Pharmaceutical Management Agency

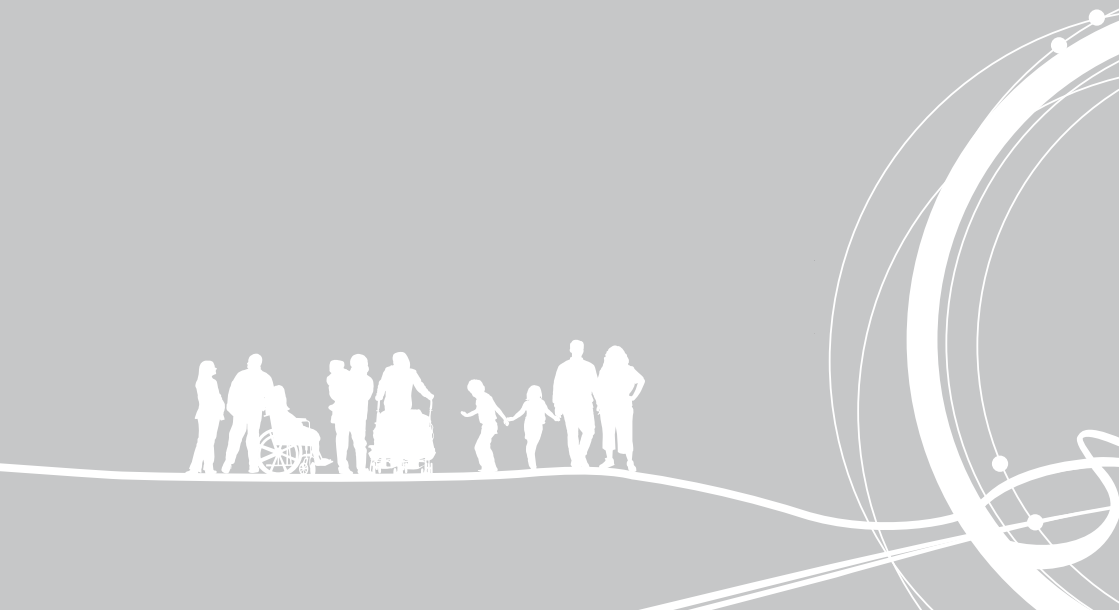
Update

New Zealand Pharmaceutical Schedule

Effective 1 October 2011

Cumulative for September and October 2011

Section H cumulative for August, September and October 2011



Contents

Summary of PHARMAC decisions
EFFECTIVE 1 OCTOBER 2011

New listings (page 20)

- Losartan (Lostaar) tab 12.5 mg, 25 mg, 50 mg and 100 mg – Special Authority – Retail pharmacy
- Losartan with hydrochlorothiazide (Arrow-Losartan & Hydrochlorothiazide) tab 50 mg with hydrochlorothiazide 12.5 mg – Special Authority – Retail Pharmacy
- Acitretin (Novatretin) cap 10 mg and 25 mg – Special Authority – Retail pharmacy
- Levothyroxine (Synthroid) tab 25 μg and 50 μg, 90 tab pack
- Clarithromycin (Apo-Clarithromycin) tab 250 mg – Maximum of 500 mg per prescription; can be waived by Special Authority
- Ciprofloxacin (Cipflox) tab 250 mg and 500 mg – Up to 5 tab available on a PSO
- Ciprofloxacin (Cipflox) tab 750 mg – Retail pharmacy-Specialist
- Fluconazole (Ozole) cap 50 mg – Retail pharmacy-Specialist
- Allopurinol (Apo-Allopurinol) tab 100 mg, 1,000 tab pack, and tab 300 mg, 500 tab pack
- Paracetamol (Ethics Paracetamol) oral liq 120 mg per 5 ml – up to 200 ml available on PSO – Not in combination
- Timolol maleate (Arrow-Timolol) eye drops 0.25%, 5 ml OP

Changes to restrictions (pages 22-27)

- Varenicline tartrate (Champix) tab 0.5mg and tab 1 mg – amended Special Authority approval period
- Sunitinib (Sutent) cap 12.5 mg, 25 mg and 50 mg – amended Special Authority criteria
- Trastuzumab inj 150 mg and 440 mg vial (Herceptin), and 1 mg for ECP (Baxter) – amended Special Authority criteria
- Special Foods and multivitamin Special Authority forms – addition of dietitian applicant type
- Oral Feed (Ensure Plus, Fortisip, Fortisip Multi Fibre and Two Cal HN) – removal of repeat rule
- Clarithromycin (Klacid) tab 500 mg – removal of maximum 14 tab per prescription and amended endorsement (effective 14 September 2011)

Increased subsidy (page 40)

- Sodium chloride (Multichem) inj 0.9%, 10 ml
- Betamethasone valerate (Beta Cream and Beta Ointimet) crm 0.1% and oint 0.1%
- Co-trimoxazole (Trisul) tab trimethoprim 80 mg and sulphamethoxazole 400 mg

- Dothiepin hydrochloride (Dopress) tab 75 mg and cap 25 mg

Decreased subsidy (page 40)

- Omeprazole (Dr Reddy's Omeprazole) cap 10 mg, 20 mg and 40 mg
- Budesonide (Budenocort) powder for inhalation 200 μg per dose and 400 μg per dose

Special Authority approvals by dietitians

From 1 October 2011 dietitians will be able to complete initial and renewal applications for Special Authority approvals for patients under their care. Dietitians will only be able to apply for Special Authorities for Special Foods listed in Section D of the Pharmaceutical Schedule and multivitamins (Paediatric Seravit) powder and vitamins (Vitabdeck) cap (fat soluble vitamins A, D, E K).

At this stage only manual (paper) applications will be able to be processed. It is anticipated that later this year dietitians will be able to complete electronic Special Authority applications.

General Practitioners may reapply for Special Authority renewals for their patients on the recommendation of a dietitian. General Practitioners must include the name of the dietitian and the date contacted on the Special Authority renewal.

There are no changes for vocationally registered General Practitioners.

Close Control rule amendment

The Close Control rule in the Pharmaceutical Schedule will be amended from 1 October 2011. PHARMAC and DHBs consulted on proposed changes to the Close Control Rule in February 2011. The resulting changes to the Close Control Rule are relatively minor, and are as follows:

- Removing the need to write "Close Control" or "CC" for monthly dispensing into Community Residential Care and Age Related Residential Care provided the patient's NHI and name of the institution or facility is included on the prescription.
- Allowing patients in Age Related Residential Care or Community Residential Care to have an initial trial period (determined by the prescriber) for new medicines or a change of dose. This is a new issue raised during the consultation process.
- Differentiating the use of Trial Close Control (a one-off shorter dispensing period for new medicines or a change in dose) from ongoing Close Control by annotating the prescription with "Close Control Trial", "CCT" or "Trial Period" and also noting the period of supply specified.
- Amending the format of the current Close Control rule definition to make it easier to read.

These changes will be effective from 1 October 2011. All other aspects of the Close Control Rule remain the same.

Trastuzumab and sunitinib – amended Special Authority criteria

Some minor amendments have been made to the Special Authority criteria applying to trastuzumab and sunitinib from 1 October 2011. The changes are for clarification purposes and are expected to reduce confusion and administrative burden for prescribers and pharmacists; they are not expected to materially change the funded access to either of these pharmaceuticals. Please refer to pages 22-23 for further information.

Acitretin – alternate brand listed

An alternate brand of acitretin (Novatretin) 10 mg and 25 mg capsules will be subsidised from 1 October 2011. A valid Special Authority approval will be required for patients to gain subsidy. The Neotigason brand of acitretin capsules will remain subsidised at its current subsidies until 1 July 2012.

Extension of varenicline Special Authority approval period

PHARMAC has received a number of requests to grant additional Special Authority approvals for varenicline where the original Special Authority expired prior to the patient's full course of medication being dispensed. In most of these cases the patient's prescription was also no longer valid to access subsidy as more than 90 days had passed, but by the time a new prescription was issued the Special Authority had expired. Hence, the expiry date of the Special Authority approval will be extended from three to five months from 1 October 2011 to give patients in this situation more time to return to their clinician and get another prescription before the Special Authority expires.

This change does not extend the subsidised length of treatment, which remains at a maximum of 3 months' subsidy for each Special Authority approval.

Clarithromycin tablets - pharmacist approval to substitute

Due to stock shortages on clarithromycin (Klacid and Klamycin) 250 mg tablets, pharmacists were approved to substitute the clarithromycin 500 mg tablets for the 250 mg tablets from 14 September 2011 until further notice. Prescriptions need to be annotated by the pharmacist and will need to be endorsed accordingly. Please refer to the PHARMAC facsimile of 14 September 2011 located on the PHARMAC website for further details. (www.pharmac.govt.nz)

The listing date of Apo-Clarithromycin 250 mg tablets has been brought forward to 1 October 2011. We have been informed that Apotex's stock will be available from mid October.

Timolol maleate eye drops 0.25% - amended listing date

The listing date for timolol maleate (Arrow-Timolol) eye drops 0.25%, 5 ml OP, has been brought forward one month to 1 October 2011. PHARMAC notified the market in April 2011, via a Tender notification fax, that it would be listed from 1 November 2011. This earlier listing will allow subsidy earlier and avoid a potential out-of-stock, as the incumbent supplier, Apotex (NZ) Ltd, is low on stock of timolol maleate eye drops 0.25%, 5 ml OP. The rest of the transition timelines for timolol maleate (Arrow-Timolol) eye drops 0.25%, 5 ml OP, remain unchanged from those previously notified.

Arrow-Timolol eye drops 0.5%, 5 ml OP will subsidised from 1 November 2011 as previously notified.

Digoxin mid month listing of alternate pack sizes

New pack sizes of digoxin tablets 62.5 µg and 250 µg (Lanoxin PG and Lanoxin) were fully subsidised from 9 September 2011. The new pack sizes being a 200 tablet bottle for Lanoxin PG 62.5 µg and a 100 tablet blister pack for the Lanoxin are subsidised in addition to those currently subsidised.

These packs may be particularly useful for patients who have difficulty removing tablets from the current blister packs.

New Listing – Fluconazole 50 mg capsules

The listing date of Douglas' fluconazole 50 mg capsules, Ozole, has been brought forward from 1 November 2011 to 1 October 2011. The reference price, delisting and sole supply dates remain unchanged.

This earlier listing will allow subsidy earlier and avoid a potential out-of-stock, as the incumbent supplier, Mylan, is low on stock.

We have been informed that Douglas' stock will be available from 1 October 2011.

Sustanon – out-of-stock situation

Due a global manufacturing issue Sustanon ampoules (testosterone esters) will be out-of-stock until late 2011. Merck Sharpe and Dohme (MSD) are handling this situation with the help of Pzifer's Depo-Testosterone (testosterone cypionate) long-acting injection. Please note that Depo-Testosterone is a 10 ml multi-dose vial containing 100 mg per ml (1000 mg per vial) of testosterone cypionate. Full prescribing information is available on the Medsafe website at: http://www.medsafe.govt.nz/profs/datasheet/d/Depotestosteroneinj.pdf

For more information and assistance contact MSD's Medical Services Manager Mischa Winnard on (09) 523-6107.

News in Brief

- **Levothryroxine** (Synthroid) 25 µg and 50 µg tablets will be supplied in a 90 tablet pack size from 1 October 2011. The 1,000 tablet pack sizes will remain listed until supply is exhausted and the delisting of these pack sizes will be notified via the Update.
- Due to a delay in the production of stock for the New Zealand market, the listing of all strengths of **pramipexole hydrochloride** (Dr Reddy's Pramipexole) tablets has been delayed until further notice.
- Mylan has increased the price of its **sulindac** (Daclin) tablets 100 mg and 200 mg from 12 October 2011. The subsidy for these presentations is not increasing to match the price. However, patients with a valid Special Authority approval will continue to access sulindac fully subsidised.

