Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 August 2009

Cumulative for May, June, July and August 2009

Section H for August 2009

PHARMAC
Pharmaceutical Management Agency

New Zealand Government

Contents

Summary of PHARMAC decisions
EFFECTIVE 1 AUGUST 2009

New listings (pages 16 to 18)

- Sodium nitroprusside (Ketostix) test strip – not on a BSO
- Enoxaparin sodium (Clexane) inj 20 mg, 40 mg, 60 mg, 80 mg, 100 mg, 120 mg and 150 mg – Special Authority – Retail pharmacy
- Calamine (healthE) crm, aqueous, BP – only on a prescription and not in combination
- Calamine (API) lotn, BP – only on a prescription and not in combination
- Oil in water emulsion (healthE Fatty Cream) crm
- Levothyroxine (Synthroid) tab 25 μg, 50 μg and 100 μg
- Leuprorelin (Lucrin Depot PDS) inj prefilled syringe 3.75 mg, 11.25 mg and 30 mg – Hospital pharmacy [HP3]
- Entecavir (Baraclude) tab 0.5 mg – Special Authority – Retail pharmacy
- Fentanyl citrate (Hospira) inj 50 μg per ml, 2 ml and 10 ml – only on a controlled drug form and no patient co-payment payable
- Thiotepa (Bedford) inj 15 mg – PCT only –Specialist – Section 29
- Amsacrine (Amsidyl) inj 75 mg – PCT only – Specialist – Section 29
- Dasatinib (Sprycel) tab 20 mg, 50 mg and 70 mg – Special Authority
- Tamoxifen citrate (Tamoxifen Sandoz) tab 20 mg
- Pilocarpine (Isopto Carpine) eye drops 1%, 2% and 4% - Section 29

Changes to restrictions (pages 26 to 33)

- Ketone blood beta-ketone electrodes test strip – addition of not on a BSO
- Leuprorelin inj 3.75 mg, 7.5 mg, 11.25 mg, 22.5 mg, 30 mg and 45 mg, and inj prefilled syringe 3.75mg, 11.25 mg and 30 mg – removal of Special Authority
- Influenza vaccine – eligibility criteria amended
- Adalimumab inj 40 mg per 0.8 ml prefilled pen and syringe – Special Authority amendment
- Gabapentin (Neurontin) tab 600 mg, cap 100 mg, 300 mg and 400 mg – amended chemical name and new Special Authority criteria specific to the Neurontin brand of gabapentin

Decreased subsidy (pages 43 to 44)

- Atenolol (Pacific Atenolol) tab 50 mg and 100 mg
- Hydrocortisone (m-Hydrocortisone) powder
- Gabapentin (Nupentin) cap 100 mg, 300 mg and 400 mg
- Clozapine (Clopine) tab 25 mg, 50 mg, 100 mg and 200 mg, and suspension 50 mg per ml

- Epirubicin inj 2 mg per ml, 25 ml, 50 ml and 100 ml (Epirubicin Ebewe), and inj 1 mg for ECP (Baxter)

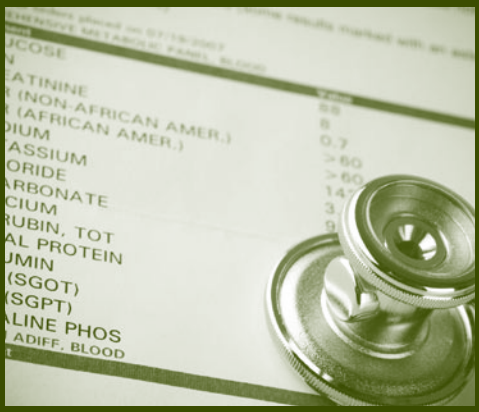
Increased subsidy (pages 43 to 44)

- Lithium carbonate (Lithicarb) tab 250 mg and 400 mg
- Interferon beta-1-alpha (Avonex) inj 6 million iu prefilled syringe and inj 6 million iu per vial
- Interferon beta-1-beta (Betaferon) inj 8 million iu per 1 ml
- Epirubicin (Epirubicin Ebewe) inj 2 mg per ml, 5 ml
- Chlorpheniramine maleate (Histafen) oral liq 2 mg per 5 ml

Leuprorelin – new listings and access widening

From 1 August 2009 three strengths of Lucrin Depot PDS prefilled syringes will be listed fully subsidised without restriction. One of the strengths, the 30 mg prefilled syringe, is a 6 month preparation.

Also from 1 August 2009 the Special Authority that applies to all listings of leuprorelin will be removed, resulting in a widening of access. Widening access to leuprorelin would allow co-therapy with anti-androgens in prostate cancer and allow uterine fibroids to be treated pre surgery. See pages 17 and 26 for further details.



Adalimumab – access widening

Access for adalimumab (Humira and HumiraPen) will be widened from 1 August 2009. This will provide fully funded access to adalimumab for the "last-line" treatment of ankylosing spondylitis, psoriatic arthritis, chronic plaque psoriasis and Crohn's disease, subject to Special Authority criteria being met. Previously adalimumab has only been subsidised for the last-line treatment of rheumatoid arthritis.

Gabapentin – changes to subsidy

From 1 August 2009 until 31 July 2012, Nupentin will be the only subsidised brand of gabapentin for all patients with neuropathic pain, and will be the only subsidised brand of gabapentin for newly initiated patients with epilepsy.

All patients with an existing approval for gabapentin for epilepsy at 31 July 2009 who are taking the Neurontin brand of gabapentin will be issued a new approval for Neurontin, and Neurontin will continue to be subsidised for those patients only.

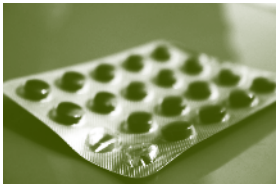
No new patients will be granted Special Authority approvals for Neurontin for any indication from 1 August 2009.

Nupentin will continue to be subject to the same Special Authority criteria that currently apply to it.

PHARMAC will issue pharmacies with a list of NHI numbers of patients with approvals for Neurontin.

The price and subsidy for Nupentin also reduces from 1 August 2009. See pages 33 and 44 for further details.

Levothyroxine – new listing



The Synthroid brand of levothyroxine tablets will be subsidised from 1 August 2009. Three strengths of Synthroid will be listed, including a lower-strength 25 µg tablet.

New treatment for Hepatitis B

From 1 August 2009, the antiviral drug entecavir (Baraclude) will be subsidised under Special Authority as a first line treatment option for patients with hepatitis B. The funding of entecavir adds to other treatment options PHARMAC has recently funded for hepatitis B. In April this year PHARMAC widened access to the antiviral treatment pegylated interferon alpha, adding to the existing funded treatments of interferon, lamivudine and adefovir.

Dasatinib – new cancer treatment subsidised

PHARMAC is subsidising a new drug for patients with chronic myeloid leukaemia from 1 August 2009. Dasatinib (Sprycel) tablets will be subsidised under Special Authority criteria. While dasatinib is indicated for second line treatment of CML, the Special Authority allows funding of dasatinib when used as first line treatment. Prescribers must comply with Section 25 of the Medicines Act 1981 when prescribing dasatinib in the first line settng.

Enoxaparin sodium - new listings

The low molecular weight heparin Clexane injection (enoxaparin sodium) will be listed on the Pharmaceutical Schedule under Special Authority criteria from 1 August 2009. Enoxaparin sodium will be subsidised for patients requiring treatment with low molecular weight heparin during pregnancy, and the prevention and treatment of venous thromboembolism. See page 16 for further details.

There will be no change to the current provisions for the use of low molecular weight heparin by hospitals, including the use of dalteparin and tinzaparin, and the use of the Discretionary Community Supply (DCS) mechanism.

Extending eligibility for seasonal influenza vaccine

The Ministry of Health has extended the seasonal influenza immunisation programme to the end of September 2009. The Ministry has purchased an extra 125,000 doses of the seasonal influenza vaccine to manage the increased demand.

To further protect individuals and to ease pressure on the health system, the Ministry has decided to extend the eligibility for free immunisation to all New Zealanders. All New Zealanders are now eligible for free vaccine until the end of September or until it runs out.

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Fentanyl citrate injections – new listing

From 1 August 2009 the Hospira brand of fentanyl citrate injection 50 µg per ml, 2 ml and 10 ml will be listed fully subsidised. Fentanyl citrate injections will not require a Special Authority for subsidy. These injections must be prescribed on a controlled drug form and do not attract a patient co-payment.

Oil in water emulsion

The healthE Fatty Cream brand of oil in water emulsion cream will be subsidised from 1 August 2009; however, **supplies of healthE Fatty Cream are not expected to be available until the second week of August.** PHARMAC has listed this product without stock being in the market so that as soon as product becomes available pharmacies can immediately dispense, and claim, for healthE Fatty Cream.

Pilocarpine eye drops

The Isopto Carpine brand of pilocarpine eye drops 1%, 2% and 4% will be subsidised from 1 August 2009. These will be listed under Section 29 of the Medicines Act as they are not registered. These listings follow the discontinuation of Pilopt eye drops by Sigma Pharmaceuticals.

Chlorpheniramine maleate oral liquid – fully subsidised

The Histafen brand of chlorpheniramine maleate oral liquid will be fully subsidised from 1 August 2009, following a price and subsidy increase. This decision makes chlorpheniramine maleate the third fully subsidised oral liquid antihistamine, along with cetirizine hydrochloride and loratadine.

Tender News

Sole Subsidised Supply changes – effective 1 September 2009

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Ropinirole hydrochloride	Tab 0.25 mg; 84 tab	Ropin (Mylan)
Ropinirole hydrochloride	Tab 1 mg; 84 tab	Ropin (Mylan)
Ropinirole hydrochloride	Tab 2 mg; 84 tab	Ropin (Mylan)
Ropinirole hydrochloride	Tab 3 mg; 84 tab	Ropin (Mylan)

Looking Forward

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

Possible decisions for implementation 1 September 2009

- Blood glucose diagnostic test strip (CareSens II) blood glucose test strip – new listing
- Blood glucose diagnostic test meter (CareSens II and CareSens POP) meter – new listing
- Clopidogrel (Apo-Clopidogrel) tab 75 mg – subsidy and price decrease
- Clopidogrel (Plavix) tab 75 mg – subsidy decrease
- Cyclosporin A cap 25 mg, 50 mg and 100 mg, and oral liq 100 mg per ml – removal of Special Authority criteria
- Insulin pen needles (SC Profi-Fine) 29 g x 12.7 mm, 31 g x 5 mm, 31 g x 6 mm and 31 g x 8 mm – new listing
- Insulin pen needles (B-D Micro-Fine) 31 g x 5 mm – subsidy decrease
- Insulin syringes, disposable with attached needle (DM Ject) syringe 0.3 ml with 29 g x 12.7 mm needle, syringe 0.3 ml with 31 g x 8 mm needle, syringe 0.5 ml with 29 g x 12.7 mm needle, syringe 0.5 ml with 31 g x 8 mm needle, syringe 1 ml with 29 g x 12.7 mm needle and syringe 1 ml with 31 g x 8 mm needle – new listing
- Metoprolol succinate (Betaloc CR) tab long-acting 23.75 mg, 47.5 mg, 95 mg and 190 mg – subsidy decrease and removal of higher subsidy with endorsement
- Potassium iodate (NeuroKare) tab 150 μg – new listing
- Zuclopenthixol hydrochloride (Clopixol) tab 10 mg – new listing

Sole Subsidised Supply Products – cumulative to August 2009

Generic Name	Presentation	Brand Name	Expiry Date*
Acarbose	**Tab 50 mg & 100 mg**	**Glucobay**	**2012**
Acetazolamide	Tab 250 mg	Diamox	2011
Allopurinol	Tab 100 mg & 300 mg	Apo-Allopurinol	2011
Alprazolam	Tab 250 μg, 500 μg & 1 mg	Arrow-Alprazolam	2010
Amantadine hydrochloride	Cap 100 mg	Symmetrel	2011
Amlodipine	Tab 5 mg & 10 mg	Apo-Amlodipine	2011
Amoxycillin	Drops 100 mg per ml Inj 250 mg, 500 mg & 1 g Cap 250 mg & 500 mg	Ospamox Ibiamox Apo-Amoxi	2011 2010
Amoxycillin clavulanate	**Tab amoxycillin 500 mg with potassium clavulanate 125 mg**	**Synermox**	**2011**
Aqueous cream	Crm 500 g	AFT	2011
Aspirin	Tab dispersible 300 mg Tab 100 mg	Ethics Aspirin Ethics Aspirin EC	2010
Atropine sulphate	Eye drops 1%	Atropt	2011
Benzylpenicillin sodium (Penicillin G)	Inj 1 mega u	Sandoz	2011
Bezafibrate	Tab 200 mg	Fibalip	2011
Bicalutamide	Tab 50 mg	Bicalox	2011
Bisacodyl	Tab 5 mg	Lax-Tab	2010
Brimonidine tartrate	Eye drops 0.2%	AFT	2011
Bupivicaine hydrochloride	Inj 0.5%, 4 ml Inj 0.5%, 8% glucose, 4 ml	Marcain Isobaric Marcain Heavy	2010
Calcitonin	Inj 100 iu per ml, 1 ml	Miacalcic	2011
Calcium	Tab eff 1 g	Calsource	2011
Calcium folinate	Inj 50 mg	Calcium Folinate Ebewe	2011
Captopril	Tab 12.5 mg, 25 mg & 50 mg	Apo-Captopril	2010
Cefaclor monohydrate	Cap 250 mg Grans for oral liq 125 mg per 5 ml	Ranbaxy Cefaclor Ranbaxy Cefaclor	2010
Cefazolin sodium	Inj 500 mg & 1 g	Hospira	2011
Cefuroxime sodium	Inj 750 mg & 1.5 g	Zinacef	2011
Cetomacrogol	Crm BP	PSM	2010
Cetirizine hydrochloride	Tab 10 mg Oral liq 1 mg per ml	Zetop Cetirizine-AFT	2011
Chlorhexidine gluconate	Soln 4%	Orion	2011
Ciclopiroxolamine	**Nail soln 8%**	**Batrafen**	**2012**
Ciprofloxacin	Tab 250 mg, 500 mg & 750 mg	Rex Medical	2011

**Expiry date of the Sole Subsidised Supply period is 30 June of the year indicated unless otherwise stated. Please note that Sole Subsidised Supply may have been awarded for a wider scope than just those presentation(s) listed in the above table.*

