Pharmaceutical Management Agency

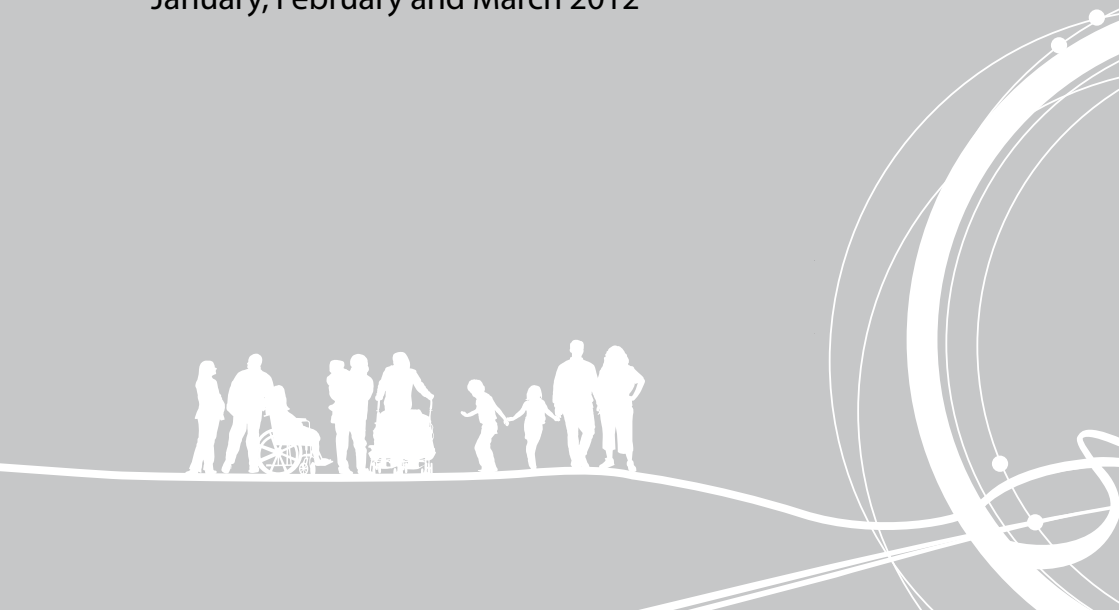
Update

New Zealand Pharmaceutical Schedule

Effective 1 March 2012

Cumulative for January, February and March 2012

Section H cumulative for December 2011, January, February and March 2012



Contents

Summary of PHARMAC decisions

EFFECTIVE 1 MARCH 2012

New listings (page 20)

- Adrenaline (Aspen Adrenaline) inj 1 in 10,000, 10 ml
- Amoxycillin clavulanate (Curam Duo) tab amoxycillin 500 mg with potassium clavulanate 125 mg
- Clindamycin (Clindamycin ABM) cap hydrochloride 150 mg
- Gemcitabine hydrochloride (Gemcitabine Actavis) inj 200 mg and 1 g – PCT only – Specialist – Special Authority
- Octreotide (somatostatin analogue) (Octreotide MaxRx) inj 50 μg per ml, 100 μg per ml, 500 μg per ml
- Rizatriptan (Rizamelt) tab orodispersible 10 mg
- Ursodeoxycholic acid (Ursosan) cap 250 mg
- Pharmacy Services (BSF Lostaar) brand switch fee – no patient co-payment payable - may only be claimed once per patient
- Pharmacy Services (BSF Arrow-Losartan & Hydrochlorothiazide) brand switch fee – no patient co-payment payable - may only be claimed once per patient
- Tetrabenazine (Motetis) tab 25 mg
- Thiotepa (THIO-TEPA S29) inj 15 mg – PCT only - Specialist
- Zinc and castor oil (Multichem) oint 500 g

Changes to restrictions (pages 22-25)

- Losartan (Lostaar) tab 12.5 mg, 25 mg, 50 mg and 100 mg tab – brand switch fee
- Losartan with hydrochlorothiazide (Arrow-Losartan & Hydrochlorothiazide) tab 50 mg with hydrochlorothiazide 12.5 mg – brand switch fee
- Propranolol (Cardinol) tab 10 mg and 40 mg – removal of stat
- Rizatriptan – amend presentation description from rizatriptan benzoate wafer to rizatriptan orodispersible tab
- Ursodeoxycholic acid – Special Authority criteria amendment
- Zoledronic acid – Special Authority criteria amendment

Decreased subsidy (page 32)

- Cefazolin sodium (Hospira) inj 500 mg and 1 g
- Cefuroxime sodium (Zinacef) inj 750 mg
- Clarithromycin (Klamycin) tab 500 mg
- Glyceryl trinitrate (Nitrolingual Pumpspray) oral pump spray 400 μg per dose
- Temozolomide (Temodal) cap 5 mg, 20 mg, 100 mg and 250 mg
- Tetrabenazine (Xenazine 25) tab 25 mg

Increased subsidy (page 32)

- Orphenadrine hydrochloride (Disipal)

Named Patient Pharmaceutical Assessment (NPPA)

From 1 March 2012, PHARMAC's Exceptional Circumstances (EC) schemes will be replaced with Named Patient Pharmaceutical Assessment (NPPA). The changes are aimed at providing greater clarity for clinicians applying for funding of a pharmaceutical for an individual patient.

Patients receiving funded treatment under the EC schemes will continue to receive funding after this date under their original EC approval conditions, including where renewal criteria, if any, are met.

As with Exceptional Circumstances, NPPA provides a mechanism for individual patients to receive funding consideration for medicines not listed in the Pharmaceutical Schedule (either at all or for their clinical circumstances). NPPA more closely aligns with full Schedule assessments than EC, benefiting patient populations over time.

From 1 March 2012 applications for NPPA funding will be able to be completed and submitted online at www.pharmac.govt.nz/nppa

Significant features of the new NPPA scheme include:

- greater clarity of the reasons that PHARMAC will consider funding treatments for individuals outside the Schedule assessment process;
- establishment of three pathways under which NPPA applications will be considered – Unusual Clinical Circumstances, Urgent Assessment and Hospital Pharmaceuticals in the Community;
- the publication of summaries of the outcome of NPPA applications (while continuing to protect patient privacy) to provide better clarity and understanding for applicants about the likely outcome of their application; and
- improved nation-wide consistency in medicines funding decision making.

For more information, including the NPPA Policy, criteria and contact details, visit our website at http://www.pharmac.govt.nz/healthpros/nppa

Pharmacy Brand Switch Payment for Losartan

Brand switch payments for pharmacies will be payable for dispensings of losartan (Lostaar brand) and losartan with hydrochlorothiazide (Arrow-Losartan & Hydrochlorothiazide) from 1 March 2012.

The brand switch fee is claimable via a Pharmacode on the first dispensing after 1 March 2012 for patients who have switched brands. Pharmacies should claim a fee even if the patient switched to the Sole Supply brand prior to 1 March 2012. The brand switch fee for losartan will be paid only once for each patient during the claim period. The brand switch fee will not be able to be claimed for this pharmaceutical for dispensing after 31 May 2012.

Further pharmacy brand switch payment information is available on the PHARMAC website at http://www.pharmac.govt.nz/health pros/SchedulePrinted

PHARMAC resource ordering website

The PHARMAC resource ordering website has recently been updated. All PHARMAC patient information and health professional resources on specific PHARMAC programmes, as well as information to help support in brand changes, are available to order for free from the site, with many items also available to download. Check out www.pharmaconline.co.nz.

Ethinyloestradiol with levonorgestrel

As a result of the tender, there will be two new brands of **ethinyloestradiol with levonorgestrel** tablets listed on the Pharmaceutical Schedule. Ava 30 ED (ethinyloestradiol 30 μg with levonorgestrel 150 μg and 7 inert tablets) is to be supplied by Arrow Pharmaceuticals (Arrow) and will be listed from 1 April 2012 and awarded sole supply from 1 September 2012. Ava 20 ED (ethinyloestradiol 20 μg with levonorgestrel 100 μg and 7 inert tablets) will also be supplied by Arrow and listed from 1 July 2012 and awarded sole supply from 1 December 2012.

Special Authority changes

Ursodeoxycholic acid

The Special Authority criteria for ursodeoxycholic acid will be widened for use as part of conditioning therapy in stem cell of bone marrow transplant recipients to prevent veno-occlusive disease from 1 March 2012. Treatment is to be funded for up to 3 months.

Zoledronic acid (Aclasta)

The Special Authority criteria for zoledronic acid 5 mg in 100 ml solution for infusion (Aclasta) will be amended from 1 March 2012. The amendment will enable prescribers to apply for renewal applications annually for patients needing ongoing treatment.

Rizatriptan – New Listing

As a result of the tender there will be a new brand of rizatriptan orodispersible tablets 10 mg listed on the Pharmaceutical Schedule from 1 March 2012. Rizamelt is supplied by Mylan and is supplied in a 30 tablet pack size. Maxalt Melt will be referenced priced from May 2012 and delisted from August 2012.

Discontinuation of Famox 20 mg and 40 mg tablets and Arthrexin 100 mg suppositories

Mylan is discontinuing the supply of the Famox brand of famotidine 20 mg and 40 mg tablets. Current supplies are expected to last until the end of July 2012 for Famox 20 mg (stock expires August 2012) and to the end of October 2012 for Famox 40 mg (stock expires October 2012). Alternative H2 antagonists are available. Ranitidine hydrochloride tablets are fully funded.

Mylan is also discontinuing the supply of the Arthrexin brand of indomethacin 100 mg suppositories. Current supply is expected to last until the end of October 2012 (stock expires October 2012). Alternative non-steroidal anti-inflammatory drugs are funded including diclofenac sodium suppositories which are fully funded.

News in Brief

- A new brand of **clindamycin** capsules will be fully funded from 1 March 2012. Clindamycin 150 mg capsules will be supplied by ABM under the name Clindamycin ABM.
- A new brand of **adrenaline** injection 1 in 10,000, 10 ml will be fully funded from 1 March 2012. This will be supplied by Aspen under the name Aspen Adrenaline.
- A new brand of the Pharmaceutical Cancer Treatment **thiotepa** inj 15 mg (THIO-TEPA) will be listed Cost Brand Source from 1 March 2012. It will also be supplied under section 29 like the current thiotepa injection, and can only be claimed by DHB hospital pharmacies
- A new brand of the Pharmaceutical Cancer Treatment **gemcitabine hydrochloride** inj 1 g and 200 mg (Gemcitabine Actavis S29) will be listed from 1 March 2012. Gemcitabine Actavis is not currently registered with Medsafe therefore must be supplied and prescribed in accordance with the provisions of section 29 of the Medicines Act 1981. Gemcitabine hydrochloride continues to have the dispensing restriction of PCT only – Specialist.
- A new brand of **octreotide (somatostatin analogue)** will be fully funded from 1 March 2012. All three strengths (50 μg per ml, 100 μg per ml and 500 μg per ml) will be supplied by Max Health under the name Octreotide MaxRx. Octreotide MaxRx will be subsidised under the existing Special Authority approval.