Tender News

Sole Subsidised Supply changes – effective 1 November 2011

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Amlodipine	Tab 5 mg; 100 tab	Apo-Amlodipine (Apotex)
Amlodipine	Tab 10 mg; 100 tab	Apo-Amlodipine (Apotex)
Dipyridamole	Tab long-acting 150 mg; 60 tab	Pytazen SR (Douglas)
Ibuprofen	Tab long-acting 800 mg; 30 tab	Brufen SR (Abbott)
Iron polymaltose	Inj 50 mg per ml, 2 ml; 5 inj	Ferrum H (Aspen)
Morphine sulphate	Tab long-acting 10 mg; 10 tab	Arrow-Morphine LA (Arrow)
Morphine sulphate	Tab long-acting 30 mg; 10 tab	Arrow-Morphine LA (Arrow)
Morphine sulphate	Tab long-acting 60 mg; 10 tab	Arrow-Morphine LA (Arrow)
Morphine sulphate	Tab long-acting 100 mg; 10 tab	Arrow-Morphine LA (Arrow)
Oxazepam	Tab 10 mg; 100 tab	Ox-Pam (Douglas)
Oxazepam	Tab 15 mg; 100 tab	Ox-Pam (Douglas)

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 November 2011

- Atorvastatin (Dr Reddy's Atorvastatin) tab 10 mg, 20 mg and 40 mg and 80 mg – New listing
- Pravastatin (Cholvastin and Pravachol) tab 10 mg , 20 mg and 40 mg – removal of Special Authority for Subsidy

Sole Subsidised Supply Products – cumulative to October 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
Amantadine hydrochloride	**Cap 100 mg**	**Symmetrel**	**2014**
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
Aqueous cream	**Crm**	**AFT**	**2014**
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
Bendrofluazide	**Tab 2.5 mg & 5 mg**	**Arrow-Bendrofluazide**	**2014**
Betamethasone valerate	Scalp app 0.1%	Beta Scalp	2012
Betaxolol hydrochloride	**Eye drops 0.5%** **Eye drops 0.25%**	**Betoptic** **Betoptic S**	**2014**
Bisacodyl	Tab 5 mg	Lax-Tab	2013
Calamine	Crm, aqueous, BP Lotn, BP	healthE API	2012
Calcitonin	**Inj 100 iu per ml, 1 ml**	**Miacalcic**	**2014**
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

**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 October 2011

Generic Name	Presentation	Brand Name	Expiry Date*
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
Cetirizine hydrochloride	**Tab 10 mg**	**Zetop**	**2014**
Chloramphenicol	Eye drops 0.5% Eye oint 1%	Chlorafast Chlorsig	2012
Chlorhexidine gluconate	**Soln 4%** Handrub 1% with ethanol 70%	**Orion** healthE	**2014** 2012
Ciclopiroxolamine	Nail soln 8%	Batrafen	2012
Cilazapril	Tab 0.5 mg, 2.5 mg & 5 mg	Zapril	2013
Cilazapril with hydrochlorothiazide	Tab 5 mg with hydrochlorothiazide 12.5 mg	Inhibace Plus	2013
Citalopram hydrobromide	**Tab 20 mg**	**Arrow-Citalopram**	**2014**
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
Compound electrolytes	**Powder for soln for oral use 4.4 g**	**Electral**	**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
Cyproterone acetate with ethinyloestradiol	**Tab 2 mg with ethinyloestradiol 35 μg and 7 inert tabs**	**Ginet 84**	**2014**
Desmopressin	**Nasal spray 10 μg per dose**	**Desmopressin-PH&T**	**2014**
Dexamethasone	**Eye oint 0.1%** Eye drops 0.1%	**Maxidex** Maxidex	**2014** 2013
Dexamethasone sodium phosphate	Inj 4 mg per ml, 1 ml & 2 ml	Hospira	2013

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Generic Name	Presentation	Brand Name	Expiry Date*
Dexamethasone with neomycin and polymyxin b sulphate	**Eye oint 0.1% with neomycin sulphate 0.35% and polymyxin B sulphate 6,000 u per g** **Eye drops 0.1% with neomycin sulphate 0.35% and polymyxin B sulphate 6,000 u per ml**	**Maxitrol** **Maxitrol**	**2014**
Dextrose	**Inj 50%, 10 ml**	**Biomed**	**2014**
Dextrose with electrolytes	Soln with electrolytes	Pedialyte – Fruit Pedialyte – Bubblegum Pedialyte – Plain	2013
Diclofenac sodium	**Inj 25 mg per ml, 3 ml** **Eye drops 1 mg per ml** **Suppos 12.5 mg, 25 mg, 50 mg & 100 mg** Tab EC 25 mg & 50 mg	**Voltaren** **Voltaren Ophtha** **Voltaren** Diclofenac Sandoz	**2014** 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	**Cap 50 mg** **Cap 120 mg**	**Laxofast 50** **Laxofast 120**	**2014**
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
Doxycycline hydrochloride	**Tab 100 mg**	**Doxine**	**2014**
Emulsifying ointment	**Oint BP**	**AFT**	**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
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

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Generic Name	Presentation	Brand Name	Expiry Date*
Fentanyl citrate	**Inj 50 μg per ml, 2 ml & 10 ml**	**Boucher and Muir**	**2012**
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
Gliclazide	**Tab 80 mg**	**Apo-Gliclazide**	**2014**
Glycerol	Liquid	healthE	2013
Glyceryl trinitrate	**TDDS 5 mg & 10 mg** **Tab 600 μg**	**Nitroderm TTS** **Lycinate**	**2014**
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
Hydrocortisone with wool fat and mineral oil	**Lotn 1% with wool fat hydrous 3% and mineral oil**	**DP Lotn HC**	**2014**
Hydroxocobalamin	Inj 1 mg per ml, 1 ml	ABM Hydroxocobalamin	2012
Hydroxychloroquine sulphate	Tab 200 mg	Plaquenil	2012
Hyoscine N-butylbromide	**Tab 10 mg**	**Gastrosoothe**	**2014**
Ibuprofen	Oral liq 100 mg per 5 ml	Fenpaed	2013
Indapamide	Tab 2.5 mg	Dapa-Tabs	2013

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Generic Name	Presentation	Brand Name	Expiry Date*
Ipratropium bromide	Aqueous nasal spray, 0.03%, 15 ml OP Nebuliser soln, 250 μg per ml, 1 ml & 2 ml	Univent 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
Ketoconazole	**Shampoo 2%**	**Sebizole**	**2014**
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	**Viscous soln 2%** Inj 1%, 5 ml & 20 ml	**Xylocaine Viscous** Xylocaine	**2014** 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
Lodoxamide trometamol	**Eye drops 0.1%**	**Lomide**	**2014**
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
Mebeverine hydrochloride	**Tab 135 mg**	**Colofac**	**2014**
Megestrol acetate	Tab 160 mg	Apo-Megestrol	2012
Mercaptopurine	Tab 50 mg	Purinethol	2013
Mesalazine	**Suppos 500 mg** Enema 1 g per 100 ml	**Asacol** Pentasa	**2014** 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

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Generic Name	Presentation	Brand Name	Expiry Date*
Methotrexate	Inj 25 mg per ml, 2 ml & 20 ml Tab 2.5 mg & 10 mg	Hospira Methoblastin	2013 2012
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	**Inj 5 mg per ml, 2 ml** Tab 10 mg	**Pfizer** 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
Naphazoline hydrochloride	**Eye drops 0.1%**	**Naphcon Forte**	**2014**
Naproxen	Tab 250 mg Tab 500 mg	Noflam 250 Noflam 500	2012
Natrexone hydrochloride	Tab 50 mg	Naltraccord	2013
Neostigmine	**Inj 2.5 mg per ml, 1 ml**	**AstraZeneca**	**2014**
Nevirapine	Oral suspension 10 mg per ml Tab 200 mg	Viramune Suspension Viramune	2012
Nicotine	**Gum 2 mg & 4 mg (classic, fruit, mint)** Lozenge 1 mg & 2 mg Patch 7 mg, 14 mg & 21 mg	**Habitrol** Habitrol Habitrol	**2014**
Nicotinic acid	**Tab 50 mg & 500 mg**	**Apo-Nicotinic Acid**	**2014**
Norfloxacin	**Tab 400 mg**	**Arrow-Norfloxacin**	**2014**
Norethisterone	Tab 350 μg	Noriday 28	2012
Nystatin	**Oral liq 100,000 u per ml** Cap 500,000 u Tab 500,000 u	**Nilstat** Nilstat Nilstat	**2014** 2013
Omeprazole	**Powder** **Inj 40 mg**	**Midwest** **Dr Reddy's Omeprazole**	**2014**

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Sole Subsidised Supply Products – cumulative to October 2011

Generic Name	Presentation	Brand Name	Expiry Date*
Ondansetron	Tab disp 4 mg & 8 mg	Dr Reddy's Ondansetron	2013
	Tab 4 mg & 8 mg	Dr Reddy's Ondansetron	
Oxytocin	Inj 5 iu per ml, 1 ml	Syntocinon	2012
	Inj 10 iu per ml, 1 ml	Syntocinon	
	Inj 5 iu with ergometrine maleate 500 μg per ml, 1 ml	Syntometrine	
Pantoprazole	**Inj 40 mg**	**Pantocid IV**	**2014**
	Tab 20 mg & 40 mg	Dr Reddy's Pantoprazole	2013
Paracetamol	**Oral liq 250 mg per 5 ml**	**Paracare Double Strength**	**2014**
Paraffin liquid with soft white paraffin	Eye oint with soft white paraffin	Lacri-Lube	2013
Paroxetine hydrochloride	Tab 20 mg	Loxamine	2013
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	
Pergolide	**Tab 0.25 mg & 1 mg**	**Permax**	**2014**
Permethrin	**Crm 5%**	**Lyderm**	**2014**
	Lotn 5%	**A-Scabies**	
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
Poloxamer	**Oral drops 10%**	**Coloxyl**	**2014**
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

**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 October 2011

Generic Name	Presentation	Brand Name	Expiry Date*
Pyridostigmine bromide	**Tab 60 mg**	**Mestinon**	**2014**
Pyridoxine hydrochloride	**Tab 25 mg** **Tab 50 mg**	**PyridoxADE** **Apo-Pyridoxine**	**2014**
Quinine sulphate	Tab 300 mg	Q 300	2012
Ranitidine hydrochloride	**Oral liq 150 mg per 10 ml** **Tab 150 mg & 300 mg**	**Peptisoothe** **Arrow-Ranitidine**	**2014**
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 Nebuliser soln, 1 mg per ml, 2.5 ml Nebuliser soln, 2 mg per ml, 2.5 ml	Salapin Asthalin Asthalin	2013 2012
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
Simvastatin	**Tab 10 mg** **Tab 20 mg** **Tab 40 mg** **Tab 80 mg**	**Arrow-Simva 10mg** **Arrow-Simva 20mg** **Arrow-Simva 40mg** **Arrow-Simva 80mg**	**2014**
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% Nasal spray, 4%	Rexacrom Rex	2013 2012
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
Spironolactone	Tab 25 mg & 100 mg	Spirotone	2013
Sumatriptan	Inj 12 mg per ml, 0.5 ml Tab 50 mg & 100 mg	Arrow-Sumatriptan Arrow-Sumatriptan	2013
Tamoxifen citrate	Tab 20 mg	Genox	2014
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
Tetracosactrin	**Inj 250 μg** **Inj 1 mg per ml, 1 ml**	**Synacthen** **Synacthen Depot**	**2014**

**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 October 2011

Generic Name	Presentation	Brand Name	Expiry Date*
Timolol maleate	Tab 10 mg	Apo-Timol	2012
Tobramycin	**Eye drops 0.3%** **Eye oint 0.3%** **Inj 40 mg per ml, 2 ml**	**Tobrex** **Tobrex** **DBL Tobramycin**	**2014**
Tolcapone	**Tab 100 mg**	**Tasmar**	**2014**
Tramadol hydrochloride	**Cap 50 mg**	**Arrow-Tramadol**	**2014**
Triamcinolone acetonide	**Crm 0.02%** **Oint 0.02%** **0.1% in Dental Paste USP**	**Aristocort** **Aristocort** **Oracort**	**2014**
Tranexamic acid	Tab 500 mg	Cycklokapron	2013
Tropicamide	**Eye drops 0.5% & 1%**	**Mydriacyl**	**2014**
Tropisetron	Cap 5 mg	Navoban	2012
Tyloxapol	**Eye drops 0.25%**	**Enuclene**	**2014**
Vancomycin hydrochloride	**Inj 500 mg**	**Mylan**	**2014**
Verapamil hydrochloride	**Tab 40 mg & 80 mg**	**Isoptin**	**2014**
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
Zopiclone	**Tab 7.5 mg**	**Apo-Zopiclone**	**2014**

October changes in bold

**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.*

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

New Listings

Effective 1 October 2011

49	LOSARTAN – Special Authority see SA0911 – Retail pharmacy			
	❋ Tab 12.5 mg	2.88	90	✔ **Lostaar**
	❋ Tab 25 mg	3.20	90	✔ **Lostaar**
	❋ Tab 50 mg	5.22	90	✔ **Lostaar**
	Tab 50 mg with hydrochlorothiazide 12.5 mg	4.89	30	✔ **Arrow-Losartan** & **Hydrochlorothiazide**
	❋ Tab 100 mg	8.68	90	✔ **Lostaar**
62	ACITRETIN – Special Authority see SA0954 – Retail pharmacy			
	Cap 10 mg	38.66	60	✔ **Novatretin**
	Cap 25 mg	83.11	60	✔ **Novatretin**
76	LEVOTHYROXINE			
	❋ Tab 25 μg	3.89	90	✔ **Synthroid**
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
	❋ Tab 50 μg	4.05	90	✔ **Synthroid**
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
80	CLARITHROMYCIN – Maximum of 500 mg per prescription; can be waived by Special Authority see SA1131			
	Tab 250 mg	4.19	14	✔ **Apo-Clarithromycin**
82	CIPROFLOXACIN			
	Tab 250 mg – Up to 5 tab available on a PSO	2.20	28	✔ **Cipflox**
	Tab 500 mg – Up to 5 tab available on a PSO	3.00	28	✔ **Cipflox**
	Tab 750 mg – Retail pharmacy-Specialist	5.15	28	✔ **Cipflox**
84	FLUCONAZOLE			
	Cap 50 mg – Retail pharmacy-Specialist	4.77	28	✔ **Ozole**
112	ALLOPURINOL			
	❋ Tab 100 mg	15.90	1,000	✔ **Apo-Allopurinol**
	❋ Tab 300 mg	16.75	500	✔ **Apo-Allopurinol**
115	PARACETAMOL			
	❋‡ Oral liq 120 mg per 5 ml a) Up to 200 ml available on a PSO b) Not in combination	2.21	500 ml	✔ **Ethics Paracetamol**
167	TIMOLOL MALEATE			
	❋ Eye drops 0.25%	2.08	5 ml OP	✔ **Arrow-Timolol**

Effective 9 September 2011

49	DIGOXIN			
	❋ Tab 62.5 μg – Up to 30 tab available on a PSO	5.56	200	✔ **Lanoxin PG**
	❋ Tab 250 μg – Up to 30 tab available on a PSO	6.05	100	✔ **Lanoxin**

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

New Listings - effective 1 September 2011

45 PRAVASTATIN – Special Authority see SA0932 – Retail pharmacy
See prescribing guideline

Tab 20 mg	5.44	30	✔ **Cholvastin**
Tab 40 mg	9.28	30	✔ **Cholvastin**

48 CANDESARTAN – Special Authority see SA0933 – Retail pharmacy

❋ Tab 4 mg – No more than 1.5 tab per day	48.66	90	✔ **Candestar**
❋ Tab 8 mg – No more than 1.5 tab per day	57.90	90	✔ **Candestar**
❋ Tab 16 mg – No more than 1 tab per day	70.62	90	✔ **Candestar**
❋ Tab 32 mg – No more than 1 tab per day	115.50	90	✔ **Candestar**

70 FINASTERIDE – Special Authority see SA0928 – Retail pharmacy

Tab 5 mg	5.10	30	✔ **Rex Medical**

76 LEVOTHYROXINE

❋ Tab 100 μg	4.21	90	✔ **Synthroid**

‡ Safety cap for extemporaneously compounded oral liquid preparations.

