Pharmaceutical Management Agency

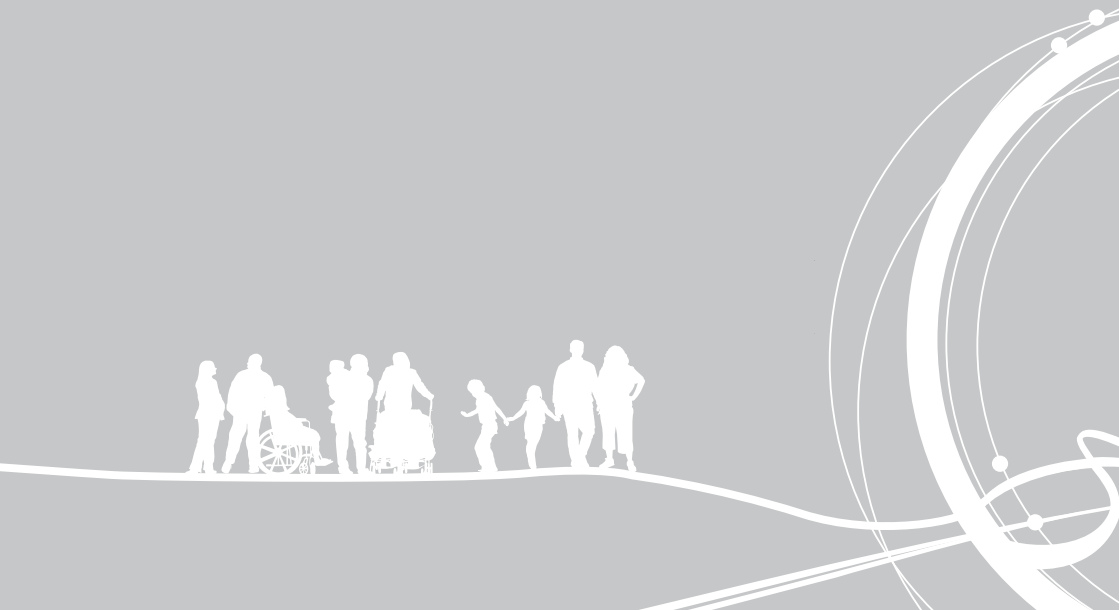
Update

New Zealand Pharmaceutical Schedule

Effective 1 August 2011

Cumulative for May, June, July and August 2011

Section H for August 2011



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EFFECTIVE 1 AUGUST 2011

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- Dexamphetamine sulphate (PSM) tab 5 mg – amended Special Authority criteria
- Methylphenidate hydrochloride tab immediate-release 5 mg (Rubifen), 10 mg (Ritalin and Rubifen) and 20 mg (Rubifen), and tab sustained-release 20 mg (Rubifen SR and Ritalin SR) – amended Special Authority criteria
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Increased subsidy (page 45)

- Mometasone furoate (Elocon) lotn 0.1%, 30 ml OP
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- Interferon beta-1-alpha (Avonex) inj 6 million iu prefilled syringe and vial

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- Iron polymaltose (Ferrum H) inj 50 mg per ml, 2 ml
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- Sildenafil (Viagra) tab 25 mg, 50 mg and 100 mg
- Ibuprofen (Brufen SR) tab long-acting 800 mg
- Morphine sulphate (LA-Morph) tab long-acting 30 mg and 100 mg
- Rituximab inj 100 mg per 10 ml vial and 500 mg per 50 ml vial (Mabthera) and inj 1 mg for ECP (Baxter)

Mental health medication brand change workshops for pharmacists

A training programme is being held to support pharmacists in providing appropriate support and counselling to people changing brands of mental health medication.

The programme includes a 4-hour practical workshop that will provide an overview of some common mental health illnesses and medications, using olanzapine as an example. Pharmacists will be eligible to receive 10 College CE credits and the course will contribute to Continuing Professional Development (CPD) credits.

To register phone 04 381 6382 or email Helen.teo@blueprint.co.nz. More information can be found on the PHARMAC website at www.pharmac.govt.nz/CounsellingBrandChange

Fluconazole powder for oral suspension – new listing

Fluconazole powder for oral suspension 10 mg per ml (Diflucan) will be fully subsidised from 1 August 2011 subject to Special Authority restrictions for prophylaxis for, or treatment of, systemic candidiasis where the patient is unable to swallow capsules. As this is a reconstituted solution, the wastage rule that currently applies to antibiotics will apply to fluconazole, requiring pharmacists to enter the amount required on the prescription and claim the remainder of the pack (if any) as wastage.

Venlafaxine – new brand listed

A new brand of venlafaxine will be subsidised from 1 August 2011. Arrow-Venlafaxine XR 37.5 mg, 75 mg and 150 mg tablets will be funded subject to the same Special Authority criteria as the Efexor XR brand of venlafaxine.

The Efexor XR brand will continue to be listed in Section B of the Pharmaceutical Schedule subject to its current Special Authority restrictions

There is no planned sole supply arrangement for venlafaxine at this time.

We have been informed by the supplier that stock of Arrow-Venlafaxine XR will not be available until early to mid August.

Omeprazole – new listing

A new brand of omeprazole, Omezol Relief, will be subsidised from 1 August 2011. Omezol Relief 10 mg, 20 mg and 40 mg is supplied by Mylan and will be the sole subsidised brand of omeprazole from 1 January 2012. Dr Reddy's Omeprazole will be reference priced to Omezol Relief from 1 October 2011.

Rituximab – wider access and subsidy and price decrease

From 1 August the Special Authority applying to the Pharmaceutical Cancer Treatment rituximab (MabThera) will be widened to include funding for patients with Chronic Lymphocytic Leukemia (CLL). Rituximab will be funded for treatment naïve CLL patients as well as in rituximab naïve patients whose CLL disease has relapsed following up to three prior lines of therapy. In addition, from 1 August the price and subsidies for rituximab inj 100 mg per 10 ml vial (MabThera), inj 500 mg per 50 ml vial (MabThera) and inj 1 mg for ECP (Baxter) will be reduced.

Sodium chloride 7% nebulising solution – change to packaging

In future the 90 ml bottle of Sodium Chloride 7% will not be sealed with a metal band. This means that patients will be able to measure the required volume without having to use a syringe to withdraw the solution.

Glyceryl trinitrate spray – delay in listing AFT's Glytrin

The listing date of AFT's glyceryl trinitrate spray, 400 μg per dose, has been delayed from 1 September 2011 until 1 January 2012. We expect that AFT will have stock available by mid-January 2012. Douglas' Nitrolingual Pumpspray will continue to be listed and fully subsidised until 1 March 2012 when it will be reference priced to AFT's Glytrin. Douglas' Nitrolingual Pumpspray will be delisted on 1 June 2012.

Minor amendments to General Rules

Following the decision to combine the Community and Pharmaceutical Cancer Treatment Budgets from 1 July 2011, some minor consequential amendments to the General Rules have been made.

Tender News

Sole Subsidised Supply changes – effective 1 September 2011

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Ipratropium bromide	Aqueous nasal spray, 0.03%; 15 ml OP	Univent (Rex Medical)
Naltrexone hydrochloride	Tab 50 mg; 30 tab	Naltraccord (Arrow)
Sumatriptan	Inj 12 mg per ml, 0.5 ml; 2 inj OP	Arrow-Sumatriptan (Arrow)
Tamoxifen citrate	Tab 20 mg; 100 tab	Genox (Mylan)

Looking Forward

This section is designed to alert both pharmacists and prescribers to possible future changes to the Pharmaceutical Schedule. It may also assist pharmacists, distributors and wholesalers to manage stock levels.

Possible decisions for implementation 1 September 2011

- Adalimumab inj 40 mg per 0.8 ml prefilled pen and syringe (HumiraPen and Humira) – amended Special Authority criteria
- Etanercept (Enbrel) inj 25 mg, and inj 50 mg autoinjector and prefilled syringe – amended Special Authority criteria
- Fludarabine (Baxter) inj 50 mg for ECP – subsidy decrease
- Imiquimod (Aldara) crm 5%, sachet – subsidy decrease
- Olanzapine (Zyprexa) tab 2.5 mg, 5 mg and 10 mg – subsidy decrease and remove Special Authority
- Olanzapine (Zyprexa Zydis) wafer 5 mg and 10 mg – subsidy decrease and remove Special Authority

Sole Subsidised Supply Products – cumulative to August 2011

Generic Name	Presentation	Brand Name	Expiry Date*
Abacabir sulphate	**Oral liq 20 mg per ml** **Tab 300 mg**	**Ziagen** **Ziagen**	**2014**
Acarbose	Tab 50 mg & 100 mg	Glucobay	2012
Aciclovir	Tab dispersible 200 mg, 400 mg & 800 mg	Lovir	2013
Amitriptyline	Tab 25 mg & 50 mg	Amitrip	2014
Amoxycillin	Cap 250 mg & 500 mg Grans for oral liq 250 mg per 5 ml	Alphamox Ospamox	2013 2012
Amoxycillin clavulanate	Grans for oral liq amoxycillin 125 mg with potassium clavulanate 31.25 mg per 5 ml Grans for oral liq amoxycillin 250 mg with potassium clavulanate 62.5 mg per 5 ml	Curam Curam	2012
Ascorbic acid	Tab 100 mg	Vitala-C	2013
Aspirin	Tab 100 mg Tab dispersible 300 mg	Ethics Aspirin EC Ethics Aspirin	2013
Atenolol	Tab 50 mg & 100 mg	Atenolol Tablet USP	2012
Atropine sulphate	Inj 600 μg, 1 ml	AstraZeneca	2012
Azathioprine	Tab 50 mg Inj 50 mg	Imuprine Imuran	2013
Azithromycin	Tab 500 mg	Arrow-Azithromycin	2012
Baclofen	Tab 10 mg	Pacifen	2012
Betamethasone valerate	Scalp app 0.1%	Beta Scalp	2012
Bisacodyl	Tab 5 mg	Lax-Tab	2013
Calamine	Crm, aqueous, BP Lotn, BP	healthE API	2012
Calcitriol	Cap 0.25 μg & 0.5 μg	Airflow	2012
Captopril	Tab 12.5 mg, 25 mg & 50 mg Oral liq 5 mg per ml	m-Captorpril Capoten	2013
Cefaclor monohydrate	Grans for oral liq 125 mg per 5 ml	Ranbaxy-Cefaclor	2013
Ceftriaxone sodium	Inj 500 mg Inj 1 g	Veracol Aspen Ceftriaxone	2013
Cephalexin monohydrate	Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml	Cefalexin Sandoz Cefalexin Sandoz	2012
Cetomacrogol	Crm BP	PSM	2013
Chloramphenicol	Eye drops 0.5% Eye oint 1%	Chlorafast Chlorsig	2012
Chlorhexidine gluconate	Handrub 1% with ethanol 70%	healthE	2012
Ciclopiroxolamine	Nail soln 8%	Batrafen	2012
Cilazapril	Tab 0.5 mg, 2.5 mg & 5 mg	Zapril	2013

**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 2011

Generic Name	Presentation	Brand Name	Expiry Date*
Cilazapril with hydrochlorothiazide	Tab 5 mg with hydrochlorothiazide 12.5 mg	Inhibace Plus	2013
Clobetasol propionate	Crm 0.05% Oint 0.05% Scalp app 0.05%	Dermol Dermol Dermol	2012
Clonidine	TDDS 2.5 mg, 100 μg per day TDDS 5 mg, 200 μg per day TDDS 7.5 mg, 300 μg per day	Catapres-TTS-1 Catapres-TTS-2 Catapres-TTS-3	2012
Clonidine hydrochloride	Inj 150 μg per ml, 1 ml Tab 25 μg Tab 150 μg	Catapres Dixarit Catapres	2012
Clopidogrel	Tab 75 mg	Apo-Clopidogrel	2013
Clotrimazole	Vaginal crm 1% with applicator Vaginal crm 2% with applicator	Clomazol Clomazol	2013
Coal tar	Soln BP	Midwest	2013
Colchicine	Tab 500 μg	Colgout	2013
Crotamiton	Crm 10%	Itch-Soothe	2012
Cyclizine hydrochloride	Tab 50 mg	Nausicalm	2012
Cyclophosphamide	Tab 50 mg	Cycloblastin	2013
Cyproterone acetate	Tab 50 mg & 100 mg	Siterone	2012
Dexamethasone	Eye drops 0.1%	Maxidex	2013
Dexamethasone sodium phosphate	Inj 4 mg per ml, 1 ml & 2 ml	Hospira	2013
Dextrose with electrolytes	Soln with electrolytes	Pedialyte – Fruit Pedialyte – Bubblegum Pedialyte – Plain	2013
Diclofenac sodium	Tab EC 25 mg & 50 mg	Diclofenac Sandoz	2012
Dihydrocodeine tartrate	Tab long-acting 60 mg	DHC Continus	2013
Diltiazem hydrochloride	Tab 30 mg & 60 mg Cap long-acting 120 mg, 180 mg & 240 mg	Dilzem Cardizem CD	31/12/11
Docusate sodium with sennosides	Tab 50 mg with total sennosides 8 mg	Laxsol	2013
Donepezil hydrochloride	Tab 5 mg & 10 mg	Donepezil-Rex	2012
Doxazosin mesylate	Tab 2 mg & 4 mg	Apo-Doxazosin	2014
Enalapril	Tab 5 mg, 10 mg & 20 mg	Arrow-Enalapril	2012
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	E-Mycin	2012

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Generic Name	Presentation	Brand Name	Expiry Date*
Escitalopram	Tab 10 mg & 20 mg	Loxalate	2013
Ethinyloestradiol	Tab 10 μg	NZ Medical and Scientific	2012
Etidronate disodium	Tab 200 mg	Arrow-Etidronate	2012
Exemestane	Tab 25 mg	Aromasin	2014
Felodipine	Tab long-acting 5 mg Tab long-acting 10 mg	Felo 5 ER Felo 10 ER	2012
Fentanyl	**Transdermal patch 12.5 μg per hour, 25 μg per hour, 50 μg per hour, 75 μg per hour, 100 μg per hour**	**Mylan Fentanyl Patch**	**2013**
Ferrous sulphate	Oral liq 30 mg per 1 ml (6 mg elemental per 1 ml)	Ferodan	2013
Flucloxacillin sodium	Cap 250 mg & 500 mg Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml	AFT AFT AFT	2012
Fluorometholone	Eye drops 0.1%	FML	2012
Fluoxetine hydrochloride	Cap 20 mg Tab dispersible 20 mg, scored	Fluox Fluox	2013
Flutamide	Tab 250 mg	Flutamin	2013
Fluticasone propionate	Metered aqueous nasal spray, 50 μg per dose	Flixonase Hayfever & Allergy	31/1/13
Furosemide	Inj 10 mg per ml, 2 ml Tab 40 mg	Frusemide-Claris Diurin 40	2013 2012
Fusidic acid	Crm 2% Oint 2%	Foban Foban	2013
Gabapentin	Cap 100 mg, 300 mg & 400 mg	Nupentin	31/7/12
Gemfibrozil	Tab 600 mg	Lipazil	2013
Gentamicin sulphate	Inj 40 mg per ml, 2 ml	Pfizer	2012
Glycerol	Liquid	healthE	2013
Haloperidol	Inj 5 mg per ml, 1 ml Oral liq 2 mg per ml Tab 500 μg, 1.5 mg & 5 mg	Serenace Serenace Serenace	2013
Hydrocortisone	Inj 50 mg per ml, 1 ml Tab 5 mg & 20 mg	Solu-Cortef Douglas	2013 2012
Hydrocortisone acetate	Rectal foam 10%, CFC-free (14 applications)	Colifoam	2012
Hydrocortisone with miconazole	Crm 1% with miconazole nitrate 2%	Micreme H	2013
Hydroxocobalamin	Inj 1 mg per ml, 1 ml	ABM Hydroxocobalamin	2012
Hydroxychloroquine sulphate	Tab 200 mg	Plaquenil	2012

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Sole Subsidised Supply Products – cumulative to August 2011