Tender News

Sole Subsidised Supply changes – effective 1 April 2012

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Amlodipine	Tab 2.5 mg; 100 tab	Apo-Amlodipine (Apotex)
Clarithromycin	Tab 250 mg; 14 tab	Apo-Clarithromycin (Apotex)
Fluconazole	Cap 50 mg; 28 cap	Ozole (Douglas)
Fluconazole	Cap 150 mg; 1 cap	Ozole (Douglas)
Fluconazole	Cap 200 mg; 28 cap	Ozole (Douglas)
Paracetamol	Tab 500 mg; 1,000 tab	Parafast (Arrow)
Timolol maleate	Eye drops 0.25%; 5 ml OP	Arrow-Timolol (Arrow)
Timolol maleate	Eye drops 0.5%; 5 ml OP	Arrow-Timolol (Arrow)

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 April 2012

- Amino acid formula (Elecare, Elecare LCP, Neocate, Neocate LCP, Neocate Advance, Vivonex Pediatric) powder – amend Special Authority to remove "transition from old form"
- Extensively hydrolysed formula (Pepti Junior Gold) powder – amend Special Authority to remove "transition from old form"
- Lapatinib ditosylate (Tykerb) tab 250 mg – new listing – Special Authority – Retail pharmacy
- Pazopanib (Votrient) tab 200 mg and 400 mg – new listing – Special Authority – Retail pharmacy
- Dornase alfa (Pulmozyme) nebuliser soln, 2.5 mg per 2.5 ml ampule – price and subsidy decrease for and removal of the restriction of the FEV1% level of <65% for entry into the one month treatment trial.
- Trastuzumab inj 150 mg and 440 mg (Herceptin) and inj 1 mg for ECP (Baxter) – amend Special Authority criteria to include patients with early intolerance to lapatinib
- Sodium cromoglycate (Vicrom) aerosol inhaler, 5 mg per dose CFC-free – change of brand name to Intal Forte

Sole Subsidised Supply Products – cumulative to March 2012

Generic Name	Presentation	Brand Name	Expiry Date*
Abacavir sulphate	Oral liq 20 mg per ml Tab 300 mg	Ziagen Ziagen	2014
Acarbose	Tab 50 mg & 100 mg	Glucobay	2012
Acetazolamide	Tab 250 mg	Diamox	2014
Aciclovir	Tab dispersible 200 mg, 400 mg & 800 mg	Lovir	2013
Allopurinol	**Tab 100 mg & 300 mg**	**Apo-Allopurinol**	**2014**
Amantadine hydrochloride	Cap 100 mg	Symmetrel	2014
Aminophylline	Inj 25 mg per ml, 10 ml	DBL Aminophylline	2014
Amitriptyline	Tab 25 mg & 50 mg	Amitrip	2014
Amlodipine	Tab 5 mg & 10 mg	Apo-Amlodipine	2014
Amoxycillin	Inj 250 mg, 500 mg & 1 g Cap 250 mg & 500 mg Grans for oral liq 250 mg per 5 ml	Ibiamox Alphamox Ospamox	2014 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
Benzylpenicillin sodium (Penicillin G)	Inj 600 mg	Sandoz	2014
Betamethasone valerate	Scalp app 0.1%	Beta Scalp	2012
Betaxolol hydrochloride	Eye drops 0.5% Eye drops 0.25%	Betoptic Betoptic S	2014
Bicalutamide	Tab 50 mg	Bicalaccord	2014
Bisacodyl	Tab 5 mg	Lax-Tab	2013
Calamine	Crm, aqueous, BP Lotn, BP	healthE API	2012

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Sole Subsidised Supply Products – cumulative to March 2012

Generic Name	Presentation	Brand Name	Expiry Date*
Calcitonin	Inj 100 iu per ml, 1 ml	Miacalcic	2014
Calcitriol	Cap 0.25 μg & 0.5 μg	Airflow	2012
Calcium carbonate	Tab eff 1.75 g (1 g elemental)	Calsource	2014
Calcium folinate	Tab 15 mg	DBL Leucovorin Calcium	2014
Captopril	Tab 12.5 mg, 25 mg & 50 mg Oral liq 5 mg per ml	m-Captorpril Capoten	2013
Cefaclor monohydrate	Grans for oral liq 125 mg per 5 ml	Ranbaxy-Cefaclor	2013
Ceftriaxone sodium	Inj 500 mg Inj 1 g	Veracol Aspen Ceftriaxone	2013
Cephalexin monohydrate	Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml	Cefalexin Sandoz Cefalexin Sandoz	2012
Cetomacrogol	Crm BP	PSM	2013
Cetirizine hydrochloride	Oral liq 1 mg per ml Tab 10 mg	Cetirizine - AFT 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
Ciprofloxacin	**Tab 250 mg, 500 mg & 750 mg**	**Cipflox**	**2014**
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	Crm 1% Vaginal crm 1% with applicator Vaginal crm 2% with applicator	Clomazol Clomazol Clomazol	2014 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

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Generic Name	Presentation	Brand Name	Expiry Date*
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
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
Dipyridamole	Tab long-acting 150 mg	Pytazen SR	2014
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

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Generic Name	Presentation	Brand Name	Expiry Date*
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
Ergometrine maleate	Inj 500 μg per ml, 1 ml	DBL Ergometrine	2014
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
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
Finasteride	Tab 5 mg	Rex Medical	2014
Flucloxacillin sodium	Inj 250 mg, 500 mg & 1 g Cap 250 mg & 500 mg Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml	Flucloxin AFT AFT AFT	2014 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

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Generic Name	Presentation	Brand Name	Expiry Date*
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	Crm 1% Powder Inj 50 mg per ml, 1 ml Tab 5 mg & 20 mg	Pharmacy Health ABM Solu-Cortef Douglas	2014 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	Inj 20 mg, 1 ml Tab 10 mg	Buscopan Gastrosoothe	2014
Ibuprofen	Tab long-acting 800 mg Oral liq 100 mg per 5 ml	Brufen SR Fenpaed	2014 2013
Imiquimod	Crm 5%	Aldara	2014
Indapamide	Tab 2.5 mg	Dapa-Tabs	2013
Ipratropium bromide	Aqueous nasal spray, 0.03%, 15 ml OP Nebuliser soln, 250 μg per ml, 1 ml & 2 ml	Univent Univent	2013
Iron polymaltose	Inj 50 mg per ml, 2 ml	Ferrum H	2014
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

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Sole Subsidised Supply Products – cumulative to March 2012

Generic Name	Presentation	Brand Name	Expiry Date*
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
Lithium carbonate	Cap 250 mg	Douglas	2014
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
Losartan	**Tab 12.5 mg, 25 mg, 50 mg & 100 mg**	**Lostaar**	**2014**
Losartan with hydrochlorothiazide	**Tab 50 mg with hydrochlorothiazide 12.5 mg**	**Arrow-Losartan & Hydroclorothiazide**	**2014**
Malathion	Liq 0.5% Shampoo 1%	A-Lices A-Lices	2013
Mask for spacer device	Size 2	EZ-fit Paediatric Mask	2015
Mebendazole	Tab 100 mg	De-Worm	2014
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
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
Miconazole nitrate	Crm 2%	Multichem	2014

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Sole Subsidised Supply Products – cumulative to March 2012

Generic Name	Presentation	Brand Name	Expiry Date*
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	Inj 5 mg per ml, 1 ml Inj 10 mg per ml, 1 ml Inj 15 mg per ml, 1 ml Inj 30 mg per ml, 1 ml Tab long-acting 10 mg, 30 mg, 60 mg & 100 mg Cap long-acting 10 mg, 30 mg, 60 mg & 100 mg Tab immediate release 10 mg & 20 mg	DBL Morphine Sulphate DBL Morphine Sulphate DBL Morphine Sulphate DBL Morphine Sulphate Arrow-Morphine LA m-Elson Sevredol	2014 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 5 mg Tab 350 μg	Primolut N Noriday 28	2014 2012
Nystatin	Oral liq 100,000 u per ml Cap 500,000 u Tab 500,000 u	Nilstat Nilstat Nilstat	2014 2013

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Sole Subsidised Supply Products – cumulative to March 2012

Generic Name	Presentation	Brand Name	Expiry Date*
Omeprazole	Cap 10 mg, 20 mg & 40 mg Powder Inj 40 mg	Omezol Relief Midwest Dr Reddy's Omeprazole	2014
Ondansetron	Tab disp 4 mg & 8 mg Tab 4 mg & 8 mg	Dr Reddy's Ondansetron Dr Reddy's Ondansetron	2013
Oxazepam	Tab 10 mg & 15 mg	Ox-Pam	2014
Oxytocin	Inj 5 iu per ml, 1 ml Inj 10 iu per ml, 1 ml Inj 5 iu with ergometrine maleate 500 μg per ml, 1 ml	Syntocinon Syntocinon Syntometrine	2012
Pantoprazole	Inj 40 mg Tab 20 mg & 40 mg	Pantocid IV Dr Reddy's Pantoprazole	2014 2013
Paracetamol	**Oral liq 120 mg per 5 ml** Oral liq 250 mg per 5 ml	**Ethics Paracetamol** Paracare Double Strength	**2014**
Paracetamol with codeine	Tab paracetamol 500 mg with codeine phosphate 8 mg	Paracetamol + Codeine (Relieve)	2014
Paraffin liquid with soft white paraffin	Eye oint with soft white paraffin	Lacri-Lube	2013
Paroxetine hydrochloride	Tab 20 mg	Loxamine	2013
Peak flow meter	Low range & normal range	Breath-Alert	2015
Pegylated interferon alpha-2A	Inj 135 μg prefilled syringe Inj 180 μg prefilled syringe Inj 135 μg prefilled syringe x 4 with ribavirin tab 200 mg x 112 Inj 135 μg prefilled syringe x 4 with ribavirin tab 200 mg x 168 Inj 180 μg prefilled syringe x 4 with ribavirin tab 200 mg x 112 Inj 180 μg prefilled syringe x 4 with ribavirin tab 200 mg x 168	Pegasys Pegasys Pegasys RBV Combination Pack Pegasys RBV Combination Pack Pegasys RBV Combination Pack Pegasys RBV Combination Pack	31/12/12
Pergolide	Tab 0.25 mg & 1 mg	Permax	2014
Permethrin	Crm 5% Lotn 5%	Lyderm A-Scabies	2014
Pethidine hydrochloride	Inj 50 mg per ml, 1 ml Inj 50 mg per ml, 2 ml	DBL Pethidine Hydrochloride DBL Pethidine Hydrochloride	2014
Phenoxymethylpenicillin (Pencillin V)	Cap potassium salt 250 mg & 500 mg Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml	Cilicaine VK AFT AFT	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 March 2012

Generic Name	Presentation	Brand Name	Expiry Date*
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
Pravastatin	Tab 20 mg & 40 mg	Cholvastin	2014
Prednisone sodium phosphate	Oral liq 5 mg per ml	Redipred	2012
Pregnancy tests – hCG urine	Cassette	Innovacon hCG One Step Pregnancy Test	2012
Procaine penicillin	Inj 1.5 mega u	Cilicaine	2014
Promethazine hydrochloride	Oral liq 5 mg per 5 ml	Promethazine Winthrop Elixir	2012
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

**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 March 2012

Generic Name	Presentation	Brand Name	Expiry Date*
Somatropin	Inj cartridge 16 iu (5.3 mg) Inj cartridge 36 iu (12 mg)	Genotropin Genotropin	31/12/12
Sotalol	Tab 80 mg & 160 mg	Mylan	2012
Spacer device	800 ml 230 ml (single patient)	Volumatic Space Chamber Plus	2015
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
Tar with triethanolamine lauryl sulphate and fluorescein	Soln 2.3% with triethanolamine lauryl sulphate and fluorescein sodium, 500 ml & 1,000 ml	Pinetarsol	2014
Temazepam	Tab 10 mg	Normison	2014
Terazosin hydrochloride	Tab 1 mg, 2 mg & 5 mg	Arrow	2013
Terbinafine	Tab 250 mg	Dr Reddy's Terbinafine	2014
Testosterone cypionate	**Inj long-acting 100 mg per ml, 10 ml**	**Depo-Testosterone**	**2014**
Testosterone undecanoate	Cap 40 mg	Arrow-Testosterone	2012
Tetracosactrin	Inj 250 μg Inj 1 mg per ml, 1 ml	Synacthen Synacthen Depot	2014
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

**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 March 2012

Generic Name	Presentation	Brand Name	Expiry Date*
Zidovudine [AZT]	Cap 100 mg Oral liq 10 mg per ml	Retrovir Retrovir	2013
Zinc sulphate	Caps 137.4 mg (50 mg elemental)	Zincaps	2014
Zopiclone	Tab 7.5 mg	Apo-Zopiclone	2014

March 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.*

New Listings

Effective 1 March 2012

34 URSODEOXYCHOLIC ACID – Special Authority see SA1188– Retail pharmacy
Cap 250 mg ..... 71.50 | 100 | ✔**Ursosan**

54 ADRENALINE
Inj 1 in 10,000, 10 ml – Up to 5 inj available on a PSO ..... 49.00 | 10 | ✔**Aspen Adrenaline**

61 ZINC AND CASTOR OIL
Oint BP ..... 3.83 | 500 g | ✔**Multichem**

81 AMOXYCILLIN CLAVULANATE
Tab amoxycillin 500 mg with potassium clavulanate 125 mg – Up to 30 tab available on a PSO ..... 12.55 | 100 | ✔**Curam Duo**

83 CLINDAMYCIN
Cap hydrochloride 150 mg – Maximum of 4 cap per prescription; can be waived by endorsement - Retail pharmacy - Specialist ..... 9.90 | 16 | ✔**Clindamycin ABM**

115 TETRABENAZINE
Tab 25 mg ..... 178.00 | 112 | ✔**Motetis**

125 RIZATRIPTAN
Tab orodispersible 10 mg ..... 18.00 | 30 | ✔**Rizamelt**

141 THIOTEPA – PCT only – Specialist
Inj 15 mg ..... CBS | 1 | ✔**THIO-TEPA** S29

143 GEMCITABINE HYDROCHLORIDE – PCT only – Specialist – Special Authority see SA1087
Inj 1 g ..... 62.50 | 1 | ✔**Gemcitabine Actavis** S29
Inj 200 mg ..... 12.50 | 1 | ✔**Gemcitabine Actavis** S29

152 OCTREOTIDE (SOMATOSTATIN ANALOGUE) – Special Authority see SA1016 – Retail pharmacy
Inj 50 μg per ml, 1 ml ..... 19.24 | 5 | ✔**Octreotide MaxRx**
Inj 100 μg per ml, 1 ml ..... 36.38 | 5 | ✔**Octreotide MaxRx**
Inj 500 μg per ml, 1 ml ..... 131.25 | 5 | ✔**Octreotide MaxRx**

171 PHARMACY SERVICES – May only be claimed once per patient
✻ Brand switch fee ..... 0.01 | 1 fee | ✔**BSF Lostaar**
The Pharmacode for BSF Lostaar is 2397145
(BSF Lostaar Brand switch fee to be delisted 1 June 2012)
✻ Brand switch fee ..... 0.01 | 1 fee | ✔**BSF Arrow-Losartan & Hydrochlorothiazide**
The Pharmacode for BSF Arrow-Losartan & Hydrochlorothiazide is 2397153
(BSF Arrow-Losartan & Hydrochlorothiazide Brand switch fee to be delisted 1 June 2012)

Effective 1 February 2012

79 CEFUROXIME SODIUM
Inj 1.5 g – Retail pharmacy-Specialist – Subsidy by endorsement ..... 2.65 | 1 | ✔**Mylan**
Only if prescribed for dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.