84 TERBINAFINE

Tab 250 mg	1.78	14	✔ **Dr Reddy's Terbinafine**

96 MEFENAMIC ACID – Additional subsidy by Special Authority see SA1038 – Retail pharmacy

❋ Cap 250 mg	1.25	50	
	(9.16)		Ponstan

153 BICALUTAMIDE – Special Authority see SA0941 – Retail pharmacy

Tab 50 mg	10.00	28	✔ **Bicalaccord**

▲ 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 October 2011

139 VARENICLINE TARTRATE – Special Authority see **SA1161** ~~1135~~ – 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**

➽ **SA1161** ~~1135~~ Special Authority for Subsidy

Initial application from any relevant practitioner. Approvals valid for **5** ~~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 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 **5** ~~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.

152 SUNITINIB – Special Authority see **SA1162** ~~1055~~ – Retail pharmacy

Cap 12.5 mg	2,315.38	28	✔**Sutent**
Cap 25 mg	4,630.77	28	✔**Sutent**
Cap 50 mg	9,261.54	28	✔**Sutent**

➽ **SA1162** ~~1055~~ Special Authority for Subsidy

Initial application only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 3 months for applications meeting the following criteria:

All of the following:

1 The patient has metastatic renal cell carcinoma; and

2 Either

continued...

Changes to Restrictions - effective 1 October 2011 (continued)

continued...

2.1 The patient is sunitinib treatment naive; or
2.2 The patient received sunitinib prior to 1 November 2010 and disease has not progressed; and
3 The patient has good performance status (WHO/ECOG grade 0-12); and
4 The disease is of predominant clear cell histology; and
5 The patient has intermediate or poor prognosis ~~based on the NCCN clinical practice guidelines for kidney cancer~~ **defined as:**
Any of the following:
5.1 Lactate dehydrogenase level > 1.5 times upper limit of normal; or
5.2 Haemoglobin level < lower limit of normal; or
5.3 Corrected serum calcium level > 10 mg/dL (2.5 mmol/L) ; or
5.4 Interval of < 1 year from original diagnosis to the start of systemic therapy; or
5.5 Karnofsky performance score of ≤ 70; or
5.6 ≥ 2 sites of organ metastasis; and
6 Sunitinib to be used for a maximum of 2 cycles.

Renewal only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 3 months for applications meeting the following criteria:
Both:
1 No evidence of disease progression; and
2 The treatment remains appropriate and the patient is benefiting from treatment.

Notes: Sunitinib treatment should be stopped if disease progresses.
Poor prognosis patients are defined as having at least 3 of criteria 5.1-5.6. Intermediate prognosis patients are defined as having 1 or 2 of criteria 5.1-5.6
~~NCCN clinical practice guidelines for kidney cancer are available at http://www.nccn.org/professionals/physician_gls/f_guidelines.asp~~

157 TRASTUZUMAB – PCT only – Specialist – Special Authority see **SA1163** ~~1017~~

Inj 150 mg vial	1,350.00	1	✔**Herceptin**
Inj 440 mg vial	3,875.00	1	✔**Herceptin**
Inj 1 mg for ECP	9.36	1 mg	✔**Baxter**

➽ **SA1163** ~~1017~~ Special Authority for Subsidy
Initial application — (metastatic breast cancer) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months **for applications meeting the following criteria:** ~~where~~
Both:
1 T~~t~~he patient has metastatic breast cancer expressing HER-2 IHC 3+ or FISH+ **(including FISH or other current technology); and**
2 Trastuzumab to be discontinued at disease progression.

Renewal — (metastatic breast cancer) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:
Both:
1 The patient has metastatic breast cancer **expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology);** and
2 The cancer has not progressed **at any time point during the previous 12 months whilst on trastuzumab**.

Initial application — (early breast cancer) 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:
All of the following:
1 The patient has early breast cancer expressing HER 2 IHC 3+ or ISH + (including FISH or other current technology); and
2 Maximum cumulative dose of 106 mg/kg (12 months' treatment); and

continued...

Changes to Restrictions - effective 1 October 2011 (continued)

continued...

3 Any of the following:
3.1 9 weeks' concurrent treatment with adjuvant chemotherapy is planned; or
3.2 12 months' concurrent treatment with adjuvant chemotherapy is planned; or
3.3 12 months' sequential treatment following adjuvant chemotherapy is planned; or
3.4 Other treatment regimen, in association with adjuvant chemotherapy, is planned.

~~Note: For patients with previous Special Authority approvals for a maximum cumulative dose of 20 mg/kg (9 weeks treatment) granted after 1 April 2009 the approval period has been extended to allow claims for a maximum cumulative dose of 106 mg/kg (12 months treatment).~~

Renewal — (early breast cancer)* only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
2 Either:
2.1 Both:
2.2.1 The patient received prior adjuvant trastuzumab treatment for early breast cancer; and
2.2.2 Trastuzumab to be discontinued at disease progression; or
2.2 The cancer has not progressed at any time point during the previous 12 months whilst on trastuzumab.

Note: *For patients with relapsed HER-2 positive disease who have previously received adjuvant trastuzumab for early breast cancer.

178 SECTION D: SPECIAL FOODS
EXPLANATORY NOTES
Who can apply for Special Authority?
Initial Applications: Only from a **dietitian,** relevant specialist or a vocationally registered general practitioner.
Reapplications: Only from a **dietitian,** relevant specialist or a vocationally registered general practitioner or general practitioner on the recommendation of a **dietitian,** relevant specialist or a vocationally registered general practitioner. Other general practitioners must include the name of the **dietitian,** relevant specialist or vocationally registered general practitioner and the date contacted.

All applications must be made on an official form available from the PHARMAC website www.pharmac.govt.nz. All applications must include specific details as requested on the form relating to the application. A supporting letter may be included if desired. Applications must be forwarded to:

Ministry of Health Sector Services
Private Bag 3015
WHANGANUI 4540
Freefax 0800 100 131

180 SPECIAL FOODS
Special Foods – applies to all Special Authority application forms in Section D of the Pharmaceutical Schedule.

Special Authority for Subsidy
Initial application —only from a **dietitian**, relevant specialist or vocationally registered general practitioner.

Renewal —only from a **dietitian**, relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a **dietitian**, relevant specialist or vocationally registered general practitioner.

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

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

Changes to Restrictions - effective 1 October 2011 (continued)

196 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**

Note – this is a change to the initial application criteria for transition from Old Form (SA0603) only. The remainder of the Special Authority criteria remains consistent with other Special Authority changes detailed above.

➽ SA1111 Special Authority for Subsidy

Initial application — (Transition from Old Form (SA0603)) only from a **dietitian**, relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a **dietitian**, 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; and
4 General Practitioners must include the name of the **dietitian**, relevant specialist or vocationally registered general practitioner and the date contacted.

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

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

Note – this is a change to the initial application criteria for transition from Old Form (SA0603) only. The remainder of the Special Authority criteria remains consistent with other Special Authority changes detailed above.

➽ SA1112 Special Authority for Subsidy

Initial application — (Transition from Old Form (SA0603)) only from a **dietitian**, relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a **dietitian**, 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 formula under Special Authority form SA0603; and
  1.2 The infant is to be trialled on, or transitioned to, an extensively hydrolysed formula; and
  1.3 General Practitioners must include the name of the **dietitian**, relevant specialist or vocationally registered general practitioner and the date contacted; or
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 **dietitian**, relevant specialist or vocationally registered general practitioner and the date contacted.

Changes to Restrictions - effective 1 October 2011 (continued)

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

~~a) Note - 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
	(1.26)		Fortisip
Liquid (chocolate) – Higher subsidy of up to $1.33 per 237 ml with Endorsement	0.72	200 ml OP	
	(1.26)		Ensure Plus
	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 (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 up to $1.33 per 237 ml with Endorsement	0.72	200 ml OP	
	(1.26)		Ensure Plus
	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	0.72	200 ml OP	
	(1.26)		Ensure Plus
	0.85	237 ml OP	
	(1.33)		Ensure Plus
	0.72	200 ml OP	
	(1.26)		Fortisip

193 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

Changes to Restrictions - effective 1 October 2011 (continued)

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

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

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

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

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

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

Effective 14 September 2011

28 CLARITHROMYCIN

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

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

a) If the prescription is for clarithromycin 250 mg tablets and the prescription is dispensed from 14 September 2011 and the prescription meets the restrictions for clarithromycin 250 mg tablets then the prescription can be endorsed accordingly.

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.

Note: Pharmacists may endorse the prescription if it is prescribed for the 250 mg tablets and is for an amount of 500 mg or less, or has a valid Special Authority approval.

Effective 1 September 2011

26 BUDESONIDE

Cap 3 mg – Special Authority see **SA1155** ~~0913~~

– Retail pharmacy ..... 166.50 90 ✔**Entocort CIR**

➽ **SA1155** ~~0913~~ Special Authority for Subsidy

Initial application – (Crohn's disease) from any relevant practitioner. Approvals valid for **6** ~~3~~ months for applications meeting the following criteria:

Both:

1 Mild to moderate ileal, ileocaecal or proximal Crohn's disease; and

2 Any of the following:

2.1 Diabetes; or

2.2 Cushingoid habitus; or

2.3 Osteoporosis where there is significant risk of fracture; or

2.4 Severe acne following treatment with conventional corticosteroid therapy**; or**

2.5 History of severe psychiatric problems associated with corticosteroid treatment; or

2.6 History of major mental illness (such as bipolar affective disorder) where the risk of conventional corticosteroid treatment causing relapse is considered to be high; or

2.7 Relapse during pregnancy (where conventional corticosteroids are considered to be contraindicated).

Initial application – (collagenous and lymphocytic colitis (microscopic colitis)) from any relevant practitioner. Approvals valid for 6 months for patients with diagnosis of microscopic colitis (collagenous or lymphocytic colitis) by colonoscopy with biopsies.

continued...

Changes to Restrictions - effective 1 September 2011 (continued)

continued...

Initial application – (gut graft versus host disease) from any relevant practitioner. Approvals valid for 6 months for patients with gut graft versus host disease following allogenic bone marrow transplantation* Note: Indication marked with * is an Unapproved Indication.

Renewal from any relevant practitioner. Approvals valid for **6** ~~3~~ months where the treatment remains appropriate and the patient is benefiting from treatment.

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

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

81 BENZYLPENICILLIN SODIUM (PENICILLIN G)

~~Inj 1 mega u~~ **Inj 600 mg** – Up to 5 inj available on a PSO ..... 11.50 10 ✔**Sandoz**

98 ADALIMUMAB – Special Authority see **SA1156** ~~1059~~ – Retail pharmacy

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

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

➽ **SA1156** ~~1059~~ Special Authority for Subsidy

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

Either:

1 Both:
- 1.1 The patient has had an initial Special Authority approval for etanercept for rheumatoid arthritis; and
- 1.2 Either:
  - 1.2.1 The patient has experienced intolerable side effects from etanercept; or
  - 1.2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for etanercept for rheumatoid arthritis; or

2 All of the following:
- 2.1 Patient has had severe and active erosive rheumatoid arthritis for six months duration or longer; and
- 2.2 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
- 2.3 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and
- 2.4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with ~~at least two of the following (triple therapy):~~ sulphasalazine, ~~prednisone at a dose of at least 7.5 mg per day, azathioprine, intramuscular gold, or~~ **and** hydroxychloroquine sulphate (at maximum tolerated doses); and
- 2.5 ~~Either~~ **Any of the following:**
  - 2.5.1 Patient has tried and not responded to at least three months **of oral or parenteral methotrexate in combination with** ~~therapy at~~ the maximum tolerated dose of cyclosporin ~~alone or in combination with another agent;~~ or
  - 2.5.2 **Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with intramuscular gold; or**
  - **2.5.3** Patient has tried and not responded to at least three months **of** therapy at the maximum tolerated dose of leflunomide alone or in combination with **oral or parenteral methotrexate** ~~another agent~~; and
- 2.6 Either:
  - 2.6.1 Patient has persistent symptoms of poorly controlled and active disease in at least 20 ~~active,~~ swollen, tender joints; or
  - 2.6.2 Patient has persistent symptoms of poorly controlled and active disease in at least four ~~active~~ joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and
- 2.7 Either:

continued...

Changes to Restrictions - effective 1 September 2011 (continued)

continued...