Generic Name	Presentation	Brand Name	Expiry Date*
Ibuprofen	Oral liq 100 mg per 5 ml	Fenpaed	2013
Indapamide	Tab 2.5 mg	Dapa-Tabs	2013
Ipratropium bromide	Nebuliser soln, 250 μg per ml, 1 ml & 2 ml	Univent	2013
Isosorbide mononitrate	Tab 20 mg Tab long-acting 40 mg	Ismo 20 Corangin	2014
Isotretinoin	Cap 10 mg & 20 mg	Oratane	2012
Itraconazole	Cap 100 mg	Itrazole	2013
Lactulose	Oral liq 10 g per 15 ml	Laevolac	2013
Lamivudine	Oral liq 10 mg per ml Tab 150 mg	3TC 3TC	2013
Latanoprost	Eye drops 50 μg per ml	Hysite	2012
Letrozole	Tab 2.5 mg	Letara	2012
Levonorgestrel	Subdermal implant (2 x 75 mg rods)	Jadelle	31/12/13
Lignocaine hydrochloride	Inj 1%, 5 ml & 20 ml	Xylocaine	2013
Lignocaine with prilocaine	Crm 2.5% with prilocaine 2.5% (5 g tubes) Crm 2.5% with prilocaine 2.5%; 30 g OP	EMLA EMLA	2013
Lisinopril	Tab 5 mg, 10 mg & 20 mg	Arrow-Lisinopril	2012
Loperamide hydrochloride	Cap 2 mg	Diamide Relief	2013
Loratadine	Oral liq 1 mg per ml Tab 10 mg	Lorapaed Loraclear Hayfever Relief	2013
Lorazepam	Tab 1 mg & 2.5 mg	Ativan	2013
Malathion	Liq 0.5% Shampoo 1%	A-Lices A-Lices	2013
Mask for Spacer Device	Device	Foremount Child's Silicone Mask	30/9/11
Megestrol acetate	Tab 160 mg	Apo-Megestrol	2012
Mercaptopurine	Tab 50 mg	Purinethol	2013
Mesalazine	Enema 1 g per 100 ml	Pentasa	2012
Metformin hydrochloride	Tab immediate-release 500 mg & 850 mg	Apotex	2012
Methadone hydrochloride	Tab 5 mg Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml	Methatabs Biodone Biodone Forte Biodone Extra Forte	2013 2012
Methotrexate	Inj 25 mg per ml, 2 ml & 20 ml Tab 2.5 mg & 10 mg	Hospira Methoblastin	2013 2012

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Sole Subsidised Supply Products – cumulative to August 2011

Generic Name	Presentation	Brand Name	Expiry Date*
Methylprednisolone	Tab 4 mg & 100 mg	Medrol	2012
Methylprednisolone sodium succinate	Inj 40 mg per ml, 1 ml Inj 62.5 mg per ml, 2 ml Inj 500 mg Inj 1 g	Solu-Medrol Solu-Medrol Solu-Medrol Solu-Medrol	2012
Metoclopramide hydrochloride	Tab 10 mg	Metamide	2014
Moclobemide	Tab 150 mg & 300 mg	Apo-Moclobemide	2012
Mometasone furoate	Crm 0.1% Oint 0.1%	m-Mometasone m-Mometasone	2012
Morphine hydrochloride	Oral liq 1 mg per ml Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml	RA-Morph RA-Morph RA-Morph RA-Morph	2012
Morphine sulphate	Cap long-acting 10 mg, 30 mg, 60 mg & 100 mg Tab immediate release 10 mg & 20 mg	m-Elson Sevredol	2013 2012
Morphine tartrate	Inj 80 mg per ml, 1.5 ml & 5 ml	Hospira	2013
Mucilaginous laxatives	Dry	Konsyl-D	2013
Naproxen	Tab 250 mg Tab 500 mg	Noflam 250 Noflam 500	2012
Nevirapine	Oral suspension 10 mg per ml Tab 200 mg	Viramune Suspension Viramune	2012
Nicotine	Lozenge 1 mg & 2 mg Patch 7 mg, 14 mg & 21 mg	Habitrol Habitrol	2014
Norethisterone	Tab 350 μg	Noriday 28	2012
Nystatin	Cap 500,000 u Tab 500,000 u	Nilstat Nilstat	2013
Ondansetron	**Tab disp 4 mg & 8 mg** Tab 4 mg & 8 mg	**Dr Reddy's Ondansetron** Dr Reddy's Ondansetron	**2013**
Oxytocin	Inj 5 iu per ml, 1 ml Inj 10 iu per ml, 1 ml Inj 5 iu with ergometrine maleate 500 μg per ml, 1 ml	Syntocinon Syntocinon Syntometrine	2012
Pantoprazole	Tab 20 mg & 40 mg	Dr Reddy's Pantoprazole	2013
Paraffin liquid with soft white paraffin	Eye oint with soft white paraffin	Lacri-Lube	2013
Paroxetine hydrochloride	Tab 20 mg	Loxamine	2013
Peak Flow Meter	Low range and Normal range	Breath-Alert	30/9/11

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Sole Subsidised Supply Products – cumulative to August 2011

Generic Name	Presentation	Brand Name	Expiry Date*
Pegylated interferon alpha-2A	Inj 135 μg prefilled syringe	Pegasys	31/12/12
	Inj 180 μg prefilled syringe	Pegasys	
	Inj 135 μg prefilled syringe x 4 with ribavirin tab 200 mg x 112	Pegasys RBV Combination Pack	
	Inj 135 μg prefilled syringe x 4 with ribavirin tab 200 mg x 168	Pegasys RBV Combination Pack	
	Inj 180 μg prefilled syringe x 4 with ribavirin tab 200 mg x 112	Pegasys RBV Combination Pack	
	Inj 180 μg prefilled syringe x 4 with ribavirin tab 200 mg x 168	Pegasys RBV Combination Pack	
Phenoxymethylpenicillin (Pencillin V)	Cap potassium salt 250 mg & 500 mg	Cilicaine VK	2013
	Grans for oral liq 125 mg per 5 ml	AFT	
	Grans for oral liq 250 mg per 5 ml	AFT	
Pindolol	Tab 5 mg, 10 mg & 15 mg	Apo-Pindolol	2012
Pioglitazone	Tab 15 mg, 30 mg & 45 mg	Pizaccord	2012
Pizotifen	Tab 500 μg	Sandomigran	2012
Potassium chloride	Tab long-acting 600 mg	Span-K	2012
Prednisone sodium phosphate	Oral liq 5 mg per ml	Redipred	2012
Pregnancy tests – hCG urine	Cassette	Innovacon hCG One Step Pregnancy Test	2012
Promethazine hydrochloride	Oral liq 5 mg per 5 ml	Promethazine Winthrop Elixir	2012
Quinine sulphate	Tab 300 mg	Q 300	2012
Rifabutin	Cap 150 mg	Mycobutin	2013
Ropinirole hydrochloride	Tab 0.25 mg, 1 mg, 2 mg & 5 mg	Ropin	2013
Roxithromycin	Tab 150 mg & 300 mg	Arrow-Roxithromycin	2012
Salbutamol	Oral liq 2 mg per 5 ml	Salapin	2013
	Nebuliser soln, 1 mg per ml, 2.5 ml	Asthalin	2012
	Nebuliser soln, 2 mg per ml, 2.5 ml	Asthalin	
Salbutamol with ipratropium bromide	Nebuliser soln, 2.5 mg with ipratopium bromide 0.5 mg per vial, 2.5 ml	Duolin	2012
Selegiline hydrochloride	Tab 5 mg	Apo-Selegiline	2012
Sertraline	Tab 50 mg & 100 mg	Arrow-Sertraline	2013
Sodium chloride	Inj 23.4%, 20 ml	Biomed	2013
Sodium citrate with sodium lauryl sulphoacetate	Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml	Micolette	2013
Sodium citro-tartrate	Grans effervescent 4 g sachets	Ural	2013
Sodium cromoglycate	Eye drops 2%	Rexacrom	2013
	Nasal spray, 4%	Rex	2012

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Sole Subsidised Supply Products – cumulative to August 2011

Generic Name	Presentation	Brand Name	Expiry Date*
Somatropin	Inj cartridge 16 iu (5.3 mg) Inj cartridge 36 iu (12 mg)	Genotropin Genotropin	31/12/12
Sotalol	Tab 80 mg & 160 mg	Mylan	2012
Spacer Device	230 ml, autoclavable & single patient	Space Chamber	30/9/11
Spironolactone	Tab 25 mg & 100 mg	Spirotone	2013
Sumatriptan	Tab 50 mg & 100 mg	Arrow-Sumatriptan	2013
Tamsulosin hydrochloride	Cap 400 μg	Tamsulosin-Rex	2013
Terazosin hydrochloride	Tab 1 mg, 2 mg & 5 mg	Arrow	2013
Testosterone undecanoate	Cap 40 mg	Arrow-Testosterone	2012
Timolol maleate	Tab 10 mg	Apo-Timol	2012
Tranexamic acid	Tab 500 mg	Cycklokapron	2013
Tropisetron	Cap 5 mg	Navoban	2012
Vitamin B complex	Tab, strong, BPC	B-PlexADE	2013
Vitamins	Tab (BPC cap strength)	MultiADE	2013
Zidovudine [AZT]	Cap 100 mg Oral liq 10 mg per ml	Retrovir Retrovir	2013

August changes in bold

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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 2011

29 OMEPRAZOLE

✻ Cap 10 mg	2.91	90	✔**Omezol Relief**
✻ Cap 20 mg	3.78	90	✔**Omezol Relief**
✻ Cap 40 mg	5.57	90	✔**Omezol Relief**

83 FLUCONAZOLE

Powder for oral suspension 10 mg per ml – Special Authority see SA1148– Retail pharmacy	34.56	35 ml	✔**Diflucan**

➽ SA1148 Special Authority for Subsidy

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

Both:

1. Patient requires prophlaxis for, or treatment of systemic candidiasis; and
2. Patient is unable to swallow capsules.

Renewal from any relevant practitioner. Approvals valid for 6 weeks for applications meeting the following criteria:

Both:

1. Patient requires prophlaxis for, or treatment of systemic candidiasis; and
2. Patient is unable to swallow capsules.

119 VENLAFAXINE – Special Authority see SA1061 – Retail pharmacy

Tab 37.5 mg	18.64	28	✔**Arrow-Venlafaxine XR**
Tab 75 mg	37.27	28	✔**Arrow-Venlafaxine XR**
Tab 150 mg	45.68	28	✔**Arrow-Venlafaxine XR**

Effective 1 July 2011

29 OMEPRAZOLE

✻ Powder – Only in combination	42.50	5 g	✔**Midwest**

Only in extemporaneously compounded omeprazole suspension.

37 PYRIDOXINE HYDROCHLORIDE

a) No more than 100 mg per dose

b) Only on a prescription

✻ Tab 25 mg – No patient co-payment payable	2.20	90	✔**PyridoxADE**

42 DABIGATRAN

Dabigatran will not be funded Close Control in amounts less than 4 weeks of treatment.

Cap 75 mg – No more than 2 cap per day	148.00	60 OP	✔**Pradaxa**
Cap 110 mg	148.00	60 OP	✔**Pradaxa**
Cap 150 mg	148.00	60 OP	✔**Pradaxa**

62 PERMETHRIN

Crm 5%	4.20	30 g OP	✔**Lyderm**

New listings – effective 1 July 2011 (continued)

82 CLINDAMYCIN
Inj phosphate 150 mg per ml, 4 ml – Retail pharmacy-Specialist ..... 160.00 10 ✔**Dalacin C**

109 RALOXIFENE HYDROCHLORIDE – Special Authority see SA1138 – Retail pharmacy
Tab 60 mg ..... 53.76 28 ✔**Evista**

SA1138 Special Authority for Subsidy
Initial application from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:
Any of the following:
1 History of one significant osteoporotic fracture demonstrated radiologically and documented bone mineral density (BMD) ≥2.5 standard deviations below the mean normal value in young adults (i.e. T-Score ≤ -2.5) (see Notes); or
2 History of one significant osteoporotic fracture demonstrated radiologically, and either the patient is elderly, or densitometry scanning cannot be performed because of major logistical, technical or pathophysiological reasons. It is unlikely that this provision would apply to many patients under 75 years of age; or
3 History of two significant osteoporotic fractures demonstrated radiologically; or
4 Documented T-Score ≤ -3.0 (see Notes); or
5 A 10-year risk of hip fracture ≥ 3%, calculated using a published risk assessment algorithm (e.g. FRAX or Garvan) which incorporates BMD measurements (see Notes); or
6 Patient has had a prior Special Authority approval for zoledronic acid (Underlying cause – Osteoporosis) or alendronate (Underlying cause - Osteoporosis).
Notes:
a) BMD (including BMD used to derive T-Score) must be measured using dual-energy x-ray absorptiometry (DXA). Quantitative ultrasound and quantitative computed tomography (QCT) are not acceptable.
b) Evidence used by the UK National Institute for Health and Clinical Excellence (NICE) in developing its guidance indicates that patients aged 75 years and over who have a history of significant osteoporotic fracture demonstrated radiologically are very likely to have a T-Score ≤ -2.5 and, therefore, do not require BMD measurement for raloxifene funding.
c) Osteoporotic fractures are the incident events for severe (established) osteoporosis, and can be defined using the WHO definitions of osteoporosis and fragility fracture. The WHO defines severe (established) osteoporosis as a T-score below -2.5 with one or more associated fragility fractures. Fragility fractures are fractures that occur as a result of mechanical forces that would not ordinarily cause fracture (minimal trauma). The WHO has quantified this as forces equivalent to a fall from a standing height or less.
d) A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

109 TERIPARATIDE – Special Authority see SA11339 – Retail pharmacy
Inj 250 μg per ml, 2.4 ml ..... 490.00 1 ✔**Forteo**

SA1139 Special Authority for Subsidy
Initial application from any relevant practitioner. Approvals valid for 18 months for applications meeting the following criteria:
All of the following:
1 The patient has severe, established osteoporosis; and
2 The patient has a documented T-score less than or equal to -3.0 (see Notes); and
3 The patient has had two or more fractures due to minimal trauma; and
4 The patient has experienced at least one symptomatic new fracture after at least 12 months' continuous therapy with a funded antiresorptive agent at adequate doses (see Notes).
Notes:

continued...

New listings – effective 1 July 2011 (continued)

continued...

a) The bone mineral density (BMD) measurement used to derive the T-score must be made using dual-energy x-ray absorptiometry (DXA). Quantitative ultrasound and quantitative computed tomography (QCT) are not acceptable.

b) Antiresorptive agents and their adequate doses for the purposes of this Special Authority are defined as: alendronate sodium tab 70 mg or tab 70 mg with cholecalciferol 5,600 iu once weekly; raloxifene hydrochloride tab 60 mg once daily; zoledronic acid 5 mg per year. If an intolerance of a severity necessitating permanent treatment withdrawal develops during the use of one antiresorptive agent, an alternate antiresorptive agent must be trialled so that the patient achieves the minimum requirement of 12 months' continuous therapy.

c) A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

d) A maximum of 18 months of treatment (18 cartridges) will be subsidised.

111 ALLOPURINOL

✻ Tab 300 mg	20.15	500	✔ **Apo-Allopurinol S29** S29

116 PARACETAMOL WITH CODEINE

✻ Tab paracetamol 500 mg with codeine phosphate 8 mg	2.70	100	✔ **Relieve**

128 OLANZAPINE PAMOATE MONOHYDRATE – Special Authority see SA1146 – Retail pharmacy

Inj 210 mg	280.00	1	✔ **Zyprexa Relprevv**
Inj 300 mg	460.00	1	✔ **Zyprexa Relprevv**
Inj 405 mg	560.00	1	✔ **Zyprexa Relprevv**

➽ SA1146 Special Authority for Subsidy

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

All of the following:

1 The patient has schizophrenia; and
2 The patient has tried but failed to comply with treatment using oral atypical antipsychotic agents; and
3 The patient has been admitted to hospital or treated in respite care, or intensive outpatient or home-based treatment for 30 days or more in the last 12 months.

Renewal from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:

1 Both:
  1.1 The patient has had less than 12 months' treatment with olanzapine depot injection; and
  1.2 There is no clinical reason to discontinue treatment; or
2 The initiation of olanzapine depot injection has been associated with fewer days of intensive intervention than was the case during a corresponding period of time prior to the initiation of olanzapine depot injection.

Note: The patient should be monitored for post-injection syndrome for at least three hours after each injection.

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 2011 (continued)

137 NICOTINE

Nicotine will not be funded Close Control in amounts less than 4 weeks of treatment.

Gum 2 mg (Classic) – up to 384 pieces of gum available on a PSO	36.47	384	✔**Habitrol**
Gum 2 mg (Fruit) – up to 384 pieces of gum available on a PSO	36.47	384	✔**Habitrol**
Gum 2 mg (Mint) – up to 384 pieces of gum available on a PSO	36.47	384	✔**Habitrol**
Gum 4 mg (Classic) – up to 384 pieces of gum available on a PSO	42.04	384	✔**Habitrol**
Gum 4 mg (Fruit) – up to 384 pieces of gum available on a PSO	42.04	384	✔**Habitrol**
Gum 4 mg (Mint) – up to 384 pieces of gum available on a PSO	42.04	384	✔**Habitrol**

141 FLUDARABINE PHOSPHATE – PCT only – Specialist

Inj 50 mg	525.00	5	✔**Fludarabine Ebewe**

153 MYCOPHENOLATE MOFETIL – Special Authority see SA1041 – Retail pharmacy

Dispensing pharmacy should check which brand to dispense with the prescriber if prescribed generically.

Tab 500 mg	60.00	50	✔**Ceptolate**
Cap 250 mg	30.00	50	✔**Ceptolate**

Effective 1 June 2011

47 CILAZAPRIL

✻ Tab 2.5 mg	6.18	90	✔**Zapril**
✻ Tab 5 mg	9.84	90	✔**Zapril**

Note – change in pack size, and change from blister packs to bottles.