Sole Subsidised Supply Products – cumulative to August 2009

Generic Name	Presentation	Brand Name	Expiry Date*
Citalopram	Tab 20 mg	Arrow-Citalopram	2010
Clarithromycin	Tab 250 mg Grans for oral liq 125 mg per 5 ml	Klamycin Klacid	2010
Clonazepam	Tab 500 μg & 2 mg	Paxam	2011
Clotrimazole	Vaginal crm 2% Crm 1% Vaginal crm 1% with applicator(s)	Clomazol Clomazol Clomazol	2010
Codeine phosphate	Tab 15 mg, 30 mg & 60 mg	PSM	2010
Colchicine	Tab 500 μg	Colgout	2010
Colestipol hydrochloride	Sach 5 g	Colestid	2010
Colistin sulphomethate	Inj 150 mg	Colistin-Link	2010
Compound electrolytes	Powder for soln for oral use	Enerlyte	2010
Cyclophosphamide	Tab 50 mg	Cycloblastin	2010
Desferrioxamine mesylate	Inj 500 mg	Mayne	2010
Desmopressin	Nasal spray 10 mcg per dose	Desmopressin-PH&T	2011
Dexamphetamine sulphate	Tab 5 mg	PSM	2010
Dextrose	Inj 50%, 10 ml	Biomed	2011
Dextrose with electrolytes	Oral soln with electrolytes	Pedialyte – Plain Pedialyte – Bubblegum Pedialyte – Fruit	2010
Diclofenac sodium	Eye drops 1 mg per ml Inj 25 mg per ml, 3 ml Suppos 12.5 mg, 25 mg, 50 mg & 100 mg	Voltaren Ophtha Voltaren Voltaren	2011
Diltiazem hydrochloride	Tab 30 mg & 60 mg Cap long-acting 120 mg, 180 mg & 240 mg	Dilzem Cardizem CD	2011
Dipyridamole	Tab long-acting 150 mg	Pytazen SR	2011
Doxazosin mesylate	Tab 2 mg & 4 mg	Apo-Doxazosin	2010
Emulsifying ointment	Oint BP	AFT	2011
Enoxaparin sodium (low molecular weight heparin)	**Inj 20 mg, 40 mg, 60 mg, 80 mg, 100 mg, 120 mg & 150 mg**	**Clexane**	**2012**
Entacapone	**Tab 200 mg**	**Comtan**	**2012**
Erythromycin ethyl succinate	**Tab 400 mg** Grans for oral liq 200 mg per 5 ml Grans for oral liq 400 mg per 5 ml	**E-Mycin** E-Mycin E-Mycin	**2012** 2011
Ethinyloestradiol with norethisterone	Tab 35 μg with norethisterone 500 μg Tab 35 μg with norethisterone 1 mg Tab 35 μg with norethisterone 1 mg and 7 inert tab	Brevinor 21 Brevinor 1/21 Brevinor 1/28	2010

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Sole Subsidised Supply Products – cumulative to August 2009

Generic Name	Presentation	Brand Name	Expiry Date*
Ferrous sulphate	Oral liq 150 mg per 5 ml	Ferodan	2010
Finasteride	Tab 5 mg	Fintral	2011
Flucloxacillin	Inj 250 mg, 500 mg & 1 g	Flucloxin	2011
Fluconazole	Cap 50 mg, 150 mg & 200 mg	Pacific	2011
Fludarabine phosphate	Inj 50 mg Tab 10 mg	Fludara Fludara	2011
Fluocortolone caproate with fluocortolone pivalate and cinchocaine	Oint 950 µg, with fluocortolone pivalate 920 µg, and cinchocaine hydrochloride 5 mg per g Suppos 630 µg, with fluocortolone pivalate 610 µg, and cinchocaine hydrochloride 1 mg	Ultraproct Ultraproct	2010
Fluoxetine hydrochloride	Cap 20 mg Tab disp 20 mg, scored	Fluox Fluox	2010
Furosemide	**Tab 40 mg**	**Diurin 40**	**2012**
Fusidic acid	Crm 2% Oint 2%	Foban Foban	2010
Gabapentin	**Cap 100 mg, 300 mg & 400 mg**	**Nupentin**	**31/7/12**
Gliclazide	Tab 80 mg	Apo-Gliclazide	2011
Glipizide	Tab 5 mg	Minidiab	2011
Glyceryl trinitrate	Tab 600 µg Oral pump spray 400 µg per dose TDDS 5 mg TDDS 10 mg	Lycinate Nitrolingual pumpspray Nitroderm TTS 5 Nitroderm TTS 10	2011
Haloperidol	Oral liq 2 mg per ml Tab 500 µg, 1.5 mg & 5 mg	Serenace Serenace	2010
Hydrocortisone	Crm 1%	PSM	2011
Hydrcortisone butyrate	Scalp lotn 0.1%	Locoid	2010
Hydrocortisone with wool fat and mineral oil	Lotn 1% with wool fat hydrous 3% and mineral oil	DP Lotn HC	2011
Hydroxychloroquine sulphate	**Tab 200 mg**	**Plaquenil**	**2012**
Hypromellose	Eye drops 0.5%	Methopt	2011
Hysocine N-butylbromide	Inj 20 mg, 1 ml Tab 20 mg	Buscopan Gastrosoothe	2011
Ibuprofen	**Tab 200 mg** Oral liq 100 mg per 5 ml	**Ethics Ibuprofen** Fenpaed	**2012** 2010
Ipratropium bromide	Aqueous nasal spray, 0.03% Nebuliser soln, 250 µg per ml, 1 ml Nebuliser soln, 250 µg per ml, 2 ml	Apo-Ipravent Ipratripium Steri-Neb Ipratripium Steri-Neb	2010
Iron polymaltose	Inj 50 mg per ml, 2 ml	Ferrum H	2011

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Sole Subsidised Supply Products – cumulative to August 2009

Generic Name	Presentation	Brand Name	Expiry Date*
Itraconazole	Cap 100 mg	Sporanox	2010
Ketoconazole	Shampoo 2%	Sebizole	2011
Lactulose	Oral liq 10 g per 15 ml	Duphalac	2010
Levobunolol	Eye drops 0.25% & 0.5%	Betagan	2010
Lignocaine hydrochloride	Inj 0.5%, 5 ml Inj 1%, 5 ml Inj 1%, 20 ml	Xylocaine Xylocaine Xylocaine	2010
Lignocaine with prilocaine	Crm 2.5% with prilocaine 2.5%; 30 g OP Crm 2.5% with prilocaine 2.5%; 5 g	EMLA EMLA	2010
Loperamide hydrochloride	Tab 2 mg	Nodia	2010
Loratadine	Tab 10 mg Oral liq 1 mg per ml	Loraclear Hayfever Relief Lorapaed	2010
Malathion	Liq 0.5%	Derbac M	2010
Maldison	Shampoo 1%	A-Lices	2010
Mask for Spacer Device	Device	Foremount Child's Silicone Mask	30/9/11
Mebendazole	**Tab 100 mg**	**De-Worm**	**2011**
Mebeverine hydrochloride	Tab 135 mg	Colofac	2011
Medroxyprogesterone acetate	Tab 2.5 mg, 5 mg, 10 mg, 100 mg & 200 mg	Provera	2010
Methadone hydrochloride	**Oral liq 2 mg per ml** **Oral liq 5 mg per ml** **Oral liq 10 mg per ml** Tab 5 mg	**Biodone** **Biodone Forte** **Biodone Extra Forte** Methatabs	**2012** 2010
Methotrexate	Inj 100 mg per ml, 10 ml Inj 100 mg per ml, 50 ml	Methotrexate Ebewe Methotrexate Ebewe	2011
Methyldopa	Tab 125 mg, 250 mg, 500 mg	Prodopa	2011
Methylprednisolone acetate	Inj 40 mg per ml, 1 ml	Depo-Medrol	2011
Methylprednisolone acetate with lignocaine	Inj 40 mg per ml with lignocaine 1 ml	Depo-Medrol with Lidocaine	2011
Metoclopramide hydrochloride	Inj 5 mg per ml, 2 ml	Pfizer	2011
Miconazole nitrate	Crm 2%	Multichem	2011
Morphine sulphate	Inj 10 mg per ml, 1 ml Inj 30 mg per ml, 1 ml	Mayne Mayne	2011
Nadolol	Tab 40 mg & 80 mg	Apo-Nadolol	2010
Naltrexone hydrochloride	Tab 50 mg	ReVia	2010
Naproxen sodium	Tab 275 mg	Sonaflam	2010
Neostigmine	Inj 2.5 mg per ml, 1 ml	AstraZeneca	2010

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Generic Name	Presentation	Brand Name	Expiry Date*
Nicotine	Patch 7 mg, 14 mg and 21 mg Lozenge 1 mg and 2 mg Gum 2 mg & 4 mg (Fruit) Gum 2 mg & 4 mg (Mint)	Habitrol Habitrol Habitrol Habitrol	2010
Norethisterone	Tab 5 mg	Primolut N	2011
Nortriptyline hydrochloride	Tab 10 mg & 25 mg	Norpress	2011
Nystatin	Oral liq 100,000 u per ml, 24 ml OP Cap 500,000 u Tab 500,000 u	Nilstat Nilstat Nilstat	2011 2010
Omeprazole	Cap 10 mg, 20 mg & 40 mg Inj 40 mg	Dr Reddy's Omeprazole Dr Reddy's Omeprazole	2011
Ondansetron	Tab 4 mg & 8 mg Tab disp 4 mg & 8 mg	Zofran Zofran Zydis	2010
Oxybutynin	Tab 5 mg Oral liq 5 mg per 5 ml	Apo-Oxybutynin Apo-Oxybutynin	2010
Oxycodone hydrochloride	Inj 10 mg per ml, 1 ml & 2 ml Oral liq 5 mg per 5 ml	OxyNorm OxyNorm	2010
Pamidronate disodium	Inj 3 mg per ml, 5 ml Inj 3 mg per ml, 10 ml Inj 6 mg per ml, 10 ml	Pamisol Pamisol Pamisol	2011
Pantoprazole	Inj 40 mg Tab 20 mg & 40 mg	Pantocid IV Dr Reddy's Pantoprazole	2010
Paracetamol	Tab 500 mg Oral liq 120 mg per 5 ml Oral liq 250 mg per 5 ml	Pharmacare Paracetamol Paracare Junior Paracare Double Strength	2011
Paraffin liquid with soft white paraffin	Eye oint with soft white paraffin	Lacri-Lube	2010
Paroxetine hydrochloride	Tab 20 mg	Loxamine	2010
Peak Flow Meter	Low range and Normal range	Breath-Alert	30/9/11
Pergolide	Tab 0.25 mg & 1 mg	Permax	2011
Phenoxymethylpenicillin (Penicillin V)	Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml Cap potassium salt 250 mg & 500 mg	AFT AFT Cilicaine VK	2010
Phenylephrine hydrochloride	Eye drops 0.12%	Prefrin	2010
Poloxamer	Oral drops 10%	Coloxyl	2011
Polyvinyl alcohol	Eye drops 1.4% Eye drops 3%	Vistil Vistil Forte	2011
Prazosin hydrochloride	Tab 1 mg, 2 mg & 5 mg	Apo-Prazo	2010

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Sole Subsidised Supply Products – cumulative to August 2009

Generic Name	Presentation	Brand Name	Expiry Date*
Prednisone	Tab 1 mg, 2.5 mg, 5 mg & 20 mg	Apo-Prednisone	2011
Procaine penicillin	Inj 1.5 mega u	Cilicaine	2011
Promethazine	Tab 10 mg & 25 mg	Allersoothe	2011
Quinapril	Tab 5 mg; 10 mg & 20 mg	Accupril	2011
Quinapril with hydroclorothiazide	Tab 10 mg with hydroclorothiazide 12.5 mg Tab 20 mg with hydroclorothiazide 12.5 mg	Accuretic 10 Accuretic 20	2011
Ranitidine hydrochloride	Oral liq 150 mg per 10 ml	Peptisoothe	2010
Rifabutin	Cap 150 mg	Mycobutin	2010
Salbutamol	Oral liq 2 mg per 5 ml	Salapin	2010
Simvastatin	**Tab 10 mg** **Tab 20 mg** **Tab 40 mg** **Tab 80 mg**	**Arrow-Simva 10 mg** **Arrow-Simva 20 mg** **Arrow-Simva 40 mg** **Arrow-Simva 80 mg**	**2011**
Sodium citro-tartrate	Grans eff 4 g sachets	Ural	2010
Spacer Device	230 ml	Space Chamber	30/9/11
Syrup (pharmaceutical grade)	Liq	Midwest	2010
Tar with triethanolamine lauryl sulphate and fluorescein sodium	Soln 2.3%	Pinetarsol	2011
Temazepam	Tab 10 mg	Normison	2011
Terbinafine	Tab 250 mg	Apo-Terbinafine	2011
Testosterone cypionate	Inj long-acting 100 mg per ml, 10 ml	Depo-Testosterone	2011
Tetracosactrin	Inj 250 mcg Inj 1 mg per ml, 1 ml	Synacthen Synacthen Depot	2011
Timolol maleate	Eye drops 0.25% & 0.5%	Apo-Timop	2011
Triamcinolone acetonide	Crm 0.02% Oint 0.02% Inj 40 mg per ml, 1 ml 0.1% in Dental Paste USP	Aristocort Aristocort Kenacort-A40 Oracort	2011 2011
Trimethoprim	Tab 300 mg	TMP	2011
Ursodeoxycholic acid	Cap 300 mg	Actigall	2011
Vancomycin hydrochloride	Inj 50 mg per ml, 10 ml	Pacific	2011
Zinc and castor oil	Ointment BP	PSM	2011
Zinc sulphate	Cap 220 mg	Zincaps	2011
Zopiclone	Tab 7.5 mg	Apo-Zopiclone	2011

August changes in bold

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New Listings

Effective 1 August 2009

32 SODIUM NITROPRUSSIDE

✻ Test strip – Not on a BSO	14.14	20 strip OP	✔ **Ketostix**

43 ENOXAPARIN SODIUM – Special Authority see SA0975 – Retail pharmacy

Inj 20 mg	39.20	10	✔ **Clexane**
Inj 40 mg	52.30	10	✔ **Clexane**
Inj 60 mg	78.85	10	✔ **Clexane**
Inj 80 mg	105.12	10	✔ **Clexane**
Inj 100 mg	135.20	10	✔ **Clexane**
Inj 120 mg	168.00	10	✔ **Clexane**
Inj 150 mg	192.00	10	✔ **Clexane**

➽ SA0975 Special Authority for Subsidy

Initial application - (Pregnancy or Malignancy) from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria:

Either:

1 Low molecular weight heparin treatment is required during a patients pregnancy; or
2 For the treatment of venous thromboembolism where the patient has a malignancy.