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

New Listings – Effective 21 February 2011 (continued)

171 PHARMACY SERVICES – May only be claimed once per patient

✻ Brand switch fee	0.01	1 fee	✔ **BSF Bicalaccord**

The Pharmacode for BSF Bicalaccord is 2397137
(BSF Bicalaccord Brand switch fee to be delisted 1 May 2012)

Effective 1 January 2012

45 ATORVASTATIN – See prescribing guideline

✻ Tab 10 mg	2.90	30	✔ **Dr Reddy's Atorvastatin**
✻ Tab 20 mg	4.36	30	✔ **Dr Reddy's Atorvastatin**
✻ Tab 40 mg	6.51	30	✔ **Dr Reddy's Atorvastatin**
✻ Tab 80 mg	9.67	30	✔ **Dr Reddy's Atorvastatin**

54 GLYCERYL TRINITRATE

✻ Aerosol spray 400 μg per dose – Up to 250 dose available on a PSO	4.45	250 dose OP	✔ **Glytrin**

79 CEFAZOLIN SODIUM – Subsidy by endorsement
Only if prescribed for dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.

Inj 500 mg	3.99	5	✔ **AFT**
Inj 1 g	3.99	5	✔ **AFT**

79 CEFUROXIME SODIUM

Inj 750 mg – Maximum of 1 inj per prescription; can be waived by endorsement	6.96	5	✔ **m-Cefuroxime**

Only if prescribed for dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.

98 SULINDAC – Additional subsidy by Special Authority see SA1038 – Retail pharmacy

✻ Tab 100 mg	2.66	50	
	(8.55)		Aclin
✻ Tab 200 mg	3.36	50	
	(15.10)		Aclin

147 TEMOZOLOMIDE – Special Authority see SA1063 – Retail pharmacy

Cap 5 mg	16.00	5	✔ **Temaccord**
Cap 20 mg	72.00	5	✔ **Temaccord**
Cap 100 mg	350.00	5	✔ **Temaccord**
Cap 250 mg	820.00	5	✔ **Temaccord**

Effective 21 December 2011

146 DOXORUBICIN – PCT only – Specialist

Inj 200 mg	150.00	1	✔ **Adriamycin**

Effective 14 December 2011

143 GEMCITABINE HYDROCHLORIDE – PCT only – Specialist – Special Authority see SA1087

Inj 1 g	62.50	1	✔ **DBL Gemcitabine**

▲ 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 March 2012

49 LOSATAN – **brand switch fee payable**

✱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**

33 URSODEOXYCHOLIC ACID – Special Authority see **SA1188** ~~1003~~ – Retail pharmacy

Cap 250 mg	71.50	100	✔**Ursosan**
Cap 300 mg – For ursodeoxycholic acid oral liquid formulation refer, page 172	179.00	100	✔**Actigall**

➽ **SA1188** ~~1003~~ Special Authority for Subsidy

Initial application – **(Pregnancy/Cirrhosis)** - from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:

Either:

1 Patient diagnosed with cholestasis of pregnancy; or

2 Both:

2.1 Primary biliary cirrhosis confirmed by antimitochondrial antibody titre (AMA) > 1:80, and raised cholestatic liver enzymes with or without raised serum IgM or, if AMA is negative, by liver biopsy; and

2.2 Patient not requiring a liver transplant (bilirubin > 170umol/l; decompensated cirrhosis)

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

Initial application – (Haematological Transplant) - from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:

Both:

1 Patient at risk of veno-occlusive disease or has hepatic impairment and is undergoing conditioning treatment prior to allogenic stem cell or bone marrow transplantation, and

2 Treatment for up to 13 weeks.

Renewal – **(Pregnancy/Cirrhosis)** - from any relevant practitioner. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.

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

51 PROPRANOLOL (removal of stat)

✱Tab 10 mg	3.55	100	✔**Cardinol**
✱Tab 40 mg	4.65	100	✔**Cardinol**

111 ZOLEDRONIC ACID – Special Authority see **SA1187** ~~1035~~ – Retail pharmacy

Soln for infusion 5 mg in 100 ml	600.00	100 ml	✔**Aclasta**

➽ **SA1187** ~~1035~~ Special Authority for Subsidy

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

All of the following:

1 Paget's disease; and

2 Any of the following:

2.1 Bone or articular pain; or

continued...

Changes to Restrictions - effective 1 March 2012 (continued)

continued...

2.2 Bone deformity; or
2.3 Bone, articular or neurological complications; or
2.4 Asymptomatic disease, but risk of complications; or
2.5 Preparation for orthopaedic surgery; and

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

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

1 Any of the following:
1.1 History of one significant osteoporotic fracture demonstrated radiologically and documented bone mineral density (BMD) ≥ 2.5 standard deviations below the mean normal value in young adults (i.e. T-Score ≤ -2.5) (see Note); or
1.2 History of one significant osteoporotic fracture demonstrated radiologically, and either the patient is elderly, or densitometry scanning cannot be performed because of major logistical, technical or pathophysiological reasons. It is unlikely that this provision would apply to many patients under 75 years of age; or
1.3 History of two significant osteoporotic fractures demonstrated radiologically; or
1.4 Documented T-Score ≤ -3.0 (see Note); or
1.5 A 10-year risk of hip fracture ≥ 3%, calculated using a published risk assessment algorithm (e.g. FRAX or Garvan) which incorporates BMD measurements (see Note); or
1.6 Patient has had a Special Authority approval for alendronate (Underlying cause – Osteoporosis); and
2 The patient will not be prescribed more than one infusion in a 12-month period.

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

1 The patient is receiving systemic glucocorticosteriod therapy (≥ 5 mg per day prednisone equivalents) and has already received or is expected to receive therapy for at least three months; and
2 Any of the following:
2.1 The patient has documented BMD ≥ 1.5 standard deviations below the mean normal value in young adults (i.e. T-Score ≤ -1.5) (see Note); or
2.2 patient has a history of one significant osteoporotic fracture demonstrated radiologically; or
2.3 The patient has had a Special Authority approval for alendronate (Underlying cause – glucocorticosteroid therapy); and
3 The patient will not be prescribed more than one infusion in the 12-month approval period.

Renewal – (Paget's disease) from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria:
Both:

1 Any of the following:
1.1 The patient has relapsed (based on increases in serum alkaline phosphatase); or
1.2 The patient's serum alkaline phosphatase has not normalised following previous treatment with zoledronic acid; or
1.3 Symptomatic disease (prescriber determined); and
2 The patient will not be prescribed more than one infusion in the 12-month approval period.

The patient ~~may not have had a~~ **must have had no more than 1** prior approval for Paget's disease within the last 12 months.

Renewal – (Underlying cause was, and remains, glucocorticosteroid therapy) from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria:
Both:

1 The patient is continuing systemic glucocorticosteriod therapy (≥ 5 mg per day prednisone equivalents); and
2 The patient will not be prescribed more than one infusion in the 12-month approval period.

The patient ~~may not have had a~~ **must have had no more than 1** prior approval for underlying cause glucocorticosteroid therapy within the last 12 months.

continued...

Changes to Restrictions - effective 1 March 2012 (continued)

continued...

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

Both:

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

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

The patient must have had no more than 1 prior approval for underlying cause osteoporosis in the last 12 months.

Notes:

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

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

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

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

125 RIZATRIPTAN ~~BENZOATE~~

~~Wafer~~ **Tab orodispersible** 10 mg	18.00	30	✔**Rizamelt**
	25.32	3	✔**Maxalt melt**

continued...

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 February 2012

30 INSULIN GLARGINE

~~Note: Only for patients meeting one of the following criteria:~~
~~a) Type 1 diabetes; or~~
~~b) Other condition related diabetes (e.g. Cystic Fibrosis, diabetes in pregnancy, pancreatectomy patients); or~~
~~c) Type 2 diabetes after there has been unacceptable hypoglycaemic events with a 3 month trial of an insulin regimen; or~~
~~d) Type 2 diabetes who require insulin therapy and who require assistance from a carer or healthcare professional to administer their insulin injections.~~

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

152 BICALUTAMIDE – Special Authority see SA0941 – Retail pharmacy – **brand switch fee payable**

Tab 50 mg	10.00	28	✔**Bicalaccord**

145 BORTEZOMIB – PCT only – Specialist

SA1127 Special Authority for Subsidy

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

Both:

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

Note: Indications marked with * are Unapproved Indications.

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

All of the following:

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

Note: Indications marked with * are Unapproved Indications.

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

Both:

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

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

continued...

Changes to Restrictions - effective 1 February 2012 (continued)

161 INHALED CORTICOSTEROIDS WITH LONG-ACTING BETA-ADRENOCEPTOR AGONISTS

SA1179 ~~0958~~ Special Authority for Subsidy

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

Either:

1 All of the following:

1.1 Patient is a child under the age of 12; and

~~1.2 Both:~~

~~Has, for 3 months of more, been treated with:~~

~~1.2.1 An inhaled long-acting beta adrenoceptor agonist; and~~

~~1.2.2 Inhaled corticosteroids at a dose of at least 400 μg per day beclomethasone or budesonide, or 200 μg per day fluticasone; and~~

1.2 Has been treated with inhaled corticosteroids of at least 400 μg per day beclomethasone or budesonide, or 200 μg per day fluticasone; and

1.3 The prescriber considers that the patient would receive additional clinical benefit from switching to a combination product; or

2 All of the following:

2.1 Patient is over the age of 12; and

~~2.2 Both:~~

~~Has, for 3 months or more, been treated with:~~

~~2.2.1 An inhaled long-acting beta adrenoceptor agonist; and~~

~~2.2.2 Inhaled corticosteroids at a dose of at least 800 μg per day beclomethasone or budesonide, or 500 μg per day fluticasone; and~~

2.2 Has been treated with inhaled corticosteroids of at least 800 μg per day beclomethasone or budesonide, or 500 μg per day fluticasone; and

2.3 The prescriber considers that the patient would receive additional clinical benefit from switching to a combination product.

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

Changes to Restrictions - effective 1 February 2012 (continued)

161 EFORMOTEROL FUMARATE – See prescribing guideline

~~Additional subsidy by endorsement for Oxis Turbuhaler is available for patients where the initial dispensing was before 1 July 2011. Pharmacists may annotate prescriptions for patients who were being prescribed Oxis Turbuhaler prior to 1 July 2011 in which case the prescription is deemed to be endorsed. The pharmacist must be able to show a clear documented dispensing history for the patient. The prescription must been endorsed accordingly.~~

Powder for inhalation, 6 μg per dose, breath activated –

~~Higher subsidy of $16.90 per 60 dose with Endorsement~~ ..... 11.51 (16.90) | 60 dose OP | Oxis Turbuhaler

Powder for inhalation, 12 μg per dose, and monodose device .. 23.02 (35.80) | 60 dose | Foradil

Note: Repeats for eformoterol fumarate will be fully subsidised where the initial dispensing is before 1 February 2012.