61 TRICLOSAN – Subsidy by endorsement

a) Maximum of 500 ml per prescription

b)

a) Only if prescribed for a patient identified with Methicillin-resistant Staphylococcus aureus (MRSA) prior to elective surgery in hospital and the prescription is endorsed accordingly; or

b) Only if prescribed for a patient with recurrent Staphylococcus aureus infection and the prescription is endorsed accordingly

Soln 1%	4.50	500 ml OP	✔**Pharmacy Health**

84 ORNIDAZOLE

Tab 500 mg	16.50	10	✔**Arrow-Ornidazole**

116 MORPHINE SULPHATE

a) Only on a controlled drug form

b) No patient co-payment payable

Tab long-acting 10 mg	1.98	10	✔**Arrow-Morphine LA**
Tab long-acting 30 mg	3.15	10	✔**Arrow-Morphine LA**
Tab long-acting 60 mg	7.20	10	✔**Arrow-Morphine LA**
Tab long-acting 100 mg	7.85	10	✔**Arrow-Morphine LA**

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 2011 (continued)			
126 OLANZAPINE			
Tab 2.5 mg	2.00	28	✔**Dr Reddy's Olanzapine** ✔**Olanzine**
Tab 5 mg	3.85	28	✔**Dr Reddy's Olanzapine** ✔**Olanzine**
Tab 10 mg	6.35	28	✔**Dr Reddy's Olanzapine** ✔**Olanzine**
129 OLANZAPINE			
Orodispersible tab 5 mg	6.36	28	✔**Dr Reddy's Olanzapine** ✔**Olanzine-D**
Orodispersible tab 10 mg	8.76	28	✔**Dr Reddy's Olanzapine** ✔**Olanzine-D**
143 METHOTREXATE			
❋ Inj 25 mg per ml, 40 ml – PCT – Retail pharmacy-Specialist	25.00	1	✔**DBL Methotrexate** S29
144 BORTEZOMIB – PCT only – Specialist – Special Authority SA1127			
Inj 1 mg	540.70	1	✔**Velcade**
Inj 1 mg for ECP	594.77	1 mg	✔**Baxter**
145 DOXORUBICIN – PCT only – Specialist			
Inj 50 mg	40.00	1	✔**DBL Doxorubicin** S29
146 PACLITAXEL – PCT only – Specialist			
Inj 150 mg	137.50	1	✔**Anzatax**
Inj 300 mg	275.00	1	✔**Anzatax**
Effective 9 May 2011			
111 ALLOPURINOL			
❋ Tab 300 mg	4.03	100	✔**Apo-Allopurinol S29** S29
Effective 1 May 2011			
44 COMPOUND ELECTROLYTES Powder for soln for oral use 4.4 g – Up to 10 sach available on a PSO	1.12	5	✔**Electral**
49 DIGOXIN			
❋ Tab 250 μg – Up to 30 tab available on a PSO	14.52	240	✔**Lanoxin**

▲ 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 May 2011 (continued)

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

Inj 50 μg per ml, 2 ml	6.43	10	✔**Boucher and Muir**
Inj 50 μg per ml, 10 ml	16.81	10	✔**Boucher and Muir**

121 LACOSAMIDE – Special Authority see SA1125 – Retail pharmacy

▲Tab 50 mg	25.04	14	✔**Vimpat**
▲Tab 100 mg	50.06	14	✔**Vimpat**
	200.24	56	✔**Vimpat**
▲Tab 150 mg	75.10	14	✔**Vimpat**
	300.40	56	✔**Vimpat**
▲Tab 200 mg	400.55	56	✔**Vimpat**

SA1125 Special Authority for Subsidy
Initial application from any relevant practitioner. Approvals valid for 15 months for applications meeting the following criteria:
Both:
1 Patient has partial-onset epilepsy; and
2 Seizures are not adequately controlled by, or patient has experienced unacceptable side effects from, optimal treatment with all of the following: sodium valproate, topiramate, levetiracetam and any two of carbamazepine, lamotrigine and phenytoin sodium (see Note).

Note: "Optimal treatment" is defined as treatment which is 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. Women of childbearing age are not required to have a trial of sodium valproate.

Renewal from any relevant practitioner. Approvals valid for 24 months where the patient has demonstrated a significant and sustained improvement in seizure rate or severity and/or quality of life compared with that prior to starting lacosamide treatment (see Note).
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.

136 MODAFINIL – Special Authority see SA1126 – Retail pharmacy

Tab 100 mg	72.50	30	✔**Modavigil**

SA1126 Special Authority for Subsidy
Initial application only from a neurologist or respiratory specialist. Approvals valid for 24 months for applications meeting the following criteria:
All of the following:
1 The patient has a diagnosis of narcolepsy and has excessive daytime sleepiness associated with narcolepsy occurring almost daily for three months or more; and
2 Either:
  2.1 The patient has a multiple sleep latency test with a mean sleep latency of less than or equal to 10 minutes and 2 or more sleep onset rapid eye movement periods; or
  2.2 The patient has at least one of: cataplexy, sleep paralysis or hypnagogic hallucinations; and
3 Either:
  3.1 An effective dose of a subsidised formulation of methylphenidate or dexamphetamine has been trialled and discontinued because of intolerable side effects; or
  3.2 Methylphenidate and dexamphetamine are contraindicated.

Note: Modafinil will not be subsidised for hypersomnia associated with any condition other than narcolepsy.

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

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

New listings – effective 1 May 2011 (continued)

144 BORTEZOMIB – PCT only – Specialist – Special Authority see SA1127

Inj 3.5 mg	1,892.50	1	✔**Velcade**
Inj 1 mg for ECP	1,892.50	3.5 mg OP	✔**Baxter**

SA1127 Special Authority for Subsidy

Initial application – treatment-naïve multiple myeloma/amyloidosis - only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 15 months for applications meeting the following criteria:

Both:

1 Either:
   1.1 The patient has treatment-naïve symptomatic multiple myeloma; or
   1.2 The patient has treatment-naïve symptomatic systemic AL amyloidosis; and
2 Maximum of 9 treatment cycles.

Initial application – relapsed/refractory multiple myeloma/amyloidosis - only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 8 months for applications meeting the following criteria:

All of the following:

1 Either:
   1.1 The patient has relapsed or refractory multiple myeloma; or
   1.2 The patient has relapsed or refractory systemic AL amyloidosis; and
2 The patient has received only one prior front line chemotherapy for multiple myeloma or amyloidosis; and
3 The patient has not had prior publicly funded treatment with bortezomib; and
4 Maximum of 4 treatment cycles.

Renewal – relapsed/refractory multiple myeloma/amyloidosis - only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 8 months for applications meeting the following criteria:

Both:

1 The patient's disease obtained at least a partial response from treatment with bortezomib at the completion of cycle 4; and
2 Maximum of 4 further treatment cycles (making a total maximum of 8 consecutive treatment cycles).

Note: Responding relapsed/refractory multiple myeloma patients should receive no more than 2 additional cycles of treatment beyond the cycle at which a confirmed complete response was first achieved. A line of therapy is considered to comprise either: a) a known therapeutic chemotherapy regimen and supportive treatments or b) a transplant induction chemotherapy regimen, stem cell transplantation and supportive treatments. Refer to datasheet for recommended dosage and number of doses of bortezomib per treatment cycle.

147 THALIDOMIDE – PCT only – Specialist – Special Authority see SA1124

Only on a controlled drug form

Cap 100 mg	1,008.00	28	✔**Thalomid**

183 PAEDIATRIC ORAL FEED 1.5KCAL/ML – Special Authority see SA1100 – Hospital pharmacy [HP3]

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

183 PAEDIATRIC ORAL FEED WITH FIBRE 1.5KCAL/ML – Special Authority see SA1100 – Hospital pharmacy [HP3]

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

▲ 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 2011

36 VITAMINS

Alpha tocopheryl acetate is available fully subsidised for specific patients at the Medical Director of PHARMAC's discretion. Refer to PHARMAC website www.pharmac.govt.nz for the "Alpha tocopheryl acetate information sheet and application form".

133 DEXAMPHETAMINE SULPHATE – Special Authority see **SA1149** ~~1073~~ – Retail pharmacy

Only on a controlled drug form

Tab 5 mg ..... 16.50 100 ✔**PSM**

➽ **SA1149** ~~1073~~ Special Authority for Subsidy

Initial application — (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:

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 under 5) only from a paediatrician or psychiatrist. Approvals valid for 12 months for applications meeting the following criteria:

Both:

1 ADHD (Attention Deficit and Hyperactivity Disorder) patients under 5 years of age; and
2 Diagnosed according to DSM-IV or ICD 10 criteria.

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

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

Both:

1 The treatment remains appropriate and the patient is benefiting from treatment; and
2 Either:
  2.1 Applicant is a paediatrician or psychiatrist; or
  2.2 ~~Both:~~
    ~~2.2.1 Applicant is a medical practitioner and confirms that a relevant specialist has been consulted within the last 2 years and has recommended treatment for the patient; and~~
    ~~2.2.2 Provide name of the recommending specialist.~~

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.

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.

Changes to Restrictions - effective 1 August 2011 (continued)

134 METHYLPHENIDATE HYDROCHLORIDE – Special Authority see **SA1150** ~~1074~~ – Retail pharmacy
Only on a controlled drug form

Tab immediate-release 5 mg	3.20	30	✔**Rubifen**
Tab immediate-release 10 mg	3.00	30	✔**Ritalin**
			✔**Rubifen**
Tab immediate-release 20 mg	7.85	30	✔**Rubifen**
Tab sustained-release 20 mg	10.95	30	✔**Rubifen SR**
	50.00	100	✔**Ritalin SR**

➽ **SA1150** ~~1074~~ Special Authority for Subsidy

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

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

Renewal — (ADHD in patients 5 or over) only from a paediatrician, psychiatrist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 24 months for applications meeting the following criteria:
Both:
1 The treatment remains appropriate and the patient is benefiting from treatment; and
2 Either:
2.1 Applicant is a paediatrician or psychiatrist; or
2.2 ~~Both:~~
~~2.2.1~~ Applicant is a medical practitioner and confirms that a relevant specialist has been consulted within the last 2 years and has recommended treatment for the patient~~; and~~
~~2.2.2 Provide name of the recommending specialist.~~

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.

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.

Changes to Restrictions - effective 1 August 2011 (continued)

135 METHYLPHENIDATE HYDROCHLORIDE EXTENDED-RELEASE – Special Authority see **SA1151** 0924 – Retail pharmacy
Only on a controlled drug form

Tab extended-release 18 mg	58.96	30	✔**Concerta**
Tab extended-release 27 mg	65.44	30	✔**Concerta**
Tab extended-release 36 mg	71.93	30	✔**Concerta**
Tab extended-release 54 mg	86.24	30	✔**Concerta**
Cap modified-release 10 mg	19.50	30	✔**Ritalin LA**
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**

➽ **SA1151** ~~0924~~ 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 sustained-release) which has not been effective due to significant administration and/or compliance difficulties; or
4.2 There is significant concern regarding the risk of diversion or abuse of immediate-release methylphenidate hydrochloride.

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.~~

144 DAUNORUBICIN – PCT only – Specialist

Inj 2 mg per ml, 10 ml	118.72	1	✔**Pfizer** ~~S29~~

153 RITUXIMAB – PCT only – Specialist – Special Authority see **SA1152** ~~1050~~

Inj 100 mg per 10 ml vial	1,075.50	2	✔**Mabthera**
Inj 500 mg per 50 ml vial	2,688.30	1	✔**Mabthera**
Inj 1 mg for ECP	5.64	1 mg	✔**Baxter**

➽ **SA1152** ~~1050~~ 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 August 2011 (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.

Note: Indications marked with * are Unapproved Indications.

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 6 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:

Either:

1 All of the following:
  1.1 The patient has treatment naive aggressive CD20 positive NHL; and
  1.2 To be used with a multi-agent chemotherapy regimen given with curative intent; and
  1.3 To be used for a maximum of 8 treatment cycles; or
2 Both:
  2.1 The patient has aggressive CD20 positive NHL with relapsed disease following prior chemotherapy; and
  2.2 To be used for a maximum of 6 treatment cycles.

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

Initial application — (Chronic lymphocytic leukaemia) 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 progressive Binet stage A, B or C chronic lymphocytic leukaemia (CLL) requiring treatment; and
2 The patient is rituximab treatment naïve; and
3 Either:
  3.1 The patient is chemotherapy treatment naïve; or
  3.2 Both:
    3.2.1 The patient's disease has relapsed following no more than three prior lines of chemotherapy treatment; and
    3.2.2 The patient has had a treatment-free interval of 12 months or more if previously treated with fludarabine and cyclophosphamide chemotherapy; and
4 The patient has good performance status; and
5 The patient has good renal function (creatinine clearance ≥ 30 ml/min); and
6 The patient does not have chromosome 17p deletion CLL; and
7 Rituximab to be administered in combination with fludarabine and cyclophosphamide for a maximum of 6 treatment cycles;
8 It is planned that the patient receives full dose fludarabine and cyclophosphamide (orally or dose equivalent intravenous administration).

continued...

Changes to Restrictions - effective 1 August 2011 (continued)

continued...

Notes: 'Chronic lymphocytic leukaemia' includes small lymphocytic lymphoma. A line of chemotherapy treatment is considered to comprise a standard therapeutic chemotherapy regimen and supportive treatments. 'Good performance status' means ECOG score of 0-1; however, in patients temporarily debilitated by their CLL disease symptoms a higher ECOG (2 or 3) is acceptable where treatment with rituximab is expected to improve symptoms and improve ECOG score to <2.

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 no more than 6 treatment cycles.
Note: Indications marked with * are Unapproved Indications.

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 no more than 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~~

Renewal — (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 had a rituximab treatment-free interval of 12 months or more; and
2 The patient has relapsed refractory/aggressive CD20 positive NHL; and
3 To be used with a multi-agent chemotherapy regimen given with curative intent; and
4 To be used for a maximum of 4 treatment cycles.
Note: 'Aggressive CD20 positive NHL' includes large B-cell lymphoma and Burkitt's lymphoma/leukaemia

Effective 1 July 2011

83 FLUCONAZOLE
Cap 150 mg –Subsidy by Endorsement ..... 1.30 1 ✔**Pacific**
a) Maximum of one cap per prescription
b) Patient has vaginal candida albicans and the **Practitioner** ~~authorised prescriber~~ considers that a topical imidazole **(used intra-vaginally)** is not recommended and the prescription is endorsed accordingly.

83 VANCOMYCIN HYDROCHLORIDE – Subsidy by endorsement
Only if prescribed for a dialysis or cystic fibrosis patient or in the treatment of pseudomembranous colitis or for prophylaxis of endocarditis and the prescription is endorsed accordingly.
Inj **500 mg** ~~50 mg per ml, 10 ml~~ ..... 3.58 1 ✔**Mylan**

108 ALENDRONATE SODIUM – Special Authority see SA1039 – Retail pharmacy
Tab 70 mg ..... 22.90 4 ✔**Fosamax**
ALENDRONATE SODIUM WITH CHOLECALCIFEROL – Special Authority see SA1039 – Retail pharmacy
Tab 70 mg with cholecalciferol 5,600 iu..... 22.90 4 ✔**Fosamax Plus**
SA1039 Special Authority for Subsidy

continued...

Changes to Restrictions - effective 1 July 2011 (continued)

continued...

Initial application — (Underlying cause – Osteoporosis) from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:
Any of the following:

1 History of one significant osteoporotic fracture demonstrated radiologically and documented bone mineral density (BMD) ≥ 2.5 standard deviations below the mean normal value in young adults (i.e. T-Score ≤ -2.5) (see Note); or
2 History of one significant osteoporotic fracture demonstrated radiologically, and either the patient is elderly, or densitometry scanning cannot be performed because of major logistical, technical or pathophysiological reasons. It is unlikely that this provision would apply to many patients under 75 years of age; or
3 History of two significant osteoporotic fractures demonstrated radiologically; or
4 Documented T-Score ≤ -3.0 (see Note); or
5 A 10-year risk of hip fracture ≥ 3%, calculated using a published risk assessment algorithm (e.g. FRAX or Garvan) which incorporates BMD measurements (see Note); or
6 Patient has had a Special Authority approval for zoledronic acid (Underlying cause - Osteoporosis) **or raloxifene**.

Initial application — (Underlying cause – glucocorticosteroid therapy) from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria:
Both:

1 The patient is receiving systemic glucocorticosteriod therapy (≥ 5 mg per day prednisone equivalents) and has already received or is expected to receive therapy for at least three months; and
2 Any of the following:
  2.1 The patient has documented BMD ≥ 1.5 standard deviations below the mean normal value in young adults (i.e. T-Score ≤ -1.5) (see Note); or
  2.2 The patient has a history of one significant osteoporotic fracture demonstrated radiologically; or
  2.3 The patient has had a Special Authority approval for zoledronic acid (Underlying cause - glucocorticosteroid therapy).

Renewal — (Underlying cause was, and remains, glucocorticosteroid therapy) from any relevant practitioner. Approvals valid for 1 year where the patient is continuing systemic glucocorticosteriod therapy (≥ 5 mg per day prednisone equivalents).