Initial application - (Venous thromboembolism other than in pregnancy or malignancy) from any relevant practitioner. Approvals valid for 1 month for applications meeting the following criteria:

Any of the following:

1 For the short-term treatment of venous thromboembolism prior to establishing a therapeutic INR with oral anti-coagulant treatment; or
2 For the prophylaxis and treatment of venous thromboembolism in high risk surgery; or
3 To enable cessation/re-establishment of existing warfarin treatment pre/post surgery; or
4 For the prophylaxis and treatment of venous thromboembolism in Acute Coronary Syndrome surgical intervention; or
5 To be used in association with cardioversion of atrial fibrillation.

Renewal application - (Pregnancy or Malignancy) from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria:

Either:

1 Low molecular weight heparin treatment is required during a patient's pregnancy; or
2 For the treatment of venous thromboembolism where the patient has a malignancy.

Renewal application - (Venous thromboembolism other than in pregnancy or malignancy) from any relevant practitioner. Approvals valid for 1 month for applications where low molecular weight heparin treatment or prophylaxis is required for a second or subsequent event (surgery, ACS, cardioversion, or prior to oral anti-coagulation).

60 CALAMINE

a) Only on a prescription
b) Not in combination

Crm, aqueous, BP	2.78	100 ml	✔ **healthE**
Lotn, BP	16.70	2,000 ml	✔ **API**

63 OIL IN WATER EMULSION

✻ Crm	2.80	500 g	✔ **healthE Fatty Cream**

Note – stock is not expected to be available until approximately 12 August 2009.

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

New Listings - effective 1 August 2009 (continued)

79 LEVOTHYROXINE

✳ Tab 25 μg	43.24	1,000	✔ **Synthroid**
‡ Safety cap for extemporaneously compounded oral liquid preparations.			
✳ Tab 50 μg	45.00	1,000	✔ **Synthroid**
‡ Safety cap for extemporaneously compounded oral liquid preparations.			
✳ Tab 100 μg	46.75	1,000	✔ **Synthroid**
‡ Safety cap for extemporaneously compounded oral liquid preparations.			

82 LEUPRORELIN – Hospital pharmacy [HP3]

Inj 3.75 mg prefilled syringe	221.60	1	✔ **Lucrin Depot PDS**
Inj 11.25 mg prefilled syringe	591.68	1	✔ **Lucrin Depot PDS**
Inj 30 mg prefilled syringe	1,109.40	1	✔ **Lucrin Depot PDS**

89 ENTECAVIR – Special Authority see SA0977 – Retail pharmacy

Tab 0.5 mg	400.00	30	✔ **Baraclude**

➽ SA0977 Special Authority for Subsidy

Initial application only from a gastroenterologist or infectious disease specialist. Approvals valid without further renewal unless notified for applications meeting the following criteria:

1 Patient has confirmed Hepatitis B infection (HBsAg positive for more than 6 months); and
2 Patient is Hepatitis B nucleoside analogue treatment-naïve; and
3 Entecavir dose 0.5 mg/day; and
4 Either:
  4.1 ALT greater than upper limit of normal; or
  4.2 Bridging fibrosis of cirrhosis (Metavir stage 3 or greater) on liver histology; and
5 Either:
  5.1 HBeAg positive; or
  5.2 patient has ≥ 2,000 IU HBV DNA units per ml and fibrosis (Metavir stage 2 or greater) on liver histology; and
6 All of the following:
  6.1 No continuing alcohol abuse or intravenous drug use; and
  6.2 Not co-infected with HCV, HIV or HDV; and
  6.3 Neither ALT nor AST greater than 10 times upper limit of normal; and
  6.4 No history of hypersensitivity to entecavir; and
  6.5 No previous documented lamivudine resistance (either clinical or genotypic).

Notes:

- Entecavir should be continued for 6 months following documentation of complete HBeAg seroconversion (defined as loss of HBeAg plus appearance of anti-HBe plus loss of serum HBV DNA) for patients who were HBeAg positive prior to commencing this agent. This period of consolidation therapy should be extended to 12 months in patients with advanced fibrosis (Metavir Stage F3 or F4).
- Entecavir should be taken on an empty stomach to improve absorption.

107 FENTANYL CITRATE

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

Inj 50 μg per ml, 2 ml	6.10	5	✔ **Hospira**
Inj 50 μg per ml, 10 ml	15.65	5	✔ **Hospira**

132 THIOTEPA – PCT only - Specialist

Inj 15 mg	CBS	1	✔ **Bedford** S29

135 AMSACRINE – PCT only - Specialist

Inj 75 mg	CBS	6	✔ **Amsidyl** S29

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

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

New Listings - effective 1 August 2009 (continued)

139 DASATINIB – Special Authority see SA0976

Tab 20 mg	3,774.06	60	✔**Sprycel**
Tab 50 mg	6,214.20	60	✔**Sprycel**
Tab 70 mg	7,692.58	60	✔**Sprycel**

➡ SA0976 Special Authority for Subsidy
Special Authority approved by PHARMAC.
Notes: Application details may be obtained from PHARMAC's website http://www.pharmac.govt.nz, and prescriptions should be sent to:

The Coordinator
PHARMAC
PO Box 10 254
Wellington

Phone: (04) 460 4990
Facsimile: (04) 916 7571
Email: mary.chesterfield@pharmac.govt.nz

Special Authority criteria for CML – access by application to PHARMAC

1) Funded for patients with diagnosis (confirmed by a haematologist) of a chronic myeloid leukaemia (CML) in blast crisis, accelerated phase, or in chronic phase.
2) Maximum dose of 140 mg/day for accelerated or blast phase and 100 mg/day for chronic phase CML.
3) Subsidised for use as monotherapy only.
4) Initial approvals valid seven months.
5) 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.

Note: Dasatinib is indicated for the treatment of adults with chronic, accelerated or blast phase CML with resistance or intolerance to prior therapy including imatinib.

Guideline on discontinuation of treatment for patients with CML

a) 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:
   1) complete haematologic response (as characterised by an absolute neutrophil count (ANC) > 1.5 × 109/L, platelets > 100 × 109/L, absence of peripheral blood (PB) blasts, bone marrow (BM) blasts < 5% (or FISH Ph+ 0-35% metaphases), and absence of extramedullary disease); or
   2) no evidence of leukaemia (as characterised by an absolute neutrophil count (ANC) > 1.0 × 109/L, platelets > 20 × 109/L, absence of peripheral blood (PB) blasts, bone marrow (BM) blasts < 5% (or FISH Ph+ 0-35% metaphases), and absence of extramedullary disease); or
   3) 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).
b) 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.

142 TAMOXIFEN CITRATE

✻ Tab 20 mg	6.66	60	✔**Tamoxifen Sandoz**

156 PILOCARPINE

✻ Eye drops 1%	4.26	15 ml OP	✔**Isopto Carpine** S29
✻ Eye drops 2%	5.35	15 ml OP	✔**Isopto Carpine** S29
✻ Eye drops 4%	7.99	15 ml OP	✔**Isopto Carpine** S29

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

New Listings - effective 1 July 2009

30 PIOGLITAZONE – Special Authority see SA0959 – Retail pharmacy

Tab 15 mg	2.61	28	✔**Pizaccord**
Tab 30 mg	5.23	28	✔**Pizaccord**
Tab 45 mg	7.80	28	✔**Pizaccord**

➽ SA0959 Special Authority for Subsidy

Initial application – (Patients with type 2 diabetes) from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Either:

1. Patient has not achieved glycaemic control on maximum doses of metformin and/or a sulfonylurea or where either or both are contraindicated or not tolerated.
2. Patient is on insulin.

32 BLOOD GLUCOSE 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 or is prescribed for a pregnant woman with diabetes.
c) Only one meter per patient. No further prescriptions will be subsidised. The prescription must be endorsed accordingly.

Meter	9.00	1	✔**FreeStyle Lite**

32 BLOOD GLUCOSE DIAGNOSTIC TEST STRIP

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.

SensoCard blood glucose test strips are subsidised only if prescribed for a patient who is severely visually impaired and is using a SensoCard Plus Talking Blood Glucose Monitor.

Blood glucose test strips	21.65	50 test OP	✔**FreeStyle Lite**
	26.20		✔**SensoCard**

32 KETONE BLOOD BETA-KETONE ELECTRODES

Patient has type 1 diabetes and has had one or more episodes of ketoacidosis (excluding first presentation). Maximum quantity of 2 packs per annum. No further prescriptions will be subsidised.

Test strip	8.50	10 strip OP	✔**Optium Blood Ketone Test Strips**

44 WATER

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

Purified for inj 5 ml – Up to 5 inj available on a PSO	10.51	50	✔**AstraZeneca**
Purified for inj 10 ml – Up to 5 inj available on a PSO	11.32	50	✔**AstraZeneca**

57 BOSENTAN – Special Authority see SA0967 – Hospital pharmacy [HP1]

Tab 62.5 mg	4,585.00	60	✔**Tracleer**
Tab 125 mg	4,585.00	60	✔**Tracleer**

➽ SA0967 Special Authority for Subsidy

Special Authority approved by the Pulmonary Arterial Hypertension Panel

continued...

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

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

New Listings - effective 1 July 2009 (continued)

continued...

Notes: Application details may be obtained from PHARMAC's website http://www.pharmac.govt.nz or:
The Coordinator, PAH Panel — Phone: (04) 916 7512
PHARMAC, PO Box 10 254 — Facsimile: (04) 974 4858
Wellington — Email: PAH@pharmac.govt.nz

57 ILOPROST – Special Authority see SA0969 – Hospital pharmacy [HP1]

Nebuliser soln 10 μg per ml, 2 ml	1,185.00	30	✔ **Ventavis**

➽ SA0969 Special Authority for Subsidy
Special Authority approved by the Pulmonary Arterial Hypertension Panel
Notes: Application details may be obtained from PHARMAC's website http://www.pharmac.govt.nz or:
The Coordinator, PAH Panel — Phone: (04) 916 7512
PHARMAC, PO Box 10 254 — Facsimile: (04) 974 4858
Wellington — Email: PAH@pharmac.govt.nz

57 SILDENAFIL – Special Authority see SA0968 – Hospital pharmacy [HP1]

Tab 25 mg	47.00	4	✔ **Viagra**
Tab 50 mg	59.50	4	✔ **Viagra**
Tab 100 mg	66.00	4	✔ **Viagra**

➽ SA0968 Special Authority for Subsidy
Special Authority approved by the Pulmonary Arterial Hypertension Panel
Notes: Application details may be obtained from PHARMAC's website http://www.pharmac.govt.nz or:
The Coordinator, PAH Panel — Phone: (04) 916 7512
PHARMAC, PO Box 10 254 — Facsimile: (04) 974 4858
Wellington — Email: PAH@pharmac.govt.nz

76 CYPROTERONE ACETATE – Hospital pharmacy [HP3]-Specialist

Tab 100 mg	41.50	50	✔ **Siterone**

83 CABERGOLINE

Tab 0.5 mg – Maximum of 2 tab per prescription; can be waived by Special Authority see SA0175	26.26	2	✔ **Arrow-Cabergoline**
	105.03	8	✔ **Arrow-Cabergoline**

➽ 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.

89 VALACICLOVIR – Special Authority see SA0957 – Retail pharmacy

Tab 500 mg	102.72	30	✔ **Valtrex**

➽ SA0957 Special Authority for Subsidy
Initial application – (recurrent genital herpes) from any medical practitioner. Approvals valid for 12 months where the patient has genital herpes with 2 or more breakthrough episodes in any 6 month period while treated with aciclovir 400 mg twice daily.

Renewal – (recurrent genital herpes) from any medical practitioner. Approvals valid for 12 months where the treatment remains appropriate and the patient is benefiting from treatment.

Initial application – (ophthalmic zoster) from any medical practitioner. Approvals valid without further renewal unless notified where the patient has previous history of ophthalmic zoster and the patient is at risk of vision impairment.

Initial application – (CMV prophylaxis) from any medical practitioner. Approvals valid for 3 months where the patient has undergone organ transplantation.

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

New Listings - effective 1 July 2009 (continued)

98 INFLUENZA VACCINE – Hospital pharmacy [Xpharm]

A) is available between 1 March and 30 September 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) cerebo-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	✔**Fluarix**
	90.00	10	✔**Fluarix**

123 DIAZEPAM

Tab 2 mg – Month Restriction	11.44	500	✔**Arrow-Diazepam**
‡ Safety cap for extemporaneously compounded oral liquid preparations.			
Tab 5 mg – Month Restriction	13.71	500	✔**Arrow-Diazepam**
‡ Safety cap for extemporaneously compounded oral liquid preparations.			

127 BUPROPION HYDROCHLORIDE

Tab modified-release 150 mg	65.00	30	✔**Zyban**

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

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

New Listings - effective 1 July 2009 (continued)

128 METHYLPHENIDATE HYDROCHLORIDE – Special Authority see SA0908 – Retail pharmacy
Only on a controlled drug form

Tab immediate-release 10 mg	3.00	30	✔**Ritalin**
Tab sustained-release 20 mg	50.00	100	✔**Ritalin SR**

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:
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:

continued...

New Listings - effective 1 July 2009 (continued)

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.

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.

129 METHYLPHENIDATE HYDROCHLORIDE EXTENDED-RELEASE – Special Authority see SA0924 – Retail pharmacy
Only on a controlled drug form

Cap modified-release 20 mg	25.50	30	✔**Ritalin LA**
Cap modified-release 30 mg	31.90	30	✔**Ritalin LA**
Cap modified-release 40 mg	38.25	30	✔**Ritalin LA**

➽ SA0924 Special Authority for Subsidy
Initial application 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 sustainedrelease) 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.

Renewal 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.

