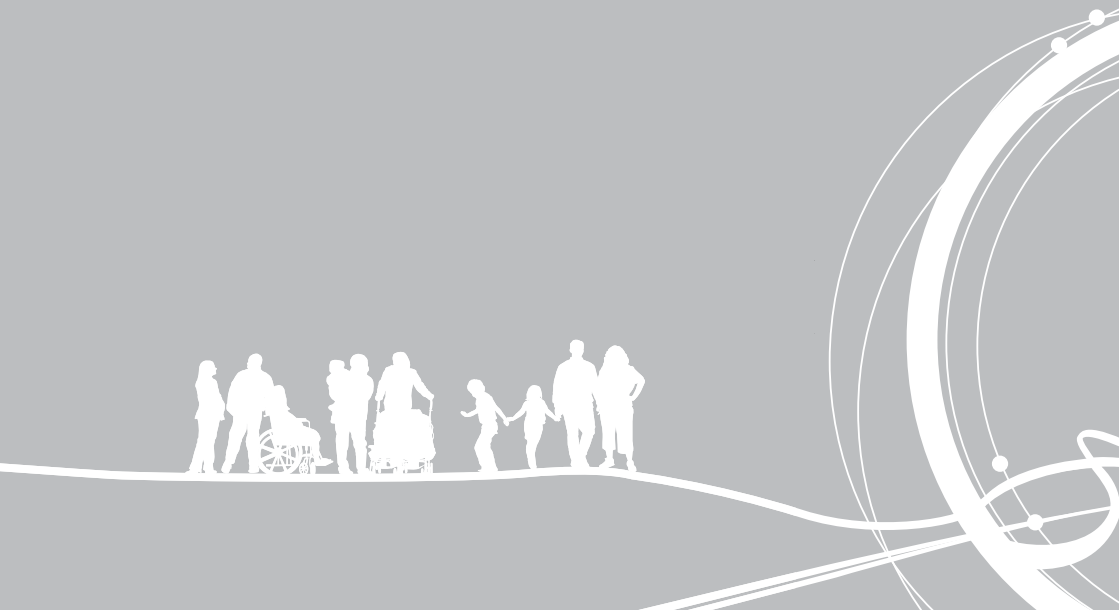
Pharmaceutical Management Agency

**Update**

# New Zealand Pharmaceutical Schedule

## Effective 1 July 2013

Cumulative for May, June and July 2013



## Contents

# Summary of PHARMAC decisions
## EFFECTIVE 1 JULY 2013

**New listings (page 22)**

- Ascorbic acid (Cvite) tab 100 mg
- Vitamin B Complex (Bplex) tab, strong, BPC
- Vitamins (Mvite) tab (BPC cap strength)
- Ticagrelor (Brilinta) tab 90 mg – Special Authority – Retail pharmacy
- Pegfilgrastim (Neulastim) inj 6 mg per 0.6 ml syringe – Special Authority – Retail pharmacy
- Amiloride hydrochloride (Apo-Amiloride) tab 5 mg
- Cetomacrogol with glycerol (Pharmacy Health Sorbolene with Glycerine) crm 90% with glycerol 10%, 500 g OP
- Lidocaine [lignocaine] hydrochloride (Lidocaine-Claris) inj 1%, 5 ml and 20 ml ampoule
- Phenobarbitone (Martindale) inj 200 mg per ml, 1 ml ampoule – Special Authority – Retail pharmacy – S29
- Adalimumab (Humira) inj 20 mg per 0.4 ml prefilled syringe – Special Authority – Retail pharmacy
- Sodium hyaluronate (Hylo-Fresh) eye drops 1 mg per ml, 10 ml OP – Special Authority – Retail pharmacy – addition of note
- Retinol palmitate (VitA-POS) eye oint 138 mcg per g, 5 g OP – Special Authority – Retail pharmacy
- Pharmacy services (BSF Arrow-Quinapril) Brand switch fee – may only be claimed once per patient
- Fat supplement (Liquigen) oil, 250 ml, 4 OP – Special Authority – Hospital pharmacy [HP3]
- Renal oral feed 2 kcal/ml (Renilon 7.5) liquid (apricot), 125 ml, 4 OP and liquid (caramel), 125 ml, 4 OP – Special Authority – Hospital pharmacy [HP3]

**Changes to restrictions (pages 25-45)**

- Blood ketone diagnostic test meter (Freestyle Optium) – addition of 1 dev available on a PSO
- Ketone blood beta-ketone electrodes (Freestyle Optium Ketone) – addition of up to 10 test available on a PSO
- Blood glucose diagnostic test meter (CareSens) – addition of 1 dev available on a PSO, removal of Brand switch fee payable and addition of patient co-payment.
- Blood glucose diagnostic test strip (CareSens) – addition of up to 50 test available on a PSO
- Ursodeoxycholic acid (Ursosan) – Special Authority amendment

**Summary of PHARMAC decisions – effective 1 July 2013** (continued)

- Mucilaginous laxatives (Konsyl-D) – amendment of chemical name to ispaghula (psyllium) husk)
- Protamine sulphate (Artex) inj 10 mg per ml, 5 ml – addition of S29
- Quinapril (Arrow-Quinapril 5, Arrow-Quinapril 10, Arrow-Quinapril 20) tab 5 mg , 10 mg and 20 mg – addition of Brand switch fee payable
- Cyproterone acetate with ethinyloestradiol (Ginet 84) – addition of up to 84 tab available on a PSO
- Solifenacin succinate (Vesicare) tab 5 mg and 10 mg – Special Authority amendment
- Tolterodine (Arrow-Tolterodine) tab 1 mg and 2 mg – Special Authority amendment
- Prednisone (Apo-Prednisone) tab 1 mg – removal of stat symbol
- Propylthiouracil (PTU) – addition of prescribing note
- Cabergoline (Dostinex) tab 0.5 mg – Special Authority amendment
- Danazol (Azol) cap 100 mg and 200 mg – removal of Retail pharmacy-Specialist
- Cefazolin sodium (AFT) inj 500 mg and 1 g – amendment of endorsement restriction
- Ceftriaxone sodium (Vercacol) inj 500 mg and 1 g (Aspen Ceftriazone) – amendment of endorsement restriction
- Minocycline hydrochloride tab 50 mg – addition of Special Authority for higher subsidy
- Gentamicin sulphate inj – amendment of endorsement restriction
- Moxifloxacin (Avelox) tab 400 mg – Special Authority amendment
- Vancomycin hydrochloride (Mylan) inj 500 mg – amendment of endorsement restriction
- Fluconazole (Diflucan) powder for oral suspension 10 mg per ml – Special Authority amendment
- Lamivudine (Zetlam) tab 100 mg and (Zeffix) oral liq 5 mg per ml – Special Authority amendment
- Entecavir (Baraclude) tab 0.5 mg – Special Authority amendment
- Tenofovir disoproxil fumarate (Viread) tab 300 mg – Special Authority amendment
- Valaciclovir (Valtrex) tab 500 mg – Special Authority amendment
- Antiretrovirals – Special Authority amendment
- Guidelines for the use of interferon in the treatment of hepatitis C – amendment
- Pegylated interferon alpha-2A – Special Authority amendment

**Summary of PHARMAC decisions – effective 1 July 2013** (continued)

- Lidocaine [lignocaine] hydrochloride inj 1%, 5 ml ampoule – amendment to PSO quantity
- Sumatriptan (Arrow-Sumatriptan) inj 12 mg per ml, 0.5 ml – addition of cartridge to presentation
- Hyoscine (Scopolamine) patch 1.5 mg – Special Authority amendment
- Adalimumab (Humira and HumiraPen) – Special Authority amendment
- Bee venom allergy treatment – Special Authority amendment
- Wasp venom allergy treatment – Special Authority amendment
- Special Foods – Special Authority amendments to
  - Carbohydrate
  - Carbohydrate and Fat
  - Fat
  - Protein
  - Respiratory products
  - Fat modified products
  - High protein products
  - Paediatric products
  - Paediatric products for children with chronic renal failure
  - Renal products
  - Specialised and elemental products
  - Adult products high calorie
  - Extensively hydrolysed formula
- Renal oral feed 1 kcal/ml (Suplena) liquid – chemical amended to 2 kcal/ml

**Decreased subsidy (pages 46-49)**

- Insulin lispro with insulin lispro protamine (Humalog Mix 25) and (Humalog Mix 50)
- Ispaghula (psyllium) husk (Konsyl-D) powder for oral soln
- Sodium citrate with sodium lauryl sulphoacetate (Micolette) enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml
- Terazosin (Arrow) tab 1 mg, 2 mg and 5 mg
- Cilazapril (Zapril) tab 0.5 mg, 2.5 mg and 5 mg
- Clonidine hydrochloride (Dixarit) tab 25 mcg
- Spironolactone (Spirotone) tab 25 mg and 100 mg
- Ezetimibe (Ezetrol) tab 10 mg
- Ezetimibe with simvastatin (Vytorin) tab 10 mg with simvastatin 10 mg, 10 mg with simvastatin 20 mg, 10 mg with simvastatin 40 mg and 10 mg with simvastatin 80 mg

**Summary of PHARMAC decisions – effective 1 July 2013** (continued)

- Levonorgestrel (Next Choice) tab 750 mcg
- Medroxyprogesterone acetate (Depo-Provera) inj 150 mg per ml, 1 ml syringe
- Clindamycin (Dalacin C) inj phosphate 150 mg per ml, 4 ml
- Aciclovir (Lovir) tab dispersible 200 mg, 400 mg and 800 mg
- Tetrabenazine (Motetis) tab 25 mg
- Lidocaine [lignocaine] hydrochloride (Xylocaine) inj 2%, 5 ml and 20 ml
- Dihydrocodeine tartrate (DHC Continus) tab long-acting 60 mg
- Morphine sulphate (Arrow-Morphine LA) tab long-acting 10 mg, 30 mg, 60 mg and 100 mg
- Sertraline (Arrow-Sertraline) tab 50 mg and 100 mg
- Venlafaxine (Arrow-Venlafaxine XR) tab 37.5 mg, 75 mg, 150 mg and 225 mg
- Venlafaxine (Efexor XR) cap 37.5 mg, 75 mg and 150 mg
- Sumatriptan (Arrow-Sumatriptan) tab 50 mg and 100 mg; and inj 12 mg per ml, 0.5 ml cartridge
- Naltrexone hydrochloride (Naltraccord) tab 50 mg
- Methotrexate (Hospira) inj 25 mg per ml, 2 ml and 20 ml
- Docetaxel (Taxotere) inj 20 mg per ml, 1 ml and 4 ml
- Docetaxel (Baxter) inj 1 mg for ECP
- Temozolomide (Temaccord) cap 5 mg, 20 mg, 100 mg and 250 mg
- Vincristine sulphate (Hospira) inj 1 mg per ml, 1ml and 2 ml
- Vincristine sulphate (Baxter) inj 1 mg for ECP
- Bacillus calmette-guerin (BCG) vaccine (OncoTICE) inj 2-8 x 100 million CFU
- Ipratropium bromide (Univent) nebuliser soln, 250 mcg per ml, 1 ml and 2 ml

**Increased subsidy (pages 46-49)**

- Fusidic acid (Foban) oint 2%, 15 g OP
- Morphine tartrate (Hospira) inj 80 mg per ml, 1.5 ml and 5 ml
- Nitrazepam (Nitrados) tab 5 mg

# The new Hospital Medicines List (HML)

This month DHB hospitals start a transition to using a nationally-consistent list of funded hospital pharmaceuticals. The new Section H will be known as the HML (Hospital Medicines List) and will list all the medicines that all DHB hospitals need to provide for their patients. It includes both contracted products and non-contracted products.

The introduction of the HML will mean more alignment between the funding of medicines in hospitals and in the community.

***Restrictions to reflect community restrictions***

The use of some medicines in DHB hospitals will be restricted by prescriber type or indication. Each restriction will generally reflect current community restrictions such as Special Authorities.

***Dispensing DHB prescriptions in the community***

For community based patients' prescriptions originating from DHB hospitals, community pharmacies should dispense in accordance with the community Pharmaceutical Schedule listings.

A hospital pharmacy must dispense according to HML rules, including when dispensing to community-based patients.

***Implementation/transition period***

There are likely to be new listings and changes to restrictions in the community Pharmaceutical Schedule as work continues developing the HML and on aligning it with the community Schedule.


Further HML information can be found on our website, including:

- An electronic copy of the HML
- Notifications by therapeutic group of what medicines are included in the HML
- An alphabetical list of products that were considered for the HML

If you have questions or feedback relating to the HML, email HML@pharmac.govt.nz or call 0800 66 00 50 (option 2)

Please note that the changes to Section H that usually appear in this Update, are being reflected in a separate HML Update for the next few months.

## Anti-Infectives restriction amendments

From 1 July 2013 there will be amendments to Special Authority criteria and endorsement criteria for a number of pharmaceuticals listed in the Infections Group. The changes are the result of a review of the pharmaceuticals in this group by the Anti-infective Subcommittee.

## Sensory Organs changes

There will be a number of changes to the Sensory therapeutic group of products. These include:

- Hylo-Fresh (sodium hyaluronate) eye drops 1 mg per ml will be listed fully funded and Sole Supply from 1 July 2013. Hylo-Fresh will be fully funded for patients with severe secretory dry eye who have a confirmed allergic reaction to eye drop preservative. Note that Hylo-Fresh eye drops have a **six month expiry after opening**. Only the prescribed dosage to the nearest OP may be claimed. Prescriptions will not be subsidised as one bottle per month as detailed in the Pharmacy Procedures Manual.
- VitA-POS (retinol palmitate) eye oint 138 mcg per g, 5 g OP will be listed fully funded from 1 July 2013.
- Systane Unit Dose (macrogol 400 0.4% with propylene glycol 0.3%) 0.4 ml eye drops will be listed fully funded and Sole Supply from 1 August 2013.
- Poly-Gel (carbomer) 0.3% ophthalmic gel, 0.5 g will be listed fully funded and Sole Supply from 1 August 2013.
- Special Authority criteria will apply to all Preservative Free Ocular Lubricants from 1 July 2013.
- The listing for Poly-Tears (hypromellose 0.3% with dextran 0.1%) eye drops will be amended from 1 August 2013 to include dextran.

## Funding of blood glucose and blood ketone testing products via PSO

From 1 July 2013 the following quantities of blood glucose and blood ketone testing products will be funded on a PSO (in addition to the current subsidy provisions):

- Blood glucose diagnostic test meter – 1 meter
- Blood glucose diagnostic test strip – up to 50 strips (1 OP) of **CareSens or CareSens N brands only**
- Blood ketone diagnostic test meter – 1 meter
- Ketone blood beta-ketone electrodes test strip – up to 10 strips (1 OP)

## Ticagrelor subsidised for acute coronary syndrome

Ticagrelor (Brilinta) 90 mg tablets will be listed fully funded from 1 July 2013 subject to Special Authority criteria for acute coronary syndrome.

## Pegfilgrastim – new listing

From 1 July 2013, pegfilgrastim (Neulastim) injection, 6 mg per 0.6 ml syringe, will be listed fully funded subject to Special Authority criteria for the prevention of neutropenia in patients undergoing high risk chemotherapy for cancer

## Risedronate – new listing

From 1 September 2013, risedronate sodium (Risedronate Sandoz) 35 mg tablets will be listed fully funded.