Renewal — (Underlying cause was glucocorticosteroid therapy but patient now meets the 'Underlying cause - osteoporosis' criteria) from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:
Any of the following:

1 History of one significant osteoporotic fracture demonstrated radiologically and documented bone mineral density (BMD) ≥ 2.5 standard deviations below the mean normal value in young adults (i.e. T-Score ≤ -2.5) (see Note); or
2 History of one significant osteoporotic fracture demonstrated radiologically, and either the patient is elderly, or densitometry scanning cannot be performed because of major logistical, technical or pathophysiological reasons. It is unlikely that this provision would apply to many patients under 75 years of age; or
3 History of two significant osteoporotic fractures demonstrated radiologically; or
4 Documented T-Score ≤ -3.0 (see Note); or
5 A 10-year risk of hip fracture ≥ 3%, calculated using a published risk assessment algorithm (e.g. FRAX or Garvan) which incorporates BMD measurements (see Note); or
6 Patient has had a Special Authority approval for zoledronic acid (Underlying cause was glucocorticosteroid therapy but patient now meets the 'Underlying cause - Osteoporosis' criteria) **or raloxifene**.

Notes:

a) BMD (including BMD used to derive T-Score) must be measured using dual-energy x-ray absorptiometry (DXA). Quantitative ultrasound and quantitative computed tomography (QCT) are not acceptable.

continued...

Changes to Restrictions - effective 1 July 2011 (continued)

continued...

b) Evidence used by National Institute for Health and Clinical Excellence (NICE) guidance indicates that patients aged 75 years and over who have a history of significant osteoporotic fracture demonstrated radiologically are very likely to have a T-Score ≤ -2.5 and, therefore, do not require BMD measurement for treatment with bisphosphonates.

c) Osteoporotic fractures are the incident events for severe (established) osteoporosis, and can be defined using the WHO definitions of osteoporosis and fragility fracture. The WHO defines severe (established) osteoporosis as a T-score below -2.5 with one or more associated fragility fractures. Fragility fractures are fractures that occur as a result of mechanical forces that would not ordinarily cause fracture (minimal trauma). The WHO has quantified this as forces equivalent to a fall from a standing height or less.

d) In line with the Australian guidelines for funding alendronate, a vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

109 ZOLEDRONIC ACID – Special Authority see SA1035 – Retail pharmacy
Soln for infusion 5 mg in 100 ml ..... 600.00 100 ml ✔**Aclasta**

➽ SA1035 Special Authority for Subsidy

Initial application — (Paget's disease) from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria:

All of the following:

1 Paget's disease; and

2 Any of the following:

2.1 Bone or articular pain; or

2.2 Bone deformity; or

2.3 Bone, articular or neurological complications; or

2.4 Asymptomatic disease, but risk of complications; or

2.5 Preparation for orthopaedic surgery; and

3 The patient will not be prescribed more than one infusion in the 12-month approval period.

Initial application — (Underlying cause - Osteoporosis) from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Both:

1 Any of the following:

1.1 History of one significant osteoporotic fracture demonstrated radiologically and documented bone mineral density (BMD) ≥ 2.5 standard deviations below the mean normal value in young adults (i.e. T-Score ≤ -2.5) (see Note); or

1.2 History of one significant osteoporotic fracture demonstrated radiologically, and either the patient is elderly, or densitometry scanning cannot be performed because of major logistical, technical or pathophysiological reasons. It is unlikely that this provision would apply to many patients under 75 years of age; or

1.3 History of two significant osteoporotic fractures demonstrated radiologically; or

1.4 Documented T-Score ≤ -3.0 (see Note); or

1.5 A 10-year risk of hip fracture ≥ 3%, calculated using a published risk assessment algorithm (e.g. FRAX or Garvan) which incorporates BMD measurements (see Note); or

1.6 Patient has had a Special Authority approval for alendronate (Underlying cause - Osteoporosis**) or raloxifene**; and

2 The patient will not be prescribed more than one infusion in a 12-month period.

Initial application — (Underlying cause - glucocorticosteroid therapy) from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria:

All of the following:

1 The patient is receiving systemic glucocorticosteriod therapy (≥ 5 mg per day prednisone equivalents) and has already received or is expected to receive therapy for at least three months; and

2 Any of the following:

continued...

Changes to Restrictions - effective 1 July 2011 (continued)

continued...

2.1 The patient has documented BMD ≥ 1.5 standard deviations below the mean normal value in young adults (i.e. T-Score ≤ -1.5) (see Note); or
2.2 The patient has a history of one significant osteoporotic fracture demonstrated radiologically; or
2.3 The patient has had a Special Authority approval for alendronate (Underlying cause - glucocorticosteroid therapy); and
3 The patient will not be prescribed more than one infusion in the 12-month approval period.

Renewal — (Paget's disease) from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria:
Both:
1 Any of the following:
1.1 The patient has relapsed (based on increases in serum alkaline phosphatase); or
1.2 The patient's serum alkaline phosphatase has not normalised following previous treatment with zoledronic acid; or
1.3 Symptomatic disease (prescriber determined); and
2 The patient will not be prescribed more than one infusion in the 12-month approval period.
The patient may not have had an approval in the past 12 months.

Renewal —(Underlying cause was, and remains, glucocorticosteroid therapy) from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria:
Both:
1 The patient is continuing systemic glucocorticosteriod therapy (≥ 5 mg per day prednisone equivalents); and
2 The patient will not be prescribed more than one infusion in the 12-month approval period.
The patient may not have had an approval in the past 12 months.

Renewal — (Underlying cause was glucocorticosteroid therapy but patient now meets the 'Underlying cause - osteoporosis' criteria) from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:
Both:
1 Any of the following:
1.1 History of one significant osteoporotic fracture demonstrated radiologically and documented bone mineral density (BMD) ≥ 2.5 standard deviations below the mean normal value in young adults (i.e. T-Score ≤ -2.5) (see Note); or
1.2 History of one significant osteoporotic fracture demonstrated radiologically, and either the patient is elderly, or densitometry scanning cannot be performed because of major logistical, technical or pathophysiological reasons. It is unlikely that this provision would apply to many patients under 75 years of age; or
1.3 History of two significant osteoporotic fractures demonstrated radiologically; or
1.4 Documented T-Score ≤ -3.0 (see Note); or
1.5 A 10-year risk of hip fracture ≥ 3%, calculated using a published risk assessment algorithm (e.g. FRAX or Garvan) which incorporates BMD measurements (see Note); or
1.6 Patient has had a Special Authority approval for alendronate (Underlying cause was glucocorticosteroid therapy but patient now meets the 'Underlying cause - Osteoporosis' criteria) **or raloxifene**; and
2 The patient will not be prescribed more than one infusion in a 12-month period.

Notes:
a) BMD (including BMD used to derive T-Score) must be measured using dual-energy x-ray absorptiometry (DXA). Quantitative ultrasound and quantitative computed tomography (QCT) are not acceptable.
b) Evidence used by National Institute for Health and Clinical Excellence (NICE) guidance indicates that patients aged 75 years and over who have a history of significant osteoporotic fracture demonstrated radiologically are very likely to have a T-Score ≤ -2.5 and, therefore, do not require BMD measurement for treatment with bisphosphonates.

continued...

	Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ fully subsidised

Changes to Restrictions - effective 1 July 2011 (continued)

continued...

c) Osteoporotic fractures are the incident events for severe (established) osteoporosis and can be defined using the WHO definitions of osteoporosis and fragility fracture. The WHO defines severe (established) osteoporosis as a T-score below -2.5 with one or more associated fragility fractures. Fragility fractures are fractures that occur as a result of mechanical forces that would not ordinarily cause fracture (minimal trauma). The WHO has quantified this as forces equivalent to a fall from a standing height or less.

d) A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

113 LIGNOCAINE HYDROCHLORIDE

Viscous **soln** ~~solution~~ 2%	55.00	200 ml	✔**Xylocaine Viscous**

137 NICOTINE

a) Nicotine will not be funded Close Control in amounts less than 4 weeks of treatment.

~~b) Note - New pack sizes (384 pieces) of nicotine gum (Habitrol) will be listed from 1 July 2011.~~

Patch 7 mg – **up to 28 patches available on a PSO**	18.13	28	✔**Habitrol**
Patch 14 mg – **up to 28 patches available on a PSO**	18.81	28	✔**Habitrol**
Patch 21 mg – **up to 28 patches available on a PSO**	19.14	28	✔**Habitrol**
Lozenge 1 mg – **up to 216 lozenges available on a PSO**	19.94	216	✔**Habitrol**
Lozenge 2 mg – **up to 216 lozenges available on a PSO**	24.27	216	✔**Habitrol**
Gum 2 mg (Classic) – **up to 384 pieces of gum available on a PSO**	14.97	96	✔**Habitrol**
	36.47	384	✔**Habitrol**
Gum 2 mg (Fruit) – **up to 384 pieces of gum available on a PSO**	14.97	96	✔**Habitrol**
	36.47	384	✔**Habitrol**
Gum 2 mg (Mint) – **up to 384 pieces of gum available on a PSO**	14.97	96	✔**Habitrol**
	36.47	384	✔**Habitrol**
Gum 4 mg (Classic) – **up to 384 pieces of gum available on a PSO**	20.02	96	✔**Habitrol**
	42.04	384	✔**Habitrol**
Gum 4 mg (Fruit) – **up to 384 pieces of gum available on a PSO**	20.02	96	✔**Habitrol**
	42.04	384	✔**Habitrol**
Gum 4 mg (Mint) – **up to 384 pieces of gum available on a PSO**	20.02	96	✔**Habitrol**
	42.04	384	✔**Habitrol**

137 VARENICLINE TARTRATE – Special Authority see **SA1135** ~~1054~~ – Retail pharmacy

a) Varenicline will not be funded Close Control in amounts less than 2 weeks of treatment.

b) A maximum of 3 months' varenicline will be subsidised on each Special Authority approval.

Tab 1 mg	67.74	28	✔**Champix**
	135.48	56	✔**Champix**
Tab 0.5 mg × 11 and 1 mg × 14	60.48	25 OP	✔**Champix**

➽ **SA1135** ~~1054~~ Special Authority for Subsidy

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

All of the following:

1 Short-term therapy as an aid to achieving abstinence in a patient who has indicated that they are ready to cease smoking; and

continued...

Changes to Restrictions - effective 1 July 2011 (continued)

continued...

2 The patient is part of, or is about to enrol in, a comprehensive support and counselling smoking cessation programme, which includes prescriber or nurse monitoring; and
3 Either:
3.1 The patient has tried but failed to quit smoking after at least two separate trials of nicotine replacement therapy, at least one of which included the patient receiving comprehensive advice on the optimal use of nicotine replacement therapy; or
3.2 The patient has tried but failed to quit smoking using bupropion or nortriptyline; and
4 The patient has not used funded varenicline in the last 12 months; and
5 Varenicline is not to be used in combination with other pharmacological smoking cessation treatments and the patient has agreed to this; and
6 The patient is not pregnant**; and**
7 The patient will not be prescribed more than 3 months funded varenicline (see Note).

Renewal from any relevant practitioner. Approvals valid for 3 months for applications meeting the following criteria:
All of the following:
1 Short-term therapy as an aid to achieving abstinence in a patient who has indicated that they are ready to cease smoking; and
2 The patient is part of, or is about to enrol in, a comprehensive support and counselling smoking cessation programme, which includes prescriber or nurse monitoring; and
3 The patient has not used funded varenicline in the last 12 months; and
4 Varenicline is not to be used in combination with other pharmacological smoking cessation treatments and the patient has agreed to this; and
5 The patient is not pregnant**; and**
6 The patient will not be prescribed more than 3 months funded varenicline (see Note).
The patient may not have had an approval in the past 12 months.
Note: A maximum of 3 months' varenicline will be subsidised on each Special Authority approval.

144 DOCETAXEL – PCT only – Specialist ~~– Special Authority see SA0880~~

Inj 20 mg	48.75	1	✔**Docetaxel Ebewe**
	460.00		✔**Taxotere**
Inj 80 mg	195.00	1	✔**Docetaxel Ebewe**
	1,650.00		✔**Taxotere**
Inj 1 mg for ECP	2.63	1 mg	✔**Baxter**

~~SA0880~~ ~~Special Authority for Subsidy~~
~~Initial application only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:~~
~~Any of the following:~~
~~1 Both:~~
~~1.1 The patient has ovarian*, fallopian* or primary peritoneal cancer*; and~~
~~1.2 Either:~~
~~1.2.1 Has not received prior chemotherapy; or~~
~~1.2.2 Has received prior chemotherapy but has not previously been treated with taxanes; or~~
~~2 The patient has metastatic breast cancer; or~~
~~3 Both:~~
~~3.1 The patient has early breast cancer; and~~
~~3.2 Docetaxel is to be given concurrently with trastuzumab; or~~
~~4 Both:~~
~~4.1 The patient has non small-cell lung cancer; and~~
~~4.2 Either:~~
~~4.2.1 Has advanced disease (stage IIIa or above); or~~
~~4.2.2 Is receiving combined chemotherapy and radiotherapy; or~~

continued...

Changes to Restrictions - effective 1 July 2011 (continued)

continued...

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

~~Renewal only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist.~~
~~Approvals valid for 12 months for applications meeting the following criteria:~~
~~Both:~~
~~1 The patient has metastatic breast cancer, non small-cell lung cancer, or small-cell lung cancer*; and~~
~~2 Either:~~
~~2.1 The patient requires continued therapy; or~~
~~2.2 The tumour has relapsed and requires re-treatment.~~
~~Note: indications marked with * are Unapproved Indications.~~

159 EFORMOTEROL FUMARATE – See prescribing guideline (↓ subsidy)
Additional subsidy by endorsement for Oxis Turbuhaler is available for patients where the initial dispensing was before 1 July 2011.
Pharmacists may annotate prescriptions for patients who were being prescribed Oxis Turbuhaler prior to 1 July 2011 in which case the prescription is deemed to be endorsed. The pharmacist must be able to show clear documented dispensing history for the patient. The prescription must be endorsed accordingly.

Powder for inhalation, 6 μg per dose, breath activated			
– Higher subsidy of $16.90 per 60 dose with Endorsement	14.60 (16.90)	60 dose OP	Oxis Turbuhaler

159 BUDESONIDE WITH EFORMOTEROL – Special Authority see SA0958– Retail pharmacy (↓ subsidy)
Additional subsidy by endorsement for budesonide with eformoterol powder for inhalation (Symbicort Turbuhaler) is available for patients where the initial dispensing was before 1 July 2011.
Pharmacists may annotate prescriptions for patients who were being prescribed budesonide with eformoterol powder for inhalation (Symbicort Turbuhaler) prior to 1 July 2011 in which case the prescription is deemed to be endorsed. The pharmacist must be able to show clear documented dispensing history for the patient. The prescription must be endorsed accordingly.

Powder for inhalation 100 μg with eformoterol fumarate 6 μg – **Higher subsidy of $55.00 per 120 dose with Endorsement**	41.25 (55.00)	120 dose OP	Symbicort Turbuhaler 100/6
Powder for inhalation 200 μg with eformoterol fumarate 6 μg – **Higher subsidy of $60.00 per 120 dose with Endorsement**	45.00 (60.00)	120 dose OP	Symbicort Turbuhaler 200/6
Powder for inhalation 400 μg with eformoterol fumarate 12 μg – No more than 2 dose per day **– Higher subsidy of $60.00 per 60 dose with Endorsement**	45.00 (60.00)	60 dose OP	Symbicort Turbuhaler 400/12

173 OMEPRAZOLE SUSPENSION

Omeprazole capsules **or powder**	qs
Sodium bicarbonate powder BP	8.4 g
Water	to 100 ml

Changes to Restrictions - effective 1 June 2011

80 AZITHROMYCIN – Subsidy by endorsement; can be waived by Special Authority see **SA1130** ~~0964~~

a) Maximum of 2 tab per prescription; can be waived by Special Authority see **SA1130** ~~0964~~

b) Up to 8 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; can be waived by Special Authority see **SA1130** ~~0964~~.

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

SA1130 ~~0964~~ Special Authority for Waiver of Rule

Initial application – **(cystic fibrosis)** 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 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).~~

Initial application – (bronchiolitis obliterans syndrome) only from a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

1 Patient has received a lung transplant; and

2 Azithromycin is to be used for prophylaxis of bronchiolitis obliterans syndrome*; and

3 The applicant is experienced in managing patients who have received a lung transplant.

Renewal – (bronchiolitis obliterans syndrome) only from a relevant specialist. Application valid without further renewal, unless notified, for applications meeting the following criteria: Both

1 The patient remains well and free from bronchiolits obliterans syndrome*; and

2 The applicant is experienced in managing patients who have received a lung transplant.

Indications marked with * are Unapproved Indications.

80 CLARITHROMYCIN – Maximum of 500 mg per prescription; can be waived by Special Authority **SA1131** ~~0988~~

Tab 250 mg ..... 7.75 14 ✔**Klacid**
✔**Klamycin**

Grans for oral liq 125 mg per 5 ml ..... 23.12 70 ml ✔**Klacid**

SA1131 ~~0988~~ Special Authority for Waiver of Rule

Initial application - (Mycobacterial infections) only from a respiratory specialist, infectious disease specialist or paediatrician. Approvals valid for 2 years for applications meeting the following criteria:

Either: ~~Any of the following~~

~~1 Mycobacterium Avium Intracellulare Complex infections in patient with AIDS; or~~

1~~2~~ Atypical ~~and drug-resistant~~ mycobacterial infection; or

2 Mycobacterium tuberculosis infection where there is drug-resistance or intolerance to standard pharmaceutical agents.

~~3 All of the following:~~

~~3.1 Prophylaxis against disseminated Mycobacterium Avium Intracellulare Complex infection; and~~

~~3.2 HIV infection; and~~

~~3.3 CD4 count <= 50 cells/mm^3.~~

Renewal - (Mycobacterial infections) only from a respiratory specialist, infectious disease specialist or paediatrician. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.