162 BUDESONIDE WITH EFORMOTEROL – Special Authority see **SA1179** ~~0958~~ – Retail pharmacy

~~Additional subsidy by endorsement for budesonide with eformoterol powder for inhalation (Symbicort Turbuhaler) is available for patients where the initial dispensing was before 1 July 2011. Pharmacists may annotate prescriptions for patients who were being prescribed budesonide with eformoterol powder for inhalation (Symbicort Turbuhaler) prior to 1 July 2011 in which case the prescription is deemed to be endorsed. The pharmacist must be able to show a clear documented dispensing history for the patient. The prescription must been endorsed accordingly.~~

Aerosol inhaler 100 μg with eformoterol fumarate 6 μg ..... 26.49 | 120 dose OP | ✔ **Vannair**

Powder for inhalation 100 μg with eformoterol fumarate 6 μg –

~~Higher subsidy of $55.00 per 120 dose with Endorsement~~ ..... 55.00 | 120 dose OP | ✔ **Symbicort Turbuhaler 100/6**

Aerosol inhaler 200 μg with eformoterol fumarate 6 μg ..... 31.25 | 120 dose OP | ✔ **Vannair**

Powder for inhalation 200 μg with eformoterol fumarate 6 μg –

~~Higher subsidy of $60.00 per 120 dose with Endorsement~~ ... 60.00 | 120 dose OP | ✔ **Symbicort Turbuhaler 200/6**

Powder for inhalation 400 μg with eformoterol fumarate 12 μg ..... 60.00 | 60 dose OP | ✔ **Symbicort Turbuhaler 400/12**

~~a) Higher subsidy of $60.00 per 60 dose with Endorsement~~

a) ~~b)~~ No more than 2 dose per day

164 SODIUM CHLORIDE

Not funded for use as a nasal drop. ~~Only funded for nebuliser use when in conjunction with an antibiotic intended for nebuliser use.~~

Soln 7% ..... 23.50 | 90 ml OP | ✔ **Biomed**

177 SODIUM BICARBONATE

Powder BP – Only in combination ..... 8.95 | 500 g | ✔ **Midwest**

9.80 (29.50) | David Craig

Only in extemporaneously compounded omeprazole **and lansoprazole** suspension.

Changes to Restrictions - effective 1 January 2012

187 Standard Supplements

SA1104 Special Authority for Subsidy

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

Renewal — (Children) only from a 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 1 year for applications meeting the following criteria:
All of the following:
1 The patient is under 18 years of age; and
2 The treatment remains appropriate and the patient is benefiting from treatment; and
3 A nutrition goal has been set (eg reach a specific weight or BMI).

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

Renewal —(Adults) only from a 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:
Both:
1 A nutrition goal has been set (eg reach a specific weight or BMI); and
2 Any of the following:
Patient is Malnourished
2.1 Patient has a body mass index (BMI) of less than 18.5 kg/m2; or
2.2 Patient has unintentional weight loss greater than 10% within the last 3-6 months; or
2.3 Patient has a BMI of less than 20 kg/m2 and unintentional weight loss greater than 5% within the last 3-6 months.

Initial application — (Adults transitioning from hospital Discretionary Community Supply) only from 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 has had up to a 30 day supply of a 1.0 or a 1.5 kcal/ml Standard Oral Supplement; and
2 A nutrition goal has been set (eg reach a specific weight or BMI); and

continued...

Changes to Restrictions - effective 1 January 2012 (continued)

continued...

3 Any of the following:
Patient is Malnourished
3.1 Patient has a body mass index (BMI) of less than 18.5 kg/m2; or
3.2 Patient has unintentional weight loss greater than 10% within the last 3-6 months; or
3.3 Patient has a BMI of less than 20 kg/m2 and unintentional weight loss greater than 5% within the last 3-6 months.

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

Renewal — (Specific medical condition) 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 1 year for applications meeting the following criteria:
Any of the following:
1 Is being fed via a nasogastric tube; or
2 Malignancy and is considered likely to develop malnutrition as a result; or
3 Has undergone a bone marrow transplant; or
4 Tempomandibular surgery.

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

Renewal —(Chronic disease OR tube feeding for patients who have previously been funded under Special Authority forms SA0702 or SA0583) only from a 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 without further renewal unless notified for applications meeting the following criteria:
Any of the following:
1 Is being fed via a tube or a tube is to be inserted for the purpose of feeding (not nasogastric tube - refer to specific medical condition criteria); or
2 Cystic Fibrosis; or
3 Liver disease; or
4 Chronic Renal failure; or
5 Inflammatory bowel disease; or
6 Chronic obstructive pulmonary disease with hypercapnia; or
7 Short bowel syndrome; or
8 Bowel fistula; or
9 Severe chronic neurological conditions.

Changes to Restrictions - effective 1 January 2012 (continued)

196 EXTENSIVELY HYDROLYSED FORMULA – Special Authority see SA1112 – Hospital pharmacy [HP3]
Powder ..... 15.21 450 g OP ✔ **Pepti Junior Gold**

➽ 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.

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

Any of the following:

1 Both:
- 1.1 Cows milk formula is inappropriate due to severe intolerance or allergy to its protein content; and
- 1.2 Either:
  - 1.2.1 Soy milk formula has been trialled without resolution of symptoms; or
  - 1.2.2 Soy milk formula is considered clinically inappropriate or contraindicated; or

2 Severe malabsorption; or
3 Short bowel syndrome; or
4 Intractable diarrhea; or
5 Biliary atresia; or
6 Cholestatic liver diseases causing malsorption; or
7 Chylous ascite; or
8 Chylothorax; or
9 Cystic fibrosis; or
10 Proven fat malabsorption; or
11 Severe intestinal motility disorders causing significant malabsorption; or
12 Intestinal failure.

Renewal only from a 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 An assessment as to whether the infant can be transitioned to a cows milk protein or soy infant formula has been undertaken; and
2 The outcome of the assessment is that the infant continues to require an extensively hydrolysed infant formula; and
3 General Practitioners must include the name of the dietitian, relevant specialist or vocationally registered general practitioner and date contacted.

Changes to Restrictions - effective 1 January 2012 (continued)

continued...

Renewal —(Step Down from Amino Acid Formula) 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 infant is currently receiving funded amino acid formula; and
2 The infant is to be trialled on, or transitioned to, an extensively hydrolysed formula; and
3 General Practitioners must include the name of the dietitian, relevant specialist or vocationally registered general practitioner and the date contacted.

Changes to Subsidy and Manufacturer's Price

Effective 1 March 2012

28 CLARITHROMYCIN (↓ subsidy)
Tab 500 mg – Subsidy by endorsement 10.95 14
(23.30) Klamycin
a) Maximum of 14 tab per prescription
b) Subsidised only if prescribed for helicobacter pylori eradication and prescription is endorsed accordingly.
Note: the prescription is considered endorsed if clarithromycin is prescribed in conjunction with a proton pump inhibitor and either amoxycillin or metronidazole.

54 GLYCERYL TRINITRATE (↓ subsidy)
❋ Oral pump spray 400 μg per dose – Up to 250 dose available on a PSO ..... 4.45 250 dose OP ✔ **Nitrolingual Pumpspray**

62 POVIDONE IODINE (↑ price)
Antiseptic soln 10% ..... 0.19 15 ml
(4.45) Betadine
1.28 100 ml
(8.25) Betadine
Skin preparation, povidone iodine 10% with 30% alcohol ..... 1.63 100 ml
(3.65) Betadine Skin Prep

79 CEFAZOLIN SODIUM – Subsidy by endorsement (↓ subsidy)
Only if prescribed for dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.
Inj 500 mg 3.99
(5.00) 5 Hospira
Inj 1 g 3.99
(8.00) 5 Hospira

79 CEFUROXIME SODIUM (↓ subsidy)
Only if prescribed for dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.
Inj 750 mg – Maximum of 1 inj per prescription; can be waived by endorsement 6.96
(10.71) 5 Zinacef

115 ORPHENADRINE HYDROCHLORIDE (↑ subsidy)
Tab 50 mg ..... 35.15 250 ✔ **Disipal**

115 TETRABENAZINE (↓ subsidy)
Tab 25 mg ..... 178.00 112 ✔ **Xenazine 25**

148 TEMOZOLOMIDE – Special Authority see SA1063 – Retail pharmacy (↓ subsidy)
Cap 5 mg ..... 16.00 5 ✔ **Temodal**
Cap 20 mg ..... 72.00 5 ✔ **Temodal**
Cap 100 mg ..... 350.00 5 ✔ **Temodal**
Cap 250 mg ..... 820.00 5 ✔ **Temodal**

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 February 2012

39	FERROUS SULPHATE WITH FOLIC ACID (↑ price)			
	✻Tab long-acting 325 mg (105 mg elemental) with folic acid 350 μg	1.80	30	
		(4.29)		Ferrograd-Folic
43	SODIUM CHLORIDE (↓ subsidy)			
	Inj 0.9%, 10 ml – Up to 5 inj available on a PSO	11.50	50	✔**Multichem**
79	CEFACLOR MONOHYDRATE (↓ subsidy)			
	Cap 250 mg	24.57	100	✔**Ranbaxy Cefaclor**
96	IBUPROFEN – Additional subsidy by Special Authority see SA1038 – Retail pharmacy (↓ subsidy)			
	✻Tab 200 mg	12.75	1,000	✔**Ethics Ibuprofen**
	✻Tab 400 mg	0.77	30	
		(4.56)		Brufen
	✻Tab 600 mg	1.15	30	
		(6.84)		Brufen
115	BENZTROPINE MESYLATE (↑ subsidy)			
	Inj 1 mg per ml, 2 ml	95.00	5	✔**Cogentin**
	a) Up to 5 inj available on a PS0			
	b) Only on a PSO			
160	FLUTICASONE (↑ subsidy, ↓ price)			
	Powder for inhalation, 50 μg per dose	7.50	60 dose OP	✔**Flixotide Accuhaler**
160	FLUTICASONE (↓ price)			
	Powder for inhalation, 100 μg per dose	7.50	60 dose OP	✔**Flixotide Accuhaler**
	Powder for inhalation, 250 μg per dose	13.60	60 dose OP	✔**Flixotide Accuhaler**
161	EFORMOTEROL FUMARATE (↓ subsidy)			
	Note: Repeats for eformoterol fumarate will be fully subsidised where the initial dispensing is before 1 February 2012.			
	Powder for inhalation, 6 μg per dose, breath activated	11.51	60 dose OP	
		(16.90)		Oxis Turbuhaler
	Powder for inhalation, 12 μg per dose, and monodose device	23.02	60 dose	
		(35.80)		Foradil
162	BUDESONIDE WITH EFORMOTEROL – Special Authority see SA1179 – Retail pharmacy (↑ subsidy)			
	Powder for inhalation 100 μg with eformoterol fumarate 6 μg	55.00	120 dose OP	✔**Symbicort Turbuhaler 100/6**
	Powder for inhalation 200 μg with eformoterol fumarate 6 μg	60.00	120 dose OP	✔**Symbicort Turbuhaler 200/6**
	Powder for inhalation 400 μg with eformoterol fumarate 12 μg	60.00	60 dose OP	✔**Symbicort Turbuhaler 400/12**
162	BUDESONIDE WITH EFORMOTEROL – Special Authority see SA1179 – Retail pharmacy(↓ subsidy)			
	Aerosol inhaler 100 μg with eformoterol fumarate 6 μg	26.49	120 dose OP	✔**Vannair**
	Aerosol inhaler 200 μg with eformoterol fumarate 6 μg	31.25	120 dose OP	✔**Vannair**

▲ 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 January 2012

40	FOLIC ACID (↑ subsidy)			
	Oral liq 50 μg per ml	24.00	25 ml OP	✔**Biomed**
53	AMILORIDE (↑ subsidy)			
	‡ Oral liq 1 mg per ml	30.00	25 ml OP	✔**Biomed**
53	METHYLDOPA (↑ subsidy)			
	❋ Tab 125 mg	14.25	100	✔**Prodopa**
	❋ Tab 250 mg	15.10	100	✔**Prodopa**
	❋ Tab 500 mg	23.15	100	✔**Prodopa**
53	SPIRONOLACTONE (↑ subsidy)			
	‡ Oral liq 5 mg per ml	30.00	25 ml OP	✔**Biomed**
54	CHLOROTHIAZIDE (↑ subsidy)			
	‡ Oral liq 50 mg per ml	26.00	25 ml OP	✔**Biomed**
72	DEXAMETHASONE (↑ subsidy)			
	Oral liq 1 mg per ml – Retail pharmacy-Specialist	45.00	25 ml OP	✔**Biomed**
	Oral liq prescriptions:			
	1) Must be written by a Paediatrician or Paediatric Cardiologist; or			
	2) On the recommendation of a Paediatrician or Paediatric Cardiologist.			
73	TRIAMCINOLONE ACETONIDE (↑ subsidy)			
	Inj 10 mg per ml, 1 ml	23.00	5	✔**Kenacort-A**
	Inj 40 mg per ml, 1 ml	56.48	5	✔**Kenacort-A40**
80	CLARITHROMYCIN – Maximum of 500 mg per prescription; can be waived by Special Authority see SA1131 (↓ subsidy)			
	Tab 250 mg	4.19	14	
		(7.75)		Klacid
		(7.75)		Klamycin
84	FLUCONAZOLE (↓ subsidy)			
	Cap 50 mg – Retail pharmacy-Specialist	4.77	28	
		(6.82)		Pacific
	Cap 150 mg – Subsidy by endorsement	0.91	1	
		(1.30)		Pacific
	a) Maximum of 1 cap per prescription; can be waived by endorsement - Retail pharmacy - Specialist			
	b) Patient has vaginal candida albicans and the practitioner considers that a topical imidazole (used intra vaginally) is not recommended and the prescription is endorsed accordingly; can be waived by endorsement - Retail pharmacy - Specialist.			
	Cap 200 mg – Retail pharmacy-Specialist	13.34	28	
		(19.05)		Pacific
84	TRIMETHOPRIM (↑ subsidy)			
	❋ Tab 300 mg – Up to 30 tab available on a PSO	8.94	50	✔**TMP**
85	METRONIDAZOLE (↑ subsidy)			
	Tab 200 mg – Up to 30 tab available on a PSO	10.45	100	✔**Trichozole**
	Tab 400 mg	18.15	100	✔**Trichozole**