## Adalimumab new listing and extension to Special Authority criteria

From 1 July 2013, a 20 mg per 0.4 ml prefilled syringe of adalimumab (Humira) will be subsidised. The Special Authority criteria will also be amended from 1 July 2013 to include patients with juvenile idiopathic arthritis and fistulising Crohn's disease.

## Phenobarbitone injection subsidised

Phenobarbitone (Martindale) injection 200 mg per ml, 1 ml ampoule will be listed fully funded from 1 July 2013 subject to Special Authority criteria for the treatment of terminal agitation unresponsive to other agents. The Martindale brand is an unapproved medicine and must be supplied in accordance with section 29 of the Medicines Act 1981.

## m-Eslon 30 mg capsules out-of-stock

Multichem has advised that m-Eslon (morphine sulphate) 30 mg long-acting capsules are out-of-stock until mid-July. Pharmacists can dispense the equivalent dose of 10 mg long-acting capsules or contact the prescriber.

## Ursodeoxycholic acid – amendment to Special Authority criteria

The Special Authority criteria for ursodeoxycholic acid will be widened from 1 July 2013 to include patients with:

- Alagille syndrome
- Progressive familial intrahepatic cholestasis (PFIC)
- Chronic severe drug induced cholestatic liver injury; and
- Total parenteral nutrition induced cholestasis (TPN-IC) in paediatric patients

The criteria will also be amended to specify the criteria for patients with cholestasis associated with pregnancy and for patients with cirrhosis, and to reduce the bilirubin level relating to decompensated cirrhosis from 170 µmol/L to 100 µmol/L.

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## Prednisone 1 mg tablets – removal of Stat dispensing

Due to limited supply of Apo-Prednisone 1 mg tablets, the requirement to dispense prednisone 1 mg tablets 'stat' will be removed from 1 July 2013 until further notice.

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## Protamine sulphate – addition of section 29

From 1 July 2013, the section 29 symbol will be added to the listing of the Artex brand of protamine sulphate. New supplies of stock are unapproved and must be supplied in accordance with section 29 of the Medicines Act 1981.

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## New Pharmacode for Zyban

From 1 August 2013, there is a price and subsidy reduction for bupropion hydrochloride (Zyban) modified release tablets. GSK have advised that there will be a new Pharmacode for the stock supplied at the new price and claims for the new Pharmacode cannot be made until it is listed from 1 August 2013.

## Permax (pergolide) 0.25 mg stock shortage

Permax (Pergolide) 0.25 mg, supplied by Aspen Pharmacare, is temporarily out-of-stock due to manufacturing issues. Resupply is expected in September 2013 at the earliest. Some stock of Permax 1 mg is available, but this presentation is also expected to go out-of-stock. Patients should consult with their prescribers regarding alternative treatment options.

## News in brief

- A Brand Switch Fee will apply to dispensings of **Arrow-Quinapril** from 1 July 2013 to 1 October 2013.
- **Lincocin (lincomycin) injection** 300 mg per ml, 2 ml injection will be delisted 1 December 2013.
- The description of Konsyl-D is changing from **mucilaginous laxatives** to ispaghula (psyllium) husk from 1 July 2013.
- Please note due to the number of changes this month only the amended portion of the **Special Authority** criteria is shown. For the full text refer to the Pharmaceutical Schedule online at www.pharmac.govt.nz.
- From 1 July 2013 pharmacist are no longer able to dispense and claim for **blood glucose diagnostic test meters** without a prescription.

## Tender News

Sole Subsidised Supply changes – effective 1 August 2013

| Chemical Name | Presentation; Pack size | Sole Subsidised Supply brand (and supplier) |
|---|---|---|
| Amisulpride | Oral liq 100 mg per ml; 60 ml | Solian (Sanofi) |
| Amisulpride | Tab 100 mg; 30 tab | Solian (Sanofi) |
| Amisulpride | Tab 200 mg; 60 tab | Solian (Sanofi) |
| Amisulpride | Tab 400 mg; 60 tab | Solian (Sanofi) |
| Codeine phosphate | Tab 15 mg; 100 tab | PSM (PSM) |
| Codeine phosphate | Tab 30 mg; 100 tab | PSM (PSM) |
| Codeine phosphate | Tab 60 mg; 100 tab | PSM (PSM) |

## 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 future implementation 1 August 2013**

- Removal of Special Authority on Arrow-Venlafaxine brand of venlafaxine
- Increase in price and subsidy for Marevan brand of warfarin
- Oxydone BNM brand of oxycodone hydrochloride – new listing

## Sole Subsidised Supply Products – cumulative to July 2013

| Generic Name | Presentation | Brand Name | Expiry Date* |
|---|---|---|---|
| Abacavir sulphate | Oral liq 20 mg per ml<br>Tab 300 mg | Ziagen<br>Ziagen | 2014 |
| Acarbose | Tab 50 mg and 100 mg | Accarb | 2015 |
| Acetazolamide | Tab 250 mg | Diamox | 2014 |
| Acetylcysteine | Inj 200 mg per ml, 10 ml | Martindale Acetylcysteine | 2015 |
| 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 10 mg<br>Tab 25 mg & 50 mg | Arrow-Amitriptyline<br>Amitrip | 2014 |
| Amlodipine | Tab 2.5 mg<br>Tab 5 mg & 10 mg | Apo-Amlodipine<br>Apo-Amlodipine | 2014 |
| Amoxycillin | Inj 250 mg, 500 mg & 1 g | Ibiamox | 2014 |
| Amoxycillin clavulanate | Grans for oral liq amoxycillin 125 mg with potassium clavulanate 31.25 mg per 5 ml<br>Grans for oral liq amoxycillin 250 mg with potassium clavulanate 62.5 mg per 5 ml<br>Tab 500 mg with potassium clavulanate 125 mg | Augmentin<br>Augmentin<br>Curam Duo | 2015<br><br>2014 |
| Aqueous cream | Crm | AFT | 2014 |
| Atenolol | Tab 50 mg & 100 mg | Mylan Atenolol | 2015 |
| Atorvastatin | Tab 10 mg, 20 mg, 40 mg & 80 mg | Zarator | 2015 |
| Atropine sulphate | Inj 600 mcg, 1 ml | AstraZeneca | 2015 |
| Azithromycin | Tab 500 mg | Apo-Azithromycin | 2015 |
| **Baclofen** | **Tab 10 mg** | **Pacifen** | **2016** |
| Bendrofluazide | Tab 2.5 mg & 5 mg | Arrow-Bendrofluazide | 2014 |
| Benzathine benzylpenicillin | Inj 1.2 mega u per 2.3 ml | Bicillin LA | 2015 |
| Benzylpenicillin sodium (Penicillin G) | Inj 600 mg | Sandoz | 2014 |
| Betaxolol hydrochloride | Eye drops 0.5%<br>Eye drops 0.25% | Betoptic<br>Betoptic S | 2014 |
| Bezafibrate | Tab 200 mg<br>Tab long-acting 400 mg | Bezalip<br>Bezalip Retard | 2015 |
| Bicalutamide | Tab 50 mg | Bicalaccord | 2014 |
| Blood glucose diagnostic test meter | Meter with 50 lancets, a lancing device and 10 diagnostic test strips | CareSens N<br>CareSens N POP<br>CareSens II | 2015 |

**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 July 2013

| Generic Name | Presentation | Brand Name | Expiry Date* |
|---|---|---|---|
| Blood glucose diagnostic test strip | Blood glucose test strips | CareSens<br>CareSens N | 2015 |
| Brimonidine tartrate | Eye drops 0.2% | Arrow-Brimonidine | 2014 |
| Cabergoline | Tab 0.5 mg | Dostinex | 2015 |
| Calamine | Lotn, BP | PSM | 2015 |
| Calcitonin | Inj 100 iu per ml, 1 ml | Miacalcic | 2014 |
| Calcium carbonate | Tab 1.25 g (500 mg elemental)<br>Tab eff 1.75 g (1 g elemental) | Arrow-Calcium<br>Calsource | 2014 |
| Calcium folinate | Tab 15 mg | DBL Leucovorin Calcium | 2014 |
| Candesartan | Tab 4 mg, 8 mg, 16 mg & 32 mg | Candestar | 2015 |
| Cefazolin sodium | Inj 500 mg & 1 g | AFT | 2014 |
| Cefuroxime sodium | Inj 750 mg | Multichem | 2014 |
| Cetirizine hydrochloride | Oral liq 1 mg per ml<br>Tab 10 mg | Cetirizine - AFT<br>Zetop | 2014 |
| Chloramphenicol | Eye oint 1%<br>Eye drops 0.5% | Chlorsig<br>Chlorafast | 2015 |
| Chlorhexidine gluconate | Mouthwash 0.2%<br>Handrub 1% with ethanol 70%<br>Soln 4% | healthE<br>healthE<br>Orion | 2015<br><br>2014 |
| Ciclopirox olamine | Nail-soln 8% | Apo-Ciclopirox | 2015 |
| Ciprofloxacin | Tab 250 mg, 500 mg & 750 mg | Cipflox | 2014 |
| Citalopram hydrobromide | Tab 20 mg | Arrow-Citalopram | 2014 |
| Clarithromycin | Tab 500 mg<br>Tab 250 mg | Apo-Clarithromycin<br>Apo-Clarithromycin | 2014 |
| Clomipramine hydrochloride | Tab 10 mg & 25 mg | Apo-Clomipramine | 2015 |
| Clonidine hydrochloride | Tab 150 mcg<br>Inj 150 mcg per ml, 1 ml | Catapres | 2015 |
| Clotrimazole | Crm 1% | Clomazol | 2014 |
| Crotamiton | Crm 10% | Itch-Soothe | 2015 |
| Cyclizine hydrochloride | Tab 50 mg | Nausicalm | 2015 |
| Cyclosporin | Oral liq 100 mg per ml | Neoral | 2015 |
| Cyproterone acetate | Tab 50 mg & 100 mg | Siterone | 2015 |
| Cyproterone acetate with ethinyloestradiol | Tab 2 mg with ethinyloestradiol 35 mcg and 7 inert tabs | Ginet 84 | 2014 |
| Desmopressin | Nasal spray 10 mcg per dose | Desmopressin-PH&T | 2014 |
| Dexamethasone | Tab 1 mg & 4 mg<br>Eye oint 0.1% | Douglas<br>Maxidex | 2015<br>2014 |

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## Sole Subsidised Supply Products – cumulative to July 2013

| Generic Name | Presentation | Brand Name | Expiry Date* |
|---|---|---|---|
| Dexamethasone with neomycin and polymyxin b sulphate | Eye oint 0.1% with neomycin sulphate 0.35% and polymyxin B sulphate 6,000 u per g | Maxitrol | 2014 |
| | Eye drops 0.1% with neomycin sulphate 0.35% and polymyxin B sulphate 6,000 u per ml | Maxitrol | |
| Dexamphetamine sulphate | Tab 5 mg | PSM | 2015 |
| Dextrose | Inj 50%, 10 ml | Biomed | 2014 |
| Diclofenac sodium | Tab EC 25 mg & 50 mg | Apo-Diclo | 2015 |
| | Tab long-acting 75 mg & 100 mg | Diclax SR | |
| | Inj 25 mg per ml, 3 ml | Voltaren | 2014 |
| | Eye drops 1 mg per ml | Voltaren Ophtha | |
| | Suppos 12.5 mg, 25 mg, 50 mg & 100 mg | Voltaren | |
| Diltiazem hydrochloride | Cap long-acting 120 mg, 180 mg & 240 mg | Apo-Diltiazem CD | 2015 |
| | Tab 30 mg & 60 mg | Dilzem | |
| Dipyridamole | Tab long-acting 150 mg | Pytazen SR | 2014 |
| Docusate sodium | Cap 50 mg | Laxofast 50 | 2014 |
| | Cap 120 mg | Laxofast 120 | |
| Domperidone | Tab 10 mg | Prokinex | 2015 |
| 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 | m-Enalapril | 2015 |
| Enoxaparin sodium | Inj 20 mg, 40 mg, 60 mg, 80 mg, 100 mg, 120 mg & 150 mg | Clexane | 2015 |
| Entacapone | Tab 200 mg | Entapone | 2015 |
| Ergometrine maleate | Inj 500 mcg per ml, 1 ml | DBL Ergometrine | 2014 |
| Etidronate disodium | Tab 200 mg | Arrow-Etidronate | 2015 |
| Ethinyloestradiol | Tab 10 mcg | NZ Medical and Scientific | 2015 |
| Ethinyloestradiol with levonorgestrel | Tab 20 mcg with levonorgestrel 100 mcg & 7 inert tab | Ava 20 ED | 2014 |
| | Tab 30 mcg with levonorgestrel 150 mcg & 7 inert tab | Ava 30 ED | |
| Exemestane | Tab 25 mg | Aromasin | 2014 |
| Felodopine | Tab long-acting 5 mg & 10 mg | Plendil ER | 2015 |
| | Tab long-acting 2.5 mg | Plendil ER | |
| Fentanyl citrate | Inj 50 mcg per ml, 2 ml & 10 ml | Boucher and Muir | 2015 |
| Filgrastim | Inj 300 mcg per 0.5 ml | Zarzio | 31/12/15 |
| | Inj 480 mcg per 0.5 ml | Zarzio | |

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## Sole Subsidised Supply Products – cumulative to July 2013

| Generic Name | Presentation | Brand Name | Expiry Date* |
|---|---|---|---|
| Finasteride | Tab 5 mg | Rex Medical | 2014 |
| Flucloxacillin sodium | Grans for oral liq 125 mg per 5 ml<br>Grans for oral liq 250 mg per 5 ml<br>Cap 250 mg & 500 mg<br>Inj 250 mg, 500 mg & 1 g | AFT<br><br>Staphlex<br>Flucloxin | 2015<br><br><br>2014 |
| Fluconazole | Cap 50 mg, 150 mg & 200 mg | Ozole | 2014 |
| Fluorometholone | Eye drops 0.1% | Flucon | 2015 |
| Fluorouracil sodium | Crm 5% | Efudix | 2015 |
| Fluticasone propionate | Metered aqueous nasal spray, 50 mcg per dose | Flixonase Hayfever & Allergy | 2015 |
| Furosemide | Tab 500 mg<br>Tab 40 mg | Urex Forte<br>Diurin 40 | 2015 |
| Gentamicin sulphate | Inj 40 mg per ml, 2 ml | Pfizer | 2015 |
| Gliclazide | Tab 80 mg | Apo-Gliclazide | 2014 |
| Glipizide | Tab 5 mg | Minidiab | 2015 |
| Glycerol | Suppos 3.6 g | PSM | 2015 |
| Glyceryl trinitrate | Aerosol spray 400 mcg per dose<br>TDDS 5 mg & 10 mg<br>Tab 600 mcg | Glytrin<br>Nitroderm TTS<br>Lycinate | 2014 |
| Hydrocortisone | Tab 5 mg & 20 mg<br>Crm 1%<br>Powder | Douglas<br>Pharmacy Health<br>ABM | 2015<br>2014 |
| Hydrocortisone acetate | Rectal foam 10%, CFC-Free (14 applications) | Colifoam | 2015 |
| Hydrocortisone butyrate | Lipocream 0.1%<br>Milky emul 0.1%<br>Oint 0.1%<br>Scalp lotn 0.1% | Locoid Lipocream<br>Locoid Crelo<br>Locoid<br>Locoid | 2015 |
| 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 | 2015 |
| Hydroxychloroquine sulphate | Tab 200 mg | Plaquenil | 2015 |
| Hyoscine N-butylbromide | Inj 20 mg, 1 ml<br>Tab 10 mg | Buscopan<br>Gastrosoothe | 2014 |
| Ibuprofen | Tab 200 mg<br>Tab long-acting 800 mg | Arrowcare<br>Brufen SR | 2014 |
| Imiquimod | Crm 5% | Aldara | 2014 |
| Iron polymaltose | Inj 50 mg per ml, 2 ml | Ferrum H | 2014 |
| Isoniazid | Tab 100 mg | PSM | 2015 |