Changes to Restrictions - effective 1 June 2011 (continued)

83 FLUCONAZOLE

Cap 150 mg – ~~Retail Pharmacy Specialist~~ **Subsidy by endorsement** ..... 1.30 1 ✔**Pacific**

a) Maximum of one cap per prescription

b) Patient has vaginal candida albicans and the authorised prescriber considers that a topical imidazole is not recommended and the prescription is endorsed accordingly.

93 PEGYLATED INTERFERON ALPHA-2A – Special Authority see **SA1134** ~~0952~~ – Retail pharmacy

See prescribing guideline

Inj 135 μg prefilled syringe	362.00	1	✔**Pegasys**
	1,448.00	4	✔**Pegasys**
Inj 180 μg prefilled syringe	450.00	1	✔**Pegasys**
	1,800.00	4	✔**Pegasys**
Inj 135 μg prefilled syringe × 4 with ribavirin tab 200 mg × 112	1,799.68	1 OP	✔**Pegasys RBV Combination Pack**
Inj 135 μg prefilled syringe × 4 with ribavirin tab 200 mg × 168	1,975.00	1 OP	✔**Pegasys RBV Combination Pack**
Inj 180 μg prefilled syringe × 4 with ribavirin tab 200 mg × 112	2,059.84	1 OP	✔**Pegasys RBV Combination Pack**
Inj 180 μg prefilled syringe × 4 with ribavirin tab 200 mg × 168	2,190.00	1 OP	✔**Pegasys RBV Combination Pack**

➽ **SA1134** ~~0952~~ Special Authority for Subsidy

Initial application - (chronic hepatitis C - genotype 1, 4, 5 or 6 infection or co-infection with HIV) from any specialist. Approvals valid for ~~48 weeks~~ **18 months** for applications meeting the following criteria:

Both:

1 Either:

1.1 Patient has chronic hepatitis C, genotype 1, 4, 5 or 6 infection; or

1.2 Patient has chronic hepatitis C and is co-infected with HIV; and

2 maximum of 48 weeks therapy

Note

- Consider stopping treatment if there is absence of a virological response (defined as at least a 2-log reduction in viral load) following 12 weeks of treatment since this is predictive of treatment failure.
- Consider reducing treatment to 24 weeks if serum HCV RNA level at Week 4 is undetectable by sensitive PCR assay (less than 50IU/ml) AND Baseline serum HCV RNA is less than 400,000IU/ml

Initial application - (chronic hepatitis C - genotype 2 or 3 infection without co-infection with HIV) from any specialist. Approvals valid for ~~6~~ **12** months **for applications meeting the following criteria:**

Both:

1 ~~where p~~**P**atient has chronic hepatitis C, genotype 2 or 3 infection**; and**

2 maximum of 6 months therapy

Initial application - (Hepatitis B) only from a gastroenterologist, infectious disease specialist or general physician. Approvals valid for ~~48 weeks~~ **18 months** for applications meeting the following criteria:

All of the following:

1 Patient has confirmed Hepatitis B infection (HBsAg positive for more than 6 months); and

2 Patient is Hepatitis B treatment-naïve; and

3 ALT > 2 times Upper Limit of Normal; and

4 HBV DNA < 10 $\log^{10}$ IU/ml; and

5 Either:

continued...

Changes to Restrictions - effective 1 June 2011 (continued)

continued...

5.1 HBeAg positive; or
5.2 serum HBV DNA = 2,000 units/ml and significant fibrosis (= Metavir Stage F2); and
6 Compensated liver disease; and
7 No continuing alcohol abuse or intravenous drug use; and
8 Not co-infected with HCV, HIV or HDV; and
9 Neither ALT nor AST > 10 times upper limit of normal; and
10 No history of hypersensitivity or contraindications to pegylated interferon; **and**
11 maximum of 48 weeks therapy

Notes:
- Approved dose is 180 μg once weekly.
- The recommended dose of Pegylated Interferon-alpha 2a is 180 μg once weekly.
- In patients with renal insufficiency (calculated creatinine clearance less than 50ml/min), Pegylated Interferon-alpha 2a dose should be reduced to 135 mcg once weekly.
- In patients with neutropaenia and thrombocytopaenia, dose should be reduced in accordance with the datasheet guidelines.
- Pegylated Interferon-alpha 2a is not approved for use in children.

123 SUMATRIPTAN

Inj 12 mg per ml, 0.5 ml ~~– Retail pharmacy Specialist~~	36.00 (80.00)	2 OP	✔**Arrow-Sumatriptan** Imigran

Maximum of 10 inj per prescription

144 BORTEZOMIB – PCT only – Specialist – Special Authority see SA1127

Inj 1 mg	540.70	1	✔**Velcade**
Inj 3.5 mg	1,892.50	1	✔**Velcade**
Inj 1 mg for ECP	594.77	1 mg	✔**Baxter**

SA1127 Special Authority for Subsidy

Initial application — (Treatment naive multiple myeloma/amyloidosis) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 15 months for applications meeting the following criteria:
Both:
1 Either:
1.1 The patient has treatment-naive symptomatic multiple myeloma; or
1.2 The patient has treatment-naive symptomatic systemic AL amyloidosis*****; and
2 Maximum of 9 treatment cycles.
Indications marked with ∗ are Unapproved Indications.

Initial application — (Relapsed/refractory multiple myeloma/amyloidosis) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 8 months for applications meeting the following criteria:
All of the following:
1 Either:
1.1 The patient has relapsed or refractory multiple myeloma; or
1.2 The patient has relapsed or refractory systemic AL amyloidosis*****; and
2 The patient has received only one prior front line chemotherapy for multiple myeloma or amyloidosis*****; and
3 The patient has not had prior publicly funded treatment with bortezomib; and
4 Maximum of 4 further treatment cycles.
Indications marked with ∗ are Unapproved Indications.
Renewal — (Relapsed/refractory multiple myeloma/amyloidosis) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 8 months for applications meeting the following criteria:
Both:

continued...

Changes to Restrictions - effective 1 June 2011 (continued)

continued...

1 The patient's disease obtained at least a partial response from treatment with bortezomib at the completion of cycle 4; and

2 Maximum of 4 further treatment cycles (making a total maximum of 8 consecutive treatment cycles).

Notes: Responding relapsed/refractory multiple myeloma patients should receive no more than 2 additional cycles of treatment beyond the cycle at which a confirmed complete response was first achieved. A line of therapy is considered to comprise either:

a) a known therapeutic chemotherapy regimen and supportive treatments; or

b) a transplant induction chemotherapy regimen, stem cell transplantation and supportive treatments.

Refer to datasheet for recommended dosage and number of doses of bortezomib per treatment cycle.

Effective 1 May 2011

28 CLARITHROMYCIN

Tab 500 mg – Subsidy by endorsement ..... 23.30 14 ✔**Klamycin**

a) **Maximum of 14 tab per prescription**

b) Subsidised only if prescribed for helicobacter pylori eradication and prescription is endorsed accordingly.

Note: the prescription is considered endorsed if clarithromycin is prescribed in conjunction with a proton pump inhibitor and either amoxycillin or metronidazole.

~~b) If the prescription is for clarithromycin 250 mg tablets and the prescription is dispensed from 23 February 2011 and the prescription is endorsed accordingly.~~

95 INFLUENZA VACCINE – Hospital pharmacy [Xpharm]

A) is available 1 March until vaccine supplies are exhausted 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,
g) children on long term aspirin, or
h) pregnancy,

c) people under 18 years of age living within the boundaries of the Canterbury District Health Board.

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,

continued...

Changes to Restrictions - effective 1 May 2011 (continued)

continued...

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	90.00	10	✔**Fluarix**
			✔**Fluvax**

124 ONDANSETRON

~~a) Maximum of 12 tab per prescription; can be waived by Special Authority see SA0887 below~~
~~b) Maximum of 6 tab per dispensing; can be waived by Special Authority see SA0887 below~~
~~c) Not more than one prescription per month; can be waived by Special Authority see SA0887 below.~~
~~d) The maximum of 6 tab per dispensing cannot be waived via Access Exemption Criteria.~~

Tab 4 mg	5.10	30	✔**Dr Reddy's Ondansetron**
Tab disp 4 mg	1.70	10	✔**Dr Reddy's Ondansetron**
	(17.18)		Zofran Zydis
Tab 8 mg	1.70	10	✔**Dr Reddy's Ondansetron**
Tab disp 8 mg	2.00	10	✔**Dr Reddy's Ondansetron**
	(20.43)		Zofran Zydis

➽ ~~SA0887~~ ~~Special Authority for Waiver of Rule~~
~~Initial application from any relevant practitioner. Approvals valid for 12 months where the patient is undergoing prolonged treatment with highly emetogenic chemotherapy and/or highly emetogenic radiation therapy for the treatment of malignancy.~~

~~Renewal from any relevant practitioner. Approvals valid for 12 months where the patient is undergoing prolonged treatment with highly emetogenic chemotherapy and/or highly emetogenic radiation therapy for the treatment of malignancy.~~

147 THALIDOMIDE – PCT only – Specialist – Special Authority see **SA1124** ~~0882~~
Only on a controlled drug form

Cap 50 mg	490.00	28	✔**Thalidomide Pharmion**
	504.00		✔**Thalomid**
Cap 100 mg	1,008.00	28	✔**Thalomid**

➽ **SA1124** ~~0882~~ Special Authority for Subsidy
Initial application ~~— (for new patients)~~ only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:
Either:
1. The patient has multiple myeloma; or
2. The patient has systemic AL amyloidosis*.
~~Both:~~
~~1 The patient has refractory, progressive or relapsed multiple myeloma; and~~
~~2 The patient has received prior chemotherapy.~~
Note: Indication marked with * is an Unapproved Indication.

continued...

Changes to Restrictions - effective 1 May 2011 (continued)

continued...

~~Initial application — (for patients receiving thalidomide prior to 1 January 2006) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid without further renewal unless notified where the patient was receiving treatment with thalidomide for multiple myeloma on or before 31 December 2005.~~

Renewal only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid without further renewal unless notified where the patient has obtained a response from treatment during the initial approval period.
Notes: Prescription must be written by a registered prescriber in the thalidomide risk management programme operated by the supplier.
Maximum dose of 400 mg daily as monotherapy or in a combination therapy regimen.

185 STANDARD SUPPLEMENTS

➽ SA1104 Special Authority for Subsidy

Initial application — (Children) only from a relevant specialist or vocationally registered general practitioner.
Approvals valid for 1 year for applications meeting the following criteria:
All of the following:
1 The patient is under 18 years of age; and
2 Any of the following:
  2.1 The patient has a condition causing malabsorption; or
  2.2 The patient has failure to thrive; or
  2.3 The patient has increased nutritional requirements; and
3 Nutrition goal has been set (eg reach a specific weight or BMI).

Renewal — (Children) only from a relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a relevant specialist or vocationally registered general practitioner.
Approvals valid for 1 year for applications meeting the following criteria:
~~Both:~~
1 All of the following:
  1.1 The patient is under 18 years of age; and
  1.2 The treatment remains appropriate and the patient is benefiting from treatment; and
  1.3 A nutrition goal has been set (eg reach a specific weight or BMI)~~; and~~
~~2 General Practitioners must include the name of the relevant specialist or vocationally registered general practitioner and date contacted.~~

Initial application — (Adults) only from a relevant specialist or vocationally registered general practitioner.
Approvals valid for 3 months for applications meeting the following criteria:
All of the following:
1 Any of the following:
  Patient is Malnourished
  1.1 Patient has a body mass index (BMI) of less than 18.5 kg/m2; or
  1.2 Patient has unintentional weight loss greater than 10% within the last 3-6 months; or
  1.3 Patient has a BMI of less than 20 kg/m2 and unintentional weight loss greater than 5% within the last 3-6 months; and
2 Any of the following:
  Patient has not responded to first-line dietary measures over a 4 week period by:
  2.1 Increasing their food intake frequency (eg snacks between meals); or
  2.2 Using high-energy foods (e.g. milkshakes, full fat milk, butter, cream, cheese, sugar etc); or
  2.3 Using over the counter supplements (e.g. Complan); and
3 A nutrition goal has been set (e.g. to reach a specific weight or BMI).

Renewal — (Adults) only from a relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a relevant specialist or vocationally registered general practitioner.
Approvals valid for 6 months for applications meeting the following criteria:
Both ~~All of the following:~~

continued...

Changes to Restrictions - effective 1 May 2011 (continued)

continued...

1 A nutrition goal has been set (eg reach a specific weight or BMI); and
2 Any of the following:
Patient is Malnourished
2.1 Patient has a body mass index (BMI) of less than 18.5 kg/m2; or
2.2 Patient has unintentional weight loss greater than 10% within the last 3-6 months; or
2.3 Patient has a BMI of less than 20 kg/m2 and unintentional weight loss greater than 5% within the last 3-6 months~~; and~~
~~3 General Practitioners must include the name of the relevant specialist or vocationally registered general practitioner and date contacted.~~

Initial application — (Adults transitioning from hospital Discretionary Community Supply) only from a relevant specialist or vocationally registered general practitioner. Approvals valid for 6 months for applications meeting the following criteria:
All of the following:
1 The patient has had up to a 30 day supply of a 1.0 or a 1.5 kcal/ml Standard Oral Supplement; and
2 A nutrition goal has been set (eg reach a specific weight or BMI); and
3 Any of the following:
Patient is Malnourished
3.1 Patient has a body mass index (BMI) of less than 18.5 kg/m2; or
3.2 Patient has unintentional weight loss greater than 10% within the last 3-6 months; or
3.3 Patient has a BMI of less than 20 kg/m2 and unintentional weight loss greater than 5% within the last 3-6 months.

Initial application — (Specific medical condition) only from a relevant specialist or vocationally registered general practitioner. Approvals valid for 1 year for applications meeting the following criteria:
Any of the following:
1 Is being feed via a nasogastric tube or a nasogastric tube is to be inserted for feeding; or
2 Malignancy and is considered likely to develop malnutrition as a result; or
3 Is undergoing a bone marrow transplant; or
4 ~~Tempomandible~~ **Temporomandibular** joint surgery.

Renewal — (Specific medical condition) only from a relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a relevant specialist or vocationally registered general practitioner. Approvals valid for 1 year for applications meeting the following criteria:
~~Both:~~
~~1~~ Any of the following:
1.1 Is being fed via a nasogastric tube; or
1.2 Malignancy and is considered likely to develop malnutrition as a result; or
1.3 Has undergone a bone marrow transplant; or
1.4 ~~Tempomandible~~ **Temporomandibular** joint surgery; and
~~2 General Practitioners must include the name of the relevant specialist or vocationally registered general practitioner and date contacted.~~

Initial application — (Chronic disease OR tube feeding) only from a relevant specialist or vocationally registered general practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:
Any of the following:
1 Is being fed via a tube or a tube is to be inserted for the purpose of feeding (not nasogastric tube - refer to specific medical condition criteria); or
2 Cystic Fibrosis; or
3 Liver disease; or
4 Chronic Renal failure; or
5 Inflammatory bowel disease; or
6 Chronic obstructive pulmonary disease with hypercapnia; or
7 Short bowel syndrome; or

continued...

Changes to Restrictions - effective 1 May 2011 (continued)

continued...

8 Bowel fistula; or
9 Severe chronic neurological conditions.

Renewal — (Chronic disease OR tube feeding for patients who have previously been funded under Special Authority forms SA0702 or SA0583) only from a relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a relevant specialist or vocationally registered general practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria: ~~Both:~~

~~1~~ Any of the following:
1.1 Is being fed via a tube or a tube is to be inserted for the purpose of feeding (not nasogastric tube - refer to specific medical condition criteria); or
1.2 Cystic Fibrosis; or
1.3 Liver disease; or
1.4 Chronic Renal failure; or
1.5 Inflammatory bowel disease; or
1.6 Chronic obstructive pulmonary disease with hypercapnia; or
1.7 Short bowel syndrome; or
1.8 Bowel fistula; or
1.9 Severe chronic neurological conditions~~; and~~

~~2 General Practitioners must include the name of the relevant specialist or vocationally registered general practitioner and date contacted.~~

189 ORAL FEED 1.5KCAL/ML ~~(TETRAPAK)~~ – Special Authority see SA1104 – Hospital pharmacy [HP3]

a) Repeats for Fortisip and Ensure Plus will be fully subsidised where the initial dispensing was before 1 April 2011.

b) Additional subsidy by endorsement is available for patients being bolus fed through a feeding tube. The prescription must be endorsed accordingly.