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

New Listings - effective 1 July 2009 (continued)

133 FLUDARABINE PHOSPHATE – PCT only – Specialist

Tab 10 mg	867.00	20	✔ **Fludara Oral**

136 DAUNORUBICIN – PCT only – Specialist

Inj 2 mg per ml, 10 ml	99.00	1	✔ **Pfizer** S29

139 VINORELBINE – PCT only – Specialist – Special Authority see SA0901

Inj 10 mg per ml, 1 ml	24.00	1	✔ **Navelbine**
Inj 10 mg per ml, 5 ml	120.00	1	✔ **Navelbine**

147 BECLOMETHASONE DIPROPIONATE

Aerosol inhaler, 50 μg per dose CFC-free	8.54	200 dose OP	✔ **Beclazone 50**
Aerosol inhaler, 100 μg per dose CFC-free	12.50	200 dose OP	✔ **Beclazone 100**
Aerosol inhaler, 250 μg per dose CFC-free	22.67	200 dose OP	✔ **Beclazone 250**

147 DEXTROCHLORPHENIRAMINE MALEATE

✻ Tab long-acting 6 mg	5.40	40	
	(12.56)		Polaramine Colour-Free Repetab
	2.70	20	
	(7.73)		Polaramine Colour-Free Repetab

152 SPACER DEVICE

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) 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.
3) Space Chamber 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
4) Volumatic Distributed by GlaxoSmithKline. Forward orders to:
Telephone: 0800 877 789 — Facsimile: 0800 877 785

800 ml	8.50	1	✔ **Volumatic**

154 FLUOROMETHOLONE

✻ Eye drops 0.1%	4.05	5 ml OP	✔ **FML**

Effective 1 June 2009

30 GLIBENCLAMIDE

✻ Tab 5 mg	5.00	100	✔ **Daonil**

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

New Listings - effective 1 June 2009 (continued)

53 METOPROLOL SUCCINATE

✻ Tab long-acting 23.75 mg	2.73	30	✔**Metoprolol-AFT CR**
✻ Tab long-acting 47.5 mg	3.41	30	✔**Metoprolol-AFT CR**
✻ Tab long-acting 95 mg	5.88	30	✔**Metoprolol-AFT CR**
✻ Tab long-acting 190 mg	10.63	30	✔**Metoprolol-AFT CR**

Note – the endorsement requirement for full funding does not apply to the Metoprolol-AFT CR brand of metoprolol succinate long-acting tablets as they are listed fully subsidised.

61 HYDROCORTISONE

✻ Powder – Only in combination	33.00	25 g	✔**ABM**

104 PAMIDRONATE DISODIUM

Inj 9 mg per ml, 10 ml	112.50	1	✔**Pamisol**

163 ACETYLCYSTEINE – Hospital pharmacy [HP1]-Specialist

Inj 200 mg per ml, 10 ml	137.06	10	
	(219.75)		Martindale Acetylcysteine

Effective 1 May 2009

46 ATORVASTATIN – Additional subsidy by Special Authority see SA0788 below – Retail pharmacy
See prescribing guideline on the preceding page

✻ Tab 80 mg	16.28	30	
	(110.50)		Lipitor

49 TERAZOSIN HYDROCHLORIDE

✻ Tab 1 mg	2.50	28	✔**Apo-Terazosin**
✻ Tab 2 mg	23.30	500	✔**Apo-Terazosin**
✻ Tab 5 mg	29.00	500	✔**Apo-Terazosin**

87 CO-TRIMOXAZOLE

✻ Oral liq trimethoprim 40 mg and sulphamethoxazole 200 mg per 5 ml – Up to 200 ml available on a PSO	2.15	100 ml	✔**Deprim**

110 NORTRIPTYLINE HYDROCHLORIDE

Tab 25 mg	14.44	180	✔**Norpress**

138 PACLITAXEL – PCT only – Specialist

Inj 30 mg	189.75	5	✔**Paclitaxel Ebewe**

172 PAEDIATRIC ORAL FEED 1.5KCAL/ML – Special Authority see SA0896 above – Hospital pharmacy [HP3]

Liquid (strawberry)	1.60	200 ml OP	✔**NutriniDrink**
Liquid (vanilla)	1.60	200 ml OP	✔**NutriniDrink**

172 PAEDIATRIC ORAL FEED WITH FIBRE 1.5KCAL/ML – Special Authority see SA0896 above – Hospital pharmacy [HP3]

Liquid (strawberry)	1.60	200 ml OP	✔**NutriniDrink Multifibre**
Liquid (chocolate)	1.60	200 ml OP	✔**NutriniDrink Multifibre**
Liquid (vanilla)	1.60	200 ml OP	✔**NutriniDrink Multifibre**

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

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

Changes to Restrictions

Effective 1 August 2009

32 KETONE BLOOD BETA-KETONE ELECTRODES

Patient has type 1 diabetes and has had one or more episodes of ketoacidosis (excluding first presentation). Maximum quantity of 2 packs per annum. No further prescriptions will be subsidised.

Test strip – **Not on a BSO**	8.50	10 strip OP	✔**Optium Blood Ketone Test Strips**

82 LEUPRORELIN ~~– Special Authority see SA0837~~ – Hospital pharmacy [HP3]

Inj 3.75 mg	221.60	1	✔**Lucrin Depot**
Inj 3.75 mg prefilled syringe	221.60	1	✔**Lucrin Depot PDS**
Inj 7.5 mg	184.90	1	✔**Eligard**
Inj 11.25 mg	591.68	1	✔**Lucrin Depot**
Inj 11.25 mg prefilled syringe	591.68	1	✔**Lucrin Depot PDS**
Inj 22.5 mg	554.70	1	✔**Eligard**
Inj 30 mg	739.60	1	✔**Eligard**
Inj 30 mg prefilled syringe	1,109.40	1	✔**Lucrin Depot PDS**
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 premenopausal 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 intiated~~

~~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 dimetriose has proven ineffective; or~~

~~2.2 The patient has failed to tolerate the treatment with medroxyprogesterone acetate, danazol or dimetriose 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.~~

continued...

Changes to Restrictions - effective 1 August 2009 (continued)

continued...

~~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.~~

98 INFLUENZA VACCINE – Hospital pharmacy [Xpharm]

A) is available between 1 March and 30 September 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) cerebo-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** ✔**Fluarix**
	90.00	10	✔**Vaxigrip** ✔**Fluarix**

Changes to Restrictions - effective 1 August 2009 (continued)

101 ADALIMUMAB – Special Authority see **SA0974** ~~0812~~ – Retail pharmacy

Inj 40 mg per 0.8 ml prefilled pen	1,799.92	2	✔**HumiraPen**
Inj 40 mg per 0.8 ml prefilled syringe	1,799.92	2	✔**Humira**

SA0974 ~~0812~~ Special Authority for Subsidy

Initial application – (rheumatoid arthritis) only from a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:
All of the following:

1 Patient 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.

Initial application – (Crohn's disease) only from a gastroenterologist. Approvals valid for 3 months for applications meeting the following criteria:
All of the following:

1 Patient has severe active Crohn's disease; and
2 Any of the following:
2.1 Patient has a Crohn's Disease Activity Index (CDAI) score of greater than or equal to 300; or
2.2 Patient has extensive small intestine disease affecting more than 50 cm of the small intestine; or
2.3 Patient has evidence of short gut syndrome or would be at risk of short gut syndrome with further bowel resection; or
2.4 Patient has an ileostomy or colostomy and has intestinal inflammation; and
3 Patient has tried but had an inadequate response to, or has experienced intolerable side effects from, prior systemic therapy with immunomodulators at maximum tolerated doses (unless contraindicated) and corticosteroids; and
4 Surgery (or further surgery) is considered to be clinically inappropriate.

Initial application – (severe chronic plaque psoriasis) only from a dermatologist. Approvals valid for 4 months for applications meeting the following criteria:
All of the following:

1 Either:

continued...

Changes to Restrictions - effective 1 August 2009 (continued)

continued...

1.1 Patient has "whole body" severe chronic plaque psoriasis with a Psoriasis Area and Severity Index (PASI) score of greater than 15, where lesions have been present for at least 6 months from the time of initial diagnosis; or

1.2 Patient has severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot, where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis; and

2 Patient has tried, but had an inadequate response (see Note) to, or has experienced intolerable side effects from, at least three of the following (at maximum tolerated doses unless contraindicated): phototherapy, methotrexate, cyclosporin, or acitretin; and

3 A PASI assessment has been completed for at least the most recent prior treatment course (but preferably all prior treatment courses), preferably while still on treatment but no longer than 1 month following cessation of each prior treatment course; and

4 The most recent PASI assessment is no more than 1 month old at the time of application.

Note: "Inadequate response" is defined as: for whole body severe chronic plaque psoriasis, a PASI score of greater than 15, as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment; for severe chronic plaque psoriasis of the face, hand or foot, at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe, and the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment.

Initial application – (ankylosing spondylitis) only from a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

1 Patient has a confirmed diagnosis of ankylosing spondylitis present for more than six months; and

2 Patient has low back pain and stiffness that is relieved by exercise but not by rest; and

3 Patient has bilateral sacroiliitis demonstrated by plain radiographs, CT or MRI scan; and

4 Patient's ankylosing spondylitis has not responded adequately to treatment with two or more non-steroidal anti-inflammatory drugs (NSAIDs), in combination with anti-ulcer therapy if indicated, while patient was undergoing at least 3 months of an exercise regimen supervised by a physiotherapist; and

5 Either:

5.1 Patient has limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); or

5.2 Patient has limitation of chest expansion by at least 2.5 cm below the average normal values corrected for age and gender (see Notes); and

6 A Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 6 on a 0-10 scale; and

7 Either:

7.1 An elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; or

7.2 A C-reactive protein (CRP) level greater than 15 mg per litre.

Notes: The BASDAI must have been determined at the completion of the 3 month exercise trial, but prior to ceasing NSAID treatment. The BASDAI, ESR and CRP measures must be no more than 1 month old at the time of initial application. Average normal chest expansion corrected for age and gender:

18-24 years – Male: 7.0 cm; Female: 5.5 cm
25-34 years – Male: 7.5 cm; Female: 5.5 cm
35-44 years – Male: 6.5 cm; Female: 4.5 cm
45-54 years – Male: 6.0 cm; Female: 5.0 cm
55-64 years – Male: 5.5 cm; Female: 4.0 cm
65-74 years – Male: 4.0 cm; Female: 4.0 cm
75+ years – Male: 3.0 cm; Female: 2.5 cm

continued...

Changes to Restrictions - effective 1 August 2009 (continued)

continued...

Initial application – (psoriatic arthritis) only from a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:
All of the following:
1 Patient has had severe active psoriatic arthritis for six months duration or longer; and
2 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
3 Patient has tried and not responded to at least three months of sulphasalazine at a dose of at least 2 g per day or leflunomide at a dose of up to 20 mg daily (or maximum tolerated doses); and
4 Either:
4.1 Patient has persistent symptoms of poorly controlled and active disease in at least 20 active, swollen, tender joints; or
4.2 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
5 Any of the following:
5.1 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
5.2 Patient has an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; or
5.3 ESR and CRP 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.

Renewal – (rheumatoid arthritis) only from a rheumatologist or Practitioner on the recommendation of a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:
All of the following:
1 Either:
1.1 Applicant is a rheumatologist; or
1.2 Applicant is a Practitioner and confirms that a rheumatologist has provided a letter, email or fax recommending that the patient continues with adalimumab treatment; 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 Either:
3.1 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
3.2 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.

Renewal – (Crohn's disease) only from a gastroenterologist or Practitioner on the recommendation of a gastroenterologist. Approvals valid for 6 months for applications meeting the following criteria:
Both:
1 Either:
1.1 Applicant is a gastroenterologist; or
1.2 Applicant is a Practitioner and confirms that a gastroenterologist has provided a letter, email or fax recommending that the patient continues with adalimumab treatment; and
2 The treatment remains appropriate and the patient is benefiting from treatment.

Renewal – (severe chronic plaque psoriasis) only from a dermatologist or Practitioner on the recommendation of a dermatologist. Approvals valid for 6 months for applications meeting the following criteria:
Both:
1 Either:
1.1 Applicant is a dermatologist; or
1.2 Applicant is a Practitioner and confirms that a dermatologist has provided a letter, email or fax recommending that the patient continues with adalimumab treatment; and

continued...

Changes to Restrictions - effective 1 August 2009 (continued)

continued...

2 Either:
2.1 Both:
2.1.1 Patient has "whole body" severe chronic plaque psoriasis; and
2.1.2 Following each prior adalimumab treatment course the patient has a PASI score which is reduced by 75% or more, or is sustained at this level, when compared with the pre-adalimumab treatment baseline value; or
2.2 Both:
2.2.1 Patient has severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot; and
2.2.2 Either:
2.2.2.1 Following each prior adalimumab treatment course the patient has a reduction in the PASI symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the treatment course baseline values; or
2.2.2.2 Following each prior adalimumab treatment course the patient has a reduction of 75% or more in the skin area affected, or sustained at this level, as compared to the pre-adalimumab treatment baseline value.

Note: An adalimumab treatment course is defined as a minimum of 12 weeks of adalimumab treatment.
Renewal – (ankylosing spondylitis) only from a rheumatologist or Practitioner on the recommendation of a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:
All of the following:
1 Either:
1.1 Applicant is a rheumatologist; or
1.2 Applicant is a Practitioner and confirms that a rheumatologist has provided a letter, email or fax recommending that the patient continues with adalimumab treatment; and
2 Following 12 weeks of adalimumab treatment, BASDAI has improved by 4 or more points from pre-adalimumab baseline on a 10 point scale, or by 50%, whichever is less; and
3 ESR or CRP is within the normal range; and
4 Physician considers that the patient has benefited from treatment and that continued treatment is appropriate.

Renewal – (psoriatic arthritis) only from a rheumatologist or Practitioner on the recommendation of a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:
Both:
1 Either:
1.1 Applicant is a rheumatologist; or
1.2 Applicant is a Practitioner and confirms that a rheumatologist has provided a letter, email or fax recommending that the patient continues with adalimumab treatment; 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 treating physician; or
2.2 The patient demonstrates at least a continuing 50% improvement in active joint count from baseline and a clinically significant response to prior adalimumab treatment in the opinion of the treating physician.

~~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~~

continued...

Changes to Restrictions - effective 1 August 2009 (continued)

continued...

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 cyclosporine 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 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 .

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.

Changes to Restrictions - effective 1 August 2009 (continued)

112 GABAPENTIN (NEURONTIN) – Special Authority see **SA0973** ~~0936~~ – Retail pharmacy

▲Tab 600 mg	79.79	100	✔**Neurontin**
▲Cap 100 mg	15.67	100	✔**Neurontin**
▲Cap 300 mg	47.00	100	✔**Neurontin**
▲Cap 400 mg	62.66	100	✔**Neurontin**

➽ **SA0973** ~~0936~~ Special Authority for Subsidy

Subsidy for patients pre-approved by PHARMAC on 1 August 2009. Approvals valid without further renewal unless notified.