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 January 2012 (continued)

116	PARACETAMOL (↓ subsidy)			
	✻Tab 500 mg – Up to 30 tab available on a PSO	9.38	1,000	✔**Pharmacare**
118	DOXEPIN HYDROCHLORIDE (↑ subsidy)			
	Cap 10 mg	6.30	100	✔**Anten**
	Cap 25 mg	6.86	100	✔**Anten**
	Cap 50 mg	8.55	100	✔**Anten**
119	NORTRIPTYLINE HYDROCHLORIDE (↑ subsidy)			
	Tab 10 mg	6.69	100	✔**Norpress**
	Tab 25 mg	14.77	180	✔**Norpress**
121	CLONAZEPAM (↑ subsidy)			
	Tab 500 μg	6.68	100	✔**Paxam**
	Tab 2 mg	12.75	100	✔**Paxam**
125	BETAHISTINE DIHYDROCHLORIDE (↑ subsidy)			
	✻Tab 16 mg	10.00	84	✔**Vergo 16**
167	TIMOLOL MALEATE (↓ subsidy)			
	✻Eye drops 0.25%	2.08	5 ml OP	
		(2.37)		Apo-Timop
	✻Eye drops 0.5%	2.08	5 ml OP	
		(2.29)		Apo-Timop
168	BIMATOPROST – Retail pharmacy-Specialist (↓ subsidy) See prescribing guideline			
	▲Eye drops 0.03%	18.50	3 ml OP	✔**Lumigan**
169	HYPROMELLOSE (↑ price)			
	✻Eye drops 0.5%	2.00	15 ml OP	
		(3.92)		Methopt

▲ 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 Section A

Effective 1 March 2012

3 PHARMAC and the Pharmaceutical Schedule

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

11 ~~*Exceptional Circumstances policies*~~

~~The purpose of the Exceptional Circumstances policies are to provide:~~

- ~~funding from within the Pharmaceutical 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 pharmaceuticals for the treatment of cancer in their DHB Hospital, or in association with Outpatient services provided in their DHB hospital, in circumstances where the pharmaceutical is not identified as a Pharmaceutical Cancer Treatment ("Cancer Exceptional Circumstances") in Sections A-H of the Pharmaceutical Schedule.~~

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

~~*Hospital Exceptional Circumstances*~~

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

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

~~a) recommend against the funding of the pharmaceutical for use in the community by a specific patient from a DHB Hospital's own budget, in which case a DHB Hospital must not fund the pharmaceutical from its own budget;~~

~~b) recommend the funding of the pharmaceutical for use in the community by a specific patient from a DHB Hospital's own budget under Hospital Exceptional Circumstances, in which case a DHB Hospital may, but is not obliged to, fund the pharmaceutical from its own budget;~~

~~c) defer its decision until further assessment under the Community Exceptional Circumstances criteria can undertaken; or~~

~~d) recommend interim funding of the pharmaceutical for use in the community by a specific patient from a DHB Hospital's own budget under Hospital Exceptional Circumstances until further assessment under the Community Exceptional Circumstances criteria can be undertaken.~~

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

continued...

Changes to Section A - effective 1 March 2012 (continued)

continued...

~~Applications for Hospital Exceptional Circumstances should be made on the standard application form available from the PHARMAC website www.pharmac.govt.nz or the address below:~~

~~The Coordinator, Hospital Exceptional Circumstances Panel~~ ~~Phone: (04) 916 7521~~
~~PHARMAC, PO Box 10 254~~ ~~or fax (09) 523 6870~~
~~Wellington~~ ~~Email: ecpanel@pharmac.govt.nz~~

12 ~~*Cancer Exceptional Circumstances*~~

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

12 ~~*Community Exceptional Circumstances*~~

~~In order to qualify for Community Exceptional Circumstances approval one of the following criteria must be met:~~
~~a) the condition must be rare; or~~
~~b) the reaction to alternative funded treatment must be unusual; or~~
~~c) an unusual combination of circumstances applies.~~
~~Rare and unusual are considered to be in the order of less than 10 people nationally.~~
~~Where one of the above Community Exceptional Circumstances entry criteria is met, the application may then be further examined under supplementary criteria, assessing suitability of the pharmaceutical, clinical benefit, the cost effectiveness of the treatment, and the patient's ability to pay for the treatment. Where these documented criteria are met, a subsidy sufficient to fully fund the pharmaceutical will be made available to the specific patient on whose behalf the application was made.~~
~~Community Exceptional Circumstances funding is only available where the criteria are met and is not available for financial reasons alone.~~
~~Applications for Community Exceptional Circumstances, Hospital Exceptional Circumstances and Cancer Exceptional Circumstances should be made on the standard application form available from the PHARMAC website www.pharmac.govt.nz or the address below:~~

~~The Coordinator, Hospital Exceptional Circumstances Panel~~ ~~Phone: (04) 916 7521~~
~~PHARMAC, PO Box 10 254~~ ~~or fax (09) 523 6870~~
~~Wellington~~ ~~Email: ecpanel@pharmac.govt.nz~~

12 **Named Patient Pharmaceutical Assessment policy**

The Named Patient Pharmaceutical Assessment (NPPA) Policy is PHARMAC's process for considering applications about named patients seeking funding for treatments not listed on the Schedule, either at all or for the named patient's clinical circumstances.

For PHARMAC to perform its legislative function of maintaining and managing a Schedule that applies consistently throughout New Zealand, the NPPA Policy will, and must, operate in a way that does not undermine the Schedule decision making process. Together, the Schedule process and the NPPA Policy, ensure there is a pathway for consideration of an individual's clinical circumstances. If an individual has a set of clinical circumstances not covered by the NPPA Policy, the Schedule decision making process is available.

It is not the purpose of the NPPA Policy to provide access to every treatment not listed on the Schedule.

There are three main pathways by which named patients can be considered for funding under the NPPA Policy. PHARMAC will exercise its discretion to determine the most appropriate pathway for an application under the NPPA Policy based on the information that is provided.

PHARMAC will assess applications that meet the prerequisites described below according to its Decision Criteria before deciding whether to approve applications for funding. The Decision Criteria will be used to assess both the individual clinical circumstances of each NPPA applicant, and the implications of each NPPA funding decision on PHARMAC's ability to carry out its legislative functions.

For more information on NPPA, or to apply, visit the PHARMAC website at http://www.pharmac.govt.nz/nppa, or call the Panel Coordinators at (04) 9167553 or (04) 9167521.

Changes to Section A - effective 1 March 2012 (continued)

12 ***Unusual Clinical Circumstance (UCC)***

The purpose of the Unusual Clinical Circumstances (UCC) pathway is to provide a process for consideration for funding for named patients whose clinical circumstances are so unusual that PHARMAC is unlikely, for administrative reasons, to consider listing treatments for these circumstances on the Schedule. The prerequisite requirements for UCC consideration are:

- **The patient has reasonably tried and failed all alternative funded treatments (or alternative treatments have been contraindicated, or there are no other treatments available), or the patient has experienced such serious side effects with all other relevant funded treatments that treatment has been ceased or cannot reasonably be continued; and**
- **The patient is experiencing an indication or set of clinical circumstances that are so unusual that PHARMAC is unlikely to consider listing treatments for these on the Schedule; and**
- **Generally, PHARMAC has not already considered/is not considering, through the Schedule decision making process, the treatment for the patient's clinical circumstances, or has not considered the treatment at all.**

12 ***Urgent Assessment (UA)***

The purpose of the Urgent Assessment (UA) pathway is to provide a process for PHARMAC to consider funding treatments for named patients where PHARMAC is also considering or is likely to consider the treatment for Schedule listing, but the patient's clinical circumstances justify urgent assessment, prior to a decision on Schedule listing. The prerequisite requirements for UA are:

- **The patient has reasonably tried and failed all alternative funded treatments (or alternative treatments have been contraindicated, or there are no other treatments available), or the patient has experienced such serious side effects with all other relevant funded treatments that treatment has been ceased or cannot reasonably be continued; and**
- **The patient is experiencing an indication or set of clinical circumstances that may be experienced by a population group (either currently or over time); and**
- **The patient has serious clinical circumstances and not receiving the treatment within six to 12 months would lead to either a significant deterioration in a serious clinical condition or the patient would miss the opportunity for significant improvement in clinical outcome (length or quality of life); and**
- **The treatment has either not been prioritised by PHARMAC, or if it has, PHARMAC has funded the treatment under the NPPA Policy for the same clinical circumstances prior to prioritisation.**
- **PHARMAC has not declined to list, on the Schedule, this treatment for these clinical circumstances.**

12 ***Hospital Pharmaceuticals in the Community (HPC)***

The purpose of the Hospital Pharmaceuticals in the Community (HPC) pathway is to allow District Health Board hospitals to fund a medicine for a patient in the community if it would be more affordable for the DHB than paying for the treatment that would otherwise need to be provided. PHARMAC's approval is required for any such funding, given DHBs' legislative obligation to act consistently with the Schedule. The prerequisite requirements for HPC are:

- **The patient has reasonably tried and failed all alternative cheaper funded treatments (or these alternative treatments have been contraindicated) or the patient has experienced such serious side effects with all other cheaper relevant funded treatments that treatment has been ceased or cannot reasonably be continued; and**
- **The application is for a DHB hospital to fund a treatment for use in the community for a patient under the care of a DHB hospital clinician (in-patient or out-patient); and**
- **The treatment is not being used to treat a cancer; and**
- **The treatment costs less for the DHB than the most likely alternative intervention or outcome; and**
- **The treatment is being sought for a short-term episode of care (usually a maximum of three months) and is not generally for the treatment of a chronic condition.**

Changes to General Rules

Effective 1 March 2012

14 ~~"Cancer Exceptional Circumstances" means the policies and criteria administered by PHARMAC relating to the ability to fund, pharmaceuticals for the treatment of cancer that are not identified as Pharmaceutical Cancer Treatments in Sections A-H of the Pharmaceutical Schedule. "~~

15 ~~"Community Exceptional Circumstances" means the policies and criteria administered by the Exceptional Circumstances Panel relating to funding from the Community Exceptional Circumstances budget for medication, to be used in the community, in circumstances where the provision of a funded community medication is appropriate, but funding from the Pharmaceutical Budget is not able to be provided through the Pharmaceutical Schedule.~~

16 ~~"Exceptional Circumstances~~ **Named Patient Pharmaceutical Assessment Advisory** Panel" – means the panel of clinicians, appointed by the PHARMAC Board, that is responsible for ~~administering~~ **advising, within its Terms of Reference, on** ~~the policy in relation to Community Exceptional Circumstances and Hospital Exceptional Circumstances~~ **Named Patient Pharmaceutical Assessment applications and Exceptional Circumstances renewal applications submitted after 1 March 2012 (EC renewal application form located at** http://www.pharmac.govt.nz/healthpros/EC/ECForms).

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

16 **"Hospital Pharmaceuticals in the Community (HPC)" – means the pathway under the Named Patient Pharmaceutical Assessment policy to allow District Health Board hospitals to fund a medicine for a patient in the community if this is more affordable for the DHB than paying for the treatment that would otherwise need to be provided.**

19 **"Unusual Clinical Circumstances (UCC)" – means the pathway under the Named Patient Pharmaceutical Assessment policy for funding consideration for named patients whose clinical circumstances are so unusual that PHARMAC is unlikely, for administrative reasons, to consider listing treatments for these circumstances on the Schedule.**

19 **"Urgent Assessment (UA)" – means the pathway under the Named Patient Pharmaceutical Assessment policy for funding consideration for treatments for named patients where PHARMAC is also considering or is likely to consider the treatment for Schedule listing, but the patient's clinical circumstances justify urgent assessment, prior to a decision on Schedule listing.**

23 4.4 **Pharmaceutical Cancer Treatments**

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

~~a) has Cancer Exceptional Circumstances approval; or~~

a) ~~b)~~ has **Named Patient Pharmaceutical Assessment (NPPA)** ~~Community Exceptional Circumstances or Hospital Exceptional Circumstances~~ approval; or

b) ~~c)~~ is being used as part of a bona fide clinical trial which has Ethics Committee approval; or

c) ~~d)~~ is being used and funded as part of a paediatric oncology service; or

d) ~~e)~~ was being used to treat the patient in question prior to 1 July 2005.