2.7.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or

2.7.2 C-reactive protein levels not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

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

Initial application — (severe chronic plaque psoriasis) only from a dermatologist. Approvals valid for 4 months for applications meeting the following criteria:
Either:
1 Both:
1.1 The patient has had an initial Special Authority approval for etanercept for severe chronic plaque psoriasis; and
1.2 Either:
1.2.1 The patient has experienced intolerable side effects from etanercept; or
1.2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for etanercept for severe chronic plaque psoriasis; or
2 All of the following:
2.1 Either:
2.1.1 Patient has "whole body" severe chronic plaque psoriasis with a Psoriasis Area and Severity Index (PASI) score of greater than 15, where lesions have been present for at least 6 months from the time of initial diagnosis; or
2.1.2 Patient has severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot, where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis; and
2.2 Patient has tried, but had an inadequate response (see Note) to, or has experienced intolerable side effects from, at least three of the following (at maximum tolerated doses unless contraindicated): phototherapy, methotrexate, cyclosporin, or acitretin; and
2.3 A PASI assessment has been completed for at least the most recent prior treatment course (but preferably all prior treatment courses), preferably while still on treatment but no longer than 1 month following cessation of each prior treatment course; and
2.4 The most recent PASI assessment is no more than 1 month old at the time of application.
Note: "Inadequate response" is defined as: for whole body severe chronic plaque psoriasis, a PASI score of greater than 15, as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment; for severe chronic plaque psoriasis of the face, hand or foot, at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe, and the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment.

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

continued...

Changes to Restrictions - effective 1 September 2011 (continued)

continued...

1 Both:
1.1 The patient has had an initial Special Authority approval for etanercept for ankylosing spondylitis; and
1.2 Either:
1.2.1 The patient has experienced intolerable side effects from etanercept; or
1.2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for etanercept for ankylosing spondylitis; or

2 All of the following:
2.1 Patient has a confirmed diagnosis of ankylosing spondylitis for more than six months; and
2.2 Patient has low back pain and stiffness that is relieved by exercise but not by rest; and
2.3 Patient has bilateral sacroiliitis demonstrated by plain radiographs, CT or MRI scan; and
2.4 Patient's ankylosing spondylitis has not responded adequately to treatment with two or more non steroidal anti-inflammatory drugs (NSAIDs), in combination with anti-ulcer therapy if indicated, while patient was undergoing at least 3 months of an exercise regime supervised by a physiotherapist; and
2.5 Either:
2.5.1 Patient has limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by **the following** ~~a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the~~ Bath Ankylosing Spondylitis Metrology Index (BASMI) **measures: a modified Schober's test of less than or equal to 4 cm and lumbar side flexion measurement of less than or equal to 10 cm (mean of left and right);** or
2.5.2 Patient has limitation of chest expansion by at least 2.5 cm below the following average normal values corrected for age and gender (see Notes); and
2.6 A Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 6 on a 0-10 scale.

Notes: The BASDAI must have been determined at the completion of the 3 month exercise trial, but prior to ceasing NSAID treatment. The BASDAI measure must be no more than 1 month old at the time of initial application.
Average normal chest expansion corrected for age and gender:
18-24 years - Male: 7.0 cm; Female: 5.5 cm
25-34 years - Male: 7.5 cm; Female: 5.5 cm
35-44 years - Male: 6.5 cm; Female: 4.5 cm
45-54 years - Male: 6.0 cm; Female: 5.0 cm
55-64 years - Male: 5.5 cm; Female: 4.0 cm
65-74 years - Male: 4.0 cm; Female: 4.0 cm
75+ years - Male: 3.0 cm; Female: 2.5 cm

Initial application - (psoriatic arthritis) only from a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:
Either:
1 Both:
1.1 The patient has had an initial Special Authority approval for etanercept for psoriatic arthritis; and
1.2 Either:
1.2.1 The patient has experienced intolerable side effects from etanercept; or
1.2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for etanercept for psoriatic arthritis; or

2 All of the following:
2.1 Patient has had severe active psoriatic arthritis for six months duration or longer; and
2.2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and
2.3 Patient has tried and not responded to at least three months of sulphasalazine at a dose of at least 2 g per day or leflunomide at a dose of up to 20 mg daily (or maximum tolerated doses); and
2.4 Either:
2.4.1 Patient has persistent symptoms of poorly controlled and active disease in at least ~~20~~ **15** ~~active,~~ swollen, tender joints; or

continued...

Changes to Restrictions - effective 1 September 2011 (continued)

continued...

2.4.2 Patient has persistent symptoms of poorly controlled and active disease in at least four ~~active~~ joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and

2.5 Any of the following:

2.5.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or

2.5.2 Patient has an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; or

2.5.3 ESR and CRP not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

Renewal - (rheumatoid arthritis) only from a rheumatologist or Practitioner on the recommendation of a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:
All of the following:

1 Either:

1.1 Applicant is a rheumatologist; or

1.2 Applicant is a Practitioner and confirms that a rheumatologist has provided a letter, email or fax recommending that the patient continues with adalimumab treatment; and

2 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and

3 Either:

3.1 Following **3 to** 4 months' initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or

3.2 On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; and

4 Either:

4.1 Adalimumab to be administered at doses no greater than 40 mg every 14 days; or

4.2 Patient cannot take concomitant methotrexate and requires doses of adalimumab higher than 40 mg every 14 days to maintain an adequate response.

Renewal — (Crohn's disease) only from a gastroenterologist or Practitioner on the recommendation of a gastroenterologist.
Approvals valid for 6 months for applications meeting the following criteria:
All of the following:

1 Either:

1.1 Applicant is a gastroenterologist; or

1.2 Applicant is a Practitioner and confirms that a gastroenterologist has provided a letter, email or fax recommending that the patient continues with adalimumab treatment; and

2 Either:

2.1 Either:

2.1.1 CDAI score has reduced by 100 points from the CDAI score when the patient was initiated on adalimumab; or

2.1.2 CDAI score is 150 or less; or

2.2 Both:

2.2.1 The patient has demonstrated an adequate response to treatment but CDAI score cannot be assessed; and

2.2.2 Applicant to indicate the reason that CDAI score cannot be assessed; and

3 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

Renewal — (severe chronic plaque psoriasis) only from a dermatologist or Practitioner on the recommendation of a dermatologist. Approvals valid for 6 months for applications meeting the following criteria:
All of the following:

1 Either:

1.1 Applicant is a dermatologist; or

continued...

Changes to Restrictions - effective 1 September 2011 (continued)

continued...

1.2 Applicant is a Practitioner and confirms that a dermatologist has provided a letter, email or fax recommending that the patient continues with adalimumab treatment; and

2 Either:

2.1 Both:

2.1.1 Patient had "whole body" severe chronic plaque psoriasis at the start of treatment; and

2.1.2 Following each prior adalimumab treatment course the patient has a PASI score which is reduced by 75% or more, or is sustained at this level, when compared with the pre-adalimumab treatment baseline value; or

2.2 Both:

2.2.1 Patient had severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot at the start of treatment; and

2.2.2 Either:

2.2.2.1 Following each prior adalimumab treatment course the patient has a reduction in the PASI symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the treatment course baseline values; or

2.2.2.2 Following each prior adalimumab treatment course the patient has a reduction of 75% or more in the skin area affected, or sustained at this level, as compared to the pre adalimumab treatment baseline value; and

3 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

Note: A treatment course is defined as a minimum of 12 weeks adalimumab treatment

Renewal — (ankylosing spondylitis) only from a rheumatologist or Practitioner on the recommendation of a rheumatologist.

Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

1 Either:

1.1 Applicant is a rheumatologist; or

1.2 Applicant is a Practitioner and confirms that a rheumatologist has provided a letter, email or fax recommending that the patient continues with adalimumab treatment; and

2 Following 12 weeks of adalimumab treatment, BASDAI has improved by 4 or more points from pre-adalimumab baseline on a 10 point scale, or by 50%, whichever is less; and

3 Physician considers that the patient has benefited from treatment and that continued treatment is appropriate; and

4 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

Renewal - (psoriatic arthritis) only from a rheumatologist or Practitioner on the recommendation of a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

1 Either:

1.1 Applicant is a rheumatologist; or

1.2 Applicant is a Practitioner and confirms that a rheumatologist has provided a letter, email or fax recommending that the patient continues with adalimumab treatment; and

2 Either:

2.1 Following **3 to** 4 months' initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or

2.2 The patient demonstrates at least a continuing ~~50%~~ **30%** improvement in active joint count from baseline and a clinically significant response to prior adalimumab treatment in the opinion of the treating physician; and

3 Adalimumab to be administered at doses no greater than 40 mg every 14 days

Changes to Restrictions - effective 1 September 2011 (continued)

102 ETANERCEPT – Special Authority see **SA1157** ~~1060~~ – Retail pharmacy

Inj 25 mg	949.96	4	✔**Enbrel**
Inj 50 mg autoinjector	1,899.92	4	✔**Enbrel**
Inj 50 mg prefilled syringe	1,899.92	4	✔**Enbrel**

➽ **SA1157** ~~1060~~ Special Authority for Subsidy

Initial application - (juvenile idiopathic arthritis) only from a named specialist or rheumatologist. Approvals valid for 4 months for applications meeting the following criteria:

All of the following:

1 To be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and

2 Patient diagnosed with Juvenile Idiopathic Arthritis (JIA); and

3 Patient has had severe active polyarticular course JIA for 6 months duration or longer; and

4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate (at a dose of 10-20 mg/m^2 weekly or at the maximum tolerated dose) in combination with **either** oral corticosteroids (prednisone 0.25 mg/kg or at the maximum tolerated dose)~~; and~~ **or a full trial of serial intra-articular corticosteroid injections; and**

~~5 Patient has tried and not responded to at least three months of oral or parenteral methotrexate (at a dose of 10-15 mg/m^2 weekly or at the maximum tolerated dose) in combination with one other disease-modifying agent; and~~

5~~6~~ Both:

5~~6~~.1 Either:

5~~6~~.1.1 Patient has persistent symptoms of poorly-controlled and active disease in at least 20 ~~active~~, swollen, tender joints; or

5~~6~~.1.2 Patient has persistent symptoms of poorly-controlled and active disease in at least four ~~active~~ joints from the following: wrist, elbow, knee, ankle, shoulder, cervical spine, hip; and

5~~6~~.2 Physician's global assessment indicating severe disease.

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

Either:

1 Both:

1.1 The patient has had an initial Special Authority approval for adalimumab for rheumatoid arthritis; and

1.2 Either:

1.2.1 The patient has experienced intolerable side effects from adalimumab; or

1.2.2 The patient has received insufficient benefit from adalimumab to meet the renewal criteria for adalimumab for rheumatoid arthritis; or

2 All of the following:

2.1 Patient has had severe and active erosive rheumatoid arthritis for six months duration or longer; and

2.2 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and

2.3 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and

2.4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with ~~at least two of the following (triple therapy):~~ sulphasalazine, ~~prednisone at a dose of at least 7.5 mg per day, azathioprine, intramuscular gold, or~~ **and** hydroxychloroquine sulphate (at maximum tolerated doses); and

2.5 ~~Either~~ **Any of the following:**

2.5.1 Patient has tried and not responded to at least three months **of oral or parenteral methotrexate in combination with** ~~therapy at~~ the maximum tolerated dose of cyclosporin ~~alone or in combination with another agent;~~ or

2.5.2 **Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with intramuscular gold; or**

continued...

Changes to Restrictions - effective 1 September 2011 (continued)

continued...

2.5.3 Patient has tried and not responded to at least three months **of** therapy at the maximum tolerated dose of leflunomide alone or in combination with **oral or parenteral methotrexate** ~~another agent~~; and

2.6 Either:

2.6.1 Patient has persistent symptoms of poorly controlled and active disease in at least 20 ~~active~~, swollen, tender joints; or

2.6.2 Patient has persistent symptoms of poorly controlled and active disease in at least four ~~active~~ joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and

2.7 Either:

2.7.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or

2.7.2 C-reactive protein levels not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

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

Either:

1 Both:

1.1 The patient has had an initial Special Authority approval for adalimumab for severe chronic plaque psoriasis; and

1.2 Either:

1.2.1 The patient has experienced intolerable side effects from adalimumab; or

1.2.2 The patient has received insufficient benefit from adalimumab to meet the renewal criteria for adalimumab for severe chronic plaque psoriasis; or

2 All of the following:

2.1 Either:

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

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

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

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

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

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

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

Either:

1 Both:

1.1 The patient has had an initial Special Authority approval for adalimumab for ankylosing spondylitis; and

1.2 Either:

1.2.1 The patient has experienced intolerable side effects from adalimumab; or

continued...

Changes to Restrictions - effective 1 September 2011 (continued)

continued...

1.2.2 The patient has received insufficient benefit from adalimumab to meet the renewal criteria for adalimumab for ankylosing spondylitis; or

2 All of the following:
- 2.1 Patient has a confirmed diagnosis of ankylosing spondylitis for more than six months; and
- 2.2 Patient has low back pain and stiffness that is relieved by exercise but not by rest; and
- 2.3 Patient has bilateral sacroiliitis demonstrated by plain radiographs, CT or MRI scan; and
- 2.4 Patient's ankylosing spondylitis has not responded adequately to treatment with two or more non steroidal anti-inflammatory drugs (NSAIDs), in combination with anti-ulcer therapy if indicated, while patient was undergoing at least 3 months of an exercise regime supervised by a physiotherapist; and
- 2.5 Either:
  - 2.5.1 Patient has limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by **the following** ~~a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the~~ Bath Ankylosing Spondylitis Metrology Index (BASMI) **measures: a modified Schober's test of less than or equal to 4 cm and lumbar side flexion measurement of less than or equal to 10 cm (mean of left and right);** or
  - 2.5.2 Patient has limitation of chest expansion by at least 2.5 cm below the following average normal values corrected for age and gender (see Notes); and
- 2.6 A Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 6 on a 0-10 scale.