~~Repeats for Ensure Plus, 200 ml OP, will be subsidised to the same subsidy level as prior to 1 April 2011 where the initial dispensing was before 1 April 2011.~~

Liquid (banana)			
– Higher subsidy of $1.26 per 200 ml with Endorsement.....	0.72 (1.26)	200 ml OP	Ensure Plus
Liquid (chocolate)			
– Higher subsidy of $1.26 per 200 ml with Endorsement.....	0.72 (1.26)	200 ml OP	Ensure Plus
Liquid (fruit of the forest)			
– Higher subsidy of $1.26 per 200 ml with Endorsement.....	0.72 (1.26)	200 ml OP	Ensure Plus
Liquid (strawberry)			
– Higher subsidy of $1.26 per 200 ml with Endorsement.....	0.72 (1.26)	200 ml OP	Ensure Plus
Liquid (vanilla)			
– Higher subsidy of $1.26 per 200 ml with Endorsement.....	0.72 (1.26)	200 ml OP	Ensure Plus

Changes to Restrictions - effective 1 May 2011 (continued)

193 AMINO ACID FORMULA – Special Authority see SA1111 – Hospital pharmacy [HP3]

Powder	6.00	48.5 g OP	✔**Vivonex Pediatric**
	56.00	400 g OP	✔**Neocate**
			✔**Neocate LCP**
Powder (tropical)	56.00	400 g OP	✔**Neocate Advance**
Powder (unflavoured)	56.00	400 g OP	✔**Elecare**
			✔**Elecare LCP**
			✔**Neocate Advance**
Powder (vanilla)	56.00	400 g OP	✔**Elecare**

➽ SA1111 Special Authority for Subsidy

Initial Application – Transition from Old Form (SA0603). Applications only from a relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a relevant specialist or vocationally registered general practitioner. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

1 The patient is currently receiving funded amino acid formula under Special Authority form SA0603, and

2 An assessment as to whether the infant can be transitioned to a cows milk protein, soy, or extensively hydrolysed infant formula has been undertaken; and,

3 The outcome of the assessment is that the infant continues to require an amino acid infant formula.

4 General Practitioners must include the name of the relevant specialist or vocationally registered general practitioner and the date contacted.

Initial application only from a relevant specialist or vocationally registered general practitioner. Approvals valid for 6 months for applications meeting the following criteria:

Any of the following:

1 Extensively hydrolysed formula has been reasonably trialled and is inappropriate due to documented severe intolerance or allergy or malabsorption; or

2 History of anaphylaxis to cows milk protein formula or dairy products; or

3 Eosinophilic oesophagitis.

Renewal only from a relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a relevant specialist or vocationally registered general practitioner. Approvals valid for 6 months for applications meeting the following criteria:

All of the following: ~~Both:~~

1 An assessment as to whether the infant can be transitioned to a cows milk protein, soy, or extensively hydrolysed infant formula has been undertaken; and, ~~An assessment as to whether the infant can be transitioned to a cows milk protein formula or an extensively hydrolysed formula has been undertaken; and~~

2 **The outcome of the assessment is that the infant continues to require an amino acid infant formula.**

~~3~~2 General Practitioners must include the name of the relevant specialist or vocationally registered general practitioner and date contacted.

194 EXTENSIVELY HYDROLYSED FORMULA – Special Authority see SA1112 – Hospital pharmacy [HP3]

Powder	15.21	450 g OP	✔**Pepti Junior Gold**
	19.01		✔**Pepti Junior**

➽ SA1112 Special Authority for Subsidy

Initial Application – Transition from Old Form (SA0603). Applications only from a relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a relevant specialist or vocationally registered general practitioner. Approvals valid for 6 months for applications meeting the following criteria:

Either:

1 All of the following:

1.1 The infant is currently receiving funded amino acid fomula under Special Authority form SA0603, and

continued...

Changes to Restrictions - effective 1 May 2011 (continued)

continued...

1.2 The infant is to be assessed as to whether they can transition to an extensively hydrolysed infant formula, and

1.3 General Practitioners must include the name of the relevant specialist or vocationally registered general practitioner and the date contacted.

2 All of the following:

2.1 The patient is currently receiving funded extensively hydrolysed formula under Special Authority form SA0603, and

2.2 An assessment as to whether the infant can be transitioned to a cows milk protein or soy infant formula has been undertaken; and,

2.3 The outcome of the assessment is that the infant continues to require an extensively hydrolysed infant formula, and

2.4 General Practitioners must include the name of the relevant specialist or vocationally registered general practitioner and the date contacted.

Initial application only from a relevant specialist or vocationally registered general practitioner. Approvals valid for 6 months for applications meeting the following criteria:
Any of the following:

1 Both:
1.1 Cows milk formula is inappropriate due to severe intolerance or allergy to its protein content; and
1.2 Either:
1.2.1 Soy milk formula has been trialled without resolution of symptoms; or
1.2.2 Soy milk formula is considered clinically inappropriate or contraindicated; or
2 Severe malabsorption; or
3 Short bowel syndrome; or
4 Intractable diarrhea; or
5 Biliary atresia; or
6 Cholestatic liver diseases causing malsorption; or
7 Chylous ascite; or
8 Chylothorax; or
9 Cystic fibrosis; or
10 Proven fat malabsorption; or
11 Severe intestinal motility disorders causing significant malabsorption; or
12 Intestinal failure.

Renewal only from a relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a relevant specialist or vocationally registered general practitioner. Approvals valid for 6 months for applications meeting the following criteria:

All of the following: ~~Both:~~

1 **An assessment as to whether the infant can be transitioned to a cows milk protein or soy infant formula has been undertaken; and,** ~~Assessment as to whether the infant can be transitioned to a cows milk protein formula has been undertaken; and~~

2 The outcome of the assessment is that the infant continues to require an extensively hydrolysed infant formula; and

3~~2~~ General Practitioners must include the name of the relevant specialist or vocationally registered general practitioner and date contacted.

Renewal – Step Down from Amino Acid Formula. Applications only from a relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a relevant specialist or vocationally registered general practitioner. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

1 The infant is currently receiving funded amino acid formula under Special Authority form SA0603, and

2 The infant is to be trialled on, or transitioned to, an extensively hydrolysed formula; and,

3 General Practitioners must include the name of the relevant specialist or vocationally registered general practitioner and the 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 April 2011

188 ORAL FEED 1.5KCAL/ML – Special Authority see SA1104 – Hospital pharmacy [HP3]

a) Repeats for Fortisip and Ensure Plus 237 ml OP will be fully subsidised where the initial dispensing was before 1 April 2011.

b) Additional subsidy by endorsement is available for patients being bolus fed through a feeding tube. The prescription must be endorsed accordingly.

Liquid (banana) – Higher subsidy of $1.26 per 200 ml with Endorsement	0.72	200 ml OP	
	(1.26)		Fortisip
Liquid (chocolate) – Higher subsidy of up to $1.33 per 237 ml with Endorsement	0.85	237 ml OP	
	(1.33)		Ensure Plus
	0.72	200 ml OP	
	(1.26)		Fortisip
Liquid (coffee latte) – Higher subsidy of up to $1.33 per 237 ml with Endorsement	0.85	237 ml OP	
	(1.33)		Ensure Plus
Liquid (strawberry) – Higher subsidy of up to $1.33 per 237 ml with Endorsement	0.85	237 ml OP	
	(1.33)		Ensure Plus
	0.72	200 ml OP	
	(1.26)		Fortisip
Liquid (toffee) – Higher subsidy of $1.26 per 200 ml with Endorsement	0.72	200 ml OP	
	(1.26)		Fortisip
Liquid (tropical fruit) – Higher subsidy of $1.26 per 200 ml with Endorsement	0.72	200 ml OP	
	(1.26)		Fortisip
Liquid (vanilla) – Higher subsidy of up to $1.33 per 237 ml with Endorsement	0.85	237 ml OP	
	(1.33)		Ensure Plus
	0.72	200 ml OP	
	(1.26)		Fortisip

189 ORAL FEED WITH FIBRE 1.5 KCAL/ML – Special Authority see SA1104 – Hospital pharmacy [HP3]

a) Repeats for Fortisip Multi Fibre will be fully subsidised where the initial dispensing was before 1 April 2011.

b) Additional subsidy by endorsement is available for patients being bolus fed through a feeding tube. The prescription must be endorsed accordingly.

Liquid (chocolate) – Higher subsidy of $1.26 per 200 ml with Endorsement	0.72	200 ml OP	
	(1.26)		Fortisip Multi Fibre
Liquid (strawberry) – Higher subsidy of $1.26 per 200 ml with Endorsement	0.72	200 ml OP	
	(1.26)		Fortisip Multi Fibre
Liquid (vanilla) – Higher subsidy of $1.26 per 200 ml with Endorsement	0.72	200 ml OP	
	(1.26)		Fortisip Multi Fibre

Changes to Restrictions - effective 1 April 2011 (continued)

190 ORAL FEED 2KCAL/ML – Special Authority see SA1105 – Hospital pharmacy [HP3]
a) Repeats for Two Cal HN will be fully subsidised where the initial dispensing was before 1 April 2011.
b) Additional subsidy by endorsement is available for patients being bolus fed through a feeding tube. The prescription must be endorsed accordingly.

Liquid (vanilla) – Higher subsidy of $2.25 per 237 ml with			
Endorsement	1.14	237 ml OP	
	(2.25)		Two Cal HN

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 2011

39	IRON POLYMALTOSE (↓ subsidy)			
	Inj 50 mg per ml, 2 ml	19.90	5	✔**Ferrum H**
52	AMLODIPINE (↓ subsidy)			
	❋ Tab 5 mg	2.65	100	✔**Apo-Amlodipine**
	❋ Tab 10 mg	4.15	100	✔**Apo-Amlodipine**
55	SILDENAFIL – Special Authority SA1086 – Retail pharmacy (↓ subsidy)			
	Tab 25 mg	39.00	4	✔**Viagra**
	Tab 50 mg	43.50	4	✔**Viagra**
	Tab 100 mg	47.00	4	✔**Viagra**
60	MOMETASONE FUROATE (↑ subsidy)			
	Lotn 0.1%	7.35	30 ml OP	✔**Elocon**
96	IBUPROFEN (↓ subsidy)			
	❋ Tab long-acting 800 mg	8.12	30	✔**Brufen SR**
116	MORPHINE SULPHATE (↓ subsidy)			
	a) Only on a controlled drug form			
	b) No patient co-payment payable			
	Tab long-acting 30 mg	3.15	10	
		(3.60)		LA-Morph
	Tab long-acting 100 mg	7.85	10	
		(8.50)		LA-Morph
130	OXAZEPAM (↑ subsidy)			
	Tab 10 mg	5.89	100	✔**Ox-Pam**
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
	Tab 15 mg	8.13	100	✔**Ox-Pam**
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
132	INTERFERON BETA-1-ALPHA – Special Authority SA1062 (↑ subsidy)			
	Inj 6 million iu prefilled syringe	1,425.10	4	✔**Avonex**
	Inj 6 million iu per vial	1,425.10	4	✔**Avonex**
153	RITUXIMAB – PCT only – Specialist – Special Authority SA1052 (↓ subsidy)			
	Inj 100 mg per 10 ml vial	1,075.50	2	✔**Mabthera**
	Inj 500 mg per 50 ml vial	2,688.30	1	✔**Mabthera**
	Inj 1 mg for ECP	5.64	1 mg	✔**Baxter**

Effective 1 July 2011

27	MESALAZINE (↓ subsidy)			
	Suppos 500 mg	22.80	20	✔**Asacol**
28	HYOSCINE N-BUTYLBROMIDE (↓ subsidy)			
	❋ Tab 10 mg	1.48	20	✔**Gastrosoothe**

▲ 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 2011 (continued)

28	RANITIDINE HYDROCHLORIDE – Only on a prescription (↓ subsidy)			
	✻ Tab 150 mg	6.79	250	✔ **Arrow-Ranitidine**
	✻ Tab 300 mg	9.34	250	✔ **Arrow-Ranitidine**
	✻ Oral liq 150 mg per 10 ml	5.92	300 ml	✔ **Peptisoothe**
29	OMEPRAZOLE (↓ subsidy)			
	✻ Inj 40 mg	28.65	5	✔ **Dr Reddy's Omeprazole**
29	PANTOPRAZOLE (↓ subsidy)			
	✻ Inj 40 mg	6.50	1	✔ **Pantocid IV**
30	GLICLAZIDE (↓ subsidy)			
	✻ Tab 80 mg	17.60	500	✔ **Apo-Gliclazide**
34	DOCUSATE SODIUM – Only on a prescription (↓ subsidy)			
	✻ Cap 50 mg	2.57	100	✔ **Laxofast 50**
	✻ Cap 120 mg	3.48	100	✔ **Laxofast 120**
36	TRIAMCINOLONE ACETONIDE (↓ subsidy)			
	0.1% in Dental Paste USP	4.34	5 g OP	✔ **Oracort**
37	PYRIDOXINE HYDROCHLORIDE (↓ subsidy) a) No more than 100 mg per dose b) Only on a prescription			
	✻ Tab 50 mg	12.16	500	✔ **Apo-Pyridoxine**
43	DEXTROSE (↓ subsidy)			
	✻ Inj 50%, 10 ml – Up to 5 inj available on a PSO	19.50	5	✔ **Biomed**
44	COMPOUND ELECTROLYTES (↓ subsidy)			
	Powder for soln for oral use 5 g – Up to 10 sach available on a PSO	2.24	10	✔ **Enerlyte**
44	NICOTINIC ACID (↓ subsidy)			
	✻ Tab 50 mg	4.17	100	✔ **Apo-Nicotinic Acid**
	✻ Tab 500 mg	16.54	100	✔ **Apo-Nicotinic Acid**
45	SIMVASTATIN – See prescribing guideline (↓ subsidy)			
	✻ Tab 10 mg	1.40	90	✔ **Arrow-Simva 10mg**
	✻ Tab 20 mg	1.95	90	✔ **Arrow-Simva 20mg**
	✻ Tab 40 mg	3.18	90	✔ **Arrow-Simva 40mg**
	✻ Tab 80 mg	9.31	90	✔ **Arrow-Simva 80mg**
52	NIFEDIPINE (↓ subsidy)			
	✻ Tab long-acting 30 mg	8.56	30	✔ **Arrow-Nifedipine XR**
	✻ Tab long-acting 60 mg	12.28	30	✔ **Arrow-Nifedipine XR**
53	BENDROFLUAZIDE (↓ subsidy)			
	✻ Tab 2.5 mg – Up to 150 tab available on a PSO	6.48	500	✔ **Arrow-Bendrofluazide**
	May be supplied on a PSO for reasons other than emergency.			
	✻ Tab 5 mg	9.95	500	✔ **Arrow-Bendrofluazide**

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 2011 (continued)

54	GLYCERYL TRINITRATE (↓ subsidy)			
	❋ TDDS 10 mg	19.50	30	✔ **Nitroderm TTS**
60	CHLORHEXIDINE GLUCONATE – Subsidy by endorsement (↓ subsidy) a) No more than 500 ml per month b) Only if prescribed for a dialysis patient and the prescription is endorsed accordingly.			
	❋ Soln 4%	5.90	500 ml	✔ **Orion**
61	AQUEOUS CREAM (↓ subsidy)			
	❋ Crm	1.96	500 g	✔ **AFT**
61	EMULSIFYING OINTMENT (↓ subsidy)			
	❋ Oint BP	3.04	500 g	✔ **AFT**
62	PERMETHRIN (↓ subsidy)			
	Lotn 5%	3.24	30 ml OP	✔ **A-Scabies**
64	KETOCONAZOLE (↓ subsidy)			
	Shampoo 2%	3.08	100 ml OP	✔ **Sebizole**
	a) Maximum of 100 ml per prescription b) Only on a prescription			
69	CYPROTERONE ACETATE WITH ETHINYLOESTRADIOL (↓ subsidy)			
	❋ Tab 2 mg with ethinyloestradiol 35 μg and 7 inert tabs	3.89	84	✔ **Ginet 84**
73	TETRACOSACTRIN (↑ subsidy)			
	❋ Inj 1 mg per ml, 1 ml	29.56	1	✔ **Synacthen Depot**
77	DESMOPRESSIN (↓ subsidy)			
	▲ Nasal spray 10 μg per dose – Retail pharmacy-Specialist	27.48	6 ml OP	✔ **Desmopressin-PH&T**
81	AMOXYCILLIN CLAVULANATE (↑ subsidy)			
	Tab amoxycillin 500 mg with potassium clavulanate 125 mg – Up to 30 tab available on a PSO	26.00	100	✔ **Synermox**
82	DOXYCYCLINE HYDROCHLORIDE (↓ subsidy)			
	❋ Tab 100 mg – Up to 30 tab available on a PSO	7.95	250	✔ **Doxine**
83	TOBRAMYCIN (↓ subsidy)			
	Inj 40 mg per ml, 2 ml – Subsidy by endorsement Only if prescribed for dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.	29.32	5	✔ **DBL Tobramycin**
83	VANCOMYCIN HYDROCHLORIDE – Subsidy by endorsement (↓ subsidy) Only if prescribed for a dialysis or cystic fibrosis patient or in the treatment of pseudomembranous colitis or for prophylaxis of endocarditis and the prescription is endorsed accordingly.			
	Inj 500 mg	3.58	1	✔ **Mylan**
94	NORFLOXACIN (↓ subsidy)			
	Tab 400 mg – Maximum of 6 tab per prescription; can be waived by endorsement - Retail pharmacy – Specialist	15.45	100	✔ **Arrow-Norfloxacin**