Changes to Sole Subsidised Supply

Effective 1 March 2012

For the list of new Sole Subsidised Supply products effective 1 March 2012 refer to the bold entries in the cumulative Sole Subsidised Supply table pages 9-19.

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

Delisted Items

Effective 1 March 2012

45	PRAVASTATIN			
	See prescribing guideline			
	Tab 10 mg	27.46	30	✔Pravachol
49	LOSARTAN			
	✻ Tab 12.5 mg	0.96	30	
		(10.45)		Cozaar
	✻ Tab 25 mg	1.07	30	
		(10.45)		Cozaar
	✻ Tab 50 mg	1.74	30	
		(8.70)		Cozaar
	Tab 50 mg with hydrochlorothiazide 12.5 mg	4.89	30	
		(10.45)		Hyzaar
	✻ Tab 100 mg	2.89	30	
		(10.45)		Cozaar
76	LEVOTHYROXINE			
	✻ Tab 100 μg	46.75	1,000	✔Synthroid
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
82	CIPROFLOXACIN			
	Tab 250 mg – Up to 5 tab available on a PSO	2.36	30	
		(3.35)		Rex Medical
	Tab 500 mg – Up to 5 tab available on a PSO	3.21	30	
		(4.90)		Rex Medical
	Tab 750 mg – Retail pharmacy-Specialist	5.52	30	
		(7.54)		Rex Medical
97	MEFENAMIC ACID – Additional subsidy by Special Authority see SA1038 above – Retail pharmacy			
	✻ Cap 250 mg	2.50	100	
		(18.33)		Ponstan
113	ALLOPURINOL			
	✻ Tab 100 mg	3.98	250	
		(5.44)		Apo-Allopurinol
	✻ Tab 300 mg – For allopurinol oral liquid formulation refer, page 172	4.03	100	✔Apo-Allopurinol S29
		20.15	500	✔Apo-Allopurinol S29
		3.35	100	
		(4.03)		Apo-Allopurinol
114	SELEGILINE HYDROCHLORIDE			
	✻ Tab 5 mg	16.06	100	✔Apo-Selegiline S29
116	PARACETAMOL			
	✻‡ Oral liq 120 mg per 5 ml	4.42	1,000 ml	✔Paracare Junior
	a) Up to 200 ml available on a PSO			
	b) Not in combination			

▲ 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 March 2012 (continued)

134	MIDAZOLAM			
	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)	9.50	400 g OP	✔Ensure
	Powder (strawberry)	4.22	400 g OP	✔Ensure
	Powder (vanilla)	9.50	400 g OP	✔Ensure
190	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

Effective 1 February 2012

45	PRAVASTATIN			
	See prescribing guideline			
	Tab 20 mg	5.44	30	
		(42.58)		Pravachol
	Tab 40 mg	9.28	30	
		(65.31)		Pravachol
70	FINASTERIDE – Special Authority see SA0928 – Retail pharmacy			
	Tab 5 mg	5.10	30	✔Fintral
85	TERBINAFINE			
	Tab 250 mg	12.75	100	
		(25.50)		Apo-Terbinafine
118	PARACETAMOL WITH CODEINE			
	❋ Tab paracetamol 500 mg with codeine phosphate 8 mg	2.45	100	✔ParaCode
144	DAUNORUBICIN – PCT only – Specialist			
	Inj 5 mg per ml, 4 ml	99.00	1	✔Mayne
152	BICALUTAMIDE – Special Authority see SA0941 – Retail pharmacy			
	Tab 50 mg	10.71	30	✔Bicalox
165	SPACER DEVICE			
	a) Up to 20 dev available on a PSO			
	b) Only on a PSO			
	230 ml (single patient)	4.72	1	✔Space Chamber

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

Delisted Items - 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
39	CHARCOAL			
	✻ Tab 300 mg	7.13	100	
		(9.77)		Red Seal
74	OESTRADIOL			
	✻ TDDS 25 μg per day	3.01	8	
		(10.86)		Estraderm TTS 25
	a) Higher subsidy of $10.86 per 8 patch with Special Authority see SA1018			
	b) No more than 2 patch per week			
	c) Only on a prescription			
	✻ TDDS 50 μg per day	4.12	8	
		(13.18)		Estraderm TTS 50
	a) Higher subsidy of $13.18 per 8 patch with Special Authority see SA1018			
	b) No more than 2 patch per week			
	c) Only on a prescription			
	✻ TDDS 100 μg per day	7.05	8	
		(16.14)		Estraderm TTS 100
	a) Higher subsidy of $16.14 per 8 patch with Special Authority see SA1018			
	b) No more than 2 patch per week			
	c) Only on a prescription			
83	CLINDAMYCIN			
	Inj phosphate 150 mg per ml, 4 ml – Retail pharmacy-Specialist	16.00	1	✔ Dalacin C
	Note – Dalacin C inj phosphate 150 mg per ml, 4 ml, 10 injection pack remains listed.			
92	DARUNAVIR – Special Authority see SA1025 – Retail pharmacy			
	Tab 300 mg	1,190.00	120	✔ Prezista

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

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

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

Items to be Delisted

Effective 1 April 2012

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

Tab 250 mg	4.19	14	
	(7.75)		Klacid Klamycin

84 FLUCONAZOLE

Cap 50 mg – Retail pharmacy-Specialist	4.77	28	
	(6.82)		Pacific
Cap 150 mg – Subsidy by endorsement	0.91	1	
	(1.30)		Pacific

a Maximum of 1 cap per prescription; can be waived by endorsement - Retail pharmacy - Specialist

b) Patient has vaginal candida albicans and the practitioner considers that a topical imidazole (used intravaginally) is not recommended and the prescription is endorsed accordingly; can be waived by endorsement - Retail pharmacy - Specialist.

Cap 200 mg – Retail pharmacy-Specialist	13.34	28	
	(19.05)		Pacific

116 PARACETAMOL

❋ Tab 500 mg – Up to 30 tab available on a PSO	9.38	1,000	✔ **Pharmacare**

167 TIMOLOL MALEATE

❋ Eye drops 0.25%	2.08	5 ml OP	
	(2.37)		Apo-Timop
❋ Eye drops 0.5%	2.08	5 ml OP	
	(2.29)		Apo-Timop

Effective 1 May 2012

96 IBUPROFEN – Additional subsidy by Special Authority see SA 1038 – Retail pharmacy

❋ Tab 200 mg	12.75	1,000	✔ **Ethics Ibuprofen**

38 CALCIUM CARBONATE

❋ Tab 1.25 g (500 mg elemental)	6.38	250	✔ **Calci-Tab 500**
❋ Tab 1.5 g (600 mg elemental)	7.66	250	✔ **Calci-Tab 600**

171 PHARMACY SERVICES – May only be claimed once per patient

❋ Brand switch fee	0.01	1 fee	✔ **BSF Bicalaccord**

The Pharmacode for BSF Bicalaccord is 2397137

Effective 1 June 2012

28 CLARITHROMYCIN

Tab 500 mg – Subsidy by endorsement	10.95	14	
	(23.30)		Klamycin

a) Maximum of 14 tab per prescription

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

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

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 June 2012 (continued)

54	GLYCERYL TRINITRATE			
	✻ Oral pump spray 400 μg per dose – Up to 250 dose available on a PSO	4.45	250 dose OP	✔ **Nitrolingual Pumpspray**
79	CEFUROXIME SODIUM			
	Inj 750 mg – Maximum of 1 inj per prescription; can be waived by endorsement	6.96	5	
		(10.71)		Zinacef
79	CEFAZOLIN SODIUM – Subsidy by endorsement			
	Only if prescribed for dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.			
	Inj 500 mg	3.99	5	
		(5.00)		Hospira
	Inj 1 g	3.99	5	
		(8.00)		Hospira
113	QUININE SULPHATE			
	✻ Tab 200 mg	15.95	250	
		(17.20)		Q 200
148	TEMOZOLOMIDE – Special Authority see SA1063 below – Retail pharmacy			
	Cap 5 mg	16.00	5	✔ **Temodal**
	Cap 20 mg	72.00	5	✔ **Temodal**
	Cap 100 mg	350.00	5	✔ **Temodal**
	Cap 250 mg	820.00	5	✔ **Temodal**
171	PHARMACY SERVICES – May only be claimed once per patient			
	✻ Brand switch fee	0.01	1 fee	✔ **BSF Lostaar**
	The Pharmacode for BSF Lostaar is 2397145			
	✻ Brand switch fee	0.01	1 fee	✔ **BSF Arrow-Losartan & Hydrochlorothiazide**
	The Pharmacode for BSF Arrow-Losartan is 2397153			

Effective 1 July 2012

50	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**
	Note – Lanoxin PG tab 62.5 μg, 240 tab pack, and Lanoxin tab 250 μg 240 tab pack, remain subsidised.			
98	SULINDAC – Additional subsidy by Special Authority see SA1038 – Retail pharmacy			
	✻ Tab 100 mg	5.32	100	
		(17.10)		Daclin
	✻ Tab 200 mg	6.72	100	
		(30.20)		Daclin

Effective 1 September 2012

34	MUCILAGINOUS LAXATIVES – Only on a prescription			
	✻ Sugar Free	3.31	275 g OP	
		(10.60)		Mucilax

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

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

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

Items to be Delisted - effective 1 September 2012 (continued)

177 PROPYLENE GLYCOL
Only in extemporaneously compounded methyl hydroxybenzoate 10% solution.
Liq ..... 12.00 500 ml ✔**ABM**

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

Section H changes to Part II

Effective 1 March 2012

25 CLINDAMYCIN (new listing and amended presentation description)
Cap **hydrochloride** 150 mg – **1% DV May-12 to 2013** ..... 9.90 — 16 — **Clindamycin ABM**
Note – Dalacin C cap hydrochloride 150 mg to be delisted 1 May 2012

16 ADRENALINE
Inj 1 in 10,000, 10 ml ..... 49.00 — 10 — Aspen Adrenaline

18 AMOXYCILLIN CLAVULANATE
Tab amoxycillin 500 mg with potassium clavulanate 125 mg ..... 12.55 — 100 — Curam Duo

35 GEMCITABINE HYDROCHLORIDE (new listing)
Inj 1 g ..... 62.50 — 1 — ✔**Gemcitabine Actavis** S29
Inj 200 mg ..... 12.50 — 1 — ✔**Gemcitabine Actavis** S29

49 OCTREOTIDE (SOMATOSTATIN ANALOGUE)
Inj 50 μg per ml, 1 ml – **1% DV May-12 to 2014** ..... 19.24 — 5 — **Octreotide MaxRx**
Inj 100 μg per ml, 1 ml – **1% DV May-12 to 2014** ..... 36.38 — 5 — **Octreotide MaxRx**
Inj 500 μg per ml, 1 ml – **1% DV May-12 to 2014** ..... 131.25 — 5 — **Octreotide MaxRx**
Note – Hospira inj 50 μg per ml, 100 μg per ml and 500 μg per ml, 1 ml to be delisted 1 May 2012

57 RIZATRIPTAN ~~BENZOATE~~ (new listing and amended presentation description)
~~Wafer~~ **Tab orodispersible** 10 mg – **1% DV May-12 to 2014** .... 18.00 — 30 — **Rizamelt**
Note – Maxalt Melt wafer 10 mg to be delisted 1 May 2012

63 URSODEOXYCHOLIC ACID
Cap 250 mg – **1% DV May-12 to 2014** ..... 71.50 — 100 — **Ursosan**
Note – Actigall cap 300 mg to be delisted 1 May 2012

Effective 1 February 2012

20 BENZTROPINE MESYLATE
Inj 1 mg per ml, 2 ml ..... 95.00 — 5 — Cogentin

23 CEFUROXIME SODIUM
Inj 1.5 g – **1% DV Apr-12 to 2014** ..... 2.65 — 1 — **Mylan**
Note - Zinacef inj 1.5 g to be delisted 1 April 2012.

44 MEROPENEM (↓ price)
Inj 500 mg ..... 105.00 — 10 — Merrem
Inj 1 g ..... 210.00 — 10 — Merrem
Note – Merrem inj 500 mg and 1 g to be delisted 1 March 2012.