Notes: The BASDAI must have been determined at the completion of the 3 month exercise trial, but prior to ceasing NSAID treatment. The BASDAI measure must be no more than 1 month old at the time of initial application.

Average normal chest expansion corrected for age and gender:
18-24 years - Male: 7.0 cm; Female: 5.5 cm
25-34 years - Male: 7.5 cm; Female: 5.5 cm
35-44 years - Male: 6.5 cm; Female: 4.5 cm
45-54 years - Male: 6.0 cm; Female: 5.0 cm
55-64 years - Male: 5.5 cm; Female: 4.0 cm
65-74 years - Male: 4.0 cm; Female: 4.0 cm
75+ years - Male: 3.0 cm; Female: 2.5 cm

Initial application - (psoriatic arthritis) only from a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:

Either:

1 Both:

1.1 The patient has had an initial Special Authority approval for adalimumab for psoriatic arthritis; and
- 1.2 Either:
  - 1.2.1 The patient has experienced intolerable side effects from adalimumab; or
  - 1.2.2 The patient has received insufficient benefit from adalimumab to meet the renewal criteria for adalimumab for psoriatic arthritis; or

2 All of the following:
- 2.1 Patient has had severe active psoriatic arthritis for six months duration or longer; and
- 2.2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and
- 2.3 Patient has tried and not responded to at least three months of sulphasalazine at a dose of at least 2 g per day or leflunomide at a dose of up to 20 mg daily (or maximum tolerated doses); and
- 2.4 Either:
  - 2.4.1 Patient has persistent symptoms of poorly controlled and active disease in at least ~~20~~ **15** ~~active~~, swollen, tender joints; or
  - 2.4.2 Patient has persistent symptoms of poorly controlled and ~~active~~ disease in at least four active joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and
- 2.5 Any of the following:

continued...

Changes to Restrictions - effective 1 September 2011 (continued)

continued...

2.5.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or
2.5.2 Patient has an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; or
2.5.3 ESR and CRP not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

Renewal - (juvenile idiopathic arthritis) only from a named specialist, rheumatologist or Practitioner on the recommendation of a named specialist or rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:
All of the following:
1 Either:
1.1 Applicant is a named specialist or rheumatologist; or
1.2 Applicant is a Practitioner and confirms that a named specialist or rheumatologist has provided a letter, email or fax recommending that the patient continues with etanercept treatment; and
2 Subsidised as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
3 Either:
3.1 Following **3 to** 4 months' initial treatment, the patient has at least a 50% decrease in active joint count and an improvement in physician's global assessment from baseline; or
3.2 On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count and continued improvement in physician's global assessment from baseline.

Renewal - (rheumatoid arthritis) only from a rheumatologist or Practitioner on the recommendation of a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:
All of the following:
1 Either:
1.1 Applicant is a rheumatologist; or
1.2 Applicant is a Practitioner and confirms that a rheumatologist has provided a letter, email or fax recommending that the patient continues with etanercept treatment; and
2 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
3 Either:
3.1 Following **3 to** 4 months' initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
3.2 On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; and
4 Etanercept to be administered in doses no greater than 50 mg ever 7 days.
Renewal — (severe chronic plaque psoriasis) only from a dermatologist or Practitioner on the recommendation of a dermatologist. Approvals valid for 6 months for applications meeting the following criteria:
All of the following:
1 Either:
1.1 Applicant is a dermatologist; or
1.2 Applicant is a Practitioner and confirms that a dermatologist has provided a letter, email or fax recommending that the patient continues with etanercept treatment; and
2 Either:
2.1 Both:
2.1.1 Patient had "whole body" severe chronic plaque psoriasis at the start of treatment; and
2.1.2 Following each prior etanercept treatment course the patient has a PASI score which is reduced by 75% or more, or is sustained at this level, when compared with the pre-treatment baseline value; or
2.2 Both:
2.2.1 Patient had severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot at the start of treatment; and

continued...

Changes to Restrictions - effective 1 September 2011 (continued)

continued...

2.2.2 Either:

2.2.2.1 Following each prior etanercept treatment course the patient has a reduction in the PASI symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the treatment course baseline values; or

2.2.2.2 Following each prior etanercept treatment course the patient has a reduction of 75% or more in the skin area affected, or sustained at this level, as compared to the pre treatment baseline value; and

3 Etanercept to be administered at doses no greater than 50 mg every 7 days.

Note: A treatment course is defined as a minimum of 12 weeks of etanercept treatment

Renewal — (ankylosing spondylitis) only from a rheumatologist or Practitioner on the recommendation of a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:
All of the following:

1 Either:
1.1 Applicant is a rheumatologist; or
1.2 Applicant is a Practitioner and confirms that a rheumatologist has provided a letter, email or fax recommending that the patient continues with etanercept treatment; and
2 Following 12 weeks of etanercept treatment, BASDAI has improved by 4 or more points from pre-treatment baseline on a 10 point scale, or by 50%, whichever is less; and
3 Physician considers that the patient has benefited from treatment and that continued treatment is appropriate; and
4 Etanercept to be administered at doses no greater than 50 mg every 7 days.

Renewal - (psoriatic arthritis) only from a rheumatologist or Practitioner on the recommendation of a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:
All of the following:

1 Either:
1.1 Applicant is a rheumatologist; or
1.2 Applicant is a Practitioner and confirms that a rheumatologist has provided a letter, email or fax recommending that the patient continues with etanercept treatment; and
2 Either:
2.1 Following **3 to** 4 months' initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
2.2 The patient demonstrates at least a continuing ~~50%~~ **30%** improvement in active joint count from baseline and a clinically significant response to prior etanercept treatment in the opinion of the treating physician; and
3 Etanercept to be administered at doses no greater than 50 mg every 7 days.

128	OLANZAPINE			
	Tab 2.5 mg ~~– Special Authority (Zyprexa brand only) see SA0741 below – Retail pharmacy~~	2.00	28	✔**Dr Reddy's Olanzapine** ✔**Olanzine**
		(51.07)		Zyprexa
	Tab 5 mg ~~– Special Authority (Zyprexa brand only) see SA0741 below – Retail pharmacy~~	3.85	28	✔**Dr Reddy's Olanzapine** ✔**Olanzine**
		(101.21)		Zyprexa

continued...

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

Changes to Restrictions - effective 1 September 2011 (continued)

continued...

Tab 10 mg ~~– Special Authority (Zyprexa brand only) see SA0741 below – Retail pharmacy~~ ..... 6.35 28 ✔**Dr Reddy's Olanzapine** ✔**Olanzine**
(204.49) Zyprexa

➽ ~~SA0741~~ ~~Special Authority for Subsidy~~
~~Initial application only from a psychiatrist. Approvals valid for 2 years for applications meeting the following criteria:~~
~~Any of the following:~~
~~1 Patient presents with first episode schizophrenia or related psychoses; or~~
~~2 Both:~~
~~2.1 Patient suffering from schizophrenia and related psychoses or acute mania in bipolar disorder who is likely to benefit from antipsychotic treatment; and~~
~~2.2 Either:~~
~~2.2.1 An effective dose of risperidone had been trialled and has been discontinued because of unacceptable side effects; or~~
~~2.2.2 An effective dose of risperidone had been trialled and has been discontinued because of inadequate clinical response after 4 weeks; or~~
~~3 The patient has suffered from an acute episode of schizophrenia or bipolar mania and has been treated with olanzapine short-acting intra-muscular injection.~~

~~Renewal only from a psychiatrist. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.~~
~~Note: Initial prescriptions to be written by psychiatrists or psychiatric registrars and subsequent prescriptions can be written by General Practitioners.~~

131 OLANZAPINE

Wafer 5 mg ~~– Special Authority see SA0739 – Retail pharmacy~~ 6.36 28
(102.19) Zyprexa Zydis

Wafer 10 mg ~~– Special Authority see SA0739 – Retail pharmacy~~ 8.76 28
(204.37) Zyprexa Zydis

➽ ~~SA0739~~ ~~Special Authority for Subsidy~~
~~Initial application only from a psychiatrist. Approvals valid for 1 year for applications meeting the following criteria:~~
~~All of the following:~~
~~1 The patient meets the current criteria for standard olanzapine tablets; and~~
~~2 The patient is unable to take standard olanzapine tablets, or once stabilized refuses to take olanzapine tablets; or the patient is non-adherent to oral therapy with standard olanzapine tablets; and~~
~~3 The patient is under direct supervision for administration of medicine.~~

~~Renewal only from a psychiatrist. Approvals valid for 1 year for applications meeting the following criteria:~~
~~Both:~~
~~1 The patient is unable to take standard olanzapine tablets, or once stabilized refuses to take olanzapine tablets; and~~
~~2 The patient is under direct supervision for administration of medicine.~~
~~Note: Initial prescriptions to be written by psychiatrists and subsequent prescriptions can be written by psychiatric registrars or General Practitioners.~~

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 September 2011 (continued)

149	THALIDOMIDE – PCT only – Specialist – Special Authority see SA1124 ~~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**

▲ 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 Subsidy and Manufacturer's Price

Effective 1 October 2011

29 OMEPRAZOLE (↓ subsidy)

❋ Cap 10 mg	0.97	30	✔ **Dr Reddy's Omeprazole**
❋ Cap 20 mg	1.26	30	✔ **Dr Reddy's Omeprazole**
❋ Cap 40 mg	1.86	30	✔ **Dr Reddy's Omeprazole**

43 SODIUM CHLORIDE (↑ subsidy)

Inj 0.9%, 10 ml – Up to 5 inj available on a PSO	16.10	50	✔ **Multichem**

59 BETAMETHASONE VALERATE (↑ subsidy)

❋ Crm 0.1%	3.20	50 g OP	✔ **Beta Cream**
❋ Oint 0.1%	3.20	50 g OP	✔ **Beta Ointment**

82 CO-TRIMOXAZOLE (↑ subsidy)

❋ Tab trimethoprim 80 mg and sulphamethoxazole 400 mg – Up to 30 tab available on a PSO	20.97	500	✔ **Trisul**

97 SULINDAC – Additional subsidy by Special Authority see SA1038 – Retail pharmacy (↑ price)

❋ Tab 100 mg	5.32	100	
	(17.10)		Daclin
❋ Tab 200 mg	6.72	100	
	(30.20)		Daclin

118 DOTHIEPIN HYDROCHLORIDE (↑ subsidy)

Tab 75 mg	10.50	100	✔ **Dopress**
Cap 25 mg	6.17	100	✔ **Dopress**

135 TRIAZOLAM (↑ price)

Tab 125 μg	5.10	100	
	(7.25)		Hypam
‡ Safety cap for extemporaneously compounded oral liquid preparations.			
Tab 250 μg	4.10	100	
	(8.70)		Hypam
‡ Safety cap for extemporaneously compounded oral liquid preparations.			

160 BUDESONIDE (↓ subsidy)

Powder for inhalation, 200 μg per dose	15.20	200 dose OP	✔ **Budenocort**
Powder for inhalation, 400 μg per dose	25.60	200 dose OP	✔ **Budenocort**

Effective 1 September 2011

28 HYOSCINE N-BUTYLBROMIDE (↑ subsidy)

❋ Inj 20 mg, 1 ml – Up to 5 inj available on a PSO	9.57	5	✔ **Buscopan**

38 CALCIUM CARBONATE (↓ subsidy)

❋ Tab eff 1.75 g (1 g elemental)	6.21	30	✔ **Calsource**

39 ZINC SULPHATE (↑ subsidy)

❋ Cap 137.4 mg (50 mg elemental)	11.00	100	✔ **Zincaps**

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 September 2011 (continued)

42	PROTAMINE SULPHATE (↑ price)			
	❋ Inj 10 mg per ml, 5 ml	22.40	10	
		(95.87)		Artex
57	CLOTRIMAZOLE (↑ subsidy)			
	❋ Crm 1%	0.54	20 g OP	✔ **Clomazol**
	a) Only on a prescription			
	b) Not in combination			
58	MICONAZOLE NITRATE (↑ subsidy)			
	❋ Crm 2%	0.46	15 g OP	✔ **Multichem**
	a) Only on a prescription			
	b) Not in combination			
59	HYDROCORTISONE (↑ subsidy)			
	❋ Crm 1% – Only on a prescription	14.00	500 g	✔ **Pharmacy Health**
	❋ Powder – Only in combination	44.00	25 g	✔ **ABM**
	Up to 5% in a dermatological base (not proprietary Topical Corticosteriod – Plain) with or without other dermatological galenicals.			
60	BETAMETHASONE VALERATE WITH FUSIDIC ACID (↑ price)			
	Crm 0.1% with fusidic acid 2%	3.49	15 g OP	
		(10.45)		Fucicort
	a) Maximum of 15 g per prescription			
	b) Only on a prescription			
64	TAR WITH TRIETHANOLAMINE LAURYL SULPHATE AND FLUORESCEIN – Only on a prescription (↑ subsidy)			
	❋ Soln 2.3% with triethanolamine lauryl sulphate and fluorescein sodium	3.05	500 ml	✔ **Pinetarsol**
		5.82	1,000 ml	✔ **Pinetarsol**
65	IMIQUIMOD – Special Authority see SA0923 – Retail pharmacy (↓ subsidy)			
	Crm 5%	62.00	12	✔ **Aldara**
70	ERGOMETRINE MALEATE (↑ subsidy)			
	Inj 500 μg per ml, 1 ml – Up to 5 inj available on a PSO	31.00	5	✔ **DBL Ergometrine**
76	NORETHISTERONE (↑ subsidy)			
	❋ Tab 5 mg – Up to 30 tab available on a PSO	26.50	100	✔ **Primolut N**
79	MEBENDAZOLE – Only on a prescription (↑ subsidy)			
	Tab 100 mg	24.19	24	✔ **De-Worm**
81	AMOXYCILLIN (↑ subsidy)			
	Inj 250 mg	12.96	10	✔ **Ibiamox**
	Inj 500 mg	15.08	10	✔ **Ibiamox**
	Inj 1 g – Up to 5 inj available on a PSO	21.94	10	✔ **Ibiamox**
81	BENZYLPENICILLIN SODIUM (PENICILLIN G) (↑ subsidy)			
	Inj 600 mg – Up to 5 inj available on a PSO	11.50	10	✔ **Sandoz**

