUINOL – Only on a prescription</b>				
Crm 0.1% with clioquinol 3% .....	3.49	15 g OP		
	(4.90)			Betnovate-C
Oint 0.1% with clioquinol 3% .....	3.49	15 g OP		
	(4.90)			Betnovate-C
<b>BETAMETHASONE VALERATE WITH FUSIDIC ACID</b>				
Crm 0.1% with fusidic acid 2% .....	3.49	15 g OP		
	(8.84)			Fucicort
a) Maximum of 15 g per prescription				
b) Only on a prescription				
<b>HYDROCORTISONE BUTYRATE WITH CHLORQUINALDOL – Only on a prescription</b>				
Crm 0.1% with chlorquinaldol 3% .....	3.49	15 g OP	✓	<b>Locoid C</b>
<b>HYDROCORTISONE WITH MICONAZOLE – Only on a prescription</b>				
* Crm 1% with miconazole nitrate 2% .....	2.20	15 g OP	✓	<b>Micreme H</b>
<b>HYDROCORTISONE WITH NATAMYCIN AND NEOMYCIN – Only on a prescription</b>				
Crm 1% with natamycin 1% and neomycin sulphate 0.5% .....	4.40	15 g OP	✓	<b>Pimafucort</b>
Oint 1% with natamycin 1% and neomycin sulphate 0.5% .....	4.40	15 g OP	✓	<b>Pimafucort</b>
<b>TRIAMCINOLONE ACETONIDE WITH GRAMICIDIN, NEOMYCIN AND NYSTATIN</b>				
Crm 1 mg with nystatin 100,000 u, neomycin sulphate 2.5 mg and gramicidin 250 µg per g – Only on a prescription .....	3.49	15 g OP		
	(6.60)			Viaderm KC
Oint 1 mg with nystatin 100,000 u, neomycin sulphate 2.5 mg and gramicidin 250 µg per g – Only on a prescription .....	3.00	15 g OP	✓	<b>Kenacomb</b>
<i>(Kenacomb Oint 1 mg with nystatin 100,000 u, neomycin sulphate 2.5 mg and gramicidin 250 µg per g to be delisted 1 September 2009)</i>				

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
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## Disinfecting and Cleansing Agents

CHLORHEXIDINE GLUCONATE – Subsidy by endorsement

a) No more than 500 ml per month

b) Only if prescribed for a dialysis patient and the prescription is endorsed accordingly.

* Handrub 1% with ethanol 70% .....	5.40	500 ml	✓	<u>Orion</u>
* Soln 4% .....	7.20	500 ml	✓	<u>Orion</u>

SODIUM HYPOCHLORITE – Subsidy by endorsement

Only if prescribed for a dialysis patient and the prescription is endorsed accordingly.

* Soln .....	2.71	2,500 ml	✓	<u>Janola</u>
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## Dusting Powders

DIPHEMANIL METHYLSULPHATE – Subsidy by endorsement

Only if prescribed for an amputee with an artificial limb, or for a paraplegic patient and the prescription endorsed accordingly.

Powder 2% .....	6.81	50 g OP		
	(13.54)			Prantal

## Barrier Creams and Emollients

### Barrier Creams

ZINC

Crm BP .....	6.55	500 g		
	(9.79)			PSM

ZINC AND CASTOR OIL

Oint BP .....	5.11	500 g	✓	<u>PSM</u>
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### Emollients

AQUEOUS CREAM

* Crm .....	2.28	500 g	✓	<u>AFT</u>
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CETOMACROGOL

* Crm BP .....	3.50	500 g	✓	<u>PSM</u>
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EMULSIFYING OINTMENT

* Oint BP .....	3.69	500 g	✓	<u>AFT</u>
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GLYCEROL WITH PARAFFIN AND CETYL ALCOHOL – Only on a prescription

* Lotn 5% with paraffin liq 5% and cetyl alcohol 2% .....	1.40	250 ml		
	(8.10)			QV

OIL IN WATER EMULSION

* Crm .....	2.80	500 g	✓	<u>Lemnis Fatty Cream</u>
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OILY CREAM

* Crm BP .....	2.80	500 g		
	(13.60)			David Craig
	(15.40)			PSM

UREA

* Crm 10% .....	2.52	100 g OP		
	(3.07)			Nutraplus

‡ safety cap

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

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

## DERMATOLOGICALS

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
<b>WOOL FAT WITH MINERAL OIL – Only on a prescription</b>				
* Lotn hydrous 3% with mineral oil .....	1.40	250 ml OP		
	(2.92)			Hydroderm Lotion
	5.60	1,000 ml		
	(9.54)			Hydroderm Lotion
	1.40	250 ml OP		
	(3.50)			DP Lotion
	5.60	1,000 ml		
	(10.90)			DP Lotion
	1.12	200 ml OP		
	(5.00)			Alpha-Keri Lotion
	2.10	375 ml OP		
	(9.38)			Alpha-Keri Lotion
	5.60	1,000 ml		
	(18.43)			Alpha-Keri Lotion
	1.40	250 ml OP		
	(7.73)			BK Lotion
	5.60	1,000 ml		
	(23.91)			BK Lotion

### Other Dermatological Bases

#### PARAFFIN

White soft – Only in combination .....	20.20	2,500 g	✓ IPW
	3.58	500 g	
	(8.69)		PSM

Only in combination with a dermatological galenical or as a diluent for a proprietary Topical Corticosteroid – Plain.

### Minor Skin Infections

#### POVIDONE IODINE

Oint 10% .....	2.88	25 g OP	
	(3.27)		Betadine
a) Maximum of 100 g per prescription			
b) Only on a prescription			
Antiseptic soln 10% .....	6.20	500 ml	✓ Betadine
			✓ Riodine
Skin preparation, povidone iodine 10% with 30% alcohol .....	8.13	500 ml	✓ Betadine Skin Prep
Skin preparation, povidone iodine 10% with 70% alcohol .....	8.13	500 ml	
	(18.63)		Orion

### Parasiticial Preparations

#### GAMMA BENZENE HEXACHLORIDE

Crm 1% .....	3.50	50 g OP	✓ Benhex
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#### MALATHION

Liq 0.5% .....	4.99	200 ml	✓ Derbac-M
Shampoo 1% .....	2.83	30 ml OP	✓ A-Lices



	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
<b>PERMETHRIN</b>			
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 resistant 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

### Psoriasis and Eczema Preparations

ACITRETIN – Special Authority see SA0954 below – Retail pharmacy

Cap 10 mg .....	75.80	100	✓ Neotigason
Cap 25 mg .....	162.96	100	✓ Neotigason

#### SA0954 Special Authority for Subsidy

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

All of the following:

- 1 Applicant is a vocationally registered dermatologist, vocationally registered general practitioner, or nurse practitioner working in a relevant scope of practice; and
- 2 Applicant has an up to date knowledge of the treatment options for psoriasis and of disorders of keratinisation and is aware of the safety issues around acitretin and is competent to prescribe acitretin; and
- 3 Either:
  - 3.1 Patient is female and has been counselled and understands the risk of teratogenicity if acitretin is used during pregnancy and the applicant has ensured that the possibility of pregnancy has been excluded prior to the commencement of the treatment and that the patient is informed that she must not become pregnant during treatment and for a period of two years after the completion of the treatment; or
  - 3.2 Patient is male.

**Renewal** from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria:

All of the following:

- 1 Applicant is a vocationally registered dermatologist, vocationally registered general practitioner, or nurse practitioner working in a relevant scope of practice; and
- 2 Applicant has an up to date knowledge of the treatment options for psoriasis and of disorders of keratinisation and is aware of the safety issues around acitretin and is competent to prescribe acitretin; and
- 3 Either:
  - 3.1 Patient is female and has been counselled and understands the risk of teratogenicity if acitretin is used during pregnancy and the applicant has ensured that the possibility of pregnancy has been excluded prior to the commencement of the treatment and that the patient is informed that she must not become pregnant during treatment and for a period of two years after the completion of the treatment; or
  - 3.2 Patient is male.

CALCIPOTRIOL

Crm 50 µg per g .....	20.76	30 g OP	✓ Daivonex
	57.89	100 g OP	✓ Daivonex
Oint 50 µg per g .....	20.76	30 g OP	✓ Daivonex
	57.89	100 g OP	✓ Daivonex
Soln 50 µg per ml .....	20.78	30 ml OP	✓ Daivonex
	34.72	60 ml OP	✓ Daivonex

‡ safety cap

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

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

## DERMATOLOGICALS

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
<b>COAL TAR</b>				
Soln BP – Only in combination .....	36.48	500 ml	✓ PSM	
	12.98	200 ml		
	(16.20)			David Craig
Up to 10 % Only in combination with a dermatological base or proprietary Topical Corticosteroid – Plain, refer, page 160 With or without other dermatological galenicals.				
<b>COAL TAR WITH ALLANTOIN, MENTHOL, PHENOL AND SULPHUR</b>				
Soln 5% with sulphur 0.5%, menthol 0.75%, phenol 0.5% and allantoin crm 2.5% .....	3.43	30 g OP		
	(4.35)			Egopsoryl TA
	6.59	75 g OP		
	(8.00)			Egopsoryl TA
<b>COAL TAR WITH SALICYLIC ACID AND SULPHUR</b>				
Soln 12% with salicylic acid 2% and sulphur 4% oint .....	7.95	40 g OP	✓ Coco-Scalp	
<b>DITHRANOL</b>				
Crm 1% .....	27.50	50 g OP	✓ Micanol	
<b>SALICYLIC ACID</b>				
Powder – Only in combination .....	15.00	500 g	✓ ABM	
	18.88	250 g	✓ PSM	
1) Only in combination with a dermatological base or proprietary Topical Corticosteroid – Plain or collodion flexible, refer, page 160				
2) With or without other dermatological galenicals.				
3) Maximum 20 g or 20 ml per prescription when prescribed with white soft paraffin or collodion flexible.				
<b>SULPHUR</b>				
Precipitated – Only in combination .....	6.50	100 g	✓ ABM	
	(9.25)		PSM	
1) Only in combination with a dermatological base or proprietary Topical Corticosteroid – Plain, refer, page 160				
2) With or without other dermatological galenicals.				
<b>TAR WITH CADE OIL</b>				
Bath emul 7.5% coal tar, 2.5% cade oil, 7.5% compound .....	9.70	350 ml		
	(29.60)			Polytar Emollient
<b>TAR WITH TRIETHANOLAMINE LAURYL SULPHATE AND FLUORESCEIN</b> – Only on a prescription				
* Soln 2.3% with triethanolamine lauryl sulphate and fluo- rescein sodium .....	2.90	500 ml	✓ Pinetarsol	

### Scalp Preparations

<b>BETAMETHASONE VALERATE</b>				
* Scalp app 0.1% .....	5.25	100 ml OP	✓ Beta Scalp	
<b>CLOBETASOL PROPIONATE</b>				
* Scalp app 0.05% .....	3.20	30 ml OP	✓ Dermol	
<b>HYDROCORTISONE BUTYRATE</b>				
Scalp lotn 0.1% .....	7.52	100 ml OP	✓ Locoid	
<b>KETOCONAZOLE</b>				
Shampoo 2% .....	3.48	100 ml OP	✓ Sebizole	
a) Maximum of 100 ml per prescription				
b) Only on a prescription				

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
<b>Sunscreens</b>				
SUNSCREENS, PROPRIETARY – Subsidy by endorsement				
Only if prescribed for a patient with severe photosensitivity secondary to a defined clinical condition and the prescription is endorsed accordingly.				
Crm .....	2.55 (5.89) 1.28 (5.84)	100 g OP		Hamilton Sunscreen
		50 g OP		Aquasun Oil Free Faces SPF30+
Lotn .....	2.55	100 ml OP	✓	<b>Marine Blue Lotion SPF 30+</b>
	5.10	200 ml OP	✓	<b>Marine Blue Lotion SPF 30+</b>
	3.19 (8.82)	125 ml OP		Aquasun Sensitive SPF 30+
	(9.38)			Aquasun 30+

## Wart Preparations

For salicylic acid preparations refer to PSORIASIS AND ECZEMA PREPARATIONS, page 65

IMIQUIMOD – Special Authority see SA0923 below – Retail pharmacy

Crm 5% sachet .....	110.40	12	✓ Aldara
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### SA0923 Special Authority for Subsidy

**Initial application** from any relevant practitioner. Approvals valid for 4 months for applications meeting the following criteria:

Any of the following:

- 1 The patient has external anogenital warts and podophyllotoxin has been tried and failed (or is contraindicated); or
- 2 The patient has external anogenital warts and podophyllotoxin is unable to be applied accurately to the site; or
- 3 The patient has confirmed superficial basal cell carcinoma where other standard treatments, including surgical excision, are contraindicated or inappropriate.

Notes: Superficial basal cell carcinoma

- Surgical excision remains first-line treatment for superficial basal cell carcinoma as it has a higher cure rate than imiquimod and allows histological assessment of tumour clearance.
- Imiquimod has not been evaluated for the treatment of superficial basal cell carcinoma within 1 cm of the hairline, eyes, nose, mouth or ears.
- Imiquimod is not indicated for recurrent, invasive, infiltrating, or nodular basal cell carcinoma.

External anogenital warts

- Imiquimod is only indicated for external genital and perianal warts (condyloma acuminata).

**Renewal** from any relevant practitioner. Approvals valid for 4 months for applications meeting the following criteria:

Any of the following:

- 1 Inadequate response to initial treatment for anogenital warts; or
- 2 New confirmed superficial basal cell carcinoma where other standard treatments, including surgical excision, are contraindicated or inappropriate; or
- 3 Inadequate response to initial treatment for superficial basal cell carcinoma.

Note: Confirmation that the lesion is a superficial basal cell carcinoma should be obtained using a biopsy

### PODOPHYLLOTOXIN

Soln 0.5% .....	33.60	3.5 ml OP	✓ Condyline
a) Maximum of 3.5 ml per prescription			
b) Only on a prescription			

‡ safety cap

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

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

Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
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**Other Skin Preparations****Antineoplastics****FLUOROURACIL SODIUM**

Crm 5% .....	26.49	20 g OP	✓ Efidix
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**Topical Analgesia**

For aspirin &amp; chloroform application refer, page 163

**CAPSAICIN – Subsidy by endorsement**

Subsidised only if prescribed for post-herpetic neuralgia or diabetic peripheral neuropathy and the prescription is endorsed accordingly.

Crm 0.075% .....	12.50	45 g OP	✓ Zostrix HP
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**Wound Management Products****HYDROGEN PEROXIDE**

* Soln 20 vol – Maximum of 500 ml per prescription.....	3.13 (7.00)	500 ml	PSM
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**MAGNESIUM SULPHATE**

Paste .....	2.98 (4.90)	80 g	PSM
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	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
<b>Contraceptives - Non-hormonal</b>				
<b>Condoms</b>				
CONDOMS				
* 49 mm – Up to 144 dev available on a PSO.....	13.36	144	✓	Gold Knight
			✓	MarquisTantiliza
			✓	Shield 49
* 52 mm – Up to 144 dev available on a PSO.....	13.36	144	✓	Marquis Selecta
			✓	Marquis Sensolite
			✓	Marquis Supalite
* 52 mm extra strength – Up to 144 dev available on a PSO.....	13.36	144	✓	Marquis Protecta
* 53 mm – Up to 144 dev available on a PSO.....	13.36	144	✓	Gold Knight
			✓	Marquis Black
			✓	Marquis Titillata
			✓	Shield Blue
* 53 mm (chocolate) – Up to 144 dev available on a PSO.....	13.36	144	✓	Gold Knight
* 53 mm (strawberry) – Up to 144 dev available on a PSO .....	13.36	144	✓	Gold Knight
* 53 mm extra strength – Up to 144 dev available on a PSO .....	13.36	144	✓	Gold Knight
* 54 mm, shaped – Up to 144 dev available on a PSO.....	13.36	144		
	(14.84)			Lifestyles Flared
* 55 mm – Up to 144 dev available on a PSO.....	13.36	144	✓	Gold Knight
			✓	Marquis Conforma
* 56 mm – Up to 144 dev available on a PSO.....	13.36	144	✓	Durex Select
				Flavours
* 56 mm extra strength – Up to 144 dev available on a PSO.....	13.36	144	✓	Durex Extra Safe
* 56 mm, shaped – Up to 144 dev available on a PSO.....	13.36	144	✓	Durex Confidence
* 60 mm – Up to 144 dev available on a PSO.....	13.36	144	✓	Shield XL

## Spermicidal Agents

### APPLICATOR

When ordered with a spermicide.

* Applicator – Up to 1 dev available on a PSO.....	4.34	1	✓	Ortho
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### NONOXYNOL-9

Jelly 2% – Up to 108 g available on a PSO.....	10.95	108 g OP	✓	Gynol II
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## Contraceptive Devices

### DIAPHRAGM

* Diaphragm – Up to 1 dev available on a PSO .....	42.90	1	✓	Ortho All-flex
			✓	Ortho Coil

One of each size is permitted on a PSO.

### INTRA-UTERINE DEVICE – Only on a WSO

* IUD .....	39.50	1	✓	Multiload Cu 375
			✓	Multiload Cu 375 SL

Distributed by Pharmaco NZ Ltd, PO Box 4079, Auckland Ph 09 377 3336

‡ safety cap

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

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

Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
	✓	

## Contraceptives - Hormonal

### Combined Oral Contraceptives

#### ►SA0500 Special Authority for Alternate Subsidy

**Initial application** from any medical practitioner. Approvals valid for 2 years for applications meeting the following criteria:

Both:

- 1 Either:
  - 1.1 Patient is on a Social Welfare benefit; or
  - 1.2 Patient has an income no greater than the benefit; and
- 2 Has tried at least one of the fully funded options and has been unable to tolerate it.

**Renewal** from any medical practitioner. Approvals valid for 2 years for applications meeting the following criteria:

Either:

- 1 Patient is on a Social Welfare benefit; or
- 2 Patient has an income no greater than the benefit.

Notes: The approval numbers of Special Authorities approved after 1 November 1999 are interchangeable between Mercilon, Marvelon, Minulet and Femodene.

The additional subsidy will fund Mercilon, Marvelon, Minulet and Femodene up to the manufacturer's price for each of these products as identified on the Schedule at 1 November 1999.

Special Authorities approved before 1 November 1999 remain valid until the expiry date and can be renewed providing that women are still either:

- on a Social Welfare benefit; or
- have an income no greater than the benefit.

The approval numbers of Special Authorities approved before 1 November 1999 are interchangeable for products within the combined oral contraceptives and progestogen-only contraceptives groups, except Loette and Microgynon 20 ED

#### ETHINYLOESTRADIOL WITH DESOGESTREL

* Tab 20 µg with desogestrel 150 µg .....	6.62	63	
	(16.50)		Mercilon 21
a) Higher subsidy of \$13.80 per 63 with Special Authority see SA0500 above			
b) Up to 63 tab available on a PSO			
* Tab 20 µg with desogestrel 150 µg and 7 inert tab .....	6.62	84	
	(16.50)		Mercilon 28
a) Higher subsidy of \$13.80 per 84 with Special Authority see SA0500 above			
b) Up to 84 tab available on a PSO			
* Tab 30 µg with desogestrel 150 µg .....	6.62	63	
	(16.50)		Marvelon 21
a) Higher subsidy of \$13.80 per 63 with Special Authority see SA0500 above			
b) Up to 63 tab available on a PSO			
* Tab 30 µg with desogestrel 150 µg and 7 inert tab .....	6.62	84	
	(16.50)		Marvelon 28
a) Higher subsidy of \$13.80 per 84 with Special Authority see SA0500 above			
b) Up to 84 tab available on a PSO			

#### ETHINYLOESTRADIOL WITH GESTODENE

* Tab 30 µg with gestodene 75 µg and 7 inert tab .....	6.62	84	
	(14.49)		Minulet 28
	(16.50)		Femodene 28
a) Higher subsidy of \$14.49 per 84 with Special Authority see SA0500 above			
b) Up to 84 tab available on a PSO			

(Minulet 28 Tab 30 µg with gestodene 75 µg and 7 inert tab to be delisted 1 September 2009)

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
<b>ETHINYLOESTRADIOL WITH LEVONORGESTREL</b>				
* Tab ethinyloestradiol 30 µg with levonorgestrel 50 µg (6) and tab ethinyloestradiol 40 µg with levonorgestrel 75 µg (5), and tab ethinyloestradiol 30 µg with levonorgestrel 125 µg (10) and 7 inert tab .....	6.62 (9.45) (14.49)	84	✓	<b>Trifeme</b> Triquilar ED Triphasil 28
a) Higher subsidy of up to \$14.49 per 84 with Special Authority see SA0500 on the preceding page				
b) Up to 84 tab available on a PSO				
* Tab 50 µg with levonorgestrel 125 µg and 7 inert tab – Up to 84 tab available on a PSO .....	9.45	84	✓	<b>Microgynon 50 ED</b>
* Tab 30 µg with levonorgestrel 150 µg .....	6.62 (16.50)	63		Microgynon 30
a) Higher subsidy of \$15.00 per 63 with Special Authority see SA0500 on the preceding page				
b) Up to 63 tab available on a PSO				
* Tab 30 µg with levonorgestrel 150 µg and 7 inert tab .....	6.62 (14.49) (16.50)	84	✓ ✓	<b>Leven ED</b> <b>Monofeme</b> Nordette 28 Microgynon 30 ED
a) Higher subsidy of up to \$15.00 per 84 with Special Authority see SA0500 on the preceding page				
b) Up to 84 tab available on a PSO				
<i>(Triphasil 28 Tab ethinyloestradiol 30 µg with levonorgestrel 50 µg (6) and tab ethinyloestradiol 40 µg with levonorgestrel 75 µg (5), and tab ethinyloestradiol 30 µg with levonorgestrel 125 µg (10) and 7 inert tab to be delisted 1 September 2009)</i>				
<b>ETHINYLOESTRADIOL WITH NORETHISTERONE</b>				
* Tab 35 µg with norethisterone 1 mg – Up to 63 tab available on a PSO .....	6.62	63	✓	<b>Brevinor 1/21</b>
* Tab 35 µg with norethisterone 1 mg and 7 inert tab – Up to 84 tab available on a PSO .....	6.62	84	✓	<b>Brevinor 1/28</b>
* Tab 35 µg with norethisterone 500 µg – Up to 63 tab available on a PSO .....	6.62	63	✓	<b>Brevinor 21</b>
* Tab 35 µg with norethisterone 500 µg and 7 inert tab – Up to 84 tab available on a PSO .....	6.62	84	✓	<b>Norimin</b>
<b>NORETHISTERONE WITH MESTRANOL</b>				
* Tab 1 mg with mestranol 50 µg and 7 inert tab .....	6.62 (13.80)	84		Norinyl-1/28
a) Higher subsidy of \$13.80 per 84 with Special Authority see SA0500 on the preceding page				
b) Up to 84 tab available on a PSO				

### Combined Oral Contraceptives - Other

#### ETHINYLOESTRADIOL WITH LEVONORGESTREL

* Tab 20 µg with levonorgestrel 100 µg and 7 inert tab – Up to 84 tab available on a PSO .....	6.62 (16.50) (16.50)	84		Loette Microgynon 20 ED
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‡ safety cap

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

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

Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
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## Progestogen-only Contraceptives

### ►SA0500 Special Authority for Alternate Subsidy

**Initial application** from any medical practitioner. Approvals valid for 2 years for applications meeting the following criteria:

Both:

- 1 Either:
  - 1.1 Patient is on a Social Welfare benefit; or
  - 1.2 Patient has an income no greater than the benefit; and
- 2 Has tried at least one of the fully funded options and has been unable to tolerate it.

**Renewal** from any medical practitioner. Approvals valid for 2 years for applications meeting the following criteria:

Either:

- 1 Patient is on a Social Welfare benefit; or
- 2 Patient has an income no greater than the benefit.

Notes: The approval numbers of Special Authorities approved after 1 November 1999 are interchangeable between Mercilon, Marvelon, Minulet and Femodene.

The additional subsidy will fund Mercilon, Marvelon, Minulet and Femodene up to the manufacturer's price for each of these products as identified on the Schedule at 1 November 1999.

Special Authorities approved before 1 November 1999 remain valid until the expiry date and can be renewed providing that women are still either:

- on a Social Welfare benefit; or
- have an income no greater than the benefit.

The approval numbers of Special Authorities approved before 1 November 1999 are interchangeable for products within the combined oral contraceptives and progestogen-only contraceptives groups, except Loette and Microgynon 20 ED

### LEVONORGESTREL

* Tab 30 µg .....	6.62	84	
	(16.50)		Microlut
a) Higher subsidy of \$13.80 per 84 with Special Authority see SA0500 above			
b) Up to 84 tab available on a PSO			

### MEDROXYPROGESTERONE ACETATE

* Inj 150 mg per ml, 1 ml – Up to 5 inj available on a PSO .....	8.05	1	✓ Depo-Provera
* Inj 150 mg per ml, 1 ml syringe – Up to 5 inj available on a PSO .....	8.05	1	✓ Depo-Provera

### NORETHISTERONE

* Tab 350 µg – Up to 84 tab available on a PSO .....	7.15	84	✓ <u>Noriday 28</u>
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## Emergency Contraceptives

### LEVONORGESTREL

* Tab 1.5 mg .....	12.50	1	✓ Postinor-1
a) Maximum of 2 tab per prescription			
b) Up to 5 tab available on a PSO			

## Antandrogen Oral Contraceptives

Prescribers may code prescriptions "contraceptive" (code "O") when used as indicated for contraception. The period of supply and prescription charge will be as per other contraceptives, as follows:

- \$3.00 prescription charge (patient co-payment) will apply.
- prescription may be written for up to six months supply.

Prescriptions coded in any other way are subject to the non contraceptive prescription charges, and the non-contraceptive period of supply. ie. Prescriptions may be written for up to three months supply.

### CYPROTERONE ACETATE WITH ETHINYLOESTRADIOL

* Tab 2 mg with ethinyloestradiol 35 µg and 7 inert tabs .....	6.30	84	✓ Estelle 35-ED
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	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
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### Gynaecological Anti-infectives

#### ACETIC ACID WITH HYDROXYQUINOLINE AND RICINOLEIC ACID

Jelly with glacial acetic acid 0.94%, hydroxyquinoline sulphate 0.025%, glycerol 5% and ricinoleic acid 0.75% with applicator .....	8.43 (11.32)	100 g OP	Aci-Jel
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#### CLOTRIMAZOLE

* Vaginal crm 1% with applicator(s) .....	1.45	35 g OP	✓ <u>Clomazol</u>
* Vaginal crm 2% with applicators .....	2.75	20 g OP	✓ <u>Clomazol</u>

#### MICONAZOLE NITRATE

* Vaginal crm 2% with applicator .....	2.75 (3.70)	40 g OP	Micreme
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#### NYSTATIN

Vaginal crm 100,000 u per 5 g with applicator(s) .....	4.71	75 g OP	✓ <u>Nilstat</u>
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### Myometrial and Vaginal Hormone Preparations

#### ERGOMETRINE MALEATE

Inj 500 µg per ml, 1 ml – Up to 5 inj available on a PSO .....	11.60	5	✓ <u>Mayne</u>
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#### METHYLERGOMETRINE

Inj 200 µg per ml, 1 ml – Up to 10 inj available on a PSO .....	9.28	10	✓ <u>Hospira</u> <sup>S29</sup>
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#### OESTRIOL

* Crm 1 mg per g with applicator .....	7.00	15 g OP	✓ <u>Ovestin</u>
* Pessaries 500 µg .....	7.25	15	✓ <u>Ovestin</u>

#### OXYTOCIN – Up to 5 inj available on a PSO

Inj 5 iu per ml, 1 ml .....	5.40	5	✓ <u>Syntocinon</u>
Inj 10 iu per ml, 1 ml .....	6.80	5	✓ <u>Syntocinon</u>
Inj 5 iu with ergometrine maleate 500 µg per ml, 1 ml .....	9.20	5	✓ <u>Syntometrine</u>

### Pregnancy Tests - HCG Urine

#### PREGNANCY TESTS - HCG URINE – Only on a WSO

Cassette .....	19.00	25 test	✓ <u>MDS Quick Card</u>
Distributed by MDS Diagnostics, PO Box 24-162, Royal Oak, Auckland. Ph 09 570 5761			

### Urinary Agents

For urinary tract Infections refer to INFECTIONS, Antibacterials, page 94

### 5-Alpha Reductase Inhibitors

#### FINASTERIDE – Special Authority see SA0928 on the next page – Retail pharmacy

Tab 5 mg .....	19.20	30	✓ <u>Fintral</u>
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‡ safety cap

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

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

Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
	✓	

**SA0928 Special Authority for Subsidy**

**Initial application** from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Both:

- 1 Patient has symptomatic benign prostatic hyperplasia; and
- 2 Either:
  - 2.1 The patient is intolerant of non-selective alpha blockers or these are contraindicated; or
  - 2.2 Symptoms are not adequately controlled with non-selective alpha blockers.

Note: Patients with enlarged prostates are the appropriate candidates for therapy with finasteride.

**Other Urinary Agents**
**OXYBUTYNIN**

* Tab 5 mg .....	44.79	500	✓ <u>Apo-Oxybutynin</u>
* Oral liq 5 mg per 5 ml .....	50.40	473 ml OP	✓ <u>Apo-Oxybutynin</u>

**SODIUM CITRO-TARTRATE**

* Grans eff 4 g sachets .....	2.75	28	✓ <u>Ural</u>
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# HORMONE PREPARATIONS - SYSTEMIC EXCLUDING CONTRACEPTIVE HORMONES

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
<b>Anabolic Agents</b>				
<b>NANDROLONE DECANOATE – Retail pharmacy-Specialist</b>				
Inj 50 mg per ml, 1 ml .....	21.15	1	✓	<b>Deca-Durabolin Orgaject</b>
<b>Corticosteroids and Related Agents for Systemic Use</b>				
<b>BETAMETHASONE SODIUM PHOSPHATE WITH BETAMETHASONE ACETATE</b>				
* Inj 3.9 mg with betamethasone acetate 3 mg per ml, 1 ml .....	19.20 (33.60)	5		Celestone Chronodose
<b>DEXAMETHASONE</b>				
* Tab 1 mg – Retail pharmacy-Specialist .....	16.08	100	✓	<b>Douglas</b>
Up to 30 tab available on a PSO				
* Tab 4 mg – Retail pharmacy-Specialist .....	61.89	100	✓	<b>Douglas</b>
Up to 30 tab available on a PSO				
Oral liq 1 mg per ml – Retail pharmacy-Specialist .....	39.90	25 ml OP	✓	<b>Biomed</b>
Oral liq prescriptions:				
1) Must be written by a Paediatrician or Paediatric Cardiologist; or				
2) On the recommendation of a Paediatrician or Paediatric Cardiologist.				
<b>DEXAMETHASONE SODIUM PHOSPHATE</b>				
* Inj 4 mg per ml, 1 ml – Up to 5 inj available on a PSO .....	21.50	5	✓	<b>Mayne</b>
* Inj 4 mg per ml, 2 ml – Up to 5 inj available on a PSO .....	31.00	5	✓	<b>Mayne</b>
<b>FLUDROCORTISONE ACETATE</b>				
* Tab 100 µg .....	7.62	100	✓	<b>Florinef</b>
<b>HYDROCORTISONE</b>				
* Tab 5 mg .....	7.95	100	✓	<b>Douglas</b>
* Tab 20 mg .....	19.95	100	✓	<b>Douglas</b>
* Inj 50 mg per ml, 2 ml .....	3.72	1	✓	<b>Solu-Cortef</b>
a) Up to 5 inj available on a PSO				
b) Only on a PSO				
<b>METHYLPREDNISOLONE – Retail pharmacy-Specialist</b>				
* Tab 4 mg .....	48.57	100	✓	<b>Medrol</b>
* Tab 100 mg .....	166.52	20	✓	<b>Medrol</b>
<b>METHYLPREDNISOLONE ACETATE</b>				
Inj 40 mg per ml, 1 ml .....	6.03	1	✓	<b>Depo-Medrol</b>
<b>METHYLPREDNISOLONE ACETATE WITH LIGNOCAINE</b>				
Inj 40 mg per ml with lignocaine 1 ml .....	6.03	1	✓	<b>Depo-Medrol with lidocaine</b>
<b>METHYLPREDNISOLONE SODIUM SUCCINATE – Retail pharmacy-Specialist</b>				
Inj 40 mg per ml, 1 ml .....	151.40	25	✓	<b>Solu-Medrol</b>
Inj 62.5 mg per ml, 2 ml .....	412.59	25	✓	<b>Solu-Medrol</b>
Inj 500 mg .....	16.45	1	✓	<b>Solu-Medrol</b>
Inj 1 g .....	42.57	1	✓	<b>Solu-Medrol</b>
<b>PREDNISOLONE SODIUM PHOSPHATE</b>				
* Oral liq 5 mg per ml – Up to 30 ml available on a PSO .....	9.95	30 ml OP	✓	<b>Redipred</b>
Restricted to children under 12 years of age.				

‡ safety cap

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

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

## HORMONE PREPARATIONS - SYSTEMIC EXCLUDING CONTRACEPTIVE HORMONES

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
<b>PREDNISONE</b>				
* Tab 1 mg .....	10.68	500	✓	<u>Apo-Prednisone</u>
* Tab 2.5 mg .....	12.09	500	✓	<u>Apo-Prednisone</u>
* Tab 5 mg – Up to 30 tab available on a PSO.....	11.09	500	✓	<u>Apo-Prednisone</u>
* Tab 20 mg .....	29.03	500	✓	<u>Apo-Prednisone</u>
<b>TETRACOSACTRIN</b>				
* Inj 250 µg .....	177.18	10	✓	<u>Synacthen</u>
* Inj 1 mg per ml, 1 ml .....	26.88	1	✓	<u>Synacthen Depot</u>
<b>TRIAMCINOLONE ACETONIDE</b>				
Inj 10 mg per ml, 1 ml .....	11.11	5	✓	<u>Kenacort-A</u>
Inj 10 mg per ml, 5 ml .....	10.31	1	✓	<u>Kenacort-A</u>
Inj 40 mg per ml, 1 ml .....	28.09	5	✓	<u>Kenacort-A40</u>
<i>(Kenacort-A Inj 10 mg per ml, 1 ml to be delisted 1 September 2009)</i>				
<i>(Kenacort-A Inj 10 mg per ml, 5 ml to be delisted 1 September 2009)</i>				

### Sex Hormones Non Contraceptive

#### Androgen Agonists and Antagonists

<b>CYPROTERONE ACETATE</b> – Hospital pharmacy [HP3]-Specialist				
Tab 50 mg .....	23.50	50	✓	<u>Siterone</u>
<b>TESTOSTERONE</b>				
Transdermal patch 2.5 mg per day .....	80.00	60	✓	<u>Androderm</u>
<b>TESTOSTERONE CYPIONATE</b> – Retail pharmacy-Specialist				
Inj long-acting 100 mg per ml, 10 ml .....	61.41	1	✓	<u>Depo-Testosterone</u>
<b>TESTOSTERONE ESTERS</b> – Retail pharmacy-Specialist				
Inj 250 mg per ml, 1 ml .....	12.98	1	✓	<u>Sustanon Ampoules</u>
<b>TESTOSTERONE UNDECANOATE</b> – Retail pharmacy-Specialist				
Cap 40 mg .....	60.71	60	✓	<u>Panteston</u>

### 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 written confirmation from such a specialist with the patient's record; or
- 2 oestrogen induced hypertension requiring antihypertensive therapy – documented evidence must be kept on file that raised blood pressure levels or inability to control blood pressure adequately occurred post oral oestrogens; or
- 3 hypertriglyceridaemia – documented evidence must be kept on file that triglyceride levels increased to at least  $2 \times$  normal triglyceride levels post oral oestrogens.

**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".

## HORMONE PREPARATIONS - SYSTEMIC EXCLUDING CONTRACEPTIVE HORMONES

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
<b>Oestrogens</b>				
OESTRADIOL – See prescribing guideline on the preceding page				
* Tab 1 mg .....	4.12 (6.50)	28 OP		Estrofem
* Tab 2 mg .....	4.12 (7.00)	28 OP		Estrofem
* TDDS 25 µg per day .....	3.01 (10.86)	8		Estraderm TTS 25
a) Higher subsidy of \$10.86 per 8 with Special Authority see SA0312 on the preceding page				
b) No more than 2 patch per week				
c) Only on a prescription				
* TDDS 3.9 mg (releases 50 µg of oestradiol per day) .....	4.12 (14.50) (32.50)	4		Climara 50 Femtran 50
a) Higher subsidy of \$13.18 per 4 with Special Authority see SA0312 on the preceding page				
b) No more than 1 patch per week				
c) Only on a prescription				
* TDDS 50 µg per day .....	4.12 (13.18)	8		Estraderm TTS 50
a) Higher subsidy of \$13.18 per 8 with Special Authority see SA0312 on the preceding page				
b) No more than 2 patch per week				
c) Only on a prescription				
* TDDS 7.8 mg (releases 100 µg of oestradiol per day) .....	7.05 (17.75) (35.00)	4		Climara 100 Femtran 100
a) Higher subsidy of \$16.14 per 4 with Special Authority see SA0312 on the preceding page				
b) No more than 1 patch per week				
c) Only on a prescription				
* TDDS 100 µg per day .....	7.05 (16.14)	8		Estraderm TTS 100
a) Higher subsidy of \$16.14 per 8 with Special Authority see SA0312 on the preceding page				
b) No more than 2 patch per week				
c) Only on a prescription				
OESTRADIOL VALERATE – See prescribing guideline on the preceding page				
* Tab 1 mg .....	8.24	56	✓	Progynova
* Tab 2 mg .....	8.24	56	✓	Progynova
OESTROGENS – See prescribing guideline on the preceding page				
* Conjugated, equine tab 300 µg .....	3.01 (3.75)	28		Premarin
* Conjugated, equine tab 625 µg .....	4.12 (5.14)	28		Premarin

## Progestogens

MEDROXYPROGESTERONE ACETATE – See prescribing guideline on the preceding page

* Tab 2.5 mg .....	2.07	30	✓	<u>Provera</u>
* Tab 5 mg .....	13.75	100	✓	<u>Provera</u>
* Tab 10 mg .....	7.57	30	✓	<u>Provera</u>

‡ safety cap

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

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

## HORMONE PREPARATIONS - SYSTEMIC EXCLUDING CONTRACEPTIVE HORMONES

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
<b>Progestogen and Oestrogen Combined Preparations</b>				
OESTRADIOL WITH LEVONORGESTREL – See prescribing guideline on page 76				
* Tab 2 mg with 75 µg levonorgestrel (36) and tab 2 mg oestradiol (48) .....	16.20	84	✓ Nuvelle	
OESTRADIOL WITH NORETHISTERONE – See prescribing guideline on page 76				
* Tab 1 mg with 0.5 mg norethisterone acetate .....	5.40 (11.45)	28 OP		Kliovance
* Tab 2 mg with 1 mg norethisterone acetate .....	5.40 (11.45)	28 OP		Kliogest
* Tab 2 mg with 1 mg norethisterone acetate (10), and 2 mg oestradiol tab (12) and 1 mg oestradiol tab (6) .....	5.40 (10.00)	28 OP		Trisequens
OESTROGENS WITH MEDROXYPROGESTERONE – See prescribing guideline on page 76				
* Tab 625 µg conjugated equine with 2.5 mg medroxyprogesterone acetate tab (28) .....	5.40 (11.45)	28 OP		Premia 2.5 Continuous
* Tab 625 µg conjugated equine with 5 mg medroxyprogesterone acetate tab (28) .....	5.40 (11.45)	28 OP		Premia 5 Continuous

### Other Oestrogen Preparations

ETHINYLESTRADIOL				
* Tab 10 µg .....	17.60	100	✓ <u>NZ Medical and Scientific</u>	
OESTRIOL				
* Tab 2 mg .....	7.00	30	✓ Ovestin	

### Other Progestogen Preparations

DYDROGESTERONE				
Tab 10 mg .....	27.50 (29.90)	50		Duphaston
LEVONORGESTREL				
* Levonorgestrel - releasing intrauterine system 20µg/24 hr – Special Authority see SA0782 below – 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 µg/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...

## HORMONE PREPARATIONS - SYSTEMIC EXCLUDING CONTRACEPTIVE HORMONES

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
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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.

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.

### MEDROXYPROGESTERONE ACETATE

* Tab 100 mg – Retail pharmacy-Specialist .....	104.26	100	✓ <u>Provera</u>
* Tab 200 mg – Retail pharmacy-Specialist .....	78.06	30	✓ <u>Provera</u>

### NORETHISTERONE

* Tab 5 mg – Up to 30 tab available on a PSO.....	25.00	100	✓ <u>Primolut N</u>
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## Thyroid and Antithyroid Agents

### CARBIMAZOLE

* Tab 5 mg .....	10.80	100	✓ <u>Neo-Mercazole</u>
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### LEVOTHYROXINE

* Tab 50 µg .....	1.71	28	✓ <u>Goldshield</u>
	64.28	1,000	✓ <u>Eltroxin</u>

‡ Safety cap for extemporaneously compounded oral liquid preparations.

* Tab 100 µg .....	1.78	28	✓ <u>Goldshield</u>
	66.78	1,000	✓ <u>Eltroxin</u>

‡ Safety cap for extemporaneously compounded oral liquid preparations.

## Trophic Hormones

### Growth Hormones

#### ►SA0755 Special Authority for Subsidy

Special Authority approved by the Growth Hormone Committee

Notes: Subject to budgetary cap. Applications will be considered and approved subject to funding availability.

Application details may be obtained from PHARMAC's website <http://www.pharmac.govt.nz> or:

NZGHC Coordinator

PHARMAC, PO Box 10-254, WELLINGTON

Tel: 0800 808 476, Fax: (09) 929 3221, Email: [growthhormone@pharmac.govt.nz](mailto:growthhormone@pharmac.govt.nz)

GROWTH HORMONE BIOSYNTHETIC HUMAN – Special Authority see SA0755 above

* Cartridge 16 iu per vial .....	1,600.00	5	✓ <u>Genotropin</u>
* Cartridge 36 iu per vial .....	3,600.00	5	✓ <u>Genotropin</u>

‡ safety cap

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

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

## HORMONE PREPARATIONS - SYSTEMIC EXCLUDING CONTRACEPTIVE HORMONES

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
RECOMBINANT HUMAN GROWTH HORMONE – Special Authority see SA0755 on the preceding page				
* Inj 5 mg .....	300.00	1	✓	Norditropin SimpleXx 5mg
* Inj 10 mg .....	600.00	1	✓	Norditropin SimpleXx 10mg
* Inj 15 mg .....	900.00	1	✓	Norditropin SimpleXx 15mg

### GnRH Analogues

BUSERELIN ACETATE – Special Authority see SA0835 below – Hospital pharmacy [HP3]

Inj 1 mg per ml, 5.5 ml .....	195.00	2		
	(272.53)			Suprefact

#### ►SA0835 Special Authority for Subsidy

**Initial application — (Breast cancer)** from any medical practitioner. Approvals valid for 1 year where the patient is a pre-menopausal woman with breast cancer.

**Initial application — (Prostate cancer)** only from an oncologist, urologist or endocrinologist. Approvals valid for 1 year where the patient has advanced prostatic cancer.

Note: Not to be prescribed with an anti-androgen except for a period of three weeks, if necessary, when GnRH analogue therapy is initiated.