49 NORTRIPTYLINE HYDROCHLORIDE (amend pack size)
Tab 25 mg ..... 14.77 — 180 — Norpress

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

Section H changes Part II - effective 1 February 2012 (continued)

55 QUININE SULPHATE
~~Tab 200 mg~~ ..... ~~17.20~~ ~~250~~ ~~Q 200~~
Note – Q 200 to be delisted 1 February 2012

62 TOLBUTAMIDE
~~Tab 500 mg~~ ..... ~~12.00~~ ~~100~~ ~~Diatol~~
Note – Diatol tab 500 mg to be delisted 1 February 2012

65 ZINC AND CASTOR OIL (↑ price)
Ointment – **1% DV Apr-12 to 2014** ..... 1.63 20 g **Orion**

Effective 1 January 2012

17 AMILORIDE (↑ price)
Oral liq 1 mg per ml ..... 30.00 25 ml Biomed

19 ATORVASTATIN
Tab 10 mg ..... 2.90 30 Dr Reddy's Atorvastatin
Tab 20 mg ..... 4.36 30 Dr Reddy's Atorvastatin
Tab 40 mg ..... 6.51 30 Dr Reddy's Atorvastatin
Tab 80 mg ..... 9.67 30 Dr Reddy's Atorvastatin

20 BETAHISTINE DIHYDROCHLORIDE (↑ price)
Tab 16 mg ..... 10.00 84 Vergo 16

23 CEFACLOR MONOHYDRATE (removal of HSS)
Cap 250 mg ~~– 1% DV Mar-12 to 2013~~ ..... 24.57 100 Cefaclor Sandoz

23 CEFAZOLIN SODIUM
Inj 500 mg – **1% DV Mar-12 to 2014** ..... 3.99 5 **AFT**
Inj 1 g – **1% DV Mar-12 to 2014** ..... 3.99 5 **AFT**
Note – Hospira cefazolin sodium inj 500 mg and 1 g to be delisted 1 March 2012.

23 CEFUROXIME SODIUM
Inj 750 mg – **1% DV Mar-12 to 2014** ..... 6.96 5 **m-Cefuroxime**
Note – Zinacef inj 750 mg to be delisted 1 March 2012.

24 CHLORHEXIDINE IN ALCOHOL
Soln 2% with 70% alcohol, 500 ml (tinted red) ..... 114.72 12 healthE

24 CHLOROTHIAZIDE (↑ price)
Oral liq 50 mg per ml ..... 26.00 25 ml Biomed

25 CLARITHROMYCIN (HSS delayed)
Tab 500mg – 1% DV **Apr-12** ~~Jan-12~~ to 2014 ..... 10.95 14 **Apo-Clarithromycin**

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

Section H changes Part II - effective 1 January 2012 (continued)

25	CLONAZEPAM (↑ price)			
	Tab 500 μg	6.68	100	Paxam
	Tab 2 mg	12.75	100	Paxam
28	DEXAMETHASONE (↑ price)			
	Oral liq 1 mg per ml	45.00	25 ml	Biomed
30	EFAVIRENZ			
	Tab 50 mg	158.33	30	Stocrin
	Tab 200 mg	474.99	90	Stocrin
	Tab 600 mg	474.99	30	Stocrin
34	FOLIC ACID (↑ price)			
	Oral liq 50 μg per ml	24.00	25 ml	Biomed
36	GLYCERYL TRINITRATE			
	Aerosol spray 400 μg per dose – **1% DV Mar-12 to 2014**	4.45	250 dose	**Glytrin**
	Note – Nitrolingual Pumpspray aerosol spray 400 μg per dose to be delisted 1 March 2012.			
38	HYPROMELLOSE (↑ price)			
	Eye drops 0.5%	3.92	15 ml	Methopt
38	IMIPENEM WITH CILASTATIN (↓ price)			
	Inj 500 mg with cilastatin 500 mg	18.37	1	Primaxin
44	MEROPENEM			
	Inj 500 mg – **1% DV Mar-12 to 2014**	10.50	1	**Penembact**
	Inj 1 g – **1% DV Mar-12 to 2014**	21.00	1	**Penembact**
	Note – Merrem inj 500 mg and 1 g to be delisted 1 March 2012.			
45	METHYLDOPA (↑ price)			
	Tab 125 mg	14.25	100	Prodopa
	Tab 250 mg	15.10	100	Prodopa
	Tab 500 mg	23.15	100	Prodopa
46	METRONIDAZOLE (↑ price)			
	Tab 200 mg	10.45	100	Trichozole
	Tab 400 mg	18.15	100	Trichozole
49	NORTRIPTYLINE HYDROCHLORIDE (↑ price)			
	Tab 10 mg	6.69	100	Norpress
	Tab 25 mg	14.77	250	Norpress
59	SODIUM CHLORIDE (↓ price)			
	Inj 0.9%, 10 ml	11.50	50	Multichem
60	SPIRONOLACTONE (↑ price)			
	Oral liq 5 mg per ml	30.00	25 ml	Biomed

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

Section H changes Part II - effective 1 January 2012 (continued)

61	TEMOZOLOMIDE			
	Cap 5 mg – **1% DV Mar-12 to 2014**	16.00	5	**Temaccord**
	Cap 20 mg – **1% DV Mar-12 to 2014**	72.00	5	**Temaccord**
	Cap 100 mg – **1% DV Mar-12 to 2014**	350.00	5	**Temaccord**
	Cap 250 mg – **1% DV Mar-12 to 2014**	820.00	5	**Temaccord**
	Note – Temodal cap 5 mg, 20 mg, 100 mg and 250 mg to be delisted 1 March 2012.			
63	TRIAMCINOLONE ACETONIDE (↑ price)			
	Inj 10 mg per ml, 1 ml	23.00	5	Kenacort-A
	Inj 40 mg per ml, 1 ml	56.48	5	Kenacort-A40
63	TRIAMCINOLONE ACETONIDE			
	~~Inj 10 mg per ml, 5 ml~~	~~10.31~~	~~1~~	~~Kenacort-A~~
	~~Inj 40 mg per ml, 5 ml~~	~~23.44~~	~~1~~	~~Kenacort-A40~~
	Note – Kenacort-A inj 10 mg per ml, 5 ml and Kenacort-A40 inj 40 mg per ml, 5 ml delisted 1 January 2012.			
63	TRIMETHOPRIM (↑ price)			
	Tab 300 mg	8.94	50	TMP

Effective 14 December 2011

35	GEMCITABINE HYDROCHLORIDE			
	Inj 1 g	62.50	1	DBL Gemcitabine

Effective 21 December 2011

146	DOXORUBICIN – PCT only – Specialist			
	Inj 200 mg	150.00	1	**Adriamycin**

Effective 1 December 2011

17	AMLODIPINE			
	Tab 2.5 mg – **1% DV Mar-12 to 2014**	2.45	100	**Apo-Amlodipine**
20	BETAMETHASONE DIPROPRIONATE WITH CALCIPOTRIOL			
	Oint 500 μg with calcipotriol 50 μg	26.12	30 g	Daivobet
	Topical gel 500 μg with calcipotriol 50 μg	26.12	30 g	Daivobet
21	CALCIPOTRIOL (↓ price)			
	Crm 50 μg per g	16.00	30 g	Daivonex
		45.00	100 g	Daivonex
	Oint 50 μg per g	45.00	100 g	Daivonex
	Soln 50 μg per ml	16.00	30 ml	Daivonex
22	CALCIUM CARBONATE			
	Tab 1.25 g (500 mg elemental) – **1% DV Feb-12 to 2014**	6.38	250	**Arrow-Calcium**
23	CEFACLOR MONOHYDRATE (Addition of HSS)			
	Cap 250 mg – **1% DV Mar-12 to 2013**	24.57	100	**Cefaclor Sandoz**

Section H page ref		Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
Section H changes Part II - effective 1 December 2011 (continued)				
27	DANTROLENE SODIUM HEMIHEPTAHYDRATE			
	Inj 20 mg	800.00	6	Dantrium IV
34	FUSIDIC ACID (↓ price)			
	Eye drops 1%	4.50	5 g	Fucithalmic
36	GLYCERIN WITH SODIUM SACCHARIN (↓ price)			
	Suspension	36.80	473 ml	Ora-Sweet SF
36	GLYCERIN WITH SUCROSE (↓ price)			
	Suspension	36.80	473 ml	Ora-Sweet
42	MASK FOR SPACER DEVICE			
	Size 2	2.99	1	EZ-fit Paediatric Mask
45	METHYLCELLULOSE (↓ price)			
	Suspension	36.80	473 ml	Ora-Plus
45	METHYLCELLULOSE WITH GLYCERIN AND SODIUM SACCHARIN (↓ price)			
	Suspension	36.80	473 ml	Ora-Blend SF
45	METHYLCELLULOSE WITH GLYCERIN AND SUCROSE (↓ price)			
	Suspension	36.80	473 ml	Ora-Blend
46	METHYLPREDNISOLONE SODIUM SUCCINATE			
	Inj 40 mg per ml, 1 ml – **1% DV Dec-09 to 2012**	6.06	1	**Solu-Medrol**
	Inj 62.5 mg per ml, 2 ml – **1% DV Dec-09 to 2012**	16.50	1	**Solu-Medrol**
46	METOPROLOL TARTRATE			
	Inj 1 mg per ml, 5 ml	24.00	5	Lopresor
50	PACLITAXEL			
	Inj 100 mg	91.67	1	Paclitaxel Actavis
	Inj 150 mg	137.50	1	Paclitaxel Actavis
	Inj 300 mg	275.00	1	Paclitaxel Actavis
	Note – HSS still remains on Paclitaxel Ebewe			
51	PEAK FLOW METER			
	Low Range	11.44	1	Breath-Alert
	Normal Range	11.44	1	Breath-Alert
55	QUININE SULPHATE			
	Tab 200 mg	17.20	250	Q 200
	Note – Q 200 tab 200 mg to be delisted 1 February 2012.			
56	REMIFENTANIL HYDROCHLORIDE (delayed HSS and delisting)			
	Inj 1 mg vial – **1% DV Feb ~~Jan~~-12 to 2014**	27.95	5	**Remifentanil-AFT**
		50.75		Ultiva
	Inj 2 mg vial – **1% DV Feb ~~Jan~~ -12 to 2014**	41.80	5	**Remifentanil-AFT**
		101.50		Ultiva
	Note – HSS for Remifentanil-AFT delayed from January 2012 until February 2012. The delisting of Ultiva inj 1 mg and 2 mg has also been delayed until 1 February 2012.			

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 December 2011 (continued)

60	SPACER DEVICE			
	230 ml (single patient)	4.72	1	Space Chamber Plus
62	TESTOSTERONE CYPIONATE (↑ price)			
	Inj long-acting 100 mg per ml, 10 ml			
	– **1% DV Feb-12 to 2014**	76.50	1	**Depo-Testosterone**

Section H changes to General Rules

Effective 1 March 2012

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

8 **Named Patient Pharmaceutical Assessment policy**

The Named Patient Pharmaceutical Assessment (NPPA) Policy is PHARMAC's process for considering of applications about named patients seeking funding for treatments not listed on the Schedule, either at all or for the named patient's clinical circumstances.

For PHARMAC to perform its legislative function of maintening and managing a Schedule that applies consistently throughout New Zealand, the NPPA Policy will, and must, operate in a way that does not undermine the Schedule decision making process. Together, the Schedule process and the NPPA Policy, ensure there is a pathway for consideration of an individual's clinical circumstances. If an individual has a set of clinical circumstances not covered by the NPPA Policy, the Schedule decision making process is available.

It is not the purpose of the NPPA Policy to provide access to every treatment not listed on the Schedule.

There are three main pathways by which named patients can be considered for funding under the NPPA Policy. PHARMAC will exercise its discretion to determine the most appropriate pathway for an application under the NPPA Policy based on the information that is provided.

PHARMAC will assess applications that meet the prerequisites described below according to its Decision Criteria before deciding whether to approve applications for funding. The Decision Criteria will be used to assess both the individual clinical circumstances of each NPPA applicant, and the implications of each NPPA funding decision on PHARMAC's ability to carry out its legislative functions.

For more information on NPPA, or to apply, visit the PHARMAC website at http://www.pharmac.govt.nz/nppa, or call the Panel Coordinators at (04) 9167553 or (04) 9167521.