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

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

		Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ fully subsidised
Changes to Subsidy and Manufacturer's Price - effective 1 July 2011 (continued)				
96	KETOPROFEN (↑ subsidy)			
	❋ Cap long-acting 100 mg	21.56	100	✔ **Oruvail SR**
	❋ Cap long-acting 200 mg	43.12	100	✔ **Oruvail SR**
96	NEOSTIGMINE (↓ subsidy)			
	Inj 2.5 mg per ml, 1 ml	140.00	50	✔ **AstraZeneca**
96	PYRIDOSTIGMINE BROMIDE (↓ subsidy)			
	▲ Tab 60 mg	38.90	100	✔ **Mestinon**
97	TIAPROFENIC ACID (↑ subsidy)			
	❋ Tab 300 mg	19.26	60	✔ **Surgam**
112	AMANTADINE HYDROCHLORIDE (↓ subsidy)			
	▲ Cap 100 mg	38.24	60	✔ **Symmetrel**
112	TOLCAPONE (↓ subsidy)			
	▲ Tab 100 mg	126.20	100	✔ **Tasmar**
114	PARACETAMOL (↓ subsidy)			
	❋‡ Oral liq 250 mg per 5 ml	6.70	1,000 ml	✔ **Paracare Double Strength**
	a) Up to 100 ml available on a PSO b) Not in combination			
114	TRAMADOL HYDROCHLORIDE (↓ subsidy)			
	Cap 50 mg	4.95	100	✔ **Arrow-Tramadol**
115	FENTANYL CITRATE (↓ subsidy) a) Only on a controlled drug form b) No patient co-payment payable			
	Inj 50 μg per ml, 2 ml	3.22	5	
		(6.10)		Hospira
	Inj 50 μg per ml, 10 ml	8.41	5	
		(15.65)		Hospira
118	CITALOPRAM HYDROBROMIDE (↓ subsidy)			
	❋ Tab 20 mg	2.34	84	✔ **Arrow-Citalopram**
133	ZOPICLONE (↓ subsidy)			
	Tab 7.5 mg	11.90	500	✔ **Apo-Zopiclone**
144	DOCETAXEL – PCT only – Specialist (↓ subsidy)			
	Inj 20 mg	48.75	1	✔ **Docetaxel Ebewe**
	Inj 80 mg	195.00	1	✔ **Docetaxel Ebewe**
	Inj 1 mg for ECP	2.63	1 mg	✔ **Baxter**
152	ANASTROZOLE (↓ subsidy)			
	Tab 1 mg	26.55	30	✔ **DP-Anastrozole**
157	CETIRIZINE HYDROCHLORIDE (↓ subsidy)			
	❋ Tab 10 mg	1.59	100	✔ **Zetop**

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 2011 (continued)

159 EFORMOTEROL FUMARATE – See prescribing guideline (↓ subsidy)
Additional subsidy by endorsement for Oxis Turbuhaler is available for patients where the initial dispensing was before 1 July 2011.
Pharmacists may annotate prescriptions for patients who were being prescribed Oxis Turbuhaler prior to 1 July 2011 in which case the prescription is deemed to be endorsed. The pharmacist must be able to show clear documented dispensing history for the patient. The prescription must be endorsed accordingly.

Powder for inhalation, 6 μg per dose, breath activated			
– Higher subsidy of $16.90 per 60 dose with Endorsement	14.60 (16.90)	60 dose OP	Oxis Turbuhaler

159 BUDESONIDE WITH EFORMOTEROL – Special Authority see SA0958– Retail pharmacy (↓ subsidy)
Additional subsidy by endorsement for budesonide with eformoterol powder for inhalation (Symbicort Turbuhalar) is available for patients where the initial dispensing was before 1 July 2011.
Pharmacists may annotate prescriptions for patients who were being prescribed budesonide with eformoterol powder for inhalation (Symbicort Turbuhalar) prior to 1 July 2011 in which case the prescription is deemed to be endorsed. The pharmacist must be able to show clear documented dispensing history for the patient. The prescription must be endorsed accordingly.

Aerosol inhaler 100 μg with eformoterol fumarate 6 μg	33.96	120 dose OP	✔**Vannair**
Powder for inhalation 100 μg with eformoterol fumarate 6 μg – Higher subsidy of $55.00 per 120 dose with Endorsement	41.25 (55.00)	120 dose OP	Symbicort Turbuhaler 100/6
Aerosol inhaler 200 μg with eformoterol fumarate 6 μg	40.06	120 dose OP	✔**Vannair**
Powder for inhalation 200 μg with eformoterol fumarate 6 μg – Higher subsidy of $60.00 per 120 dose with Endorsement	45.00 (60.00)	120 dose OP	Symbicort Turbuhaler 200/6
Powder for inhalation 400 μg with eformoterol fumarate 12 μg – No more than 2 dose per day – Higher subsidy of $60.00 per 60 dose with Endorsement	45.00 (60.00)	60 dose OP	Symbicort Turbuhaler 400/12

Effective 1 June 2011

38 SODIUM FLUORIDE (↑ subsidy)

Tab 1.1 mg (0.5 mg elemental)	5.00	100	✔**PSM**

123 SUMATRIPTAN (↓ subsidy)

Inj 12 mg per ml, 0.5 ml	36.00 (80.00)	2 OP	Imigran
Maximum of 10 inj per prescription			

136 NALTREXONE HYDROCHLORIDE – Special Authority SA0909 – Retail pharmacy (↓ subsidy)

Tab 50 mg	123.00	30	✔**ReVia**

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

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

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

Changes to Subsidy and Manufacturer's Price - effective 1 June 2011 (continued)

152	TAMOXIFEN CITRATE (↓ subsidy)			
	❋ Tab 20 mg	5.25	60	
		(6.66)		Tamoxifen Sandoz
162	IPRATROPIUM BROMIDE (↓ subsidy)			
	Aqueous nasal spray, 0.03%	8.06	30 ml OP	
		(12.66)		Apo-Ipravent

Effective 1 May 2011

34	MUCILAGINOUS LAXATIVES WITH STIMULANTS (↑ price)			
	❋ Dry	2.41	200 g OP	
		(8.72)		Normacol Plus
		6.02	500 g OP	
		(17.32)		Normacol Plus
44	COLESTIPOL HYDROCHLORIDE (↑ subsidy)			
	Sachets 5 g	20.00	30	✔ **Colestid**
90	ABACAVIR SULPHATE – Special Authority see SA1025 – Retail pharmacy (↓ subsidy)			
	Tab 300 mg	229.00	60	✔ **Ziagen**
	Oral liq 20 mg per ml	50.00	240 ml OP	✔ **Ziagen**
108	ALENDRONATE SODIUM – Special Authority see SA1039 – Retail pharmacy (↓ subsidy)			
	Tab 70 mg	22.90	4	✔ **Fosamax**
108	ALENDRONATE SODIUM WITH CHOLECALCIFEROL – Special Authority see SA1039 – Retail pharmacy (↓ subsidy)			
	Tab 70 mg with cholecalciferol 5,600 iu	22.90	4	✔ **Fosamax Plus**
111	DANTROLENE SODIUM (↑ price)			
	❋ Cap 25 mg	32.96	100	
		(65.00)		Dantrium
	❋ Cap 50 mg	51.70	100	
		(77.00)		Dantrium
124	ONDANSETRON (↓ subsidy)			
	Tab disp 4 mg	1.70	10	
		(17.18)		Zofran Zydis
	Tab disp 8 mg.	2.00	10	
		(20.43)		Zofran Zydis

Changes to Subsidy and Manufacturer's Price - effective 1 May 2011 (continued)

189 ORAL FEED 1.5KCAL/ML – Special Authority see SA1104 – Hospital pharmacy [HP3] (↓ price and ↑ alternate subsidy)

a) Repeats for Fortisip and Ensure Plus will be fully subsidised where the initial dispensing was before 1 April 2011.

b) Additional subsidy by endorsement is available for patients being bolus fed through a feeding tube. The prescription must be endorsed accordingly.

Liquid (banana) – Higher subsidy of $1.26 per 200 ml			
with Endorsement.....	0.72	200 ml OP	
	(1.26)		Ensure Plus
Liquid (chocolate) – Higher subsidy of $1.26 per 200 ml			
with Endorsement.....	0.72	200 ml OP	
	(1.26)		Ensure Plus
Liquid (fruit of the forest) – Higher subsidy of $1.26 per 200 ml			
with Endorsement.....	0.72	200 ml OP	
	(1.26)		Ensure Plus
Liquid (strawberry) – Higher subsidy of $1.26 per 200 ml			
with Endorsement.....	0.72	200 ml OP	
	(1.26)		Ensure Plus
Liquid (vanilla) – Higher subsidy of $1.26 per 200 ml			
with Endorsement.....	0.72	200 ml OP	
	(1.26)		Ensure Plus

Note: Additional subsidy by endorsement and repeats will now be fully subsidised for the tetrapaks

Changes to General Rules

Effective 1 August 2011

10 Hospital Pharmaceutical and Pharmaceutical Cancer Treatment Costs

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

11 Exceptional Circumstances policies

The purpose of the Exceptional Circumstances policies are to provide:

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

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

12 Cancer Exceptional Circumstances

Permission to fund a pharmaceutical for the treatment of cancer ~~from the Hospital's own budget~~ under Cancer Exceptional Circumstances will only be granted by PHARMAC where it has been demonstrated that the proposed use meets the criteria. ~~If the patient being treated with a pharmaceutical under Cancer Exceptional Circumstances usually resides in a district other than that within the jurisdiction of the DHB initiating the treatment, then the DHB initiating the treatment must either agree to fund any on-going treatment required once the patient has returned to his/her usual DHB, or obtain written consent from the DHB or DHBs in which the patient will reside following the commencement of treatment.~~

13 "Cancer Exceptional Circumstances" means the policies and criteria administered by PHARMAC relating to the ability to fund~~, from a DHB hospital's own budget,~~ pharmaceuticals for the treatment of cancer that are not identified as Pharmaceutical Cancer Treatments in Sections A-H of the Pharmaceutical Schedule.

17 "Pharmaceutical Budget" means the pharmaceutical budget set for PHARMAC by the Crown for the subsidised supply of Community Pharmaceuticals **and Pharmaceutical Cancer Treatments including for named patients in exceptional circumstances.**

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

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

Changes to General Rules - effective 1 August 2011 (continued)

24 4.4 Pharmaceutical Cancer Treatments

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

▲ 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 Brand Name

Effective 1 August 2011

116 PARACETAMOL WITH CODEINE
✻ Tab paracetamol 500 mg with codeine phosphate 8 mg ..... 2.70 100 ✔ **Paracetemol + Codeine (Relieve)** ~~Relieve~~

Effective 1 July 2011

83 TOBRAMYCIN
Inj 40 mg per ml, 2 ml – Subsidy by endorsement ..... 29.32 5 ✔ **DBL Tobramycin** ~~Mayne~~
Only if prescribed for dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.

83 VANCOMYCIN HYDROCHLORIDE – Subsidy by endorsement
Only if prescribed for a dialysis or cystic fibrosis patient or in the treatment of pseudomembranous colitis or for prophylaxis of endocarditis and the prescription is endorsed accordingly.
Inj 500 mg ..... 5.04 1 ✔ **Mylan** ~~Pacific~~

Effective 1 May 2011

96 KETOPROFEN – Additional subsidy by Special Authority see SA1038 – Retail pharmacy
✻ Cap long-acting 100 mg 6.72 100
(21.56) Oruvail **SR** ~~100~~
✻ Cap long-acting 200 mg 13.44 100
(43.12) Oruvail **SR** ~~200~~

Changes to Section E Part I

Effective 1 July 2011

197 LIGNOCAINE HYDROCHLORIDE
~~✔ Inj 0.5%, 5 ml 5~~

197 **NICOTINE**

✔ **Patch 7 mg**	**28**
✔ **Patch 14 mg**	**28**
✔ **Patch 21 mg**	**28**
✔ **Lozenge 1 mg**	**216**
✔ **Lozenge 2 mg**	**216**
✔ **Gum 2 mg (Classic)**	**384**
✔ **Gum 2 mg (Fruit)**	**384**
✔ **Gum 2 mg (Mint)**	**384**
✔ **Gum 4 mg (Classic)**	**384**
✔ **Gum 4 mg (Fruit)**	**384**
✔ **Gum 4 mg (Mint)**	**384**

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

Changes to Section F Part II

Effective 1 May 2011

201 NERVOUS SYSTEM
Lacosamide

Changes to Sole Subsidised Supply

Effective 1 August 2011

For the list of new Sole Subsidised Supply products effective 1 August 2011 refer to the bold entries in the cumulative Sole Subsidised Supply table pages 8-14.

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

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

		Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ fully subsidised
Delisted Items				
Effective 1 August 2011				
37	PYRIDOXINE HYDROCHLORIDE			
	a) No more than 100 mg per dose			
	b) Only on a prescription			
	✻ Tab 25 mg – No patient co-payment payable	3.06	90	✔ Healtheries
50	MEXILETINE HYDROCHLORIDE			
	▲ Cap 50 mg	23.52	100	✔ Mexitil
	▲ Cap 200 mg	55.05	100	✔ Mexitil
64	SUNSCREENS, PROPRIETARY – Subsidy by endorsement			
	Only if prescribed for a patient with severe photosensitivity secondary to a defined clinical condition and the prescription is endorsed accordingly.			
	Crm	1.28	50 g OP	
		(5.50)		Aquasun Oil Free Faces SPF30+
91	STAVUDINE [D4T] – Special Authority see SA1025 – Retail pharmacy			
	Cap 20 mg	317.10	60	✔ Zerit
	Powder for oral soln 1 mg per ml	100.76	200 ml OP	✔ Zerit
115	FENTANYL			
	a) Only on a controlled drug form			
	b) No patient co-payment payable			
	Transdermal patch, matrix 25 μg per hour – Special Authority see SA1080 – Retail pharmacy	55.23	5	✔ Durogesic
	Transdermal patch, matrix 50 μg per hour – Special Authority see SA1080 – Retail pharmacy	100.52	5	✔ Durogesic
	Transdermal patch, matrix 75 μg per hour – Special Authority see SA1080 – Retail pharmacy	139.18	5	✔ Durogesic
	Transdermal patch, matrix 100 μg per hour – Special Authority see SA1080 – Retail pharmacy	171.22	5	✔ Durogesic
124	ONDANSETRON			
	Tab disp 4 mg	1.70	10	
		(17.18)		Zofran Zydis
	Tab disp 8 mg	2.00	10	
		(20.43)		Zofran Zydis
146	MITOMYCIN C – PCT only – Specialist			
	Inj 2 mg	283.00	10	✔ Mitomycin-C S29
	Inj 10 mg	808.00	5	✔ Mitomycin-C S29
	Note – Arrow mitomycin C inj 5 mg remains subsidised.			
Effective 1 July 2011				
62	POVIDONE IODINE			
	Antiseptic soln 10%	51.06	4,500 ml	✔ Betadine

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 2011 (continued)

110	HYALURONIDASE			
	Inj 1,500 iu per ml	18.32 (254.92)	10	Hyalase
113	LIGNOCAINE HYDROCHLORIDE			
	Inj 0.5%, 5 ml – Up to 5 inj available on a PSO	44.10	50	✔Xylocaine
116	MORPHINE SULPHATE			
	a) Only on a controlled drug form			
	b) No patient co-payment payable			
	Cap long-acting 200 mg	17.00	10	✔m-Eslon
137	NICOTINE			
	Nicotine will not be funded Close Control in amounts less than 4 weeks of treatment.			
	Patch 7 mg – Up to 28 patches available on a PSO	10.53	7	✔Habitrol
	Patch 14 mg – Up to 28 patches available on a PSO	11.63	7	✔Habitrol
	Patch 21 mg – Up to 28 patches available on a PSO	12.32	7	✔Habitrol
	Lozenge 1 mg – Up to 216 lozenges available on a PSO	11.08	36	✔Habitrol
	Lozenge 2 mg – Up to 216 lozenges available on a PSO	11.08	36	✔Habitrol
168	PHARMACY SERVICES – May only be claimed once per patient.			
	❋ Brand switch fee	0.01	1 fee	✔BSF m-Captopril
	The Pharmacode for BSF m-Captopril is 2378647			

Effective 1 June 2011

34	LACTULOSE – Only on a prescription			
	❋ Oral liq 10 g per 15 ml	6.65	1,000 ml	✔Duphalac
37	ALPHA TOCOPHERYL ACETATE – Special Authority see SA0915 – Retail pharmacy			
	Water solubilised soln 156 iu/ml, with calibrated Dropper	18.30	50 ml OP	✔Micelle E
51	LABETALOL			
	❋ Tab 400 mg	34.44	100	✔Hybloc
75	DYDROGESTERONE			
	Tab 10 mg	15.40 (16.75)	28	Duphaston
144	BORTEZOMIB – PCT only – Specialist – Special Authority see SA1127			
	Inj 1 mg for ECP	1,892.50	3.5 mg OP	✔Baxter
168	PHARMACY SERVICES – May only be claimed once per patient			
	❋ Brand switch fee	0.01	1 fee	✔BSF Zapril
	The Pharmacode for BSF Zapril is 2378639			