**Initial application — (Endometriosis)** only from a gynaecologist. Approvals valid for 3 months for applications meeting the following criteria:

Both:

1 Endometriosis; and

2 Either:

2.1 6 months treatment with medroxyprogesterone acetate, danazol or dimetrisone has proven ineffective; or

2.2 The patient has failed to tolerate the treatment with medroxyprogesterone acetate, danazol or dimetrisone for 6 months.

Note: The maximum treatment period for a GnRH analogue is:

- 3 months to assess whether surgery is appropriate
- 3 months for infertile patients after surgery
- 6 months for patients with symptoms of endometriosis After the first 3 months patients should be assessed to determine whether there has been a satisfactory response to the first 3 months treatment.

**Initial application — (Precocious puberty)** only from a paediatrician or endocrinologist. Approvals valid for 1 year where the patient is affected by gonadotropin dependent precocious puberty.

**Renewal — (Breast or prostate cancer)** from any medical practitioner. Approvals valid for 1 year where the treatment remains appropriate and the patient is benefiting from treatment.

Note: If a patient had an approval for any GnRH analogue prior to 1 July 2006 the applicant is required to submit a fresh initial application, not a renewal application.

**Renewal — (Endometriosis)** from any medical practitioner. Approvals valid for 3 months for applications meeting the following criteria:

Either:

1 Both:

1.1 There has been a satisfactory response to the first 3 months treatment; and

1.2 Surgery is inappropriate; or

2 The first three months of therapy did not follow surgery for infertility.

Note: If a patient had an approval for any GnRH analogue prior to 1 July 2006 the applicant is required to submit a fresh initial application, not a renewal application.

**Renewal — (Precocious puberty)** only from a paediatrician or endocrinologist. Approvals valid for 1 year where the treatment remains appropriate and the patient is benefiting from treatment.

Note: If a patient had an approval for any GnRH analogue prior to 1 July 2006 the applicant is required to submit a fresh initial application, not a renewal application.



## HORMONE PREPARATIONS - SYSTEMIC EXCLUDING CONTRACEPTIVE HORMONES

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
GOSERELIN ACETATE – Special Authority see SA0839 below – Hospital pharmacy [HP3]			
Inj 3.6 mg .....	221.60	1	✓ Zoladex
Inj 10.8 mg .....	554.70	1	✓ Zoladex

### ▶SA0839 Special Authority for Subsidy

**Initial application — (Breast cancer)** from any medical practitioner. Approvals valid for 1 year where the patient is a pre-menopausal woman with breast cancer.

**Initial application — (Prostate cancer)** only from an oncologist, urologist or endocrinologist. Approvals valid for 1 year for applications meeting the following criteria:

Either:

- 1 Advanced prostatic cancer; or
- 2 Neoadjuvant or adjuvant treatment of locally advanced prostatic cancer.

Note: Not to be prescribed with an anti-androgen except for a period of three weeks, if necessary, when GnRH analogue therapy is initiated.

**Initial application — (Endometriosis)** only from a gynaecologist. Approvals valid for 3 months for applications meeting the following criteria:

Both:

- 1 Endometriosis; and
- 2 Either:
  - 2.1 6 months treatment with medroxyprogesterone acetate, danazol or dimetrioise has proven ineffective; or
  - 2.2 The patient has failed to tolerate the treatment with medroxyprogesterone acetate, danazol or dimetrioise for 6 months.

Note: The maximum treatment period for a GnRH analogue is:

- 3 months to assess whether surgery is appropriate
- 3 months for infertile patients after surgery
- 6 months for patients with symptoms of endometriosis After the first 3 months patients should be assessed to determine whether there has been a satisfactory response to the first 3 months treatment.

**Initial application — (Precocious puberty)** only from a paediatrician or endocrinologist. Approvals valid for 1 year where the patient is affected by gonadotropin dependent precocious puberty.

**Renewal — (Breast or prostate cancer)** from any medical practitioner. Approvals valid for 1 year where the treatment remains appropriate and the patient is benefiting from treatment.

Note: If a patient had an approval for any GnRH analogue prior to 1 July 2006 the applicant is required to submit a fresh initial application, not a renewal application.

**Renewal — (Endometriosis)** from any medical practitioner. Approvals valid for 3 months for applications meeting the following criteria:

Either:

- 1 Both:
  - 1.1 There has been a satisfactory response to the first 3 months treatment; and
  - 1.2 Surgery is inappropriate; or
- 2 The first three months of therapy did not follow surgery for infertility.

Note: If a patient had an approval for any GnRH analogue prior to 1 July 2006 the applicant is required to submit a fresh initial application, not a renewal application.

**Renewal — (Precocious puberty)** only from a paediatrician or endocrinologist. Approvals valid for 1 year where the treatment remains appropriate and the patient is benefiting from treatment.

Note: If a patient had an approval for any GnRH analogue prior to 1 July 2006 the applicant is required to submit a fresh initial application, not a renewal application.

‡ safety cap

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

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

## HORMONE PREPARATIONS - SYSTEMIC EXCLUDING CONTRACEPTIVE HORMONES

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
<b>LEUPRORELIN</b> – Special Authority see SA0837 below – Hospital pharmacy [HP3]				
Inj 3.75 mg .....	221.60	1	✓	Lucrin Depot
Inj 7.5 mg .....	184.90	1	✓	Eligard
Inj 11.25 mg .....	591.68	1	✓	Lucrin Depot
Inj 22.5 mg .....	554.70	1	✓	Eligard
Inj 30 mg .....	739.60	1	✓	Eligard
Inj 45 mg .....	1,109.40	1	✓	Eligard

### ►SA0837 Special Authority for Subsidy

**Initial application — (Breast cancer)** from any medical practitioner. Approvals valid for 1 year where the patient is a pre-menopausal woman with breast cancer.

**Initial application — (Prostate cancer)** only from an oncologist, urologist or endocrinologist. Approvals valid for 1 year where the patient has advanced prostatic cancer.

Note: Not to be prescribed with an anti-androgen except for a period of three weeks, if necessary, when GnRH analogue therapy is initiated

**Initial application — (Endometriosis)** only from a gynaecologist. Approvals valid for 3 months for applications meeting the following criteria:

Both:

1 Endometriosis; and

2 Either:

2.1 6 months treatment with medroxyprogesterone acetate, danazol or dimetrisone has proven ineffective; or

2.2 The patient has failed to tolerate the treatment with medroxyprogesterone acetate, danazol or dimetrisone for 6 months.

Note: The maximum treatment period for a GnRH analogue is:

- 3 months to assess whether surgery is appropriate
- 3 months for infertile patients after surgery
- 6 months for patients with symptoms of endometriosis After the first 3 months patients should be assessed to determine whether there has been a satisfactory response to the first 3 months treatment

**Initial application — (Precocious puberty)** only from a paediatrician or endocrinologist. Approvals valid for 1 year where the patients is affected by gonadotropin dependent precocious puberty.

**Renewal — (Breast or prostate cancer)** from any medical practitioner. Approvals valid for 1 year where the treatment remains appropriate and the patient is benefiting from treatment.

Note: If a patient had an approval for any GnRH analogue prior to 1 July 2006 the applicant is required to submit a fresh initial application, not a renewal application.

**Renewal — (Endometriosis)** from any medical practitioner. Approvals valid for 3 months for applications meeting the following criteria:

Either:

1 Both:

1.1 There has been a satisfactory response to the first 3 months treatment; and

1.2 Surgery is inappropriate; or

2 The first three months of therapy did not follow surgery for infertility.

Note: If a patient had an approval for any GnRH analogue prior to 1 July 2006 the applicant is required to submit a fresh initial application, not a renewal application.

**Renewal — (Precocious puberty)** only from a paediatrician or endocrinologist. Approvals valid for 1 year where the treatment remains appropriate and the patient is benefiting from treatment.

Note: If a patient had an approval for any GnRH analogue prior to 1 July 2006 the applicant is required to submit a fresh initial application, not a renewal application.

# HORMONE PREPARATIONS - SYSTEMIC EXCLUDING CONTRACEPTIVE HORMONES

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
<b>Vasopressin Agonists</b>			
DESMOPRESSIN			
▲ Nasal drops 100 µg per ml – Retail pharmacy-Specialist.....	39.03	2.5 ml OP	✓ Minirin
▲ Nasal spray 10 µg per dose – Retail pharmacy-Specialist.....	29.94	6 ml OP	✓ <u>Desmopressin- PH&amp;T</u>
Inj 4 µg per ml, 1 ml – Special Authority see SA0090 below – Hospital pharmacy [HP3].....	67.18	10	✓ Minirin

## ►SA0090 Special Authority for Subsidy

**Initial application** only from a relevant specialist. Approvals valid for 2 years where the patient cannot use desmopressin nasal spray or nasal drops.

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

## Other Endocrine Agents

### CABERGOLINE

Tab 0.5 mg – Maximum of 2 tab per prescription; can be  
waived by Special Authority see SA0175 below..... 105.03 8 ✓ Dostinex

## ►SA0175 Special Authority for Waiver of Rule

**Initial application** only from an obstetrician, endocrinologist or gynaecologist. Approvals valid for 2 years where the patient has pathological hyperprolactinemia.

**Renewal** only from an obstetrician, endocrinologist or gynaecologist. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.

### CLOMIPHENE CITRATE – Retail pharmacy-Specialist

Only a prescription for a female patient.  
Tab 50 mg ..... 2.50 5 ✓ Phenate

### DANAZOL – Retail pharmacy-Specialist

Cap 100 mg ..... 17.00 30 ✓ D-Zol  
56.66 100 ✓ Azol  
Cap 200 mg ..... 25.00 30 ✓ D-Zol

(D-Zol Cap 100 mg to be delisted 1 October 2009)

### GESTRINONE – Retail pharmacy-Specialist

Cap 2.5 mg ..... 101.87 8 OP ✓ Dimetriose

### METYRAPONE

Cap 250 mg – Hospital pharmacy [HP3]-Specialist ..... 238.00 50 ✓ Metopirone

‡ safety cap

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

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

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
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## Anthelmintics

MEBENDAZOLE – Only on a prescription

Tab 100 mg .....	17.28	24	✓ De-Worm
	2.53	4	
	(7.43)		Vermox
	3.79	6	
	(7.59)		Vermox
Oral liq 100 mg per 5 ml .....	2.18	15 ml	
	(7.17)		Vermox

(Vermox Tab 100 mg to be delisted 1 August 2009)

## Antibacterials

- a) For topical antibacterials, refer to DERMATOLOGICALS, page 58  
b) For anti-infective eye preparations, refer to SENSORY ORGANS, page 154

## Cephalosporins and Cephamycins

CEFACLOR MONOHYDRATE

Cap 250 mg .....	28.90	100	✓ <u>Ranbaxy-Cefaclor</u>
Grans for oral liq 125 mg per 5 ml .....	3.92	100 ml	✓ <u>Ranbaxy-Cefaclor</u>

CEFAZOLIN SODIUM – Hospital pharmacy [HP3] – Subsidy by endorsement

Only if prescribed for dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.

Inj 500 mg .....	5.00	5	✓ <u>Hospira</u>
Inj 1 g .....	8.00	5	✓ <u>Hospira</u>

CEFOXITIN SODIUM – Hospital pharmacy [HP3]-Specialist – Subsidy by endorsement

Only if prescribed for dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.

Inj 1 g .....	48.48	5	✓ Mayne
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CEFTRIAXONE SODIUM – Hospital pharmacy [HP3] – Subsidy by endorsement

a) Up to 5 inj available on a PSO

b) Subsidised only if prescribed for a dialysis or cystic fibrosis patient, or the treatment of confirmed ciprofloxacin-resistant gonorrhoea, or the treatment of suspected meningitis in patients who have a known allergy to penicillin, and the prescription or PSO is endorsed accordingly.

Inj 500 mg .....	3.99	1	✓ AFT
Inj 1 g .....	5.40	1	✓ AFT

CEFUROXIME AXETIL – Subsidy by endorsement

Only if prescribed for prophylaxis of endocarditis and the prescription is endorsed accordingly.

Tab 250 mg .....	29.40	50	✓ Zinnat
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CEFUROXIME SODIUM – Hospital pharmacy [HP3]

Inj 250 mg – Maximum of 3 inj per prescription; can be waived

by endorsement.....	20.97	10	✓ Mayne
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Inj 750 mg – Maximum of 1 inj per prescription; can be waived

by endorsement.....	10.71	5	✓ <u>Zinacef</u>
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Inj 1.5 g – Hospital pharmacy [HP3]-Specialist – Subsidy by

endorsement.....	4.04	1	✓ <u>Zinacef</u>
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Only if prescribed for a dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
<b>Macrolides</b>			
AZITHROMYCIN – Subsidy by endorsement			
a) Maximum of 2 tab per prescription			
b) Up to 4 tab available on a PSO			
c) Subsidised only if prescribed for patients with uncomplicated urethritis or cervicitis proven or presumed to be due to chlamydia trachomatis and their sexual contacts and prescription or PSO is endorsed accordingly.			
Tab 500 mg .....	9.90	2 OP	✓ <u>Arrow-Azithromycin</u>
CLARITHROMYCIN – Maximum of 500 mg per prescription; can be waived by Special Authority see SA0657 below			
Tab 250 mg .....	7.75	14	✓ <u>Klamycin</u>
Grans for oral liquid 125 mg per 5 ml .....	23.12	70 ml	✓ <u>Klacid</u>
<b>▶SA0657 Special Authority for Waiver of Rule</b>			
<b>Initial application — (<i>Helicobacter pylori</i> infections)</b> only from a general practitioner or relevant specialist. Approvals valid for 6 months for applications meeting the following criteria:			
Both:			
1 Eradication of <i>Helicobacter pylori</i> in patient with proven infection; and			
2 Peptic ulcer disease proven by endoscopy.			
Note: Maximum of two prescriptions (two courses) per patient.			
<b>Initial application — (<i>Mycobacterial infections</i>)</b> only from a respiratory specialist, infectious disease specialist or paediatrician. Approvals valid for 2 years for applications meeting the following criteria:			
Any of the following:			
1 <i>Mycobacterium Avium</i> Intracellulare Complex infections in patient with AIDS; or			
2 Atypical and drug-resistant mycobacterial infection; or			
3 All of the following:			
3.1 Prophylaxis against disseminated <i>Mycobacterium Avium</i> Intracellulare Complex infection; and			
3.2 HIV infection; and			
3.3 CD4 count $\leq 50$ cells/mm <sup>3</sup> .			
<b>Renewal — (<i>Mycobacterial infections</i>)</b> only from a respiratory specialist, infectious disease specialist or paediatrician. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.			
ERYTHROMYCIN ETHYL SUCCINATE			
Tab 400 mg – Up to 30 tab available on a PSO.....	16.95	100	✓ <u>E-Mycin</u>
Grans for oral liq 200 mg per 5 ml – Up to 200 ml available on a PSO.....	4.35	100 ml	✓ <u>E-Mycin</u>
Grans for oral liq 400 mg per 5 ml – Up to 200 ml available on a PSO.....	5.85	100 ml	✓ <u>E-Mycin</u>
ERYTHROMYCIN LACTOBIONATE			
Inj 1 g .....	6.50	1	✓ <u>Erythrocin IV</u>
ERYTHROMYCIN STEARATE			
Tab 250 mg – Up to 30 tab available on a PSO.....	14.95 (22.29)	100	ERA
Tab 500 mg .....	29.90 (44.58)	100	ERA
ROXITHROMYCIN			
Tab 150 mg .....	9.50	50	✓ <u>Arrow-Roxithromycin</u>
Tab 300 mg .....	18.00	50	✓ <u>Arrow-Roxithromycin</u>

‡ safety cap

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

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

## INFECTIONS - AGENTS FOR SYSTEMIC USE

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
<b>Penicillins</b>				
<b>AMOXYCILLIN</b>				
Cap 250 mg – Up to 30 cap available on a PSO .....	17.30	500	✓	<u>Apo-Amoxi</u>
Cap 500 mg .....	27.25	500	✓	<u>Apo-Amoxi</u>
Grans for oral liq 125 mg per 5 ml – Up to 200 ml available on a PSO .....	1.00	100 ml	✓	<u>Ranbaxy Amoxicillin</u>
Grans for oral liq 250 mg per 5 ml – Up to 200 ml available on a PSO .....	1.27	100 ml	✓	<u>Ranbaxy Amoxicillin</u>
Drops 125 mg per 1.25 ml .....	4.00	30 ml OP	✓	<u>Ospamox Paediatric Drops</u>
Inj 250 mg .....	12.42	10	✓	<u>Ibiamox</u>
Inj 500 mg .....	14.24	10	✓	<u>Ibiamox</u>
Inj 1 g – Up to 5 inj available on a PSO .....	21.62	10	✓	<u>Ibiamox</u>
<b>AMOXYCILLIN CLAVULANATE</b>				
Tab amoxycillin 500 mg with potassium clavulanate 125 mg – Up to 30 tab available on a PSO .....	25.10 5.02 (6.40)	100 20	✓	<u>Synermox</u>  Augmentin
Grans for oral liq amoxycillin 125 mg with potassium clavu- lanate 31.25 mg per 5 ml – Up to 200 ml available on a PSO .....	2.75	100 ml	✓	<u>Augmentin</u>
Grans for oral liq amoxycillin 250 mg with potassium clavu- lanate 62.5 mg per 5 ml – Up to 200 ml available on a PSO .....	4.75	100 ml	✓	<u>Augmentin</u>
<i>(Augmentin Tab amoxycillin 500 mg with potassium clavulanate 125 mg to be delisted 1 August 2009)</i>				
<b>BENZATHINE BENZYL PENICILLIN</b>				
Inj 1.2 mega u per 2.3 ml – Up to 5 inj available on a PSO .....	200.00	10	✓	<u>Bicillin LA</u>
<b>BENZYL PENICILLIN SODIUM (PENICILLIN G)</b>				
Inj 1 mega u – Up to 5 inj available on a PSO .....	10.49	10	✓	<u>Sandoz</u>
<b>DICLOXACILLIN</b>				
Cap 250 mg .....	2.47 (4.35)	24		Diclocil
Cap 500 mg .....	3.83 (8.65)	24		Diclocil
<i>(Diclocil Cap 250 mg to be delisted 1 September 2009)</i> <i>(Diclocil Cap 500 mg to be delisted 1 September 2009)</i>				
<b>FLUCLOXACILLIN SODIUM</b>				
Cap 250 mg – Up to 30 cap available on a PSO .....	18.50	250	✓	<u>Staphlex</u>
Cap 500 mg .....	57.90	500	✓	<u>Staphlex</u>
Grans for oral liq 125 mg per 5 ml – Up to 200 ml available on a PSO .....	2.05	100 ml	✓	<u>AFT</u>
Grans for oral liq 250 mg per 5 ml – Up to 200 ml available on a PSO .....	2.72	100 ml	✓	<u>AFT</u>
Inj 250 mg .....	9.00	10	✓	<u>Flucloxin</u>
Inj 500 mg .....	10.40	10	✓	<u>Flucloxin</u>
Inj 1 g – Up to 5 inj available on a PSO .....	14.00	10	✓	<u>Flucloxin</u>

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
<b>PHENOXYMETHYLPENICILLIN (PENICILLIN V)</b>				
Cap potassium salt 250 mg – Up to 30 cap available on a PSO .....	4.29	50	✓	<u>Cilicaine VK</u>
Cap potassium salt 500 mg .....	8.15	50	✓	<u>Cilicaine VK</u>
Grans for oral liq 125 mg per 5 ml – Up to 200 ml available on a PSO .....	1.68	100 ml	✓	<u>AFT</u>
Grans for oral liq 250 mg per 5 ml – Up to 200 ml available on a PSO .....	1.82	100 ml	✓	<u>AFT</u>
<b>PROCAINE PENICILLIN</b>				
Inj 1.5 mega u – Up to 5 inj available on a PSO .....	50.86	5	✓	<u>Cilicaine</u>
<b>Tetracyclines</b>				
<b>DOXYCYCLINE HYDROCHLORIDE</b>				
* Tab 50 mg – Up to 30 tab available on a PSO .....	2.90 (6.00)	30		Doxy-50
* Tab 100 mg – Up to 30 tab available on a PSO .....	8.10	250	✓	<u>Doxine</u>
<b>MINOCYCLINE HYDROCHLORIDE</b>				
* Tab 50 mg .....	5.79 (12.05)	60		Mino-tabs
* Cap 100 mg .....	19.32 (52.04)	100		Minomycin
<b>Other Antibiotics</b>				
For topical antibiotics, refer to DERMATOLOGICALS, page 58				
<b>CIPROFLOXACIN</b>				
Tab 250 mg – Up to 5 tab available on a PSO .....	3.35	30	✓	<u>Rex Medical</u>
Tab 500 mg – Up to 5 tab available on a PSO .....	4.90	30	✓	<u>Rex Medical</u>
Tab 750 mg – Retail pharmacy-Specialist .....	7.54	30	✓	<u>Rex Medical</u>
<b>CLINDAMYCIN</b>				
Cap hydrochloride 150 mg – Maximum of 4 cap per prescrip- tion; can be waived by endorsement - Retail pharmacy - Specialist .....	11.39	16	✓	<u>Dalacin C</u>
Inj phosphate 150 mg per ml, 4 ml – Retail pharmacy- Specialist .....	19.45	1	✓	<u>Dalacin C</u>
<b>CO-TRIMOXAZOLE</b>				
* Tab trimethoprim 80 mg and sulphamethoxazole 400 mg – Up to 30 tab available on a PSO .....	17.00	500	✓	<u>Trisul</u>
* Oral liq sugar-free trimethoprim 40 mg and sulphamethoxa- zole 200 mg per 5 ml – Up to 200 ml available on a PSO .....	5.90	500 ml	✓	<u>Trisul</u>
* Oral liq trimethoprim 40 mg and sulphamethoxazole 200 mg per 5 ml – Up to 200 ml available on a PSO .....	2.15	100 ml	✓	<u>Deprim</u>
<b>COLISTIN SULPHOMETHATE</b> – Hospital pharmacy [HP3]-Specialist – Subsidy by endorsement Only if prescribed for dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.				
Inj 150 mg .....	65.00	1	✓	<u>Colistin-Link</u>

‡ safety cap

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

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

## INFECTIONS - AGENTS FOR SYSTEMIC USE

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
<b>FUSIDIC ACID</b>				
Tab 250 mg – Hospital pharmacy [HP3]-Specialist .....	34.50	12	✓	<b>Fucidin</b>
Inj 500 mg sodium fusidate per 10 ml – Hospital pharmacy [HP3]-Specialist – Subsidy by endorsement .....	12.87 (17.80)	1		Fucidin
Only if prescribed for a dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.				
<b>GENTAMICIN SULPHATE</b>				
Inj 10 mg per ml, 1 ml – Hospital pharmacy [HP3] – Subsidy by endorsement.....	8.56	5	✓	<b>Mayne</b>
Only if prescribed for a dialysis or cystic fibrosis patient or for prophylaxis of endocarditis and the prescription is endorsed accordingly.				
Inj 40 mg per ml, 2 ml – Hospital pharmacy [HP3] – Subsidy by endorsement.....	4.56	10	✓	<b>Pfizer</b>
Only if prescribed for a dialysis or cystic fibrosis patient or for prophylaxis of endocarditis and the prescription is endorsed accordingly.				
<b>TOBRAMYCIN</b>				
Inj 40 mg per ml, 2 ml – Hospital pharmacy [HP3] – Subsidy by endorsement.....	27.50	5	✓	<b>Mayne</b>
Only if prescribed for a dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.				
<b>TRIMETHOPRIM</b>				
* Tab 300 mg – Up to 30 tab available on a PSO.....	8.69	50	✓	<b>TMP</b>
<b>VANCOMYCIN HYDROCHLORIDE</b> – Hospital pharmacy [HP3] – Subsidy by endorsement				
Only if prescribed for a dialysis or cystic fibrosis patient or in the treatment of pseudomembranous colitis or for prophylaxis of endocarditis and the prescription is endorsed accordingly.				
Inj 50 mg per ml, 10 ml .....	5.04	1	✓	<b>Pacific</b>

### Antifungals

- a) For topical antifungals refer to DERMATOLOGICALS, page 59  
b) For topical antifungals refer to GENITO URINARY, page 73

<b>FLUCONAZOLE</b> – Hospital pharmacy [HP3]-Specialist				
Cap 50 mg .....	6.82	28	✓	<b>Pacific</b>
Cap 150 mg .....	1.30	1	✓	<b>Pacific</b>
Cap 200 mg .....	19.05	28	✓	<b>Pacific</b>
<b>ITRACONAZOLE</b> – Hospital pharmacy [HP3]-Specialist				
Cap 100 mg .....	23.70	15	✓	<b>Sporanox</b>
<b>KETOCONAZOLE</b>				
Tab 200 mg – Retail pharmacy-Specialist .....	38.12	30	✓	<b>Nizoral</b>
<b>NYSTATIN</b>				
Tab 500,000 u .....	9.60	50	✓	<b>Nilstat</b> <sup>S29</sup>
Cap 500,000 u .....	11.64	50	✓	<b>Nilstat</b>
<b>TERBINAFINE</b>				
Tab 250 mg .....	25.50	100	✓	<b>Apo-Terbinafine</b>

### Antimalarials

<b>HYDROXYCHLOROQUINE SULPHATE</b>				
* Tab 200 mg .....	22.50	100	✓	<b>Plaquenil</b>



	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
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## Antitrichomonal Agents

### METRONIDAZOLE

Tab 200 mg – Up to 30 tab available on a PSO.....	9.50	100	✓	Trichozole
Tab 400 mg .....	17.50	100	✓	Trichozole
Oral liq benzoate 200 mg per 5 ml .....	25.00	100 ml	✓	Flagyl-S
Suppos 500 mg .....	24.48	10	✓	Flagyl

### ORNIDAZOLE

Tab 500 mg .....	12.38	10	✓	Tiberal
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## Antituberculotics and Antileprotics

Note: There is no co-payment charge for all pharmaceuticals listed in the Antituberculotics and Antileprotics group regardless of immigration status.

### DAPSONE – No patient co-payment payable

Tab 25 mg .....	95.00	100	✓	Dapsone
Tab 100 mg .....	110.00	100	✓	Dapsone

### ETHAMBUTOL HYDROCHLORIDE – No patient co-payment payable

Tab 400 mg .....	56.84	56	✓	Myambutol S29
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### ISONIAZID – Retail pharmacy-Specialist

No patient co-payment payable

* Tab 100 mg .....	20.50	100	✓	PSM
* Tab 100 mg with rifampicin 150 mg .....	90.04	100	✓	Rifinah
* Tab 150 mg with rifampicin 300 mg .....	179.57	100	✓	Rifinah

### PYRAZINAMIDE – Retail pharmacy-Specialist

No patient co-payment payable

* Tab 500 mg .....	59.00	100	✓	AFT-Pyrazinamide
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### RIFABUTIN – Hospital pharmacy [HP3]-Specialist

No patient co-payment payable

* Cap 150 mg .....	213.19	30	✓	Mycobutin
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### RIFAMPICIN – Retail pharmacy-Specialist

No patient co-payment payable

* Tab 600 mg .....	114.40	30	✓	Rifadin
* Cap 150 mg .....	58.66	100	✓	Rifadin
* Cap 300 mg .....	122.36	100	✓	Rifadin
* Oral liq 100 mg per 5 ml .....	12.66	60 ml	✓	Rifadin

## Antivirals

For eye preparations refer to Eye Preparations, Anti-Infective Preparations, page 154

## First Episode Genital Herpes

### ACICLOVIR

* Tab dispersible 200 mg .....	1.98	25	✓	Lovir
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## Recurrent Episodes of Genital Herpes

### ACICLOVIR

* Tab dispersible 400 mg .....	6.64	56	✓	Lovir
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‡ safety cap

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

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

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
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## Acute Herpes Zoster

ACICLOVIR

\* Tab dispersible 800 mg ..... 7.38 35 ✓ Lovir

## Hepatitis B Treatment

ADEFOVIR DIPIVOXIL – Special Authority see SA0829 below – Retail pharmacy

Tab 10 mg ..... 670.00 30 ✓ Hepsera

### ►SA0829 Special Authority for Subsidy

**Initial application** only from a gastroenterologist or infectious disease specialist. Approvals valid for 1 year for applications meeting the following criteria:

All of the following:

- 1 Patient has confirmed Hepatitis B infection (HBsAg+); and Documented resistance to lamivudine, defined as:
- 2 Patient has raised serum ALT ( $> 1 \times \text{ULN}$ ); and
- 3 Patient has HBV DNA greater than 100,000 copies per mL, or viral load  $\geq 10$  fold over nadir; and
- 4 Detection of M204I or M204V mutation; and
- 5 Either:
  - 5.1 Both:
    - 5.1.1 Patient is cirrhotic; and
    - 5.1.2 adefovir dipivoxil to be used in combination with lamivudine; or
  - 5.2 Both:
    - 5.2.1 Patient is not cirrhotic; and
    - 5.2.2 adefovir dipivoxil to be used as monotherapy.

**Renewal** only from a gastroenterologist or infectious disease specialist. Approvals valid for 2 years where in the opinion of the treating physician, treatment remains appropriate and patient is benefiting from treatment.

Notes: Lamivudine should be added to adefovir dipivoxil if a patient develops documented resistance to adefovir dipivoxil, defined as:

- i) raised serum ALT ( $> 1 \times \text{ULN}$ ); and
- ii) HBV DNA greater than 100,000 copies per mL, or viral load  $\geq 10$  fold over nadir; and
- iii) Detection of N236T or A181T/V mutation.

Adefovir dipivoxil should be stopped 6 months following HBeAg seroconversion for patients who were HBeAg+ prior to commencing adefovir dipivoxil.

The recommended dose of adefovir dipivoxil is no more than 10mg daily.

In patients with renal insufficiency adefovir dipivoxil dose should be reduced in accordance with the datasheet guidelines.

Adefovir dipivoxil should be avoided in pregnant women and children.

LAMIVUDINE – Special Authority see SA0832 below – Retail pharmacy

Tab 100mg ..... 143.00 28 ✓ Zeffix  
Oral liq 5 mg per ml ..... 90.00 240 ml ✓ Zeffix

### ►SA0832 Special Authority for Subsidy

**Initial application** only from a gastroenterologist, infectious disease specialist, paediatrician or general physician. Approvals valid for 1 year for applications meeting the following criteria:

Both:

- 1 Any of the following:
  - 1.1 All of the following:
    - 1.1.1 HBsAg positive for more than 6 months; and
    - 1.1.2 HBeAg positive or HBV DNA positive defined as  $> 100,000$  copies per ml by quantitative PCR at a reference laboratory; and

continued...

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
		✓	

continued...

- 1.1.3 ALT greater than twice upper limit of normal or bridging fibrosis or cirrhosis (Metavir stage 3 or 4 or equivalent) on liver histology clinical/radiological evidence of cirrhosis; or
- 1.2 HBV DNA positive cirrhosis prior to liver transplantation; or
- 1.3 HBsAg positive and have had a liver, kidney, heart, lung or bone marrow transplant; or
- 1.4 Hepatitis B surface antigen positive (HbsAg) patient who is receiving chemotherapy for a malignancy, or who has received such treatment within the previous two months; and
- 2 All of the following:
  - 2.1 No continuing alcohol abuse or intravenous drug use; and
  - 2.2 Not coinfecting with HCV or HDV; and
  - 2.3 Neither ALT nor AST greater than 10 times upper limit of normal; and
  - 2.4 No history of hypersensitivity to lamivudine; and
  - 2.5 No previous lamivudine therapy with genotypically proven lamivudine resistance.

**Renewal** only from a gastroenterologist, infectious disease specialist, paediatrician or general physician. Approvals valid for 2 years for applications meeting the following criteria:

Any of the following:

Renewal for patients who have maintained continuous treatment and response to lamivudine

- 1 All of the following:
  - 1.1 Have maintained continuous treatment with lamivudine; and
  - 1.2 Most recent test result shows continuing biochemical response (normal ALT); and
  - 1.3 HBV DNA <100,00 copies per ml by quantitative PCR at a reference laboratory; or

Renewal when given in combination with adefovir dipivoxil for patients with cirrhosis and resistance to lamivudine

- 2 All of the following:
  - 2.1 Lamivudine to be used in combination with adefovir dipivoxil; and
  - 2.2 Patient is cirrhotic; and  
Documented resistance to lamivudine, defined as:
  - 2.3 Patient has raised serum ALT ( $> 1 \times \text{ULN}$ ); and
  - 2.4 Patient has HBV DNA greater than 100,000 copies per mL, or viral load = 10 fold over nadir; and
  - 2.5 Detection of M204I or M204V mutation; or

Renewal when given in combination with adefovir dipivoxil for patients with resistance to adefovir dipivoxil

- 3 All of the following:
  - 3.1 Lamivudine to be used in combination with adefovir dipivoxil; and  
Documented resistance to adefovir, defined as:
  - 3.2 Patient has raised serum ALT ( $> 1 \times \text{ULN}$ ); and
  - 3.3 Patient has HBV DNA greater than 100,000 copies per mL, or viral load = 10 fold over nadir; and
  - 3.4 Detection of N236T or A181T/V mutation.

## Antiretrovirals

### SA0779 Special Authority for Subsidy

**Initial application — (Confirmed HIV/AIDS)** only from a named specialist. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Both:

- 1 Confirmed HIV infection; and
- 2 Any of the following:
  - 2.1 Symptomatic patient; or
  - 2.2 Patient aged 12 months and under; or
  - 2.3 Both:
    - 2.3.1 Patient aged 1 to 5 years; and
    - 2.3.2 Any of the following:

continued...

‡ safety cap

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

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

Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
	✓	

continued...

- 2.3.2.1 CD4 counts < 1000 cells/mm<sup>3</sup>; or
- 2.3.2.2 CD4 counts < 0.25 × total lymphocyte count; or
- 2.3.2.3 Viral load counts > 100000 copies per ml; or

2.4 Both:

- 2.4.1 Patient aged 6 years and over; and
- 2.4.2 CD4 counts < 350 cells/mm<sup>3</sup>.

Note: Subsidies for a combination of up to three anti-retroviral medications, including a maximum of two protease inhibitors. Combinations including ritonavir plus indinavir or saquinavir or atazanavir will be counted as one protease inhibitor for the purpose of accessing funding to anti-retrovirals.

**Initial application — (Percutaneous exposure)** only from a named specialist. Approvals valid for 6 weeks where the patient has percutaneous exposure to blood known to be HIV positive.

Note: Subsidies for a combination of up to three anti-retroviral medications, including a maximum of two protease inhibitors. Combinations including ritonavir plus indinavir or saquinavir or atazanavir will be counted as one protease inhibitor for the purpose of accessing funding to anti-retrovirals.

**Initial application — (Prevention of maternal transmission)** only from a named specialist. Approvals valid for 1 year for applications meeting the following criteria:

Either:

- 1 Prevention of maternal foetal transmission; or
- 2 Treatment of the newborn for up to eight weeks.

Notes: Subsidies for a combination of up to three anti-retroviral medications, including a maximum of two protease inhibitors. Combinations including ritonavir plus indinavir or saquinavir or atazanavir will be counted as one protease inhibitor for the purpose of accessing funding to anti-retrovirals.

Some antiretrovirals are unapproved or contraindicated for this indication. Practitioners prescribing these medications should exercise their own skill, judgement, expertise and discretion, and make their own prescribing decisions with respect to the use of a Pharmaceutical for an indication for which it is not approved or contraindicated.

**Renewal — (Confirmed HIV/AIDS)** only from a named specialist. Approvals valid without further renewal unless notified where the treatment remains appropriate and the patient is benefiting from treatment.

## Non-nucleosides Reverse Transcriptase Inhibitors

EFAVIRENZ – Special Authority see SA0779 on the preceding page – Hospital pharmacy [HP1]

Tab 50 mg .....	158.33	30	✓ Stocrin
Tab 200 mg .....	474.99	90	✓ Stocrin
Tab 600 mg .....	474.99	30	✓ Stocrin
Cap 50 mg .....	158.33	30	✓ Stocrin
Cap 100 mg .....	158.33	30	✓ Stocrin
Cap 200 mg .....	474.99	90	✓ Stocrin

(Stocrin Cap 100 mg to be delisted 1 June 2009)

NEVIRAPINE – Special Authority see SA0779 on the preceding page – Hospital pharmacy [HP1]

Tab 200 mg .....	319.80	60	✓ Viramune
Oral suspension 10 mg per ml .....	134.55	240 ml	✓ Viramune Suspension

## Nucleosides Reverse Transcriptase Inhibitors

ABACAVIR SULPHATE – Special Authority see SA0779 on the preceding page – Hospital pharmacy [HP1]

Tab 300 mg .....	458.00	60	✓ Ziagen
Oral liq 20 mg per ml .....	100.00	240 ml OP	✓ Ziagen

ABACAVIR SULPHATE WITH LAMIVUDINE – Special Authority see SA0779 on the preceding page – Hospital pharmacy [HP1]

Note: Kivexa counts as two anti-retroviral medications for the purposes of the anti-retroviral Special Authority.

Tab 600 mg with lamivudine 300 mg .....	630.00	30	✓ Kivexa
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	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
<b>DIDANOSINE [DDI] – Special Authority see SA0779 on page 91 – Hospital pharmacy [HP1]</b>				
Cap 125 mg .....	115.05	30	✓	<b>Videx EC</b>
Cap 200 mg .....	184.08	30	✓	<b>Videx EC</b>
Cap 250 mg .....	230.10	30	✓	<b>Videx EC</b>
Cap 400 mg .....	368.16	30	✓	<b>Videx EC</b>
<b>EMTRICITABINE – Special Authority see SA0779 on page 91 – Hospital pharmacy [HP1]</b>				
Cap 200 mg .....	307.20	30	✓	<b>Emtriva</b>
<b>LAMIVUDINE – Special Authority see SA0779 on page 91 – Hospital pharmacy [HP1]</b>				
Tab 150 mg .....	307.20	60	✓	<b>3TC</b>
Oral liq 10 mg per ml .....	100.00	240 ml OP	✓	<b>3TC</b>
<b>STAVUDINE [D4T] – Special Authority see SA0779 on page 91 – Hospital pharmacy [HP1]</b>				
Cap 20 mg .....	317.10	60	✓	<b>Zerit</b>
Cap 30 mg .....	377.80	60	✓	<b>Zerit</b>
Cap 40 mg .....	503.80	60	✓	<b>Zerit</b>
Powder for oral soln 1 mg per ml .....	100.76	200 ml OP	✓	<b>Zerit</b>
<b>TENOFOVIR DISOPROXIL FUMARATE – Special Authority see SA0779 on page 91 – Hospital pharmacy [HP1]</b>				
Tab 300 mg .....	531.00	30	✓	<b>Viread</b>
<b>ZIDOVUDINE [AZT] – Special Authority see SA0779 on page 91 – Hospital pharmacy [HP1]</b>				
Cap 100 mg .....	290.00	100	✓	<b>Retrovir</b>
Oral liq 10 mg per ml .....	58.00	200 ml OP	✓	<b>Retrovir</b>
<b>ZIDOVUDINE [AZT] WITH LAMIVUDINE – Special Authority see SA0779 on page 91 – Hospital pharmacy [HP1]</b>				
Combivir counts as two anti-retroviral medications for the purposes of the anti-retroviral Special Authority.				
Tab 300 mg with lamivudine 150 mg .....	667.20	60	✓	<b>Combivir</b>

### Protease Inhibitors

<b>ATAZANAVIR SULPHATE – Special Authority see SA0779 on page 91 – Hospital pharmacy [HP1]</b>				
Cap 150 mg .....	568.34	60	✓	<b>Reyataz</b>
Cap 200 mg .....	757.79	60	✓	<b>Reyataz</b>
<b>INDINAVIR – Special Authority see SA0779 on page 91 – Hospital pharmacy [HP1]</b>				
Cap 200 mg .....	519.75	360	✓	<b>Crixivan</b>
Cap 400 mg .....	519.75	180	✓	<b>Crixivan</b>
<b>LOPINAVIR WITH RITONAVIR – Special Authority see SA0779 on page 91 – Hospital pharmacy [HP1]</b>				
Tab 200 mg with ritonavir 50 mg .....	735.00	120	✓	<b>Kaletra</b>
Oral liq 80 mg with ritonavir 20 mg per ml .....	735.00	300 ml OP	✓	<b>Kaletra</b>
<b>RITONAVIR – Special Authority see SA0779 on page 91 – Hospital pharmacy [HP1]</b>				
Cap 100 mg .....	121.27	84	✓	<b>Norvir</b>
Oral liq 80 mg per ml .....	103.98	90 ml OP	✓	<b>Norvir</b>
<b>SAQUINAVIR – Special Authority see SA0779 on page 91 – Hospital pharmacy [HP1]</b>				
Tab 500 mg .....	556.59	120	✓	<b>Invirase</b>

### Antiretrovirals - Additional Therapies

#### HIV Fusion Inhibitors

<b>ENFUVIRTIDE – Special Authority see SA0845 on the next page – Hospital pharmacy [HP1]</b>				
Powder for inj 90 mg per ml × 60 .....	2,380.00	1	✓	<b>Fuzeon</b>

‡ safety cap

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

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

Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
	✓	

## ►SA0845 Special Authority for Subsidy

**Initial application** only from a named specialist. Approvals valid for 3 months for applications meeting the following criteria:

All of the following:

- 1 Confirmed HIV infection; and
- 2 Enfuvirtide to be given in combination with optimized background therapy (including at least 1 other antiretroviral drug that the patient has never previously been exposed to) for treatment failure; and
- 3 Either:
  - 3.1 Patient has evidence of HIV replication, despite ongoing therapy; or
  - 3.2 Patient has treatment-limiting toxicity to previous antiretroviral agents; and
- 4 Previous treatment with 3 different antiretroviral regimens has failed; and
- 5 All of the following:
  - 5.1 Previous treatment with a non-nucleoside reverse transcriptase inhibitor has failed; and
  - 5.2 Previous treatment with a nucleoside reverse transcriptase inhibitor has failed; and
  - 5.3 Previous treatment with a protease inhibitor has failed.

**Renewal** only from a named specialist. Approvals valid for 1 year for applications meeting the following criteria:

Both:

- 1 Evidence of at least a 10 fold reduction in viral load at 12; and
- 2 The treatment remains appropriate and the patient is benefiting from treatment.

## Immune Modulators

### Guidelines for the use of interferon in the treatment of hepatitis C:

Physicians considering treatment of patients with hepatitis C should discuss cases with a gastroenterologist or an infectious disease physician. All subjects undergoing treatment require careful monitoring for side effects.

Patients should be otherwise fit.

Hepatocellular carcinoma should be excluded by ultrasound examination and alpha-fetoprotein level.

### Criteria for Treatment

- 1) Diagnosis
  - Anti-HCV positive on at least two occasions with a positive PCR for HCV-RNA and preferably confirmed by a supplementary RIBA test; or
  - PCR-RNA positive for HCV on at least 2 occasions if antibody negative; or
  - Anti-HCV positive on at least two occasions with a positive supplementary RIBA test with a negative PCR for HCV RNA but with a liver biopsy consistent with 2(b) following.
- 2) Establishing Active Chronic Liver Disease
  - Confirmed HCV infection and serum ALT/AST levels measured on at least three occasions over six months averaging  $> 1.5 \times$  upper limit of normal. (ALT is the preferable enzyme); or
  - Liver biopsy showing significant inflammatory activity (active hepatitis) with or without cirrhosis. This is not a necessary requirement for those patients with coagulopathy. (Some patients have active disease on histology with normal transaminase enzymes).