**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 July 2013

| Generic Name | Presentation | Brand Name | Expiry Date* |
|---|---|---|---|
| Isosorbide mononitrate | Tab 20 mg<br>Tab long-acting 40 mg | Ismo 20<br>Corangin | 2014 |
| Isotretinoin | Cap 10 mg & 20 mg | Oratane | 2015 |
| Ketoconazole | Shampoo 2% | Sebizole | 2014 |
| Lamivudine | Tab 100 mg | Zetlam | 2014 |
| Lansoprazole | Cap 15 mg & 30 mg | Solox | 2015 |
| Latanoprost | Eye drops 50 mcg per ml | Hysite | 2015 |
| Letrozole | Tab 2.5 mg | Letraccord | 2015 |
| Levonorgestrel | Subdermal implant (2 x 75 mg rods) | Jadelle | 31/12/13 |
| Lignocaine hydrochloride | Viscous soln 2% | Xylocaine Viscous | 2014 |
| Lisinopril | Tab 5 mg, 10 mg & 20 mg | Arrow-Lisinopril | 2015 |
| Lithium carbonate | Tab 250 mg & 400 mg<br>Cap 250 mg | Lithicarb FC<br>Douglas | 2015<br>2014 |
| Lodoxamide trometamol | Eye drops 0.1% | Lomide | 2014 |
| 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 |
| 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 | 2015 |
| Methylprednisolone | Tab 4 mg & 100 mg | Medrol | 2015 |
| Methylprednisolone acetate | Inj 40 mg per ml | Depo-Medrol | 2015 |
| Methylprednisolone acetate with lignocaine | Inj 40 mg per ml with lignocaine 1 ml | Depo-Medrol with Lidocaine | 2015 |
| Mesalazine | Enema 1 g per 100 ml<br>Suppos 500 mg | Pentasa<br>Asacol | 2015<br>2014 |
| Metformin hydrochloride | Tab immediate-release 500 mg & 850 mg | Apotex | 2015 |
| Methadone hydrochloride | Oral liq 2 mg per ml<br>Oral liq 5 mg per ml<br>Oral liq 10 mg per ml | Biodone<br>Biodone Forte<br>Biodone Extra Forte | 2015 |
| Methylprednisolone sodium succinate | Inj 40 mg per ml, 1 ml; 62.5 mg per ml, 2 ml; 500 mg & 1 g | Solu-Medrol | 2015 |

**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 July 2013

| Generic Name | Presentation | Brand Name | Expiry Date* |
|---|---|---|---|
| Metoclopramide hydrochloride | Inj 5 mg per ml, 2 ml<br>Tab 10 mg | Pfizer<br>Metamide | 2014 |
| Metoprolol succinate | Tab long-acting 23.75 mg, 47.5 mg, 95 mg & 190 mg | Metoprolol-AFT CR | 2015 |
| Metoprolol tartrate | Inj 1 mg per ml, 5 ml<br>Tab 50 mg & 100 mg<br>Tab long-acting 200 mg | Lopresor<br>Lopresor<br>Slow-Lopresor | 2015 |
| Miconazole | Oral gel 20 mg per g | Decozol | 2015 |
| Miconazole nitrate | Crm 2% | Multichem | 2014 |
| Mirtazapine | Tab 30 mg & 45 mg | Avanza | 2015 |
| Moclobemide | Tab 150 mg & 300 mg | Apo-Moclobemide | 2015 |
| Mometasone furoate | Crm 0.1%<br>Oint 0.1% | m-Mometasone | 2015 |
| Morphine hydrochloride | Oral liq 1 mg per ml, 2 mg per ml, 5 mg per ml & 10 mg per ml | RA-Morph | 2015 |
| Morphine sulphate | Inj 5 mg per ml, 1 ml<br>Inj 10 mg per ml, 1 ml<br>Inj 15 mg per ml, 1 ml<br>Inj 30 mg per ml, 1 ml | DBL Morphine Sulphate<br>DBL Morphine Sulphate<br>DBL Morphine Sulphate<br>DBL Morphine Sulphate | 2014 |
| Naphazoline hydrochloride | Eye drops 0.1% | Naphcon Forte | 2014 |
| Nadolol | Tab 40 mg & 80 mg | Apo-Nadolol | 2015 |
| Naproxen | Tab 250 mg<br>Tab 500 mg | Noflam 250<br>Noflam 500 | 2015 |
| Neostigmine | Inj 2.5 mg per ml, 1 ml | AstraZeneca | 2014 |
| Nevirapine | Tab 200 mg | Nevirapine Alphapharm | 2015 |
| Nicotine | Gum 2 mg & 4 mg (classic, fruit, mint)<br>Lozenge 1 mg & 2 mg<br>Patch 7 mg, 14 mg & 21 mg | Habitrol<br>Habitrol<br>Habitrol | 2014 |
| Nicotinic acid | Tab 50 mg & 500 mg | Apo-Nicotinic Acid | 2014 |
| Norethisterone | Tab 350 mcg<br>Tab 5 mg | Noriday 28<br>Primolut N | 2015<br>2014 |
| Norfloxacin | Tab 400 mg | Arrow-Norfloxacin | 2014 |
| **Nortriptyline hydrochloride** | **Tab 10 mg & 25 mg** | **Norpress** | **2016** |
| Nystatin | Oral liq 100,000 u per ml | Nilstat | 2014 |

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

## Sole Subsidised Supply Products – cumulative to July 2013

| Generic Name | Presentation | Brand Name | Expiry Date* |
|---|---|---|---|
| Octreotide (somatostatin analogue) | Inj 50 mcg per ml, 1 ml<br>Inj 100 mcg per ml, 1 ml<br>Inj 500 mcg per ml, 1 ml | Octreotide Max Rx | 2014 |
| Oil in water emulsion | Crm | healthE Fatty Cream | 2015 |
| Omeprazole | Cap 10 mg, 20 mg & 40 mg<br>Powder<br>Inj 40 mg | Omezol Relief<br>Midwest<br>Dr Reddy's Omeprazole | 2014 |
| Oxazepam | Tab 10 mg & 15 mg | Ox-Pam | 2014 |
| **Oxybutynin** | **Oral liq 5 mg per ml**<br>**Tab 5 mg** | **Apo-Oxybutynin** | **2016** |
| Oxycodone hydrochloride | Inj 50 mg per ml, 1 ml<br>Inj 10 mg per ml, 1 ml & 2 ml | OxyNorm<br>Oxycodone Orion | 2015 |
| Oxytocin | Inj 5 iu with ergometrine maleate 500 mcg per ml, 1 ml | Syntometrine | 2015 |
| Pamidronate disodium | Inj 3 mg per ml, 10 ml; 6 mg per ml, 10 ml & 9 mg per ml, 10 ml | Pamidronate BNM | 2014 |
| Pantoprazole | Inj 40 mg | Pantocid IV | 2014 |
| Paracetamol | Suppos 500 mg<br>Tab 500 mg<br>Oral liq 120 mg per 5 ml<br>Oral liq 250 mg per 5 ml | Paracare<br>Parafast<br>Ethics Paracetamol<br>Paracare Double Strength | 2015<br>2014 |
| Paracetamol with codeine | Tab paracetamol 500 mg with codeine phosphate 8 mg | Paracetamol + Codeine (Relieve) | 2014 |
| Peak flow meter | Low range & normal range | Breath-Alert | 2015 |
| Pergolide | Tab 0.25 mg & 1 mg | Permax | 2014 |
| Permethrin | Crm 5%<br>Lotn 5% | Lyderm<br>A-Scabies | 2014 |
| Pethidine hydrochloride | Tab 50 mg & 100 mg<br>Inj 50 mg per ml, 1 ml<br>Inj 50 mg per ml, 2 ml | PSM<br>DBL Pethidine Hydrochloride<br>DBL Pethidine Hydrochloride | 2015<br>2014 |
| Phenobarbitone | Tab 15 mg & 30 mg | PSM | 2015 |
| Pioglitazone | Tab 15 mg, 30 mg & 45 mg | Pizaccord | 2015 |
| Pizotifen | Tab 500 mcg | Sandomigran | 2015 |
| Poloxamer | Oral drops 10% | Coloxyl | 2014 |
| Potassium chloride | Tab long-acting 600 mg | Span-K | 2015 |
| Pravastatin | Tab 20 mg & 40 mg | Cholvastin | 2014 |
| Procaine penicillin | Inj 1.5 mega u | Cilicaine | 2014 |
| Promethazine hydrochloride | Oral liq 5 mg per 5 ml<br>Tab 10 mg & 25 mg | Allersoothe<br>Allersoothe | 2015 |

**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 July 2013

| Generic Name | Presentation | Brand Name | Expiry Date* |
|---|---|---|---|
| Pyridostigmine bromide | Tab 60 mg | Mestinon | 2014 |
| Pyridoxine hydrochloride | Tab 25 mg<br>Tab 50 mg | PyridoxADE<br>Apo-Pyridoxine | 2014 |
| **Quinapril** | **Tab 5 mg, 10 mg & 20 mg** | **Arrow-Quinapril** | **2015** |
| Quinapril with hydrochlorothiazide | Tab 10 mg with hydrochlorothiazide 12.5 mg<br>Tab 20 mg with hydrochlorothiazide 12.5 mg | Accuretic 10<br>Accuretic 20 | 2015 |
| Ranitidine hydrochloride | Oral liq 150 mg per 10 ml<br>Tab 150 mg & 300 mg | Peptisoothe<br>Arrow-Ranitidine | 2014 |
| Ritonavir | Tab 100 mg | Norvir | 2015 |
| Rizatriptan | Tab orodispersible 10 mg | Rizamelt | 2014 |
| Roxithromycin | Tab 150 mg & 300 mg | Arrow-Roxithromycin | 2015 |
| Salbutamol | Nebuliser soln, 1 mg per ml & 2 mg per ml, 2.5 ml | Asthalin | 2015 |
| Salbutamol with ipratropium bromide | Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml | Duolin | 2015 |
| Sildenafil | Tab 25 mg, 50 mg & 100 mg | Silagra | 2014 |
| Simvastatin | Tab 10 mg<br>Tab 20 mg<br>Tab 40 mg<br>Tab 80 mg | Arrow-Simva 10mg<br>Arrow-Simva 20mg<br>Arrow-Simva 40mg<br>Arrow-Simva 80mg | 2014 |
| **Sodium hyaluronate** | **Eye drops 1 mg per ml, 10 ml OP** | **Hylo-Fresh** | **2016** |
| Spacer device | 800 ml<br>230 ml (single patient) | Volumatic<br>Space Chamber Plus | 2015 |
| Tamoxifen citrate | Tab 20 mg | Genox | 2014 |
| 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 |
| 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 | Andriol Testocaps | 2015 |
| Tetracosactrin | Inj 250 mcg<br>Inj 1 mg per ml, 1 ml | Synacthen<br>Synacthen Depot | 2014 |
| Timolol maleate | Eye drops 0.25% & 0.5% | Arrow-Timolol | 2014 |
| Tobramycin | Eye drops 0.3%<br>Eye oint 0.3%<br>Inj 40 mg per ml, 2 ml | Tobrex<br>Tobrex<br>DBL Tobramycin | 2014 |

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

## Sole Subsidised Supply Products – cumulative to July 2013

| Generic Name | Presentation | Brand Name | Expiry Date* |
|---|---|---|---|
| Tolcapone | Tab 100 mg | Tasmar | 2014 |
| Tramadol hydrochloride | Cap 50 mg | Arrow-Tramadol | 2014 |
| Triamcinolone acetonide | Inj 10 mg per ml, 1 ml<br>Inj 40 mg per ml, 1 ml<br>Crm 0.02%<br>Oint 0.02%<br>0.1% in Dental Paste USP | Kenacort-A<br>Kenacort-A40<br>Aristocort<br>Aristocort<br>Oracort | 2014 |
| Tropicamide | Eye drops 0.5% & 1% | Mydriacyl | 2014 |
| Ursodeoxycholic acid | Cap 250 mg | Ursosan | 2014 |
| Vancomycin hydrochloride | Inj 500 mg | Mylan | 2014 |
| Verapamil hydrochloride | Tab 40 mg & 80 mg | Isoptin | 2014 |
| Zidovudine [AZT] with lamivudine | Tab 300 mg with lamivudine 150 mg | Alphapharm | 2014 |
| Zinc and castor oil | Oint BP | Multichem | 2014 |
| Zinc sulphate | Caps 137.4 mg (50 mg elemental) | Zincaps | 2014 |

**July changes are in bold type**

**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 July 2013

41 ASCORBIC ACID
a) No more than 100 mg per dose
b Only on a prescription
✻Tab 100 mg ..... 13.80 500 ✔**Cvite**

41 VITAMIN B COMPLEX
✻Tab, strong, BPC ..... 4.70 500 ✔**Bplex**

42 VITAMINS
✻Tab (BPC cap strength) ..... 8.00 1,000 ✔**Mvite**

45 TICAGRELOR – Special Authority see SA1382 – Retail pharmacy
✻Tab 90 mg ..... 90.00 56 ✔**Brilinta**

SA1382 Special Authority for Subsidy
Initial application (acute coronary syndrome) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:
Both:
1 Patient has recently been diagnosed with an ST-elevation or a non-ST-elevation acute coronary syndrome; and
2 Fibrinolytic therapy has not been given in the last 24 hours and is not planned.

Renewal (subsequent acute coronary syndrome) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:
Both:
1 Patient has recently been diagnosed with an ST-elevation or a non-ST-elevation acute coronary syndrome; and
2 Fibrinolytic therapy has not been given in the last 24 hours and is not planned.

48 PEGFILGRASTIM – Special Authority see SA1384 – Retail pharmacy
Inj 6 mg per 0.6 ml syringe ..... 1,080.00 1 ✔**Neulastim**

SA1384 Special Authority for Subsidy
Initial application only from a relevant specialist, vocationally registered general practitioner or medical practitioner on the recommendation of a relevant specialist. Approvals valid without further renewal unless notified where used for prevention of neutropenia in patients undergoing high risk chemotherapy for cancer (febrile neutropenia risk ≥ 20%*).
*Febrile neutropenia risk ≥ 20% after taking into account other risk factors as defined by the European Organisation for Research and Treatment of Cancer (EORTC) guidelines.

58 AMILORIDE HYDROCHLORIDE
✻Tab 5 mg ..... 17.50 100 ✔**Apo-Amiloride**

69 CETOMACROGOL WITH GLYCEROL
Crm 90% with glycerol 10% ..... 4.50 500 g OP ✔**Pharmacy Health Sorbolene with Glycerin**

119 LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE
Inj 1%, 5 ml ampoule – Up to 25 inj available on a PSO ..... 8.75 25 ✔**Lidocaine-Claris**
Inj 1%, 20 ml ampoule – Up to 5 inj available on a PSO ..... 2.40 1 ✔**Lidocaine-Claris**

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

## New Listings - effective 1 July 2013 (continued)

140 PHENOBARBITONE SODIUM – Special Authority see SA1386 – Retail pharmacy

Inj 200 mg per ml, 1 ml ampoule ..... 46.20 10 ✔**Martindale** S29

SA1386 Special Authority for Subsidy

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

Both:

1 For the treatment of terminal agitation that is unresponsive to other agents; and

2 The applicant is part of a multidisciplinary team working in palliative care.

166 ADALIMUMAB – Special Authority see SA1371 – Retail pharmacy

Inj 20 mg per 0.4 ml prefilled syringe ..... 1,799.92 2 ✔**Humira**

185 SODIUM HYALURONATE – Special Authority see SA1388 – Retail pharmacy

Eye drops 1 mg per ml ..... 22.00 10 ml OP ✔**Hylo-Fresh**

Note: Hylo-Fresh has a 6 month expiry after opening. The Pharmacy Handbook restriction allowing one bottle per month is not relevant and therefore only the prescribed dosage to the nearest OP may be claimed.