▲ 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 May 2011

33	PANCREATIC ENZYME			
	Cap 8,000 USP u lipase, 30,000 USP u amylase, 30,000 USP u protease	85.00	250	✔Cotazym ECS
84	ITRACONAZOLE – Retail pharmacy-Specialist			
	Cap 100 mg	4.25	15	
		(23.70)		Sporanox
124	ONDANSETRON			
	Tab 4 mg	1.70	10	
		(17.18)		Zofran
	Tab 8 mg	3.40	20	
		(33.89)		Zofran
127	RISPERIDONE			
	Tab 0.5 mg	1.17	20	✔Ridal
	Note – Ridal tab 0.5 mg, 60 tab pack, remains subsidised.			
168	PHARMACY SERVICES - May only be claimed once per patient.			
	❋ Brand switch fee	0.01	1 fee	✔BSF Apo-Clopidogrel
	The Pharmacode for BSF Apo-Clopidogrel is 2378655			

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

Items to be Delisted

Effective 1 September 2011

123 SUMATRIPTAN
Inj 12 mg per ml, 0.5 ml ..... 36.00 2 OP
(80.00) Imigran
Maximum of 10 inj per prescription

136 NALTREXONE HYDROCHLORIDE – Special Authority SA0909 – Retail pharmacy
Tab 50 mg ..... 123.00 30 ✔**ReVia**

152 TAMOXIFEN CITRATE
❋ Tab 20 mg 5.25 60
(6.66) Tamoxifen Sandoz

162 IPRATROPIUM BROMIDE
Aqueous nasal spray, 0.03% ..... 8.06 30 ml OP
(12.66) Apo-Ipravent

Effective 1 October 2011

44 COMPOUND ELECTROLYTES
Powder for soln for oral use 5 g – Up to 10 sach available on a PSO ..... 2.24 10 ✔**Enerlyte**

115 FENTANYL CITRATE
a) Only on a controlled drug form
b) No patient co-payment payable
Inj 50 μg per ml, 2 ml 3.22 5
(6.10) Hospira
Inj 50 μg per ml, 10 ml 8.41 5
(15.65) Hospira

Effective 1 November 2011

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.
Blood glucose test strips ..... 10.82 25 test OP ✔**Optium 5 second test**

33 PANCREATIC ENZYME
Tab EC 1,900 BP u lipase, 1,700 BP u amylase, 110 BP u protease ..... 32.46 300 ✔**Pancrex V**

39 IPECACUANHA
❋ Tincture ..... 41.20 500 ml
(43.40) PSM

44 DIGOXIN
❋ Tab 250 μg – Up to 30 tab available on a PSO ..... 15.13 250 ✔**Lanoxin**

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

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

		Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ fully subsidised

Items to be delisted - effective 1 November 2011 (continued)

63 SALICYLIC ACID

Powder – Only in combination	15.00	500 g	✔**ABM**

1) Only in combination with a dermatological base or proprietary Topical Corticosteroid – Plain or collodion flexible,
2) With or without other dermatological galenicals.
3) Maximum 20 g or 20 ml per prescription when prescribed with white soft paraffin or collodion flexible.

63 SULPHUR

Precipitated – Only in combination	6.35	100 g	
	(9.25)		PSM

1) Only in combination with a dermatological base or proprietary Topical Corticosteroid – Plain
2) With or without other dermatological galenicals.

114 BUPRENORPHINE HYDROCHLORIDE – Only on a controlled drug form

Inj 0.3 mg per ml, 1 ml	7.42	5	
	(9.38)		Temgesic

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

Tab long-acting 10 mg	1.80	10	✔**LA-Morph**
Tab long-acting 30 mg	3.15	10	
	(3.60)		LA-Morph
Tab long-acting 60 mg	7.20	10	✔**LA-Morph**
Tab long-acting 100 mg	7.85	10	
	(8.50)		LA-Morph

161 SALBUTAMOL WITH IPRATROPIUM BROMIDE

Aerosol inhaler, 100 μg with ipratropium bromide, 20 μg per dose	13.50	200 dose OP	✔**Combivent**

163 SULPHACETAMIDE SODIUM

✻ Eye drops 10%	4.41	15 ml OP	✔**Bleph 10**

192 AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA1108 – [HP3] Hospital pharmacy

Liquid (berry)	15.65	62.5 ml OP	✔**Lophlex LQ**
	31.20	125 ml OP	✔**Lophlex LQ**
Liquid (citrus)	15.65	62.5 ml OP	✔**Lophlex LQ**
	31.20	125 ml OP	✔**Lophlex LQ**
Liquid (orange)	15.65	62.5 ml OP	✔**Lophlex LQ**
	31.20	125 ml OP	✔**Lophlex LQ**
Infant formula	174.72	400 g OP	✔**XP Analog LCP**

Effective 1 December 2011

33 PANCREATIC ENZYME

Tab EC 5,600 BP u lipase, 5,000 BP u amylase, 330 BP u protease	58.44	300	✔**Pancrex V Forte**
Cap 8,000 BP u lipase, 9,000 BP u amylase, 430 BP u protease	67.26	300	✔**Pancrex V**

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 2011 (continued)

47	CILAZAPRIL			
	✻ Tab 2.5 mg	2.06	30	✔**Zapril**
	✻ Tab 5 mg	3.28	30	✔**Zapril**
	Note – Zapril tab 2.5 mg and 5 mg, 90 tab packs remain listed.			
51	METOPROLOL TARTRATE			
	✻ Tab 100 mg	10.90	30	✔**Lopresor**
	Note – Lopresor tab 100 mg 60 tab pack remains listed.			
97	SULINDAC – Additional subsidy by Special Authority see SA1038 – Retail pharmacy			
	✻ Tab 200 mg	3.36	50	
		(15.87)		Clinoril
194	EXTENSIVELY HYDROLYSED FORMULA – Special Authority see SA1112 – Hospital pharmacy [HP3]			
	Powder	19.01	450 g OP	✔**Pepti Junior**
	Note – Pepti Junior Gold powder 450 g OP remains listed.			

Effective 1 January 2012

74	OESTRADIOL – See prescribing guideline			
	✻ TDDS 25 μg per day	3.01	8	
		(10.86)		Estraderm TTS 25
	a) Higher subsidy of $10.86 per 8 patch with Special Authority see SA1018			
	b) No more than 2 patch per week			
	c) Only on a prescription			
	✻ TDDS 50 μg per day	4.12	8	
		(13.18)		Estraderm TTS 50
	a) Higher subsidy of $13.18 per 8 patch with Special Authority see SA1018 on the preceding page			
	b) No more than 2 patch per week			
	c) Only on a prescription			
	✻ TDDS 100 μg per day	7.05	8	
		(16.14)		Estraderm TTS 100
	a) Higher subsidy of $16.14 per 8 patch with Special Authority see SA1018 on the preceding page			
	b) No more than 2 patch per week			
	c) Only on a prescription			
82	CLINDAMYCIN			
	Inj phosphate 150 mg per ml, 4 ml – Retail pharmacy-Specialist	16.00	1	✔**Dalacin C**
	Note – Dalacin C inj phosphate 150 mg per ml, 4 ml, 10 injection pack listed 1 July 2011.			
91	DARUNAVIR – Special Authority see SA1025 – Retail pharmacy			
	Tab 300 mg	1,190.00	120	✔**Prezista**

Effective 1 February 2012

144	DAUNORUBICIN – PCT only – Specialist			
	Inj 5 mg per ml, 4 ml	99.00	1	✔**Mayne**

▲ 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

Section H page ref	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer

Section H changes to Part II

Effective 1 August 2011

17	AMLODIPINE (↓ price and addition of HSS)			
	Tab 5 mg – **1% DV Oct-11 to 2014**	2.65	100	**Apo-Amlodipine**
	Tab 10 mg – **1% DV Oct-11 to 2014**	4.15	100	**Apo-Amlodipine**
23	CEFOTAXIME (↑ price and addition of HSS)			
	Inj 500 mg – **1% DV Oct-11 to 2014**	1.90	1	**Cefotaxime Sandoz**
23	CEFTAZIDIME (↓ price and addition of HSS)			
	Inj 500 mg – **1% DV Oct-11 to 2014**	2.37	1	**Fortum**
23	CEFTAZIDIME			
	Inj 1 g – **1% DV Oct-11 to 2014**	3.25	1	**DBL Ceftazidime**
	Inj 2 g – **1% DV Oct-11 to 2014**	6.49	1	**DBL Ceftazidime**
	Note: Fortum inj 1 g and 2 g to be delisted 1 October 2011.			
25	CLARITHROMYCIN			
	Inj 500 mg – **1% DV Oct-11 to 2014**	30.00	1	**Klacid**
27	DAUNORUBICIN			
	Inj 5 mg per ml, 4 ml	99.00	1	Mayne
	Note: Daunorubiin inj 5 mg per ml, 4 ml to be delisted 1 October 2011			
28	DIPYRIDAMOLE (addition of HSS)			
	Tab long-acting 150 mg – **1% DV Oct-11 to 2014**	11.52	60	**Pytazen SR**
31	FACTOR EIGHT INHIBITORS BYPASSING AGENT			
	Inj 500 U	1,640.00	1	FEIBA
	Inj 1,000 U	3,280.00	1	FEIBA
32	FLUCONAZOLE (amended presentation description and brand name)			
	Powder for oral suspension ~~oral liq~~ 10 mg per ml	34.56	35 ml	Diflucan ~~POS~~
37	IBUPROFEN			
	Tab long-acting 800 mg – **1% DV Oct-11 to 2014**	8.12	30	**Brufen SR**
39	IRON POLYMALTOSE (↓ price and addition of HSS)			
	Inj 50 mg per ml, 2 ml – **1% DV Oct-11 to 2014**	19.90	5	**Ferrum H**
45	METRONIDAZOLE			
	Inj 500 mg, 100 ml	2.46	1	Baxter
45	MOMETASONE FUROATE			
	Lotn 0.1%	4.80	30 ml	Elocon
	Note: Elocon lotn 0.1% to be delisted 1 August 2011			
48	OMEPRAZOLE			
	Cap 10 mg – **1% DV Oct-11 to 2014**	2.91	90	**Omezol Relief**
	Cap 20 mg – **1% DV Oct-11 to 2014**	3.78	90	**Omezol Relief**
	Cap 40 mg – **1% DV Oct-11 to 2014**	5.57	90	**Omezol Relief**
	Note: Dr Reddy's Omeprazole cap 10 mg, 20 mg and 40 mg to be delisted 1 October 2011			

Products with Hospital Supply Status (HSS) are in **bold**.
Expiry date of HSS period is 30 June of the year indicated unless otherwise stated

Section H page ref		Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
Section H changes Part II - effective 1 August 2011 (continued)				
48	ONDANSETRON (↑ DV limit)			
	Tab disp 4 mg – **5% DV May-11 to 2013**	1.70	10	**Dr Reddy's Ondansetron**
	Tab disp 8 mg – **5% DV May-11 to 2013**	2.00	10	**Dr Reddy's Ondansetron**
50	PARACETAMOL WITH CODEINE (brand name change)			
	Tab paracetamol 500 mg with codeine phosphate 8 mg – **1% DV Nov-11 to 2014**	2.70	100	**Paracetamol + Codeine (Relieve)** ~~Relieve~~
54	RECOMBINANT FACTOR VIII			
	Inj 2,000 IU	1,900.00	1	Advate
	Inj 3,000 IU	2,850.00	1	Advate
54	RECOMBINANT FACTOR IX			
	Inj 250 IU	310.00	1	BeneFIX
	Inj 500 IU	620.00	1	BeneFIX
	Inj 1,000 IU	1,240.00	1	BeneFIX
	Inj 2,000 IU	2,480.00	1	BeneFIX
54	RETEPLASE			
	Inj 10 iu vial	1,850.00	2	Rapilysin
	Note: Rapilysin to be delisted 1 October 2011			
55	RITUXIMAB (↓ price)			
	Inj 100 mg per 10 ml vial	1,075.50	2	Mabthera
	Inj 500 mg per 50 ml vial	2,688.30	1	Mabthera
62	VENLAFAXINE			
	Tab 37.5 mg	18.64	28	Arrow-Venlafaxine XR
	Tab 75 mg	37.27	28	Arrow-Venlafaxine XR
	Tab 150 mg	45.68	28	Arrow-Venlafaxine XR

Section H changes to General Rules

Effective 1 August 2011

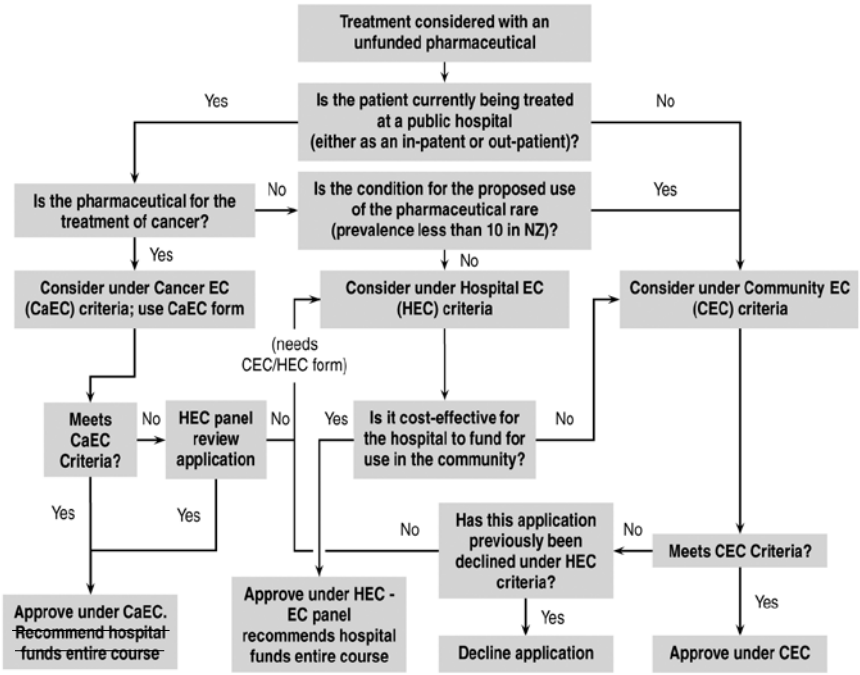
8 Exceptional Circumstances policies

The purpose of the Exceptional Circumstances policies are to provide:

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

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

9



Section H changes to General Rules - effective 1 August 2011 (continued)

10 "Cancer Exceptional Circumstances" means the policies and criteria administered by PHARMAC relating to the ability to fund~~, from a DHB hospital's own budget,~~ pharmaceuticals for the treatment of cancer that are not identified as Pharmaceutical Cancer Treatments in Sections A-H of the Pharmaceutical Schedule.

11 "Pharmaceutical Budget" means the pharmaceutical budget set for PHARMAC by the Crown for the subsidised supply of Community Pharmaceuticals **and Pharmaceutical Cancer Treatments including for named patients in exceptional circumstances.**

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

14 Pharmaceutical Cancer Treatments

8.1 DHBs are obliged to ~~fund~~ **provide access to** Pharmaceutical Cancer Treatments in accordance with the ~~October~~ **September** 2001 direction from the Minister of Health.

14 Pharmaceutical Cancer Treatments

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

a) be aware of and comply with their obligations under sections 25 and 29 of the Medicines Act 1981, as applicable, and otherwise under that Act and the Medicines Regulations 1984;
b) be aware of and comply with their obligations under the Health and Disability Commissioner's Code of Consumer Rights, including the requirement to obtain informed consent from the patient (PHARMAC recommends that Practitioners obtain written consent); and
c) exercise their own skill, judgment, expertise and discretion, and make their own prescribing decisions with respect to the use of an unapproved Pharmaceutical Cancer Treatment or a Pharmaceutical Cancer Treatment for an Unapproved Indication.

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Pharmaceuticals and brands

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Pharmaceuticals and brands

New Zealand
Permit No. 478

Permit

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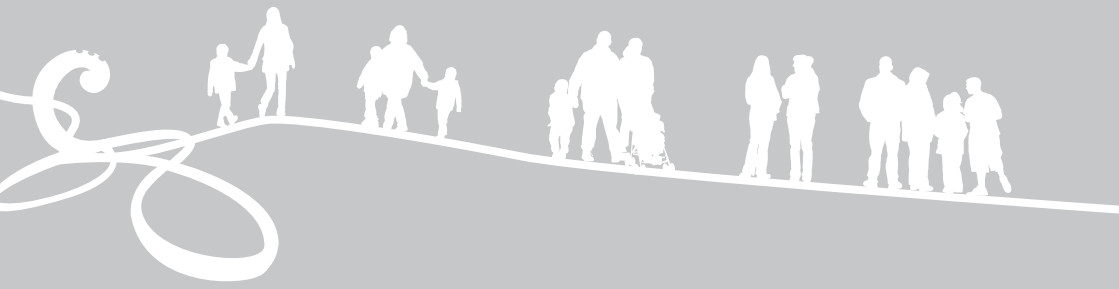

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