### Exclusion Criteria

- 1) Autoimmune liver disease. (Interferon may exacerbate autoimmune liver disease as well as other autoimmune diseases such as thyroid disease).
- 2) Pregnancy.
- 3) Neutropenia ( $< 2.0 \times 10^9$ ) and/or thrombocytopenia.
- 4) Continuing alcohol abuse and/or continuing intravenous drug users.

### Dosage

The current recommended dosage is 3 million units of interferon alpha-2a or interferon alpha-2b administered subcutaneously 3 times a week for 52 weeks (twelve months)

### Exit Criteria

The patient's response to interferon treatment should be reviewed at either three or four months. Interferon treatment should be discontinued in patients who do not show a substantial reduction (50%) in their mean pre-treatment ALT level at this stage.

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
<b>INTERFERON ALPHA-2A – PCT – Hospital pharmacy [HP3]-Specialist</b>			
a) See prescribing guideline on the preceding page			
b) Only one multidose cartridge starter pack to be prescribed and dispensed per patient.			
Inj 3 m iu prefilled syringe .....	31.32	1	✓ Roferon-A
Inj 4.5 m iu prefilled syringe .....	46.98	1	✓ Roferon-A
Inj 6 m iu prefilled syringe .....	62.64	1	✓ Roferon-A
Inj 9 m iu prefilled syringe .....	93.96	1	✓ Roferon-A
Inj 18 m iu multidose cartridge .....	187.92	1	✓ Roferon-A
Inj 18 m iu multidose cartridge × 2 starter pack .....	375.84	1	✓ Roferon-A
<b>INTERFERON ALPHA-2A WITH RIBAVIRIN – Special Authority see SA0784 below – Hospital pharmacy [HP3]</b>			
See prescribing guideline on the preceding page			
Inj 18 m iu multidose cartridge × 2 with ribavirin tab 200 mg × 168 .....	1,375.84	1 OP	✓ Roferon RBV Combination Pack
Inj 18 m iu multidose cartridge × 2 with with pen and needles with ribavirin tab 200 mg × 168 .....	1,375.84	1 OP	✓ Roferon RBV Combination Pack Starter Kit
<b>▶SA0784 Special Authority for Subsidy</b>			
<b>Initial application</b> from any specialist. Approvals valid for 12 months where patient has chronic hepatitis C (all genotypes).			
<b>INTERFERON ALPHA-2B – PCT – Hospital pharmacy [HP3]-Specialist</b>			
See prescribing guideline on the preceding page			
Inj 18 m iu, 1.2 ml multidose pen .....	187.92	1	✓ Intron-A
Inj 30 m iu, 1.2 ml multidose pen .....	313.20	1	✓ Intron-A
Inj 60 m iu, 1.2 ml multidose pen .....	626.40	1	✓ Intron-A
<b>PEGYLATED INTERFERON ALPHA-2A – Special Authority see SA0952 below – Hospital pharmacy [HP3]</b>			
See prescribing guideline on the preceding page			
Inj 135 µg prefilled syringe .....	362.00	1	✓ Pegasys
Inj 180 µg prefilled syringe .....	450.00	1	✓ Pegasys
Inj 135 µg prefilled syringe × 4 with ribavirin tab 200 mg × 112 .....	1,799.68	1 OP	✓ Pegasys RBV Combination Pack
Inj 135 µg prefilled syringe × 4 with ribavirin tab 200 mg × 168 .....	1,975.00	1 OP	✓ Pegasys RBV Combination Pack
Inj 180 µg prefilled syringe × 4 with ribavirin tab 200 mg × 112 .....	2,059.84	1 OP	✓ Pegasys RBV Combination Pack
Inj 180 µg prefilled syringe × 4 with ribavirin tab 200 mg × 168 .....	2,190.00	1 OP	✓ Pegasys RBV Combination Pack

**▶SA0952 Special Authority for Subsidy**

**Initial application — (chronic hepatitis C - genotype 1, 4, 5 or 6 infection or co-infection with HIV)** from any specialist.  
Approvals valid for 48 weeks for applications meeting the following criteria:

Either:

- 1 Patient has chronic hepatitis C, genotype 1, 4, 5 or 6 infection; or
- 2 Patient has chronic hepatitis C and is co-infected with HIV.

Notes:

continued...

‡ safety cap

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

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

Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
	✓	

continued...

- Consider stopping treatment if there is absence of a virological response (defined as at least a 2-log reduction in viral load) following 12 weeks of treatment since this is predictive of treatment failure.
- Consider reducing treatment to 24 weeks if serum HCV RNA level at Week 4 is undetectable by sensitive PCR assay (less than 50IU/ml) AND Baseline serum HCV RNA is less than 400,000IU/ml

**Initial application — (chronic hepatitis C - genotype 2 or 3 infection without co-infection with HIV)** from any specialist.

Approvals valid for 6 months where patient has chronic hepatitis C, genotype 2 or 3 infection.

**Initial application — (Hepatitis B)** only from a gastroenterologist, infectious disease specialist or general physician. Approvals valid for 48 weeks for applications meeting the following criteria:

All of the following:

- 1 Patient has confirmed Hepatitis B infection (HBsAg positive for more than 6 months); and
- 2 Patient is Hepatitis B treatment-naïve; and
- 3 ALT > 2 times Upper Limit of Normal; and
- 4 HBV DNA < 10 log<sub>10</sub> IU/ml; and
- 5 Either:
  - 5.1 HBeAg positive; or
  - 5.2 serum HBV DNA ≥ 2,000 units/ml and significant fibrosis (≥ Metavir Stage F2); and
- 6 Compensated liver disease; and
- 7 No continuing alcohol abuse or intravenous drug use; and
- 8 Not co-infected with HCV, HIV or HDV; and
- 9 Neither ALT nor AST > 10 times upper limit of normal; and
- 10 No history of hypersensitivity or contraindications to pegylated interferon.

Notes:

- Approved dose is 180 µg once weekly.
- The recommended dose of Pegylated Interferon-alpha 2a is 180 µg once weekly.
- In patients with renal insufficiency (calculated creatinine clearance less than 50ml/min), Pegylated Interferon-alpha 2a dose should be reduced to 135 µg once weekly.
- In patients with neutropaenia and thrombocytopaenia, dose should be reduced in accordance with the datasheet guidelines.
- Pegylated Interferon-alpha 2a is not approved for use in children.



## INFECTIONS - AGENTS FOR SYSTEMIC USE

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer ✓
<b>PEGYLATED INTERFERON ALPHA-2B WITH RIBAVIRIN – Special Authority see SA0953 below – Hospital pharmacy [HP3]</b>			
See prescribing guideline on page 94			
Inj 50 µg × 4 with ribavirin cap 200 mg × 112 .....	1,080.40	1 OP	✓ Pegatron Combination Therapy
Inj 50 µg × 4 with ribavirin cap 200 mg × 84 .....	976.80	1 OP	✓ Pegatron Combination Therapy
Inj 80 µg × 4 with ribavirin cap 200 mg × 140 .....	1,583.60	1 OP	✓ Pegatron Combination Therapy
Inj 80 µg × 4 with ribavirin cap 200 mg × 168 .....	1,687.20	1 OP	✓ Pegatron Combination Therapy
Inj 80 µg × 4 with ribavirin cap 200 mg × 84 .....	1,376.40	1 OP	✓ Pegatron Combination Therapy
Inj 100 µg × 4 with ribavirin cap 200 mg × 112 .....	1,746.40	1 OP	✓ Pegatron Combination Therapy
Inj 100 µg × 4 with ribavirin cap 200 mg × 84 .....	1,642.80	1 OP	✓ Pegatron Combination Therapy
Inj 120 µg × 4 with ribavirin cap 200 mg × 140 .....	2,116.40	1 OP	✓ Pegatron Combination Therapy
Inj 120 µg × 4 with ribavirin cap 200 mg × 84 .....	1,909.20	1 OP	✓ Pegatron Combination Therapy
Inj 150 µg × 4 with ribavirin cap 200 mg × 140 .....	2,516.00	1 OP	✓ Pegatron Combination Therapy
Inj 150 µg × 4 with ribavirin cap 200 mg × 168 .....	2,619.60	1 OP	✓ Pegatron Combination Therapy
Inj 150 µg × 4 with ribavirin cap 200 mg × 84 .....	2,308.80	1 OP	✓ Pegatron Combination Therapy

### ▶SA0953 Special Authority for Subsidy

**Initial application — (chronic hepatitis C - genotype 1, 4, 5 or 6 infection or co-infection with HIV)** from any specialist.

Approvals valid for 11 months where patient has an existing Special Authority.

Note: Existing current approvals are still valid but no new applications will be accepted.

## Urinary Tract Infections

### HEXAMINE HIPPURATE

* Tab 1 g .....	18.40 (38.10)	100	Hiprex
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‡ safety cap

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

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

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
<b>NITROFURANTOIN</b>				
* Tab 50 mg .....	17.90	100	✓	Nifuran
* Tab 100 mg .....	30.25	100	✓	Nifuran
<b>NORFLOXACIN</b>				
Tab 400 mg – Maximum of 6 tab per prescription; can be waived by endorsement - Retail pharmacy - Specialist.....	22.50	100	✓	Arrow-Norfloxacine

## Vaccines

### Influenza vaccine

INFLUENZA VACCINE – Hospital pharmacy [Xpharm]

A) is available between 1 March and 30 June each year for patients who meet the following criteria, as set by the Ministry of Health:

- a) all people 65 years of age and over;
- b) people under 65 years of age with:
  - i) the following cardiovascular disease:
    - 1) ischaemic heart disease,
    - 2) congestive heart disease,
    - 3) rheumatic heart disease,
    - 4) congenital heart disease, or
    - 5) cerebro-vascular disease;
  - ii) the following chronic respiratory disease:
    - 1) asthma, if on a regular preventative therapy, or
    - 2) other chronic respiratory disease with impaired lung function;
  - iii) diabetes;
  - iv) chronic renal disease;
  - v) any cancer, excluding basal and squamous skin cancers if not invasive;
  - vi) the following other conditions:
    - a) autoimmune disease,
    - b) immune suppression,
    - c) HIV,
    - d) transplant recipients,
    - e) neuromuscular and CNS diseases,
    - f) haemoglobinopathies, or
    - g) children on long term aspirin.

The following conditions are excluded from funding:

- a) asthma not requiring regular preventative therapy,
  - b) hypertension and/or dyslipidaemia without evidence of end-organ disease,
  - c) pregnancy in the absence of another risk factor.
- B) Doctors are the only Contractors entitled to claim payment from the Funder for the supply of influenza vaccine to patients eligible under the above criteria for subsidised immunisation and they may only do so in respect of the influenza vaccine listed in the Pharmaceutical Schedule.
- C) Individual DHBs may fund patients over and above the above criteria. The claiming process for these additional patients should be determined between the DHB and Contractor.
- D) Influenza Vaccine does not fall within the definition Community Pharmaceutical as it is not funded directly from the Pharmaceutical Budget. Pharmacists are unable to claim for the dispensing of influenza vaccine from the Funder.

Inj .....	9.00	1	✓	Fluvax
	90.00	10	✓	Vaxigrip

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
		✓	

## Anticholinesterases

### NEOSTIGMINE

Inj 2.5 mg per ml, 1 ml .....20.30 50 ✓ **AstraZeneca**

### PYRIDOSTIGMINE BROMIDE

▲ Tab 60 mg .....40.08 100 ✓ **Mestinon**

## Anti-inflammatory Non Steroidal Drugs (NSAIDs)

### ►SA0291 Special Authority for Manufacturers Price

**Initial application** from any medical practitioner. Approvals valid for 2 years for applications meeting the following criteria:

Both:

- 1 Inflammatory arthritis (including osteoarthritis with an inflammatory component); and
- 2 Stabilised and are well controlled on the particular NSAID medication.

**Renewal** from any medical practitioner. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.

### DICLOFENAC SODIUM

* Tab EC 25 mg .....	3.51	100	✓ <b>Apo-Diclo</b>
* Tab 50 mg dispersible – Additional subsidy by Special Authority see SA0291 above – Retail pharmacy .....	1.50	20	
	(8.00)		Voltaren D
* Tab EC 50 mg .....	25.88	500	✓ <b>Apo-Diclo</b>
* Tab long-acting 75 mg .....	22.78	500	✓ <b>Apo-Diclo SR</b>
* Tab long-acting 100 mg .....	34.32	500	✓ <b>Apo-Diclo SR</b>
* Inj 25 mg per ml, 3 ml .....	12.00	5	✓ <b>Voltaren</b>
Up to 5 inj available on a PSO			
* Suppos 12.5 mg .....	1.85	10	✓ <b>Voltaren</b>
* Suppos 25 mg .....	2.22	10	✓ <b>Voltaren</b>
* Suppos 50 mg .....	3.84	10	✓ <b>Voltaren</b>
Up to 10 supp available on a PSO			
* Suppos 100 mg .....	6.36	10	✓ <b>Voltaren</b>

### IBUPROFEN – Additional subsidy by Special Authority see SA0291 above – Retail pharmacy

* Tab 200 mg .....	16.00	1,000	✓ <b>Ethics Ibuprofen</b>
	1.60	100	
	(1.78)		I-Profen
* Tab 400 mg .....	1.07	30	
	(4.56)		Brufen
* Tab 600 mg .....	1.60	30	
	(6.84)		Brufen
* Tab long-acting 800 mg .....	1.50	30	
	(9.12)		Brufen Retard
*† Oral liq 100 mg per 5 ml .....	3.49	200 ml	✓ <b>Fenpaed</b>

(I-Profen Tab 200 mg to be delisted 1 August 2009)

### KETOPROFEN – Additional subsidy by Special Authority see SA0291 above – Retail pharmacy

* Cap long-acting 100 mg .....	6.72	100	
	(21.56)		Oruvail 100
* Cap long-acting 200 mg .....	13.44	100	
	(43.12)		Oruvail 200

† safety cap

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

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

## MUSCULOSKELETAL SYSTEM

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
MEFENAMIC ACID – Additional subsidy by Special Authority see SA0291 on the preceding page – Retail pharmacy				
* Cap 250 mg .....	2.50	100		
	(18.33)			Ponstan
NAPROXEN				
* Tab 250 mg .....	21.00	500	✓	<u>Noflam 250</u>
* Tab 500 mg .....	17.95	250	✓	<u>Noflam 500</u>
* Tab long-acting 750 mg .....	18.00	90	✓	<u>Naprosyn SR 750</u>
* Tab long-acting 1,000 mg .....	21.00	90	✓	<u>Naprosyn SR 1000</u>
NAPROXEN SODIUM				
* Tab 275 mg .....	6.00	120	✓	<u>Sonafiam</u>
* Tab 550 mg .....	12.80	100	✓	<u>Synflex</u>
SULINDAC – Additional subsidy by Special Authority see SA0291 on the preceding page – Retail pharmacy				
* Tab 100 mg .....	5.32	100		
	(12.00)			Daclin
* Tab 200 mg .....	6.72	100		
	(20.00)			Daclin
	3.36	50		
	(15.87)			Clinoril
TENOXICAM				
* Tab 20 mg .....	23.75	100	✓	<u>Tilcotil</u>
TIAPROFENIC ACID – Additional subsidy by Special Authority see SA0291 on the preceding page – Retail pharmacy				
* Tab 300 mg .....	4.03	60		
	(19.26)			Surgam

### NSAIDs Other

INDOMETHACIN				
* Cap 25 mg .....	5.90	100	✓	<u>Rheumacin</u>
* Cap 50 mg .....	6.95	100	✓	<u>Rheumacin</u>
* Cap long-acting 75 mg .....	13.30	100	✓	<u>Rheumacin SR</u>
* Suppos 100 mg .....	14.50	30	✓	<u>Arthrexin</u>
<i>(Rheumacin Cap 50 mg to be delisted 1 October 2009)</i>				
PIROXICAM				
* Tab dispersible 10 mg .....	3.25	50	✓	<u>Piram-D</u>
* Tab dispersible 20 mg .....	5.50	100	✓	<u>Piram-D</u>

### Antirheumatoid Agents

AURANOFIN				
Tab 3 mg .....	68.99	60	✓	<u>Ridaura</u>
LEFLUNOMIDE				
Tab 10 mg .....	55.00	30	✓	<u>AFT-Leflunomide</u>
	79.27		✓	<u>Arava</u>
Tab 20 mg .....	76.00	30	✓	<u>AFT-Leflunomide</u>
	108.60		✓	<u>Arava</u>
Tab 100 mg .....	54.44	3	✓	<u>Arava</u>
PENICILLAMINE				
Tab 125 mg .....	61.93	100	✓	<u>D-Penamine</u>
Tab 250 mg .....	98.98	100	✓	<u>D-Penamine</u>

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
<b>SODIUM AUROTHIOMALATE</b>				
Inj 10 mg per 0.5 ml .....	76.87	10	✓	Myocrisin
Inj 20 mg per 0.5 ml .....	113.17	10	✓	Myocrisin
Inj 50 mg per 0.5 ml .....	217.23	10	✓	Myocrisin

### Tumour Necrosis Factor (TNF) Inhibitors

ADALIMUMAB – Special Authority see SA0812 below – Retail pharmacy

Inj 40 mg per 0.8 ml pre-filled pen .....	1,799.92	2	✓	HumiraPen
Inj 40 mg per 0.8 ml prefilled syringe .....	1,799.92	2	✓	Humira

#### SA0812 Special Authority for Subsidy

**Initial application** only from a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:  
All of the following:

- 1 Patient is an adult who has had severe and active erosive rheumatoid arthritis for six months duration or longer; and
- 2 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
- 3 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and
- 4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with at least two of the following (triple therapy): sulphasalazine, prednisone at a dose of at least 7.5 mg per day, azathioprine, intramuscular gold, or hydroxychloroquine sulphate (at maximum tolerated doses); and
- 5 Either:
  - 5.1 Patient has tried and not responded to at least three months therapy at the maximum tolerated dose of cyclosporin alone or in combination with another agent; or
  - 5.2 Patient has tried and not responded to at least three months therapy at the maximum tolerated dose of leflunomide alone or in combination with another agent; and
- 6 Either:
  - 6.1 Patient has persistent symptoms of poorly controlled and active disease in at least 20 active, swollen, tender joints; or
  - 6.2 Patient has persistent symptoms of poorly controlled and active disease in at least four active joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and
- 7 Either:
  - 7.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or
  - 7.2 C-reactive protein levels not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months; and
- 8 The patient consents to details of their treatment being held on a central registry and has signed a consent form outlining the conditions of ongoing treatment.

Notes: A patient declaration form [http://www.pharmac.govt.nz/special\\_authority\\_forms/SA0812-declaration.pdf](http://www.pharmac.govt.nz/special_authority_forms/SA0812-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).

Applicants are requested to register the treatment with the New Zealand Rheumatology Association by completing the forms and questionnaire [http://www.pharmac.govt.nz/special\\_authority\\_forms/SA0812-survey.pdf](http://www.pharmac.govt.nz/special_authority_forms/SA0812-survey.pdf).

**Renewal** only from a rheumatologist or general physician on the recommendation of a relevant specialist. Approvals valid for 6 months for applications meeting the following criteria:

Both:

- 1 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
- 2 Either:
  - 2.1 Following 4 months initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
  - 2.2 On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician.

## MUSCULOSKELETAL SYSTEM

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
ETANERCEPT – Retail pharmacy-Specialist prescription – Special Authority see SA0868 below			
Inj 25 mg .....	949.96	4	✓ Enbrel

### ►SA0868 Special Authority for Subsidy

**Initial application** only from a named specialist or rheumatologist. Approvals valid for 4 months for applications meeting the following criteria:

All of the following:

- To be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
- Patient diagnosed with Juvenile Idiopathic Arthritis (JIA); and
- Patient has had severe active polyarticular course JIA for 6 months duration or longer; and
- Patient has tried and not responded to at least three months of oral or parenteral methotrexate (at a dose of 10-20mg/m<sup>2</sup> weekly or at the maximum tolerated dose) in combination with oral corticosteroids (prednisone 0.25 mg/kg or at the maximum tolerated dose); and
- Patient has tried and not responded to at least three months of oral or parenteral methotrexate (at a dose of 10-15mg/m<sup>2</sup> weekly or at the maximum tolerated dose) in combination with one other disease-modifying agent; and
- Both:
  - Either:
    - Patient has persistent symptoms of poorly-controlled and active disease in at least 20 active, swollen, tender joints; or
    - 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
  - Physician's global assessment indicating severe disease; and
- 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](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 rheumatologist. Approvals valid for 6 months for applications meeting the following criteria: Both:

- Subsidised as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
- Either:
  - 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
  - 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.

## Calcium Homeostasis

### Alendronate for Osteoporosis

### ►SA0948 Special Authority for Subsidy

**Initial application** — (Underlying cause – Osteoporosis) from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Any of the following:

- History of one significant osteoporotic fracture demonstrated radiologically and documented bone mass density (BMD)  $\geq$  2.5 standard deviations below the mean normal value in young adults (i.e. T-Score  $\leq$  -2.5); or
- History of one significant osteoporotic fracture demonstrated radiologically, and either the patient is elderly, or densitometry scanning cannot be performed because of major logistical, technical or pathophysiological reasons. It is unlikely that this provision would apply to many patients under 75 years of age; or

continued...

Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
	✓	

continued...

- 3 History of two significant osteoporotic fractures demonstrated radiologically; or
- 4 Documented T-Score  $\leq$  -3.0.

**Initial application — (Underlying cause – glucocorticosteroid therapy)** from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria:

Both:

- 1 The patient is receiving systemic glucocorticosteroid therapy ( $\geq$  5 mg per day prednisone equivalents) and has already received or is expected to receive therapy for at least three months; and
- 2 Either:
  - 2.1 The patient has documented BMD  $\geq$  1.5 standard deviations below the mean normal value in young adults (i.e. T-Score  $\leq$  -1.5); or
  - 2.2 The patient has a history of one significant osteoporotic fracture demonstrated radiologically.

**Renewal — (Underlying cause was, and remains, glucocorticosteroid therapy)** from any relevant practitioner. Approvals valid for 1 year where the patient is continuing systemic glucocorticosteroid therapy ( $\geq$  5 mg per day prednisone equivalents).

**Renewal — (Underlying cause was glucocorticosteroid therapy but patient now meets the 'Underlying cause - osteoporosis' criteria)** from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Any of the following:

- 1 History of one significant osteoporotic fracture demonstrated radiologically and documented bone mass density (BMD)  $\geq$  2.5 standard deviations below the mean normal value in young adults (i.e. T-Score  $\leq$  -2.5); or
- 2 History of one significant osteoporotic fracture demonstrated radiologically, and either the patient is elderly, or densitometry scanning cannot be performed because of major logistical, technical or pathophysiological reasons. It is unlikely that this provision would apply to many patients under 75 years of age; or
- 3 History of two significant osteoporotic fractures demonstrated radiologically; or
- 4 Documented T-Score  $\leq$  -3.0.

Notes:

- a) Evidence used by National Institute for Health and Clinical Excellence (NICE) guidance indicates that patients aged 75 years and over who have a history of significant osteoporotic fracture demonstrated radiologically are very likely to have a T-Score  $\leq$  -2.5, and therefore do not require BMD measurement for treatment with bisphosphonates.
- b) Osteoporotic fractures are the incident events for severe (established) osteoporosis, and can be defined using the WHO definitions of osteoporosis and fragility fracture. The WHO defines severe (established) osteoporosis as a T-score below -2.5 with one or more associated fragility fractures. Fragility fractures are fractures that occur as a result of mechanical forces that would not ordinarily cause fracture (minimal trauma). The WHO has quantified this as forces equivalent to a fall from a standing height or less.
- c) In line with the Australian guidelines for funding alendronate, a vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

ALENDRONATE SODIUM – Special Authority see SA0948 on the preceding page – Retail pharmacy

Tab 70 mg .....	35.91	4	✓ Fosamax
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ALENDRONATE SODIUM WITH CHOLECALCIFEROL – Special Authority see SA0948 on the preceding page – Retail pharmacy

Tab 70 mg with cholecalciferol 2800 iu .....	35.91	4	✓ Fosamax Plus
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## Alendronate for Paget's Disease

### SA0949 Special Authority for Subsidy

**Initial application** from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:

Both:

- 1 Paget's disease; and
- 2 Any of the following:
  - 2.1 Bone or articular pain; or

continued...

‡ safety cap

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

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

## MUSCULOSKELETAL SYSTEM

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
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continued...

- 2.2 Bone deformity; or
- 2.3 Bone, articular or neurological complications; or
- 2.4 Asymptomatic disease, but risk of complications due to site (base of skull, spine, long bones of lower limbs); or
- 2.5 Preparation for orthopaedic surgery.

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

ALENDRONATE SODIUM – Special Authority see SA0949 on the preceding page – Retail pharmacy

Tab 40 mg .....	133.00	30	✓ Fosamax
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### Other Treatments

CALCITONIN			
* Inj 100 iu per ml, 1 ml .....	110.00	5	✓ <u>Miacalcic</u>
ETIDRONATE DISODIUM			
* Tab 200 mg .....	22.80	60	✓ <u>Didronel</u>
	38.00	100	✓ <u>Etidrate</u>

### Prescribing Guidelines

Etidronate for osteoporosis should be prescribed for 14 days (400 mg in the morning) and repeated every three months. It should not be taken at the same time of the day as any calcium supplementation (minimum dose – 500 mg per day of elemental calcium). Etidronate should be taken at least 2 hours before or after any food or fluid, except water.

PAMIDRONATE DISODIUM – Hospital pharmacy [HP3]

Inj 3 mg per ml, 5 ml .....	18.75	1	✓ <u>Pamisol</u>
Inj 3 mg per ml, 10 ml .....	37.50	1	✓ <u>Pamisol</u>
Inj 6 mg per ml, 10 ml .....	75.00	1	✓ <u>Pamisol</u>

### Enzymes

HYALURONIDASE			
Inj 1,500 iu per ml .....	18.32	10	
	(243.24)		Hyalase

### Hyperuricaemia and Antigout

ALLOPURINOL			
* Tab 100 mg .....	5.44	250	✓ <u>Apo-Allopurinol</u>
	10.88	500	
	(11.45)		Progout
* Tab 300 mg .....	4.03	100	✓ <u>Apo-Allopurinol</u>
	20.15	500	
	(21.20)		Progout

(Progout Tab 100 mg to be delisted 1 June 2009)

(Progout Tab 300 mg to be delisted 1 June 2009)

COLCHICINE			
* Tab 500 µg .....	9.60	100	✓ <u>Colgout</u>
PROBENECID			
* Tab 500 mg .....	55.00	100	✓ <u>AFT</u>

### Muscle Relaxants

BACLOFEN			
* Tab 10 mg .....	3.75	100	✓ <u>Pacifen</u>



	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
<b>DANTROLENE SODIUM</b>			
* Cap 25 mg .....	32.96	100	✓ <u>Dantrium</u>
* Cap 50 mg .....	51.70	100	✓ <u>Dantrium</u>
<b>ORPHENADRINE CITRATE</b>			
Tab 100 mg .....	18.54	100	✓ <u>Norflex</u>
<b>QUININE SULPHATE</b>			
* Tab 200 mg .....	15.95	250	✓ <u>Q 200</u>
‡ Safety cap for extemporaneously compounded oral liquid preparations.			
* Tab 300 mg .....	34.75	500	✓ <u>Q 300</u>
‡ Safety cap for extemporaneously compounded oral liquid preparations.			

‡ safety cap

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

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

## NERVOUS SYSTEM

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
<b>Anaesthetics</b>				
<b>Local</b>				
<b>BUPIVACAINE HYDROCHLORIDE – Hospital pharmacy [HP3]</b>				
Inj 0.5%, 4 ml .....	29.35	5	✓	<b>Marcaïn Isobaric</b>
Inj 0.5%, 8% glucose, 4 ml .....	24.50	5	✓	<b>Marcaïn Heavy</b>
<b>LIGNOCAINE HYDROCHLORIDE</b>				
Inj 0.5%, 5 ml – Up to 5 inj available on a PSO .....	44.10	50	✓	<b>Xylocaine</b>
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 – Up to 5 inj available on a PSO .....	42.00	50	✓	<b>Xylocaine</b>
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 – Up to 5 inj available on a PSO .....	23.50	5	✓	<b>Xylocaine</b>
Only if prescribed on prescription for a dialysis patient or child with rheumatic fever or on a PSO for emergency use.				
<b>LIGNOCAINE WITH CHLORHEXIDINE</b>				
Gel 2% with chlorhexidine 0.05%, 10 ml urethral syringes .....	43.26	10	✓	<b>Pfizer</b>
<b>LIGNOCAINE WITH PRILOCAINE – Special Authority see SA0906 below – Hospital pharmacy [HP3]</b>				
Crm 2.5% with prilocaïne 2.5% .....	41.00	30 g OP	✓	<b>EMLA</b>
Crm 2.5% with prilocaïne 2.5% (5 g tubes) .....	41.00	5	✓	<b>EMLA</b>

### ►SA0906 Special Authority for Subsidy

**Initial application** from any relevant practitioner. Approvals valid for 2 years where the patient is a child with a chronic medical condition requiring frequent injections or venepuncture.

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

## Analgesics

For Anti-inflammatory NSAIDs refer to MUSCULOSKELETAL, page 99

### Non-Opioid Analgesics

<b>ASPIRIN</b>				
* Tab EC 300 mg .....	2.15	100		
	(8.10)			Aspec 300
* Tab dispersible 300 mg – Up to 30 tab available on a PSO .....	2.15	100	✓	<b>Ethics Aspirin</b>
<b>NEFOPAM HYDROCHLORIDE</b>				
Tab 30 mg .....	23.40	90	✓	<b>Acupan</b>
<b>PARACETAMOL</b>				
* Tab 500 mg – Up to 30 tab available on a PSO .....	9.60	1,000	✓	<b>Pharmacare</b>
*± Oral liq 120 mg per 5 ml .....	6.80	1,000 ml	✓	<b>Paracare Junior</b>
a) Up to 200 ml available on a PSO				
b) Not in combination				
*± Oral liq 250 mg per 5 ml .....	7.00	1,000 ml	✓	<b>Paracare Double Strength</b>
a) Up to 100 ml available on a PSO				
b) Not in combination				
* Suppos 125 mg .....	7.49	20	✓	<b>Panadol</b>
* Suppos 250 mg .....	14.40	20	✓	<b>Panadol</b>
* Suppos 500 mg .....	20.50	50	✓	<b>Paracare</b>

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
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## Opioid Analgesics

**BUPRENORPHINE HYDROCHLORIDE** – Only on a controlled drug form

Inj 0.3 mg per ml, 1 ml .....	7.42 (9.38)	5		Temgesic
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**CODEINE PHOSPHATE**

Tab 15 mg .....	5.50	100	✓ <b>PSM</b>	
Tab 30 mg .....	8.50	100	✓ <b>PSM</b>	
Tab 60 mg .....	18.50	100	✓ <b>PSM</b>	

**DEXTROPROPOXYPHENE WITH PARACETAMOL**

Tab napsylate 50 mg with paracetamol 325 mg .....	14.50 (22.50)	500		Paradex
Cap hydrochloride 32.5 mg with paracetamol 325 mg .....	19.91 (33.14)	500		Capadex

**DIHYDROCODEINE TARTRATE**

Tab long-acting 60 mg .....	30.30	60	✓ <b>DHC Continus</b>	
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**FENTANYL** – Special Authority see SA0935 below – Retail pharmacy

a) Only on a controlled drug form				
b) No patient co-payment payable				
Transdermal patch, matrix 25 µg per hour .....	55.23	5	✓ <b>Durogesic</b>	
Transdermal patch, matrix 50 µg per hour .....	100.52	5	✓ <b>Durogesic</b>	
Transdermal patch, matrix 75 µg per hour .....	139.18	5	✓ <b>Durogesic</b>	
Transdermal patch, matrix 100 µg per hour .....	171.22	5	✓ <b>Durogesic</b>	

### ►SA0935 Special Authority for Subsidy

**Initial application** from any relevant practitioner. Approvals valid for 3 months for applications meeting the following criteria:

Both:

- 1 Patient is terminally ill and is opioid-responsive; and
- 2 Either:
  - 2.1 is unable to take oral medication; or
  - 2.2 is intolerant to morphine, or morphine is contraindicated.

**Renewal** from any relevant practitioner. Approvals valid for 3 months where the treatment remains appropriate and the patient is benefiting from treatment.

**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 163

Tab 5 mg .....	2.10	10	✓ <b>Methatabs</b>	
‡ Oral liq 2 mg per ml .....	5.95	200 ml	✓ <b>Biodone</b>	
‡ Oral liq 5 mg per ml .....	5.55	200 ml	✓ <b>Biodone Forte</b>	
‡ Oral liq 10 mg per ml .....	8.95	200 ml	✓ <b>Biodone Extra Forte</b>	
Inj 10 mg per ml, 1 ml .....	52.00	10	✓ <b>AFT</b>	

‡ safety cap

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

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

## NERVOUS SYSTEM

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
<b>MORPHINE HYDROCHLORIDE</b>				
a) Only on a controlled drug form				
b) No patient co-payment payable				
‡ Oral liq 1 mg per ml .....	8.06	200 ml	✓	<u>RA-Morph</u>
‡ Oral liq 2 mg per ml .....	8.56	200 ml	✓	<u>RA-Morph</u>
‡ Oral liq 5 mg per ml .....	9.61	200 ml	✓	<u>RA-Morph</u>
‡ Oral liq 10 mg per ml .....	12.56	200 ml	✓	<u>RA-Morph</u>
<b>MORPHINE SULPHATE</b>				
a) Only on a controlled drug form				
b) No patient co-payment payable				
Tab immediate-release 10 mg .....	2.64	10	✓	<u>Sevredol</u>
Tab long-acting 10 mg .....	1.80	10	✓	<u>LA-Morph</u>
Tab immediate-release 20 mg .....	5.10	10	✓	<u>Sevredol</u>
Tab long-acting 30 mg .....	3.60	10	✓	<u>LA-Morph</u>
Tab long-acting 60 mg .....	7.20	10	✓	<u>LA-Morph</u>
Tab long-acting 100 mg .....	8.50	10	✓	<u>LA-Morph</u>
Cap long-acting 10 mg .....	1.80	10	✓	<u>m-Eslon</u>
Cap long-acting 30 mg .....	2.64	10	✓	<u>m-Eslon</u>
Cap long-acting 60 mg .....	7.20	10	✓	<u>m-Eslon</u>
Cap long-acting 100 mg .....	7.85	10	✓	<u>m-Eslon</u>
Cap long-acting 200 mg .....	17.00	10	✓	<u>m-Eslon</u>
Inj 5 mg per ml, 1 ml – Up to 5 inj available on a PSO .....	5.17	5	✓	<u>Mayne</u>
Inj 10 mg per ml, 1 ml – Up to 5 inj available on a PSO .....	4.50	5	✓	<u>Mayne</u>
Inj 15 mg per ml, 1 ml – Up to 5 inj available on a PSO .....	4.70	5	✓	<u>Mayne</u>
Inj 30 mg per ml, 1 ml – Up to 5 inj available on a PSO .....	4.98	5	✓	<u>Mayne</u>
<b>MORPHINE TARTRATE</b>				
a) Only on a controlled drug form				
b) No patient co-payment payable				
Inj 80 mg per ml, 1.5 ml .....	20.20	5	✓	<u>Mayne</u>
Inj 80 mg per ml, 5 ml .....	67.37	5	✓	<u>Mayne</u>
<b>OXYCODONE HYDROCHLORIDE</b>				
a) Only on a controlled drug form				
b) No patient co-payment payable				
Tab controlled-release 5 mg .....	7.51	20	✓	<u>OxyContin</u>
Tab controlled-release 10 mg .....	11.14	20	✓	<u>OxyContin</u>
Tab controlled-release 20 mg .....	18.93	20	✓	<u>OxyContin</u>
Tab controlled-release 40 mg .....	33.29	20	✓	<u>OxyContin</u>
Tab controlled-release 80 mg .....	58.03	20	✓	<u>OxyContin</u>
Cap 5 mg .....	2.83	20	✓	<u>OxyNorm</u>
Cap 10 mg .....	5.58	20	✓	<u>OxyNorm</u>
Cap 20 mg .....	9.77	20	✓	<u>OxyNorm</u>
‡ Oral liq 5 mg per 5 ml .....	11.20	250 ml	✓	<u>OxyNorm</u>
Inj 10 mg per ml, 1 ml .....	14.40	5	✓	<u>OxyNorm</u>
Inj 10 mg per ml, 2 ml .....	28.80	5	✓	<u>OxyNorm</u>
<b>Prescribing Guideline</b>				
Prescribers should note that oxycodone is significantly more expensive than long-acting morphine sulphate and clinical advice suggests that it is reasonable to consider this as a second-line agent to be used after morphine.				
<b>PARACETAMOL WITH CODEINE</b>				
* Tab paracetamol 500 mg with codeine phosphate 8 mg .....	3.24	100	✓	<u>Codalgin</u>

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
<b>PETHIDINE HYDROCHLORIDE</b>				
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	
Inj 50 mg per ml, 1 ml – Up to 5 inj available on a PSO .....	3.75	5	✓ Mayne	
Inj 50 mg per ml, 1.5 ml – Up to 5 inj available on a PSO .....	4.35	5	✓ Mayne	
Inj 50 mg per ml, 2 ml – Up to 5 inj available on a PSO .....	4.18	5	✓ Mayne	

**Antidepressants****Cyclic and Related Agents**

<b>AMITRIPTYLINE</b>				
Tab 10 mg .....	2.77	50	✓ Amiol	
Tab 25 mg .....	3.40	100	✓ Amitrip	
Tab 50 mg .....	5.20	100	✓ Amitrip	
<b>CLOMIPRAMINE HYDROCHLORIDE</b>				
Tab 10 mg .....	10.00	100	✓ Clopress	
Tab 25 mg .....	26.00	500	✓ Clopress	
<b>DOTHIEPIN HYDROCHLORIDE</b>				
Tab 75 mg .....	8.75	100	✓ Dopress	
Cap 25 mg .....	4.75	100	✓ Dopress	
<b>DOXEPIN HYDROCHLORIDE</b>				
Cap 10 mg .....	5.24	100	✓ Anten	
Cap 25 mg .....	5.46	100	✓ Anten	
Cap 50 mg .....	7.34	100	✓ Anten	
<b>IMIPRAMINE HYDROCHLORIDE</b>				
Tab 10 mg .....	5.48	50	✓ Tofranil	
Tab 25 mg .....	8.80	50	✓ Tofranil	
<b>MAPROTILINE HYDROCHLORIDE</b>				
Tab 25 mg .....	25.06	100	✓ Ludiomil	
Tab 75 mg .....	21.01	30	✓ Ludiomil	
<b>MIANSERIN HYDROCHLORIDE</b> – Special Authority see SA0864 below – Retail pharmacy				
Tab 30 mg .....	29.25	30	✓ Tolvon	

**►SA0864 Special Authority for Subsidy**

**Initial application** from any relevant practitioner. Approvals valid for 2 years for applications meeting the following criteria:

Both:

- 1 Depression; and
- 2 Either:
  - 2.1 Co-existent bladder neck obstruction; or
  - 2.2 Cardiovascular disease.

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

**NORTRIPTYLINE HYDROCHLORIDE**

Tab 10 mg .....	5.94	100	✓ Norpress
Tab 25 mg .....	14.44	180	✓ Norpress

‡ safety cap

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

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

## NERVOUS SYSTEM

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
TRIMIPRAMINE MALEATE				
Cap 25 mg .....	6.20	100	✓	<b>Tripress</b>
Cap 50 mg .....	11.20	100	✓	<b>Tripress</b>

### Monoamine-Oxidase Inhibitors (MAOIs) - Non Selective

PHENELZINE SULPHATE				
Tab 15 mg .....	95.00	100	✓	<b>Nardil</b>
TRANLYCYPROMINE SULPHATE				
Tab 10 mg .....	22.94	50	✓	<b>Parnate</b>
			✓	<b>Parnate S29</b>

### Monoamine-Oxidase Type A Inhibitors

#### MOCLOBEMIDE

Note: There is a significant cost differential between moclobemide and fluoxetine (moclobemide being about three times more expensive). For depressive syndromes it is therefore more cost-effective to start treatment with fluoxetine first before considering prescribing moclobemide.

Tab 150 mg .....	49.45	500	✓	<b>Apo-Moclobemide</b>
Tab 300 mg .....	26.11	100	✓	<b>Apo-Moclobemide</b>

### Selective Serotonin Reuptake Inhibitors

CITALOPRAM HYDROBROMIDE				
* Tab 20 mg .....	3.78	84	✓	<b>Arrow-Citalopram</b>
FLUOXETINE HYDROCHLORIDE				
* Tab dispersible 20 mg, scored – Subsidy by endorsement .....	5.50	30	✓	<b>Fluox</b>
Subsidised by endorsement				
1) When prescribed for a patient who cannot swallow whole tablets or capsules and the prescription is endorsed accordingly; or				
2) When prescribed in a daily dose that is not a multiple of 20 mg in which case the prescription is deemed to be endorsed. Note: Tablets should be combined with capsules to facilitate incremental 10 mg doses.				
* Cap 20 mg .....	4.39	90	✓	<b>Fluox</b>
PAROXETINE HYDROCHLORIDE				
Tab 20 mg .....	5.90	30	✓	<b>Loxamine</b>

### Other Antidepressants

VENLAFAXINE – Special Authority see SA0789 below – Retail pharmacy				
Cap 37.5 mg .....	18.64	28	✓	<b>Efexor XR</b>
Cap 75 mg .....	37.27	28	✓	<b>Efexor XR</b>
Cap 150 mg .....	45.68	28	✓	<b>Efexor XR</b>

#### ►SA0789 Special Authority for Subsidy

**Initial application** only from a relevant specialist or vocationally registered general practitioner. Approvals valid for 2 years for applications meeting the following criteria:

Both:

- 1 The patient has 'treatment-resistant' depression; and
- 2 Either:
  - 2.1 The patient must have had a trial of two different antidepressants and failed to respond to an adequate dose over an adequate period of time (usually at least four weeks); or
  - 2.2 Both:

continued...

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
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continued...

- 2.2.1 The patient is currently a hospital in-patient as a result of an acute depressive episode; and  
 2.2.2 The patient must have had a trial of one other antidepressant and failed to respond to an adequate dose over an adequate period of time.

**Renewal** from any medical practitioner. Approvals valid for 2 years where the patient has a high risk of relapse (prescriber determined).