8 ***Unusual Clinical Circumstance (UCC)***
The purpose of the Unusual Clinical Circumstances (UCC) pathway is to provide a process for consideration for funding for named patients whose clinical circumstances are so unusual that PHARMAC is unlikely, for administrative reasons, to consider listing treatments for these circumstances on the Schedule. The prerequisite requirements for UCC consideration are:

- **The patient has reasonably tried and failed all alternative funded treatments (or alternative treatments have been contraindicated, or there are no other treatments available), or has experienced such serious side effects with all other relevant funded treatments that treatment has been ceased or cannot reasonably be continued; and**
- **The patient is experiencing an indication or set of clinical circumstances that are so unusual that PHARMAC is unlikely to consider listing treatments for these on the Schedule; and**
- **Generally, PHARMAC has not already considered/is not considering, through the Schedule decision making process, the treatment for the patient's clinical circumstances, or has not considered the treatment at all.**

Section H changes to General Rules - effective 1 March 2012 (continued)

8 ***Urgent Assessment (UA)***

The purpose of the Urgent Assessment (UA) pathway is to provide a process for PHARMAC to consider funding treatments for named patients where PHARMAC is also considering or is likely to consider the treatment for Schedule listing, but the patient's clinical circumstances justify urgent assessment, prior to a decision on Schedule listing. The prerequisite requirements for UA are:

- **The patient has reasonably tried and failed all alternative funded treatments (or alternative treatments have been contraindicated, or there are no other treatments available), or has experienced such serious side effects with all other relevant funded treatments that treatment has been ceased or cannot reasonably be continued; and**
- **The patient is experiencing an indication or set of clinical circumstances that may be experienced by a population group (either currently or over time); and**
- **The patient has serious clinical circumstances and not receiving the treatment within six to 12 months would lead to either a significant deterioration in a serious clinical condition or the patient would miss the opportunity for significant improvement in clinical outcome (length or quality of life); and**
- **The treatment has either not been prioritised by PHARMAC, or if it has, PHARMAC has funded the treatment under the NPPA Policy for the same clinical circumstances prior to prioritisation.**
- **PHARMAC has not declined to list, on the Schedule, this treatment for these clinical circumstances.**

8 ***Hospital Pharmaceuticals in the Community (HPC)***

The purpose of the Hospital Pharmaceuticals in the Community (HPC) pathway is to allow District Health Board hospitals to fund a medicine for a patient in the community if this is more affordable for the DHB than paying for the treatment that would otherwise need to be provided. PHARMAC's approval is required for any such funding, given DHBs' legislative obligation to act consistently with the Schedule. The prerequisite requirements for HPC are:

- **The patient has reasonably tried and failed all alternative cheaper funded treatments (or these alternative treatments have been contraindicated) or has experienced such serious side effects with all other cheaper relevant funded treatments that treatment has been ceased or cannot reasonably be continued; and**
- **The application is for a DHB hospital to fund a treatment for use in the community for a patient under the care of a DHB hospital clinician (in-patient or out-patient); and**
- **The treatment is not being used to treat a cancer; and**
- **The treatment costs less for the DHB than the most likely alternative intervention or outcome; and**
- **The treatment is being sought for a short-term episode of care (usually a maximum of three months) and is not generally for the treatment of a chronic condition.**

8 ~~Exceptional Circumstances policies~~

~~The purpose of the Exceptional Circumstances policies are to provide:~~

- ~~funding from within the Pharmaceutical 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 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 pharmaceuticals for the treatment of cancer in their DHB Hospital, or in association with Outpatient services provided in their DHB Hospital, in circumstances where the pharmaceutical is not identified as a Pharmaceutical Cancer Treatment ("Cancer Exceptional Circumstances") in Sections A-H of the Pharmaceutical Schedule.~~

continued...

Section H changes to General Rules - effective 1 March 2012 (continued)

continued...

~~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.~~

8 ~~Hospital Exceptional Circumstances (HEC)~~

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

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

~~a) recommend against the funding of the pharmaceutical for use in the community by a specific patient from a DHB Hospital's own budget, in which case a DHB Hospital must not fund the pharmaceutical from its own budget;~~

~~b) recommend the funding of the pharmaceutical for use in the community by a specific patient from a DHB Hospital's own budget under Hospital Exceptional Circumstances, in which case a DHB Hospital may, but is not obliged to, fund the pharmaceutical from its own budget;~~

~~c) defer its decision until further assessment under the Community Exceptional Circumstances criteria can undertaken; or~~

~~d) recommend interim funding of the pharmaceutical for use in the community by a specific patient from a DHB Hospital's own budget under Hospital Exceptional Circumstances until further assessment under the Community Exceptional Circumstances criteria can be undertaken.~~

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

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

9 ~~Community Exceptional Circumstances (CEC)~~

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

~~a) the condition must be rare; or~~

~~b) the reaction to alternative funded treatment must be unusual; or~~

~~c) an unusual combination of circumstances applies.~~

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

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

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

Section H changes to General Rules - effective 1 March 2012 (continued)

9 ~~Cancer Exceptional Circumstances (CaEC)~~

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

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

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

~~The Coordinator, Exceptional Circumstances Panel~~ ~~Phone~~ ~~(04) 916 7553 CEC~~
~~PHARMAC~~ ~~(04) 916 7521 HEC~~
~~PO Box 10 254~~ ~~(04) 916 7553 CaEC~~
~~Wellington 6143~~ ~~or fax~~ ~~(09) 523 6870~~
~~Email: ecpanel@pharmac.govt.nz~~

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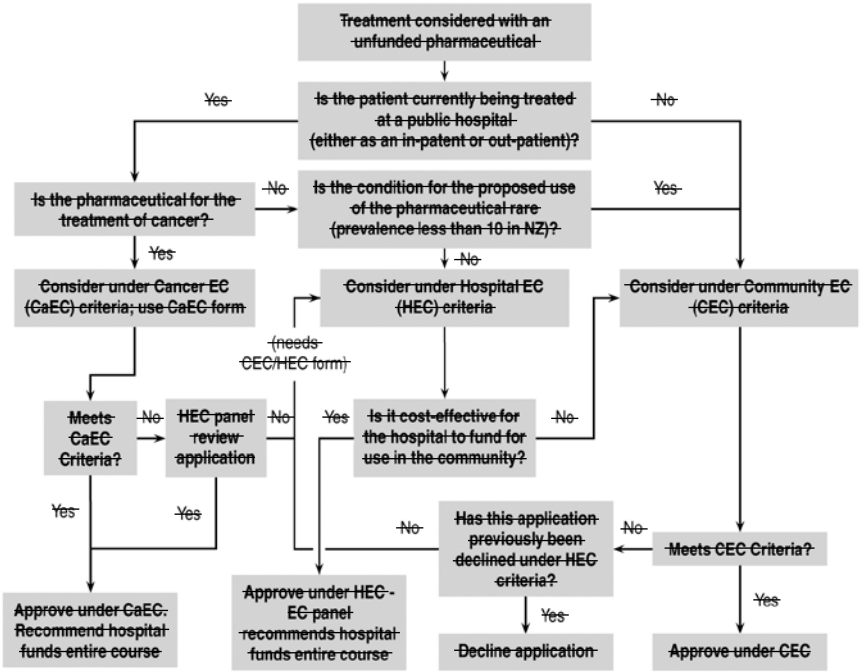

Section H page ref	Price (ex man. excl. GST) $ Per	Brand or Generic Manufacturer

Section H changes to General Rules - effective 1 March 2012 (continued)

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

10 ~~"Community Exceptional Circumstances" means the policies and criteria administered by the Exceptional Circumstances Panel relating to funding from the Community Exceptional Circumstances budget for medication, to be used in the community, in circumstances where the provision of a funded community medication is appropriate, but funding from the Pharmaceutical Budget is not able to be provided through the Pharmaceutical Schedule.~~

10 "**Named Patient Pharmaceutical Assessment Advisory** ~~Exceptional Circumstances~~ Panel" means the panel of clinicians, appointed by the PHARMAC Board, that is responsible for ~~administering~~ **advising, within its Terms of Reference, on** ~~policies in relation to Community Exceptional Circumstances and Hospital Exceptional Circumstances~~ **Named Patient Pharmaceutical Assessment applications and Exceptional Circumstances renewal applications submitted after 1 March 2012 (EC renewal application forms available at http://www.pharmac.govt.nz/healthpros/EC/ECForms)**

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

10 **"Hospital Pharmaceuticals in the Community (HPC)" – means the pathway under the Named Patient Pharmaceutical Assessment policy to allow District Health Board hospitals to fund a medicine for a patient in the community if this is more affordable for the DHB than paying for the treatment that would otherwise need to be provided.**

10 **"Unusual Clinical Circumstances (UCC)" – means the pathway under the Named Patient Pharmaceutical Assessment policy for funding consideration for named patients whose clinical circumstances are so unusual that PHARMAC is unlikely, for administrative reasons, to consider listing treatments for these circumstances on the Schedule.**

10 **"Urgent Assessment (UA)" – means the pathway under the Named Patient Pharmaceutical Assessment policy for funding consideration for treatments for named patients where PHARMAC is also considering or is likely to consider the treatment for Schedule listing, but the patient's clinical circumstances justify urgent assessment, prior to a decision on Schedule listing.**

13 7 Discretionary Community Supply Pharmaceuticals

7.2 PHARMAC may, in its discretion, list any pharmaceutical that is not a Community Pharmaceutical as a Discretionary Community Supply Pharmaceutical, including a pharmaceutical that PHARMAC is made aware of by HPAC, the **Named Patient Pharmaceutical Assessment Advisory Panel** ~~Exceptional Circumstances Panel~~, a DHB Hospital or relevant hospital personnel.

7.5 Subject to rule 7.6, DHB Hospitals must not fund for use in the community, any pharmaceuticals that are not Discretionary Community Supply Pharmaceuticals unless they have been approved under **Hospital Pharmaceuticals in the Community (HPC)** ~~Hospital Exceptional Circumstances~~.

7.6 DHB Hospitals may fund from their own budgets, any Pharmaceutical that is listed in Sections A-G of the Pharmaceutical Schedule without **Hospital Pharmaceuticals in the Community (HPC)** ~~Hospital Exceptional Circumstances (HEC)~~ approval provided that:

a) the quantity supplied does not exceed that sufficient for:

i) up to 5 days treatment, or one original pack, (where inappropriate to provide less); or *continued...*

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

Section H changes to General Rules - effective 1 March 2012 (continued)

continued...

ii) more than 5 days treatment, provided that the relevant DHB Hospital has a dispensing for discharge policy and the quantity supplied is in accordance with that policy; and

b) the Pharmaceutical is supplied consistent with any restrictions applying to that Pharmaceutical in Section A-G of the Pharmaceutical Schedule.

Note dispensing for discharge as described in rule 7.6 is at the discretion of individual DHBs.

14 8 Pharmaceutical Cancer Treatments

8.4 DHBs must not fund Pharmaceuticals for the treatment of cancer or Pharmaceutical Cancer Treatments for indications related to the treatment of cancer, if they are not listed in Sections A to G of the Pharmaceutical Schedule, unless the unlisted pharmaceutical:

~~a) has Cancer Exceptional Circumstances approval; or~~

a) ~~b)~~ has **Named Patient Pharmaceutical Assessment** ~~Community Exceptional Circumstances or Hospital Exceptional Circumstances~~ approval; or

b) ~~c)~~ is being used as part of a bona fide clinical trial which has Ethics Committee approval; or

c) ~~d)~~ is being used and funded as part of a paediatric oncology service; or

d) ~~e)~~ was being used to treat the patient in question prior to 1 July 2005.

Effective 1 December 2011

14 Discretionary Community Supply Pharmaceuticals

7.5 Subject to rules 7.6 **and 7.7**, DHB Hospitals must not fund for use in the community, any pharmaceuticals that are not Discretionary Community Supply Pharmaceuticals unless they have been approved under Hospital Exceptional Circumstances.

7.6 DHB Hospitals may fund from their own budgets, any Pharmaceutical that is listed in Sections A-G of the Pharmaceutical Schedule without Hospital Exceptional Circumstances (HEC) approval provided that:

a) the quantity supplied does not exceed that sufficient for:

i) up to 5 days treatment, or one original pack (where appropriate to provide less); or

ii) more than 5 days treatment, provided that the relevant DHB Hospital has a dispensing for discharge policy and the quantity supplied is in accordance with that policy; and

b) the Pharmaceutical is supplied consistent with any restrictions applying to that Pharmaceutical in Sections A-G of the Pharmaceutical Schedule.

7.7 DHB Hospitals may fund from their own budgets any Pharmaceutical without Hospital Exceptional Circumstances approval provided that the Pharmaceutical is only being supplied to the patient for them to use in the 24 hours leading up to a procedure to be performed in a DHB Hospital.

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Pharmaceuticals and brands

New Zealand
Permit No. 478

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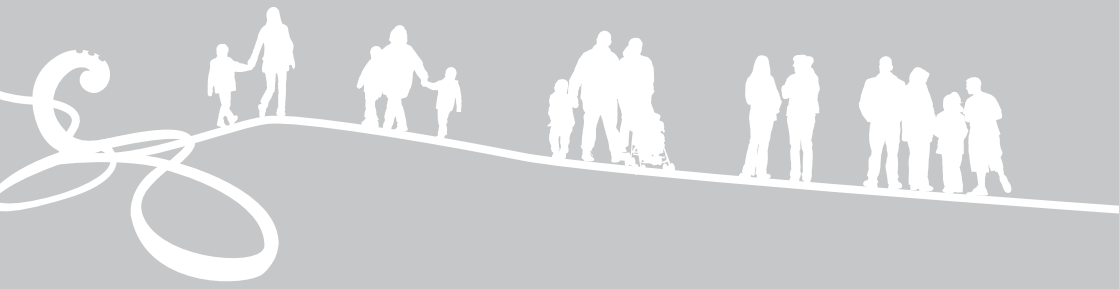

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