185 PRESERVATIVE FREE OCULAR LUBRICANTS

SA1388 – Special Authority for Subsidy

Initial application from any relevant practitioner. Approvals valid for 12 months for patients meeting the following criteria:

Both:

1 Confirmed diagnosis by slit lamp of severe secretory dry eye; and

2 Either:

2.1 Patient is using eye drops more than four times daily on a regular basis; or

2.2 Patient has had a confirmed allergic reaction to preservative in eye drop.

Renewal from any relevant practitioner. Approvals valid for 24 months where the patient continues to require lubricating eye drops and has benefited from treatment.

185 RETINOL PALMITATE

Eye oint 138 mcg per g ..... 3.80 5 g OP ✔**VitA-POS**

186 PHARMACY SERVICES – May only be claimed once per patient.

✻ Brand switch fee ..... 4.33 1 fee ✔**BSF Arrow-Quinapril**

The Pharmacode for BSF Arrow-Quinapril is 2441497.

198 FAT SUPPLEMENT – Special Authority see SA1374 – Hospital pharmacy [HP3]

Oil, 250 ml ..... 114.92 4 OP ✔**Liquigen**

202 RENAL ORAL FEED 2 KCAL/ML – Special Authority see SA1101 – Hospital pharmacy [HP3]

Liquid (apricot), 125 ml ..... 11.52 4 OP ✔**Renilon 7.5**

Liquid (caramel), 125 ml ..... 11.52 4 OP ✔**Renilon 7.5**

▲ 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<br>Schedule page ref | Subsidy<br>(Mnfr's price)<br>$ | Per | Brand or<br>Generic Mnfr<br>✔ fully subsidised |
|---|---|---|---|

## New Listings - effective 1 June 2013

| | | | | |
|---|---|---|---|---|
| 39 | MACROGOL 3350 – Special Authority see SA0891 – Retail pharmacy | | | |
| | Powder 13.125 g, sachets - Maximum of 60 sach per prescription | 18.14 | 30 | ✔**Movicol** |
| 62 | BOSENTAN – Special Authority see SA0967 – Retail pharmacy | | | |
| | Tab 62.5 mg | 2,000.00 | 60 | ✔**pms-Bosentan** |
| | Tab 125 mg | 2,000.00 | 60 | ✔**pms-Bosentan** |
| 211 | AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA1108 – Hospital pharmacy [HP3] | | | |
| | Powder (unflavoured), 29 g | 330.12 | 30 | ✔**PKU Anamix Junior** |
| 213 | HIGH FAT LOW CARBOHYDRATE FORMULA – Special Authority see SA1197 – Retail pharmacy | | | |
| | Powder (unflavoured) | 35.50 | 300 g OP | ✔**KetoCal 4:1** |

## Effective 6 May 2013

| | | | | |
|---|---|---|---|---|
| 72 | MALATHION WITH PERMETHRIN AND PIPERONYL BUTOXIDE | | | |
| | Spray 0.25% with permethrin 0.5% and piperonyl butoxide 2% | 11.95 | 90 g OP | ✔**Para Plus** |

## Effective 1 May 2013

| | | | | |
|---|---|---|---|---|
| 52 | PERINDOPRIL | | | |
| | ✻Tab 2 mg | 3.75 | 30 | ✔**Apo-Perindopril** |
| | ✻Tab 4 mg | 4.80 | 30 | ✔**Apo-Perindopril** |
| 57 | CLONIDINE HYDROCHLORIDE | | | |
| | ✻Tab 25 mcg | 15.09 | 112 | ✔**Clonidine BNM** |
| 58 | METOLAZONE – Special Authority see SA1323 – Retail pharmacy | | | |
| | Tab 5 mg | CBS | 50 | ✔**Zaroxolyn** S29 |
| 61 | HYDRALAZINE HYDROCHLORIDE – Special Authority see SA1321 – Retail pharmacy | | | |
| | ✻Tab 25 mg | CBS | 56 | ✔**Onelink** S29 |
| 119 | LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE | | | |
| | Inj 2%, 5 ml – Up to 5 inj available on a PSO | 6.90 | 25 | ✔**Lidocaine-Claris** |
| | Inj 2%, 20 ml – Up to 5 inj available on a PSO | 2.40 | 1 | ✔**Lidocaine-Claris** |
| 186 | PHARMACY SERVICES – May only be claimed once per patient | | | |
| | Brand switch fee | 4.33 | 1 fee | ✔**BSF Apo-Diltiazem CD** |
| | The Pharmacode for BSF Apo-Diltiazem CD is 2437775 | | | |

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

# Changes to Restrictions

## Effective 1 July 2013

29 BLOOD KETONE DIAGNOSTIC TEST METER

**a)** Meter funded for the purposes of blood ketone diagnostics only. Patient has had one or more episodes of ketoacidosis and is at risk of future episodes. Only one meter per patient will be subsidised every 5 years.

**b) Up to 1 dev available on a PSO.**

| | | | |
|---|---|---|---|
| Meter | 40.00 | 1 | ✔**Freestyle Optium** |

29 KETONE BLOOD BETA-KETONE ELECTRODES

**a)** Maximum of 20 strip per prescription.

**b) Up to 10 test available on a PSO.**

| | | | |
|---|---|---|---|
| Test strip – Not on a BSO | 15.50 | 10 strip OP | ✔**Freestyle Optium Ketone** |

29 BLOOD GLUCOSE DIAGNOSTIC TEST METER – Subsidy by endorsement

a) Maximum of 1 pack per prescription.

b) **Up to 1 dev available on a PSO.**

c) A diagnostic blood glucose test meter is subsidised for a patient who:

i is receiving insulin or sulphonylurea therapy; or

ii is pregnant and has diabetes; or

iii is on home TPN at risk of hypoglycaemia or hyperglycaemia; or

iv has a genetic or an acquired disorder of glucose homeostasis excluding type 1 or type 2 diabetes and metabolic syndrome.

~~d) CareSens N brand: Brand switch fee payable (Pharmacode 2423138) - see page 186 for details~~

~~e) CareSens N POP brand: Brand switch fee payable (Pharmacode 2423154) - see page 186 for details~~

~~f) CareSens II brand: Brand switch fee payable (Pharmacode 2423146) - see page 186 for details~~

~~g) No patient co-payment payable~~

Only one CareSens meter per patient. No further prescriptions will be subsidised for patients who already have a CareSens meter. For the avoidance of doubt patients who have previously received a funded meter, other than CareSens, are eligible for a CareSens meter. The prescription must be endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of insulin or sulphonylureas.

| | | | |
|---|---|---|---|
| Meter with 50 lancets, a lancing device and 10 diagnostic test strips – Note differing brand requirements | 20.00 | 1 OP | ✔**CareSens II**<br>✔**CareSens N**<br>✔**CareSens N POP** |

**Note: Only 1 meter available per PSO**

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

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

## Changes to Restrictions - effective 1 July 2013 (continued)

30 BLOOD GLUCOSE DIAGNOSTIC TEST STRIP

a) **Up to 50 test available on a PSO.**

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

1) Prescribed with insulin or a sulphonylurea but are on a different prescription and endorsed accordingly; or
2) Prescribed on the same prescription as insulin or a sulphonylurea in which case the prescription is deemed to be endorsed; or
3) Prescribed for a pregnant woman with diabetes and endorsed accordingly; or
4) Prescribed for a patient on home TPN at risk of hypoglycaemia or hyperglycaemia and endorsed accordingly; or
5) Prescribed for a patient with a genetic or an acquired disorder of glucose homeostasis excluding type 1 or type 2 diabetes and metabolic syndrome and endorsed accordingly.

Blood glucose test strips

| | | | |
|---|---|---|---|
| – Note differing brand requirements below ..... | 10.56 | 50 test OP | ✔**CareSens** |
| | | | ✔**CareSens N** |
| | 28.75 | | ✔**Accu-Chek Performa** |
| | | | ✔**Freestyle Optium** |

a) Accu-Chek Performa brand: Special Authority see SA1294 – Retail pharmacy

b) Freestyle Optium brand: Special Authority see SA1291 – Retail pharmacy

**Note: Accu-Chek Performa and Freestyle Optium are not available on a PSO**

38 URSODEOXYCHOLIC ACID – Special Authority see **SA1383** ~~1188~~ – Retail pharmacy

Cap 250 mg – For ursodeoxycholic acid oral liquid formulation refer, page 188..... 71.50 100 ✔**Ursosan**

➽ **SA1383** ~~1188~~ Special Authority for Subsidy

**Initial application – (Alagille syndrome or progressive familial intrahepatic cholestasis) - from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:**

**Either:**

1. **Patient has been diagnosed with Alagille syndrome; or**
2. **Patient has progressive familial intrahepatic cholestasis.**

**Initial application – (Chronic severe drug induced cholestatic liver injury) - from any relevant practitioner. Approvals valid for 3 months for applications meeting the following criteria:**

**All of the following:**

1. **Patient has chronic severe drug induced cholestatic liver injury; and**
2. **Cholestatic liver injury not due to Total Parenteral Nutrition (TPN) use in adults; and**
3. **Treatment with ursodeoxycholic acid may prevent hospital admission or reduce duration of stay.**

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

**Both:**

1. **Primary biliary cirrhosis confirmed by antimitochondrial antibody titre (AMA) > 1:80, and raised cholestatic liver enzymes with or without raised serum IgM or, if AMA is negative, by liver biopsy; and**
2. **Patient not requiring a liver transplant (bilirubin > 170 100 umol/l; decompensated cirrhosis).**

Initial application – (Pregnancy~~/Cirrhosis~~) - from any relevant practitioner. Approvals valid for 6 months where the

~~Either:~~

patient diagnosed with cholestasis of pregnancy.~~; or~~

~~1. Both:~~

~~1.1. 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~~

~~1.2. Patient not requiring a liver transplant (bilirubin > 170 100 umol/l; decompensated cirrhosis)~~

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

*continued...*

## Changes to Restrictions - effective 1 July 2013 (continued)

*continued...*

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.

**Initial application – (Total parenteral nutrition induced cholestasis) from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:**
**Both:**
1. **Paediatric patient has developed abnormal liver function as indicated on testing which is likely to be induced by Total Parenteral Nutrition (TPN); and**
2. **Liver function has not improved with modifying the TPN composition.**

**Renewal (Chronic severe drug induced cholestatic liver injury) from any relevant practitioner. Approvals valid for 6 months where the patient continues to benefit from treatment.**

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

**Renewal - (Total parenteral nutrition induced cholestasis) from any relevant practitioner. Approvals valid for 6 months where a paediatric patient continues to require TPN and who is benefiting from treatment, defined as a sustained improvement in bilirubin levels.**

Note: Ursodeoxycholic acid is not an appropriate therapy for patients requiring a liver transplant (bilirubin > ~~170~~ **100** $\mu$mol/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.

| | | | | |
|---|---|---|---|---|
| 38 | ~~MUCILAGINOUS LAXATIVES~~ **ISPAGHULA (PSYLLIUM) HUSK** – Only on a prescription | | | |
| | ✻ ~~Dry~~ **Powder for oral soln** | 5.51 | 500 g OP | ✔ **Konsyl-D** |
| 47 | PROTAMINE SULPHATE | | | |
| | ✻ Inj 10 mg per ml, 5 ml | 22.40 | 10 | |
| | | (101.61) | | Artex S29 |
| 52 | QUINAPRIL – **Brand switch fee payable (Pharmacode 2441497)** | | | |
| | ✻ Tab 5 mg | 3.44 | 90 | ✔ **Arrow-Quinapril 5** |
| | ✻ Tab 10 mg | 4.64 | 90 | ✔ **Arrow-Quinapril 10** |
| | ✻ Tab 20 mg | 6.34 | 90 | ✔ **Arrow-Quinapril 20** |
| 78 | CYPROTERONE ACETATE WITH ETHINYLOESTRADIOL | | | |
| | ✻ Tab 2 mg with ethinyloestradiol 35 mcg and 7 inert tabs | | | |
| | – **Up to 84 tab available on a PSO** | 3.89 | 84 | ✔ **Ginet 84** |
| 80 | SOLIFENACIN SUCCINATE – Special Authority see SA0998 – Retail pharmacy | | | |
| | Tab 5 mg | 56.50 | 30 | ✔ **Vesicare** |
| | Tab 10 mg | 56.50 | 30 | ✔ **Vesicare** |

SA0998 Special Authority for Subsidy
Initial application from any relevant practitioner. Approvals valid without further renewal, unless notified, where the patient has overactive bladder and a documented intolerance of, **or is non-responsive to** oxybutynin.

## Changes to Restrictions - effective 1 July 2013 (continued)

80 TOLTERODINE – Special Authority see SA1272 – Retail pharmacy

| | | | |
|---|---|---|---|
| Tab 1 mg | 14.56 | 56 | ✔**Arrow-Tolterodine** |
| Tab 2 mg | 14.56 | 56 | ✔**Arrow-Tolterodine** |

➽ SA1272 Special Authority for Subsidy

Initial application from any relevant practitioner. Approvals valid without further renewal, unless notified, where the patient has overactive bladder and a documented intolerance of, **or is non-responsive to** oxybutynin.

82 PREDNISONE

| | | | |
|---|---|---|---|
| Tab 1 mg | 10.68 | 500 | ✔**Apo-Prednisone** |

**Note: the removal of the stat symbol will be temporary due to a potential out of stock**

85 PROPYLTHIOURACIL – Special Authority see SA1199 – Retail pharmacy

| | | | |
|---|---|---|---|
| Tab 50 mg | 35.00 | 100 | ✔**PTU** S29 |

**Note: Propylthiouracil is not recommended for patients under the age of 18 years unless the patient is pregnant and other treatments are contraindicated.**

86 CABERGOLINE

| | | | |
|---|---|---|---|
| Tab 0.5 mg – Maximum of 2 tab per prescription; | | | |
| can be waived by Special Authority see **SA1370** ~~1031~~ | 6.25 | 2 | ✔**Dostinex** |
| | 25.00 | 8 | ✔**Dostinex** |

➽ **SA1370** ~~1031~~ Special Authority for Waiver of Rule

Initial application ~~only~~ from ~~an obstetrician, endocrinologist or~~ **any relevant practitioner**. Approvals valid without further renewal unless notified **for applications meeting the following criteria** ~~where the patient has~~:
**1)** pathological hyperprolactinemia**; or**
2) **acromegaly*.**

Renewal **(for patients who have previously been funded under Special Authority form SA1031)** ~~only~~ from ~~an obstetrician, endocrinologist or gynaecologist~~ **any relevant practitioner**. Approvals valid without further renewal unless notified where the patient has previously held a Special Authority which has expired and the treatment remains appropriate and the patient is benefiting from treatment.
**Indication marked with * is an Unapproved Indication.**

86 DANAZOL ~~– Retail pharmacy-Specialist~~

| | | | |
|---|---|---|---|
| Cap 100 mg | 68.33 | 100 | ✔**Azol** |
| Cap 200 mg | 97.83 | 100 | ✔**Azol** |

88 CEFAZOLIN SODIUM – Subsidy by endorsement

Only if prescribed for dialysis or ~~cystic fibrosis patient~~ **cellulitis in accordance with a DHB approved protocol** and the prescription is endorsed accordingly.