Note – Special Authority SA0936 continues to apply to the Nupentin brand of gabapentin.

~~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.~~

Changes to Restrictions - effective 1 July 2009

26 MESALAZINE

Tab 400 mg ~~– Retail pharmacy-Specialist~~	49.50	100	✔**Asacol**
Tab long-acting 500 mg ~~– Retail pharmacy-Specialist~~	69.06	100	✔**Pentasa**
Enema 1 g per 100 ml ~~– Retail pharmacy-Specialist~~	45.96	7	✔**Pentasa**

30 PIOGLITAZONE – Special Authority see **SA0959** ~~0859~~ below – Retail pharmacy

Tab 15 mg	2.61	28	✔**Pizaccord**
	45.78		✔**Actos**
Tab 30 mg	5.23	28	✔**Pizaccord**
	70.43		✔**Actos**
Tab 45 mg	7.80	28	✔**Pizaccord**
	89.39		✔**Actos**

➽ **SA0959 ~~0859~~** Special Authority for Subsidy

Initial application – (Patients with type 2 diabetes) from any relevant practitioner. Approvals valid ~~for 1 year~~ **without further renewal unless notified** for applications meeting the following criteria:

Either:

1 Patient has not achieved glycaemic control on maximum doses of metformin and/or a sulfonylurea or where either or both are contraindicated or not tolerated.

2 Patient is on insulin.

~~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~~

~~4 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~~

~~5 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.~~

continued...

Changes to Restrictions - effective 1 July 2009 (continued)

continued...

~~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 ≥ 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/m2. 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.~~

32 **BLOOD** 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 **or is prescribed for a pregnant woman with diabetes**.
c) Only one meter per patient. No further prescriptions will be subsidised. The prescription must be endorsed accordingly.

Meter	9.00	1	✔**Optium Xceed**
			✔**FreeStyle Lite**
	19.00		✔**Accu-Chek Performa**

32 **BLOOD** GLUCOSE ~~DEHYDROGENASE~~ **DIAGNOSTIC TEST STRIP**

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.

SensoCard blood glucose test strips are subsidised only if prescribed for a patient who is severely visually impaired and is using a SensoCard Plus Talking Blood Glucose Monitor.

Blood glucose test strips	22.00	50 test OP	✔**Accu-Chek Performa**
			✔**Optium 10 second test**
	21.65		✔**Optium 5 second test**
			✔**FreeStyle Lite**
	26.20		✔**SensoCard**

33 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.~~

✳31 g × 6 mm	10.50	100	
	(26.00)		NovoFine

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

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

Changes to Restrictions - effective 1 July 2009 (continued)

38 MULTIVITAMINS – Special Authority see SA~~0600~~**0963** – ~~Hospital pharmacy [HP3]~~ **Retail pharmacy**

Tab	19.65	100	✔**Ketovite**
Powder	36.00	100 g OP	✔**Paediatric Seravit**
Oral liq	13.50	150 ml OP	✔**Ketovite Liquid**

➽ **SA0963** ~~0600~~ Special Authority for Subsidy

Initial application ~~only from a relevant specialist~~ **from any relevant practitioner.** Approvals valid ~~for 3 years~~ **without further renewal unless notified for applications meeting the following criteria:**

Either:

1 The patient has ~~where~~ inborn errors of metabolism**; or**

2 For use as a supplement to a ketogenic diet in patients diagnosed with epilepsy.

~~Renewal only from a relevant specialist or general practitioner on the recommendation of such a 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.~~

Note: use of Paediatric Seravit is not recommended as a supplement to a ketogenic diet.

42 DIPYRIDAMOLE

✻ Tab 25 mg ~~– Additional subsidy by Special Authority see SA0930 – Retail pharmacy~~	8.36	84	✔**Persantin**
✻ Tab long-acting 150 mg ~~– Special Authority see SA0929 – Retail pharmacy~~	11.52	60	✔**Pytazen SR**

➽ ~~**SA0930 Special Authority for Manufacturers Price**~~

~~Initial application - (Conditions other than transient ischaemic episodes) only from a cardiothoracic surgeon, cardiologist or general physician. 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 anaphylaxis, or those with significant aspirin induced bleeding, excluding bruising~~

~~Initial application - (Transient ischaemic episodes) only from a neurologist, neurosurgeon, cardiologist, vascular surgeon or general physician. Approvals valid without further renewal unless notified where patients who continue to have transient ischaemic episodes despite aspirin therapy or have transient ischaemic episodes and are aspirin intolerant.~~

~~Note~~

~~Aspirin intolerant patients are defined as those with aspirin induced asthma, urticaria, or anaphylaxis, or those with significant aspirin induced bleeding, excluding bruising~~

~~Renewal - (Existing 2 year approvals) only from a general practitioner or relevant specialist. Approvals valid without further renewal unless notified where the treatment remains appropriate and the patient is benefiting from treatment.~~

➽ ~~**SA0929 Special Authority for Manufacturers Price**~~

~~Initial application - (Conditions other than transient ischaemic episodes) only from a cardiothoracic surgeon, cardiologist or general physician. 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~~

continued...

Changes to Restrictions - effective 1 July 2009 (continued)

continued...

~~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 anaphylaxis, or those with significant aspirin induced bleeding, excluding bruising~~
~~Initial application - (Transient ischaemic episodes) only from a neurologist, neurosurgeon, cardiologist, vascular surgeon or general physician. Approvals valid without further renewal unless notified where patients who continue to have transient ischaemic episodes despite aspirin therapy or have transient ischaemic episodes and are aspirin intolerant.~~

~~Note~~
~~Aspirin intolerant patients are defined as those with aspirin induced asthma, urticaria, or anaphylaxis, or those with significant aspirin induced bleeding, excluding bruising~~
~~Renewal - (Existing 2 year approvals) only from a general practitioner or relevant specialist. Approvals valid without further renewal unless notified where the treatment remains appropriate and the patient is benefiting from treatment.~~

85 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.
d) Maximum of 2 tablets per prescription can be waived by Special Authority see SA0964 below

Tab 500 mg ..... 5.95 2 OP ✔**Arrow-Azithromycin**

➽ SA0964 Special Authority for Waiver of Rule
Initial application only from a respiratory specialist or paediatrician. Approvals valid without further renewal unless notified for applications meeting the following criteria:
All of the following:
1 The applicant is part of a multidisciplinary team experienced in the management of cystic fibrosis; and
2 The patient has been definitively diagnosed with cystic fibrosis*; and
3 The patient has chronic infection with Pseudomonas aeruginosa or Pseudomonas related gram negative organisms as defined by two positive respiratory tract cultures at least three months apart*; and
4 The patient has negative cultures for non-tuberculous mycobacteria.
Note
Caution is advised if using azithromycin as an antibiotic in the treatment of cystic fibrosis patients with pneumonia.
Testing for non-tuberculosis mycobacteria should occur annually.
Indications marked with * are Unapproved Indications (refer to Section A: General Rules, Part I (Interpretations and Definitions) and Part IV (Miscellaneous Provisions) rule 4.6).

98 INFLUENZA VACCINE – Hospital pharmacy [Xpharm]
A) is available between 1 March and **30 September** ~~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) cerebo-vascular disease;
ii) the following chronic respiratory disease:
1) asthma, if on a regular preventative therapy, or

continued...

Changes to Restrictions - effective 1 July 2009 (continued)

continued...

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**
			✔ **Fluarix**
	90.00	10	✔ **Vaxigrip**
			✔ **Fluarix**

142 MYCOPHENOLATE MOFETIL – Special Authority see **SA0960** ~~0893~~ – 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.

SA0960 ~~0893~~ 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 **Liver transplant recipient; or**
~~3~~**4** Patient has an organ transplant and has severe tophaceous gout making azathioprine unsuitable.

142 RITUXIMAB – PCT only – Specialist – Special Authority see SA~~0884~~ **0961**

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**

SA0961 ~~0884~~ **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 12 months for applications meeting the following criteria:

continued...

Changes to Restrictions - effective 1 July 2009 (continued)

continued...

Both:

1 The patient has B-cell post-transplant lymphoproliferative disorder*; and

2 To be used for a maximum of 8 treatment cycles.

Initial application – (Indolent, low-grade lymphomas) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 9 months for applications meeting the following criteria:

Either:

1 Both:

1.1 The patient has indolent, low grade NHL with relapsed disease following prior chemotherapy; and

1.2 To be used for a maximum of 4 treatment cycles; or

2 Both:

2.1 The patient has indolent, low grade lymphoma requiring first-line systemic chemotherapy; and

2.2 To be used for a maximum of 6 treatment cycles.

Note: 'Indolent, low-grade lymphomas' includes follicular, mantle, marginal zone and lymphoplasmacytic/ Waldenstrom macroglobulinaemia. Rituximab is not funded for Chronic lymphocytic leukaemia/small lymphocytic lymphoma.

Initial application – (Aggressive CD20 positive NHL) 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:

All of the following:

1 The patient has treatment-naive aggressive CD20 positive NHL; and

2 To be used with a multi-agent chemotherapy regimen given with curative intent; and

3 To be used for a maximum of 8 treatment cycles.

Note: 'Aggressive CD20 positive NHL' includes large B-cell lymphoma and Burkitt's lymphoma/leukaemia

Renewal – (Indolent, low-grade lymphomas) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 9 months for applications meeting the following criteria:

All of the following:

1 The patient has had a rituximab treatment-free interval of 12 months or more; and

2 The patient has indolent, low-grade NHL with relapsed disease following prior chemotherapy; and

3 To be used for a maximum of 4 treatment cycles.

Note: 'Indolent, low-grade lymphomas' includes follicular, mantle, marginal zone and lymphoplasmacytic/ Waldenstrom macroglobulinaemia. Rituximab is not funded for Chronic lymphocytic leukaemia/small lymphocytic lymphoma.

Renewal — (Post-transplant) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 9 months for applications meeting the following criteria:

All of the following:

1 The patient has had a rituximab treatment-free interval of 12 months or more; and

2 The patient has B-cell post-transplant lymphoproliferative disorder*; and

3 To be used for a maximum of 6 treatment cycles

Indications marked with * are Unapproved Indications.

~~➽ 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.~~

continued...

Changes to Restrictions - effective 1 July 2009 (continued)

continued...

~~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 regime 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.~~

~~Note for no more than 4 treatment cycles.~~
~~Indications marked with * are Unapproved Indications~~.

148 INHALED CORTICOSTEROIDS WITH LONG-ACTING BETA-ADRENOCEPTOR AGONISTS

➽ **SA0958** ~~0838~~ Special Authority for Subsidy

Initial application ~~only~~ from **any** ~~a relevant specialist or general~~ practitioner. Approvals valid for 2 years for applications meeting the following criteria:
Either:
1 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
2 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 **any** ~~a relevant specialist or general~~ practitioner. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.

Changes to Restrictions - effective 1 July 2009 (continued)

152 SPACER DEVICE

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.~~

2)~~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.

3)~~4)~~ **Space Chamber** ~~D~~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

4) Volumatic Distributed by GlaxoSmithKline. Forward orders to:

Telephone: 0800 877 789 Facsimile: 0800 877 785

230 ml (autoclavable) – Subsidy by endorsement ..... 11.60 1 ✔**Space Chamber**

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 ✔**Space Chamber**

800 ml ..... 8.50 1 ✔**Volumatic**

181 AMINOACID FORMULA WITH MINERALS WITHOUT PHENYLALANINE – Special Authority see SA~~0733~~**0962** – Retail pharmacy

See prescribing guideline

Powder ..... 58.44 250 g OP ✔**Metabolic Mineral Mixture**

➽ **SA0962** ~~0733~~ **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 Dietary management of phenylketonuria (PKU); or

2 For use as a supplement to a ketogenic diet in patients diagnosed with epilepsy

~~➽ 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 blood phenylalanine level < 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 dietary management of PKU.~~

~~Renewal - (Patient aged over 16) only from a relevant specialist. Approvals valid for 1 year for applications meeting the following criteria: 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 such a 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.~~

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

Changes to Restrictions - effective 1 May 2009

55 ~~FRUSEMIDE~~ 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	481.40	5	✔ **Lasix**
✳ Inj 10 mg per ml, 2 ml – Up to 5 inj available on a PSO	29.50	50	✔ **Mayne**

59 ~~CICLOPIROX OLAMINE~~ CICLOPIROXOLAMINE

a) Only on a prescription

b) not in combination

Nail soln 8%	19.85	3.5 ml OP	✔ **Batrafen**

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

Changes to Subsidy and Manufacturer's Price

Effective 1 August 2009

38	FERROUS SULPHATE (↑ price)			
	✻Tab long-acting 325 mg	1.01	30	
		(4.26)		Ferro-Gradumet
		5.06	150	
		(15.58)		Ferro-Gradumet
38	FERROUS SULPHATE WITH FOLIC ACID (↑ price)			
	✻Tab long-acting 325 mg with folic acid 350 μg	1.80	30	
		(3.73)		Ferrograd-Folic
49	TERAZOSIN HYDROCHLORIDE (↓ price)			
	✻Tab 2 mg	1.30	28	✔**Hytrin**
	✻Tab 5 mg	1.62	28	✔**Hytrin**
52	ATENOLOL (↓ subsidy)			
	✻Tab 50 mg	6.18	500	✔**Pacific Atenolol**
	✻Tab 100 mg	10.73	500	✔**Pacific Atenolol**
61	DIFLUCORTOLONE VALERATE (↑ price)			
	Crm 0.1%	8.97	50 g OP	
		(15.86)		Nerisone
	Fatty oint 0.1%	8.97	50 g OP	
		(15.86)		Nerisone
61	HYDROCORTISONE (↓ subsidy)			
	✻Powder – Only in combination	33.00	25 g	
		(37.64)		m-Hydrocortisone
	Up to 5% in a dermatological base (not proprietary Topical Corticosteriod – Plain) with or without other dermatological galenicals. Refer, page 159			
62	BETAMETHASONE VALERATE WITH FUSIDIC ACID (↑ price)			
	Crm 0.1% with fusidic acid 2%	3.49	15 g OP	
		(9.61)		Fucicort
	a) Maximum of 15 g per prescription b) Only on a prescription			
77	OESTRADIOL – See prescribing guideline (↑ price)			
	✻Tab 1 mg	4.12	28 OP	
		(10.55)		Estrofem
	✻Tab 2 mg	4.12	28 OP	
		(10.55)		Estrofem
78	OESTRADIOL WITH NORETHISTERONE – See prescribing guideline (↑ price)			
	✻Tab 1 mg with 0.5 mg norethisterone acetate	5.40	28 OP	
		(14.52)		Kliovance
	✻Tab 2 mg with 1 mg norethisterone acetate	5.40	28 OP	
		(14.52)		Kliogest
	✻Tab 2 mg with 1 mg norethisterone acetate (10), and 2 mg oestradiol tab (12) and 1 mg oestradiol tab (6)	5.40	28 OP	
		(14.52)		Trisequens