▲ 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 September 2011 (continued)				
82	FLUCLOXACILLIN SODIUM (↑ subsidy)			
	Inj 250 mg	10.86	10	✔**Flucloxin**
	Inj 500 mg	11.32	10	✔**Flucloxin**
	Inj 1 g – Up to 5 inj available on a PSO	14.28	10	✔**Flucloxin**
82	PROCAINE PENICILLIN (↑ subsidy)			
	Inj 1.5 mega u – Up to 5 inj available on a PSO	123.50	5	✔**Cilicaine**
117	MORPHINE SULPHATE (↑ subsidy)			
	a) Only on a controlled drug form			
	b) No patient co-payment payable			
	Inj 5 mg per ml, 1 ml – Up to 5 inj available on a PSO	5.51	5	✔**DBL Morphine Sulphate**
	Inj 10 mg per ml, 1 ml – Up to 5 inj available on a PSO	4.79	5	✔**DBL Morphine Sulphate**
	Inj 15 mg per ml, 1 ml – Up to 5 inj available on a PSO	5.01	5	✔**DBL Morphine Sulphate**
	Inj 30 mg per ml, 1 ml – Up to 5 inj available on a PSO	5.30	5	✔**DBL Morphine Sulphate**
118	PETHIDINE HYDROCHLORIDE (↑ subsidy)			
	a) Only on a controlled drug form			
	b) No patient co-payment payable			
	Inj 50 mg per ml, 1 ml – Up to 5 inj available on a PSO	5.51	5	✔**DBL Pethidine Hydrochloride**
	Inj 50 mg per ml, 2 ml – Up to 5 inj available on a PSO	5.83	5	✔**DBL Pethidine Hydrochloride**
127	LITHIUM CARBONATE (↑ subsidy)			
	Cap 250 mg	9.42	100	✔**Douglas**
128	OLANZAPINE (↓ subsidy)			
	Tab 2.5 mg	2.00	28	
		(51.07)		Zyprexa
	Tab 5 mg	3.85	28	
		(101.21)		Zyprexa
	Tab 10 mg	6.35	28	
		(204.49)		Zyprexa
131	OLANZAPINE (↓ subsidy)			
	Wafer 5 mg	6.36	28	
		(102.19)		Zyprexa Zydis
	Wafer 10 mg	8.76	28	
		(204.37)		Zyprexa Zydis
135	TEMAZEPAM (↑ subsidy)			
	Tab 10 mg	1.27	25	✔**Normison**
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
141	CYCLOPHOSPHAMIDE (↑ subsidy)			
	Inj 1 g – PCT – Retail pharmacy-Specialist	26.70	1	✔**Endoxan**
	Inj 2 g – PCT only – Specialist	56.90	1	✔**Endoxan**

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 September 2011 (continued)

142 CALCIUM FOLINATE (↑ subsidy)
Tab 15 mg – PCT – Retail pharmacy-Specialist ..... 82.45 — 10 — ✔ **DBL Leucovorin Calcium**

143 FLUDARABINE PHOSPHATE – PCT only – Specialist (↓ subsidy)
Inj 50 mg for ECP ..... 105.00 — 50 mg OP — ✔ **Baxter**

159 CETIRIZINE HYDROCHLORIDE (↑ subsidy)
❋‡ Oral liq 1 mg per ml ..... 3.52 — 200 ml — ✔ **Cetirizine - AFT**

164 AMINOPHYLLINE (↑ subsidy)
❋ Inj 25 mg per ml, 10 ml – Up to 5 inj available on a PSO ..... 53.75 — 5 — ✔ **DBL Aminophylline**

166 FUSIDIC ACID (↑ price)
Eye drops 1% ..... 4.50 (11.52) — 5 g OP — Fucithalmic

168 ACETAZOLAMIDE (↑ subsidy)
❋ Tab 250 mg ..... 17.03 — 100 — ✔ **Diamox**

180 CARBOHYDRATE SUPPLEMENT – Special Authority see SA1090 – Hospital pharmacy [HP3] (↑ subsidy)
Powder ..... 5.29 — 400 g OP — ✔ **Polycal**

▲ 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 General Rules

Effective 1 October 2011

14 Close Control means dispensing:

- **in quantities less than one 90 Day Lot (or for oral contraceptives, less than one 180 Day Lot) for a Community Pharmaceutical referred to in Section F Part I, or**
- **in quantities less than a Monthly Lot for any other Community Pharmaceutical, where any of A), or B) or C) apply.**
- **This Close Control rule defines patient groups or medicines which are eligible for more frequent dispensing periods and the conditions that must be met to enable any claim for payment for additional dispensing to be made.**

A. Frequency of dispensing for persons in residential care

Pharmaceuticals can be dispensed in quantities of not less than 28 days to:

- **any person whose placement in a Residential Disability Care institution is funded by the Ministry of Health or a DHB; or**
- **a person assessed as requiring long term residential care services and residing in an age related residential care facility;**

on the request of the person, their agent or caregiver or community residential service provider, provided the following conditions are met:

I. the quantity or period of supply to be dispensed at any one time is not less than 28 days' supply (except under conditions outlined in B.i below); and

II. the prescribing Practitioner or dispensing pharmacist has

1) included the name of the patient's residential placement or facility on the prescription; and

2) included the patient's NHI number on the prescription; and

3) specified the maximum quantity or period of supply to be dispensed at any one time.

Any person meeting the criteria above who is being initiated onto a new medicine or having their dose changed is able to have their medicine dispensed in accordance with B.i below.

B. Flexible periods of supply for trial periods or safety

The Schedule specifies for community patients a default length of dispensing (monthly/three monthly) for each pharmaceutical. Prescribers can request, and pharmacists may dispense, a higher frequency of dispensing in the following circumstances:

If the prescribing Practitioner has met the prescribing conditions set out in B.iii below, and the pharmaceutical or patient fits within the provisions of B.i and B.ii below, a pharmacist may dispense more frequently than the Schedule default period of supply.

i) Trial Periods

The Community Pharmaceutical has been prescribed for a patient who requires close monitoring due to recent initiation onto, or dose change for, the Community Pharmaceutical (applicable to the patient's first changed Prescription only); or

ii) Safety

1) the Community Pharmaceutical is any of the following:

a. a tri-cyclic antidepressant; or

b. an antipsychotic; or

c. a benzodiazepine; or

d. a Class B Controlled Drug; or

2) the Community Pharmaceutical has been prescribed for a patient who:

a. is not a resident in a Penal Institution, or one of the residential placements or facilities referenced in clause A above; and

continued...

Changes to General Rules – effective 1 October 2011 (continued)

continued...

b. in the opinion of the prescribing Practitioner, is intellectually impaired or frail, infirm or unable to manage their medicine without additional support.

For B.i and B.ii all of the following conditions must be met:

iii) The prescribing Practitioner has:

1) endorsed each Community Pharmaceutical on the Prescription clearly with the words "Close Control" or "CC"; and

2) initialled the endorsement in their own handwriting; and

3) specified the maximum quantity or period of supply to be dispensed at any one time.

4) For trial periods each Community Pharmaceutical on the Prescription must be endorsed with either "Close Control Trial", "CCT" or Trial Period and the period of supply included e.g. CC Trial 1 week.

C. Pharmaceutical Supply Management

More frequent dispensing may be required from time to time to manage stock supply issues or emergency situations.

Pharmacists may dispense more frequently than the Schedule would otherwise allow when all of the following conditions are met:

i) PHARMAC has approved and notified pharmacists to annotate prescriptions for a specified Community Pharmaceutical(s) "Close Control" without prescriber endorsement for a specified time; and

ii) the dispensing pharmacist has:

1) clearly annotated each of the approved Community Pharmaceuticals that appear on the prescription with the words "Close Control" or "CC"; and

2) initialled the annotation in their own handwriting; and

3) has complied with maximum quantity or period of supply to be dispensed at any one time, as specified by PHARMAC at the time of notification.

If a dispensing frequency is expressly stated in the Medicines Act, Medicines Regulations or Pharmacy Services Agreement a pharmacy can dispense at that specified dispensing frequency. However, no claim shall be made to any DHB for subsidised payment for dispensing fees in any case where dispensing occurs more frequently than authorised by the provisions of the Schedule.

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

~~a) All of the following conditions are met:~~

~~i) the Community Pharmaceutical has been prescribed for a patient who:~~

~~1) is not a resident in a Penal Institution, Rest Home or Residential Disability Care Institution; and~~

~~2) either of the following:~~

~~i) in the opinion of the prescribing Practitioner is:~~

~~a) frail; or~~

~~b) infirm; or~~

~~c) unable to manage their medication without additional support; or~~

~~d) intellectually impaired; or~~

~~e) requires close monitoring due to recent initiation onto, or dose change for, the Community Pharmaceutical (applicable to the patient's first changed Prescription only); and~~

~~f) requires that Community Pharmaceutical to be dispensed in a smaller quantity than that for which it is currently funded, or~~

~~ii) the Community Pharmaceutical is any of the following:~~

~~a) a tri-cyclic antidepressant; or~~

~~b) an antipsychotic; or~~

continued...

Changes to General Rules – effective 1 October 2011 (continued)

continued...

~~c) a benzodiazepine; or~~
~~d) a Class B Controlled Drug; and~~

~~ii) the prescribing Practitioner has:~~
~~A) endorsed each Community Pharmaceutical on the Prescription clearly with the words "Close Control" or "CC"; and~~
~~B) initialled the endorsement in their own handwriting; and~~
~~C) specified the maximum quantity or period of supply to be dispensed at any one time.~~

~~b) All of the following conditions are met:~~
~~i) The Community Pharmaceutical is prescribed for a patient who is a resident in a Rest Home or Residential Disability Care Institution; and~~
~~A) the quantity or period of supply to be dispensed at any one time is not less than 28 days' supply; and~~
~~B) the prescriber or pharmacist has written the name of the Rest Home or Residential Disability Care Institution on the prescription; and~~
~~C) the prescriber or pharmacist has:~~
~~1) written on the Prescription the words "Close Control" or "CC" (this applies to all medicines prescribed on the prescription), and~~
~~2) initialled the endorsement/annotation in their own handwriting; and~~
~~3) specified the maximum quantity or period of supply to be dispensed at any one time.~~

~~c) All of the following conditions are met:~~
~~i) where PHARMAC has approved and notified pharmacists to annotate prescriptions for a specified Community Pharmaceutical(s) "Close Control" without prescriber endorsement for a specified time; and~~
~~ii) the dispensing pharmacist has:~~
~~A) clearly annotated each of the approved Community Pharmaceuticals that appear on the prescription with the words "Close Control" or "CC"; and~~
~~B) initialed the annotation in their own handwriting; and~~
~~C) specified the maximum quantity or period of supply to be dispensed at any one time, as specified by PHARMAC at the time of notification.~~

Effective 1 September 2011

25 4.6 Substitution

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

a) ~~the Contractor having received a general Authority to Substitute from the Practitioner in relation to the particular medicine or medicines in general; or~~ **there is a clinical reason why substitution should not occur; or**

b) ~~the Practitioner having indicated their Authority to Substitute on the prescription; or~~ **the prescriber has marked the prescription with a statement such as 'no brand substitution permitted'.**

~~c) the Practitioner having given their Authority to Substitute in relation to the particular prescription.~~

Such an Authority to Substitute is valid whether or not there is a financial implication for the Pharmaceutical Budget.

When dispensing a subsidised alternative brand, the Contractor must annotate and **sign** ~~initial~~ the prescription **and inform the patient of the brand change**.

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

Changes to Brand Name

Effective 1 September 2011

59	HYDROCORTISONE			
	✻ Crm 1% – Only on a prescription	14.00	500 g	✔ **Pharmacy Health** ~~PSM~~
70	ERGOMETRINE MALEATE			
	Inj 500 μg per ml, 1 ml – Up to 5 inj available on a PSO	31.00	5	✔ **DBL Ergometrine** ~~Mayne~~
117	MORPHINE SULPHATE			
	a) Only on a controlled drug form			
	b) No patient co-payment payable			
	Inj 5 mg per ml, 1 ml – Up to 5 inj available on a PSO	5.51	5	✔ **DBL Morphine Sulphate** ~~Mayne~~
	Inj 10 mg per ml, 1 ml – Up to 5 inj available on a PSO	4.79	5	✔ **DBL Morphine Sulphate** ~~Mayne~~
	Inj 15 mg per ml, 1 ml – Up to 5 inj available on a PSO	5.01	5	✔ **DBL Morphine Sulphate** ~~Mayne~~
	Inj 30 mg per ml, 1 ml – Up to 5 inj available on a PSO	5.30	5	✔ **DBL Morphine Sulphate** ~~Mayne~~
118	PETHIDINE HYDROCHLORIDE			
	a) Only on a controlled drug form			
	b) No patient co-payment payable			
	Inj 50 mg per ml, 1 ml – Up to 5 inj available on a PSO	5.51	5	✔ **DBL Pethidine Hydrochloride** ~~Mayne~~
	Inj 50 mg per ml, 2 ml – Up to 5 inj available on a PSO	5.83	5	✔ **DBL Pethidine Hydrochloride** ~~Mayne~~
142	CALCIUM FOLINATE			
	Tab 15 mg – PCT – Retail pharmacy-Specialist	82.45	10	✔ **DBL Leucovorin Calcium** ~~Mayne~~
164	AMINOPHYLLINE			
	✻ Inj 25 mg per ml, 10 ml – Up to 5 inj available on a PSO.	53.75	5	✔ **DBL Aminophylline** ~~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

Changes to Sole Subsidised Supply

Effective 1 October 2011

For the list of new Sole Subsidised Supply products effective 1 October 2011 refer to the bold entries in the cumulative Sole Subsidised Supply table pages 11-19.