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

88 CEFTRIAXONE SODIUM – Subsidy by endorsement

a) Up to 5 inj available on a PSO
b) Subsidised only if prescribed for a dialysis or cystic fibrosis patient, or the treatment of ~~confirmed ciprofloxacin-resistant~~ gonorrhoea, **or the treatment of pelvic inflammatory disease**, or the treatment of suspected meningitis in patients who have a known allergy to penicillin, and the prescription or PSO is endorsed accordingly.

| | | | |
|---|---|---|---|
| Inj 500 mg | 2.70 | 1 | ✔**Veracol** |
| Inj 1 g | 10.49 | 5 | ✔**Aspen Ceftriaxone** |

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

## Changes to Restrictions - effective 1 July 2013 (continued)

91 MINOCYCLINE HYDROCHLORIDE

✻ Tab 50 mg – **Additional subsidy by Special Authority see SA1355 – Retail pharmacy** ..... 5.79 (12.05) 60 Mino-tabs

**➽ SA1355 Special Authority for Manufacturers Price**

**Initial application from any relevant practitioner. Approvals valid without further renewal unless notified where the patient has rosacea.**

92 GENTAMICIN SULPHATE

Inj 10 mg per ml, 1 ml – Subsidy by endorsement ..... 8.56 5 ✔**Mayne**

Only if prescribed for a dialysis or cystic fibrosis patient ~~or for prophylaxis of endocarditis~~ **or complicated urinary tract infection**, and the prescription is endorsed accordingly.

Inj 10 mg per ml, 2 ml – Subsidy by endorsement ..... 175.10 25 ✔**APP Pharmaceuticals** **S29**

Only if prescribed for a dialysis or cystic fibrosis patient ~~or for prophylaxis of endocarditis~~ **or complicated urinary tract infection**, and the prescription is endorsed accordingly.

Inj 40 mg per ml, 2 ml – Subsidy by endorsement ..... 6.50 10 ✔**Pfizer**

Only if prescribed for a dialysis or cystic fibrosis patient ~~or for prophylaxis of endocarditis~~ **or complicated urinary tract infection**, and the prescription is endorsed accordingly.

92 MOXIFLOXACIN – Special Authority see **SA1358** ~~1065~~ – Retail pharmacy

No patient co-payment payable

Tab 400 mg ..... 52.00 5 ✔**Avelox**

**➽ SA1358** ~~1065~~ Special Authority for Subsidy

**Initial application - (Mycoplasma genitalium) from any relevant practitioner. Approvals valid for 1 month for applications meeting the following criteria:**

**All of the following:**

**1. Has nucleic acid amplification test (NAAT) confirmed Mycoplasma genitalium*; and**

**2. Has tried and failed to clear infection using azithromycin; and**

**3. Treatment is only for 7 days.**

**Initial application - (Penetrating eye injury) only from an ophthalmologist. Approvals valid for 1 month where the patient requires prophylaxis following a penetrating eye injury and treatment is for 5 days only.**

Note: Indications marked with * are Unapproved Indications (refer to Section A: General Rules, Part I (Interpretations and Definitions) and Part IV (Miscellaneous Provisions) rule 4.6).

93 VANCOMYCIN HYDROCHLORIDE – Subsidy by endorsement

Only if prescribed for a dialysis or cystic fibrosis patient or ~~in the treatment of pseudomembranous colitis or~~ for prophylaxis of endocarditis **or for treatment of Clostridium difficile following metronidazole failure** and the prescription is endorsed accordingly.

Inj 500 mg ..... 3.58 1 ✔**Mylan**

94 FLUCONAZOLE

Powder for oral suspension 10 mg per ml

– Special Authority see **SA1359** ~~1148~~ – Retail pharmacy ..... 34.56 35 ml ✔**Diflucan**

**➽ SA1359** ~~1148~~ Special Authority for Subsidy

Initial application – **(Systemic candidiasis)** from any relevant practitioner. Approvals valid for 6 weeks for applications meeting the following criteria:

Both:

1. Patient requires prophylaxis for, or treatment of systemic candidiasis; and

*continued...*

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

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

## Changes to Restrictions - effective 1 July 2013 (continued)

*continued...*

2. Patient is unable to swallow capsules.

**Initial application – (Immunocompromised) from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:**
**All of the following:**
**1. Patient is immunocompromised; and**
**2. Patient is at moderate to high risk of invasive fungal infection; and**
**3. Patient is unable to swallow capsules.**
Renewal – **(Systemic candidiasis)** from any relevant practitioner. Approvals valid for 6 weeks for applications meeting the following criteria:
Both:
1. Patient requires prophylaxis for, or treatment of systemic candidiasis; and
2. Patient is unable to swallow capsules.

**Renewal – (Immunocompromised) from any relevant practitioner. Approvals valid for 6 month for applications meeting the following criteria:**
**All of the following:**
**1. Patient remains immunocompromised; and**
**2. Patient remains at moderate to high risk of invasive fungal infection; and**
**3. Patient is unable to swallow capsules.**

98 LAMIVUDINE – Special Authority see **SA1360** ~~0832~~ – Retail pharmacy

| | | | |
|---|---|---|---|
| Tab 100 mg | 32.50 | 28 | ✔**Zetlam** |
| Oral liq 5 mg per ml | 90.00 | 240 ml | ✔**Zeffix** |

➽ **SA1360** ~~0832~~ Special Authority for Subsidy
Initial application only from a gastroenterologist, infectious disease specialist, paediatrician or general physician **or on the recommendation of a gastroenterologist, infectious disease specialist, paediatrician or general physician**. Approvals valid for 1 year for applications meeting the following criteria:
Any of the following:
~~1.1 All of the following:~~
~~1.1.1 HBsAg positive for more than 6 months; and~~
~~1.1.2 HBeAg positive or HBV DNA positive defined as > 100,000 copies per ml by quantitative PCR at a reference laboratory; and~~
~~1.1.3 ALT greater than twice upper limit of normal or bridging fibrosis or cirrhosis (Metavir stage 3 or 4 or equivalent) on liver histology or clinical/radiological evidence of cirrhosis; or~~
~~2~~**1** HBV DNA positive cirrhosis prior to liver transplantation; or
~~3~~**2** HBsAg positive and have had a liver, kidney, heart, lung or bone marrow transplant; or
~~4~~**3 Hepatitis B virus naïve patient who has received a liver transplant from an anti-HBc (Hepatitis B core antibody) positive donor; or**
4 Hepatitis B surface antigen (HbsAg) **positive** patient who is receiving chemotherapy for a malignancy, or high dose steroids (at least 20mg/day for at least 7 days) or who has received such treatment within the previous two months; **or**
**5 Hepatitis B surface antigen positive patient who is receiving anti tumour necrosis factor treatment; or**
**6 Hepatitis B core antibody (anti-HBc) positive patient who is receiving rituximab plus high dose steroids (e.g. R-CHOP).**

~~2. All of the following:~~
~~2.1. No continuing alcohol abuse or intravenous drug use; and~~
~~2.2. Not coinfected with HCV or HDV; and~~
~~2.3. Neither ALT nor AST greater than 10 times upper limit of normal; and~~
~~2.4. No history of hypersensitivity to lamivudine; and~~
~~2.5. No previous lamivudine therapy with genotypically proven lamivudine resistance.~~

*continued...*

## Changes to Restrictions - effective 1 July 2013 (continued)

*continued...*

Renewal only from a gastroenterologist, infectious disease specialist, paediatrician or general physician **or on the recommendation of a gastroenterologist, infectious disease specialist. paediatrician or general physician**.

Approvals valid for 2 years for applications meeting the following criteria:
Any of the following:
Renewal for patients who have maintained continuous treatment and response to lamivudine

1. All of the following:
   1.1. Have maintained continuous treatment with lamivudine; and
   1.2. Most recent test result shows continuing biochemical response (normal ALT); and
   1.3. HBV DNA < 100,000 copies per ml by quantitative PCR at a reference laboratory.

   Renewal when given in combination with adefovir dipivoxil for patients with cirrhosis and resistance to lamivudine
2. All of the following
   2.1. lamivudine to be used in combination with adefovir dipivoxil; and
   2.2. patient is cirrhotic; and
   Documented resistance to lamivudine, defined as:
   2.3. patient has raised serum ALT (> 1 x ULN); and
   2.4. patient has HBV DNA greater than 100,000 copies per mL, or viral load = 10 fold over nadir; and
   2.5. detection of M204I or M204V mutation.

   Renewal when given in combination with adefovir dipivoxil for patients with resistance to adefovir dipivoxil
3. All of the following
   3.1. lamivudine to be used in combination with adefovir dipivoxil; and
   Documented resistance to adefovir, defined as:
   3.2. patient has raised serum ALT (> 1 x ULN); and
   3.3. patient has HBV DNA greater than 100,000 copies per mL, or viral load = 10 fold over nadir; and
   3.4. detection of N236T or A181T/V mutation

98 ENTECAVIR – Special Authority see **SA1361** ~~0977~~ – Retail pharmacy
Tab 0.5 mg ..... 400.00 30 ✔**Baraclude**

**SA1361** ~~0977~~ Special Authority for Subsidy
Initial application only from a gastroenterologist or infectious disease specialist. Approvals valid without further renewal unless notified for applications meeting the following criteria:
All of the following:

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

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

## Changes to Restrictions - effective 1 July 2013 (continued)

100 TENOFOVIR DISOPROXIL FUMARATE – Subsidy by endorsement; can be waived by Special Authority see **SA1362** ~~1047~~

Endorsement for treatment of HIV~~/AIDS~~: Prescription is deemed to be endorsed if tenofovir disoproxil fumarate is co-prescribed with another anti-retroviral subsidised under Special Authority **SA1364** ~~1025~~ and the prescription is annotated accordingly by the Pharmacist or endorsed by the prescriber.

Note: Tenofovir disoproxil fumarate prescribed under endorsement for the treatment of HIV~~/AIDS~~ is included in the count of up to 4 subsidised antiretrovirals for the purposes of Special Authority **SA1364** ~~1025~~.

Tab 300 mg ..... 531.00 30 ✔**Viread**

➽ **SA1362** ~~1047~~ Special Authority for Waiver of Rule

Initial application - (Chronic Hepatitis B) Only from a gastroenterologist, infectious disease specialist or general physician. Approvals valid without further renewal, unless notified, for applications meeting the following criteria:

Any of the following

1. Patient has confirmed Hepatitis B infection (HBsAg positive for more than 6 months); and
   - 1.1. All of the following
     - 1.1.1. Patient has had previous lamivudine, adefovir or entecavir therapy; and
     - 1.1.2. HBV DNA greater than 20,000 IU/mL or increased = 10 fold over nadir; and
     - 1.1.3. Any of the following:
       - 1.1.3.1. Lamivudine resistance - detection of M204I/V mutation; or
       - 1.1.3.2. Adefovir resistance - detection of A181T/V or N236T mutation; or
       - 1.1.3.3. Entecavir resistance - detection of relevant mutations including I169T, L180M T184S/A/I/L/G/C/M, S202C/G/I, M204V or M250I/V mutation**; or**

**2.** Patient is either listed or has undergone liver transplantation for HBV**; or**

**3. Patient has decompensated cirrhosis with a Mayo score >20.**

Initial application - (Pregnant**, active hepatitis B**) only from a gastroenterologist, infectious disease physician or general physician. Approvals valid for **12 months** ~~4 months~~ for applications meeting the following criteria:

Both:

**1 Patient is HBsAg positive and pregnant; and**

~~2 Either:~~

~~2.1~~ HBV DNA > 20,000 IU/mL and ALT > ULN~~; or~~

~~2.2 HBV DNA > 100 million IU/mL and ALT normal.~~

Renewal - (Subsequent Pregnancy **or breastfeeding, active hepatitis B**) only from a gastroenterologist, infectious disease specialist or general physician. Approvals valid for **12 months** ~~4 months~~ for applications meeting the following criteria:

Both:

1 Patient is HBsAg positive and pregnant or breastfeeding; and

~~2 Either:~~

~~2.1~~ HBV DNA > 20,000 IU/mL and ALT > ULN; or

~~2.2 HBV DNA > 100 million IU/mL and ALT normal.~~

Initial application - (Pregnant, **prevention of vertical transmission**) only from a gastroenterologist, infectious disease specialist or general physician. Approvals valid for **6 months** ~~4 months~~ for applications meeting the following criteria:

Both:

1 Patient is HBsAg positive and pregnant; and

~~2 Either:~~

~~2.1 HBV DNA > 20,000 IU/mL and ALT > ULN; or~~

~~2.2~~ HBV DNA > ~~100~~ **20** million IU/mL and ALT normal.

Renewal - (Subsequent pregnancy, prevention of vertical transmission) only from a gastroenterologist, infectious disease specialist or general physician. Approvals valid for 6 months ~~4 months~~ for applications meeting the following criteria:

*continued...*

## Changes to Restrictions - effective 1 July 2013 (continued)

*continued...*

Both:
1 Patient is HBsAg positive and pregnant; and
~~2 Either:~~
~~2.1 HBV DNA > 20,000 IU/mL and ALT > ULN; or~~
~~2.2~~ HBV DNA > ~~100~~ **20** million IU/mL and ALT normal.

100 VALACICLOVIR – Special Authority see **SA1363** ~~0957~~ – Retail pharmacy
Tab 500 mg ..... 102.72 30 ✔**Valtrex**

**SA1363** ~~0957~~ Special Authority for Subsidy

Initial application – (recurrent genital herpes) from any medical practitioner. Approvals valid for 12 months where the patient has genital herpes with 2 or more breakthrough episodes in any 6 month period while treated with aciclovir 400 mg twice daily.
Renewal – (recurrent genital herpes) from any medical practitioner. Approvals valid for 12 months where the treatment remains appropriate and the patient is benefiting from treatment.
Initial application – (ophthalmic zoster) from any medical practitioner. Approvals valid without further renewal unless notified where the patient has previous history of ophthalmic zoster and the patient is at risk of vision impairment.
Initial application – (CMV prophylaxis) from any medical practitioner. Approvals valid for 3 months where the patient has undergone organ transplantation.
**Initial application – (immunocompromised patients) from any medical practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:**
**All of the following:**
**1 Patients is immunocompromised; and**
**2 Patient has herpes zoster; and**
**3 Valaciclovir is to be given for a maximum of 7 days per course.**

102 ANTIRETROVIRALS

**SA1364** ~~1025~~ Special Authority for Subsidy
Initial application – (Confirmed HIV~~/AIDS~~) only from a named specialist. Approvals valid without further renewal unless notified for applications meeting the following criteria:
Both:
1 Confirmed HIV infection; and
2 Any of the following:
2.1 Symptomatic patient; or
2.2 Patient aged 12 months and under; or
2.3 Both:
2.3.1 Patient aged 1 to 5 years; and
2.3.2 Any of the following:
2.3.2.1 CD4 counts < 1000 cells/mm3; or
2.3.2.2 CD4 counts < 0.25 × total lymphocyte count; or
2.3.2.3 Viral load counts > 100000 copies per ml; or
2.4 Both:
2.4.1 Patient aged 6 years and over; and
2.4.2 CD4 counts < ~~350~~**500** cells/$mm^3$.
Notes: Tenofovir disoproxil fumarate prescribed under endorsement for HIV~~/AIDS~~ is included in the count of up to 4 subsidised antiretrovirals.
Subsidies for a combination of up to four antiretroviral medications. The combination of a protease inhibitor and low-dose ritonavir given as a booster (either as part of a combination product or separately) will be counted as one protease inhibitor for the purpose of accessing funding to antiretrovirals.