## Antiepilepsy Drugs

### Agents for Control of Status Epilepticus

<b>CLONAZEPAM</b>				
Inj 1 mg per ml, 1 ml .....	19.00	5	✓	Rivotril
<b>DIAZEPAM</b>				
Inj 5 mg per ml, 2 ml – Subsidy by endorsement .....	9.24	5	✓	Mayne
a) Up to 5 inj available on a PSO				
b) Only on a PSO				
c) PSO must be endorsed “not for anaesthetic procedures”.				
Rectal tubes 5 mg – Up to 5 tube available on a PSO .....	25.05	5	✓	Stesolid
Rectal tubes 10 mg – Up to 5 tube available on a PSO .....	30.50	5	✓	Stesolid
<b>PARALDEHYDE</b>				
* Inj 5 ml .....	1,500.00	5	✓	AFT
<b>PHENYTOIN SODIUM</b>				
* Inj 50 mg per ml, 2 ml – Up to 5 inj available on a PSO .....	69.24	5	✓	Mayne
* Inj 50 mg per ml, 5 ml – Up to 5 inj available on a PSO .....	77.27	5	✓	Mayne

### Control of Epilepsy

<b>CARBAMAZEPINE</b>				
* Tab 200 mg .....	14.53	100	✓	Tegretol
* Tab long-acting 200 mg .....	16.98	100	✓	Tegretol CR
* Tab 400 mg .....	34.58	100	✓	Tegretol
* Tab long-acting 400 mg .....	39.17	100	✓	Tegretol CR
*‡ Oral liq 100 mg per 5 ml .....	26.37	250 ml	✓	Tegretol
<b>CLOBAZAM</b>				
Tab 10 mg .....	9.12	50	✓	Frisium
‡ Safety cap for extemporaneously compounded oral liquid preparations.				
<b>CLONAZEPAM</b>				
Tab 500 µg .....	6.26	100	✓	Paxam
Tab 2 mg .....	11.15	100	✓	Paxam
‡ Oral drops 2.5 mg per ml .....	7.38	10 ml OP	✓	Rivotril
<b>ETHOSUXIMIDE</b>				
* Cap 250 mg .....	32.90	200	✓	Zarontin
*‡ Oral liq 250 mg per 5 ml .....	11.96	200 ml	✓	Zarontin

‡ safety cap

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

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

## NERVOUS SYSTEM

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
GABAPENTIN – Special Authority see SA0936 below – Retail pharmacy				
▲ Tab 600 mg .....	79.79	100	✓	Neurontin
▲ Cap 100 mg .....	13.26	100	✓	Nupentin
	15.67		✓	Neurontin
▲ Cap 300 mg .....	39.76	100	✓	Nupentin
	47.00		✓	Neurontin
▲ Cap 400 mg .....	53.01	100	✓	Nupentin
	62.66		✓	Neurontin

### ►SA0936 Special Authority for Subsidy

**Initial application — (Epilepsy - new patients)** from any relevant practitioner. Approvals valid for 15 months for applications meeting the following criteria:

Either:

- 1 Seizures are not adequately controlled with optimal treatment with other antiepilepsy agents; or
- 2 Seizures are controlled adequately but the patient has experienced unacceptable side effects from optimal treatment with other antiepilepsy agents.

Note: "Optimal treatment with other antiepilepsy agents" is defined as treatment with other antiepilepsy agents which are indicated and clinically appropriate for the patient, given 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 — (Epilepsy - patient has had an approval for gabapentin, lamotrigine, topiramate or vigabatrin for epilepsy prior to 1 August 2007)** from any relevant practitioner. Approvals valid without further renewal unless notified where the patient has demonstrated a significant and sustained improvement in seizure rate or severity and or quality of life from gabapentin, topiramate, vigabatrin and/or lamotrigine.

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

**Initial application — (Neuropathic pain - new patients)** from any relevant practitioner. Approvals valid for 3 months where the patient has tried and failed, or has been unable to tolerate, treatment with a tricyclic antidepressant.

**Initial application — (Neuropathic pain - patient has had an approval for gabapentin for neuropathic pain prior to 1 August 2007)** from any relevant practitioner. Approvals valid for 2 years for applications meeting the following criteria:

Either:

- 1 The patient has demonstrated a marked improvement in their control of pain (prescriber determined); or
- 2 The patient has previously demonstrated clinical responsiveness to gabapentin and has now developed neuropathic pain in a new site.

**Renewal — (Epilepsy)** from any relevant practitioner. Approvals valid without further renewal unless notified where the patient has demonstrated a significant and sustained improvement in seizure rate or severity and or quality of life.

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

If the patient had an approval for gabapentin, lamotrigine, topiramate or vigabatrin for epilepsy prior to 1 August 2007 the applicant is required to submit a fresh initial application in the first instance, not a renewal application.

**Renewal — (Neuropathic pain)** from any relevant practitioner. Approvals valid for 2 years for applications meeting the following criteria:

Either:

- 1 The patient has demonstrated a marked improvement in their control of pain (prescriber determined); or
- 2 The patient has previously demonstrated clinical responsiveness to gabapentin and has now developed neuropathic pain in a new site.

Note: If the patient had an approval for gabapentin for neuropathic pain prior to 1 August 2007 the applicant is required to submit a fresh initial application in the first instance, not a renewal application.



	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
<b>LAMOTRIGINE</b>				
▲ Tab dispersible 2 mg .....	6.74	30	✓	Lamictal
▲ Tab dispersible 5 mg .....	9.64	30	✓	Lamictal
	15.00	56	✓	Arrow-Lamotrigine
▲ Tab dispersible 25 mg .....	19.38	56	✓	Logem
	20.40		✓	Arrow-Lamotrigine
			✓	Mogine
	29.09		✓	Lamictal
▲ Tab dispersible 50 mg .....	32.97	56	✓	Logem
	34.70		✓	Arrow-Lamotrigine
			✓	Mogine
	47.89		✓	Lamictal
▲ Tab dispersible 100 mg .....	56.91	56	✓	Logem
	59.90		✓	Arrow-Lamotrigine
			✓	Mogine
	79.16		✓	Lamictal
▲ Tab dispersible 200 mg .....	101.80	56	✓	Arrow-Lamotrigine
			✓	Mogine

LEVETIRACETAM – Special Authority see SA0921 below – Retail pharmacy

Tab .....	CBS	60	✓	Keppra
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**SA0921 Special Authority for Subsidy**

Subsidy by application to the Levetiracetam Special Access Panel

Notes: Application details may be obtained from PHARMAC's website <http://www.pharmac.govt.nz> or:

The Coordinator, Levetiracetam Special Access Panel  
PHARMAC, PO Box 10 254  
Wellington

Phone: (04) 916-7553  
Facsimile: (09) 929-3226  
Email: [lsacoordinator@pharmac.govt.nz](mailto:lsacoordinator@pharmac.govt.nz)

**PHENOBARBITONE**

For phenobarbitone oral liquid refer, page 163

* Tab 15 mg .....	23.68	500	✓	PSM
* Tab 30 mg .....	24.59	500	✓	PSM

**PHENYTOIN SODIUM**

* Tab 50 mg .....	15.63	200	✓	Dilantin Infatab
* Cap 30 mg .....	15.50	200	✓	Dilantin
* Cap 100 mg .....	14.69	200	✓	Dilantin
*‡ Oral liq 30 mg per 5 ml .....	11.19	500 ml	✓	Dilantin

**PRIMIDONE**

* Tab 250 mg .....	17.25	100	✓	Apo-Primidone
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**SODIUM VALPROATE**

* Tab 100 mg .....	13.65	100	✓	Epilim Crushable
* Tab 200 mg EC .....	27.44	100	✓	Epilim
* Tab 500 mg EC .....	52.24	100	✓	Epilim
*‡ Oral liq 200 mg per 5 ml .....	20.48	300 ml	✓	Epilim S/F Liquid
			✓	Epilim Syrup
* Inj 100 mg per ml, 4 ml .....	41.50	1	✓	Epilim IV

‡ safety cap

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

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

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
<b>TOPIRAMATE</b>				
▲ Tab 25 mg .....	26.04	60	✓	Topamax
▲ Tab 50 mg .....	44.26	60	✓	Topamax
▲ Tab 100 mg .....	75.25	60	✓	Topamax
▲ Tab 200 mg .....	129.85	60	✓	Topamax
▲ Sprinkle cap 15 mg .....	20.84	60	✓	Topamax
▲ Sprinkle cap 25 mg .....	26.04	60	✓	Topamax
<b>VIGABATRIN</b> – Special Authority see SA0937 below – Retail pharmacy				
▲ Tab 500 mg .....	119.30	100	✓	Sabril

## SA0937 Special Authority for Subsidy

**Initial application — (new patients)** from any relevant practitioner. Approvals valid for 15 months for applications meeting the following criteria:

Both:

1 Either:

1.1 Patient has infantile spasms; or

1.2 Both:

1.2.1 Patient has epilepsy; and

1.2.2 Either:

1.2.2.1 Seizures are not adequately controlled with optimal treatment with other antiepilepsy agents; or

1.2.2.2 Seizures are controlled adequately but the patient has experienced unacceptable side effects from optimal treatment with other antiepilepsy agents; and

2 Either:

2.1 Patient is, or will be, receiving regular automated visual field testing (ideally before starting therapy and on a 6-monthly basis thereafter); or

2.2 It is impractical or impossible (due to comorbid conditions) to monitor the patient's visual fields.

Notes: "Optimal treatment with other antiepilepsy agents" is defined as treatment with other antiepilepsy agents which are indicated and clinically appropriate for the patient, given in adequate doses for the patient's age, weight, and other features affecting the pharmacokinetics of the drug with good evidence of compliance.

Vigabatrin is associated with a risk of irreversible visual field defects, which may be asymptomatic in the early stages.

**Initial application — (patient has had an approval for gabapentin, lamotrigine, topiramate or vigabatrin for epilepsy prior to 1 August 2007)** from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Both:

1 Patient has demonstrated a significant and sustained improvement in seizure rate or severity and or quality of life from gabapentin, topiramate, vigabatrin and or lamotrigine; and

2 Either:

2.1 Patient is receiving regular automated visual field testing (ideally every 6 months) on an ongoing basis for the duration of treatment with vigabatrin; or

2.2 It is impractical or impossible (due to comorbid conditions) to monitor the patient's visual fields.

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

Vigabatrin is associated with a risk of irreversible visual field defects, which may be asymptomatic in the early stages.

**Renewal** from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Both:

1 The patient has demonstrated a significant and sustained improvement in seizure rate or severity and or quality of life; and

2 Either:

2.1 Patient is receiving regular automated visual field testing (ideally every 6 months) on an ongoing basis for duration of treatment with vigabatrin; or

continued...

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
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continued...

2.2 It is impractical or impossible (due to comorbid conditions) to monitor the patient's visual fields.

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

Vigabatrin is associated with a risk of irreversible visual field defects, which may be asymptomatic in the early stages.

If the patient had an approval for gabapentin, lamotrigine, topiramate or vigabatrin for epilepsy prior to 1 August 2007 the applicant is required to submit a fresh initial application in the first instance, not a renewal application.

## Antimigraine Preparations

For Anti-inflammatory NSAIDS refer to MUSCULOSKELETAL, page 99

### Acute Migraine Treatment

<b>ERGOTAMINE TARTRATE WITH CAFFEINE</b>			
Tab 1 mg with caffeine 100 mg .....	31.00	100	✓ <b>Cafergot</b>
<b>METOCLOPRAMIDE HYDROCHLORIDE WITH PARACETAMOL</b>			
Tab 5 mg with paracetamol 500 mg .....	6.77	60	✓ <b>Paramax</b>
<b>RIZATRIPTAN BENZOATE</b>			
Wafer 10 mg .....	25.32	3	✓ <b>Maxalt Melt</b>
<b>SUMATRIPTAN</b>			
Tab 50 mg .....	12.00	4	✓ <b>Arrow-Sumatriptan</b>
	22.00		✓ <b>Sumagran</b>
			✓ <b>Imigran</b>
Tab 100 mg .....	12.00	2	✓ <b>Arrow-Sumatriptan</b>
			✓ <b>Sumagran</b>
	22.00		✓ <b>Imigran</b>
Inj 12 mg per ml, 0.5 ml – Hospital pharmacy [HP3]-Specialist .....	80.00	2 OP	✓ <b>Imigran</b>
Maximum of 10 inj per prescription			

### Prophylaxis of Migraine

For Beta Adrenoceptor Blockers refer to CARDIOVASCULAR SYSTEM, page 52

<b>CLONIDINE HYDROCHLORIDE</b>			
* Tab 25 µg .....	17.53	100	✓ <b>Dixarit</b>
<b>PIZOTIFEN</b>			
* Tab 500 µg .....	21.10	100	
	(24.10)		<b>Sandomigran</b>

### Antinausea and Vertigo Agents

For Antispasmodics refer to ALIMENTARY TRACT, page 27

<b>BETAHISTINE DIHYDROCHLORIDE</b>			
* Tab 16 mg .....	7.56	84	✓ <b>Vergo 16</b>
<b>CYCLIZINE HYDROCHLORIDE</b>			
Tab 50 mg .....	1.99	10	✓ <b>Nausicalm</b>
<b>CYCLIZINE LACTATE</b>			
Inj 50 mg per ml, 1 ml .....	14.95	5	✓ <b>Valoid (AFT)</b>
<b>DOMPERIDONE</b> – Additional subsidy by Special Authority see SA0938 on the next page – Retail pharmacy			
* Tab 10 mg .....	3.90	100	
	(7.99)		<b>Motilium</b>

‡ safety cap

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

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

## NERVOUS SYSTEM

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
<b>►SA0938 Special Authority for Manufacturers Price</b>				
<b>Initial application</b> from any relevant practitioner. Approvals valid for 6 months where the patient is terminally ill and requires control of nausea and vomiting.				
<b>Renewal</b> from any relevant practitioner. Approvals valid for 6 months where the treatment remains appropriate and the patient is benefiting from treatment.				
HYOSCINE (SCOPOLAMINE) – Special Authority see SA0939 below – Hospital pharmacy [HP3]				
Patches, 1.5 mg .....	11.95	2	✓	Scopoderm TTS
<b>►SA0939 Special Authority for Subsidy</b>				
<b>Initial application</b> from any relevant 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.				
<b>Renewal</b> from any relevant practitioner. Approvals valid for 1 year where the treatment remains appropriate and the patient is benefiting from treatment.				
HYOSCINE HYDROBROMIDE				
* Inj 400 µg per ml, 1 ml .....	6.66	5	✓	Mayne
METOCLOPRAMIDE HYDROCHLORIDE				
* Tab 10 mg .....	5.15	100	✓	Metamide
* Inj 5 mg per ml, 2 ml – Up to 5 inj available on a PSO .....	4.50	10	✓	Pfizer
ONDANSETRON – Retail pharmacy-Specialist				
a) Maximum of 12 tab per prescription; can be waived by Special Authority see SA0887 below				
b) Maximum of 6 tab per dispensing; can be waived by Special Authority see SA0887 below				
c) Not more than one prescription per month; can be waived by Special Authority see SA0887 below.				
d) The maximum of 6 tab per dispensing cannot be waived via Access Exemption Criteria.				
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
<b>►SA0887 Special Authority for Waiver of Rule</b>				
<b>Initial application</b> from any relevant practitioner. Approvals valid for 12 months where the patient is undergoing prolonged treatment with highly emetogenic chemotherapy and/or highly emetogenic radiation therapy for the treatment of malignancy.				
<b>Renewal</b> from any relevant practitioner. Approvals valid for 12 months where the patient is undergoing prolonged treatment with highly emetogenic chemotherapy and/or highly emetogenic radiation therapy for the treatment of malignancy.				
PROCHLORPERAZINE				
* Tab 3 mg buccal .....	5.97 (15.00)	50		Buccastem
* Tab 5 mg – Up to 30 tab available on a PSO .....	16.85	500	✓	Antinaus
* Inj 12.5 mg per ml, 1 ml – Up to 5 inj available on a PSO .....	25.81	10	✓	Stemetil
* Suppos 25 mg .....	23.87	5	✓	Stemetil
PROMETHAZINE THEOCLATE				
* Tab 25 mg .....	1.20 (6.24)	10		Avomine
TROPISETRON – Hospital pharmacy [HP3]-Specialist				
a) Maximum of 6 cap per prescription				
b) Maximum of 3 cap per dispensing				
c) Not more than one prescription per month.				
Cap 5 mg .....	77.41	5	✓	Navoban

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
<b>Antiparkinson Agents</b>				
<b>Dopamine Agonists and Related Agents</b>				
AMANTADINE HYDROCHLORIDE				
▲ Cap 100 mg .....	47.81	60	✓	<u>Symmetrel</u>
APOMORPHINE HYDROCHLORIDE				
▲ Inj 10 mg per ml, 2 ml .....	50.43	5	✓	<u>APO-go</u> <del>S29</del>
▲ Inj 10 mg per ml, 1 ml .....	50.43	5	✓	<u>Apomine</u>
<i>(APO-go S29 Inj 10 mg per ml, 2 ml to be delisted 1 October 2009)</i>				
<i>(Mayne Inj 10 mg per ml, 1 ml to be delisted 1 October 2009)</i>				
BROMOCRIPTINE MESYLATE				
* Tab 2.5 mg .....	32.08	100	✓	<u>Alpha-Bromocriptine</u>
* Tab 10 mg .....	120.86	100	✓	<u>Alpha-Bromocriptine</u>
ENTACAPONE				
▲ Tab 200 mg .....	116.00	100	✓	<u>Comtan</u>
LEVODOPA WITH BENSERAZIDE				
* Tab dispersible 50 mg with benserazide 12.5 mg .....	10.00	100	✓	<u>Madopar Dispersible</u>
* Cap 50 mg with benserazide 12.5 mg .....	8.00	100	✓	<u>Madopar 62.5</u>
* Cap 100 mg with benserazide 25 mg .....	12.50	100	✓	<u>Madopar 125</u>
* Cap long-acting 100 mg with benserazide 25 mg .....	17.00	100	✓	<u>Madopar HBS</u>
* Cap 200 mg with benserazide 50 mg .....	25.00	100	✓	<u>Madopar 250</u>
LEVODOPA WITH CARBIDOPA				
* Tab 100 mg with carbidopa 25 mg .....	10.00	50	✓	<u>Sindopa</u>
20.00		100	✓	<u>Sinemet</u>
* Tab long-acting 200 mg with carbidopa 50 mg – Retail pharmacy-Specialist .....	70.00	100	✓	<u>Sinemet CR</u>
* Tab 250 mg with carbidopa 25 mg .....	57.50	100	✓	<u>Sinemet</u>
LISURIDE HYDROGEN MALEATE				
▲ Tab 200 µg .....	27.50	30	✓	<u>Dopergin</u>
PERGOLIDE				
▲ Tab 0.25 mg .....	48.00	100	✓	<u>Permax</u>
▲ Tab 1 mg .....	170.00	100	✓	<u>Permax</u>

‡ safety cap

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

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

## NERVOUS SYSTEM

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
<b>ROPINIROLE HYDROCHLORIDE</b>				
▲ Tab 0.25 mg .....	7.90	84	✓	Ropin
	31.50	210	✓	Requip
▲ Tab 0.25 mg × 42, 0.5 mg × 42 and 1 mg × 21 .....	35.70	105 OP	✓	Requip Starter Pack
▲ Tab 0.5 mg × 42, 1 mg × 42 and 2 mg × 63 .....	122.11	147 OP	✓	Requip Follow-on Pack
▲ Tab 1 mg .....	40.32	84	✓	Ropin
	67.20		✓	Requip
▲ Tab 2 mg .....	60.72	84	✓	Ropin
	101.21		✓	Requip
▲ Tab 5 mg .....	90.00	84	✓	Ropin
	150.00		✓	Requip

(Requip Tab 0.25 mg to be delisted 1 September 2009)

(Requip Starter Pack Tab 0.25 mg × 42, 0.5 mg × 42 and 1 mg × 21 to be delisted 1 September 2009)

(Requip Follow-on Pack Tab 0.5 mg × 42, 1 mg × 42 and 2 mg × 63 to be delisted 1 September 2009)

(Requip Tab 1 mg to be delisted 1 September 2009)

(Requip Tab 2 mg to be delisted 1 September 2009)

(Requip Tab 5 mg to be delisted 1 September 2009)

### SELEGILINE HYDROCHLORIDE

\* Tab 5 mg ..... 16.06 100 ✓ Apo-Selegiline

TOLCAPONE – Retail pharmacy-Specialist prescription

Specialist must be a neurologist, geriatrician or general physician.

▲ Tab 100 mg ..... 128.75 100 ✓ Tasmar

## Anticholinergics

### BENZTROPINE MESYLATE

Tab 2 mg ..... 7.25 60 ✓ Benztrop

Inj 1 mg per ml, 2 ml ..... 36.35 5 ✓ Cogentin

a) Up to 5 inj available on a PSO

b) Only on a PSO

### ORPHENADRINE HYDROCHLORIDE

Tab 50 mg ..... 31.93 250 ✓ Disipal

### PROCYCLIDINE HYDROCHLORIDE

Tab 5 mg ..... 7.40 100 ✓ Kemadrin

## Antipsychotics

### Guidelines for the use of atypical antipsychotic agents

Diagnosis: Schizophrenia and related psychoses when positive symptoms (delusions, hallucinations and thought disorder) are prominent and/or disabling or when both positive symptoms and negative symptoms (flattened affect, emotional and social withdrawal and poverty of speech) are present. Treatment: Before initiating atypical antipsychotic therapy, physicians should consider whether the patient is likely to respond to and/or tolerate conventional antipsychotic therapy and, where appropriate, trial one or more conventional agent prior to use of an atypical agent.

## General

### AMISULPRIDE

Tab 100 mg ..... 22.52 30 ✓ Solian

Tab 200 mg ..... 97.03 60 ✓ Solian

Tab 400 mg ..... 185.44 60 ✓ Solian

Oral liq 100 mg per ml ..... 55.44 60 ml ✓ Solian

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
<b>ARIPIRAZOLE – Special Authority see SA0920 below – Retail pharmacy</b>				
Tab 10 mg .....	123.54	30	✓	Abilify
Tab 15 mg .....	175.28	30	✓	Abilify
Tab 20 mg .....	213.42	30	✓	Abilify
Tab 30 mg .....	260.07	30	✓	Abilify
<b>SA0920 Special Authority for Subsidy</b>				
<b>Initial application</b> from any relevant practitioner. Approvals valid for 2 years for applications meeting the following criteria:				
Both:				
1 Patient is suffering from schizophrenia or related psychoses; and				
2 Either:				
2.1 An effective dose of risperidone or quetiapine has been trialed and has been discontinued, or is in the process of being discontinued, because of unacceptable side effects; or				
2.2 An effective dose of risperidone or quetiapine has been trialed and has been discontinued, or is in the process of being discontinued, because of inadequate clinical response.				
<b>Renewal</b> from any relevant practitioner. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.				
<b>CHLORPROMAZINE HYDROCHLORIDE</b>				
Tab 10 mg – Up to 30 tab available on a PSO.....	12.36	100	✓	Largactil
Tab 25 mg – Up to 30 tab available on a PSO.....	13.02	100	✓	Largactil
Tab 100 mg – Up to 30 tab available on a PSO.....	30.61	100	✓	Largactil
Inj 25 mg per ml, 2 ml – Up to 5 inj available on a PSO.....	25.66	10	✓	Largactil
<b>CLOZAPINE – Hospital pharmacy [HP4]</b>				
Tab 25 mg .....	13.37	50	✓	Clopine
	26.74	100	✓	Clopine
	13.37	50	✓	Clozaril
	26.74	100	✓	Clozaril
Tab 50 mg .....	17.33	50	✓	Clopine
	34.65	100	✓	Clopine
Tab 100 mg .....	34.65	50	✓	Clozaril
	69.30	100	✓	Clozaril
	34.65	50	✓	Clopine
	69.30	100	✓	Clopine
Tab 200 mg .....	55.45	50	✓	Clopine
	110.90	100	✓	Clopine
Suspension 50 mg/ml .....	34.65	100 ml	✓	Clopine
<b>HALOPERIDOL</b>				
Tab 500 µg – Up to 30 tab available on a PSO.....	4.93	100	✓	Serenace
Tab 1.5 mg – Up to 30 tab available on a PSO.....	7.45	100	✓	Serenace
Tab 5 mg – Up to 30 tab available on a PSO.....	23.49	100	✓	Serenace
Oral liq 2 mg per ml – Up to 200 ml available on a PSO .....	18.06	100 ml	✓	Serenace
Inj 5 mg per ml, 1 ml – Up to 5 inj available on a PSO .....	17.04	10	✓	Serenace
<b>LITHIUM CARBONATE</b>				
Tab 250 mg .....	25.45	500	✓	Lithicarb
Tab 400 mg .....	9.17	100	✓	Lithicarb
Tab long-acting 400 mg .....	16.05	100	✓	Priadel
Cap 250 mg .....	7.22	100	✓	Douglas

‡ safety cap

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

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

## NERVOUS SYSTEM

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
<b>METHOTRIMEPAZINE</b>				
Tab 25 mg .....	16.93	100	✓	Nozinan
Tab 100 mg .....	43.96	100	✓	Nozinan
Inj 25 mg per ml, 1 ml .....	73.68	10	✓	Nozinan
<b>OLANZAPINE</b> – Special Authority see SA0741 below – Retail pharmacy				
Tab 2.5 mg .....	51.07	28	✓	Zyprexa
Tab 5 mg .....	101.21	28	✓	Zyprexa
Tab 10 mg .....	204.49	28	✓	Zyprexa

### ►SA0741 Special Authority for Subsidy

**Initial application** only from a psychiatrist. Approvals valid for 2 years for applications meeting the following criteria:

Any of the following:

- 1 Patient presents with first episode schizophrenia or related psychoses; or
- 2 Both:
  - 2.1 Patient suffering from schizophrenia and related psychoses or acute mania in bipolar disorder who is likely to benefit from antipsychotic treatment; and
  - 2.2 Either:
    - 2.2.1 An effective dose of risperidone had been trialled and has been discontinued because of unacceptable side effects; or
    - 2.2.2 An effective dose of risperidone had been trialled and has been discontinued because of inadequate clinical response after 4 weeks; or
- 3 The patient has suffered from an acute episode of schizophrenia or bipolar mania and has been treated with olanzapine short-acting intra-muscular injection.

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

Note: Initial prescriptions to be written by psychiatrists or psychiatric registrars and subsequent prescriptions can be written by General Practitioners.

<b>PERICYAZINE</b>				
Tab 2.5 mg .....	12.49	100	✓	Neulactil
Tab 10 mg .....	44.45	100	✓	Neulactil
<b>QUETIAPINE</b>				
Tab 25 mg .....	20.62	90	✓	Quetapel
	46.20	60	✓	Seroquel
Tab 100 mg .....	41.25	90	✓	Quetapel
	92.40	60	✓	Seroquel
Tab 200 mg .....	70.88	90	✓	Quetapel
	158.76	60	✓	Seroquel
Tab 300 mg .....	119.25	90	✓	Quetapel
	267.12	60	✓	Seroquel



	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
<b>RISPERIDONE</b>				
Tab 0.5 mg .....	5.20	20	✓	Ridal
	15.60	60	✓	Ridal
	5.20	20	✓	Risperdal
Tab 1 mg .....	30.77	60	✓	Ridal
			✓	Risperdal
Tab 2 mg .....	61.53	60	✓	Ridal
			✓	Risperdal
Tab 3 mg .....	92.32	60	✓	Ridal
			✓	Risperdal
Tab 4 mg .....	123.05	60	✓	Ridal
			✓	Risperdal
Oral liquid 1 mg per ml .....	45.92	30 ml	✓	Risperdal
<b>TRIFLUOPERAZINE HYDROCHLORIDE</b>				
Tab 1 mg .....	9.83	100	✓	Stelazine S29
Tab 2 mg .....	14.64	100	✓	Stelazine S29
Tab 5 mg .....	16.66	100	✓	Stelazine S29

**ZIPRASIDONE – Subsidy by endorsement**

Ziprasidone is subsidised for patients suffering from schizophrenia or related psychoses after a trial of an effective dose of risperidone or quetiapine that has been discontinued, or is in the process of being discontinued, because of unacceptable side effects or inadequate response, and the prescription is endorsed accordingly.

Cap 20 mg .....	87.88	60	✓	Zeldox
Cap 40 mg .....	164.78	60	✓	Zeldox
Cap 60 mg .....	247.17	60	✓	Zeldox
Cap 80 mg .....	329.56	60	✓	Zeldox

**Depot Injections**

**FLUPENTHIXOL DECANOATE**

Inj 20 mg per ml, 1 ml – Up to 5 inj available on a PSO .....	13.14	5	✓	Fluanxol
Inj 20 mg per ml, 2 ml – Up to 5 inj available on a PSO .....	20.90	5	✓	Fluanxol
Inj 100 mg per ml, 1 ml – Up to 5 inj available on a PSO .....	40.87	5	✓	Fluanxol

**FLUPHENAZINE DECANOATE**

Inj 12.5 mg per 0.5 ml, 0.5 ml – Up to 5 inj available on a PSO .....	17.60	5	✓	Modecate
Inj 25 mg per ml, 1 ml – Up to 5 inj available on a PSO .....	27.90	5	✓	Modecate
Inj 100 mg per ml, 1 ml – Up to 5 inj available on a PSO .....	154.50	5	✓	Modecate

**HALOPERIDOL DECANOATE**

Inj 50 mg per ml, 1 ml – Up to 5 inj available on a PSO .....	28.39	5	✓	Haldol
Inj 100 mg per ml, 1 ml – Up to 5 inj available on a PSO .....	55.90	5	✓	Haldol Concentrate

**PIPTHIAZINE PALMITATE**

Inj 50 mg per ml, 1 ml – Up to 5 inj available on a PSO .....	178.48	10	✓	Pipartil
Inj 50 mg per ml, 2 ml – Up to 5 inj available on a PSO .....	353.32	10	✓	Pipartil

**RISPERIDONE – Special Authority see SA0926 on the next page – Retail pharmacy**

Microspheres for injection 25 mg .....	175.00	1	✓	Risperdal Consta
Microspheres for injection 37.5 mg .....	230.00	1	✓	Risperdal Consta
Microspheres for injection 50 mg .....	280.00	1	✓	Risperdal Consta

‡ safety cap

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

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

Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
	✓	

## ►SA0926 Special Authority for Subsidy

**Initial application** from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

- 1 The patient has schizophrenia or other psychotic disorder; and
- 2 Has tried but failed to comply with treatment using oral atypical antipsychotic agents; and
- 3 Has been admitted to hospital or treated in respite care, or intensive outpatient or home-based treatment for 30 days or more in last 12 months.

**Renewal** from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:

Either:

- 1 Both:
  - 1.1 The patient has had less than 12 months treatment with risperidone microspheres; and
  - 1.2 There is no clinical reason to discontinue treatment; or
- 2 The initiation of risperidone microspheres has been associated with fewer days of intensive intervention than was the case during a corresponding period of time prior to the initiation of risperidone microspheres.

Note: Risperidone microspheres should ideally be used as monotherapy (i.e. without concurrent use of any other antipsychotic medication). In some cases, it may be clinically appropriate to attempt to treat a patient with typical antipsychotic agents in depot injectable form before trialing risperidone microspheres.

### ZUCLOPENTHIXOL DECANOATE

Inj 200 mg per ml, 1 ml – Up to 5 inj available on a PSO ..... 19.80 5 ✓ Clopixol

## Orodispersible Antipsychotics

OLANZAPINE – Special Authority see SA0739 below – Retail pharmacy

Wafer 5 mg .....	102.19	28	✓ Zyprexa Zydis
Wafer 10 mg .....	204.37	28	✓ Zyprexa Zydis

## ►SA0739 Special Authority for Subsidy

**Initial application** only from a psychiatrist. Approvals valid for 1 year for applications meeting the following criteria:

All of the following:

- 1 The patient meets the current criteria for standard olanzapine tablets; and
- 2 The patient is unable to take standard olanzapine tablets, or once stabilized refuses to take olanzapine tablets; or the patient is non-adherent to oral therapy with standard olanzapine tablets; and
- 3 The patient is under direct supervision for administration of medicine.

**Renewal** only from a psychiatrist. Approvals valid for 1 year for applications meeting the following criteria:

Both:

- 1 The patient is unable to take standard olanzapine tablets, or once stabilized refuses to take olanzapine tablets; and
- 2 The patient is under direct supervision for administration of medicine.

Note: Initial prescriptions to be written by psychiatrists and subsequent prescriptions can be written by psychiatric registrars or General Practitioners.

RISPERIDONE – Special Authority see SA0927 below – Retail pharmacy

Orally-disintegrating tablets 0.5 mg .....	21.42	28	✓ Risperdal Quicklet
Orally-disintegrating tablets 1 mg .....	42.84	28	✓ Risperdal Quicklet
Orally-disintegrating tablets 2 mg .....	85.71	28	✓ Risperdal Quicklet

## ►SA0927 Special Authority for Subsidy

**Initial application — (Acute situations)** from any relevant practitioner. Approvals valid for 6 weeks for applications meeting the following criteria:

Both:

- 1 For a non-adherent patient on oral therapy with standard risperidone tablets or risperidone oral liquid; and
- 2 The patient is under direct supervision for administration of medicine.

continued...

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
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continued...

**Initial application — (Chronic situations)** from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria:

Both:

- 1 The patient is unable to take standard risperidone tablets or oral liquid, or once stabilized refuses to take risperidone tablets or oral liquid; and
- 2 The patient is under direct supervision for administration of medicine.

**Renewal** from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria:

Both:

- 1 The patient is unable to take standard risperidone tablets or oral liquid, or once stabilized refuses to take risperidone tablets or oral liquid; and
- 2 The patient is under direct supervision for administration of medicine.

Note: Risperdal Quicklets cost significantly more than risperidone tablets and should only be used where necessary.

## Anxiolytics

### ALPRAZOLAM – Month Restriction

Tab 250 µg .....	3.25	50	✓ <u>Arrow-Alprazolam</u>
‡ Safety cap for extemporaneously compounded oral liquid preparations.			
Tab 500 µg .....	4.30	50	✓ <u>Arrow-Alprazolam</u>
‡ Safety cap for extemporaneously compounded oral liquid preparations.			
Tab 1 mg .....	7.85	50	✓ <u>Arrow-Alprazolam</u>
‡ Safety cap for extemporaneously compounded oral liquid preparations.			

### BUSPIRONE HYDROCHLORIDE – Special Authority see SA0863 below – Retail pharmacy

Month Restriction			
Tab 5 mg .....	28.00	100	✓ <u>Pacific Buspirone</u>
Tab 10 mg .....	17.00	100	✓ <u>Pacific Buspirone</u>

### ►SA0863 | Special Authority for Subsidy

**Initial application** 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** from any relevant practitioner. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.

### DIAZEPAM

Tab 2 mg – Month Restriction.....	8.40	500	✓ <u>Pro-Pam</u>
‡ Safety cap for extemporaneously compounded oral liquid preparations.			
Tab 5 mg – Month Restriction.....	5.00	250	✓ <u>Pro-Pam</u>
‡ Safety cap for extemporaneously compounded oral liquid preparations.			
Tab 10 mg – Month Restriction.....	3.45	100	✓ <u>Pro-Pam</u>
‡ Safety cap for extemporaneously compounded oral liquid preparations.			

### LORAZEPAM – Month Restriction

Tab 1 mg .....	6.28	250	✓ <u>Ativan</u>
‡ Safety cap for extemporaneously compounded oral liquid preparations.			
Tab 2.5 mg .....	4.12	100	✓ <u>Ativan</u>
‡ Safety cap for extemporaneously compounded oral liquid preparations.			

‡ safety cap

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

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

## NERVOUS SYSTEM

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
<b>OXAZEPAM – Month Restriction</b>				
Tab 10 mg .....	1.98 (5.50)	100		Ox-Pam
‡ Safety cap for extemporaneously compounded oral liquid preparations.				
Tab 15 mg .....	2.45 (7.60)	100		Ox-Pam
‡ Safety cap for extemporaneously compounded oral liquid preparations.				

## Multiple Sclerosis Treatments

### ►SA0855 Special Authority for Subsidy

Special Authority approved by the Multiple Sclerosis Treatment Committee

Notes: Budget managed by appointed clinicians on the Multiple Sclerosis Treatment Assessments Committee (MSTAC).

Applications will be considered by MSTAC at its regular meetings and approved subject to eligibility according to the Entry and Stopping criteria (below).

Application details may be obtained from PHARMAC's website <http://www.pharmac.govt.nz> or:

The coordinator	Phone: 04 460 4990
Multiple Sclerosis Treatment Assessment Committee	Facsimile: 04 916 7571
PHARMAC PO Box 10 254	Email: <a href="mailto:mstaccordinator@pharmac.govt.nz">mstaccordinator@pharmac.govt.nz</a>
Wellington	

Completed application forms must be sent to the coordinator for MSTAC and will be considered by MSTAC at the next practicable opportunity.

Notification of MSTAC's decision will be sent to the patient, the applying clinician and the patient's GP (if specified).

These agents will NOT be subsidised if dispensed from a community or hospital pharmacy. Regular supplies will be distributed to all approved patients or their clinicians by courier.

Prescribers must send quarterly prescriptions for approved patients to the MSTAC coordinator.

Only prescriptions for 6 million iu of interferon beta-1-alpha per week, or 8 million iu of interferon beta-1-beta every other day, or 20 mg glatiramer acetate daily will be subsidised.

Appeals against MSTAC's decision and/or the processing of any application may be lodged with the MSTAC coordinator. Concerns that cannot be or have not been adequately addressed by MSTAC will be forwarded to a separate Appeal Committee if necessary. Switching between treatments is permitted within the 12 month approval period without reapproval by MSTAC. The MSTAC coordinator should be notified of the change and a new prescription provided.

### Entry Criteria

- 1) Diagnosis of multiple sclerosis (MS) must be confirmed by a neurologist. Diagnosis should as a rule include MRI confirmation. For patients diagnosed before MRI was widely utilised in New Zealand, confirmation of diagnosis via clinical assessment and laboratory/ancillary data must be provided; and
- 2) patients must have active relapsing MS (confirmed by MR scan where necessary) with or without underlying progression; and
- 3) patients must have either:
  - a) EDSS score 2.5 - 5.5 with 2+ relapses:
    - experienced at least 2 significant relapses of MS in the previous 12 months, and
    - an EDSS score of between 2.5 and 5.5 inclusive; or
  - b) EDSS score 2.0 with 3+ relapses:
    - experienced at least 3 significant relapses of MS in the previous 12 months, and
    - an EDSS score of 2.0; and
- 4) Each relapse must:
  - a) be confirmed by a neurologist or general physician (the patient may not necessarily have been seen during the relapse but the neurologist/physician must be satisfied that the clinical features were characteristic and met the specified criteria);

continued...

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
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continued...

- b) be associated with characteristic new symptom(s)/sign(s) or substantial worsening of previously experienced symptom(s)/sign(s);
  - c) last at least one week;
  - d) follow a period of stability of at least one month;
  - e) be severe enough to change either the EDSS or at least one of the Kurtzke functional systems scores by at least 1 point;
  - f) be distinguishable from the effects of general fatigue; and
  - g) not be associated with a fever ( $T > 37.5^{\circ}\text{C}$ ); and
- 5) applications must be made at least four weeks after the date of the onset of the last known relapse; and
  - 6) patients must have no previous history of lack of response to beta-interferon or glatiramer acetate (see criteria for stopping).
  - 7) applications must be submitted to the Multiple Sclerosis Treatment Assessment Committee (MSTAC) by the patient's neurologist or a general physician; and
  - 8) patients must agree (via informed consent) to co-operate if as a result of their meeting the stopping criteria, funding is withdrawn. Patients must agree to the collection of clinical data relating to their MS and use of those data by PHARMAC; and
  - 9) patients must agree to allow clinical data to be collected and reviewed by MSTAC annually for each year in which they receive funding for beta-interferon or glatiramer acetate.

#### Stopping Criteria

- 1) Confirmed progression of disability that is sustained for three months after a minimum of one year of treatment. Progression of disability is defined as either an increase of 1 EDSS point from the starting EDSS or an increase in EDSS score to 6.0 or more; or
- 2) stable or increasing relapse rate over 12 months of treatment (compared with the relapse rate on starting treatment); or
- 3) pregnancy and/or lactation; or
- 4) within the 12 month approval year, intolerance to interferon beta-1-alpha, and/or interferon beta-1-beta and/or glatiramer acetate; or
- 5) non-compliance with treatment, including refusal to undergo annual assessment or refusal to allow the results of the assessment to be submitted to MSTAC; or
- 6) patients may, subject to conclusions drawn from published evidence available at the time, be excluded if they develop a high titre of neutralising anti-bodies to beta-interferon or glatiramer acetate.

GLATIRAMER ACETATE – Special Authority see SA0855 on the preceding page

Inj 20 mg pre-filled syringe .....	1,089.25	28	✓ Copaxone
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INTERFERON BETA-1-ALPHA – Special Authority see SA0855 on the preceding page

Inj 6 million iu prefilled syringe .....	1,245.13	4	✓ Avonex
Inj 6 million iu per vial .....	1,245.13	4	✓ Avonex

INTERFERON BETA-1-BETA – Special Authority see SA0855 on the preceding page

Inj 8 million iu per 1 ml .....	1,378.71	15	✓ Betaferon
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#### Sedatives and Hypnotics

LORMETAZEPAM – Month Restriction

Tab 1 mg .....	3.11	30	
	(23.50)		Noctamid

‡ Safety cap for extemporaneously compounded oral liquid preparations.

‡ safety cap

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

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

## NERVOUS SYSTEM

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
<b>MIDAZOLAM</b>				
Tab 7.5 mg – Month Restriction.....	10.38 (25.00)	100		Hypnovel
‡ Safety cap for extemporaneously compounded oral liquid preparations.				
Inj 1 mg per ml, 5 ml .....	10.75 (14.73)	10	✓	Hypnovel Pfizer
Inj 5 mg per ml, 3 ml .....	11.90 (19.64)	5	✓	Hypnovel Pfizer
<b>NITRAZEPAM – Month Restriction</b>				
Tab 5 mg .....	2.00 (4.65)	100		Nitrados
‡ Safety cap for extemporaneously compounded oral liquid preparations.				
<b>TEMAZEPAM – Month Restriction</b>				
Tab 10 mg .....	0.83	25	✓	<u>Normison</u>
‡ Safety cap for extemporaneously compounded oral liquid preparations.				
<b>TRIAZOLAM – Month Restriction</b>				
Tab 125 µg .....	5.10 (6.50)	100		Hypam
‡ Safety cap for extemporaneously compounded oral liquid preparations.				
Tab 250 µg .....	4.10 (7.20)	100		Hypam
‡ Safety cap for extemporaneously compounded oral liquid preparations.				
<b>ZOPICLONE – Month Restriction</b>				
Tab 7.5 mg .....	21.02	500	✓	<u>Apo-Zopiclone</u>

### Other CNS Agents

<b>ATOMOXETINE – Special Authority see SA0951 below – Retail pharmacy</b>				
Cap 10 mg .....	107.03	28	✓	Strattera
Cap 18 mg .....	107.03	28	✓	Strattera
Cap 25 mg .....	107.03	28	✓	Strattera
Cap 40 mg .....	107.03	28	✓	Strattera
Cap 60 mg .....	107.03	28	✓	Strattera
Cap 80 mg .....	139.11	28	✓	Strattera
Cap 100 mg .....	139.11	28	✓	Strattera

#### ►SA0951 Special Authority for Subsidy

**Initial application** from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

- 1 Patient has ADHD (Attention Deficit and Hyperactivity Disorder) diagnosed according to DSM-IV or ICD 10 criteria; and
- 2 Once-daily dosing; and
- 3 Any of the following:
  - 3.1 Treatment with a subsidised formulation of a stimulant has resulted in the development or worsening of serious adverse reactions or where the combination of subsidised stimulant treatment with another agent would pose an unacceptable medical risk; or
  - 3.2 Treatment with a subsidised formulation of a stimulant has resulted in worsening of co-morbid substance abuse or there is a significant risk of diversion with subsidised stimulant therapy; or
  - 3.3 An effective dose of a subsidised formulation of a stimulant has been trialled and has been discontinued because of inadequate clinical response; and

continued...