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

Delisted Items

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
97	NAPROXEN SODIUM			
	❋ Tab 550 mg	9.95	100	✔Synflex
116	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
139	NICOTINE			
	Nicotine will not be funded Close Control in amounts less than 4 weeks of treatment.			
	Gum 2 mg (Classic) – Up to 384 piece available on a PSO	14.97	96	✔Habitrol
	Gum 2 mg (Fruit) – Up to 384 piece available on a PSO	14.97	96	✔Habitrol
	Gum 2 mg (Mint) – Up to 384 piece available on a PSO	14.97	96	✔Habitrol
	Gum 4 mg (Classic) – Up to 384 piece available on a PSO	20.02	96	✔Habitrol
	Gum 4 mg (Fruit) – Up to 384 piece available on a PSO	20.02	96	✔Habitrol
	Gum 4 mg (Mint) – Up to 384 piece available on a PSO	20.02	96	✔Habitrol
149	THALIDOMIDE – PCT only – Specialist – Special Authority see SA1124			
	Cap 50 mg	490.00	28	✔Thalidomide Pharmion

Effective 1 September 2011

41	CLOPIDOGREL			
	Tab 75 mg	5.05	28	✔Apo-Clopidogrel
	Note – Apo-Clopidogrel tab 75 mg, 90 tablet pack, remains subsidised.			
49	DIGOXIN			
	❋ Tab 62.5 μg – Up to 30 tab available on a PSO	6.94	250	✔Lanoxin PG
	Note – Lanoxin PG tab 62.5 μg, 240 tablet pack, remains subsidised.			
64	SULPHUR			
	Precipitated – Only in combination	6.50	100 g	✔ABM
	1) Only in combination with a dermatological base or proprietary Topical Corticosteroid – Plain, refer, page 171			
	2) With or without other dermatological galenicals.			
80	CLARITHROMYCIN – Maximum of 500 mg per prescription; can be waived by Special Authority see SA1131			
	Tab 250 mg	5.53	10	✔Klacid
	Note – Klacid tab 250 mg, 14 tablet pack, remains subsidised.			
92	RITONAVIR – Special Authority see SA1025 – Retail pharmacy			
	Cap 100 mg	121.27	84	✔Norvir

▲ 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 September 2011 (continued)				
97	NAPROXEN SODIUM			
	✻ Tab 275 mg	5.69	120	✔ Sonaflam
125	SUMATRIPTAN			
	Inj 12 mg per ml, 0.5 ml – Maximum of 10 inj per prescription	36.00	2 OP	
		(80.00)		Imigran
139	NALTREXONE HYDROCHLORIDE – Special Authority see SA0909 – Retail pharmacy			
	Tab 50 mg	123.00	30	✔ ReVia
143	~~CLADRIBINE – PCT only – Specialist~~			
	~~Inj 2 mg per ml, 5 ml~~	~~873.00~~	~~1~~	~~✔ Litak~~ S29
	Note – Litak inj 2 mg per ml, 5 ml delist has been revoked. Litak will remain subsidised.			
155	TAMOXIFEN CITRATE			
	✻ Tab 20 mg	5.25	60	
		(6.66)		Tamoxifen Sandoz
164	IPRATROPIUM BROMIDE			
	Aqueous nasal spray, 0.03%	8.06	30 ml OP	
		(12.66)		Apo-Ipravent
177	METHYL HYDROXYBENZOATE			
	Powder	10.00	25 g	✔ ABM
177	SODIUM BICARBONATE			
	Powder BP – Only in combination	9.80	500 g	✔ ABM
		(11.99)		Biomed
	Only in extemporaneously compounded omeprazole suspension.			

S29 Unapproved medicine supplied under Section 29
‡ safety cap reimbursed
Sole Subsidised Supply

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

Items to be Delisted

Effective 1 January 2012

29 OMEPRAZOLE

✻ Cap 10 mg	0.97	30	✔ **Dr Reddy's Omeprazole**
✻ Cap 20 mg	1.26	30	✔ **Dr Reddy's Omeprazole**
✻ Cap 40 mg	1.86	30	✔ **Dr Reddy's Omeprazole**

Effective 1 March 2012

45 PRAVASTATIN – Special Authority see SA0932 – Retail pharmacy
See prescribing guideline

Tab 10 mg	27.46	30	✔ **Pravachol**

76 LEVOTHYROXINE

✻ Tab 100 μg	46.75	1,000	✔ **Synthroid**

‡ Safety cap for extemporaneously compounded oral liquid preparations.
Note – Synthroid tab 100 μg, 90 tab pack, listed 1 September 2011.

96 MEFENAMIC ACID – Additional subsidy by Special Authority see SA1038 – Retail pharmacy

✻ Cap 250 mg	2.50	100	
	(18.33)		Ponstan

112 ALLOPURINOL

✻ Tab 300 mg	4.03	100	✔ **Apo-Allopurinol S29** S29
	20.15	500	✔ **Apo-Allopurinol S29** S29

113 SELEGILINE HYDROCHLORIDE

✻ Tab 5 mg	16.06	100	✔ **Apo-Selegiline S29** S29

135 MIDAZOLAM
Note: Midazolam injection will be funded if prescribed for intranasal administration for use in palliative care. Note that only the Hypnovel brand is currently indicated for intranasal administration.

Tab 7.5 mg	10.38	100	
	(25.00)		Hypnovel

‡ Safety cap for extemporaneously compounded oral liquid preparations

180 CARBOHYDRATE SUPPLEMENT – Special Authority see SA1090 – Hospital pharmacy [HP3]

Powder	36.50	5,000 g	✔ **Morrex Maltodextrin**
	182.50	25,000 g	✔ **Morrex Maltodextrin**

190 ORAL FEED 1 KCAL/ML – Special Authority see SA1104 – Hospital pharmacy [HP3]

Powder (chocolate)	4.22	400 g OP	✔ **Ensure**
Powder (strawberry)	4.22	400 g OP	✔ **Ensure**
Powder (vanilla)	4.22	400 g OP	✔ **Ensure**

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

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

Items to be Delisted – effective 1 March 2012 (continued)

191 ORAL FEED 1.5KCAL/ML – Special Authority see SA1104 – Hospital pharmacy [HP3]
Additional subsidy by endorsement is available for patients being bolus fed through a feeding tube. The prescription must be endorsed accordingly.

Liquid (coffee latte) – Higher subsidy of up to $1.33 per			
237 ml with Endorsement	0.85	237 ml OP	
	(1.33)		Ensure Plus

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

Section H changes to Part II

Effective 1 October 2011

16	ACITRETIN			
	Cap 10 mg	38.66	60	Novatretin
	Cap 25 mg	83.11	60	Novatretin
16	ALLOPURINOL			
	Tab 100 mg – **1% DV Dec-11 to 2014**	15.90	1,000	**Apo-Allopurinol**
	Tab 300 mg – **1% DV Dec-11 to 2014**	16.75	500	**Apo-Allopurinol**
	Note – Apo-Allopurinol tab 100 mg, 250 tab pack, and tab 300 mg, 100 tab pack, to be delisted 1 December 2011.			
20	BUDESONIDE (↓ price)			
	Powder for inhalation, 200 μg per dose	15.20	200 dose	Budenocort
	Powder for inhalation, 400 μg per dose	25.60	200 dose	Budenocort
24	CIPROFLOXACIN			
	Tab 250 mg – **1% DV Dec-11 to 2014**	2.20	28	**Cipflox**
	Tab 500 mg – **1% DV Dec-11 to 2014**	3.00	28	**Cipflox**
	Tab 750 mg – **1% DV Dec-11 to 2014**	5.15	28	**Cipflox**
	Note – Rex Medical ciprofloxacin tab 250 mg, 500 mg and 750 mg to be delisted 1 December 2011.			
25	CLARITHROMYCIN			
	Tab 250 mg – **1% DV Jan-12 to 2014**	4.19	14	**Apo-Clarithromycin**
	Note – Klamycin tab 250 mg to be delisted 1 January 2012.			
29	DOTHIEPIN HYDROCHLORIDE (↑ price)			
	Tab 75 mg	10.50	100	Dopress
	Cap 25 mg	6.17	100	Dopress
32	FENTANYL CITRATE			
	Inj 10 μg per ml, 50 ml prefilled syringe – **1% DV Dec-11 to 2014**	165.00	10	**Biomed**
	Inj 20 μg per ml, 50 ml prefilled syringe – **1% DV Dec-11 to 2014**	185.00	10	**Biomed**
	Inf 10 μg per ml, 50 ml premixed bag – **1% DV Dec-11 to 2014**	210.00	10	**Biomed**
	Inf 10 μg per ml, 100 ml premixed bag – **1% DV Dec-11 to 2014**	210.00	10	**Biomed**
32	FLUCONAZOLE			
	Cap 50 mg – **1% DV Jan-12 to 2014**	4.77	28	**Ozole**
	Note – Fluconazole (Pacific) cap 50 mg to be delisted 1 January 2012.			
42	LOSARTAN			
	Tab 12.5 mg – **1% DV Dec-11 to 2014**	2.88	90	**Lostaar**
	Tab 25 mg – **1% DV Dec-11 to 2014**	3.20	90	**Lostaar**
	Tab 50 mg – **1% DV Dec-11 to 2014**	5.22	90	**Lostaar**
	Tab 50 mg with hydrochlorothiazide 12.5 mg – **1% DV Dec-11 to 2014**	4.89	30	**Arrow-Losartan & Hydrochlorothiazide**
	Tab 100 mg – **1% DV Dec-11 to 2014**	8.68	90	**Lostaar**

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 October 2011 (continued)

46 MORPHINE SULPHATE (new listing)
Inf 1 mg per ml, 100 ml premixed bag
– **1% DV Dec-11 to 2014** ..... 165.00 10 **Biomed**

46 MORPHINE SULPHATE (↑ price and addition of HSS)
Inj 1 mg per ml, 10 ml prefilled syringe
– **1% DV Dec-11 to 2014** ..... 39.50 10 **Biomed**
Inj 1 mg per ml, 50 ml prefilled syringe
– **1% DV Dec-11 to 2014** ..... 79.50 10 **Biomed**
Inj 2 mg per ml, 30 ml prefilled syringe
– **1% DV Dec-11 to 2014** ..... 135.00 10 **Biomed**

50 PARACETAMOL
Oral liq 120 mg per 5 ml – **20% DV Dec-11 to 2014** ..... 2.21 500 ml **Ethics Paracetamol**
Note – Paracare Junior oral liq 120 mg per 5 ml to be delisted 1 December 2011.

57 SODIUM CHLORIDE (↑ price)
Inj 0.9%, 10 ml ..... 16.10 50 **Multichem**

Effective 1 September 2011

16 ACETAZOLAMIDE (↑ price and addition of HSS)
Tab 250 mg – **1% DV Nov-11 to 2014** ..... 17.03 100 **Diamox**

17 AMINOPHYLLINE (↑ price, amended brand name and addition of HSS)
Inj 25 mg per ml, 10 ml – **1% DV Nov-11 to 2014** ..... 53.75 5 **DBL Aminophylline** ~~Mayne~~

17 AMOXYCILLIN (↑ price and addition of HSS)
Inj 250 mg – **1% DV Nov-11 to 2014** ..... 12.96 10 **Ibiamox**
Inj 500 mg – **1% DV Nov-11 to 2014** ..... 15.08 10 **Ibiamox**
Inj 1 g – **1% DV Nov-11 to 2014** ..... 21.94 10 **Ibiamox**

19 BACILLUS CALMETTE-GUERIN (BCG) VACCINE (addition of note)
Note: Subsidised only for bladder cancer.
Note: Any BCG injection containing equal to or greater than 500 million CFU is considered a DV Pharmaceutical.
Inj 2-8 × 100 milliion CFU – **1% DV Jan-11 to 2013** ..... 187.37 1 **OncoTICE**

19 BENZYLPENICILLIN SODIUM **(PENICILLIN G)** (amended chemical and presentation descriptions, ↑ price and addition of HSS)
Inj **600 mg** ~~1 mega u~~ – **1% DV Nov-11 to 2014** ..... 11.50 10 **Sandoz**

20 BICALUTAMIDE
Tab 50 mg – **1% DV Nov-11 to 2014** ..... 10.00 28 **Bicalaccord**
Note – Bicalox tab 50 mg to be delisted 1 November 2011

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

Section H changes Part II - effective 1 September 2011 (continued)