*continued...*

## Changes to Restrictions - effective 1 July 2013 (continued)

*continued...*

Renewal — (Confirmed HIV~~/AIDS~~) only from a named specialist. Approvals valid without further renewal unless notified where the treatment remains appropriate and the patient is benefiting from treatment.

Initial application — (Prevention of maternal transmission) only from a named specialist. Approvals valid for 1 year for applications meeting the following criteria:
Either:
1 Prevention of maternal foetal transmission; or
2 Treatment of the newborn for up to eight weeks.
Notes: Tenofovir disoproxil fumarate prescribed under endorsement for HIV~~/AIDS~~ is included in the count of up to 4 subsidised antiretrovirals. Subsidies for a combination of up to four antiretroviral medications. The combination of a protease inhibitor and low-dose ritonavir given as a booster (either as part of a combination product or separately) will be counted as one protease inhibitor for the purpose
of accessing funding to antiretrovirals. Some antiretrovirals are unapproved or contraindicated for this indication. Practitioners prescribing these medications should exercise their own skill, judgement, expertise and discretion, and make their own prescribing decisions with respect to the use of a Pharmaceutical for an indication for which it is not approved or contraindicated.

Initial application – (post-exposure prophylaxis following non-occupational exposure to HIV) only from a named specialist.
Approvals valid for 4 weeks for applications meeting the following criteria:
Both:
1 Treatment course to be initiated within 72 hours post exposure; and
2 Either:
2.1 Patient has had unprotected receptive anal intercourse with a known HIV positive person; or
2.2 Patient has shared intravenous injecting equipment with a known HIV positive person**; or**
**2.3 Patient has had non-consensual intercourse and the clinician considers that the risk assessment indicates prophylaxis is required**
Notes: Tenofovir disoproxil fumarate prescribed under endorsement for HIV~~/AIDS~~ is included in the count of up to 4 subsidised antiretrovirals. Subsidies for a combination of up to four antiretroviral medications. The combination of a protease inhibitor and low-dose ritonavir given as a booster (either as part of a combination product or separately) will be counted as one protease inhibitor for the purpose of accessing funding to antiretrovirals.

Renewal – (second or subsequent post-exposure prophylaxis) only from a named specialist. Approvals valid for 4 weeks for applications meeting the following criteria:
Both:
1 Treatment course to be initiated within 72 hours post exposure; and
2 Either:
2.1 Patient has had unprotected receptive anal intercourse with a known HIV positive person; or
2.2 Patient has shared intravenous injecting equipment with a known HIV positive person; or
**2.3 Patient has had non-consensual intercourse and the clinician considers that the risk assessment indicates prophylaxis is required**

Initial application – (Percutaneous exposure) only from a named specialist. Approvals valid for 6 weeks where the patient has percutaneous exposure to blood known to be HIV positive.
Notes: Tenofovir disoproxil fumarate prescribed under endorsement for HIV~~/AIDS~~ is included in the count of up to 4 subsidised antiretrovirals. Subsidies for a combination of up to four antiretroviral medications. The combination of a protease inhibitor and low-dose ritonavir given as a booster (either as part of a combination product or separately) will be counted as one protease inhibitor for the purpose of accessing funding to antiretrovirals.

Renewal – (Second or subsequent percutaneous exposure) only from a named specialist. Approvals valid for 6 weeks where the patient has percutaneous exposure to blood known to be HIV positive.

## Changes to Restrictions - effective 1 July 2013 (continued)

105 Guidelines for the use of interferon in the treatment of hepatitis C:
Physicians considering treatment of patients with hepatitis C should discuss cases with a gastroenterologist or an infectious disease physician. All subjects undergoing treatment require careful monitoring for side effects. Patients should be otherwise fit.
Hepatocellular carcinoma should be excluded by ultrasound examination and alpha-fetoprotein level.
Criteria for Treatment
a) Diagnosis
- Anti-HCV positive on at least two occasions with a positive PCR for HCV-RNA and preferably confirmed by a supplementary RIBA test; or
- PCR-RNA positive for HCV on at least 2 occasions if antibody negative; or
- Anti-HCV positive on at least two occasions with a positive supplementary RIBA test with a negative PCR for HCV RNA but with a liver biopsy consistent with 2(b) following.

~~b) Establishing Active Chronic Liver Disease~~
~~- Confirmed HCV infection and serum ALT/AST levels measured on at least three occasions over six months averaging > 1.5 x upper limit of normal. (ALT is the preferable enzyme); or~~
~~- Liver biopsy showing significant inflammatory activity (active hepatitis) with or without cirrhosis. This is not a necessary requirement for those patients with coagulopathy. (Some patients have active disease on histology with normal transaminase enzymes).~~

Exclusion Criteria
a) Autoimmune liver disease. (Interferon may exacerbate autoimmune liver disease as well as other autoimmune diseases such as thyroid disease).
b) Pregnancy.
c) Neutropenia (<2.0 x 109) and/or thrombocytopenia.
d) Continuing alcohol abuse and/or continuing intravenous drug users.

Dosage
The current recommended dosage is 3 million units of interferon alpha-2a or interferon alpha-2b administered subcutaneously three times a week for 52 weeks (twelve months).

Exit Criteria
The patient's response to interferon treatment should be reviewed at either three or four months. Interferon treatment should be discontinued in patients who do not show a substantial reduction (50%) in their mean pre-treatment ALT level at this stage.

107 PEGYLATED INTERFERON ALPHA-2A – Special Authority see **SA1365** ~~1134~~ – Retail pharmacy
See prescribing guideline

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

*continued...*

## Changes to Restrictions - effective 1 July 2013 (continued)

*continued...*

**SA1365** ~~1134~~ Special Authority for Subsidy

Initial application – (chronic hepatitis C - genotype 1, 4, 5 or 6 infection or co-infection with HIV **or genotype 2 or 3 post liver transplant**) from any specialist. Approvals valid for 18 months for applications meeting the following criteria:

Both:

1 **Any of the following:** ~~Either:~~
   1.1 Patient has chronic hepatitis C, genotype 1, 4, 5 or 6 infection; or
   1.2 Patient has chronic hepatitis C and is co-infected with HIV; ~~and~~ **or**
   **1.3 Patient has chronic hepatitis C genotype 2 or 3 and has received a liver transplant; and**
2 Maximum of 48 weeks therapy.

Notes:

• Consider stopping treatment if there is absence of a virological response (defined as at least a 2-log reduction in viral load) following 12 weeks of treatment since this is predictive of treatment failure.

• Consider reducing treatment to 24 weeks if serum HCV RNA level at Week 4 is undetectable by sensitive PCR assay (less than 50 IU/ml) AND Baseline serum HCV RNA is less than 400,000 IU/ml

Initial application – (chronic hepatitis C - genotype 2 or 3 infection without co-infection with HIV) from any specialist.

Approvals valid for 12 months for applications meeting the following criteria:

Both:

1 Patient has chronic hepatitis C, genotype 2 or 3 infection; and
2 Maximum of 6 months therapy.

Initial application – (Hepatitis B) only from a gastroenterologist, infectious disease specialist or general physician.

Approvals valid for 18 months for applications meeting the following criteria:

All of the following:

1 Patient has confirmed Hepatitis B infection (HBsAg positive for more than 6 months); and
2 Patient is Hepatitis B treatment-naive; and
3 ALT > 2 times Upper Limit of Normal; and
4 HBV DNA < 10 log10 IU/ml; and
5 Either:
   5.1 HBeAg positive; or
   5.2 serum HBV DNA ≥ 2,000 units/ml and significant fibrosis (≥ Metavir Stage F2 **or moderate fibrosis**); and
6 Compensated liver disease; and
7 No continuing alcohol abuse or intravenous drug use; and
8 Not co-infected with HCV, HIV or HDV; and
9 Neither ALT nor AST > 10 times upper limit of normal; and
10 No history of hypersensitivity or contraindications to pegylated interferon; and
11 Maximum of 48 weeks therapy.

Notes:

• Approved dose is 180 mcg once weekly.

• The recommended dose of Pegylated Interferon-alpha 2a is 180 mcg once weekly.

• In patients with renal insufficiency (calculated creatinine clearance less than 50ml/min), Pegylated Interferon-alpha 2a dose should be reduced to 135 mcg once weekly.

• In patients with neutropaenia and thrombocytopaenia, dose should be reduced in accordance with the datasheet guidelines.

• Pegylated Interferon-alpha 2a is not approved for use in children.

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

## Changes to Restrictions - effective 1 July 2013 (continued)

119 LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE

| | | | |
|---|---|---|---|
| Inj 1%, 5 ml ampoule – Up to **2**5 inj available on a PSO | 35.60 | 50 | ✔**Xylocaine** |
| | 6.90 | 25 | ✔**Lidocaine-Claris** |

130 SUMATRIPTAN

| | | | |
|---|---|---|---|
| Inj 12 mg per ml, 0.5 ml **cartridge** | | | |
| – Maximum of 10 inj per prescription | 13.80 | 2 OP | ✔**Arrow-Sumatriptan** |

131 HYOSCINE (SCOPOLAMINE) – Special Authority see **SA1387** ~~0939~~ – Retail pharmacy

| | | | |
|---|---|---|---|
| Patch 1.5 mg | 11.95 | 2 | ✔**Scopoderm TTS** |

➽ **SA1387** ~~0939~~ Special Authority for Subsidy

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

~~All of the following:~~

**Either:**

1 Control of intractable nausea, vomiting, or inability to swallow saliva in the treatment of malignancy or chronic disease **where the patient cannot tolerate or does not adequately respond to oral anti-nausea agents; or** ~~and~~

2 **Control of clozapine-induced hypersalivation where trials of at least two other alternative treatments have proven ineffective.**

~~2 Patient cannot tolerate or does not adequately respond to oral anti-nausea agents; and~~

~~3 The applicant must specify the underlying malignancy or chronic disease.~~

Renewal from any relevant practitioner. Approvals valid for 1 year where the treatment remains appropriate and the patient is benefiting from treatment.

166 ADALIMUMAB – Special Authority see **SA1371** ~~1156~~ – Retail pharmacy

| | | | |
|---|---|---|---|
| Inj 20 mg per 0.4 ml prefilled syringe | 1,799.92 | 2 | ✔**Humira** |
| Inj 40 mg per 0.8 ml prefilled pen | 1,799.92 | 2 | ✔**HumiraPen** |
| Inj 40 mg per 0.8 ml prefilled syringe | 1,799.92 | 2 | ✔**Humira** |

**Note: Only the new criteria is listed below existing criteria remains unchanged.**

➽ **SA1371** ~~1156~~ Special Authority for Subsidy

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

**Either:**

**1 Both:**

**1.1 The patient has had an initial Special Authority approval for etanercept for juvenile idiopathic arthritis (JIA); and**

**1.2 Either:**

**1.2.1 The patient has experienced intolerable side effects from etanercept; or**

**1.2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for etanercept for juvenile idiopathic arthritis; or**

**2 All of the following:**

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

**2.2 Patient diagnosed with JIA; and**

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

**2.4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate (at a dose of 10-20 mg/m² weekly or at the maximum tolerated dose) in combination with either oral corticosteroids (prednisone 0.25 mg/kg or at the maximum tolerated dose) or a full trial of serial intra-articular corticosteroid injections; and**

**2.5 Both:**

**2.5.1 Either:**

*continued...*

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

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

## Changes to Restrictions - effective 1 July 2013 (continued)

*continued...*

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

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

**2.5.2 Physician's global assessment indicating severe disease.**

**Initial application – (fistulising Crohn's disease) only from a gastroenterologist. Approvals valid for 6 months for applications meeting the following criteria:**
**1 Patient has confirmed Crohn's disease; and**
**2 Either**
**2.1 Patient has one or more complex externally draining enterocutaneous fistula(e); or**
**2.2 Patient has one or more rectovaginal fistula(e); and**
**3 A Baseline Fistula Assessment has been completed and is no more than 1 month old at the time of application; and**
**4 The patient will be assessed for response to treatment after 4 months' adalimumab treatment (see Note).**
**Note: a maximum of 4 months' adalimumab will be subsidised on an initial Special Authority approval for fistulising Crohn's disease.**

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

**Renewal – (fistulising Crohn's disease) only from a gastroenterologist or Practitioner on the recommendation of a gastroenterologist. Approvals valid for 6 months meeting the following criteria:**
**Both:**
**1 Either:**
**1.1 Applicant is a gastroenterologist; or**
**1.2 Applicant is a Practitioner and confirms that a gastroenterologist has provided a letter, email or fax recommending that the patient continues with adalimumab treatment; and**
**2 Either:**
**2.1 The number of open draining fistulae have decreased from baseline by at least 50%; or**
**2.2 There has been a marked reduction in drainage of all fistula(e) from baseline as demonstrated by a reduction in the Fistula Assessment score, together with less induration and patient-reported pain.**

## Changes to Restrictions - effective 1 July 2013 (continued)

175 BEE VENOM ALLERGY TREATMENT – Special Authority see **SA1368** ~~0053~~ – Retail pharmacy

| | | | |
|---|---|---|---|
| Maintenance kit - 6 vials 120 mcg freeze dried venom, 6 diluent 1.8 ml | 285.00 | 1 OP | ✔**Albay** |
| Treatment kit - Inj 1 vial 550 mcg freeze dried venom, 1 diluent 9 ml, 3 diluent 1.8 ml | 285.00 | 1 OP | ✔**Albay** |

➽ **SA1368** ~~0053~~ Special Authority for Subsidy
Initial application only from a relevant specialist. Approvals valid for 2 years for applications meeting the following criteria:
Both:
1 RAST or skin test positive; and
2 Patient has had severe generalised reaction to the sensitising agent.
Renewal only from a relevant specialist. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.

175 WASP VENOM ALLERGY TREATMENT – Special Authority see **SA1367** ~~0053~~ – Retail pharmacy

| | | | |
|---|---|---|---|
| Treatment kit (Paper wasp venom) - 1 vial 550 mcg freeze dried polister venom, 1 diluent 9 ml, 1 diluent 1.8 ml | 285.00 | 1 OP | ✔**Albay** |
| Treatment kit (Yellow jacket venom) - 1 vial 550 mcg freeze dried vespula venom, 1 diluent 9 ml, 1 diluent 1.8 ml | 285.00 | 1 OP | ✔**Albay** |

➽ **SA1367** ~~0053~~ Special Authority for Subsidy
Initial application only from a relevant specialist. Approvals valid for 2 years for applications meeting the following criteria:
Both:
1 RAST or skin test positive; and
2 Patient has had severe generalised reaction to the sensitising agent.
Renewal only from a relevant specialist. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.