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
		✓	

continued...

- 4 The patient will not be receiving treatment with atomoxetine in combination with a subsidised formulation of a stimulant, except for the purposes of transitioning from subsidised stimulant therapy to atomoxetine.

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

Note: A "subsidised formulation of a stimulant" refers to currently subsidised methylphenidate hydrochloride tablet formulations (immediate-release, sustained-release and extended-release) or dexamphetamine sulphate tablets.

DEXAMPHETAMINE SULPHATE – Special Authority see SA0907 below – Retail pharmacy

Only on a controlled drug form

Tab 5 mg ..... 17.00 100 ✓ **PSM**

#### ►SA0907 Special Authority for Subsidy

**Initial application — (ADHD in patients 5 or over – new patients)** only from a paediatrician, psychiatrist or medical 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 paediatrician or psychiatrist; or
  - 3.2 Both:
    - 3.2.1 Applicant is a medical practitioner and confirms that a relevant specialist has been consulted within the last 2 years and has recommended treatment for the patient; and
    - 3.2.2 Provide name of the recommending specialist.

**Initial application — (ADHD in patients 5 or over - patient has had an approval for dexamphetamine for ADHD prior to 1 April 2008)** only from a paediatrician, psychiatrist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 24 months for applications meeting the following criteria:

Both:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 Either:
  - 2.1 Applicant is a paediatrician or psychiatrist; or
  - 2.2 Both:
    - 2.2.1 Applicant is a medical practitioner and confirms that a relevant specialist has been consulted within the last 2 years and has recommended treatment for the patient; and
    - 2.2.2 Provide name of the recommending specialist.

**Initial application — (ADHD in patients under 5 – new patients)** 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.

**Initial application — (ADHD in patients under 5 - patient has had an approval for dexamphetamine for ADHD in patients under 5 prior to 1 April 2008)** only from a paediatrician or psychiatrist. Approvals valid for 12 months where the treatment remains appropriate and the patient is benefiting from treatment.

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

**Initial application — (Narcolepsy - patient has had an approval for dexamphetamine for narcolepsy prior to 1 April 2008)** 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 medical practitioner on the recommendation of a relevant specialist. Approvals valid for 24 months for applications meeting the following criteria:

Both:

continued...

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
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continued...

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 Either:
  - 2.1 Applicant is a paediatrician or psychiatrist; or
  - 2.2 Both:
    - 2.2.1 Applicant is a medical practitioner and confirms that a relevant specialist has been consulted within the last 2 years and has recommended treatment for the patient; and
    - 2.2.2 Provide name of the recommending specialist.

Note: If the patient had an approval for dexamphetamine for ADHD prior to 1 April 2008 the applicant is required to submit a fresh initial application in the first instance, not a renewal application. Please phone the Contact Centre on 0800 243 666 for clarification if needed.

**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.

Note: If the patient had an approval for dexamphetamine for ADHD in patients under 5 prior to 1 April 2008 the applicant is required to submit a fresh initial application in the first instance, not a renewal application. Please phone the Contact Centre on 0800 243 666 for clarification if needed.

**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.

Note: If the patient had an approval for dexamphetamine for narcolepsy prior to 1 April 2008 the applicant is required to submit a fresh initial application in the first instance, not a renewal application. Please phone the Contact Centre on 0800 243 666 for clarification if needed.

## DISULFIRAM

Tab 200 mg .....	24.30	100	✓ Antabuse
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## METHYLPHENIDATE HYDROCHLORIDE – Special Authority see SA0908 below – Retail pharmacy

Only on a controlled drug form

Tab immediate-release 5 mg .....	3.20	30	✓ <u>Rubifen</u>
Tab immediate-release 10 mg .....	4.29	30	✓ <u>Rubifen</u>
Tab immediate-release 20 mg .....	7.85	30	✓ <u>Rubifen</u>
Tab sustained-release 20 mg .....	10.95	30	✓ <u>Rubifen SR</u>

### ►►SA0908 Special Authority for Subsidy

**Initial application — (ADHD in patients 5 or over – new patients)** only from a paediatrician, psychiatrist or medical 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 paediatrician or psychiatrist; or
  - 3.2 Both:
    - 3.2.1 Applicant is a medical practitioner and confirms that a relevant specialist has been consulted within the last 2 years and has recommended treatment for the patient; and
    - 3.2.2 Provide name of the recommending specialist.

**Initial application — (ADHD in patients 5 or over - patient has had an approval for methylphenidate for ADHD prior to 1 April 2008)** only from a paediatrician, psychiatrist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 24 months for applications meeting the following criteria:

Both:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 Either:
  - 2.1 Applicant is a paediatrician or psychiatrist; or
  - 2.2 Both:

continued...



Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
	✓	

continued...

2.2.1 Applicant is a medical practitioner and confirms that a relevant specialist has been consulted within the last 2 years and has recommended treatment for the patient; and

2.2.2 Provide name of the recommending specialist.

**Initial application — (ADHD in patients under 5 – new patients)** 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.

**Initial application — (ADHD in patients under 5 - patient has had an approval for methylphenidate for ADHD in patients under 5 prior to 1 April 2008)** only from a paediatrician or psychiatrist. Approvals valid for 12 months where the treatment remains appropriate and the patient is benefiting from treatment.

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

**Initial application — (Narcolepsy - patient has had an approval for methylphenidate for narcolepsy prior to 1 April 2008)** 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 medical practitioner on the recommendation of a relevant specialist. Approvals valid for 24 months for applications meeting the following criteria:

Both:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 Either:
  - 2.1 Applicant is a paediatrician or psychiatrist; or
  - 2.2 Both:
    - 2.2.1 Applicant is a medical practitioner and confirms that a relevant specialist has been consulted within the last 2 years and has recommended treatment for the patient; and
    - 2.2.2 Provide name of the recommending specialist.

Note: If the patient had an approval for methylphenidate for ADHD prior to 1 April 2008 the applicant is required to submit a fresh initial application in the first instance, not a renewal application. Please phone the Contact Centre on 0800 243 666 for clarification if needed.

**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.

Note: If the patient had an approval for methylphenidate for ADHD in patients under 5 prior to 1 April 2008 the applicant is required to submit a fresh initial application in the first instance, not a renewal application. Please phone the Contact Centre on 0800 243 666 for clarification if needed.

**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.

Note: If the patient had an approval for methylphenidate for narcolepsy prior to 1 April 2008 the applicant is required to submit a fresh initial application in the first instance, not a renewal application. Please phone the Contact Centre on 0800 243 666 for clarification if needed.

**METHYLPHENIDATE HYDROCHLORIDE EXTENDED-RELEASE** – Special Authority see SA0924 on the next page – Retail pharmacy

Only on a controlled drug form		
Tab extended-release 18 mg .....	58.96	30 ✓ Concerta
Tab extended-release 27 mg .....	65.44	30 ✓ Concerta
Tab extended-release 36 mg .....	71.93	30 ✓ Concerta
Tab extended-release 54 mg .....	86.24	30 ✓ Concerta

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
<b>►SA0924 Special Authority for Subsidy</b>				
<b>Initial application</b> only from a paediatrician, psychiatrist or medical 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); and				
2 Diagnosed according to DSM-IV or ICD 10 criteria; and				
3 Either:				
3.1 Applicant is a paediatrician or psychiatrist; or				
3.2 Both:				
3.2.1 Applicant is a medical practitioner and confirms that a relevant specialist has been consulted within the last 2 years and has recommended treatment for the patient; and				
3.2.2 Provide name of the recommending specialist; and				
4 Either:				
4.1 Patient is taking a currently subsidised formulation of methylphenidate hydrochloride (immediate-release or sustained-release) which has not been effective due to significant administration and/or compliance difficulties; or				
4.2 There is significant concern regarding the risk of diversion or abuse of immediate-release methylphenidate hydrochloride.				
<b>Renewal</b> only from a paediatrician, psychiatrist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 24 months for applications meeting the following criteria: Both:				
1 The treatment remains appropriate and the patient is benefiting from treatment; and				
2 Either:				
2.1 Applicant is a paediatrician or psychiatrist; or				
2.2 Both:				
2.2.1 Applicant is a medical practitioner and confirms that a relevant specialist has been consulted within the last 2 years and has recommended treatment for the patient; and				
2.2.2 Provide name of the recommending specialist.				
NALTREXONE HYDROCHLORIDE – Special Authority see SA0909 below – Retail pharmacy				
Tab 50 mg .....	180.00	30	✓ ReVia	
<b>►SA0909 Special Authority for Subsidy</b>				
<b>Initial application</b> from any medical practitioner. Approvals valid for 3 months for applications meeting the following criteria: Both:				
1 Patient is currently enrolled in a recognised comprehensive treatment programme for alcohol dependence; and				
2 Applicant works in a community Alcohol and Drug Service contracted to one of the 21 District Health Boards or accredited against the New Zealand Alcohol and Other Drug Sector Standard or the National Mental Health Sector Standard.				
<b>Renewal</b> 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.				
TETRABENAZINE				
Tab 25 mg .....	243.00	112	✓ Xenazine 25	

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
<b>Chemotherapeutic Agents</b>			
<b>Alkylating Agents</b>			
<b>BUSULPHAN – PCT – Retail pharmacy-Specialist</b>			
Tab 2 mg .....	47.89	100	✓ Myleran
<b>CARBOPLATIN – PCT only – Specialist</b>			
Inj 10 mg per ml, 5 ml .....	12.00	1	✓ Carboplatin Ebewe
Inj 10 mg per ml, 15 ml .....	18.70	1	✓ Carboplatin Ebewe
Inj 10 mg per ml, 45 ml .....	55.50	1	✓ Carboplatin Ebewe
Inj 10 mg per ml, 100 ml .....	135.65	1	✓ Carboplatin Ebewe
Inj 1 mg for ECP .....	0.13	1 mg	✓ Baxter ✓ Biomed
<b>CARMUSTINE – PCT only – Specialist</b>			
Inj 100 mg .....	204.13	1	✓ BiCNU
Inj 100 mg for ECP .....	204.13	100 mg OP	✓ Baxter ✓ Biomed
<b>CHLORAMBUCIL – PCT – Retail pharmacy-Specialist</b>			
Tab 2 mg .....	22.35	25	✓ Leukeran FC
<b>CISPLATIN – PCT only – Specialist</b>			
Inj 1 mg per ml, 50 ml .....	19.00	1	✓ Cisplatin Ebewe ✓ Mayne
Inj 1 mg per ml, 100 ml .....	38.00	1	✓ Cisplatin Ebewe ✓ Mayne
Inj 1 mg for ECP .....	0.46	1 mg	✓ Baxter ✓ Biomed
<b>CYCLOPHOSPHAMIDE</b>			
Tab 50 mg – PCT – Retail pharmacy-Specialist .....	25.71	50	✓ <u>Cycloblastin</u>
Inj 1 g – PCT – Retail pharmacy-Specialist .....	21.51	1	✓ Endoxan
	127.80	6	✓ Cytoxan
Inj 2 g – PCT only – Specialist .....	43.00	1	✓ Endoxan
Inj 1 mg for ECP – PCT only – Specialist .....	0.02	1 mg	✓ Baxter ✓ Biomed
<b>IFOSFAMIDE – PCT only – Specialist</b>			
Inj 1 g .....	87.26	1	✓ Holoxan
Inj 2 g .....	162.80	1	✓ Holoxan
Inj 1 mg for ECP .....	0.09	1 mg	✓ Baxter ✓ Biomed
<b>LOMUSTINE – PCT only – Specialist</b>			
Cap 10 mg .....	132.59	20	✓ CeeNU
Cap 40 mg .....	399.15	20	✓ CeeNU
<b>MELPHALAN</b>			
Tab 2 mg – PCT – Retail pharmacy-Specialist .....	31.31	25	✓ Alkeran
Inj 50 mg – PCT only – Specialist .....	52.15	1	✓ Alkeran

‡ safety cap

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

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

## ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
<b>OXALIPLATIN – PCT only – Specialist – Special Authority see SA0900 below</b>				
Inj 50 mg .....	200.00	1	✓	<b>Eloxatin</b>
Inj 100 mg .....	400.00	1	✓	<b>Eloxatin</b>
Inj 1 mg for ECP .....	4.36	1 mg	✓	<b>Baxter</b>
	8.74		✓	<b>Biomed</b>

### ►SA0900 Special Authority for Subsidy

**Initial application** only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

Either:

- 1 Both:
  - 1.1 The patient has metastatic colorectal cancer; and
  - 1.2 To be used for first or second line use as part of a combination chemotherapy regimen; or
- 2 Both:
  - 2.1 The patient has stage III (Duke's C) colorectal\* cancer; and
  - 2.2 Adjuvant oxaliplatin to be given in combination with a fluoropyrimidine (fluorouracil or capecitabine).

**Renewal** only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

Either:

- 1 The patient requires continued therapy; or
- 2 The tumour has relapsed and requires re-treatment.

Note: Indications marked with \* are Unapproved Indications, oxaliplatin is indicated for adjuvant treatment of stage III (Duke's C) colon cancer after complete resection of the primary tumour.

## Antimetabolites

### CALCIUM FOLINATE

Tab 15 mg – PCT – Hospital pharmacy [HP3]-Specialist .....	63.89	10	✓	<b>Mayne</b>
Inj 3 mg per ml, 1 ml – PCT – Hospital pharmacy [HP1]- Specialist .....	17.10	5	✓	<b>Mayne</b>
Inj 50 mg – PCT – Hospital pharmacy [HP1]-Specialist .....	24.50	5	✓	<b>Calcium Folate Ebewe</b>
Inj 100 mg – PCT only – Specialist .....	15.00	1	✓	<b>Calcium Folate Ebewe</b>
Inj 300 mg – PCT only – Specialist .....	45.00	1	✓	<b>Calcium Folate Ebewe</b>
Inj 1 g – PCT only – Specialist .....	152.00	1	✓	<b>Calcium Folate Ebewe</b>
Inj 1 mg for ECP – PCT only – Specialist .....	0.10	1 mg	✓	<b>Baxter</b>
			✓	<b>Biomed</b>

### CAPECITABINE – Hospital pharmacy [HP1]-Specialist – Special Authority see SA0869 below

Tab 150 mg .....	115.00	60	✓	<b>Xeloda</b>
Tab 500 mg .....	705.00	120	✓	<b>Xeloda</b>

### ►SA0869 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 (Duke's stage C) colorectal\*# cancer and undergone surgery; or
- 4 Both:

continued...

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
		✓	

continued...

- 4.1 The patient has poor venous access or needle phobia\*; and
- 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:

- 1 The patient requires continued therapy; or
- 2 The tumour has relapsed and requires re-treatment.

Note: Indications marked with \* are Unapproved Indications, # capecitabine is approved for stage III (Duke's stage C) colon cancer.

## CLADRIBINE – PCT only – Specialist

Inj 2 mg per ml, 5 ml .....	873.00	1	✓ <b>Litak S29</b>
Inj 1 mg per ml, 10 ml .....	5,249.72	7	✓ <b>Leustatin</b>
Inj 10 mg for ECP .....	749.96	10 mg OP	✓ <b>Baxter</b>
			✓ <b>Biomed</b>

## CYTARABINE

Inj 100 mg – PCT – Retail pharmacy-Specialist .....	80.00	5	✓ <b>Mayne</b>
			✓ <b>Pharmacia</b>
Inj 100 mg per ml, 5 ml – PCT – Retail pharmacy-Specialist .....	95.36	5	✓ <b>Mayne</b>
Inj 100 mg per ml, 10 ml – PCT – Retail pharmacy-Specialist .....	42.65	1	✓ <b>Mayne</b>
Inj 100 mg per ml, 20 ml – PCT only – Specialist .....	34.47	1	✓ <b>Mayne</b>
Inj 1 mg for ECP – PCT only – Specialist .....	0.03	1 mg	✓ <b>Baxter</b>
			✓ <b>Biomed</b>
Inj 100 mg intrathecal syringe for ECP – PCT only – Specialist .....	16.00	100 mg OP	✓ <b>Baxter</b>
			✓ <b>Biomed</b>

## FLUDARABINE PHOSPHATE – PCT only – Specialist

Tab 10 mg .....	650.25	15	✓ <b>Fludara</b>
Inj 50 mg .....	1,430.00	5	✓ <b>Fludara</b>
Inj 50 mg for ECP .....	286.00	50 mg OP	✓ <b>Baxter</b>
			✓ <b>Biomed</b>

## FLUOROURACIL SODIUM

Inj 50 mg per ml, 10 ml – PCT only – Specialist .....	4.95	1	✓ <b>Fluorouracil Ebewe</b>
Inj 500 mg per 20 ml – PCT – Retail pharmacy-Specialist .....	55.60	10	✓ <b>Mayne</b>
Inj 50 mg per ml, 20 ml – PCT only – Specialist .....	8.60	1	✓ <b>Fluorouracil Ebewe</b>
Inj 25 mg per ml, 100 ml – PCT only – Specialist .....	13.55	1	✓ <b>Mayne</b>
Inj 50 mg per ml, 50 ml – PCT only – Specialist .....	21.50	1	✓ <b>Fluorouracil Ebewe</b>
Inj 50 mg per ml, 100 ml – PCT only – Specialist .....	43.00	1	✓ <b>Fluorouracil Ebewe</b>
Inj 1 mg for ECP – PCT only – Specialist .....	0.01	1 mg	✓ <b>Baxter</b>
			✓ <b>Biomed</b>

(Mayne Inj 500 mg per 20 ml to be delisted 1 July 2009)

## GEMCITABINE HYDROCHLORIDE – PCT only – Specialist – Special Authority see SA0877 on the next page

Inj 1 g .....	245.00	1	✓ <b>Gemcitabine Ebewe</b>
	349.20		✓ <b>Gemzar</b>
Inj 200 mg .....	49.00	1	✓ <b>Gemcitabine Ebewe</b>
	78.00		✓ <b>Gemzar</b>
Inj 1 mg for ECP .....	0.38	1 mg	✓ <b>Baxter</b>
			✓ <b>Biomed</b>

‡ safety cap

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

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

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised	Brand or Generic Manufacturer
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## ►SA0877 Special Authority for Subsidy

**Initial application** only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

Any of the following:

- 1 The patient has non small cell lung carcinoma (stage IIIa, or above); or
- 2 The patient has advanced malignant mesothelioma\*; or
- 3 The patient has advanced pancreatic carcinoma; or
- 4 The patient has ovarian, fallopian tube\* or primary peritoneal carcinoma\*; or
- 5 The patient has advanced transitional cell carcinoma of the urothelial tract (locally advanced or metastatic).

**Renewal** only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

Either:

- 1 The patient requires continued therapy; or
- 2 The tumour has relapsed and requires re-treatment.

Note: Indications marked with a \* are Unapproved Indications.

IRINOTECAN – PCT only – Specialist – Special Authority see SA0878 below

Inj 20 mg per ml, 2 ml .....	124.00	1	✓ Camptosar
Inj 20 mg per ml, 5 ml .....	310.00	1	✓ Camptosar
Inj 1 mg for ECP .....	3.19	1 mg	✓ Baxter ✓ Biomed

## ►SA0878 Special Authority for Subsidy

**Initial application** only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

Both:

- 1 The patient has metastatic colorectal cancer; and
- 2 Either:
  - 2.1 To be used for first or second line use as part of a combination chemotherapy regimen; or
  - 2.2 As single agent chemotherapy in fluoropyrimidine-relapsed disease.

**Renewal** only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

Either:

- 1 The patient requires continued therapy; or
- 2 The tumour has relapsed and requires re-treatment.

MERCAPTOPURINE – PCT – Retail pharmacy-Specialist

Tab 50 mg .....	47.06	25	✓ Purinethol
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	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
<b>METHOTREXATE</b>				
* Tab 2.5 mg – PCT – Hospital pharmacy [HP3]-Specialist .....	5.80	30	✓	<b>Methoblastin</b>
* Tab 10 mg – PCT – Hospital pharmacy [HP3]-Specialist .....	40.93	50	✓	<b>Methoblastin</b>
* Inj 2.5 mg per ml, 2 ml – PCT – Hospital pharmacy [HP1]- Specialist .....	23.65	5	✓	<b>Mayne</b>
* Inj 25 mg per ml, 2 ml – PCT – Hospital pharmacy [HP1]- Specialist .....	46.10	5	✓	<b>Mayne</b>
* Inj 25 mg per ml, 20 ml – PCT – Hospital pharmacy [HP1]- Specialist .....	80.25	1	✓	<b>Mayne</b>
* Inj 100 mg per ml, 10 ml – PCT – Hospital pharmacy [HP1]- Specialist .....	27.50	1	✓	<b>Methotrexate Ebewe</b>
* Inj 100 mg per ml, 50 ml – PCT – Hospital pharmacy [HP1]- Specialist .....	135.00	1	✓	<b>Methotrexate Ebewe</b>
* Inj 1 mg for ECP – PCT only – Specialist .....	0.09	1 mg	✓	<b>Baxter</b>
	0.10		✓	<b>Biomed</b>
* Inj 5 mg intrathecal syringe for ECP – PCT only – Specialist .....	4.73	5 mg OP	✓	<b>Baxter</b>
			✓	<b>Biomed</b>
<b>THIOGUANINE – PCT – Hospital pharmacy [HP3]-Specialist</b>				
Tab 40 mg .....	97.16	25	✓	<b>Lanvis</b>

## Other Cytotoxic Agents

**ANAGRELIDE HYDROCHLORIDE – PCT only – Specialist – Special Authority** see SA0879 below

Cap 0.5 mg .....	CBS	100	✓	<b>Agrylin</b>
			✓	<b>Teva</b>

### SA0879 Special Authority for Subsidy

**Initial application** only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

Both:

- 1 The patient has primary thrombocythaemia; and
- 2 Either:
  - 2.1 is at high risk (previous thromboembolic disease, bleeding or platelet count >1500/ml); or
  - 2.2 is intolerant or refractory to hydroxyurea or interferon.

**Renewal** only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months where the treatment remains appropriate and the patient is benefiting from treatment.

Note: It is recommended that treatment with anagrelide be initiated only on the recommendation of a haematologist.

**ARSENIC TRIOXIDE – PCT only – Specialist**

Inj 10 mg .....	2,475.55	10	✓	<b>AFT S29</b>
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**BLEOMYCIN SULPHATE – PCT only – Specialist**

Inj 15,000 iu .....	680.00	10	✓	<b>Blenoxane</b>
Inj 1,000 iu for ECP .....	5.26	1,000 iu	✓	<b>Baxter</b>
			✓	<b>Biomed</b>

**COLASPASE (L-ASPARAGINASE) – PCT only – Specialist**

Inj 10,000 iu .....	102.32	1	✓	<b>Leunase</b>
Inj 10,000 iu for ECP .....	102.32	10,000 iu OP	✓	<b>Baxter</b>
			✓	<b>Biomed</b>

**DACARBAZINE – PCT only – Specialist**

Inj 200 mg .....	43.86	1	✓	<b>Mayne</b>
Inj 200 mg for ECP .....	43.86	200 mg OP	✓	<b>Baxter</b>
			✓	<b>Biomed</b>

‡ safety cap

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

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

# ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
<b>DACTINOMYCIN (ACTINOMYCIN D) – PCT only – Specialist</b>				
Inj 0.5 mg .....	13.52	1	✓	Cosmegen
Inj 0.5 mg for ECP .....	13.52	0.5 mg OP	✓	Baxter
			✓	Biomed
<b>DAUNORUBICIN – PCT only – Specialist</b>				
Inj 5 mg per ml, 4 ml .....	99.00	1	✓	Mayne
Inj 20 mg for ECP .....	99.00	20 mg OP	✓	Baxter
			✓	Biomed
<b>DOCETAXEL – PCT only – Specialist – Special Authority see SA0880 below</b>				
Inj 20 mg .....	460.00	1	✓	Taxotere
Inj 80 mg .....	1,650.00	1	✓	Taxotere
Inj 1 mg for ECP .....	23.81	1 mg	✓	Baxter
			✓	Biomed

## ►SA0880 Special Authority for Subsidy

**Initial application** only from a relevant specialist or medical practitioner on the recommendation of 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 has 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
- 4 Both:
  - 4.1 The patient has non small-cell lung cancer; and
  - 4.2 Either:
    - 4.2.1 Has advanced disease (stage IIIa or above); or
    - 4.2.2 Is receiving combined chemotherapy and radiotherapy; or
- 5 Both:
  - 5.1 The patient has small-cell lung cancer\*; and
  - 5.2 Docetaxel is to be used as second-line therapy.

**Renewal** only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

Both:

- 1 The patient has metastatic breast cancer, non small-cell lung cancer, or small-cell lung cancer\*; and
- 2 Either:
  - 2.1 The patient requires continued therapy; or
  - 2.2 The tumour has relapsed and requires re-treatment.

Note: indications marked with \* are Unapproved Indications.

## DOXORUBICIN – PCT only – Specialist

Inj 10 mg .....	8.80	1	✓	Doxorubicin Ebewe
Inj 50 mg .....	39.40	1	✓	Doxorubicin Ebewe
Inj 100 mg .....	81.00	1	✓	Doxorubicin Ebewe
Inj 200 mg .....	162.00	1	✓	Doxorubicin Ebewe
Inj 1 mg for ECP .....	0.87	1 mg	✓	Baxter
			✓	Biomed



# ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
<b>EPIRUBICIN – PCT only – Specialist</b>				
Inj 2 mg per ml, 5 ml .....	24.70	1	✓	Epirubicin Ebewe
Inj 2 mg per ml, 25 ml .....	123.50	1	✓	Epirubicin Ebewe
Inj 2 mg per ml, 50 ml .....	247.00	1	✓	Epirubicin Ebewe
Inj 2 mg per ml, 100 ml .....	494.00	1	✓	Epirubicin Ebewe
Inj 1 mg for ECP .....	2.74	1 mg	✓	Baxter
			✓	Biomed
<b>ETOPOSIDE</b>				
Cap 50 mg – PCT – Hospital pharmacy [HP3]-Specialist .....	340.73	20	✓	Vepesid
Cap 100 mg – PCT – Hospital pharmacy [HP3]-Specialist .....	340.73	10	✓	Vepesid
Inj 20 mg per ml, 5 ml – PCT – Hospital pharmacy [HP1]- Specialist .....	25.00	1	✓	Mayne
	612.20	10	✓	Vepesid
Inj 1 mg for ECP – PCT only – Specialist .....	0.30	1 mg	✓	Baxter
			✓	Biomed
<b>ETOPOSIDE PHOSPHATE – PCT only – Specialist</b>				
Inj 100 mg (of etoposide base) .....	40.00	1	✓	Etopophos
Inj 1 mg (of etoposide base) for ECP .....	0.47	1 mg	✓	Baxter
			✓	Biomed
<b>HYDROXYUREA – PCT – Retail pharmacy-Specialist</b>				
Cap 500 mg .....	31.76	100	✓	Hydrea
<b>IDARUBICIN HYDROCHLORIDE – PCT only – Specialist</b>				
Cap 5 mg .....	80.75	1	✓	Zavedos
Cap 10 mg .....	144.50	1	✓	Zavedos
Inj 5 mg .....	170.00	1	✓	Zavedos
Inj 10 mg .....	340.00	1	✓	Zavedos
Inj 1 mg for ECP .....	37.74	1 mg	✓	Baxter
			✓	Biomed
<b>MESNA – PCT only – Specialist</b>				
Tab 400 mg .....	168.30	50	✓	Uromitexan
Tab 600 mg .....	251.35	50	✓	Uromitexan
Inj 100 mg per ml, 4 ml .....	109.63	15	✓	Uromitexan
Inj 100 mg per ml, 10 ml .....	251.73	15	✓	Uromitexan
Inj 1 mg for ECP .....	0.02	1 mg	✓	Baxter
			✓	Biomed
<b>MITOMYCIN C – PCT only – Specialist</b>				
Inj 2 mg .....	283.00	10	✓	Mitomycin-C S29
Inj 10 mg .....	531.30	5	✓	Mitomycin-C S29
Inj 1 mg for ECP .....	11.85	1 mg	✓	Baxter
			✓	Biomed
<b>MITOZANTRONE – PCT only – Specialist</b>				
Inj 2 mg per ml, 5 ml .....	110.00	1	✓	Mitozantrone Ebewe
Inj 2 mg per ml, 10ml .....	220.00	1	✓	Mitozantrone Ebewe
Inj 2 mg per ml, 12.5 ml .....	407.50	1	✓	Onkotrone
Inj 1 mg for ECP .....	12.43	1 mg	✓	Baxter
			✓	Biomed

‡ safety cap

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

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

# ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
<b>PACLITAXEL – PCT only – Specialist</b>				
Inj 30 mg .....	37.95	1	✓	Paclitaxel Ebewe
	189.75	5	✓	Paclitaxel Ebewe
Inj 100 mg .....	125.35	1	✓	Paclitaxel Ebewe
Inj 150 mg .....	188.03	1	✓	Paclitaxel Ebewe
Inj 300 mg .....	376.05	1	✓	Paclitaxel Ebewe
Inj 600 mg .....	724.50	1	✓	Paclitaxel Ebewe
Inj 1 mg for ECP .....	1.32	1 mg	✓	Baxter
			✓	Biomed
<b>PENTOSTATIN (DEOXYCOFORMYCIN) – PCT only – Specialist</b>				
Inj 10 mg .....	CBS	1	✓	Nipent
<b>PROCARBAZINE HYDROCHLORIDE – PCT only – Specialist</b>				
Cap 50 mg .....	133.00	50	✓	Natulan S29
<b>TEMOZOLOMIDE – Special Authority see SA0831 below – Hospital pharmacy [HP3]</b>				
Cap 5 mg .....	50.00	5	✓	Temodal
Cap 20 mg .....	170.00	5	✓	Temodal
Cap 100 mg .....	840.00	5	✓	Temodal
Cap 250 mg .....	2,100.00	5	✓	Temodal
<b>►SA0831 Special Authority for Subsidy</b>				
<b>Initial application</b> only from a relevant specialist. Approvals valid for 10 months for applications meeting the following criteria:				
All of the following:				
1 Patient has newly diagnosed glioblastoma multiforme; and				
2 Temozolomide is to be (or has been) given concomitantly with radiotherapy; and				
3 Following concomitant treatment temozolomide is to be used for a maximum of six cycles of 5 days treatment, at a maximum dose of 200 mg/m <sup>2</sup> .				
Notes: Temozolomide is not subsidised for the treatment of relapsed glioblastoma multiforme. Reapplications will not be approved. Studies of temozolomide show that its benefit is predominantly in those patients with a good performance status (WHO grade 0 or 1 or Karnofsky score >80), and in patients who have had at least a partial resection of the tumour.				
<b>TENIPOSIDE – PCT only – Specialist</b>				
Inj 10 mg per ml, 5 ml .....	845.11	10	✓	Vumon
Inj 50 mg for ECP .....	84.51	50 mg OP	✓	Baxter
			✓	Biomed
<b>THALIDOMIDE – PCT only – Specialist – Special Authority see SA0882 on the next page</b>				
Only on a controlled drug form				
Cap 50 mg .....	490.00	28	✓	Thalidomide Pharmion

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
		✓	

►SA0882 Special Authority for Subsidy

**Initial application — (for new patients)** only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

Both:

- 1 The patient has refractory, progressive or relapsed multiple myeloma; and
- 2 The patient has received prior chemotherapy.

**Initial application — (for patients receiving thalidomide prior to 1 January 2006)** only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid without further renewal unless notified where the patient was receiving treatment with thalidomide for multiple myeloma on or before 31 December 2005.

**Renewal** only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid without further renewal unless notified where the patient has obtained a response from treatment during the initial approval period.

Notes: Prescription must be written by a registered prescriber in the thalidomide risk management programme operated by the supplier.

Maximum dose of 400 mg daily as monotherapy or in a combination therapy regimen.

TRETINOIN – PCT only – Specialist

Cap 10 mg .....	435.90	100	✓ Vesainoid
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VINBLASTINE SULPHATE

Inj 10 mg – PCT – Retail pharmacy-Specialist .....	137.50	5	✓ Mayne
Inj 1 mg for ECP – PCT only – Specialist .....	3.05	1 mg	✓ Baxter
			✓ Biomed

VINCISTINE SULPHATE

Inj 1 mg per ml, 1 ml – PCT – Retail pharmacy-Specialist .....	99.00	5	✓ Mayne
Inj 1 mg per ml, 2 ml – PCT – Retail pharmacy-Specialist .....	199.00	5	✓ Mayne
Inj 1 mg for ECP – PCT only – Specialist .....	21.46	1 mg	✓ Baxter
			✓ Biomed

VINORELBINE – PCT only – Specialist – Special Authority see SA0901 below

Inj 10 mg per ml, 1 ml .....	42.00	1	✓ Vinorelbine Ebewe
Inj 10 mg per ml, 5 ml .....	210.00	1	✓ Vinorelbine Ebewe
Inj 1 mg for ECP .....	4.75	1 mg	✓ Baxter
			✓ Biomed

►SA0901 Special Authority for Subsidy

**Initial application** only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

Any of the following:

- 1 The patient has metastatic breast cancer; or
- 2 The patient has non-small cell lung cancer (stage IIIa, or above); or
- 3 All of the following:
  - 3.1 The patient has stage IB-IIIa non-small cell lung cancer; and
  - 3.2 Vinorelbine is to be given as adjuvant treatment in combination with cisplatin; and
  - 3.3 The patient has good performance status (WHO/ECOG grade 0-1).

**Renewal** only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

Either:

- 1 The patient requires continued therapy; or
- 2 The tumour has relapsed and requires re-treatment.

**Protein-tyrosine Kinase Inhibitors**

IMATINIB MESYLATE – Special Authority see SA0643 on the next page

Tab 100 mg .....	2,400.00	60	✓ Glivec
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† safety cap

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

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

## ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
		✓	

### ►SA0643 Special Authority for Subsidy

Special Authority approved by the Glivec Co-ordinator

Notes: Application details may be obtained from PHARMAC's website <http://www.pharmac.govt.nz>, and prescriptions should be sent to:

The Glivec Co-ordinator      Phone: (04) 460 4990  
 PHARMAC                      Facsimile: (04) 916 7571  
 PO Box 10 254                Email: [mary.chesterfield@pharmac.govt.nz](mailto:mary.chesterfield@pharmac.govt.nz)  
 Wellington

### Special Authority criteria for CML – access by application

- Funded for patients with diagnosis (confirmed by a haematologist) of a chronic myeloid leukaemia (CML) in blast crisis, accelerated phase, or in chronic phase.
- Maximum dose of 600 mg/day for accelerated or blast phase, and 400 mg/day for chronic phase CML.
- Subsidised for use as monotherapy only.
- Initial approvals valid seven months.
- Subsequent approval(s) are granted on application and are valid for six months. The first reapplication (after seven months) should provide details of the haematological response. The third reapplication should provide details of the cytogenetic response after 14-18 months from initiating therapy. All other reapplications should provide details of haematological response, and cytogenetic response if such data is available. Applications to be made and subsequent prescriptions can be written by a haematologist or an oncologist.

### Guideline on discontinuation of treatment for patients with CML

- Prescribers should consider discontinuation of treatment if after 6 months from initiating therapy a patient did not obtain a haematological response as defined as any one of the following three levels of response:
  - complete haematologic response (as characterised by an absolute neutrophil count (ANC)  $> 1.5 \times 10^9/L$ , platelets  $> 100 \times 10^9/L$ , absence of peripheral blood (PB) blasts, bone marrow (BM) blasts  $< 5\%$  (or FISH Ph+ 0-35% metaphases), and absence of extramedullary disease); or
  - no evidence of leukaemia (as characterised by an absolute neutrophil count (ANC)  $> 1.0 \times 10^9/L$ , platelets  $> 20 \times 10^9/L$ , absence of peripheral blood (PB) blasts, bone marrow (BM) blasts  $< 5\%$  (or FISH Ph+ 0-35% metaphases), and absence of extramedullary disease); or
  - return to chronic phase (as characterised by BM and PB blasts  $< 15\%$ , BM and PB blasts and promyelocytes  $< 30\%$ , PB basophils  $< 20\%$  and absence of extramedullary disease other than spleen and liver).
- Prescribers should consider discontinuation of treatment if after 18 months from initiating therapy a patient did not obtain a major cytogenetic response defined as 0-35% Ph+ metaphases.

### Special Authority criteria for GIST – access by application

- Funded for patients:
  - with a diagnosis (confirmed by an oncologist) of unresectable and/or metastatic malignant gastrointestinal stromal tumour (GIST); and
  - who have immunohistochemical documentation of c-kit (CD117) expression by the tumour.
- Maximum dose of 400 mg/day.
- Applications to be made and subsequent prescriptions can be written by an oncologist.
- Initial and subsequent applications are valid for one year. The re-application criterion is an adequate clinical response to the treatment with imatinib (prescriber determined).

## Endocrine Therapy

For GnRH ANALOGUES – refer to HORMONE PREPARATIONS, Tropic Hormones, page 79

### ANASTROZOLE

Tab 1 mg .....	146.46	30	✓ Arimidex
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### ANASTROZOLE-DP – Subsidy by endorsement

Subsidised only for patients with hormone receptor positive advanced breast cancer and the prescription is endorsed accordingly.

Tab 1 mg .....	29.50	30	✓ DP-Anastrozole
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	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
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BICALUTAMIDE – Special Authority see SA0941 below – Retail pharmacy

Tab 50 mg .....	27.10	30	✓	<b>Bicalox</b>
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## ▶SA0941 Special Authority for Subsidy

**Initial application** from any medical practitioner. Approvals valid without further renewal unless notified where the patient has advanced prostate cancer.

EXEMESTANE

Tab 25 mg .....	175.00	30	✓	<b>Aromasin</b>
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FLUTAMIDE – Hospital pharmacy [HP3]-Specialist

Tab 250 mg .....	39.50	100	✓	<b>Flutamin</b>
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LETROZOLE

Tab 2.5 mg – Higher subsidy of \$200.00 per 30 with Special Authority see SA0943 below .....	146.46 (200.00)	30		Femara
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## ▶SA0943 Special Authority for Alternate Subsidy

**Initial application — (New patients)** only from a relevant specialist. Approvals valid for 5 years for applications meeting the following criteria:

All of the following:

- 1 Patient is a postmenopausal woman; and
- 2 Patient has hormone receptor positive early breast cancer; and
- 3 Either:
  - 3.1 The patient has a very clear history of intolerance to tamoxifen; or
  - 3.2 The use of tamoxifen is contraindicated due to a history of thromboembolic disease.

**Initial application — (Patient has had a Special Authority approval for letrozole prior to 1 December 2008)** only from a relevant specialist. Approvals valid without further renewal unless notified where the treatment remains appropriate and the patient is benefiting from treatment.

**Renewal** only from a relevant specialist. Approvals valid without further renewal unless notified where the treatment remains appropriate and the patient is benefiting from treatment.

Note: If the patient had an approval for letrozole prior to 1 December 2008 the applicant is required to submit a fresh initial application in the first instance, not a renewal application. Please phone Ministry of Health Sector Services on 0800 243 666 for clarification if needed.

MEGESTROL ACETATE – Retail pharmacy-Specialist

Tab 160 mg .....	74.25	30	✓	<b>Megace</b>
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OCTREOTIDE (SOMATOSTATIN ANALOGUE) – Special Authority see SA0563 on the next page – Hospital pharmacy [HP3]

Inj 50 µg per ml, 1 ml .....	25.65	5	✓	<b>Hospira</b>
	43.50		✓	<b>Sandostatin</b>
Inj 100 µg per ml, 1 ml .....	48.50	5	✓	<b>Hospira</b>
	81.00		✓	<b>Sandostatin</b>
Inj 500 µg per ml, 1 ml .....	175.00	5	✓	<b>Hospira</b>
	399.00		✓	<b>Sandostatin</b>
LAR 10 mg pre-filled syringe .....	1,772.50	1	✓	<b>Sandostatin LAR</b>
LAR 20 mg pre-filled syringe .....	2,358.75	1	✓	<b>Sandostatin LAR</b>
LAR 30 mg pre-filled syringe .....	2,951.25	1	✓	<b>Sandostatin LAR</b>

‡ safety cap

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

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

Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
	✓	✓

## SA0563 Special Authority for Subsidy

**Initial application** only from a relevant specialist. Approvals valid for 2 years for applications meeting the following criteria:

Any of the following:

- 1 Both:
  - 1.1 Acromegaly; and
  - 1.2 Patient has failed surgery, radiotherapy, bromocriptine and other oral therapies; or
- 2 VIPomas and Glucagonomas – for patients who are seriously ill in order to improve their clinical state prior to definitive surgery; or
- 3 Both:
  - 3.1 Gastrinoma; and
  - 3.2 Either:
    - 3.2.1 Patient has failed surgery; or
    - 3.2.2 Patient in metastatic disease after H2 antagonists (or proton pump inhibitors) have failed; or
- 4 Both:
  - 4.1 Insulinomas; and
  - 4.2 Surgery is contraindicated or has failed; or
- 5 For pre-operative control of hypoglycaemia and for maintenance therapy; or
- 6 Both:
  - 6.1 Carcinoid syndrome (diagnosed by tissue pathology and/or urinary 5HIAA analysis); and
  - 6.2 Disabling symptoms not controlled by maximal medical therapy.

Note: The use of octreotide in patients with fistulae, oesophageal varices, miscellaneous diarrhoea and hypotension will not be funded as a Special Authority item

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

### TAMOXIFEN CITRATE

* Tab 10 mg .....	9.00	100	✓ Genox
* Tab 20 mg .....	9.25	100	✓ Genox

## Immunosuppressants

### Cytotoxic Immunosuppressants

AZATHIOPRINE – Retail pharmacy-Specialist

* Tab 50 mg .....	25.00	100	✓ Azamun
	(34.90)		✓ Thioprime
* Inj 50 mg .....	46.33	1	Imuran
	(47.72)		Imuran

(Thioprime Tab 50 mg to be delisted 1 October 2009)

MYCOPHENOLATE MOFETIL – Special Authority see SA0893 on the next page – Hospital pharmacy [HP3]

Tab 500 mg .....	206.66	50	✓ Cellcept
Cap 250 mg .....	206.66	100	✓ Cellcept
Powder for oral liq 1 g per 5 ml – Subsidy by endorsement .....	285.00	165 ml OP	✓ Cellcept

Mycophenolate powder for oral liquid is subsidised only for patients unable to swallow tablets and capsules, and when the prescription is endorsed accordingly.

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
		✓	

►SA0893 Special Authority for Subsidy

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

Any of the following:

- 1 Renal transplant recipient; or
- 2 Heart transplant recipient; or
- 3 Patient has an organ transplant and has severe tophaceous gout making azathioprine unsuitable.

**Immune Modulators**

ANTITHYMOCYTE GLOBULIN (EQUINE) – PCT only – Specialist

Inj 50 mg per ml, 5 ml .....	2,137.50	5	✓ ATGAM
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RITUXIMAB – PCT only – Specialist – Special Authority see SA0884 below

Inj 100 mg per 10 ml vial .....	1,195.00	2	✓ Mabthera
Inj 500 mg per 50 ml vial .....	2,987.00	1	✓ Mabthera
Inj 1 mg for ECP .....	6.27	1 mg	✓ Baxter ✓ Biomed

►SA0884 Special Authority for Subsidy

**Initial application — (Post-transplant)** only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 6 months where the patient has B-cell post-transplant lymphoproliferative disorder\*.