21	BUPIVACAINE HYDROCHLORIDE WITH ADRENALINE			
	Inj 0.25% with 1:400,000 adrenaline, 20 ml –			
	1% DV Nov-11 to 2014 (new listing)	135.00	5	**Marcain with Adrenaline**
	Inj 0.5% with 1:200,000 adrenaline, 20 ml –			
	1% DV Nov-11 to 2014 (↓ price and addition of HSS)	115.00	5	**Marcain with Adrenaline**
	Note: Marcain with Adrenaline inj 0.25% with 1:400,000 of adrenaline, 10 ml to be delisted 1 November 2011			
21	BUPIVACAINE HYDROCHLORIDE WITH FENTANYL (↑ price and addition of HSS)			
	Inf 0.125% with 2 μg fentanyl per ml, 100 ml bag – **1% DV Nov-11 to 2014**	210.00	10	**Bupafen**
	Inf 0.125% with 2 μg fentanyl per ml, 200 ml bag – **1% DV Nov-11 to 2014**	210.00	10	**Bupafen**
	Inj 0.125% with 2 μg fentanyl per ml, 15 ml prefilled syringe – **1% DV Nov-11 to 2014**	72.00	10	**Biomed**
	Inj 0.125% with 2 μg fentanyl per ml, 20 ml prefilled syringe – **1% DV Nov-11 to 2014**	92.00	10	**Biomed**
21	CALCIUM CARBONATE (↓ price and addition of HSS)			
	Tab eff 1.75 g (1 g elemental) – **1% DV Nov-11 to 2014**	6.21	30	**Calsource**
22	CALCIUM FOLINATE (↑ price, amended brand name and addition of HSS)			
	Tab 15 mg – **1% DV Nov-11 to 2014**	82.45	10	**DBL Leucovorin Calcium** ~~Mayne~~
22	CANDESARTAN			
	Tab 4 mg	48.66	90	Candestar
	Tab 8 mg	57.90	90	Candestar
	Tab 16 mg	70.62	90	Candestar
	Tab 32 mg	115.50	90	Candestar
23	CEFOTAXIME			
	Inj 1 g – **1% DV Nov-11 to 2014**	15.58	10	**DBL Cefotaxime**
	Note: Cefotaxime Sandoz inj 1 g to be delisted 1 November 2011			
23	CETIRIZINE HYDROCHLORIDE (↑ price and addition of HSS)			
	Oral liq 1 mg per ml – **1% DV Nov-11 to 2014**	3.52	200 ml	**Cetirizine - AFT**
24	CLADRIBINE			
	Inj 2 mg per ml, 5 ml	873.00	1	Litak
25	CLOTRIMAZOLE (↑ price and addition of HSS)			
	Crm 1% – **1% DV Nov-11 to 2014**	0.54	20 g	**Clomazol**
26	CYCLOPHOSPHAMIDE (↑ price and addition of HSS)			
	Inj 1 g – **1% DV Nov-11 to 2014**	26.70	1	**Endoxan**
	Inj 2 g – **1% DV Nov-11 to 2014**	56.90	1	**Endoxan**

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

Section H changes Part II - effective 1 September 2011 (continued)

27	DALTEPARIN SODIUM (pack size change)			
	Inj 12,500 iu per 0.5 ml prefilled syringe	169.00	10	Fragmin
	Inj 15,000 iu per 0.6 ml prefilled syringe	210.00	10	Fragmin
	Inj 18,000 iu per 0.72 ml prefilled syringe	250.00	10	Fragmin
	Note – Fragmin inj prefilled syringe 12,500 iu per 0.5 ml, 15,000 iu per 0.6 ml and 18,000 iu per 0.72 ml, 5 inj pack, to be delisted 1 November 2011			
29	EMULSIFYING OINTMENT			
	Oint BP 100 g – **1% DV Nov-11 to 2014**	1.95	100 g	**Jaychem**
	Note: AFT emulsifying oint BP 100 g to be delisted 1 November 2011			
30	ERGOMETRINE MALEATE (↑ price, amended brand name and addition of HSS)			
	Inj 500 μg per ml, 1 ml – **1% DV Nov-11 to 2014**	31.00	5	**DBL Ergometrine** ~~Mayne~~
32	FINASTERIDE			
	Tab 5 mg – **1% DV Nov-11 to 2014**	5.10	30	**Rex Medical**
	Note – Fintral tab 5 mg to be delisted 1 November 2011			
32	FLUCLOXACILLIN SODIUM (↑ price and addition of HSS)			
	Inj 250 mg – **1% DV Nov-11 to 2014**	10.86	10	**Flucloxin**
	Inj 500 mg – **1% DV Nov-11 to 2014**	11.32	10	**Flucloxin**
	Inj 1 g – **1% DV Nov-11 to 2014**	14.28	10	**Flucloxin**
34	FUSIDIC ACID (↑ price)			
	Eye drops 1%	11.52	5 g	Fucithalmic
36	HYDROCORTISONE (↑ price and addition of HSS)			
	Powder – **1% DV Nov-11 to 2014**	44.00	25 g	**ABM**
36	HYDROCORTISONE (↑ price, amended brand name and addition of HSS)			
	Crm 1%, 500 g – **1% DV Nov-11 to 2014**	14.00	500 g	**Pharmacy Health** ~~PSM~~
	Note: DV Limit applies to pack sizes of greater than 100 g.			
37	HYOSCINE N-BUTYLBROMIDE (↑ price and addition of HSS)			
	Inj 20 mg per ml, 1 ml – **1% DV Nov-11 to 2014**	9.57	5	**Buscopan**
37	IMIQUIMOD (↓ price and addition of HSS)			
	Crm 5%, sachet – **1% DV Nov-11 to 2014**	62.00	12	**Aldara**
42	LITHIUM CARBONATE			
	Cap 250 mg – **1% DV Nov-11 to 2014**	9.42	100	**Douglas**
42	MEBENDAZOLE (↑ price and addition of HSS)			
	Tab 100 mg – **1% DV Nov-11 to 2014**	24.19	24	**De-Worm**
45	MICONAZOLE NITRATE (↑ price and addition of HSS)			
	Crm 2% – **1% DV Nov-11 to 2014**	0.46	15 g	**Multichem**

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

Section H changes Part II - effective 1 September 2011 (continued)

46	MORPHINE SULPHATE (↑ price, amended brand name and addition of HSS)			
	Inj 5 mg per ml, 1 ml – **1% DV Nov-11 to 2014**	5.51	5	**DBL Morphine Sulphate** ~~Mayne~~
	Inj 10 mg per ml, 1 ml – **1% DV Nov-11 to 2014**	4.79	5	**DBL Morphine Sulphate** ~~Mayne~~
	Inj 15 mg per ml, 1 ml – **1% DV Nov-11 to 2014**	5.01	5	**DBL Morphine Sulphate** ~~Mayne~~
	Inj 30 mg per ml, 1 ml – **1% DV Nov-11 to 2014**	5.30	5	**DBL Morphine Sulphate** ~~Mayne~~
47	NORETHISTERONE (↑ price and addition of HSS)			
	Tab 5 mg – **1% DV Nov-11 to 2014**	26.50	100	**Primolut N**
49	ORAL FEED 1.5KCAL/ML			
	Liquid (coffee latte)	1.33	237 ml	Ensure Plus
	Note: Ensure Plus (coffee latte) to be delisted 1 November 2011			
51	PETHIDINE HYDROCHLORIDE (↑ price, amended brand name and addition of HSS)			
	Inj 50 mg per ml, 1 ml – **1% DV Nov-11 to 2014**	5.51	5	**DBL Pethidine Hydrochloride** ~~Mayne~~
	Inj 50 mg per ml, 2 ml – **1% DV Nov-11 to 2014**	5.83	5	**DBL Pethidine Hydrochloride** ~~Mayne~~
52	PRAVASTATIN			
	Tab 20 mg – **1% DV Nov-11 to 2014**	5.44	30	**Cholvastin**
	Tab 40 mg – **1% DV Nov-11 to 2014**	9.28	30	**Cholvastin**
52	PROCAINE PENICILLIN (↑ price and addition of HSS)			
	Inj 1.5 mega u – **1% DV Nov-11 to 2014**	123.50	5	**Cilicaine**
53	PROPOFOL (↓ price)			
	Inj 1%, 20 ml	7.60	5	Provive MCT-LCT 1%
	Inj 1%, 50 ml	4.00	1	Provive MCT-LCT 1%
	Inj 1%, 100 ml	7.60	1	Provive MCT-LCT 1%
57	SODIUM CHLORIDE (↓ price and addition of HSS)			
	Soln 0.9% for irrigation, 30 ml – **1% DV Nov-11 to 2014**	19.50	30	**Pfizer**
58	STANDARD SUPPLEMENT ORAL FEED 1.0KCAL/ML			
	Powder (chocolate)	4.22	400 g	Ensure
	Powder (strawberry)	4.22	400 g	Ensure
	Powder (vanilla)	4.22	400 g	Ensure
	Note: Ensure powder chocolate, strawberry and vanilla 400 g to be delisted 1 November 2011			

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

Section H changes Part II - effective 1 September 2011 (continued)

59	TAR WITH TRIETHANOLAMINE LAURYL SULPHATE AND FLUORESCEIN (↑ price and addition of HSS)			
	Soln 2.3% with triethanolamine lauryl sulphate and fluorescein sodium – **1% DV Nov-11 to 2014**	3.05	500 ml	**Pinetarsol**
		5.82	1,000 ml	**Pinetarsol**
59	TEMAZEPAM (↑ price and addition of HSS)			
	Tab 10 mg – **1% DV Nov-11 to 2014**	1.27	25	**Normison**
59	TERBINAFINE			
	Tab 250 mg – **1% DV Nov-11 to 2014**	1.78	14	**Dr Reddy's Terbinafine**
	Note – Apo-Terbinafine tab 250 mg to be delisted 1 November 2011			
63	ZINC SULPHATE (↑ price and addition of HSS)			
	Cap 137.4 mg (50 mg elemental) – **1% DV Nov-11 to 2014**	11.00	100	**Zincaps**

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: Daunorubicin 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~~

Section H page ref		Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
Section H changes Part II - effective 1 August 2011 (continued)				
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			
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

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

Section H changes Part II - effective 1 August 2011 (continued)

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 Part III

Effective 1 September 2011

67 SPECIAL FOOD SUPPLEMENT

~~Powder 1kcal/ml, 400 g~~	~~Ensure~~
Powder 1kcal/ml, 900 g	Sustagen Hospital Formula
	Ensure
Liquid 1.5kcal/ml, 200 ml	Ensure Plus
	Fortisip
Liquid 1.5kcal/ml, 237 ml	Ensure Plus
Liquid 1.5kcal/ml with fibre, 200 ml	Fortisip Multi Fibre

For use in community/non-hospitalised patients for 10 days prior to hospitalisation and 30 days following discharge.

Section H changes to General Rules

Effective 1 August 2011

8 Exceptional Circumstances policies

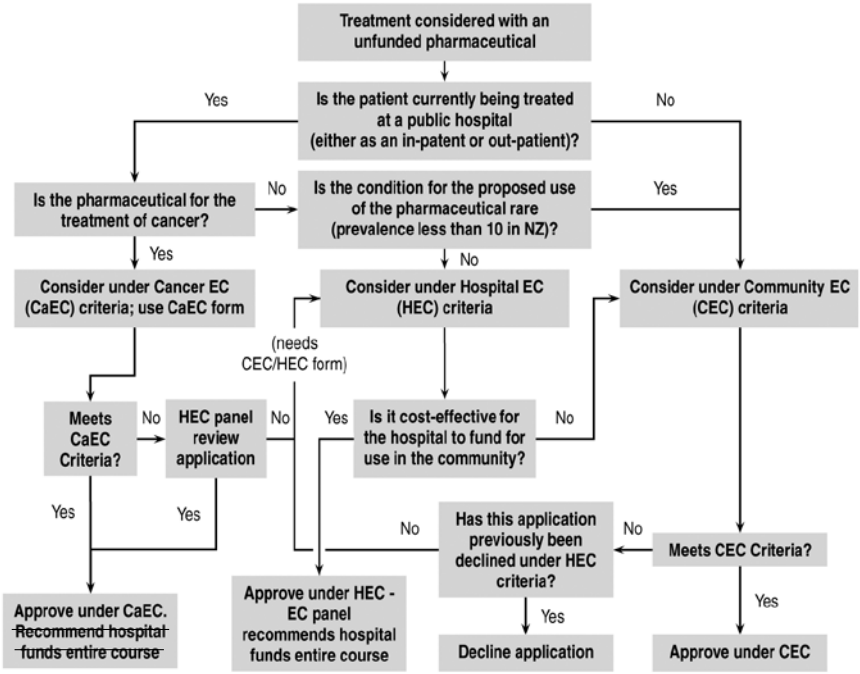
The purpose of the Exceptional Circumstances policies are to provide:

- 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.

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

9



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.

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

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

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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New Zealand
Permit No. 478

Permit

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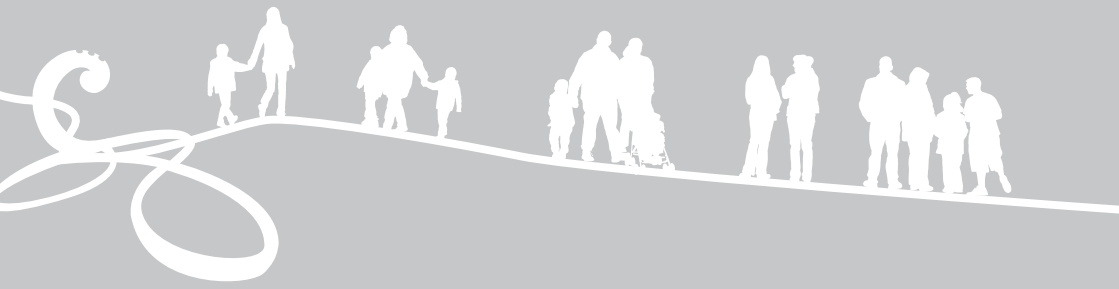

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