196 CARBOHYDRATE
➽ **SA1373** ~~1091~~ Special Authority for Subsidy
nitial application – (Cystic fibrosis or **kidney disease** ~~renal failure~~) only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 3 years for applications meeting the following criteria:
Either:
1 cystic fibrosis; or
~~2~~ chronic **kidney disease** ~~renal failure or continuous ambulatory peritoneal dialysis (CAPD) patient~~

Initial application – (Indications other than cystic fibrosis or renal failure) 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 cancer in children; or
2 cancers affecting alimentary tract where there are malabsorption problems in patients over the age of 20 years; or
3 **faltering growth in an infant/child; or**
~~failure to thrive; or~~
~~growth deficiency; or~~
4 bronchopulmonary dysplasia; or
5 premature and post premature infant; or
6 inborn errors of metabolism**; or**
7 **for use as a component in a modular formula.**

## Changes to Restrictions - effective 1 July 2013 (continued)

196 CARBOHYDRATE AND FAT

➽ **SA1376** ~~1091~~ Special Authority for Subsidy

Initial application – (Cystic fibrosis) only from a dietitian, relevant specialist or vocationally registered general practitioner.

Approvals valid for 3 years for applications meeting the following criteria:

Both:

1 infant **or child** aged four years or under; and

2 cystic fibrosis.

Initial application – (Indications other than cystic fibrosis) only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 1 year for applications meeting the following criteria:

Both:

1 Infant **or child** aged four years or under; and

2 Any of the following:

2.1 cancer in children; or

2.2 **faltering growth; or**
~~failure to thrive; or~~
~~growth deficiency; or~~

2.3 bronchopulmonary dysplasia; or

2.4 premature and post premature infants.

197 FAT

➽ **SA1374** ~~1092~~ Special Authority for Subsidy

Initial application — (Indications other than inborn errors of metabolism) 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 **faltering growth in an infant/child; or**
~~failure to thrive where other high caloric products are inappropriate or inadequate; or~~
~~growth deficiency; or~~

2 bronchopulmonary dysplasia; or

3 fat malabsorption; or

4 lymphangiectasia; or

5 short bowel syndrome; or

6 infants with necrotising enterocolitis; or

7 biliary atresia**; or**

**8 for use in a ketogenic diet; or**

**9 chyle leak; or**

**10 acites; or**

**11 for use as a component in a modular formula.**

198 PROTEIN

➽ **SA1375** ~~1093~~ Special Authority for Subsidy

Initial application only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 1 year for applications meeting the following criteria:

~~Either:~~

**Any of the following:**

1 protein losing enteropathy; or

2 high protein needs ~~(eg burns);~~ **or**

**3 for use as a component in a modular formula.**

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

## Changes to Restrictions - effective 1 July 2013 (continued)

198 RESPIRATORY PRODUCTS

➽ SA1094 Special Authority for Subsidy

Initial application only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 1 year where the patient has CORD and hypercapnia**, defined as a CO2 value exceeding 55 mmHg**.

199 FAT MODIFIED PRODUCTS

➽ **SA1381** ~~1096~~ Special Authority for Subsidy

Initial application only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 1 year for applications meeting the following criteria:

~~Either:~~

**Any of the following:**

1 Patient has metabolic disorders of fat metabolism; or
2 Patient has ~~chylothorax~~ **a chyle leak; or**
3 **Modified as a modular feed for adults.**

199 HIGH PROTEIN PRODUCTS

➽ **SA1378** ~~1097~~ Special Authority for Subsidy

Initial application only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 1 year for applications meeting the following criteria:

~~Both:~~

~~1 Anorexia and weight loss; and~~

~~2 Either:~~

~~2.1 decompensating liver disease without encephalopathy; or~~

~~2.2 protein losing gastro-enteropathy~~

**Either:**

**1 decompensating liver disease without encephalopathy; or**
**2 protein losing gastro-enteropathy.**

200 PAEDIATRIC PRODUCTS

➽ **SA1379** ~~1224~~ Special Authority for Subsidy

Initial application only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 1 year for applications meeting the following criteria:

Both:

1 Child is aged one to ten years; and
2 Any of the following:
2.1 the child is being fed via a tube or a tube is to be inserted for the purposes of feeding; or
2.2 any condition causing malabsorption; or
~~failure to thrive; or~~
2.3 **faltering growth in an infant/child; or**
2.4 increased nutritional requirements**; or**
2.5 **the child is being transitioned from TPN or tube feeding to oral feeding.**

200 PAEDIATRIC PRODUCTS FOR CHILDREN WITH CHRONIC RENAL FAILURE

➽ SA1099 Special Authority for Subsidy

Initial application only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 3 years where the patient is a child (up to 18 years) with **acute or** chronic **kidney disease** ~~renal failure~~.

201 RENAL PRODUCTS

➽ SA1101 Special Authority for Subsidy

Initial application only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 3 years where the patient has acute or chronic ~~renal failure~~ **kidney disease**.

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

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

## Changes to Restrictions - effective 1 July 2013 (continued)

202 SPECIALISED AND ELEMENTAL PRODUCTS

**SA1377** ~~1102~~ Special Authority for Subsidy

Initial application 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 malabsorption; or
2 short bowel syndrome; or
3 enterocutaneous fistulas; or
~~pancreatitis~~.
**4 eosinophilic oesophagitis; or**
**5 inflammatory bowel disease; or**
**6 patients with multiple food allergies requiring enteral feeding.**

203 RENAL ORAL FEED ~~1 KCAL/ML~~ **2 KCAL/ML** – Special Authority see SA1101 – Hospital pharmacy [HP3]

Liquid ..... 3.80 237 ml OP ✔**Suplena**

208 ADULT PRODUCTS HIGH CALORIE

SA1195 Special Authority for Subsidy

Note: Only the criteria that have been amended are shown.

Initial application — (Indications other than cystic fibrosis) 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 Any of the following:
1.1 any condition causing malabsorption; or
~~failure to thrive; or~~
1.2 **faltering growth in an infant/child; or**
1.3 increased nutritional requirements; or
1.4 fluid restricted; and
2 other lower calorie products have been tried; and
3 patient has substantially increased metabolic requirements or is fluid restricted.

212 EXTENSIVELY HYDROLYSED FORMULA – Special Authority see **SA1380** ~~1220~~ – Hospital pharmacy [HP3]

Powder ..... 15.21 450 g OP ✔**Pepti Junior Gold**
**Karicare Aptamil**

**SA1380** ~~1220~~ Special Authority for Subsidy

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
~~Chylous ascite; or~~
~~Chylothorax; or~~
7 Cystic fibrosis; or
8 Proven fat malabsorption; or
9 Severe intestinal motility disorders causing significant malabsorption; or
10 Intestinal failure.

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

## Changes to Restrictions - effective 1 June 2013

29 ACARBOSE – ~~Brand switch fee payable (Pharmacode 2433257) - see page 177 for details~~

| | | | |
|---|---|---|---|
| ✻ Tab 50 mg | 9.82 | 90 | ✔ **Accarb** |
| ✻ Tab 100 mg | 15.83 | 90 | ✔ **Accarb** |

58 METOLAZONE – Special Authority see SA1323 – Retail pharmacy

| | | | |
|---|---|---|---|
| Tab 5 mg | CBS | 50 | ✔ **Zaroxolyn** S29 |
| | | 1 | ✔ **Metolazone** S29 |

**SA1323 Special Authority for Subsidy**

Initial application from any relevant practitioner. Approvals valid without further renewal unless notified **where used** for ~~applications meeting the following criteria:~~ **the treatment of patients with refractory heart failure who are intolerant or have not responded to loop diuretics and/or loop-thiazide combination therapy.**

~~Either:~~

~~1)For the treatment of heart failure in patients who are intolerant or have not responded to ACE inhibitors and/or angiotensin receptor blockers; or~~

~~2)For the treatment of heart failure, in patients in whom treatment with ACE inhibitors and/or angiotensin receptor blockers is not tolerated due to renal impairment.~~

72 ETHINYLOESTRADIOL WITH LEVONORGESTREL

| | | | |
|---|---|---|---|
| ✻ Tab 20 mcg with levonorgestrel 100 mcg and 7 inert tab – Up to 84 tab available on a PSO – ~~Brand switch fee payable (Pharmacode 2427958) - see page 177 for details~~ | 2.95 | 84 | ✔ **Ava 20 ED** |

98 LAMIVUDINE – Special Authority see SA0832 – Retail pharmacy – ~~Brand switch fee payable (Pharmacode 2433257) - see page 177 for details~~

| | | | |
|---|---|---|---|
| Tab 100 mg | 32.50 | 28 | ✔ **Zetlam** |

118 ENTACAPONE – ~~Brand switch fee payable (Pharmacode 2433249) - see page 177 for details~~

| | | | |
|---|---|---|---|
| ▲ Tab 200 mg | 47.92 | 100 | ✔ **Entapone** |

131 METOCLOPRAMIDE HYDROCHLORIDE

| | | | |
|---|---|---|---|
| ✻ Tab 10 mg – **For metoclopramide oral liquid formulation refer, page 188** | 3.95 | 100 | ✔ **Metamide** |

182 CHLORAMPHENICOL

| | | | |
|---|---|---|---|
| Eye drops 0.5% | 1.20 | 10 ml OP | ✔ **Chlorafast** |

**Funded for use in the ear***

**Indications marked with* are Unapproved Indications.**

182 EYE PREPARATIONS

Eye preparations are only funded for use in the eye, **unless explicitly stated otherwise**. ~~The exception is pilocarpine eye drops 1%, 2% and 4% which are subsidised for oral use pursuant to the Standard Formulae.~~

184 PILOCARPINE

| | | | |
|---|---|---|---|
| Eye drops 4% - **Subsidised for oral use pursuant to the Standard Formulae** | 7.99 | 15 ml OP | ✔ **Isopto Carpine** |

▲ 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 May 2013

52 PERINDOPRIL

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

| | | | |
|---|---|---|---|
| ✻ Tab 2 mg ~~– Higher subsidy of $18.50 per 30 tab with Endorsement~~ | 3.75 (18.50) | 30 | ✔ **Apo-Perindopril** Coversyl |
| ✻ Tab 4 mg ~~– Higher subsidy of $25.00 per 30 tab with Endorsement~~ | 4.80 (25.00) | 30 | ✔ **Apo-Perindopril** Coversyl |

52 TRANDOLAPRIL

**Higher subsidy by endorsement is available** ~~Trandolapril will be funded to the level of the ex-manufacturer price listed in the Schedule~~ for patients who were taking ~~these ACE inhibitors~~ **trandolapril** for the treatment of congestive heart failure prior to 1 June 1998. The prescription must be endorsed accordingly. We recommend that the words used to indicate eligibility are "certified condition" or an appropriate description of the patient such as "congestive heart failure", "CHF", "congestive cardiac failure" or "CCF". ~~Definition of Congestive Heart Failure At the request of some prescribers the PTAC Cardiovascular subcommittee has provided a definition of congestive heart failure for the purposes of the funding of the manufacturer's surcharge: "Clinicians should use their clinical judgement. Existing patients would be eligible for the funding of the surcharge if the patient shows signs and symptoms of congestive heart failure, and requires or has in the past required concomitant treatment with a diuretic. The definition could also be considered to include patients post myocardial infarction with an ejection fraction of less than 40%."~~ **For the purposes of this endorsement, congestive heart failure includes patients post myocardial infarction with an ejection fraction of less than 40%. Patients who started on trandolapril after 1 June 1998 are not eligible for full subsidy by endorsement.**

| | | | |
|---|---|---|---|
| ✻ Cap 1 mg – Higher subsidy of $18.67 per 28 cap with Endorsement | 3.06 (18.67) | 28 | Gopten |
| ✻ Cap 2 mg – Higher subsidy of $27.00 per 28 cap with Endorsement | 4.43 (27.00) | 28 | Gopten |

57 DILTIAZEM HYDROCHLORIDE

| | | | |
|---|---|---|---|
| ✻ Cap long-acting 120 mg – **Brand switch fee payable (Pharmacode 2437775)** | 31.83 | 500 | ✔ **Apo-Diltiazem CD** |
| ✻ Cap long-acting 180 mg – **Brand switch fee payable (Pharmacode 2437775)** | 47.67 | 500 | ✔ **Apo-Diltiazem CD** |
| ✻ Cap long-acting 240 mg – **Brand switch fee payable (Pharmacode 2437775)** | 63.58 | 500 | ✔ **Apo-Diltiazem CD** |

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

## Changes to Restrictions - effective 1 May 2013 (continued)

91 CIPROFLOXACIN – ~~Subsidy by endorsement~~

~~1) Subsidised only if:~~

~~a) Patient has:~~

~~i) microbiologically confirmed and clinically significant pseudomonas infection; or~~

~~ii) prostatitis; or~~

~~iii) pyelonephritis; or~~

~~iv) gonorrhoea;~~

~~b) Prescription or PSO is written by, or on the recommendation of, an infectious disease physician or a clinical microbiologist; and~~

~~2) The prescription or PSO is endorsed accordingly.~~

**Recommended for patients with the any of the following:**

**i) microbiologically confirmed and clinically significant pseudomonas infection; or**

**ii) prostatitis; or**

**iii) pyelonephritis; or**

**iv) gonorrhoea**~~, or~~

| | | | |
|---|---|---|---|
| Tab 250 mg – Up to 5 tab available on a PSO | 2.20 | 28 | ✔**Cipflox** |
| Tab 500 mg – Up to 5 tab available on a PSO | 3.00 | 28 | ✔**Cipflox** |
| | 10.71 | 100 | ✔**Cipflox** |
| Tab 750 mg | 5.15 | 28 | ✔**Cipflox** |
| | 5.52 | 30 | ✔**Ciprofloxacin Rex** |

92 CLINDAMYCIN

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

~~Specialist must be an infectious disease physician or a clinical microbiologist~~

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

~~Prescriptions must be written by, or on the recommendation of, an infectious disease physician or a clinical microbiologist.~~

94 ITRACONAZOLE

| | | | |
|---|---|---|---|
| Cap 100 mg – Subsidy by endorsement | 4.25 | 15 | ✔**Itrazole** |

Funded for tinea vesicolor where topical treatment has not been successful and diagnosis has been confirmed by mycology, or for tinea unguium where terbinafine has not been successful in eradication or the patient is intolerant to terbinafine and diagnosis has been confirmed by mycology and the prescription is endorsed accordingly. Can be waived by endorsement - Retail pharmacy - Specialist. Specialist must be an infectious disease physician, clinical microbiologist, **clinical immunologist** or dermatologist.