Note: For no more than 8 treatment cycles.

**Initial application — (Low-grade lymphomas)** only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 6 months where the patient has low grade NHL — relapsed disease following prior chemotherapy.

Note: For no more than 4 treatment cycles.

**Initial application — (Large cell lymphomas)** only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

Both:

- 1 The patient has treatment naive large B-cell NHL; and
- 2 To be used with CHOP (or alternative anthracycline containing multi-agent chemotherapy regimen given with curative intent).

Note: For no more than 8 treatment cycles.

**Renewal — (Low-grade lymphomas)** only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 6 months for applications meeting the following criteria:

Both:

- 1 The patient has had a treatment-free interval of 6 months or more; and
- 2 Either:
  - 2.1 Has B-cell post-transplant lymphoproliferative disorder\*; or
  - 2.2 Has low grade NHL - relapsed disease following prior chemotherapy.

Notes: For no more than 4 treatment cycles for low grade NHL.

Indications marked with \* are Unapproved Indications.

TRASTUZUMAB – PCT only – Specialist – Special Authority see SA0885 on the next page

Inj 150 mg vial .....	1,350.00	1	✓ Herceptin
Inj 440 mg vial .....	3,875.00	1	✓ Herceptin
Inj 1 mg for ECP .....	9.36	1 mg	✓ Baxter ✓ Biomed

‡ safety cap

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

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

Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
	✓	

## ►SA0885 Special Authority for Subsidy

**Initial application — (metastatic breast cancer)** only from a relevant specialist or medical practitioner on the recommendation of 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 or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months 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 or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 3 months for applications meeting the following criteria:

All of the following:

- 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).

## Other Immunosuppressants

CYCLOSPORIN A – Special Authority see SA0470 below – Hospital pharmacy [HP3]

Cap 25 mg .....	85.00	50	✓ Neoral
Cap 50 mg .....	169.34	50	✓ Neoral
Cap 100 mg .....	338.69	50	✓ Neoral
Oral liq 100 mg per ml .....	377.38	50 ml OP	✓ Neoral

## ►SA0470 Special Authority for Subsidy

**Initial application — (Organ transplant)** only from a relevant specialist. Approvals valid without further renewal unless notified where the patient is an organ transplant recipient.

**Initial application — (Bone marrow transplant or Graft v host disease)** only from a relevant specialist. Approvals valid for 2 years for applications meeting the following criteria:

Either:

- 1 Bone marrow transplant; or
- 2 Graft v host disease.

**Initial application — (Psoriasis)** only from a dermatologist. Approvals valid for 2 years for applications meeting the following criteria:

Both:

- 1 Psoriasis; and
- 2 Applicant must state which systemic and topical therapies have failed.

**Initial application — (Severe atopic dermatitis)** only from a dermatologist. Approvals valid for 6 months for applications meeting the following criteria:

Both:

- 1 Severe atopic dermatitis; and
- 2 Not responsive to topical therapy, oral antihistamines and other commonly used orthodox therapies.

**Initial application — (Nephrotic Syndrome)** only from a relevant specialist. Approvals valid for 2 years for applications meeting the following criteria:

Both:

- 1 Nephrotic Syndrome; and

continued...



Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
	✓	

continued...

2 Corticosteroid dependent patients who have failed on cytotoxic therapy.

**Initial application — (Endogenous uveitis)** only from a relevant specialist. Approvals valid for 2 years where the patient suffers from endogenous uveitis.

**Initial application — (Severe rheumatoid arthritis)** only from a rheumatologist. Approvals valid for 2 years for applications meeting the following criteria:

All of the following:

- 1 Severe rheumatoid arthritis; and
- 2 The patient must be either unresponsive to or unable to tolerate, both sulphasalazine and methotrexate; and
- 3 Patients must have 2 serum creatinine test results within the normal range within the three months prior to initiation of therapy.

**Renewal — (Severe atopic dermatitis)** only from a dermatologist. Approvals valid for 6 months where the treatment remains appropriate and the patient is benefiting from treatment.

**Renewal — (Indications other than severe atopic dermatitis)** only from a dermatologist, rheumatologist or relevant specialist. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.

**Guidelines for use of cyclosporin A in rheumatoid arthritis**

**Monitoring:**

All patients require frequent monitoring for creatinine levels and blood pressure:

- fortnightly, in the first three months of therapy and then monthly, if results are stable;
- if dose is increased or there is a rise in serum creatinine or blood pressure, then more frequent monitoring is required.

**Contraindications:**

Cyclosporin A is contraindicated in patients with the following conditions:

- current or past malignancy;
- uncontrolled hypertension;
- renal dysfunction (abnormal serum creatinine for age and sex);
- immunodeficiency and neutropenia;
- abnormally low white blood cell count or platelet count; or
- liver function tests more than twice the upper limit of normal.

**Caution in use:**

- age above 65 years;
- controlled hypertension;
- use of anti-epileptic medications;
- use of ketoconazole, fluconazole, trimethoprim, erythromycin, verapamil, and diltiazem;
- concurrent or previous use of alkylating agents such as cyclophosphamide;
- use of any experimental drug within the past three months;
- premalignant conditions such as leukoplakia, monoclonal paraproteinaemia, myelodysplastic syndrome and dysplastic naevi;
- active infection may necessitate temporary discontinuation;
- pregnancy and lactation.

Therapy should be discontinued if there has been no improvement after 6 months with the patient on the maximum tolerated dose.

For further information please consult the data sheet.

**SIROLIMUS** – Special Authority see SA0866 on the next page – Hospital pharmacy [HP3]

Tab 1 mg .....	813.00	100	✓ <b>Rapamune</b>
Tab 2 mg .....	1,626.00	100	✓ <b>Rapamune</b>
Oral liq 1 mg per ml .....	487.80	60 ml OP	✓ <b>Rapamune</b>

‡ safety cap

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

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

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
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## ►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.

Notes: 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
- Leukoencephalopathy; or
- Significant malignant disease

TACROLIMUS – Special Authority see SA0669 below – Hospital pharmacy [HP3]

Cap 0.5 mg .....	214.00	100	✓ Prograf
Cap 1 mg .....	428.00	100	✓ Prograf
Cap 5 mg .....	1,070.00	50	✓ Prograf

## ►SA0669 Special Authority for Subsidy

**Initial application** only from a relevant specialist. Approvals valid without further renewal unless notified where the patient is an organ transplant recipient.

Note: Subsidy applies for either primary or rescue therapy.

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
		✓	

## Antiallergy Preparations

BEE VENOM ALLERGY TREATMENT – Special Authority see SA0053 below – Hospital pharmacy [HP3]

Maintenance kit - 6 vials 120 µg freeze dried venom, 6 diluent			
1.8 ml .....	285.00	1 OP	✓ Albay
Treatment kit - 1 vial 550 µg freeze dried venom, 1 diluent			
9 ml, 3 diluent 1.8 ml .....	285.00	1 OP	✓ Albay

### SA0053 Special Authority for Subsidy

**Initial application** only from a relevant specialist. Approvals valid for 2 years for applications meeting the following criteria:

Both:

- 1 RAST or skin test positive; and
- 2 Patient has had severe generalised reaction to the sensitising agent.

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

WASP VENOM ALLERGY TREATMENT – Special Authority see SA0053 below – Hospital pharmacy [HP3]

Treatment kit (Paper wasp venom) - 1 vial 550 µg freeze dried			
polister venom, 1 diluent 9 ml, 1 diluent 1.8 ml .....	285.00	1 OP	✓ Albay
Treatment kit (Yellow jacket venom) - 1 vial 550 µg freeze			
dried vespula venom, 1 diluent 9 ml, 1 diluent 1.8 ml .....	285.00	1 OP	✓ Albay

### SA0053 Special Authority for Subsidy

**Initial application** only from a relevant specialist. Approvals valid for 2 years for applications meeting the following criteria:

Both:

- 1 RAST or skin test positive; and
- 2 Patient has had severe generalised reaction to the sensitising agent.

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

## Antihistamines

AZATADINE MALEATE

* Tab 1 mg .....	6.94	50	
	(16.90)		Zadine

CETIRIZINE HYDROCHLORIDE

* Tab 10 mg .....	2.21	100	✓ Zetop
*‡ Oral liq 1 mg per ml .....	3.50	200 ml	✓ Cetirizine - AFT

CHLORPHENIRAMINE MALEATE

*‡ Oral liq 2 mg per 5 ml .....	3.74	500 ml	
	(7.26)		Histafen

CYPROHEPTADINE HYDROCHLORIDE

* Tab 4 mg .....	6.27	100	✓ Periactin
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DEXTROCHLORPHENIRAMINE MALEATE

* Tab 2 mg .....	2.52	50	
	(9.99)		Polaramine
* Tab long-acting 6 mg .....	5.40	40	
	(12.56)		Polaramine Repetab
*‡ Oral liq 2 mg per 5 ml .....	1.77	100 ml	
	(10.29)		Polaramine

‡ safety cap

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

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

## RESPIRATORY SYSTEM AND ALLERGIES

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
<b>FEXOFENADINE HYDROCHLORIDE</b>				
* Tab 60 mg .....	4.34 (11.53)	20		Telfast
* Tab 120 mg .....	14.22 (29.81)	30		Telfast
<b>LORATADINE</b>				
* Tab 10 mg .....	3.58	100	✓	<u>Loraclear Hayfever Relief</u>
* Oral liq 1 mg per ml .....	3.65	100 ml	✓	<u>Lorapaed</u>
<b>PROMETHAZINE HYDROCHLORIDE</b>				
* Tab 10 mg .....	2.72	50	✓	<u>Allersoothe</u>
* Tab 25 mg .....	4.44	50	✓	<u>Allersoothe</u>
*† Oral liq 5 mg per 5 ml .....	3.53 (8.51)	100 ml		Phenergan
* Inj 25 mg per ml, 2 ml – Up to 5 inj available on a PSO .....	8.05	5	✓	<u>Mayne</u>
<b>TRIMEPRAZINE TARTRATE</b>				
† Oral liq 30 mg per 5 ml .....	2.79 (8.06)	100 ml OP		Vallergan Forte

### Inhaled Corticosteroids

<b>BECLOMETHASONE DIPROPIONATE</b>				
Aerosol inhaler, 50 µg per dose .....	8.54	200 dose OP	✓	<u>Beclazone 50</u>
Aerosol inhaler, 100 µg per dose .....	12.50	200 dose OP	✓	<u>Beclazone 100</u>
Aerosol inhaler, 250 µg per dose .....	22.67	200 dose OP	✓	<u>Beclazone 250</u>
<b>BUDESONIDE</b>				
Powder for inhalation, 100 µg per dose .....	17.00	200 dose OP	✓	<u>Pulmicort Turbuhaler</u>
Powder for inhalation, 200 µg per dose .....	19.00	200 dose OP	✓	<u>Pulmicort Turbuhaler</u>
Powder for inhalation, 400 µg per dose .....	32.00	200 dose OP	✓	<u>Pulmicort Turbuhaler</u>
<b>FLUTICASONE</b>				
Aerosol inhaler, 50 µg per dose CFC-free .....	7.50	120 dose OP	✓	<u>Flixotide</u>
Powder for inhalation, 50 µg per dose .....	5.10 (8.67)	60 dose OP		Flixotide Accuhaler
Powder for inhalation, 100 µg per dose .....	7.50 (13.87)	60 dose OP		Flixotide Accuhaler
Aerosol inhaler, 125 µg per dose CFC-free .....	13.60	120 dose OP	✓	<u>Flixotide</u>
Aerosol inhaler, 250 µg per dose CFC-free .....	27.20	120 dose OP	✓	<u>Flixotide</u>
Powder for inhalation, 250 µg per dose .....	13.60 (24.51)	60 dose OP		Flixotide Accuhaler

Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
	✓	

## Inhaled Long-acting Beta-adrenoceptor Agonists

### Prescribing Guideline for Inhaled Long-Acting Beta-Adrenoceptor Agonists

The addition of inhaled long-acting beta-adrenoceptor agonists (LABAs) to inhaled corticosteroids is recommended:

- For younger children (aged under 12 years) where asthma is poorly controlled despite using inhaled corticosteroids for at least three months at total daily doses of 200 µg beclomethasone or budesonide (or 100 µg fluticasone).
- For adults and older children (aged 12 years and over) where asthma is poorly controlled despite using inhaled corticosteroids for at least three months at total daily doses of 400 µg beclomethasone or budesonide (or 200 µg fluticasone).

Note:

Further information on the place of inhaled corticosteroids and inhaled LABAs in the management of asthma can be found in the New Zealand guidelines for asthma in adults ([www.nzgg.org.nz](http://www.nzgg.org.nz)) and in the New Zealand guidelines for asthma in children aged 1-15 ([www.paediatrics.org.nz](http://www.paediatrics.org.nz)).

EFORMOTEROL FUMARATE – See prescribing guideline above

Powder for inhalation, 6 µg per dose, breath activated .....	16.90	60 dose OP	✓ Oxis Turbuhaler
Powder for inhalation, 12 µg per dose, and monodose device .....	35.80	60 dose	✓ Foradil

SALMETEROL – See prescribing guideline above

Aerosol inhaler CFC-free, 25 µg per dose .....	26.46	120 dose OP	✓ Serevent
Powder for inhalation, 50 µg per dose, breath activated .....	26.46	60 dose OP	✓ Serevent Accuhaler

## Inhaled Corticosteroids with Long-Acting Beta-Adrenoceptor Agonists

### ▶SA0838 Special Authority for Subsidy

**Initial application** only from a relevant specialist or general practitioner. Approvals valid for 2 years for applications meeting the following criteria:

Either:

- All of the following:
  - 1.1 Patient is a child under the age of 12; and
  - 1.2 All of the following:
    - Has, for 3 months of more, been treated with:
      - 1.2.1 An inhaled long-acting beta adrenoceptor agonist; and
      - 1.2.2 Inhaled corticosteroids at a dose of at least 400 µg per day beclomethasone or budesonide, or 200 µg per day fluticasone; and
  - 1.3 The prescriber considers that the patient would receive additional clinical benefit from switching to a combination product; or
- All of the following:
  - 2.1 Patient is over the age of 12; and
  - 2.2 All of the following:
    - Has, for 3 months of more, been treated with:
      - 2.2.1 An inhaled long-acting beta adrenoceptor agonist; and
      - 2.2.2 Inhaled corticosteroids at a dose of at least 800 µg per day beclomethasone or budesonide, or 500 µg per day fluticasone; and
  - 2.3 The prescriber considers that the patient would receive additional clinical benefit from switching to a combination product.

**Renewal** only from a relevant specialist or general practitioner. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.

‡ safety cap

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

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

## RESPIRATORY SYSTEM AND ALLERGIES

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
<b>BUDESONIDE WITH EFORMOTEROL</b> – Special Authority see SA0838 on the preceding page – Retail pharmacy				
Aerosol inhaler 100 µg with eformoterol fumarate 6 µg .....	55.00	120 dose OP	✓	<b>Vannair</b>
Powder for inhalation 100 µg with eformoterol fumarate 6 µg .....	55.00	120 dose OP	✓	<b>Symbicort</b> <b>Turbuhaler 100/6</b>
Aerosol inhaler 200 µg with eformoterol fumarate 6 µg .....	60.00	120 dose OP	✓	<b>Vannair</b>
Powder for inhalation 200 µg with eformoterol fumarate 6 µg .....	60.00	120 dose OP	✓	<b>Symbicort</b> <b>Turbuhaler 200/6</b>
Powder for inhalation 400 µg with eformoterol fumarate 12 µg				
– No more than 2 dose per day .....	60.00	60 dose OP	✓	<b>Symbicort</b> <b>Turbuhaler 400/12</b>
<b>FLUTICASONE WITH SALMETEROL</b> – Special Authority see SA0838 on the preceding page – Retail pharmacy				
Aerosol inhaler 50 µg with salmeterol 25 µg .....	37.48	120 dose OP	✓	<b>Seretide</b>
Aerosol inhaler 125 µg with salmeterol 25 µg .....	49.69	120 dose OP	✓	<b>Seretide</b>
Powder for inhalation 100 µg with salmeterol 50 µg – No more than 2 dose per day .....	37.48	60 dose OP	✓	<b>Seretide Accuhaler</b>
Powder for inhalation 250 µg with salmeterol 50 µg – No more than 2 dose per day .....	49.69	60 dose OP	✓	<b>Seretide Accuhaler</b>

### Beta-Adrenoceptor Agonists

<b>SALBUTAMOL</b>				
‡ Oral liq 2 mg per 5 ml .....	2.25	150 ml	✓	<b>Salapin</b>
Infusion 1 mg per ml, 5 ml .....	118.38	10		
	(130.21)			Ventolin
Inj 500 µg per ml, 1 ml – Up to 5 inj available on a PSO .....	12.90	5	✓	<b>Ventolin</b>

### Inhaled Beta-Adrenoceptor Agonists

<b>SALBUTAMOL</b>				
Aerosol inhaler, 100 µg per dose CFC free – Up to 1000 dose available on a PSO .....	3.80	200 dose OP	✓	<b>Respigen</b>
	(6.00)		✓	<b>Salamol</b> Ventolin
Nebuliser soln, 1 mg per ml, 2.5 ml – Up to 30 neb available on a PSO .....	3.70	20	✓	<b>Asthalin</b>
Nebuliser soln, 2 mg per ml, 2.5 ml – Up to 30 neb available on a PSO .....	3.85	20	✓	<b>Asthalin</b>
<b>TERBUTALINE SULPHATE</b>				
Powder for inhalation, 250 µg per dose, breath activated .....	18.20	200 dose OP	✓	<b>Bricanyl Turbuhaler</b>

### Inhaled Anticholinergic agents

<b>IPRATROPIUM BROMIDE</b>				
Aerosol inhaler, 20 µg per dose CFC-free .....	16.20	200 dose OP	✓	<b>Atrovent</b>
Nebuliser soln, 250 µg per ml, 1 ml – Up to 40 neb available on a PSO .....	4.30	20	✓	<b>Ipratropium</b> <b>Steri-Neb</b>
Nebuliser soln, 250 µg per ml, 2 ml – Up to 40 neb available on a PSO .....	5.25	20	✓	<b>Ipratropium</b> <b>Steri-Neb</b>
<b>TIOTROPIUM BROMIDE</b> – Special Authority see SA0872 on the next page – Retail pharmacy				
Powder for inhalation, 18 µg per dose .....	70.00	30 dose	✓	<b>Spiriva</b>

Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
	✓	

## SA0872 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:

- To be used for the long-term maintenance treatment of bronchospasm and dyspnoea associated with COPD; and
- In addition to standard treatment, the patient has trialled a dose of at least 40 µg ipratropium q.i.d for one month; and
- Any of the following:
  - The patient's breathlessness according to the Medical Research Council (UK) dyspnoea scale is:
    - Grade 4 (stops for breath after walking about 100 meters or after a few minutes on the level); or
    - Grade 5 (too breathless to leave the house, or breathless when dressing or undressing); and
  - Actual FEV<sub>1</sub> (litres) < 0.6 × predicted (litres); and
- Either:
  - Patient is not a smoker (for reporting purposes only); or
  - Patient is a smoker and has been offered smoking cessation counselling; and
- 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:

- Patient is compliant with the medication; and
- Patient has experienced improved COPD symptom control (prescriber determined); and
- Applicant must state recent measurement of FEV<sub>1</sub> (% of predicted).

## Inhaled Beta-Adrenoceptor Agonists with Anticholinergic Agents

### SALBUTAMOL WITH IPRATROPIUM BROMIDE

Aerosol inhaler, 100 µg with ipratropium bromide, 20 µg per dose .....	13.50	200 dose OP	✓ <b>Combivent</b>
Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml – Up to 20 neb available on a PSO .....	5.30	20	✓ <b>Duolin</b>

## Mast cell stabilisers

### NEDOCROMIL

Aerosol inhaler, 2 mg per dose CFC-free .....	23.20 (28.07)	112 dose OP	Tilade
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### SODIUM CROMOGLYCATE

Powder for inhalation, 20 mg per dose .....	16.31 (17.94)	50 dose	Intal Spincaps
Aerosol inhaler, 5 mg per dose CFC-free .....	23.20 (28.07)	112 dose OP	Vicrom

## Methylxanthines

### AMINOPHYLLINE

* Inj 25 mg per ml, 10 ml – Up to 5 inj available on a PSO .....	12.84	5	✓ <b>Mayne</b>
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### THEOPHYLLINE

* Tab long-acting 250 mg .....	21.51	100	✓ <b>Nuelin-SR</b>
*‡ Oral liq 80 mg per 15 ml .....	4.06 (15.50)	500 ml	Nuelin

‡ safety cap

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

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

## RESPIRATORY SYSTEM AND ALLERGIES

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
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### Cystic Fibrosis

DORNASE ALFA – Special Authority see SA0611 below – Hospital pharmacy [HP1]

Nebuliser soln, 2.5 mg per 2.5 ml ampoule .....294.30 6 ✓ Pulmozyme

#### SA0611 Special Authority for Subsidy

Special Authority approved by the Cystic Fibrosis Advisory Panel

Notes: Application details may be obtained from PHARMAC's website <http://www.pharmac.govt.nz> or:

The Co-ordinator, Cystic Fibrosis Advisory Panel Phone: (04) 460 4990  
 PHARMAC, PO Box 10 254 Facsimile: (04) 916 7571  
 Wellington Email: [CFPanel@pharmac.govt.nz](mailto:CFPanel@pharmac.govt.nz)

Prescriptions for patients approved for treatment must be written by respiratory physicians or paediatricians who have experience and expertise in treating cystic fibrosis.

### Nasal Preparations

#### Allergy Prophylactics

##### BECLOMETHASONE DIPROPIONATE

Metered aqueous nasal spray, 50 µg per dose .....2.35 200 dose OP ✓ Alanase  
 Metered aqueous nasal spray, 100 µg per dose .....2.46 200 dose OP ✓ Alanase

##### BUDESONIDE

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

##### IPRATROPIUM BROMIDE

Aqueous nasal spray, 0.03% .....12.66 30 ml OP ✓ Apo-Ipravent

##### SODIUM CROMOGLYCATE

Nasal spray, 4% .....13.50 22 ml OP ✓ Rex

### Respiratory Devices

#### MASK FOR SPACER DEVICE

- Maximum of 20 dev per WSO
- Only on a WSO
- 

- Spacer devices and masks also available to paediatricians employed by a DHB on a wholesale supply order signed by the paediatrician. Limited to one pack of 20 per order. Orders via a hospital pharmacy.
- Only available for children aged six years and under.
- For Space Chamber and Foremount Child's Silicone Mask wholesale supply order must indicate clearly if either the spacer device, the mask, or both are required.
- Distributed by Airflow Products. Forward orders to:  
 Airflow Products Telephone: 04 499 1240 or 0800 AIR FLOW  
 PO Box 1485, Wellington Facsimile: 04 499 1245 or 0800 323 270

Size 2 .....3.28 1 ✓ Foremount Child's  
 Silicone Mask



	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
<b>PEAK FLOW METER</b>			
a) Maximum of 10 dev per WSO			
b) Only on a WSO			
Low range .....	13.75	1	✓ <b>Breath-Alert</b>
Normal range .....	13.75	1	✓ <b>Breath-Alert</b>
<b>SPACER DEVICE</b>			
a) Maximum of 20 dev per WSO			
b) Only on a WSO			
c)			
1) Spacer devices and masks also available to paediatricians employed by a DHB on a wholesale supply order signed by the paediatrician. Limited to one pack of 20 per order. Orders via a hospital pharmacy.			
2) Only available for children aged six years and under.			
3) For Space Chamber and Foremount Child's Silicone Mask wholesale supply order must indicate clearly if either the spacer device, the mask, or both are required.			
4) Distributed by Airflow Products. Forward orders to:			
Airflow Products Telephone: 04 499 1240 or 0800 AIR FLOW			
PO Box 1485, Wellington Facsimile: 04 499 1245 or 0800 323 270			
230 ml (autoclavable) – Subsidy by endorsement.....	11.60	1	✓ <b>Space Chamber</b>
Available where the prescriber requires a spacer device that is capable of sterilisation in an autoclave and the WSO is endorsed accordingly.			
230 ml (single patient) .....	8.38	1	✓ <b>Space Chamber</b>

‡ safety cap

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

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

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
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## Ear Preparations

### ACETIC ACID WITH 1, 2- PROPANEDIOL DIACETATE AND BENZETHONIUM

For Vosol ear drops with hydrocortisone powder refer, page 163

Ear drops 2% with 1, 2-Propanediol diacetate 3% and

benzethonium chloride 0.02 % .....6.97 35 ml OP ✓ **Vosol**

### CHLORAMPHENICOL

Ear drops 0.5% .....1.87 5 ml OP ✓ **Chloromycetin**

### FLUMETASONE PIVALATE

Ear drops 0.02% with clioquinol 1% .....4.46 7.5 ml OP ✓ **Locorten-Vioform**

### TRIAMCINOLONE ACETONIDE WITH GRAMICIDIN, NEOMYCIN AND NYSTATIN

Ear drops 1 mg with nystatin 100,000 u, neomycin sulphate

2.5 mg and gramicidin 250 µg per g .....3.35 7.5 ml OP ✓ **Kenacomb**

## Ear/Eye Preparations

### DEXAMETHASONE WITH FRAMYCETIN AND GRAMICIDIN

Ear/Eye drops 500 µg with framycetin sulphate 5 mg and

gramicidin 50 µg per ml .....4.50 8 ml OP  
(9.27) Sofradex

### FRAMYCETIN SULPHATE

Ear/Eye drops 0.5% .....4.13 8 ml OP  
(8.65) Soframycin

## Eye Preparations

### Anti-Infective Preparations

#### ACICLOVIR

\* Eye oint 3% .....37.53 4.5 g OP ✓ **Zovirax**

#### CHLORAMPHENICOL

Eye oint 1% .....2.48 4 g OP ✓ **Chlorsig**

Eye drops 0.5% .....1.40 10 ml OP ✓ **Chlorsig**

#### CIPROFLOXACIN

Eye Drops 0.3% .....12.43 5 ml OP ✓ **Ciloxan**

For treatment of bacterial keratitis or severe bacterial conjunctivitis resistant to chloramphenicol.

#### FUSIDIC ACID

Eye drops 1% .....4.50 5 g OP  
(9.83) Fucithalmic

#### GENTAMICIN SULPHATE

Eye drops 0.3% .....11.40 5 ml OP ✓ **Genoptic**

#### PROPAMIDINE ISETHIONATE

\* Eye drops 0.1 % .....2.97 10 ml OP  
(7.99) Brolene

#### SULPHACETAMIDE SODIUM

\* Eye drops 10% .....4.41 15 ml OP ✓ **Bleph 10**

#### TOBRAMYCIN

Eye oint 0.3% .....10.45 3.5 g OP ✓ **Tobrex**

Eye drops 0.3% .....11.48 5 ml OP ✓ **Tobrex**

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
<b>Corticosteroids and Other Anti-Inflammatory Preparations</b>				
<b>DEXAMETHASONE</b>				
* Eye oint 0.1% .....	5.86	3.5 g OP	✓	<b>Maxidex</b>
* Eye drops 0.1 % .....	4.50	5 ml OP	✓	<b>Maxidex</b>
<b>DEXAMETHASONE WITH NEOMYCIN AND POLYMYXIN B SULPHATE</b>				
* Eye oint 0.1% with neomycin sulphate 0.35% and polymyxin B sulphate 6,000 u per g .....	5.39	3.5 g OP	✓	<b>Maxitrol</b>
* Eye drops 0.1% with neomycin sulphate 0.35% and polymy- xin B sulphate 6,000 u per ml .....	4.50	5 ml OP	✓	<b>Maxitrol</b>
<b>DICLOFENAC SODIUM</b>				
* Eye drops 1 mg per ml .....	13.80	5 ml OP	✓	<b><u>Voltaren Ophtha</u></b>
<b>FLUOROMETHOLONE</b>				
* Eye drops 0.1% .....	4.30	5 ml OP	✓	<b><u>Flucon</u></b>
<b>LEVOCABASTINE</b>				
Eye drops 0.5 mg per ml .....	8.71 (10.34)	4 ml OP		Livostin
<b>LODOXAMIDE TROMETAMOL</b>				
Eye drops 0.1% .....	8.71	10 ml OP	✓	<b>Lomide</b>
<b>PREDNISOLONE ACETATE</b>				
* Eye drops 0.12% .....	4.50 (7.53)	5 ml OP		Pred Mild
* Eye drops 1% .....	4.50 (9.44)	5 ml OP		Pred Forte
<b>SODIUM CROMOGLYCATE</b>				
Eye drops 2% .....	3.95	10 ml OP	✓	<b>Cromolux</b>

### **Glaucoma Preparations - Beta Blockers**

<b>BETAXOLOL HYDROCHLORIDE</b>				
* Eye drops 0.25% .....	11.80	5 ml OP	✓	<b>Betoptic S</b>
* Eye drops 0.5% .....	7.50	5 ml OP	✓	<b>Betoptic</b>
<b>LEVOBUNOLOL</b>				
* Eye drops 0.25% .....	7.00	5 ml OP	✓	<b><u>Betagan</u></b>
* Eye drops 0.5 % .....	7.00	5 ml OP	✓	<b><u>Betagan</u></b>
<b>TIMOLOL MALEATE</b>				
* Eye drops 0.25% .....	2.37	5 ml OP	✓	<b><u>Apo-Timop</u></b>
* Eye drops 0.25%, gel forming .....	3.30	2.5 ml OP	✓	<b><u>Timoptol XE</u></b>
* Eye drops 0.5% .....	2.29	5 ml OP	✓	<b><u>Apo-Timop</u></b>
* Eye drops 0.5%, gel forming .....	3.78	2.5 ml OP	✓	<b><u>Timoptol XE</u></b>

‡ safety cap

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

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

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
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### **Glaucoma Preparations - Carbonic Anhydrase Inhibitors**

#### **Prescribing Guidelines**

Trusopt, Cosopt and Azopt are subsidised for use as either monotherapy or as an adjunctive agent for the treatment of glaucoma. Trusopt, Cosopt and Azopt should not be prescribed for a person in whom less expensive first line agents for the treatment of glaucoma are not contraindicated unless:

- 1) that person has previously trialled all other such subsidised agents (except brimonidine tartrate); and
- 2) those trials have indicated that that person does not respond adequately to treatment with those other agents.

#### **ACETAZOLAMIDE**

\* Tab 250 mg ..... 10.40      100      ✓ **Diamox**

#### **BRINZOLAMIDE**

▲ Eye Drops 1% ..... 9.77      5 ml OP      ✓ **Azopt**

#### **DORZOLAMIDE HYDROCHLORIDE**

\* Eye drops 2% ..... 9.77      5 ml OP  
(13.95)      Trusopt

#### **DORZOLAMIDE HYDROCHLORIDE WITH TIMOLOL MALEATE**

\* Eye drops 2% with timolol maleate 0.5% ..... 18.50      5 ml OP      ✓ **Cosopt**

### **Glaucoma Preparations - Prostaglandin Analogues**

#### **Prescribing Guideline**

Bimatoprost, lantanoprost and travoprost are subsidised for use in the treatment of glaucoma as either monotherapy or as an adjunctive agent for patients in whom prostaglandin analogue monotherapy has been ineffective in controlling intraocular pressure. Bimatoprost, lantanoprost and travoprost should not be prescribed for a person in whom less expensive first line agents for the treatment of glaucoma are not contraindicated unless:

- 1) That person has previously trialled all other such subsidised agents (beta-blockers, pilocarpine, carbonic anhydrase inhibitors); and
- 2) Those trials have indicated that that person does not respond adequately to treatment with those other agents.

#### **BIMATOPROST – Retail pharmacy-Specialist**

See prescribing guideline above

▲ Eye Drops 0.03% ..... 19.50      3 ml OP      ✓ **Lumigan**

#### **LATANOPROST – Retail pharmacy-Specialist**

See prescribing guideline above

▲ Eye drops 50 µg per ml, 2.5ml ..... 19.50      2.5 ml OP      ✓ **Xalatan**

#### **TRAVOPROST – Retail pharmacy-Specialist**

See prescribing guideline above

▲ Eye drops 0.004% ..... 19.50      2.5 ml OP      ✓ **Travatan**

### **Glaucoma Preparations - Other**

#### **BRIMONIDINE TARTRATE**

\* Eye Drops 0.2% ..... 7.93      5 ml OP      ✓ **AFT**

#### **Prescribing Guidelines**

Brimonidine tartrate is subsidised for use as either monotherapy or as an adjunctive agent for the treatment of glaucoma.

Brimonidine tartrate should not be prescribed for a person in whom less expensive first line agents for the treatment of glaucoma are not contraindicated unless:

- that person has previously trialled all other such subsidised agents (except dorzolamide hydrochloride); and
- those trials have indicated that that person does not respond adequately to or does not tolerate treatment with those other agents.

#### **BRIMONIDINE TARTRATE WITH TIMOLOL MALEATE**

▲ Eye drops 0.2% with timolol maleate 0.5% ..... 18.50      5 ml OP      ✓ **Combigan**

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
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### Prescribing Guidelines

Combigan is subsidised for use as either monotherapy or as an adjunctive agent for the treatment of glaucoma.

Combigan should only be prescribed when:

- 1) less expensive first line agents for the treatment of glaucoma are contraindicated; or
- 2) the response to such subsidised agents is inadequate; or
- 3) the patient cannot tolerate such subsidised agents.

### PILOCARPINE

* Eye drops 0.5% .....	3.19	15 ml OP	✓ Piloft
* Eye drops 1% .....	3.24	15 ml OP	✓ Piloft
* Eye drops 2% .....	4.32	15 ml OP	✓ Piloft
* Eye drops 4% .....	6.57	15 ml OP	✓ Piloft
* Eye drops 6% .....	8.56	15 ml OP	✓ Piloft
* Eye drops 2% single dose – Special Authority see SA0895			
below – Hospital pharmacy [HP3] .....	31.95	20 dose	
	(32.72)		Minims

### SA0895 Special Authority for Subsidy

**Initial application** from any relevant practitioner. Approvals valid for 2 years for applications meeting the following criteria:

Either:

- 1 Patient has to use an unpreserved solution due to an allergy to the preservative; or
- 2 Patient wears soft contact lenses.

Note: Minims for a general practice are considered to be “tools of trade” and are not approved as special authority items.

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

### Mydriatics and Cycloplegics

#### ATROPINE SULPHATE

* Eye drops 1% .....	4.40	15 ml OP	✓ Atrop
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#### CYCLOPENTOLATE HYDROCHLORIDE

* Eye drops 1% .....	8.76	15 ml OP	✓ Cyclogyl
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#### HOMATROPINE HYDROBROMIDE

* Eye drops 2% .....	7.18	15 ml OP	✓ Isopto Homatropine
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#### TROPICAMIDE

* Eye drops 0.5% .....	7.15	15 ml OP	✓ Mydracil
* Eye drops 1% .....	8.66	15 ml OP	✓ Mydracil

### Preparations for Tear Deficiency

For acetylcysteine eye drops refer, page 163

#### HYPROMELLOSE

* Eye drops 0.3% .....	2.62	15 ml OP	✓ Poly-Tears
* Eye drops 0.5% .....	2.00	15 ml OP	✓ Methopt

#### POLYVINYL ALCOHOL

* Eye drops 1.4% .....	2.68	15 ml OP	✓ Vistil
* Eye drops 3% .....	3.75	15 ml OP	✓ Vistil Forte

#### TYLOXAPOL

* Eye drops 0.25% .....	8.63	15 ml OP	✓ Enuclene
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‡ safety cap

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

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

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
<b>Other Eye Preparations</b>			
NAPHAZOLINE HYDROCHLORIDE			
* Eye drops 0.1% .....	4.15	15 ml OP	✓ <b>Naphcon Forte</b>
PARAFFIN LIQUID WITH SOFT WHITE PARAFFIN			
* Eye oint with soft white paraffin .....	3.63	3.5 g OP	✓ <b>Lacri-Lube</b>
PARAFFIN LIQUID WITH WOOL FAT LIQUID			
* Eye oint 3% with wool fat liq 3% .....	3.63	3.5 g OP	✓ <b>Poly-Visc</b>
PHENYLEPHRINE HYDROCHLORIDE			
* Eye drops 0.12% .....	4.47	15 ml OP	✓ <b>Prefrin</b>
PHENYLEPHRINE HYDROCHLORIDE WITH ZINC SULPHATE			
* Eye drops 0.12% with zinc sulphate 0.25% .....	4.51	15 ml OP	✓ <b>Zincfrin</b>

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
<b>Agents Used in the Treatment of Poisonings</b>				
See also to MUSCULOSKELETAL, Anticholinesterases, page 99				
CHARCOAL				
* Tab 300 mg .....	7.13	100	✓	Red Seal
* Oral liq 50 g per 250 ml .....	37.75	250 ml OP	✓	Carbosorb-X
a) Up to 250 ml available on a PSO				
b) Only on a PSO				
DESFERRIOXAMINE MESYLATE – Hospital pharmacy [HP3]				
* Inj 500 mg .....	99.00	10	✓	Mayne
IPECACUANHA				
* Tincture .....	41.20 (43.40)	500 ml		PSM
NALOXONE HYDROCHLORIDE				
a) Up to 5 inj available on a PSO				
b) Only on a PSO				
* Inj 400 µg per ml, 1 ml .....	33.00	5	✓	Mayne
SODIUM CALCIUM EDETATE				
* Inj 200 mg per ml, 5 ml .....	53.31 (156.71)	6		Calcium Disodium Versenate

### Detection of Substances in Urine

ORTHO-TOLIDINE				
* Compound diagnostic sticks .....	7.50 (8.25)	50 test OP		Hemastix
TETRABROMOPHENOL				
* Blue diagnostic strips .....	7.02 (13.92)	100 test OP		Albustix

‡ safety cap

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

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

### INTRODUCTION

The following extemporaneously compounded products are eligible for subsidy:

- The "Standard Formulae".
- Oral liquid mixtures for patients unable to swallow subsidised solid dose oral formulations.
- The preparation of syringe drivers when prescribed by a general practitioner.
- Dermatological preparations
  - a) One or more subsidised dermatological galenical(s) in a subsidised dermatological base.
  - b) Dilution of proprietary Topical Corticosteroid-Plain preparations with a dermatological base (Retail pharmacy-specialist).
  - c) Menthol crystals only in the following bases:
    - Aqueous cream
    - Urea cream 10%
    - Wool fat with mineral oil lotion
    - Hydrocortisone 1% with wool fat and mineral oil lotion
    - Glycerol, paraffin and cetyl alcohol lotion.

### Glossary

**Dermatological base:** The products listed in the Barrier creams and Emollients section and the Topical Corticosteroids-Plain section of the Pharmaceutical Schedule are classified as dermatological bases for the purposes of extemporaneous compounding and are the bases to which the dermatological galenicals can be added. Also the dermatological bases in the Barrier Creams and Emollients section of the Pharmaceutical Schedule can be used for diluting proprietary Topical Corticosteroid-Plain preparations. The following products are dermatological bases:

- Aqueous cream
- Cetomacrogol cream BP
- Collodion flexible
- Emulsifying ointment BP
- Glycerol with paraffin and cetyl alcohol lotion
- Hydrocortisone with wool fat and mineral oil lotion
- Oil in water emulsion
- Oily cream
- Urea cream 10%
- White soft paraffin
- Wool fat with mineral oil lotion
- Zinc cream BP
- Zinc and castor oil ointment BP
- Proprietary Topical Corticosteroid-Plain preparations

**Dermatological galenical:** Dermatological galenicals will only be subsidised when added to a dermatological base. More than one dermatological galenical can be added to a dermatological base.

The following are dermatological galenicals:

- Coal tar solution BP - up to 10%
- Hydrocortisone powder - up to 5%
- Salicylic acid powder
- Sulphur precipitated powder

**Standard formulae:** Standard formulae are a list of formulae for ECPs that are subsidised. Their ingredients are listed under the appropriate therapeutic heading in Section B of the Pharmaceutical Schedule and also in Section C.



## Explanatory notes

### Oral liquid mixtures

Oral liquid mixtures are subsidised for patients unable to swallow subsidised solid oral dose forms where no suitable alternative proprietary formulation is subsidised. Suitable alternatives include dispersible and sublingual formulations, oral liquid formulations or rectal formulations. Before extemporaneously compounding an oral liquid mixture, other alternatives such as dispersing the solid dose form (if appropriate) or crushing the solid dose form in jam, honey or soft foods such as yoghurt should be explored.

Subsidy for extemporaneously compounded oral liquid mixtures is based on:

Solid dose form	qs
Preservative	qs
Suspending agent	qs
Water	to 100%

Prescribers may prescribe or pharmacists may add extra non-subsidised ingredients such as flavouring and colouring agents, but these extra ingredients will not be reimbursed. The subsidised ingredients in the formula will be reimbursed and a compounding fee paid.

The majority of extemporaneously compounded oral liquid mixtures should contain a preservative and suspending agent. Methylcellulose 3% is considered a suitable suspending agent and compound hydroxybenzoate solution or methyl hydroxybenzoate 10% solution are considered to be suitable preservatives. Usually 1 ml of these preservative solutions is added to 100 ml of oral liquid mixture.

Some solid oral dose forms are not appropriate for compounding into oral liquid mixtures and should therefore not be used/considered for extemporaneously compounded oral liquid mixtures. This includes long-acting solid dose formulations, enteric coated tablets or capsules, sugar coated tablets, hard gelatin capsules and chemotherapeutic agents.

The following practices will not be subsidised:

- Mixing one or more proprietary oral liquids (eg an antihistamine with pholcodine linctus).
- Extemporaneously compounding an oral liquid with more than one solid dose chemical.
- Mixing more than one extemporaneously compounded oral liquid mixture.
- Mixing one or more extemporaneously compounded oral liquid mixtures with one or more proprietary oral liquids.
- The addition of a chemical/powder/agent/solution to a proprietary oral liquid or extemporaneously compounded oral mixture.

### Standard formulae

A list of standard formulae is contained in this section. All ingredients associated with a standard formula will be subsidised and an appropriate compounding fee paid.

Prescribers may prescribe or pharmacists may add extra non-subsidised ingredients, but these extra ingredients will not be reimbursed. The subsidised ingredients in the formula will be reimbursed and a compounding fee paid.

### Dermatological Preparations

Proprietary topical corticosteroid preparations may be diluted with a dermatological base (see page 160) from the Barrier Creams and Emollients section of the Pharmaceutical Schedule (Retail pharmacy-Specialist). Dilution of proprietary topical corticosteroid preparations should only be prescribed for withdrawing patients off higher strength proprietary topical corticosteroid products where there is no suitable proprietary product of a lower strength available or an extemporaneously compounded product with up to 5% hydrocortisone is not appropriate. (In general proprietary topical corticosteroid preparations should not be diluted because dilution effects can be unpredictable and may not be linear, and usually there is no stability data available for diluted products).