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

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

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

Changes to Subsidy and Manufacturer's Price - effective 1 August 2009 (continued)

112	GABAPENTIN – Special Authority SA0936 – Retail pharmacy (↓ subsidy)			
	▲Cap 100 mg	7.16	100	✔ **Nupentin**
	▲Cap 300 mg	11.50	100	✔ **Nupentin**
	▲Cap 400 mg	14.75	100	✔ **Nupentin**
119	CLOZAPINE – Hospital pharmacy [HP4] (↓ subsidy)			
	Tab 25 mg	6.69	50	✔ **Clopine**
		13.37	100	✔ **Clopine**
	Tab 50 mg	8.67	50	✔ **Clopine**
		17.33	100	✔ **Clopine**
	Tab 100 mg	17.33	50	✔ **Clopine**
		34.65	100	✔ **Clopine**
	Tab 200 mg	34.65	50	✔ **Clopine**
		69.30	100	✔ **Clopine**
	Suspension 50 mg per ml	17.33	100 ml	✔ **Clopine**
119	LITHIUM CARBONATE (↑ subsidy)			
	Tab 250 mg	36.10	500	✔ **Lithicarb**
	Tab 400 mg	13.50	100	✔ **Lithicarb**
125	INTERFERON BETA-1-ALPHA – Special Authority see SA0855 (↑ subsidy)			
	Inj 6 million iu prefilled syringe	1,329.65	4	✔ **Avonex**
	Inj 6 million iu per vial	1,329.65	4	✔ **Avonex**
125	INTERFERON BETA-1-BETA – Special Authority see SA0855 (↑ subsidy)			
	Inj 8 million iu per 1 ml	1,436.79	15	✔ **Betaferon**
137	EPIRUBICIN – PCT only – Specialist (↑ subsidy)			
	Inj 2 mg per ml, 5 ml	25.00	1	✔ **Epirubicin Ebewe**
137	EPIRUBICIN – PCT only – Specialist (↓ subsidy)			
	Inj 2 mg per ml, 25 ml	87.50	1	✔ **Epirubicin Ebewe**
	Inj 2 mg per ml, 50 ml	155.00	1	✔ **Epirubicin Ebewe**
	Inj 2 mg per ml, 100 ml	310.00	1	✔ **Epirubicin Ebewe**
	Inj 1 mg for ECP	1.90	1 mg	✔ **Baxter**
146	CHLORPHENIRAMINE MALEATE (↑ subsidy)			
	✻‡Oral liq 2 mg per 5 ml	8.06	500 ml	✔ **Histafen**
153	FUSIDIC ACID (↑ price)			
	Eye drops 1%	4.50 (10.68)	5 g OP	Fucithalmic

Effective 1 July 2009

26	MESALAZINE (↓ subsidy)			
	Enema 1 g per 100 ml	45.96	7	✔ **Pentasa**
30	PIOGLITAZONE – Special Authority see SA0959 – Retail pharmacy (↓ subsidy)			
	Tab 15 mg	45.78	28	✔ **Actos**
	Tab 30 mg	70.43	28	✔ **Actos**
	Tab 45 mg	89.39	28	✔ **Actos**

Patients pay a manufacturer's surcharge when the Manufacturer's Price is greater than the Subsidy

S29 Unapproved medicine supplied under Section 29

‡ safety cap reimbursed

Sole Subsidised Supply

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

Changes to Subsidy and Manufacturer's Price - effective 1 July 2009 (continued)

32	BLOOD GLUCOSE DIAGNOSTIC TEST STRIP (↓ subsidy)			
	Blood glucose test strips	21.65	50 test OP	✔**Optium 5 second test**
		10.82	25 test OP	✔**Optium 5 second test**
33	INSULIN PEN NEEDLES – Maximum of 100 dev per prescription (↓ subsidy)			
	✻ 29 g x 12.7 mm	10.50	100	✔**ABM**
				✔**BD Micro-Fine**
		3.15	30	✔**BD Micro-Fine**
	✻ 31 g x 6 mm	10.50	100	✔**ABM**
		(26.00)		NovoFine
	✻ 31 g x 8 mm	10.50	100	✔**ABM**
				✔**BD Micro-Fine**
		3.15	30	✔**BD Micro-Fine**
33	INSULIN SYRINGES, DISPOSABLE WITH ATTACHED NEEDLE –Maximum of 100 dev per prescription (↓ subsidy)			
	✻ Syringe 0.3 ml with 29 g x 12.7 mm needle	13.00	100	✔**ABM**
				✔**BD Ultra Fine**
		1.30	10	
		(1.99)		BD Ultra Fine
	✻ Syringe 0.3 ml with 31 g x 8 mm needle	13.00	100	✔**ABM**
				✔**BD Ultra Fine II**
		1.30	10	
		(1.99)		BD Ultra Fine II
	✻ Syringe 0.5 ml with 29 g x 12.7 mm needle	13.00	100	✔**ABM**
				✔**BD Ultra Fine**
		1.30	10	
		(1.99)		BD Ultra Fine
	✻ Syringe 0.5 ml with 31 g x 8 mm needle	13.00	100	✔**ABM**
				✔**BD Ultra Fine II**
		1.30	10	
		(1.99)		BD Ultra Fine II
	✻ Syringe 1 ml with 29 g x 12.7 mm needle	13.00	100	✔**ABM**
				✔**BD Ultra Fine**
		1.30	10	
		(1.99)		BD Ultra Fine
	✻ Syringe 1 ml with 31 g x 8 mm needle	13.00	100	✔**ABM**
				✔**BD Ultra Fine II**
		1.30	10	
		(1.99)		BD Ultra Fine II
34	MUCILAGINOUS LAXATIVES – only on a prescription (↑ price)			
	✻ Dry	8.80	500 g OP	
		(16.49)		Normacol
34	MUCILAGINOUS LAXATIVES WITH STIMULANTS (↑ price)			
	✻ Dry	8.80	500 g OP	
		(16.49)		Normacol Plus
38	FERROUS FUMARATE (↑ subsidy)			
	Tab 200 mg	4.35	100	✔**Ferro-tab**

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

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

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

Changes to Subsidy and Manufacturer's Price - effective 1 July 2009 (continued)

38	FERROUS FUMARATE WITH FOLIC ACID (↑ subsidy)			
	Tab 310 mg with folic acid 350 μg	4.75	60	✔**Ferro-F-Tabs**
38	MULTIVITAMINS – Special Authority see SA0963 – Retail pharmacy (↑ subsidy)			
	Oral Liq	13.50	150 ml OP	✔**Ketovite Liquid**
42	DIPYRIDAMOLE (↑ subsidy)			
	❋ Tab 25 mg	8.36	84	✔**Persantin**
43	HEPARIN SODIUM (↑ subsidy)			
	Inj 1,000 iu per ml, 35 ml	16.00	1	✔**Mayne**
	Inj 5,000 iu per ml, 1 ml	14.00	5	✔**Mayne**
	Inj 5,000 iu per ml, 5 ml	43.67	10	✔**Multiparin**
49	TERAZOSIN HYDROCHLORIDE (↓ subsidy)			
	Tab 2 mg	1.30	28	
		(4.66)		Hytrin
	Tab 5 mg	1.62	28	
		(5.60)		Hytrin
50	LISINOPRIL (↓ subsidy)			
	❋ Tab 5 mg	2.06	30	✔**Arrow-Lisinopril**
	❋ Tab 10 mg	2.36	30	✔**Arrow-Lisinopril**
	❋ Tab 20 mg	2.87	30	✔**Arrow-Lisinopril**
54	FELODIPINE (↓ subsidy)			
	❋ Tab long-acting 5 mg	10.73	90	✔**Felo 5 ER**
	❋ Tab long-acting 10 mg	15.60	90	✔**Felo 10 ER**
59	ECONAZOLE NITRATE (↑ price)			
	❋ Crm 1%	1.00	20 g OP	
		(7.48)		Pevaryl
	a) Only on a prescription b) Not in combination			
	Foaming soln 1%, 10 ml sachets	9.89	3	
		(17.23)		Pevaryl
	a) Only on a prescription b) Not in combination			
76	CYPROTERONE ACETATE – Hospital Pharmacy [HP3] – Specialist (↓ subsidy)			
	Tab 50 mg	21.10	50	✔**Siterone**
84	CEFOXITIN SODIUM – Hospital Pharmacy [HP3]- Specialist – Subsidy by endorsement (↑ subsidy) Only if prescribed for dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.			
	Inj 1 g	55.00	5	✔**Mayne**

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

Changes to Subsidy and Manufacturer's Price - effective 1 July 2009 (continued)

85 AZITHROMYCIN – Subsidy by endorsement (↓ subsidy)
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.
d) Maximum of 2 tablets per prescription can be waived by Special Authority see SA0964

Tab 500 mg	5.95	2 OP	✔**Arrow-Azithromycin**

85 ERYTHROMYCIN LACTOBIONATE (↑ subsidy)

Inj 1 g	10.93	1	✔**Erythrocin IV**

85 ROXITHROMYCIN (↓ subsidy)

Tab 150 mg	8.98	50	✔**Arrow-Roxithromycin**
Tab 300 mg	16.48	50	✔**Arrow-Roxithromycin**

88 TOBRAMYCIN (↑ subsidy)

Inj 40 mg per ml, 2 ml – Hospital pharmacy [HP3] – Subsidy by endorsement	34.50	5	✔**Mayne**

Note – only if prescribed for dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.

108 METHADONE HYDROCHLORIDE (↑ subsidy)
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 162

Inj 10 mg per ml, 1 ml	61.00	10	✔**AFT**

109 PETHIDINE HYDROCHLORIDE (↑ subsidy)
a) Only on a controlled drug form
b) No patient co-payment payable

Inj 50 mg per ml, 1 ml – Up to 5 inj available on a PSO	5.20	5	✔**Mayne**
Inj 50 mg per ml, 2 ml – Up to 5 inj available on a PSO	5.50	5	✔**Mayne**

116 CYCLIZINE HYDROCHLORIDE (↓ subsidy)

Tab 50 mg	1.59	10	✔**Nausicalm**

118 BENZTROPINE MESYLATE (↑ subsidy)

Tab 2 mg	7.99	60	✔**Benztrop**

128 METHYLPHENIDATE HYDROCHLORIDE – Special Authority see SA0908 – Retail pharmacy (↓ subsidy)
Only on a controlled drug form

Tab immediate-release 10 mg	3.00	30	✔**Rubifen**

131 CYCLOPHOSPHAMIDE (↑ subsidy)

Inj 1 g – PCT – Retail pharmacy - Specialist	23.65	1	✔**Endoxan**
Inj 2 g – PCT only - Specialist	47.30	1	✔**Endoxan**
Inj 1 mg for ECP	0.03	1	✔**Baxter**

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

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

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

Changes to Subsidy and Manufacturer's Price - effective 1 July 2009 (continued)

131	IFOSFAMIDE – PCT only - Specialist (↑ subsidy)			
	Inj 1 g	96.00	1	✔ **Holoxan**
	Inj 2 g	180.00	1	✔ **Holoxan**
	Inj 1 mg for ECP	0.10	1 mg	✔ **Baxter**
135	ARSENIC TRIOXIDE – PCT only – Specialist (↑ subsidy)			
	Inj 10 mg	4,817.00	10	✔ **AFT** S29
135	METHOTREXATE (↓ subsidy)			
	✻ Tab 2.5 mg – PCT – Hospital pharmacy [HP3] – Specialist	5.22	30	✔ **Methoblastin**
138	PROCARBAZINE HYDROCHLORIDE – PCT only – Specialist (↑ subsidy)			
	Cap 50 mg	225.00	50	✔ **Natulan** S29
142	TAMOXIFEN CITRATE (↑ subsidy)			
	✻ Tab 10 mg	10.80	100	✔ **Genox**
	✻ Tab 20 mg	11.10	100	✔ **Genox**
147	PROMETHAZINE HYDROCHLORIDE (↑ subsidy)			
	✻ Inj 25 mg per ml, 2 ml – Up to 5 inj available on a PSO	11.00	5	✔ **Mayne**
149	SALBUTAMOL (↓ subsidy)			
	Nebuliser soln, 1 mg per ml, 2.5 ml – Up to 30 neb available on a PSO	3.52	20	✔ **Asthalin**
	Nebuliser soln, 2 mg per ml, 2.5 ml – Up to 30 neb available on a PSO	3.70	20	✔ **Asthalin**
150	SALBUTAMOL WITH IPRATROPIUM BROMIDE (↓ subsidy)			
	Nebuliser soln, 2.5 mg with ipratropium bromide, 0.5 mg per vial, 2.5 ml – Up to 20 neb available on a PSO	4.29	20	✔ **Duolin**
153	CHLORAMPHENICOL (↓ subsidy)			
	Eye oint 1%	2.37	4 g OP	✔ **Chlorsig**
158	CHARCOAL (↑ subsidy)			
	✻ Oral liq 50 g per 250 ml	43.50	250 ml OP	✔ **Carbosorb-X**
	a) Up to 250 ml available on a PSO			
	b) Only on a PSO			

Effective 1 June 2009

54	DILTIAZEM HYDROCHLORIDE (↓ subsidy)			
	✻ Cap 120 mg	4.34	30	✔ **Cardizem CD**
	✻ Cap 180 mg	6.50	30	✔ **Cardizem CD**
	✻ Cap 240 mg	8.67	30	✔ **Cardizem CD**
77	OESTROGENS – See prescribing guideline on the preceding page (↑ price)			
	✻ Conjugated, equine tab 300 μg	3.01	28	
		(11.48)		Premarin
	✻ Conjugated, equine tab 625 μg	4.12	28	
		(11.48)		Premarin

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

Changes to Subsidy and Manufacturer's Price - effective 1 June 2009 (continued)

78 OESTROGENS WITH MEDROXYPROGESTERONE – See prescribing guideline on page 76 (↑ price)

✻ Tab Conjugated 625 μg conjugated equine with 2.5 mg medroxyprogesterone acetate tab (28)	5.40 (22.96)	28 OP	Premia 2.5 Continuous
✻ Tab Conjugated 625 μg conjugated equine with 5 mg medroxyprogesterone acetate tab (28)	5.40 (22.96)	28 OP	Premia 5 Continuous

86 BENZATHINE BENZYLPENICILLIN (↑ subsidy)

Inj 1.2 mega μ per 2 ml – Up to 5 inj available on a PSO	315.00	10	✔**Bicillin LA**

118 ROPINIROLE HYDROCHLORIDE (↓ subsidy)

▲Tab 0.25 mg	19.75 (31.50)	210	Requip
▲Tab 0.25 mg x 42, 0.5 mg x 42, and 1 mg x 21	21.92 (35.70)	105 OP	Requip Starter Pack
▲Tab 0.25 mg x 42, 1 mg x 42, and 2 mg x 63	73.60 (122.11)	147 OP	Requip Follow-on Pack
▲Tab 1 mg	40.32 (67.20)	84	Requip
▲Tab 2 mg	60.72 (101.21)	84	Requip
▲Tab 5 mg	90.00 (150.00)	84	Requip

132 CALCIUM FOLINATE – PCT – Hospital pharmacy [HP3]-Specialist (↓ subsidy)

Inj 100 mg – PCT only – Specialist	9.75	1	✔**Calcium Folinate Ebewe**
Inj 300 mg – PCT only – Specialist	30.00	1	✔**Calcium Folinate Ebewe**
Inj 1 g – PCT only – Specialist	100.00	1	✔**Calcium Folinate Ebewe**

133 GEMCITABINE HYDROCHLORIDE (↓ subsidy)

Inj 1 mg for ECP	0.26	1 mg	✔**Baxter** ✔**Biomed**

Effective 1 May 2009

25 CALCIUM CARBONATE WITH AMINOACETIC ACID (↑ alternate subsidy)

✻ 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

30 ACARBOSE (↓ subsidy) – Special Authority see SA0925 – Retail pharmacy

✻ Tab 50 mg	16.50	90	✔**Glucobay**
✻ Tab 100 mg	26.70	90	✔**Glucobay**

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

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

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

Changes to Subsidy and Manufacturer's Price - effective 1 May 2009 (continued)

31	COPPER (↑ price)			
	✻ Tab Diagnostic – Not on a BSO	5.02	36 OP	
		(31.80)		Clinitest
31	GLUCOSE OXIDASE (↑ price)			
	Urine diagnostic test with peroxidase – Not on a BSO	4.13	50 strip OP	
		(8.65)		Clinistix
		4.11		
		(6.26)		Diastix
32	GLUCOSE OXIDASE (↑ price)			
	Urine diagnostic test with peroxidase, potassium iodide, sodium nitroprusside and aminoacetic acid – Not on a BSO	4.53	50 strip OP	
		(14.87)		Keto-Diastix
32	SODIUM NITROPRUSSIDE (↑ price)			
	✻ Urine diagnostic strip, buffered – Not on a BSO	3.40	50 strip OP	
		(10.94)		Ketostix
47	SIMVASTATIN (↓ subsidy)– See prescribing guidelines on page 45			
	✻ Tab 10 mg	0.68	30	✔ **SimvaRex**
		(11.37)		Lipex
	✻ Tab 20 mg	1.00	30	✔ **SimvaRex**
		(11.67)		Lipex
	✻ Tab 40 mg	1.78	30	✔ **SimvaRex**
		(12.41)		Lipex
	✻ Tab 80 mg	3.88	30	
		(14.39)		Lipex
47	SIMVASTATIN (↑ subsidy)– See prescribing guidelines on page 45			
	✻ Tab 80 mg	3.88	30	✔ **SimvaRex**
55	FUROSEMIDE (↓ subsidy)			
	✻ Tab 40 mg - Up to 30 tab available on a PSO	10.75	1,000	✔ **Diurin 40**
59	CICLOPIROXOLAMINE (↓ subsidy)			
	a) Only on a prescription			
	b) not in combination			
	Nail soln 8%	19.85	3.5 ml OP	✔ **Batrafen**
85	ERYTHROMYCIN ETHYL SUCCINATE (↓ subsidy)			
	Tab 400 mg - Up to 30 tab available on a PSO	16.95	100	✔ **E-Mycin**
86	AMOXYCILLIN CLAVULANATE (↓ subsidy)			
	Tab amoxycillin 500 mg with potassium clavulanate 125 mg - Up to 30 tab available on a PSO	5.02	20	
		(6.40)		Augmentin
88	HYDROXYCHLOROQUINE SULPHATE (↓ subsidy)			
	✻ Tab 200 mg	22.50	100	✔ **Plaquenil**

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

Changes to Subsidy and Manufacturer's Price - effective 1 May 2009 (continued)

99 IBUPROFEN (↓ subsidy)

✳ Tab 200 mg	1.60	100	
	(1.78)		I-Profen

108 METHADONE HYDROCHLORIDE (↓ subsidy)

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 162

‡ Oral liq 2 mg per ml	5.95	200 ml	✔**Biodone**
‡ Oral liq 5 mg per ml	5.55	200 ml	✔**Biodone Forte**
‡ Oral liq 10 mg per ml	8.95	200 ml	✔**Biodone Extra Forte**

117 ENTACAPONE (↓ subsidy)

▲ Tab 200 mg	116.00	100	✔**Comtan**

154 LEVOCABASTINE (↓ price)

Eye drops 0.5 mg per ml	8.71	4 ml OP	
	(10.34)		Livostin

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

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

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

Changes to Brand name

Effective 1 July 2009

53 SOTALOL

❋ Tab 80 mg	27.50	500	✔ **Mylan** ~~Pacific~~
❋ Tab 160 mg	10.50	100	✔ **Mylan** ~~Pacific~~

Changes to Description

Effective 1 May 2009

86 BENZATHINE BENZYLPENICILLIN

Inj 1.2 mega u per ~~2~~ **2.3** ml – Up to 5 inj available on a PSO	200.00	10	✔ **Bicillin LA**

Changes to General Rules

Effective 1 July 2009

17 "Unapproved Indication" means, for a Pharmaceutical, an indication for which it is not approved under the Medicines Act 1981. **Pracitioners prescribing Pharmaceuticals for Unapproved Indications should be aware of, and comply with, their obligations under Section 25 and/or Section 29 of the Medicines Act 1981 and as set out in Section A: General Rules, Part IV (Miscellaneous Provisions) rule 4.6.**

Changes to Section F: Part II

Effective 1 August 2009

191 NERVOUS SYSTEM
GABAPENTIN (NEURONTIN)

Changes to Sole Subsidised Supply

Effective 1 August 2009

For the list of new Sole Subsidised Supply products effective 1 August 2009 refer to the bold entries in the cumulative Sole Subsidised Supply table pages 10-15.

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

Delisted Items

Effective 1 August 2009

41	MENADIONE SODIUM BISULPHITE			
	✻ Tab 10 mg	4.75	100	✔K-Thrombin
43	HEPARINISED SALINE			
	✻ Inj 100 iu per ml, 2 ml	8.30	10	✔Hospira S29
47	SIMVASTATIN – See prescribing guideline			
	✻ Tab 10 mg	0.68	30	✔SimvaRex
		(11.37)		Lipex
	✻ Tab 20 mg	1.00	30	✔SimvaRex
		(11.67)		Lipex
	✻ Tab 40 mg	1.78	30	✔SimvaRex
		(12.41)		Lipex
	✻ Tab 80 mg	3.88	30	✔SimvaRex
		(14.39)		Lipex
84	MEBENDAZOLE – Only on a prescription			
	Tab 100 mg	1.26	2	
		(3.44)		Vermox
		2.53	4	
		(7.43)		Vermox
		3.79	6	
		(7.59)		Vermox
86	AMOXYCILLIN CLAVULANATE			
	Tab amoxycillin 500 mg with potassium clavulanate 125 mg			
	– Up to 30 tab available on a PSO	5.02	20	
		(6.40)		Augmentin
99	IBUPROFEN			
	✻ Tab 200 mg	1.60	100	
		(1.78)		I-Profen
131	CARBOPLATIN – PCT only – Specialist			
	Inj 1 mg for ECP	0.13	1 mg	✔Biomed
131	CARMUSTINE – PCT only – Specialist			
	Inj 100 mg for ECP	204.13	100 mg OP	✔Biomed
131	CISPLATIN – PCT only – Specialist			
	Inj 1 mg for ECP	0.46	1 mg	✔Biomed
131	CYCLOPHOSPHAMIDE			
	Inj 1 mg for ECP – PCT only – Specialist	0.02	1 mg	✔Biomed
131	IFOSFAMIDE – PCT only – Specialist			
	Inj 1 mg for ECP	0.09	1 mg	✔Biomed
132	OXALIPLATIN – PCT only – Specialist – Special Authority see SA0900			
	Inj 1 mg for ECP	8.74	1 mg	✔Biomed

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

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

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

Delisted Items – effective 1 August 2009 (continued)

132	CALCIUM FOLINATE			
	Inj 1 mg for ECP – PCT only – Specialist	0.10	1 mg	✔Biomed
133	CLADRIBINE – PCT only – Specialist			
	Inj 10 mg for ECP	749.96	10 mg OP	✔Biomed
133	CYTARABINE			
	Inj 1 mg for ECP – PCT only – Specialist	0.03	1 mg	✔Biomed
	Inj 100 mg intrathecal syringe for ECP – PCT only – Specialist	16.00	100 mg OP	✔Biomed
133	FLUDARABINE PHOSPHATE – PCT only – Specialist			
	Inj 50 mg for ECP	286.00	50 mg OP	✔Biomed
133	FLUOROURACIL SODIUM			
	Inj 1 mg for ECP – PCT only – Specialist	0.01	1 mg	✔Biomed
133	GEMCITABINE HYDROCHLORIDE – PCT only – Specialist – Special Authority see SA0877			
	Inj 1 mg for ECP	0.38	1 mg	✔Biomed
134	IRINOTECAN – PCT only – Specialist – Special Authority see SA0878			
	Inj 1 mg for ECP	3.19	1 mg	✔Biomed
135	METHOTREXATE			
	❋ Inj 1 mg for ECP – PCT only – Specialist	0.10	1 mg	✔Biomed
	❋ Inj 5 mg intrathecal syringe for ECP – PCT only – Specialist	4.73	5 mg OP	✔Biomed
135	BLEOMYCIN SULPHATE – PCT only – Specialist			
	Inj 1,000 iu for ECP	5.26	1,000 iu	✔Biomed
135	COLASPASE (L-ASPARAGINASE) – PCT only – Specialist			
	Inj 10,000 iu for ECP	102.32	10,000 iu OP	✔Biomed
135	DACARBAZINE – PCT only – Specialist			
	Inj 200 mg for ECP	43.86	200 mg OP	✔Biomed
136	DACTINOMYCIN (ACTINOMYCIN D) – PCT only – Specialist			
	Inj 0.5 mg for ECP	13.52	0.5 mg OP	✔Biomed
136	DAUNORUBICIN – PCT only – Specialist			
	Inj 20 mg for ECP	99.00	20 mg OP	✔Biomed
136	DOCETAXEL – PCT only – Specialist – Special Authority see SA0880			
	Inj 1 mg for ECP	23.81	1 mg	✔Biomed
136	DOXORUBICIN – PCT only – Specialist			
	Inj 1 mg for ECP	0.87	1 mg	✔Biomed
137	EPIRUBICIN – PCT only – Specialist			
	Inj 1 mg for ECP	2.74	1 mg	✔Biomed
137	ETOPOSIDE			
	Inj 1 mg for ECP – PCT only – Specialist	0.30	1 mg	✔Biomed

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

Delisted Items – effective 1 August 2009 (continued)

137	ETOPOSIDE PHOSPHATE – PCT only – Specialist			
	Inj 1 mg (of etoposide base) for ECP	0.47	1 mg	✔Biomed
137	IDARUBICIN HYDROCHLORIDE – PCT only – Specialist			
	Inj 1 mg for ECP	37.74	1 mg	✔Biomed
137	MESNA – PCT only – Specialist			
	Inj 1 mg for ECP	0.02	1 mg	✔Biomed
137	MITOMYCIN C – PCT only – Specialist			
	Inj 1 mg for ECP	11.85	1 mg	✔Biomed
137	MITOZANTRONE – PCT only – Specialist			
	Inj 1 mg for ECP	12.43	1 mg	✔Biomed
138	PACLITAXEL – PCT only – Specialist			
	Inj 1 mg for ECP	1.32	1 mg	✔Biomed
138	TENIPOSIDE – PCT only – Specialist			
	Inj 50 mg for ECP	84.51	50 mg OP	✔Biomed
139	VINBLASTINE SULPHATE			
	Inj 1 mg for ECP – PCT only – Specialist	3.05	1 mg	✔Biomed
139	VINCRISTINE SULPHATE			
	Inj 1 mg for ECP – PCT only – Specialist	21.46	1 mg	✔Biomed
139	VINORELBINE – PCT only – Specialist – Special Authority see SA0901			
	Inj 1 mg for ECP	4.75	1 mg	✔Biomed
142	RITUXIMAB – PCT only – Specialist – Special Authority see SA0961			
	Inj 1 mg for ECP	6.27	1 mg	✔Biomed
143	TRASTUZUMAB – PCT only – Specialist – Special Authority see SA0885			
	Inj 1 mg for ECP	9.36	1 mg	✔Biomed
170	ORAL FEED 1KCAL/ML – Special Authority see SA0594– Hospital pharmacy [HP3]			
	Liquid (chocolate)	1.78	237 ml OP	✔Resource Diabetic

Effective 1 July 2009

44	WATER			
	1) on a prescription or Practitioner's Supply order only when on the same form as an injection listed in the Pharmaceutical Schedule requiring a solvent or diluent; or			
	2) on a bulk supply order; or			
	3) When used in the extemporaneous compounding of eye drops.			
	Purified for inj 2 ml – Up to 5 inj available on a PSO	2.19	5	✔Baxter
	Purified for inj 2 ml – Up to 5 inj available on a PSO	21.90	50	✔Baxter