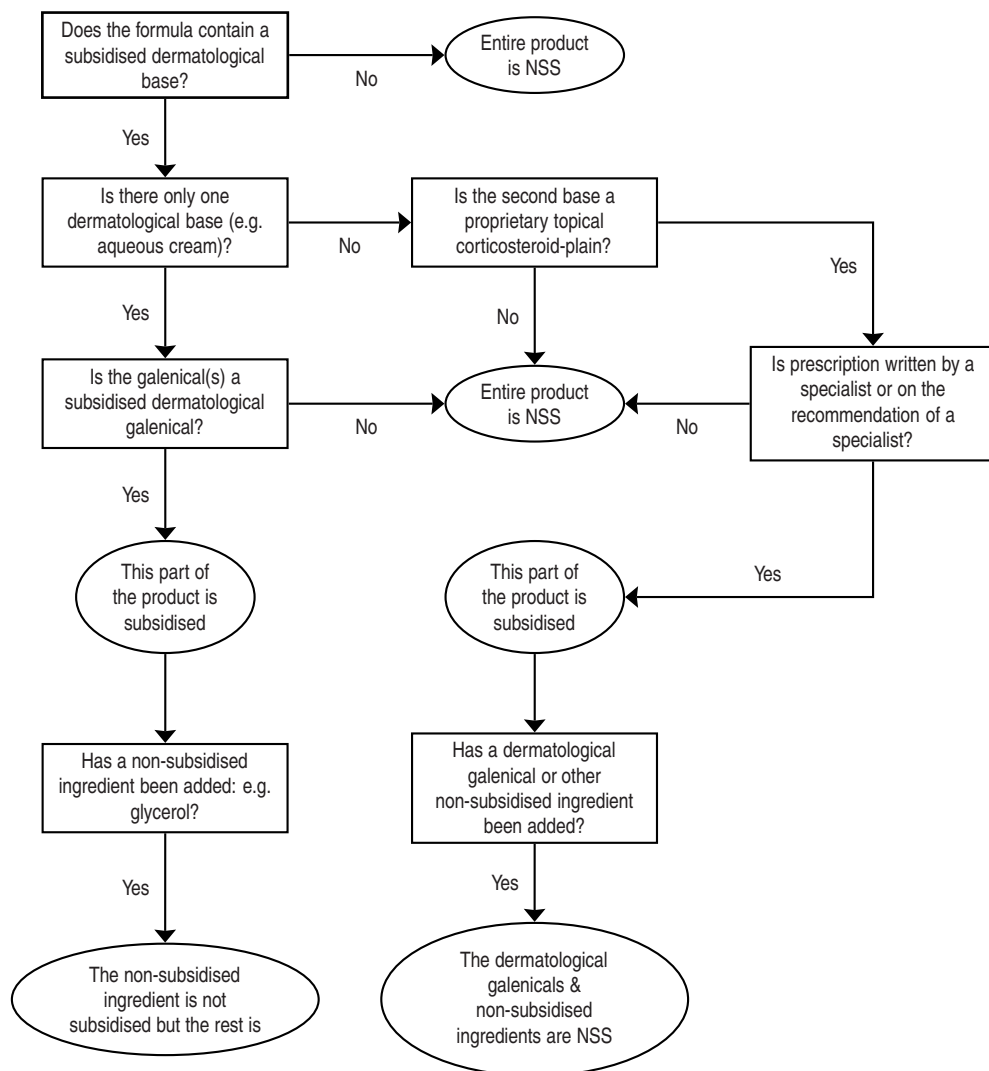
One or more dermatological galenicals may be added to a dermatological base (including proprietary topical corticosteroid preparations). Prescribers may prescribe or pharmacists may add extra non-subsidised ingredients, but these extra ingredients will not be reimbursed. The subsidised ingredients in the formula will be reimbursed and a compounding fee paid.

The addition of dermatological galenicals to diluted proprietary Topical Corticosteroids-Plain will not be subsidised.

The flow diagram on page 162 may assist you in deciding whether or not a dermatological ECP is subsidised.

# Dermatological ECPs

Is it subsidised?



## Standard Formulae

### ACETYLCYSTEINE EYE DROPS

Acetylcysteine inj 200 mg per ml, 10 ml	qs
Suitable eye drop base	qs

### ASPIRIN AND CHLOROFORM APPLICATION

Aspirin Soluble tabs 300 mg	12 tabs
Chloroform	to 100 ml

### CODEINE LINCTUS PAEDIATRIC (3 mg per 5 ml)

Codeine phosphate	60 mg
Glycerol	40 ml
Preservative	qs
Water	to 100 ml

### CODEINE LINCTUS DIABETIC (15 mg per 5 ml)

Codeine phosphate	300 mg
Glycerol	40 ml
Preservative	qs
Water	to 100 ml

### FOLINIC MOUTHWASH

Calcium folinate 15 mg tab	1 tab
Preservative	qs
Water	to 500 ml

(Preservative should be used if quantity supplied is for more than 5 days. Maximum 500 ml per prescription.)

### MAGNESIUM HYDROXIDE MIXTURE

Magnesium hydroxide paste	275 g
Methyl hydroxybenzoate	1.5 g
Water	770 ml

### METHADONE MIXTURE

Methadone powder	qs
Glycerol	qs
Water	to 100 ml

### METHYL HYDROXYBENZOATE 10% SOLUTION

Methyl hydroxybenzoate	10 g
Propylene glycol	to 100 ml

(Use 1 ml of the 10% solution per 100 ml of oral liquid mixture)

### OMEPRAZOLE SUSPENSION

Omeprazole capules	qs
Sodium bicarbonate powder BP	8.4 g
Water	to 100 ml

### PHENOBARBITONE ORAL LIQUID

Phenobarbitone Sodium	1 g
Glycerol BP	70 ml
Water	to 100 ml

### PILOCARPINE ORAL LIQUID

Pilocarpine 6% eye drops	qs
Preservative	qs
Water	to 500 ml

(Preservative should be used if quantity supplied is for more than 5 days.)

### SALIVA SUBSTITUTE FORMULA

Methylcellulose	5 g
Preservative	qs
Water	to 500 ml

(Preservative should be used if quantity supplied is for more than 5 days. Maximum 500 ml per prescription.)

### VOSOL EAR DROPS

#### WITH HYDROCORTISONE POWDER 1%

Hydrocortisone powder	1%
Vosol Ear Drops	to 35 ml

## EXTEMPORANEOUSLY COMPOUNDED PREPARATIONS AND GALENICALS

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
<b>Extemporaneously Compounded Preparations and Galenicals</b>				
<b>ACETYLCYSTEINE – Hospital pharmacy [HP1]-Specialist</b>				
Inj 200 mg per ml, 10 ml .....	137.06 (255.35)	10		Hospira
<b>BENZOIN</b>				
Tincture compound BP .....	24.42 (38.00)	500 ml		PSM
<b>CHLOROFORM – Only in combination</b>				
Only in aspirin and chloroform application.				
Chloroform BP .....	25.50	500 ml	✓	PSM
<b>CODEINE PHOSPHATE</b>				
Powder – Only in combination .....	63.09 (84.20)	25 g		Douglas
a) Only in extemporaneously compounded codeine linctus diabetic or codeine linctus paediatric.				
b) ‡ Safety cap for extemporaneously compounded oral liquid preparations.				
<b>COLLODION FLEXIBLE</b>				
Collodion flexible .....	19.30	100 ml	✓	PSM
<b>COMPOUND HYDROXYBENZOATE – Only in combination</b>				
Only in extemporaneously compounded oral mixtures.				
Soln .....	34.18	100 ml	✓	David Craig
<b>GLYCEROL</b>				
* Liquid – Only in combination .....	19.80 24.75 19.80 (24.75)	2,000 ml	✓ ✓	ABM PSM MidWest
Only in extemporaneously compounded oral liquid preparations.				
<b>MAGNESIUM HYDROXIDE</b>				
Paste .....	22.61	500 g	✓	PSM
<b>METHADONE HYDROCHLORIDE</b>				
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).				
Powder .....	7.84	1 g	✓	AFT
‡ Safety cap for extemporaneously compounded oral liquid preparations.				
<b>METHYL HYDROXYBENZOATE</b>				
Powder .....	10.00 (18.45)	25 g	✓	ABM PSM
<b>METHYLCELLULOSE</b>				
Powder .....	14.00 (17.72)	100 g	✓	ABM MidWest
<b>PHENOBARBITONE SODIUM</b>				
Powder – Only in combination .....	325.00	100 g	✓	MidWest
a) Only in children up to 12 years				
b) ‡ Safety cap for extemporaneously compounded oral liquid preparations.				

# EXTEMPORANEOUSLY COMPOUNDED PREPARATIONS AND GALENICALS

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
<b>PROPYLENE GLYCOL</b>				
Only in extemporaneously compounded methyl hydroxybenzoate 10% solution.				
Liq .....	12.00	500 ml	✓	ABM
	17.70		✓	PSM
<b>SODIUM BICARBONATE</b>				
Powder BP – Only in combination .....	9.80	500 g	✓	ABM
	(11.99)			Biomed
	(29.50)			David Craig
Only in extemporaneously compounded omeprazole suspension.				
<b>SYRUP (PHARMACEUTICAL GRADE) – Only in combination</b>				
Only in extemporaneously compounded oral liquid preparations.				
Liq .....	21.75	2,000 ml	✓	Midwest
<b>WATER</b>				
Tap – Only in combination .....	0.00	1 ml	✓	Tap water

### EXPLANATORY NOTES

The list of special foods to which Subsidies apply is contained in this section. The list of available products, guidelines for use, subsidies and charges is reviewed as required. Applications for new listings and changes to subsidies and access criteria will be considered by the special foods sub-committee of PTAC which meets as and when required. In all cases, subsidies are available by Special Authority only. This means that, unless a patient has a valid Special Authority number for their special food requirements, they must pay the full cost of the products themselves.

#### Eligibility for Special Authority

Special Authorities will be approved for patients meeting conditions specified under the *Conditions and Guidelines* for each product. In some cases there are also limits to how products can be prescribed (for example quantity, use or duration). Only those brands, presentations and flavours of special foods listed in this section are subsidised.

#### Who can apply for Special Authority?

*Initial Applications:* Only Specialists  
*Reapplications:* Specialist or general practitioner on recommendation of specialist. Reapplications by general practitioners on specialist recommendation must include the name of the specialist and the date the specialist was contacted.

All applications must be made on an official form available from the PHARMAC website [www.pharmac.govt.nz](http://www.pharmac.govt.nz). All applications must include specific details as requested on the form relating to the application. A supporting letter may be included if desired. Applications must be forwarded to:

Ministry of Health Sector Services  
Private Bag 3015  
WHANGANUI 4540  
Freefax 0800 100 131

#### Subsidies and manufacturer's surcharges

The Subsidies for some special foods are based on the lowest priced product within each group. Where this is so, or where special foods are otherwise not fully subsidised, a manufacturer's surcharge may be payable by the patient. The manufacturer's surcharge is the difference between the price of the product and the subsidy attached to it and may be subject to mark-ups applied at a pharmacy level. As a result the manufacturer's surcharge may vary. Fully subsidised alternatives are available in most cases (as indicated by a tick in the left hand column). Patients should only have to pay a co-payment on these products.

#### Where are special foods available from?

Distribution arrangements for special foods vary from region to region. Special foods are available from hospital pharmacies providing an outpatient dispensing service as well as retail pharmacies in the Northern, Midland and Central (including Nelson and Blenheim) regions.

#### Definitions

*Failure to thrive* An inability to gain or maintain weight resulting in physiological impairment.  
*Growth deficiency* Where the weight of the child is less than the fifth or possibly third percentile for their age, with evidence of malnutrition

Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
	✓	

## Nutrient Modules

### Carbohydrate

#### ►SA0912 Special Authority for Subsidy

**Initial application — (Cystic fibrosis or renal failure)** only from a relevant specialist. Approvals valid for 3 years for applications meeting the following criteria:

Either:

- 1 cystic fibrosis; or
- 2 chronic renal failure or continuous ambulatory peritoneal dialysis (CAPD) patient.

**Initial application — (Indications other than cystic fibrosis or renal failure)** only from a relevant specialist. Approvals valid for 1 year for applications meeting the following criteria:

Any of the following:

- 1 cancer in children; or
- 2 cancers affecting alimentary tract where there are malabsorption problems in patients over the age of 20 years; or
- 3 failure to thrive; or
- 4 growth deficiency; or
- 5 bronchopulmonary dysplasia; or
- 6 premature and post premature infant; or
- 7 inborn errors of metabolism.

**Renewal — (Cystic fibrosis or renal failure)** only from a relevant specialist or general practitioner on the recommendation of a relevant specialist. Approvals valid for 3 years for applications meeting the following criteria:

Both:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 General Practitioners must include the name of the specialist and date contacted.

**Renewal — (Indications other than cystic fibrosis or renal failure)** only from a relevant specialist or general practitioner on the recommendation of a relevant specialist. Approvals valid for 1 year for applications meeting the following criteria:

Both:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 General Practitioners must include the name of the specialist and date contacted.

CARBOHYDRATE SUPPLEMENT – Special Authority see SA0912 above – Hospital pharmacy [HP3]

Powder .....	36.50	5,000 g	✓ <b>Morrex Maltodextrin</b>
	1.30	400 g OP	
	(5.29)		Polycal
	1.14	350 g OP	
	(7.85)		Polycose
	1.30	368 g OP	
	(12.00)		Moducal

(Polycose Powder to be delisted 1 October 2009)

### Carbohydrate And Fat

#### ►SA0581 Special Authority for Subsidy

**Initial application — (Cystic fibrosis)** only from a relevant specialist. Approvals valid for 3 years for applications meeting the following criteria:

Both:

- 1 infant aged four years or under; and
- 2 cystic fibrosis.

**Initial application — (Indications other than cystic fibrosis)** only from a relevant specialist. Approvals valid for 1 year for applications meeting the following criteria:

continued...

Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
	✓	

continued...

Both:

- 1 infant aged four years or under; and
- 2 Any of the following:
  - 2.1 cancer in children; or
  - 2.2 failure to thrive; or
  - 2.3 growth deficiency; or
  - 2.4 bronchopulmonary dysplasia; or
  - 2.5 premature and post premature infants.

**Renewal — (Cystic fibrosis)** only from a relevant specialist or general practitioner on the recommendation of a relevant specialist. Approvals valid for 3 years for applications meeting the following criteria:

Both:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 General Practitioners must include the name of the specialist and date contacted.

**Renewal — (Indications other than cystic fibrosis)** only from a relevant specialist or general practitioner on the recommendation of a relevant specialist. Approvals valid for 1 year for applications meeting the following criteria:

Both:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 General Practitioners must include the name of the specialist and date contacted.

**CARBOHYDRATE AND FAT SUPPLEMENT** – Special Authority see SA0581 on the preceding page – Hospital pharmacy [HP3]

Powder (neutral) .....60.31      400 g OP      ✓ **Duocal Super Soluble Powder**

## Fat

### ►SA0899 Special Authority for Subsidy

**Initial application — (Inborn errors of metabolism)** only from a relevant specialist. Approvals valid for 3 years where the patient has inborn errors of metabolism.

**Initial application — (Indications other than inborn errors of metabolism)** only from a relevant specialist. Approvals valid for 1 year for applications meeting the following criteria:

Any of the following:

- 1 failure to thrive where other high calorie products are inappropriate or inadequate; or
- 2 growth deficiency; or
- 3 bronchopulmonary dysplasia; or
- 4 fat malabsorption; or
- 5 lymphangiectasia; or
- 6 short bowel syndrome; or
- 7 infants with necrotising enterocolitis; or
- 8 biliary atresia.

**Renewal — (Inborn errors of metabolism)** only from a relevant specialist or general practitioner on the recommendation of a relevant specialist. Approvals valid for 3 years for applications meeting the following criteria:

Both:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 General Practitioners must include the name of the specialist and date contacted.

**Renewal — (Indications other than inborn errors of metabolism)** only from a relevant specialist or general practitioner on the recommendation of a relevant specialist. Approvals valid for 1 year for applications meeting the following criteria:

Both:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 General Practitioners must include the name of the specialist and date contacted.



	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
<b>FAT SUPPLEMENT – Special Authority see SA0899 on the preceding page – Hospital pharmacy [HP3]</b>				
Emulsion (neutral) .....	12.30	200 ml OP	✓	Calogen
	30.75	500 ml OP	✓	Calogen
Emulsion (strawberry) .....	12.30	200 ml OP	✓	Calogen
Oil .....	28.73	250 ml OP	✓	Liquigen
	30.00	500 ml OP	✓	MCT oil (Nutricia)

## Protein

### ►SA0582 | Special Authority for Subsidy

**Initial application** only from a relevant specialist. Approvals valid for 1 year for applications meeting the following criteria:

Either:

- 1 protein losing enteropathy; or
- 2 high protein needs (eg burns).

**Renewal** only from a relevant specialist or general practitioner on the recommendation of a relevant specialist. Approvals valid for 1 year for applications meeting the following criteria:

Both:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 General Practitioners must include the name of the specialist and date contacted.

**PROTEIN SUPPLEMENT – Special Authority see SA0582 above – Hospital pharmacy [HP3]**

Powder .....	7.90	225 g OP	✓	Protifar 90
Powder (vanilla) .....	12.90	275 g OP	✓	Promod

## Oral Supplements

These products are to be used only as supplements to a person's dietary needs. Subsidy for up to 500 ml a day. Amounts prescribed in excess of this amount must be paid for by the patient.

### ►SA0583 | Special Authority for Subsidy

**Initial application — (Cystic fibrosis)** only from a relevant specialist. Approvals valid for 3 years where the patient has cystic fibrosis.

**Initial application — (Indications other than cystic fibrosis)** only from a relevant specialist. Approvals valid for 1 year for applications meeting the following criteria:

Any of the following:

- 1 cancer in children; or
- 2 inflammatory bowel disease; or
- 3 cancers affecting alimentary tract where there are malabsorption problems in patients over the age of 20 years; or
- 4 malnutrition requiring nutritional support.

**Renewal — (Cystic fibrosis)** only from a relevant specialist or general practitioner on the recommendation of a relevant specialist. Approvals valid for 3 years for applications meeting the following criteria:

Both:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 General Practitioners must include the name of the specialist and date contacted.

**Renewal — (Indications other than cystic fibrosis)** only from a relevant specialist or general practitioner on the recommendation of a relevant specialist. Approvals valid for 1 year for applications meeting the following criteria:

Both:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 General Practitioners must include the name of the specialist and date contacted.

## SPECIAL FOODS

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
ORAL SUPPLEMENT 1KCAL/ML – Special Authority see SA0583 on the preceding page – Hospital pharmacy [HP3]				
Powder (chocolate) .....	9.22	900 g OP	✓	<b>Sustagen Hospital Formula</b>
	4.75 (7.22)	400 g OP		Ensure
Powder (strawberry) .....	4.75 (7.22)	400 g OP		Ensure
Powder (vanilla) .....	9.22	900 g OP	✓	<b>Sustagen Hospital Formula</b>
	4.75 (7.22)	400 g OP		Ensure

### Oral Supplements/Complete Diet (Nasogastric/Gastrostomy Tube Feed)

#### Respiratory Products

##### ►SA0588 Special Authority for Subsidy

**Initial application** only from a relevant specialist. Approvals valid for 1 year for applications meeting the following criteria:

Both:

- 1 CORD patients who have hypercapnia; and
- 2 Either:
  - 2.1 The product is to be used as a supplement (maximum 500 ml per day); or
  - 2.2 The product is to be used as a complete diet.

**Renewal** only from a relevant specialist or general practitioner on the recommendation of a relevant specialist. Approvals valid for 1 year for applications meeting the following criteria:

All of the following:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 Either:
  - 2.1 The product is to be used as a supplement (maximum 500 ml per day); or
  - 2.2 The product is to be used as a complete diet; and
- 3 General Practitioners must include the name of the specialist and date contacted.

CORD ORAL FEED 1.5KCAL/ML – Special Authority see SA0588 above – Hospital pharmacy [HP3]

Liquid ..... 1.66 237 ml OP ✓ **Pulmocare**

#### Diabetic Products

##### ►SA0594 Special Authority for Subsidy

**Initial application** only from a relevant specialist. Approvals valid for 1 year for applications meeting the following criteria:

Both:

- 1 Type I and II diabetics who require nutritional supplementation; and
- 2 Either:
  - 2.1 The product is to be used as a supplement (maximum 500 ml per day); or
  - 2.2 The product is to be used as a complete diet.

**Renewal** only from a relevant specialist or general practitioner on the recommendation of a relevant specialist. Approvals valid for 1 year for applications meeting the following criteria:

All of the following:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 Either:
  - 2.1 The product is to be used as a supplement (maximum 500 ml per day); or
  - 2.2 The product is to be used as a complete diet; and
- 3 General Practitioners must include the name of the specialist and date contacted.

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
DIABETIC ENTERAL FEED 1KCAL/ML – Special Authority see SA0594 on the preceding page – Hospital pharmacy [HP3]				
Liquid .....	7.50	1,000 ml OP	✓	Diason RTH ✓ Glucerna Select RTH ✓ Resource Diabetic TF RTH

(Resource Diabetic TF RTH Liquid to be delisted 1 September 2009)

ORAL FEED 1KCAL/ML – Special Authority see SA0594 on the preceding page – Hospital pharmacy [HP3]				
Liquid (chocolate) .....	1.78	237 ml OP	✓	Resource Diabetic
Liquid (strawberry) .....	1.50	200 ml OP	✓	Diasip
	1.78	237 ml OP	✓	Resource Diabetic
Liquid (vanilla) .....	1.50	200 ml OP	✓	Diasip
	1.78	237 ml OP	✓	Resource Diabetic
	1.88	250 ml OP	✓	Glucerna Select

(Resource Diabetic Liquid (chocolate) to be delisted 1 August 2009)

## Fat Modified Products

### ►SA0615 Special Authority for Subsidy

**Initial application** only from a relevant specialist. Approvals valid for 1 year for applications meeting the following criteria:

Both:

- 1 The product is to be used as a complete diet; and
- 2 Either:
  - 2.1 Patient has metabolic disorders of fat metabolism; or
  - 2.2 Patient has chylothorax.

**Renewal** only from a relevant specialist or general practitioner on the recommendation of a relevant specialist. Approvals valid for 1 year for applications meeting the following criteria:

Both:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 General Practitioners must include the name of the specialist and date contacted.

FAT MODIFIED FEED – Special Authority see SA0615 above – Hospital pharmacy [HP3]

Powder .....	60.48	400 g OP	✓	Monogen
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## High Protein Products

### ►SA0589 Special Authority for Subsidy

**Initial application** only from a relevant specialist. Approvals valid for 1 year for applications meeting the following criteria:

All of the following:

- 1 Anorexia and weight loss; and
- 2 Either:
  - 2.1 decompensating liver disease without encephalopathy; or
  - 2.2 protein losing gastro-enteropathy; and
- 3 Either:
  - 3.1 The product is to be used as a supplement (maximum 500 ml per day); or
  - 3.2 The product is to be used as a complete diet.

**Renewal** only from a relevant specialist or general practitioner on the recommendation of a relevant specialist. Approvals valid for 1 year for applications meeting the following criteria:

All of the following:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 Either:

continued...

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
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continued...

- 2.1 The product is to be used as a supplement (maximum 500 ml per day); or
- 2.2 The product is to be used as a complete diet; and
- 3 General Practitioners must include the name of the specialist and date contacted.

ORAL FEED 1KCAL/ML – Special Authority see SA0589 on the preceding page – Hospital pharmacy [HP3]

Liquid .....1.50 200 ml OP ✓ **Fortimel**

## Paediatric Products For Children Awaiting Liver Transplant

### ►SA0607 Special Authority for Subsidy

**Initial application** only from a paediatrician. Approvals valid for 3 years for applications meeting the following criteria:

Both:

- 1 Child (up to 18 years) who is awaiting liver transplant; and
- 2 Either:
  - 2.1 The product is to be used as a supplement (maximum 500 ml per day); or
  - 2.2 The product is to be used as a complete diet.

**Renewal** only from a paediatrician. Approvals valid for 3 years for applications meeting the following criteria:

Both:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 Either:
  - 2.1 The product is to be used as a supplement (maximum 500 ml per day); or
  - 2.2 The product is to be used as a complete diet.

ENTERAL/ORAL FEED 1KCAL/ML – Special Authority see SA0607 above – Hospital pharmacy [HP3]

Powder .....78.97 400 g OP ✓ **Generaid Plus**

## Paediatric Products For Children With Chronic Renal Failure

### ►SA0606 Special Authority for Subsidy

**Initial application** only from a paediatrician. Approvals valid for 3 years for applications meeting the following criteria:

Both:

- 1 child (up to 18 years) with chronic renal failure; and
- 2 Either:
  - 2.1 The product is to be used as a supplement; or
  - 2.2 The product is to be used as a complete diet.

**Renewal** only from a paediatrician. Approvals valid for 3 years for applications meeting the following criteria:

Both:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 Either:
  - 2.1 The product is to be used as a supplement; or
  - 2.2 The product is to be used as a complete diet.

ENTERAL/ORAL FEED 1KCAL/ML – Special Authority see SA0606 above – Hospital pharmacy [HP3]

Liquid .....54.00 400 g OP ✓ **Kindergen**

## Paediatric Products

### ►SA0896 Special Authority for Subsidy

**Initial application** only from a relevant specialist. Approvals valid for 1 year for applications meeting the following criteria:

All of the following:

- 1 infant aged one to eight years; and
- 2 Any of the following:
  - 2.1 any condition causing malabsorption; or

continued...

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
continued...				
2.2 failure to thrive; or				
2.3 increased nutritional requirements; and				
3 Either:				
3.1 The product is to be used as a supplement (maximum 500 ml per day); or				
3.2 The product is to be used as a complete diet.				
<b>Renewal</b> only from a relevant specialist or general practitioner on the recommendation of a relevant specialist. Approvals valid for 1 year for applications meeting the following criteria:				
All of the following:				
1 The treatment remains appropriate and the patient is benefiting from treatment; and				
2 Either:				
2.1 The product is to be used as a supplement (maximum 500 ml per day); or				
2.2 The product is to be used as a complete diet; and				
3 General Practitioners must include the name of the specialist and date contacted.				
PAEDIATRIC ENTERAL FEED 1.5KCAL/ML – Special Authority see SA0896 on the preceding page – Hospital pharmacy [HP3]				
Liquid .....	1.60	200 ml OP	✓	Nutrini Energy RTH
	6.00	500 ml OP	✓	Nutrini Energy RTH
PAEDIATRIC ENTERAL FEED 1KCAL/ML – Special Authority see SA0896 on the preceding page – Hospital pharmacy [HP3]				
Liquid .....	1.07	200 ml OP	✓	Nutrini RTH
	2.68	500 ml OP	✓	Nutrini RTH
			✓	Pediasure RTH
PAEDIATRIC ORAL FEED 1.5KCAL/ML – Special Authority see SA0896 on the preceding page – Hospital pharmacy [HP3]				
Liquid (strawberry) .....	1.60	200 ml OP	✓	Fortini
			✓	NutriniDrink
Liquid (vanilla) .....	1.60	200 ml OP	✓	Fortini
			✓	NutriniDrink
<i>(Fortini Liquid (strawberry) to be delisted 1 November 2009)</i>				
<i>(Fortini Liquid (vanilla) to be delisted 1 November 2009)</i>				
PAEDIATRIC ORAL FEED 1KCAL/ML – Special Authority see SA0896 on the preceding page – Hospital pharmacy [HP3]				
Liquid (chocolate) .....	1.07	200 ml OP	✓	Pediasure
	1.27	237 ml OP	✓	Pediasure
			✓	Resource Just for Kids
Liquid (strawberry) .....	1.07	200 ml OP	✓	Pediasure
	1.27	237 ml OP	✓	Pediasure
Liquid (vanilla) .....	1.27	237 ml OP	✓	Pediasure
			✓	Resource Just for Kids
<i>(Pediasure Liquid (chocolate) to be delisted 1 October 2009)</i>				
<i>(Resource Just for Kids Liquid (chocolate) to be delisted 1 July 2009)</i>				
<i>(Pediasure Liquid (strawberry) to be delisted 1 October 2009)</i>				
<i>(Resource Just for Kids Liquid (vanilla) to be delisted 1 July 2009)</i>				

## SPECIAL FOODS

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
PAEDIATRIC ORAL FEED WITH FIBRE 1.5KCAL/ML – Special Authority see SA0896 on page 172 – Hospital pharmacy [HP3]				
Liquid (chocolate) .....	1.60	200 ml OP	✓	Fortini Multifibre NutriniDrink Multifibre
Liquid (strawberry) .....	1.60	200 ml OP	✓	Fortini Multifibre NutriniDrink Multifibre
Liquid (vanilla) .....	1.60	200 ml OP	✓	Fortini Multifibre NutriniDrink Multifibre

(Fortini Multifibre Liquid (chocolate) to be delisted 1 November 2009)

(Fortini Multifibre Liquid (strawberry) to be delisted 1 November 2009)

(Fortini Multifibre Liquid (vanilla) to be delisted 1 November 2009)

### Renal Products

#### ►SA0587 Special Authority for Subsidy

**Initial application** only from a relevant specialist. Approvals valid for 3 years for applications meeting the following criteria:

Both:

- 1 acute or chronic renal failure; and
- 2 Either:
  - 2.1 The product is to be used as a supplement (maximum 500 ml per day); or
  - 2.2 The product is to be used as a complete diet.

**Renewal** only from a relevant specialist or general practitioner on the recommendation of a relevant specialist. Approvals valid for 3 years for applications meeting the following criteria:

All of the following:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 Either:
  - 2.1 The product is to be used as a supplement (maximum 500 ml per day); or
  - 2.2 The product is to be used as a complete diet; and
- 3 General Practitioners must include the name of the specialist and date contacted.

ENTERAL FEED 2KCAL/ML – Special Authority see SA0587 above – Hospital pharmacy [HP3]

Liquid .....	6.08	500 ml OP	✓	Nutrison Concentrated
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RENAL ORAL FEED 2KCAL/ML – Special Authority see SA0587 above – Hospital pharmacy [HP3]

Liquid .....	2.43	200 ml OP	✓	Nepro (vanilla)
	2.88	237 ml OP	✓	NovaSource Renal
Liquid (apricot) .....	2.88	125 ml OP	✓	Renilon 7.5
Liquid (caramel) .....	2.88	125 ml OP	✓	Renilon 7.5

### Specialised And Elemental Products

#### ►SA0592 Special Authority for Subsidy

**Initial application** only from a relevant specialist. Approvals valid for 1 year for applications meeting the following criteria:

Both:

- 1 Any of the following:
  - 1.1 malabsorption; or
  - 1.2 short bowel syndrome; or
  - 1.3 enterocutaneous fistulas; or

continued...

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
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continued...

- 1.4 pancreatitis; and
- 2 Either:

- 2.1 The product is to be used as a supplement (maximum 500 ml per day); or
- 2.2 The product is to be used as a complete diet.

Notes: Each of these products is highly specialised and would be prescribed only by an expert for a specific disorder. The alternative is hospitalisation.

Elemental 028 Extra is more expensive than other products listed in this section and should only be used where the alternatives have been tried first and/or are unsuitable.

**Renewal** only from a relevant specialist or general practitioner on the recommendation of a relevant specialist. Approvals valid for 1 year for applications meeting the following criteria:

All of the following:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 Either:
  - 2.1 The product is to be used as a supplement (maximum 500 ml per day); or
  - 2.2 The product is to be used as a complete diet; and
- 3 General Practitioners must include the name of the specialist and date contacted.

ENTERAL/ORAL ELEMENTAL FEED 1KCAL/ML – Special Authority see SA0592 on the preceding page – Hospital pharmacy [HP3]

Powder .....	4.40	79 g OP	✓ Vital HN
	7.50	76 g OP	✓ Alitraq

ORAL ELEMENTAL FEED 0.8KCAL/ML – Special Authority see SA0592 on the preceding page – Hospital pharmacy [HP3]

Liquid (grapefruit) .....	9.50	250 ml OP	✓ Elemental 028 Extra
Liquid (pineapple & orange) .....	9.50	250 ml OP	✓ Elemental 028 Extra
Liquid (summer fruit) .....	9.50	250 ml OP	✓ Elemental 028 Extra

ORAL ELEMENTAL FEED 1KCAL/ML – Special Authority see SA0592 on the preceding page – Hospital pharmacy [HP3]

Powder (unflavoured) .....	4.00	80.4 g OP	✓ Vivonex TEN
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SEMI-ELEMENTAL ENTERAL FEED 1KCAL/ML – Special Authority see SA0592 on the preceding page – Hospital pharmacy [HP3]

Liquid .....	6.02	500 ml OP	✓ Peptisorb
	12.04	1,000 ml OP	✓ Peptisorb

## Undialysed End Stage Renal Failure

### SA0586 Special Authority for Subsidy

**Initial application** only from a gastroenterologist or renal physician. Approvals valid for 3 years for applications meeting the following criteria:

Both:

- 1 undialysed end stage renal patients; and
- 2 Either:
  - 2.1 The product is to be used as a supplement (maximum 500 ml per day); or
  - 2.2 The product is to be used as a complete diet.

Note: Where possible, the requirements for oral supplementation should be established in conjunction with assessment by a dietician.

**Renewal** only from a relevant specialist or general practitioner on the recommendation of a relevant specialist. Approvals valid for 3 years for applications meeting the following criteria:

All of the following:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 Either:

continued...

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
		✓	

continued...

- 2.1 The product is to be used as a supplement (maximum 500 ml per day); or
- 2.2 The product is to be used as a complete diet; and
- 3 General Practitioners must include the name of the specialist and date contacted.

RENAL ORAL FEED 1KCAL/ML – Special Authority see SA0586 on the preceding page – Hospital pharmacy [HP3]

Liquid .....3.80 237 ml OP ✓ **Suplena**

## Adult Products Standard

### ►SA0702 Special Authority for Subsidy

**Initial application — (Oral feed for cystic fibrosis patient)** only from a relevant specialist. Approvals valid for 3 years for applications meeting the following criteria:

Both:

- 1 Cystic fibrosis; and
- 2 Either:
  - 2.1 The product is to be used as a supplement; or
  - 2.2 The product is to be used as a complete diet.

**Initial application — (Oral feed for indications other than cystic fibrosis)** only from a relevant specialist. Approvals valid for 1 year for applications meeting the following criteria:

Both:

- 1 Any of the following:
  - 1.1 any condition causing malabsorption; or
  - 1.2 failure to thrive; or
  - 1.3 increased nutritional requirements; and
- 2 Either:
  - 2.1 The product is to be used as a supplement; or
  - 2.2 The product is to be used as a complete diet.

**Renewal — (Oral feed cystic fibrosis patient)** only from a relevant specialist or general practitioner on the recommendation of a relevant specialist. Approvals valid for 3 years for applications meeting the following criteria:

All of the following:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 Either:
  - 2.1 The product is to be used as a supplement; or
  - 2.2 The product is to be used as a complete diet; and
- 3 General Practitioners must include the name of the specialist and date contacted.

**Initial application — (Enteral feed)** only from a relevant specialist. Approvals valid for 1 year for applications meeting the following criteria:

Both:

- 1 Any of the following:
  - 1.1 enteral feeding; or
  - 1.2 nasogastric; or
  - 1.3 nasoduodenal; or
  - 1.4 nasojejunal; or
  - 1.5 gastrostomy/jejunostomy; and
- 2 Either:
  - 2.1 The product is to be used as a supplement; or
  - 2.2 The product is to be used as a complete diet.

**Renewal — (Enteral feed or Oral feed for indications other than cystic fibrosis)** only from a relevant specialist or general practitioner on the recommendation of a relevant specialist. Approvals valid for 1 year for applications meeting the following criteria:

All of the following:

continued...



	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
continued...				
1 The treatment remains appropriate and the patient is benefiting from treatment; and				
2 Either:				
2.1 The product is to be used as a supplement; or				
2.2 The product is to be used as a complete diet; and				
3 General Practitioners must include the name of the specialist and date contacted.				
Notes: This group of products can be used either as a supplement or as a complete diet.				
If a product is being used as a supplement, the limit is 500 ml per day.				
Cystic fibrosis patients are exempt the 500 ml per day volume restriction when using Ensure Plus, Fortisip or Resource Plus as a supplement.				
ENTERAL FEED 1KCAL/ML – Special Authority see SA0702 on the preceding page – Hospital pharmacy [HP3]				
Liquid .....	1.24	250 ml OP	✓	Isosource HN
			✓	Isosource Standard
	2.65	500 ml OP	✓	Nutrison Standard RTH
	5.29	1,000 ml OP	✓	Nutrison Standard RTH
			✓	Isosource HN RTH
			✓	Isosource Standard RTH
			✓	Osmolite RTH
ENTERAL FEED WITH FIBRE 1 KCAL/ML – Special Authority see SA0702 on the preceding page – Hospital pharmacy [HP3]				
Liquid .....	1.24	250 ml OP	✓	Fibresource
			✓	Fibresource HN
	2.65	500 ml OP	✓	Nutrison Multi Fibre
	5.29	1,000 ml OP	✓	Nutrison Multi Fibre
			✓	Fibresource HN RTH
			✓	Fibresource RTH
			✓	Jevity RTH
ENTERAL FEED WITH FIBRE 1.5KCAL/ML – Special Authority see SA0702 on the preceding page – Hospital pharmacy [HP3]				
Liquid .....	7.00	1,000 ml OP	✓	Ensure Plus RTH
	1.75	250 ml OP	✓	Isosource 1.5
	7.00	1,000 ml OP	✓	Isosource 1.5
			✓	Nutrison Energy Multi Fibre

## SPECIAL FOODS

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
ORAL FEED 1.5KCAL/ML – Special Authority see SA0702 on page 176 – Hospital pharmacy [HP3]				
Liquid (banana) .....	1.12	200 ml OP	✓	Fortisip
	(1.45)			Ensure Plus
Liquid (chocolate) .....	1.12	200 ml OP	✓	Fortisip
	1.33	237 ml OP	✓	Resource Plus
	1.12	200 ml OP		
	(1.45)			Ensure Plus
	1.33	237 ml OP	✓	Ensure Plus
Liquid (coffee) .....	1.33	237 ml OP	✓	Ensure Plus
Liquid (fruit of the forest) .....	1.12	200 ml OP		
	(1.45)			Ensure Plus
Liquid (strawberry) .....	1.12	200 ml OP	✓	Fortisip
	1.33	237 ml OP	✓	Resource Plus
	1.12	200 ml OP		
	(1.45)			Ensure Plus
	1.33	237 ml OP	✓	Ensure Plus
Liquid (toffee) .....	1.12	200 ml OP	✓	Fortisip
Liquid (tropical fruit) .....	1.12	200 ml OP	✓	Fortisip
Liquid (vanilla) .....	1.12	200 ml OP	✓	Fortisip
	1.33	237 ml OP	✓	Resource Plus
	1.12	200 ml OP		
	(1.45)			Ensure Plus
	1.33	237 ml OP	✓	Ensure Plus

ORAL FEED WITH FIBRE 1.5 KCAL/ML – Special Authority see SA0702 on page 176 – Hospital pharmacy [HP3]				
Liquid (chocolate) .....	1.12	200 ml OP	✓	Fortisip Multi Fibre
Liquid (strawberry) .....	1.12	200 ml OP	✓	Fortisip Multi Fibre
Liquid (vanilla) .....	1.12	200 ml OP	✓	Fortisip Multi Fibre

### Adult Products High Calorie

#### ►SA0585 Special Authority for Subsidy

**Initial application — (Cystic fibrosis)** only from a relevant specialist. Approvals valid for 3 years for applications meeting the following criteria:

All of the following:

- 1 Cystic fibrosis; and
- 2 other lower calorie products have been tried; and
- 3 patient has substantially increased metabolic requirements; and
- 4 Either:
  - 4.1 The product is to be used as a supplement; or
  - 4.2 The product is to be used as a complete diet.

**Initial application — (Indications other than cystic fibrosis)** only from a relevant specialist. Approvals valid for 1 year for applications meeting the following criteria:

All of the following:

- 1 Any of the following:
  - 1.1 any condition causing malabsorption; or
  - 1.2 failure to thrive; or
  - 1.3 increased nutritional requirements; and
- 2 other lower calorie products have been tried; and
- 3 patient has substantially increased metabolic requirements; and
- 4 Either:

continued...

Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
	✓	

continued...

- 4.1 The product is to be used as a supplement; or
- 4.2 The product is to be used as a complete diet.

**Renewal — (Cystic fibrosis)** only from a relevant specialist or general practitioner on the recommendation of a relevant specialist. Approvals valid for 3 years for applications meeting the following criteria:

All of the following:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 General Practitioners must include the name of the specialist and date contacted; and
- 3 Either:
  - 3.1 The product is to be used as a supplement; or
  - 3.2 The product is to be used as a complete diet.

**Renewal — (Indications other than cystic fibrosis)** only from a relevant specialist or general practitioner on the recommendation of a relevant specialist. Approvals valid for 1 year for applications meeting the following criteria:

All of the following:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 General Practitioners must include the name of the specialist and date contacted; and
- 3 Either:
  - 3.1 The product is to be used as a supplement; or
  - 3.2 The product is to be used as a complete diet.

Notes: This product can be used either as a supplement or as a complete diet.

If it is being used as a supplement, the limit is 500 ml per day.

ORAL FEED 2KCAL/ML – Special Authority see SA0585 on the preceding page – Hospital pharmacy [HP3]

Liquid (vanilla) .....2.25      237 ml OP      ✓ Two Cal HN

## Food Thickeners

### ▶SA0595 Special Authority for Subsidy

**Initial application** only from a relevant specialist. Approvals valid for 1 year where the patient has motor neurone disease with swallowing disorder.

**Renewal** only from a relevant specialist or general practitioner on the recommendation of a relevant specialist. Approvals valid for 1 year for applications meeting the following criteria:

Both:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 General Practitioners must include the name of the specialist and date contacted.

FOOD THICKENER – Special Authority see SA0595 above – Hospital pharmacy [HP3]

Powder .....	3.80	250 g OP	✓ Resource Thicken Up
	91.20	6,000 g OP	✓ Resource Thicken Up
	4.56 (7.25)	380 g	Karicare Food Thickener

## Gluten Free Foods

### ▶SA0722 Special Authority for Subsidy

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

Either:

- 1 Gluten enteropathy has been diagnosed by biopsy; or
- 2 Patient suffers from dermatitis herpetiformis.