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ **fully subsidised**
Delisted Items – effective 1 July 2009 (continued)			
60 CROTAMITON a) Only on a prescription b) Not in combination			
Lotn 10%	7.56 (7.70)	50 ml	 Eurax
133 FLUOROURACIL SODIUM			
Inj 500 mg per 20 ml – PCT only – Specialist	55.60	10	✔Mayne
172 PAEDIATRIC ORAL FEED 1.5KCAL/ML –Special Authority see SA0986 – Hospital pharmacy [HP3]			
Liquid (chocolate)	1.27	200 ml OP	✔Resource Just for Kids
Liquid (vanilla)	1.27	200 ml OP	✔Resource Just for Kids
184 GLUTEN FREE PASTA – Special Authority see SA0722 – Hospital pharmacy [HP3]			
Corn and Parsley fettucine	2.00 (2.63)	250 g OP	 Orgran
Effective 1 June 2009			
53 DOXAZOSIN MESYLATE			
✻Tab 4 mg	6.37	10	✔Apo-Doxazosin
Note – the 500 tablet pack size remains listed			
54 DILTIAZEM HYDROCHLORIDE			
✻Cap long-acting 90 mg	7.65	60	✔Dilzem SR
✻Cap long-acting 120 mg (twice per day)	18.00	100	✔Dilzem SR
✻Tab long-acting 180 mg	7.65	30	✔Dilzem LA
✻Tab long-acting 240 mg	10.20	30	✔Dilzem LA
97 EFAVIRENZ - Special Authority see SA0779 – Hospital pharmacy [HP1]			
Cap 100 mg	158.33	30	✔Stocrin
104 ALLOPURINOL			
Tab 100 mg	10.88 (11.45)	500	 Progout
Tab 300 mg	20.15 (21.20)	500	 Progout
112 CARBAMAZEPINE			
✻Tab 200 mg	29.06	200	✔Tegretol
Note – the 100 tablet pack size remains listed			
Effective 1 May 2009			
49 DOXAZOSIN MESYLATE			
✻Tab 2 mg	4.81	100	✔Apo-Doxazosin
Note – the 500 tablet pack listed 1 November 2008			
77 OESTRADIOL VALERATE – See prescribing guideline			
✻Tab 2 mg	4.12	28	✔Progynova

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ **fully subsidised**
Delisted Items – effective 1 May 2009 (continued)			
107 PARACETAMOL			
✳ Tab 500 mg – Up to 30 tab available on a PSO	1.38 (14.67)	150	Panadol
107 PARACETAMOL			
✳ Tab 500 mg	137.81 (1,467.00)	15,000	Panadol

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

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

Items to be Delisted

Effective 1 October 2009

49 TERAZOSIN HYDROCHLORIDE

✻ Tab 2 mg	1.30	28	✔**Hytrin**
✻ Tab 5 mg	1.62	28	✔**Hytrin**

142 AZATHIOPRINE – Retail pharmacy-Specialist

✻ Tab 50 mg	25.00	100	✔**Thioprine**

Effective 1 November 2009

61 HYDROCORTISONE

✻ Powder – Only in combination	33.00	25 g	
	(37.64)		m-Hydrocortisone

Up to 5% in a dermatological base (not proprietary Topical Corticosteriod – Plain) with or without other dermatological galenicals

172 PAEDIATRIC ORAL FEED 1.5KCAL/ML – Special Authority see SA0896 – Hospital pharmacy [HP3]

Liquid (strawberry)	1.60	200 ml OP	✔**Fortini**
Liquid (vanilla)	1.60	200 ml OP	✔**Fortini**

172 PAEDIATRIC ORAL FEED WITH FIBRE 1.5KCAL/ML – Special Authority see SA0896 – Hospital pharmacy [HP3]

Liquid (chocolate)	1.60	200 ml OP	✔**Fortini Multifibre**
Liquid (strawberry)	1.60	200 ml OP	✔**Fortini Multifibre**
Liquid (vanilla)	1.60	200 ml OP	✔**Fortini Multifibre**

Effective 1 December 2009

25 CALCIUM CARBONATE WITH AMINOACETIC ACID

✻ Tab 420 mg with aminoacetic acid 180 mg – Higher subsidy of $38.73 per 1000 with Endorsement	30.00	1,000	
	(38.73)		Titralac

30 PIOGLITAZONE – Special Authority see SA0959 – Retail pharmacy

Tab 15 mg	45.78	28	✔**Actos**
Tab 30 mg	70.43	28	✔**Actos**
Tab 45 mg	89.39	28	✔**Actos**

32 GLUCOSE OXIDASE

Urine diagnostic test with peroxidase, sodium nitroprusside and aminoacetic acid – Not on a BSO	4.53	50 stick OP	
	(8.00)		Keto-Diabur 5000
Urine diagnostic test with peroxidase, potassium iodide, sodium nitroprusside and aminoacetic acid – Not on a BSO	4.53	50 strip OP	
	(14.87)		Keto-Diastix

32 SODIUM NITROPRUSSIDE

✻ Urine diagnostic strips, buffered – Not on a BSO	3.39	50 strip OP	
	(6.00)		Ketur-Test
	3.40		
	(10.94)		Ketostix

Check your Schedule for full details Schedule page ref		Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ **fully subsidised**
Items to be delisted - effective 1 December 2009 (continued)				
63	OIL IN WATER EMULSION			
	✻ Crm	2.80	500g	✔**Lemnis Fatty Cream**
64	WOOL FAT WITH MINERAL OIL – Only on a prescription			
	✻ Lotn hydrous 3% with mineral oil	5.60	1,000 ml	
		(9.54)		Hydroderm Lotion
71	ETHINYLOESTRADIOL WITH LEVONORGESTREL			
	✻ Tab	6.62	84	
		(9.45)		Triquilar ED
78	OESTRADIOL WITH LEVONORGESTREL			
	✻ Tab 2 mg with 75 μg levonorgestrel (36) and tab 2 mg Oestradiol (48)	16.20	84	✔**Nuvelle**
92	EFAVIRENZ – Special Authority see SA0779 – Hospital pharmacy [HP1]			
	Tab 50 mg	158.33	30	✔**Stocrin**
	Tab 200 mg	474.99	90	✔**Stocrin**
100	INDOMETHACIN			
	✻ Cap 25 mg	5.90	100	✔**Rheumacin**
110	NORTRIPTYLINE HYDROCHLORIDE			
	Tab 25 mg	20.06	250	✔**Norpress**
	Note: Norpress tab 25 mg 180 tablet pack size listed 1 May 2009			
156	PILOCARPINE			
	✻ Eye drops 0.5%	3.19	15 ml OP	✔**Pilopt**
176	ENTERAL FEED WITH FIBRE 1KCAL/ML – Special Authority see SA0702 – Hospital pharmacy [HP3]			
	Liquid	1.24	250 ml OP	✔**Fibersource**
		5.29	1,000 ml OP	✔**Fibersource RTH**
Effective 1 January 2010				
64	WOOL FAT WITH MINERAL OIL – Only on a prescription			
	✻ Lotn hydrous 3% with mineral oil	1.40	250 ml OP	
		(2.92)		Hydroderm Lotion
87	CO-TRIMOXAZOLE			
	✻ Oral liq sugar-free trimethoprim 40 mg and sulphamethoxazole 200 mg per 5 ml – Up to 200 ml available on a PSO	5.90	500 ml	✔**Trisul**
147	DEXTROCHLORPHENIRAMINE MALEATE			
	✻ Tab long-acting 6 mg	2.70	20	
		(7.73)		Polaramine Repetab
		5.40	40	
		(12.56)		Polaramine Repetab
156	PILOCARPINE			
	✻ Eye drops 2%	4.32	15 ml OP	✔**Pilopt**

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

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

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

Items to be delisted - effective 1 February 2010

30	GLIBENCLAMIDE			
	✻ Tab 2.5 mg	3.78	100	✔ **Gliben**
	✻ Tab 5 mg	3.31	100	✔ **Gliben**
52	ACEBUTOLOL			
	✻ Cap 100 mg	9.50	100	✔ **ACB**
56	TRIAMTERENE WITH HYDROCHLOROTHIAZIDE			
	✻ Tab 50 mg with hydrochlorothiazide 25 mg	5.00	100	✔ **Triamizide**
93	SAQUINAVIR – Special Authority see SA0779 – Hospital pharmacy [HP1]			
	Tab 500 mg	556.59	120	✔ **Invirase**
123	DIAZEPAM			
	Tab 2 mg – Month Restriction	8.40	500	✔ **Pro-Pam**
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
146	AZATADINE MALEATE			
	✻ Tab 1 mg	6.94	50	
		(16.90)		Zadine
147	BECLOMETHASONE DIPROPIONATE			
	Aerosol inhaler, 50 μg per dose	8.54	200 dose OP	✔ **Beclazone 50**
	Aerosol inhaler, 100 μg per dose	12.50	200 dose OP	✔ **Beclazone 100**
	Aerosol inhaler, 250 μg per dose	22.67	200 dose OP	✔ **Beclazone 250**
	Note – Beclazone CFC-free aerosol inhalers were listed 1 July 2009.			
156	PILOCARPINE			
	✻ Eye drops 6%	8.56	15 ml OP	✔ **Pilopt**

Section H changes to Part II

Effective 1 August 2009

Contracted Pharmaceutical Description	Brand	Price ($) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceutical
ATENOLOL (↓ price)						
Tab 50 mg	**Pacific Atenolol**	6.18	500	1%	Oct-09	Anselol Apo-Atenolol Atehexal Global Atenolol
Tab 100 mg	**Pacific Atenolol**	10.73	500	1%	Oct-09	Anselol Apo-Atenolol Atehexal Global Atenolol
CLOZAPINE (↓ price)						
Oral liq 50 mg per ml	Clopine	17.33	100 ml			
Tab 25 mg	Clopine	6.69	50			
	Clopine	13.37	100			
Tab 50 mg	Clopine	8.67	50			
	Clopine	17.33	100			
Tab 100 mg	Clopine	17.33	50			
	Clopine	34.65	100			
Tab 200 mg	Clopine	34.65	50			
	Clopine	69.30	100			
DASATINIB						
Tab 20 mg	Sprycel	3,774.06	60			
Tab 50 mg	Sprycel	6,214.20	60			
Tab 70 mg	Sprycel	7,692.58	60			
DESFLURANE						
Liq 240 ml bottle	**Suprane**	1,230.00	6	1%	Nov-09	(B)
ENOXAPARIN SODIUM						
Inj 20 mg	**Clexane**	39.20	10	1%	Aug-09	(B)
Inj 40 mg	**Clexane**	52.30	10	1%	Aug-09	(B)
Inj 60 mg	**Clexane**	78.85	10	1%	Aug-09	(B)
Inj 80 mg	**Clexane**	105.12	10	1%	Aug-09	(B)
Inj 100 mg	**Clexane**	135.20	10	1%	Aug-09	(B)
Inj 120 mg	**Clexane**	168.00	10	1%	Aug-09	(B)
Inj 150 mg	**Clexane**	192.00	10	1%	Aug-09	(B)
ENTECAVIR						
Tab 0.5 mg	Baraclude	400.00	30			
EPIRUBICIN						
Inj 2 mg per ml, 5 ml (↑ price)	**Epirubicin Ebewe**	25.00	1	1%	Oct-09	Hospira Pharmorubicin
Inj 2 mg per ml, 25 ml (↓ price)	**Epirubicin Ebewe**	87.50	1	1%	Oct-09	Hospira Pharmorubicin
Inj 2 mg per ml, 50 ml (↓ price)	**Epirubicin Ebewe**	155.00	1	1%	Oct-09	Hospira Pharmorubicin
Inj 2 mg per ml, 100 ml (↓ price)	**Epirubicin Ebewe**	310.00	1	1%	Oct-09	Hospira Pharmorubicin

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

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

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

Section H changes to Part II - effective 1 August 2009 (continued)

FENTANYL **CITRATE** (amended chemical name)						
Inj 50 μg per ml, 2 ml	Hospira	6.10	5			
Inj 50 μg per ml, 10 ml	Hospira	15.65	5			
GABAPENTIN	**Nupentin**			5%	Aug-09	Neurontin
Cap 100 mg (↓ price)	**Nupentin**	7.16	100			
Cap 300 mg (↓ price)	**Nupentin**	11.50	100			
Cap 400 mg (↓ price)	**Nupentin**	14.75	100			
Note – The DV limit of 5% applies to the gabapentin chemical rather than each individual line item.						
Note – Neurontin cap 100 mg, 300 mg and 400 mg, and tab 600 mg delisted 1 August 2009.						
ISOFLURANE						
Liq 250 ml bottle	**Aerrane**	540.00	6	1%	Nov-09	Forthane Rhodia
Note – Forthane liq 250 ml bottle to be delisted 1 November 2009						
LEUPRORELIN						
Inj 3.75 mg prefilled syringe	Lucrin Depot PDS	221.60	1			
Inj 11.25 mg prefilled syringe	Lucrin Depot PDS	591.68	1			
Inj 30 mg prefilled syringe	Lucrin Depot PDS	1,109.40	1			
NEVIRAPINE						
Oral suspension 10 mg per ml	**Viramune Suspension**	134.55	240 ml	1%	Oct-09	(B)
Tab 200 mg	**Viramune**	319.80	60	1%	Oct-09	(B)
OIL IN WATER EMULSION						
Crm	healthE Fatty Cream	2.80	500 g			
PARAFFIN						
Yellow soft	**API**	1.04	10 g	1%	Oct-09	Dal Orion
SAQUINAVIR						
Tab 500 mg	Invirase	556.59	120			
Note – Invirase to be delisted 1 February 2010						
SEVOFLURANE						
Liq 250 ml bottle	**Baxter**	1,230.00	6	1%	Nov-09	Sevorane
Note – Abbott Sevorane to be delisted 1 November 2009.						
SODIUM HYALURONATE						
Opthalmic inj 4 mg per ml	**Healon GV**	50.00	1	1%	Oct-09	(B)
Opthalmic soln 10 mg per ml	**Healon** ~~Clear~~	35.00	0.85 ml	1%	Oct-09	Provisc
TAMOXIFEN CITRATE						
Tab 20 mg	Tamoxifen Sandoz	6.66	60			

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

Section H changes to Part IV

Effective 1 August 2009

PEGFILGRASTIM
Inj 6 mg per 0.6 ml prefilled syringe
Indefinite supply for any appropriate indication for the management of patients with cancer.

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PHARMAC is the Government agency responsible for deciding which medicines are subsidised for New Zealanders. It manages spending on pharmaceuticals for the District Health Boards, and ensures that a comprehensive list of medicines (the Pharmaceutical Schedule) is subsidised for New Zealanders, and that the list of medicines continues to grow to meet the needs of patients.