## SPECIAL FOODS

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per ✓	Brand or Generic Manufacturer
GLUTEN FREE BAKING MIX – Special Authority see SA0722 on the preceding page – Hospital pharmacy [HP3]			
Powder .....	2.81 (5.15)	1,000 g OP	Healtheries Simple Baking Mix
GLUTEN FREE BREAD MIX – Special Authority see SA0722 on the preceding page – Hospital pharmacy [HP3]			
Powder .....	3.93 (6.88)	1,000 g OP	NZB Low Gluten Bread Mix
	4.77 (8.57)		Bakels Gluten Free Health Bread Mix
	3.51 (10.51)		Horleys Bread Mix
GLUTEN FREE FLOUR – Special Authority see SA0722 on the preceding page – Hospital pharmacy [HP3]			
Powder .....	5.62 (17.42)	2,000 g OP	Horleys Flour
GLUTEN FREE PASTA – Special Authority see SA0722 on the preceding page – Hospital pharmacy [HP3]			
Buckwheat Spirals .....	2.00 (3.11)	250 g OP	Orgran
Corn and Parsley Fettucine .....	2.00 (2.63)	250 g OP	Orgran
Corn and Spinach Rigatini .....	2.00 (2.92)	250 g OP	Orgran
Corn and Vegetable Shells .....	2.00 (2.92)	250 g OP	Orgran
Corn and Vegetable Spirals .....	2.00 (2.92)	250 g OP	Orgran
Garlic and Parsley Shells .....	2.00 (2.92)	250 g OP	Orgran
Rice and Corn Garden Herb Pasta .....	2.00 (2.92)	250 g OP	Orgran
Rice and Corn Lasagne Sheets .....	1.60 (3.82)	200 g OP	Orgran
Rice and Corn Macaroni .....	2.00 (2.92)	250 g OP	Orgran
Rice and Corn Penne .....	2.00 (2.92)	250 g OP	Orgran
Rice and Maize Pasta Spirals .....	2.00 (2.92)	250 g OP	Orgran
Rice and Millet Spirals .....	2.00 (3.11)	250 g OP	Orgran
Rice and corn spaghetti noodles .....	2.00 (2.92)	375 g OP	Orgran
Vegetable and Rice Spirals .....	2.00 (2.92)	250 g OP	Orgran
Italian long style spaghetti .....	2.00 (3.11)	220 g OP	Orgran

(Orgran Corn and Parsley Fettucine to be delisted 1 July 2009)

Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
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## Foods And Supplements For Inborn Errors Of Metabolism - Other

### ▶SA0732 Special Authority for Subsidy

**Initial application** only from a relevant specialist. Approvals valid for 3 years for applications meeting the following criteria:

Either:

- 1 dietary management of homocystinuria; or
- 2 dietary management of maple syrup urine disease.

**Renewal** only from a relevant specialist or general practitioner on the recommendation of a relevant specialist. Approvals valid for 1 year for applications meeting the following criteria:

Both:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 General Practitioners must include the name of the specialist and date contacted.

### Prescribing Guideline

It can cost up to \$70,000 a year to keep an adult on protein supplements. Because protein substitutes are so expensive and because they are only effective in controlling PKU if a restricted diet is followed, adults with PKU will be required to demonstrate they are following the prescribed diet by regular blood testing. The requirement for testing applies to those aged over 16 years. Failure to follow an appropriate diet results in high blood phenylalanine levels.

The subsidy for these products reflects the philosophy that the patient incurs no additional financial burden for purchasing specialised more expensive products.

## Supplements For Homocystinuria

AMINOACID FORMULA WITHOUT METHIONINE – Special Authority see SA0732 above – Hospital pharmacy [HP3]

See prescribing guideline above

Powder .....	461.94	500 g OP	✓ XMET Maxamum
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## Supplements For MSUD

AMINOACID FORMULA WITHOUT VALINE, LEUCINE AND ISOLEUCINE – Special Authority see SA0732 above – Hospital pharmacy [HP3]

See prescribing guideline above

Powder .....	300.54	500 g OP	✓ MSUD Maxamaid
	437.22		✓ MSUD Maxamum

## Foods And Supplements For Inborn Errors Of Metabolism - PKU

### ▶SA0733 Special Authority for Subsidy

**Initial application — (Patient aged over 16)** only from a relevant specialist. Approvals valid for 1 year for applications meeting the following criteria:

Both:

- 1 dietary management of PKU; and
- 2 The patient's blood phenylalanine level is < 900 mmol/litre (average of tests over last 12 months).

**Initial application — (Patient aged 16 or under)** only from a relevant specialist. Approvals valid for 3 years where the patient requires dietary management of PKU.

**Renewal — (Patient aged over 16)** only from a relevant specialist. Approvals valid for 1 year where blood phenylalanine level < 900 mmol/litre (average of tests over last 12 months).

**Renewal — (Patient aged 16 or under)** only from a relevant specialist or general practitioner on the recommendation of a relevant specialist. Approvals valid for 3 years for applications meeting the following criteria:

Both:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 General Practitioners must include the name of the specialist and date contacted.

Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
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**Prescribing Guideline**

It can cost up to \$70,000 a year to keep an adult on protein supplements. Because protein substitutes are so expensive and because they are only effective in controlling PKU if a restricted diet is followed, adults with PKU will be required to demonstrate they are following the prescribed diet by regular blood testing. The requirement for testing applies to those aged over 16 years. Failure to follow an appropriate diet results in high blood phenylalanine levels.

The subsidy for these products reflects the philosophy that the patient incurs no additional financial burden for purchasing specialised more expensive products.

**Foods For PKU**

**PHENYL FREE BAKING MIX** – Special Authority see SA0733 on the preceding page – Hospital pharmacy [HP3]

See prescribing guideline above

Powder .....	6.70	500 g OP	
	(8.22)		Loprofin Mix

**PHENYL FREE PASTA** – Special Authority see SA0733 on the preceding page – Hospital pharmacy [HP3]

See prescribing guideline above

Animal shapes .....	10.65	500 g OP	
	(11.91)		Loprofin
Lasagne .....	5.32	250 g OP	
	(5.95)		Loprofin
Low protein rice pasta .....	10.65	500 g OP	
	(11.91)		Loprofin
Macaroni .....	5.32	250 g OP	
	(5.95)		Loprofin
Penne .....	10.65	500 g OP	
	(11.91)		Loprofin
Spaghetti .....	10.65	500 g OP	
	(11.91)		Loprofin
Spirals .....	10.65	500 g OP	
	(11.91)		Loprofin

**Supplements For PKU**

**AMINOACID FORMULA WITHOUT PHENYLALANINE** – Special Authority see SA0733 on the preceding page – Hospital pharmacy [HP3]

See prescribing guideline above

Tabs .....	99.00	75 OP	✓ Phlexy 10
Sachets (pineapple/vanilla) 29 g .....	330.10	30 OP	✓ Minaphlex
Sachets (tropical) .....	324.00	30	✓ Phlexy 10
Infant formula .....	174.72	400 g OP	✓ XP Analog LCP
Powder (orange) .....	221.00	500 g OP	✓ XP Maxamaid
	320.00		✓ XP Maxamum
Powder (unflavoured) .....	221.00	500 g OP	✓ XP Maxamaid
	320.00		✓ XP Maxamum
Liquid (berry) .....	15.65	62.5 ml OP	✓ Lophlex LQ
	31.20	125 ml OP	✓ Lophlex LQ
Liquid (citrus) .....	15.65	62.5 ml OP	✓ Lophlex LQ
	31.20	125 ml OP	✓ Lophlex LQ
Liquid (forest berries) .....	30.00	250 ml OP	✓ Easiphen Liquid
Liquid (orange) .....	15.65	62.5 ml OP	✓ Lophlex LQ
	31.20	125 ml OP	✓ Lophlex LQ
Liquid (tropical) .....	30.00	250 ml OP	✓ Easiphen

Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
	✓	

## Multivitamin And Mineral Supplements

AMINOACID FORMULA WITH MINERALS WITHOUT PHENYLALANINE – Special Authority see SA0733 on page 181 – Hospital pharmacy [HP3]

See prescribing guideline on the preceding page

Powder .....	58.44	250 g OP	✓ Metabolic Mineral Mixture
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## Multivitamin Supplements For Inborn Errors Of Metabolism

### ►SA0600 Special Authority for Subsidy

**Initial application** only from a relevant specialist. Approvals valid for 3 years where the patient has inborn errors of metabolism.

**Renewal** only from a relevant specialist or general practitioner on the recommendation of a relevant specialist. Approvals valid for 3 years for applications meeting the following criteria:

Both:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 General Practitioners must include the name of the specialist and date contacted.

MULTIVITAMINS – Special Authority see SA0600 above – Hospital pharmacy [HP3]

Tab .....	19.65	100	✓ Ketovite
Powder .....	36.00	100 g OP	✓ Paediatric Seraviv
Oral liq .....	8.98	150 ml OP	
	(13.50)		Ketovite Liquid

## Infant Formulae

### For Premature Infants

### ►SA0602 Special Authority for Subsidy

**Initial application** only from a relevant specialist. Approvals valid for 6 months where the patient is infant weighing less than 1.5 kg at birth.

PREMATURE BIRTH FORMULA – Special Authority see SA0602 above – Hospital pharmacy [HP3]

Liquid .....	0.75	100 ml OP	✓ S26LBW Gold RTF
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### For Williams Syndrome

### ►SA0601 Special Authority for Subsidy

**Initial application** only from a relevant specialist. Approvals valid for 1 year where the patient is an infant suffering from Williams Syndrome and associated hypercalcaemia.

**Renewal** only from a relevant specialist or general practitioner on the recommendation of a relevant specialist. Approvals valid for 1 year for applications meeting the following criteria:

Both:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 General Practitioners must include the name of the specialist and date contacted.

LOW CALCIUM INFANT FORMULA – Special Authority see SA0601 above – Hospital pharmacy [HP3]

Powder .....	44.40	400 g OP	✓ Locasol
--------------	-------	----------	-----------

Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
	✓	

## For Gastrointestinal And Other Malabsorptive Problems

### ►SA0603 Special Authority for Subsidy

**Initial application** only from a relevant specialist. Approvals valid for 1 year where the patient is infant suffering from malabsorption and other gastrointestinal problems.

**Renewal** only from a relevant specialist or general practitioner on the recommendation of a relevant specialist. Approvals valid for 1 year for applications meeting the following criteria:

Both:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 General Practitioners must include the name of the specialist and date contacted.

Neocate should be used only as a last resort when the infant is unable to absorb any of the below formulae. The objective with each of the formulae prescribed is to get the infant off them as soon as possible. This may take six months, it may take three years. Because of this, variation on age limit is not regarded as appropriate. These formulae will be available only from a hospital pharmacy. Vivonex Pediatric may be a suitable and less expensive alternative for many children that would otherwise be eligible for a subsidy for Neocate and should, therefore, be tried first in these cases. The subsidy for these products reflects the philosophy that the patient incurs no additional financial burden for purchasing specialised more expensive products.

ELEMENTAL FORMULA – Special Authority see SA0603 above – Hospital pharmacy [HP3]

Powder .....	19.01	450 g	✓ Pepti Junior Gold
	15.52	450 g OP	
	(19.01)		Pepti Junior
	63.97	400 g OP	
	(67.08)		Neocate
	(67.08)		Neocate LCP
	5.62	48.5 g OP	
	(6.00)		Vivonex Pediatric
Powder (tropical) .....	52.90	400 g OP	
	(56.00)		Neocate Advance
Powder (unflavoured) .....	52.90	400 g OP	
	(56.00)		Neocate Advance

## For Milk Intolerance

### ►SA0604 Special Authority for Subsidy

**Initial application — (Lactase deficiency or disaccharide intolerance)** only from a relevant specialist. Approvals valid for 2 years for applications meeting the following criteria:

Both:

- 1 Patient is less than 3 years of age; and
- 2 Either:
  - 2.1 diagnosed as suffering from congenital lactase deficiency; or
  - 2.2 suffering from disaccharide intolerance.

Notes: Secondary lactose intolerance in children is usually short lasting, and can be controlled by dietary measures and by giving sufficient calories to regenerate digestive enzymes.

The subsidy for these products reflects the philosophy that the patient incurs no additional financial burden for purchasing specialised more expensive products.

**Initial application — (Infant with intolerance to cows' milk)** only from a relevant specialist. Approvals valid for 6 months for applications meeting the following criteria:

Both:

- 1 intolerant to cows' milk; and
- 2 patient is less than 3 years of age.

continued...



	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
		✓	

continued...

Note: The subsidy for these products reflects the philosophy that the patient incurs no additional financial burden for purchasing specialised more expensive products.

**Renewal — (Infant with intolerance to cows' milk)** only from a relevant specialist. Approvals valid for 6 months for applications meeting the following criteria:

Both:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 patient is less than 3 years of age.

GOATS MILK INFANT FORMULA – Special Authority see SA0604 on the preceding page – Retail pharmacy

Powder .....	9.42	900 g OP	
	(22.75)		Karicare Goats Milk Infant Formula

LACTOSE FREE INFANT FORMULA – Special Authority see SA0604 on the preceding page – Retail pharmacy

Powder .....	5.66	900 g OP	
	(17.95)		Delact

SOYA INFANT FORMULA – Special Authority see SA0604 on the preceding page – Retail pharmacy

Powder .....	6.34	900 g OP	
	(19.57)		S26 Soy

### Infant Formulae - Lactose Intolerance and Cows' Milk Protein Intolerance

#### ►SA0757 Special Authority for Subsidy

**Initial application** only from a relevant specialist. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

- 1 The patient is less than 2 years of age; and
- 2 Intolerant to cows' milk; and
- 3 Diagnosed as suffering from congenital lactase deficiency.

**Renewal** only from a relevant specialist. Approvals valid for 6 months where the treatment remains appropriate and the patient is benefiting from treatment.

INFANT SOY FORMULA – Special Authority see SA0757 above – Retail pharmacy

Powder .....	7.27	900 g	
	(16.35)		Karicare Soy All Ages

## SECTION E PART I

### PRACTITIONER'S AND WHOLESALE SUPPLY ORDERS

#### Pharmaceuticals and quantities that may be obtained on a Practitioner's Supply Order

<b>ADRENALINE</b>	
✓ Inj 1 in 1,000, 1 ml .....	5
✓ Inj 1 in 10,000, 10 ml .....	5
<b>AMINOPHYLLINE</b>	
✓ Inj 25 mg per ml, 10 ml .....	5
<b>AMIODARONE HYDROCHLORIDE</b>	
✓ Inj 50 mg per ml, 3 ml .....	5
<b>AMOXYCILLIN</b>	
✓ Cap 250 mg .....	30
✓ Grans for oral liq 125 mg per 5 ml .....	200 ml
✓ Grans for oral liq 250 mg per 5 ml .....	200 ml
✓ Inj 1 g .....	5
<b>AMOXYCILLIN CLAVULANATE</b>	
✓ Tab amoxicillin 500 mg with potassium clavulanate 125 mg .....	30
✓ Grans for oral liq amoxicillin 125 mg with potassium clavulanate 31.25 mg per 5 ml .....	200 ml
✓ Grans for oral liq amoxicillin 250 mg with potassium clavulanate 62.5 mg per 5 ml .....	200 ml
<b>APPLICATOR</b>	
✓ Applicator – See note on page 69 .....	1
<b>ASPIRIN</b>	
✓ Tab dispersible 300 mg .....	30
<b>ATROPINE SULPHATE</b>	
✓ Inj 600 µg, 1 ml .....	5
✓ Inj 1200 µg, 1 ml .....	5
<b>AZITHROMYCIN</b>	
✓ Tab 500 mg – Subsidy by endorsement – See note on page 85 .....	4
<b>BENDROFLUAZIDE</b>	
✓ Tab 2.5 mg – See note on page 56 .....	150
<b>BENZATHINE BENZYL PENICILLIN</b>	
✓ Inj 1.2 mega u per 2.3 ml .....	5
<b>BENZTROPINE MESYLATE</b>	
✓ Inj 1 mg per ml, 2 ml .....	5
<b>BENZYL PENICILLIN SODIUM (PENICILLIN G)</b>	
✓ Inj 1 mega u .....	5
<b>CEFTRIAXONE SODIUM</b>	
✓ Inj 500 mg – Hospital pharmacy [HP3] – Subsidy by endorsement – See note on page 84 .....	5
✓ Inj 1 g – Hospital pharmacy [HP3] – Subsidy by endorsement – See note on page 84 .....	5
<b>CHARCOAL</b>	
✓ Oral liq 50 g per 250 ml .....	250 ml
<b>CHLORPROMAZINE HYDROCHLORIDE</b>	
✓ Tab 10 mg .....	30
✓ Tab 25 mg .....	30
✓ Tab 100 mg .....	30
✓ Inj 25 mg per ml, 2 ml .....	5
<b>CIPROFLOXACIN</b>	
✓ Tab 250 mg .....	5
✓ Tab 500 mg .....	5
<b>CO-TRIMOXAZOLE</b>	
✓ Tab trimethoprim 80 mg and sulphamethoxazole 400 mg .....	30
✓ Oral liq sugar-free trimethoprim 40 mg and sulphamethoxazole 200 mg per 5 ml .....	200 ml
✓ Oral liq trimethoprim 40 mg and sulphamethoxazole 200 mg per 5 ml .....	200 ml
<b>COMPOUND ELECTROLYTES</b>	
✓ Powder for soln for oral use 5 g .....	10
<b>CONDOMS</b>	
✓ 49 mm .....	144
✓ 52 mm .....	144
✓ 52 mm extra strength .....	144
✓ 53 mm .....	144
✓ 53 mm (chocolate) .....	144
✓ 53 mm (strawberry) .....	144
✓ 53 mm extra strength .....	144
✓ 54 mm, shaped .....	144
✓ 55 mm .....	144
✓ 56 mm .....	144
✓ 56 mm extra strength .....	144
✓ 56 mm, shaped .....	144
✓ 60 mm .....	144
<b>DEXAMETHASONE</b>	
✓ Tab 1 mg – Retail pharmacy-Specialist .....	30
✓ Tab 4 mg – Retail pharmacy-Specialist .....	30
<b>DEXAMETHASONE SODIUM PHOSPHATE</b>	
✓ Inj 4 mg per ml, 1 ml .....	5
✓ Inj 4 mg per ml, 2 ml .....	5
<b>DEXTROSE</b>	
✓ Inj 50%, 10 ml .....	5
✓ Inj 50%, 90 ml .....	5

continued...

✓ fully subsidised brand available

(continued)

DIAPHRAGM

- ✓ Diaphragm – See note on page 69..... 1

DIAZEPAM

- ✓ Inj 5 mg per ml, 2 ml – Subsidy by  
endorsement – See note on page 111 ..... 5
- ✓ Rectal tubes 5 mg..... 5
- ✓ Rectal tubes 10 mg..... 5

DICLOFENAC SODIUM

- ✓ Inj 25 mg per ml, 3 ml ..... 5
- ✓ Suppos 50 mg..... 10

DIGOXIN

- ✓ Tab 62.5 µg..... 30
- ✓ Tab 250 µg..... 30

DOXYCYCLINE HYDROCHLORIDE

- Tab 50 mg..... 30
- ✓ Tab 100 mg..... 30

ERGOMETRINE MALEATE

- ✓ Inj 500 µg per ml, 1 ml ..... 5

ERYTHROMYCIN ETHYL SUCCINATE

- ✓ Tab 400 mg..... 30
- ✓ Grans for oral liq 200 mg per 5 ml ..... 200 ml
- ✓ Grans for oral liq 400 mg per 5 ml ..... 200 ml

ERYTHROMYCIN STEARATE

- Tab 250 mg..... 30

ETHINYLLOESTRADIOL WITH DESOGESTREL

- Tab 20 µg with desogestrel 150 µg..... 63
- Tab 20 µg with desogestrel 150 µg and 7  
inert tab ..... 84
- Tab 30 µg with desogestrel 150 µg..... 63
- Tab 30 µg with desogestrel 150 µg and 7  
inert tab ..... 84

ETHINYLLOESTRADIOL WITH GESTODENE

- Tab 30 µg with gestodene 75 µg and 7 inert  
tab ..... 84

ETHINYLLOESTRADIOL WITH LEVONORGESTREL

- ✓ Tab ethinylloestradiol 30 µg with  
levonorgestrel 50 µg (6) and tab  
ethinylloestradiol 40 µg with levonorgestrel  
75 µg (5), and tab ethinylloestradiol 30 µg  
with levonorgestrel 125 µg (10) and 7  
inert tab ..... 84
- ✓ Tab 50 µg with levonorgestrel 125 µg and 7  
inert tab ..... 84
- Tab 30 µg with levonorgestrel 150 µg..... 63
- ✓ Tab 30 µg with levonorgestrel 150 µg and 7  
inert tab ..... 84

- Tab 20 µg with levonorgestrel 100 µg and 7  
inert tab ..... 84

ETHINYLLOESTRADIOL WITH NORETHISTERONE

- ✓ Tab 35 µg with norethisterone 1 mg..... 63
- ✓ Tab 35 µg with norethisterone 1 mg and 7  
inert tab ..... 84
- ✓ Tab 35 µg with norethisterone 500 µg..... 63
- ✓ Tab 35 µg with norethisterone 500 µg and 7  
inert tab ..... 84

FLUCLOXACILLIN SODIUM

- ✓ Cap 250 mg ..... 30
- ✓ Grans for oral liq 125 mg per 5 ml ..... 200 ml
- ✓ Grans for oral liq 250 mg per 5 ml ..... 200 ml
- ✓ Inj 1 g..... 5

FLUPENTHIXOL DECANOATE

- ✓ Inj 20 mg per ml, 1 ml ..... 5
- ✓ Inj 20 mg per ml, 2 ml ..... 5
- ✓ Inj 100 mg per ml, 1 ml ..... 5

FLUPHENAZINE DECANOATE

- ✓ Inj 12.5 mg per 0.5 ml, 0.5 ml ..... 5
- ✓ Inj 25 mg per ml, 1 ml ..... 5
- ✓ Inj 100 mg per ml, 1 ml ..... 5

FUROSEMIDE

- ✓ Tab 40 mg..... 30
- ✓ Inj 10 mg per ml, 2 ml ..... 5

GLUCAGON HYDROCHLORIDE

- ✓ Inj 1 mg syringe kit..... 5

GLYCERYL TRINITRATE

- ✓ Tab 600 µg..... 100
- ✓ Oral pump spray 400 µg per dose ..... 250 dose

HALOPERIDOL

- ✓ Tab 500 µg..... 30
- ✓ Tab 1.5 mg..... 30
- ✓ Tab 5 mg..... 30
- ✓ Oral liq 2 mg per ml ..... 200 ml
- ✓ Inj 5 mg per ml, 1 ml ..... 5

HALOPERIDOL DECANOATE

- ✓ Inj 50 mg per ml, 1 ml ..... 5
- ✓ Inj 100 mg per ml, 1 ml ..... 5

HYDROCORTISONE

- ✓ Inj 50 mg per ml, 2 ml ..... 5

HYDROXOCOBALAMIN

- ✓ Inj 1 mg per ml, 1 ml ..... 6

HYOSCINE N-BUTYLBROMIDE

- ✓ Inj 20 mg, 1 ml ..... 5

continued...

✓ fully subsidised brand available

Please refer to Section A for a definition, and conditions of supply, of Practitioner's Supply Orders.

(continued)

<b>IPRATROPIUM BROMIDE</b>	
✓ Nebuliser soln, 250 µg per ml, 1 ml .....	40
✓ Nebuliser soln, 250 µg per ml, 2 ml .....	40

<b>LEVONORGESTREL</b>	
Tab 30 µg .....	84
✓ Tab 1.5 mg .....	5

<b>LIGNOCAINE HYDROCHLORIDE</b>	
✓ Inj 0.5%, 5 ml – See note on page 106 .....	5
✓ Inj 1%, 5 ml – See note on page 106 .....	5
✓ Inj 1%, 20 ml – See note on page 106 .....	5

<b>LOPERAMIDE HYDROCHLORIDE</b>	
✓ Tab 2 mg .....	30

<b>MEDROXYPROGESTERONE ACETATE</b>	
✓ Inj 150 mg per ml, 1 ml .....	5
✓ Inj 150 mg per ml, 1 ml syringe .....	5

<b>METHYLERGOMETRINE</b>	
✓ Inj 200 µg per ml, 1 ml .....	10

<b>METOCLOPRAMIDE HYDROCHLORIDE</b>	
✓ Inj 5 mg per ml, 2 ml .....	5

<b>METRONIDAZOLE</b>	
✓ Tab 200 mg .....	30

<b>MORPHINE SULPHATE</b>	
✓ Inj 5 mg per ml, 1 ml – Only on a controlled drug form .....	5
✓ Inj 10 mg per ml, 1 ml – Only on a controlled drug form .....	5
✓ Inj 15 mg per ml, 1 ml – Only on a controlled drug form .....	5
✓ Inj 30 mg per ml, 1 ml – Only on a controlled drug form .....	5

<b>NALOXONE HYDROCHLORIDE</b>	
✓ Inj 400 µg per ml, 1 ml .....	5

<b>NONOXYNOL-9</b>	
✓ Jelly 2% .....	108 g

<b>NORETHISTERONE</b>	
✓ Tab 350 µg .....	84
✓ Tab 5 mg .....	30

<b>NORETHISTERONE WITH MESTRANOL</b>	
Tab 1 mg with mestranol 50 µg and 7 inert tab .....	84

<b>OXYTOCIN</b>	
✓ Inj 5 iu per ml, 1 ml .....	5
✓ Inj 10 iu per ml, 1 ml .....	5
✓ Inj 5 iu with ergometrine maleate 500 µg per ml, 1 ml .....	5

<b>PARACETAMOL</b>	
✓ Tab 500 mg .....	30
✓ Oral liq 120 mg per 5 ml .....	200 ml
✓ Oral liq 250 mg per 5 ml .....	100 ml

<b>PETHIDINE HYDROCHLORIDE</b>	
✓ Inj 50 mg per ml, 1 ml – Only on a controlled drug form .....	5
✓ Inj 50 mg per ml, 1.5 ml – Only on a controlled drug form .....	5
✓ Inj 50 mg per ml, 2 ml – Only on a controlled drug form .....	5

<b>PHENOXYMETHYLPENICILLIN (PENICILLIN V)</b>	
✓ Cap potassium salt 250 mg .....	30
✓ Grans for oral liq 125 mg per 5 ml .....	200 ml
✓ Grans for oral liq 250 mg per 5 ml .....	200 ml

<b>PHENYTOIN SODIUM</b>	
✓ Inj 50 mg per ml, 2 ml .....	5
✓ Inj 50 mg per ml, 5 ml .....	5

<b>PHYTOMENADIONE</b>	
✓ Inj 2 mg per 0.2 ml .....	5
✓ Inj 10 mg per ml, 1 ml .....	5

<b>PIPOTHIAZINE PALMITATE</b>	
✓ Inj 50 mg per ml, 1 ml .....	5
✓ Inj 50 mg per ml, 2 ml .....	5

<b>PREDNISOLONE SODIUM PHOSPHATE</b>	
✓ Oral liq 5 mg per ml – See note on page 75 .....	30 ml

<b>PREDNISONONE</b>	
✓ Tab 5 mg .....	30

<b>PROCAINE PENICILLIN</b>	
✓ Inj 1.5 mega u .....	5

<b>PROCHLORPERAZINE</b>	
✓ Tab 5 mg .....	30
✓ Inj 12.5 mg per ml, 1 ml .....	5

<b>PROMETHAZINE HYDROCHLORIDE</b>	
✓ Inj 25 mg per ml, 2 ml .....	5

<b>SALBUTAMOL</b>	
✓ Inj 500 µg per ml, 1 ml .....	5
✓ Aerosol inhaler, 100 µg per dose CFC free .....	1000 dose
✓ Nebuliser soln, 1 mg per ml, 2.5 ml .....	30
✓ Nebuliser soln, 2 mg per ml, 2.5 ml .....	30

<b>SALBUTAMOL WITH IPRATROPIUM BROMIDE</b>	
✓ Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml .....	20

continued...

✓ fully subsidised brand available

(continued)

SILVER SULPHADIAZINE

- ✓ Crm 1% with chlorhexidine digluconate  
0.2% ..... 500 g

SODIUM BICARBONATE

- ✓ Inj 8.4%, 50ml ..... 5
- ✓ Inj 8.4%, 100 ml ..... 5

SODIUM CHLORIDE

- ✓ Inf 0.9% – See note on page 44 ..... 2000 ml
- ✓ Inj 0.9%, 5 ml ..... 5
- ✓ Inj 0.9%, 10 ml ..... 5

TRIMETHOPRIM

- ✓ Tab 300 mg ..... 30

VERAPAMIL HYDROCHLORIDE

- ✓ Inj 2.5 mg per ml, 2 ml ..... 5

WATER

- ✓ Purified for inj 2 ml – See note on page 44 ..... 5
- ✓ Purified for inj 5 ml – See note on page 44 ..... 5
- ✓ Purified for inj 10 ml – See note on page 44 ..... 5
- ✓ Purified for inj 20 ml – See note on page 44 ..... 5

ZUCLOPENTHIXOL DECANOATE

- ✓ Inj 200 mg per ml, 1 ml ..... 5

Pharmaceuticals that may be obtained on a Wholesale Supply Order

INTRA-UTERINE DEVICE

- ✓ IUD

MASK FOR SPACER DEVICE

- ✓ Size 2

PEAK FLOW METER

- ✓ Low range
- ✓ Normal range

PREGNANCY TESTS - HCG URINE

- ✓ Cassette

SPACER DEVICE

- ✓ 230 ml (autoclavable)
- ✓ 230 ml (single patient)

## Rural Areas for Practitioner's Supply Orders

### NORTH ISLAND

#### Northland DHB

Dargaville  
Hikurangi  
Kaeo  
Kaikohe  
Kaitaia  
Kawakawa  
Kerikeri  
Mangonui  
Maungaturoto  
Moerewa  
Ngunguru  
Paihia  
Rawene  
Ruakaka  
Russell  
Tutukaka  
Waipu  
Whangaroa

#### Waitemata DHB

Helensville  
Huapai  
Kumeu  
Snells Beach  
Waimauku  
Warkworth  
Wellsford

#### Auckland DHB

Great Barrier Island  
Oneroa  
Ostend

#### Counties Manukau DHB

Tuakau  
Waiuku

#### Waikato DHB

Coromandel  
Huntly  
Kawhia  
Matamata  
Morrinsville  
Ngatea  
Otorohanga  
Paeroa  
Pauanui Beach  
Putaruru  
Raglan

Tairua  
Taumarunui  
Te Aroha  
Te Kauwhata  
Te Kuiti  
Tokoroa  
Waihi  
Whangamata  
Whitianga

#### Bay of Plenty DHB

Edgecumbe  
Katikati  
Kawerau  
Murupara  
Opotiki  
Taneatua  
Te Kaha  
Waihi Beach  
Whakatane

#### Lakes DHB

Mangakino  
Turangi

#### Tairāwhiti DHB

Ruatoria  
Te Araroa  
Te Karaka  
Te Puia Springs  
Tikitiki  
Tokomaru Bay  
Tolaga Bay

#### Taranaki DHB

Eltham  
Inglewood  
Manaia  
Oakura  
Okato  
Opunake  
Patea  
Stratford  
Waverley

#### Hawkes Bay DHB

Chatham Islands  
Waipawa  
Waipukurau  
Wairoa

#### Whanganui DHB

Bulls

Marton  
Ohakune  
Raetihi  
Taihape  
Waiouru

#### MidCentral DHB

Dannevirke  
Foxton  
Levin  
Otaki  
Pahiatua  
Shannon  
Woodville

#### Wairarapa DHB

Carteron  
Featherston  
Greytown  
Martinborough

### SOUTH ISLAND

#### Nelson/Marlborough DHB

Havelock  
Mapua  
Motueka  
Murchison  
Picton  
Takaka  
Wakefield

#### West Coast DHB

Dobson  
Greymouth  
Hokitika  
Karamea  
Reefton  
South Westland  
Westport  
Whataroa

#### Canterbury DHB

Akaroa  
Amberley  
Amuri  
Cheviot  
Darfield  
Diamond Harbour  
Hanmer Springs  
Kaikoura

Leeston  
Lincoln  
Methven  
Oxford  
Rakaia  
Rolleston  
Rotherham  
Templeton  
Waikari

#### South Canterbury DHB

Fairlie  
Geraldine  
Pleasant Point  
Temuka  
Twizel  
Waimate

#### Otago DHB

Alexandra  
Balclutha  
Cromwell  
Kurow  
Lawrence  
Milton  
Oamaru  
Outram  
Owaka  
Palmerston  
Ranfurly  
Roxburgh  
Tapanui  
Wanaka

#### Southland DHB

Gore  
Lumsden  
Mataura  
Oban  
Otautau  
Queenstown  
Riverton  
Te Anau  
Tokonui  
Tuatapere  
Winton

**SECTION F: PART I**

A Community Pharmaceutical identified with a \* within the other sections of the Pharmaceutical Schedule:

- a) is exempt from any requirement to dispense in Monthly Lots;
- b) will only be subsidised if it is dispensed in a 90 Day Lot unless it is Close Control.

A Community Pharmaceutical that is an oral contraceptive and that is identified with a \* within the other sections of the Pharmaceutical Schedule:

- a) is exempt from any requirement to dispense in Monthly Lots;
- b) will only be subsidised if it is dispensed in a 180 Day Lot unless it is Close Control.

**SECTION F: PART II:**

**CERTIFIED EXEMPTIONS AND ACCESS EXEMPTIONS TO MONTHLY DISPENSING**

A Community Pharmaceutical, other than a Community Pharmaceutical identified with a \* within the other sections of the Pharmaceutical Schedule, may be dispensed in a 90 Day Lot if:

- a) the Community Pharmaceutical is identified with a ▲ within the other sections of the Pharmaceutical Schedule and the prescriber has endorsed the Prescription item(s) on the Prescription to which the exemption applies "certified exemption".

In endorsing the Prescription items for a certified exemption, the prescriber is certifying that:

- i) the patient wished to have the medicine dispensed in a quantity greater than a Monthly Lot; and
- ii) the patient has been stabilised on the same medicine for a reasonable period of time; and
- iii) the prescriber has reason to believe the patient will continue on the medicine and is compliant.

- b) a patient, who has difficulty getting to and from a pharmacy, signs the back of the Prescription to qualify for an Access Exemption. In signing the Prescription, the patient or his or her nominated representative must also certify which of the following criteria they meet:

- i) have limited physical mobility;
- ii) live and work more than 30 minutes from the nearest pharmacy by their normal form of transport;
- iii) are relocating to another area;
- iv) are travelling extensively and will be out of town when the repeat prescriptions are due.

The following Community Pharmaceuticals are identified with a ▲ within the other sections of the Pharmaceutical Schedule and may be dispensed in a 90 Day Lot if endorsed as a certified exemption in accordance with paragraph (a) in Section F Part II above.

**ALIMENTARY TRACT AND METABOLISM**

INSULIN ASPART  
INSULIN GLARGINE  
INSULIN ISOPHANE  
INSULIN ISOPHANE WITH INSULIN NEUTRAL  
INSULIN LISPRO  
INSULIN LISPRO WITH INSULIN LISPRO PROTAMINE  
INSULIN NEUTRAL

**CARDIOVASCULAR SYSTEM**

AMIODARONE HYDROCHLORIDE  
Tab 100 mg                      Cordarone-X  
Tab 200 mg                      Cordarone-X

DISOPYRAMIDE PHOSPHATE

FLECAINIDE ACETATE  
Tab 50 mg                      Tambocor  
Tab 100 mg                      Tambocor  
Cap long-acting 100 mg      Tambocor CR  
Cap long-acting 200 mg      Tambocor CR

MEXILETINE HYDROCHLORIDE

PROPAFENONE HYDROCHLORIDE

**HORMONE PREPARATIONS - SYSTEMIC EXCLUDING CONTRACEPTIVE HORMONES**

DESMOPRESSIN  
Nasal drops 100 µg per      Minirin  
ml  
Nasal spray 10 µg per      Desmopressin-PH&T  
dose

**MUSCULOSKELETAL SYSTEM**

PYRIDOSTIGMINE BROMIDE

**NERVOUS SYSTEM**

AMANTADINE HYDROCHLORIDE  
APOMORPHINE HYDROCHLORIDE  
ENTACAPONE  
GABAPENTIN  
LAMOTRIGINE  
LISURIDE HYDROGEN MALEATE  
PERGOLIDE  
ROPINIROLE HYDROCHLORIDE  
TOLCAPONE  
TOPIRAMATE  
VIGABATRIN

**SENSORY ORGANS**

BIMATOPROST  
BRIMONIDINE TARTRATE WITH TIMOLOL MALEATE  
BRINZOLAMIDE  
LATANOPROST  
TRAVOPROST



Pharmacists are required, under the Code of Ethics of the Pharmacy Council of New Zealand, to endeavour to use safety caps when dispensing any of the medicines listed in Section G in an oral liquid formulation pursuant to a prescription or Practitioner's Supply Order. This includes all proprietary and extemporaneously compounded oral liquid preparations of those pharmaceuticals listed in Section G of the Pharmaceutical Schedule. These medicines will be identified throughout Section B of the Pharmaceutical Schedule with the symbol '‡'.

### Exemptions

Oral liquid preparations of the pharmaceuticals listed in Section G of the Pharmaceutical Schedule will be dispensed in a container with a safety cap unless:

- the practitioner has endorsed the Prescription or Practitioner's Supply Order, stating that, the Pharmaceutical is not to be dispensed in a container with a safety cap; or
- the Contractor has annotated the Prescription or Practitioner's Supply Order stating that, because of infirmity of the particular person, the Pharmaceutical to be used by that person should not be dispensed in a container with a safety cap; or
- the Pharmaceutical is packaged in an Original Pack so designed that on the professional judgement of the Contractor, transfer to a container with a safety cap would be inadvisable or a retrograde procedure.

### Reimbursement

Pharmacists will be reimbursed according to their agreement. Where an additional fee is paid on safety caps it will be paid on all dispensings of oral liquid preparations for those pharmaceuticals listed in Section G of the Pharmaceutical Schedule unless the practitioner has endorsed or the contractor has annotated the Prescription or Practitioner's Supply Order that a safety cap has not been supplied.

### Safety Caps (NZS 5825:1991)

20 mm.....	<i>Clic-Loc</i> , United Closures & Plastics PLC, England <i>Kerr</i> , Cormack Packaging, Sydney, under licence to Kerr USA
24 mm.....	<i>Clic-Loc</i> , United Closures & Plastics PLC, England <i>Clic-Loc</i> , ACI Closures under license to Owens-Illinois <i>Kerr</i> , Cormack Packaging, Sydney, under licence to Kerr USA
28 mm.....	<i>Clic-Loc</i> , United Closures & Plastics PLC, England <i>Clic-Loc</i> , ACI Closures under license to Owens-Illinois <i>Kerr</i> , Cormack Packaging, Sydney, under licence to Kerr USA <i>PDL Squeezlok</i> <i>PDL FG</i>

**ALIMENTARY TRACT AND METABOLISM****FERROUS SULPHATE**

Oral liq 150 mg per 5 ml Ferodan

**CARDIOVASCULAR SYSTEM****AMILORIDE**

Oral liq 1 mg per ml Biomed

**CAPTOPRIL**

Oral liq 5 mg per ml Capoten

**CHLOROTHIAZIDE**

Oral liq 50 mg per ml Biomed

**DIGOXIN**

Oral liq 50 µg per ml Lanoxin

**FUROSEMIDE**

Oral liq 10 mg per ml Lasix

**SPIRONOLACTONE**

Oral liq 5 mg per ml Biomed

**HORMONE PREPARATIONS - SYSTEMIC EXCLUDING CONTRACEPTIVE HORMONES****LEVOTHYROXINE**

Tab 50 µg Eltroxin  
Goldshield  
Tab 100 µg Eltroxin  
Goldshield

*(Extemporaneously compounded oral liquid preparations)*

**MUSCULOSKELETAL SYSTEM****IBUPROFEN**

Oral liq 100 mg per 5 ml Fenpaed

**QUININE SULPHATE**

Tab 200 mg Q 200  
Tab 300 mg Q 300

*(Extemporaneously compounded oral liquid preparations)*

**NERVOUS SYSTEM****ALPRAZOLAM**

Tab 250 µg Arrow-Alprazolam  
Tab 500 µg Arrow-Alprazolam  
Tab 1 mg Arrow-Alprazolam

*(Extemporaneously compounded oral liquid preparations)*

**CARBAMAZEPINE**

Oral liq 100 mg per 5 ml Tegretol

**CLOBAZAM**

Tab 10 mg Frisium

*(Extemporaneously compounded oral liquid preparations)*

**CLONAZEPAM**

Oral drops 2.5 mg per ml Rivotril

**DIAZEPAM**

Tab 2 mg Pro-Pam  
Tab 5 mg Pro-Pam  
Tab 10 mg Pro-Pam

*(Extemporaneously compounded oral liquid preparations)*

**ETHOSUXIMIDE**

Oral liq 250 mg per 5 ml Zarontin

**LORAZEPAM**

Tab 1 mg Ativan  
Tab 2.5 mg Ativan

*(Extemporaneously compounded oral liquid preparations)*

**LORMETAZEPAM**

Tab 1 mg Noctamid

*(Extemporaneously compounded oral liquid preparations)*

**METHADONE HYDROCHLORIDE**

Oral liq 2 mg per ml Biodone  
Oral liq 5 mg per ml Biodone Forte  
Oral liq 10 mg per ml Biodone Extra Forte

**MIDAZOLAM**

Tab 7.5 mg Hypnovel

*(Extemporaneously compounded oral liquid preparations)*

**MORPHINE HYDROCHLORIDE**

Oral liq 1 mg per ml RA-Morph  
Oral liq 2 mg per ml RA-Morph  
Oral liq 5 mg per ml RA-Morph  
Oral liq 10 mg per ml RA-Morph

**NITRAZEPAM**

Tab 5 mg Nitrados

*(Extemporaneously compounded oral liquid preparations)*

**OXAZEPAM**

Tab 10 mg Ox-Pam  
Tab 15 mg Ox-Pam

*(Extemporaneously compounded oral liquid preparations)*

**OXYCODONE HYDROCHLORIDE**

Oral liq 5 mg per 5 ml OxyNorm

**PARACETAMOL**

Oral liq 120 mg per 5 ml Paracare Junior  
Oral liq 250 mg per 5 ml Paracare Double Strength

**PHENYTOIN SODIUM**

Oral liq 30 mg per 5 ml      Dilantin

**SODIUM VALPROATE**Oral liq 200 mg per 5 ml      Epilim S/F Liquid  
Epilim Syrup**TEMAZEPAM**

Tab 10 mg      Normison

*(Extemporaneously compounded oral liquid preparations)***TRIAZOLAM**Tab 125 µg      Hypam  
Tab 250 µg      Hypam*(Extemporaneously compounded oral liquid preparations)***RESPIRATORY SYSTEM AND ALLERGIES****CETIRIZINE HYDROCHLORIDE**

Oral liq 1 mg per ml      Cetirizine - AFT

**CHLORPHENIRAMINE MALEATE**

Oral liq 2 mg per 5 ml      Histafen

**DEXTROCHLORPHENIRAMINE MALEATE**

Oral liq 2 mg per 5 ml      Polaramine

**PROMETHAZINE HYDROCHLORIDE**

Oral liq 5 mg per 5 ml      Phenergan

**SALBUTAMOL**

Oral liq 2 mg per 5 ml      Salapin

**THEOPHYLLINE**

Oral liq 80 mg per 15 ml      Nuelin

**TRIMEPRAZINE TARTRATE**

Oral liq 30 mg per 5 ml      Vallergran Forte

**EXTEMPORANEOUSLY COMPOUNDED  
PREPARATIONS AND GALENICALS****CODEINE PHOSPHATE**

Powder      Douglas

*(Extemporaneously compounded oral liquid preparations)***METHADONE HYDROCHLORIDE**

Powder      AFT

*(Extemporaneously compounded oral liquid preparations)***PHENOBARBITONE SODIUM**

Powder      MidWest

*(Extemporaneously compounded oral liquid preparations)*

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Dear Pharmacist

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Where PHARMAC has entered into sole supply arrangement for the medicine you may substitute the sole supply brand, except if the patient chooses to pay for the non-sole supply brand.

This includes repeat dispensings where the brand I have prescribed is no longer subsidised or is partly subsidised.

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