96 ISONIAZID – Retail pharmacy-Specialist

a) No patient co-payment payable

b) Prescriptions must be written by, or on the recommendation of, an internal medicine physician, **paediatrician**, clinical microbiologist, dermatologist or public health physician

| | | | |
|---|---|---|---|
| ✻ Tab 100 mg | 20.00 | 100 | ✔**PSM** |
| ✻ Tab 100 mg with rifampicin 150 mg | 90.04 | 100 | ✔**Rifinah** |
| ✻ Tab 150 mg with rifampicin 300 mg | 179.57 | 100 | ✔**Rifinah** |

119 ~~LIGNOCAINE HYDROCHLORIDE~~ **LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE**

| | | | |
|---|---|---|---|
| Viscous soln 2% | 55.00 | 200 ml | ✔**Xylocaine Viscous** |
| Inj 1%, 5 ml – Up to 5 inj available on a PSO | 35.00 | 50 | ✔**Xylocaine** |
| Inj 2%, 5 ml – Up to 5 inj available on a PSO | 23.00 | 50 | ✔**Xylocaine** |
| | 6.90 | 25 | ✔**Lidocaine-Claris** |
| Inj 1%, 20 ml – Up to 5 inj available on a PSO | 20.00 | 5 | ✔**Xylocaine** |
| Inj 2%, 20 ml – Up to 5 inj available on a PSO | 15.00 | 5 | ✔**Xylocaine** |
| | 2.40 | 1 | ✔**Lidocaine-Claris** |

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

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

# Changes to Subsidy and Manufacturer's Price

## Effective 1 July 2013

28 INSULIN LISPRO WITH INSULIN LISPRO PROTAMINE (↓ subsidy)
▲Inj lispro 25% with insulin lispro protamine 75%
100 u per ml, 3 ml ..... 42.66 5 ✔**Humalog Mix 25**
▲Inj lispro 50% with insulin lispro protamine 50% 100 u per ml,
3 ml ..... 42.66 5 ✔**Humalog Mix 50**

38 ISPAGHULA (PHYLLIUM) HUSK – Only on a prescription (↓ subsidy)
❋Powder for oral soln ..... 5.51 500 g OP ✔**Konsyl-D**

39 SODIUM CITRATE WITH SODIUM LAURYL SULPHOACETATE – Only on a prescription (↓ subsidy)
Enema 90 mg with sodium lauryl sulphoacetate
9 mg per ml, 5 ml ..... 19.95 50 ✔**Micolette**

51 TERAZOSIN (↓ subsidy)
❋Tab 1 mg ..... 0.50 28 ✔**Arrow**
❋Tab 2 mg ..... 0.45 28 ✔**Arrow**
❋Tab 5 mg ..... 0.68 28 ✔**Arrow**

51 CILAZAPRIL (↓ subsidy)
❋Tab 0.5 mg ..... 2.00 90 ✔**Zapril**
❋Tab 2.5 mg ..... 4.31 90 ✔**Zapril**
❋Tab 5 mg ..... 6.98 90 ✔**Zapril**

57 CLONIDINE HYDROCHLORIDE (↓ subsidy)
❋Tab 25 mcg ..... 13.47 100 ✔**Dixarit**

58 SPIRONOLACTONE (↓ subsidy)
❋Tab 25 mg ..... 3.65 100 ✔**Spirotone**
❋Tab 100 mg ..... 11.80 100 ✔**Spirotone**

60 EZETIMIBE – Special Authority see SA1045 – Retail pharmacy (↓ subsidy)
Tab 10 mg ..... 34.43 30 ✔**Ezetrol**

60 EZETIMIBE WITH SIMVASTATIN – Special Authority see SA1046 – Retail pharmacy (↓ subsidy)
Tab 10 mg with simvastatin 10 mg ..... 36.68 30 ✔**Vytorin**
Tab 10 mg with simvastatin 20 mg ..... 38.70 30 ✔**Vytorin**
Tab 10 mg with simvastatin 40 mg ..... 41.40 30 ✔**Vytorin**
Tab 10 mg with simvastatin 80 mg ..... 45.45 30 ✔**Vytorin**

65 FUSIDIC ACID (↑ subsidy)
Oint 2% ..... 3.45 15 g OP ✔**Foban**
a) Maximum of 15 g per prescription
b) Only on a prescription
c) Not in combination

78 LEVONORGESTREL (↓ subsidy)
❋Tab 750 mcg ..... 3.50 2 ✔**Next Choice**

78 MEDROXYPROGESTERONE ACETATE (↓ subsidy)
❋Inj 150 mg per ml, 1 ml syringe
– Up to 5 inj available on a PSO ..... 7.00 1 ✔**Depo-Provera**

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

## Changes to Subsidy and Manufacturer's Price - effective 1 July 2013 (continued)

| | | | | |
|---|---|---|---|---|
| 92 | CLINDAMYCIN (↓ subsidy) | | | |
| | Inj phosphate 150 mg per ml, 4 ml | | | |
| | – Retail pharmacy-Specialist | 100.00 | 10 | ✔**Dalacin C** |
| 99 | ACICLOVIR (↓ subsidy) | | | |
| | ⁕ Tab dispersible 200 mg | 1.78 | 25 | ✔**Lovir** |
| | ⁕ Tab dispersible 400 mg | 5.98 | 56 | ✔**Lovir** |
| | ⁕ Tab dispersible 800 mg | 6.64 | 35 | ✔**Lovir** |
| 119 | TETRABENAZINE (↓ subsidy) | | | |
| | Tab 25 mg | 118.00 | 112 | ✔**Motetis** |
| 119 | LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE (↓ subsidy) | | | |
| | Inj 2%, 5 ml – Up to 5 inj available on a PSO | 13.80 | 50 | ✔**Xylocaine** |
| | Inj 2%, 20 ml – Up to 5 inj available on a PSO | 12.00 | 5 | ✔**Xylocaine** |
| 120 | DIHYDROCODEINE TARTRATE (↓ subsidy) | | | |
| | Tab long-acting 60 mg | 13.64 | 60 | ✔**DHC Continus** |
| 122 | MORPHINE SULPHATE (↓ subsidy) | | | |
| | a) Only on a controlled drug form | | | |
| | b) No patient co-payment payable | | | |
| | c) Safety medicine; prescriber may determine dispensing frequency | | | |
| | Tab long-acting 10 mg | 1.95 | 10 | ✔**Arrow-Morphine LA** |
| | Tab long-acting 30 mg | 2.98 | 10 | ✔**Arrow-Morphine LA** |
| | Tab long-acting 60 mg | 5.75 | 10 | ✔**Arrow-Morphine LA** |
| | Tab long-acting 100 mg | 6.45 | 10 | ✔**Arrow-Morphine LA** |
| 122 | MORPHINE TARTRATE (↑ subsidy) | | | |
| | a) Only on a controlled drug form | | | |
| | b) No patient co-payment payable | | | |
| | c) Safety medicine; prescriber may determine dispensing frequency | | | |
| | Inj 80 mg per ml, 1.5 ml | 35.60 | 5 | ✔**Hospira** |
| | Inj 80 mg per ml, 5 ml | 107.67 | 5 | ✔**Hospira** |
| 124 | SERTRALINE (↓ subsidy) | | | |
| | ⁕ Tab 50 mg | 3.64 | 90 | ✔**Arrow-Sertraline** |
| | ⁕ Tab 100 mg | 6.28 | 90 | ✔**Arrow-Sertraline** |
| 125 | VENLAFAXINE – Special Authority see SA1061 – Retail pharmacy (↓ subsidy) | | | |
| | Tab 37.5 mg | 7.84 | 28 | ✔**Arrow-Venlafaxine XR** |
| | Tab 75 mg | 13.94 | 28 | ✔**Arrow-Venlafaxine XR** |
| | Tab 150 mg | 17.08 | 28 | ✔**Arrow-Venlafaxine XR** |
| | Tab 225 mg | 27.14 | 28 | ✔**Arrow-Venlafaxine XR** |
| | Cap 37.5 mg | 8.71 | 28 | ✔**Efexor XR** |
| | Cap 75 mg | 17.42 | 28 | ✔**Efexor XR** |
| | Cap 150 mg | 21.35 | 28 | ✔**Efexor XR** |

▲ 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<br>Schedule page ref | Subsidy<br>(Mnfr's price)<br>$ | Per | Brand or<br>Generic Mnfr<br>✔ fully subsidised |
|---|---|---|---|

## Changes to Subsidy and Manufacturer's Price - effective 1 July 2013 (continued)

| | | | | |
|---|---|---|---|---|
| 130 | SUMATRIPTAN (↓ subsidy) | | | |
| | Tab 50 mg | 1.19 | 4 | ✔**Arrow-Sumatriptan** |
| | | 29.80 | 100 | ✔**Arrow-Sumatriptan** |
| | Tab 100 mg | 1.10 | 2 | ✔**Arrow-Sumatriptan** |
| | | 54.80 | 100 | ✔**Arrow-Sumatriptan** |
| | Inj 12 mg per ml, 0.5 ml cartridge | | | |
| | – Maximum of 10 inj per prescription | 13.80 | 2 OP | ✔**Arrow-Sumatriptan** |
| 140 | NITRAZEPAM – Safety medicine; prescriber may determine dispensing frequency (↑ subsidy) | | | |
| | Tab 5 mg | 4.98 | 100 | ✔**Nitrados** |
| | ‡ Safety cap for extemporaneously compounded oral liquid preparations. | | | |
| 145 | NALTREXONE HYDROCHLORIDE – Special Authority see SA0909 – Retail pharmacy (↓ subsidy) | | | |
| | Tab 50 mg | 79.00 | 30 | ✔**Naltraccord** |
| 149 | METHOTREXATE (↓ subsidy) | | | |
| | ❋ Inj 25 mg per ml, 2 ml – PCT – Retail pharmacy-Specialist | 20.20 | 5 | ✔**Hospira** |
| | ❋ Inj 25 mg per ml, 20 ml – PCT – Retail pharmacy-Specialist | 27.78 | 1 | ✔**Hospira** |
| 151 | DOCETAXEL – PCT only – Specialist (↓ subsidy) | | | |
| | Inj 20 mg per ml, 1 ml | 48.75 | 1 | ✔**Taxotere** |
| | Inj 20 mg per ml, 4 ml | 195.00 | 1 | ✔**Taxotere** |
| | Inj 1 mg for ECP | 2.63 | 1 mg | ✔**Baxter** |
| 153 | TEMOZOLOMIDE – Special Authority see SA1063 – Retail pharmacy (↓ subsidy) | | | |
| | Cap 5 mg | 8.00 | 5 | ✔**Temaccord** |
| | Cap 20 mg | 36.00 | 5 | ✔**Temaccord** |
| | Cap 100 mg | 175.00 | 5 | ✔**Temaccord** |
| | Cap 250 mg | 410.00 | 5 | ✔**Temaccord** |
| 154 | VINCRISTINE SULPHATE (↓ subsidy) | | | |
| | Inj 1 mg per ml, 1 ml – PCT | | | |
| | – Retail pharmacy-Specialist | 64.80 | 5 | ✔**Hospira** |
| | Inj 1 mg per ml, 2 ml – PCT | | | |
| | – Retail pharmacy-Specialist | 69.60 | 5 | ✔**Hospira** |
| | Inj 1 mg for ECP – PCT only – Specialist | 9.45 | 1 mg | ✔**Baxter** |
| 166 | BACILLUS CALMETTE-GUERIN (BCG) VACCINE – PCT only – Specialist (↓ subsidy) | | | |
| | Subsidised only for bladder cancer. | | | |
| | Inj 2-8 × 100 million CFU | 149.37 | 1 | ✔**OncoTICE** |
| 178 | IPRATROPIUM BROMIDE (↓ subsidy) | | | |
| | Nebuliser soln, 250 mcg per ml, 1 ml | | | |
| | – Up to 40 neb available on a PSO | 3.26 | 20 | ✔**Univent** |
| | Nebuliser soln, 250 mcg per ml, 2 ml | | | |
| | – Up to 40 neb available on PSO | 3.37 | 20 | ✔**Univent** |

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

## Changes to Subsidy and Manufacturer's Price - effective 1 June 2013

| | | | | |
|---|---|---|---|---|
| 53 | AMIODARONE HYDROCHLORIDE (↓ subsidy) | | | |
| | Inj 50 mg per ml, 3 ml ampoule – Up to 6 inj available on a PSO | 22.80 | 6 | ✔ **Cordarone-X** |
| 72 | MALATHION WITH PERMETHRIN AND PIPERONYL BUTOXIDE (↓ subsidy) | | | |
| | Spray 0.25% with permethrin 0.5% and piperonyl butoxide 2% | 11.15 | 90 g OP | ✔ **Para Plus** |
| 87 | METYRAPONE (↑ subsidy) | | | |
| | Cap 250 mg – Retail pharmacy-Specialist | 520.00 | 50 | ✔ **Metopirone** |
| 88 | PRAZIQUANTEL (↑ subsidy) | | | |
| | Tab 600 mg | 68.00 | 8 | ✔ **Biltricide** |
| 193 | METHYLCELLULOSE (↑ subsidy) | | | |
| | Powder | 36.95 | 100 g | ✔ **MidWest** |

## Effective 1 May 2013

| | | | | |
|---|---|---|---|---|
| 52 | PERINDOPRIL (↑ subsidy) | | | |
| | Tab 2 mg | 3.75 | 30 | |
| | | (18.50) | | Coversyl |
| | Tab 4 mg | 4.80 | 30 | |
| | | (25.00) | | Coversyl |
| 66 | CALAMINE (↑ price) | | | |
| | a) Only on a prescription | | | |
| | b) Not in combination | | | |
| | Crm, aqueous, BP | 1.77 | 100 g | |
| | | (3.80) | | Home Essential |
| 78 | LEVONORGESTREL (↓ subsidy) | | | |
| | ✻ Tab 1.5 mg | 3.50 | 1 | ✔ **Postinor-1** |
| | a) Maximum of 2 tab per prescription | | | |
| | b) Up to 5 tab available on a PSO | | | |
| 120 | CODEINE PHOSPHATE (↓ subsidy) – Safety medicine; prescriber may determine dispensing frequency | | | |
| | Tab 15 mg | 4.75 | 100 | ✔ **PSM** |
| | Tab 30 mg | 5.80 | 100 | ✔ **PSM** |
| | Tab 60 mg | 12.50 | 100 | ✔ **PSM** |
| 132 | AMISULPRIDE (↓ subsidy) – Safety medicine; prescriber may determine dispensing frequency | | | |
| | Tab 100 mg | 6.22 | 30 | ✔ **Solian** |
| | Tab 200 mg | 21.92 | 60 | ✔ **Solian** |
| | Tab 400 mg | 44.52 | 60 | ✔ **Solian** |
| | Oral liq 100 mg per ml | 52.50 | 60 ml | ✔ **Solian** |

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

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

# Changes to General Rules

## Effective 1 July 2013

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

12 **"Optional Pharmaceuticals" means the list of National Contract Pharmaceuticals set out in Section H Part III of the Schedule.**

12 "Hospital Pharmaceuticals" means ~~National Contract Pharmaceuticals, DV Pharmaceuticals, Discretionary Community Supply Pharmaceuticals and Assessed Pharmaceuticals~~. **the list of Pharmaceuticals set out in Section H Part II of the Schedule which includes some National Contract Pharmaceuticals.**

12 "Community Pharmaceutical" means a Pharmaceutical listed in Section A to G and Section I of the Pharmaceutical Schedule that is subsidised by the Funder from the Pharmaceutical Budget for use in the community.

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

12 ~~"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.~~

14 **"Practitioner"** means a Doctor, a Dentist, a Dietitian, a Midwife, a Nurse Prescriber **or** an Optometrist ~~or a Pharmacist~~ as those terms are defined in the Pharmaceutical Schedule.

**16 "Unlisted Pharmaceutical" means a Pharmaceutical that is within the scope of a Hospital Pharmaceutical, but is not listed in Section H Part II.**

19 ~~3.6 Pharmacists' prescriptions~~
~~The following apply to every prescription written by a Pharmacist:~~
~~3.6.1 Prescriptions written by a Pharmacist for a Community Pharmaceutical will only be subsidised where theyare for the CareSens, CareSens N and CareSens N POP blood glucose diagnostic meters and annotated appropriately.~~
~~3.6.2 The prescribing and dispensing of blood glucose diagnostic meters by Pharmacists must be in accordance with regulations 41 and 42 of the Medicines Regulations 1984.~~

## Effective 1 May 2013

18 3.3 Original Packs, Certain Antibiotics and Unapproved Medicines
3.3.2 If a Community Pharmaceutical is either:
a) the liquid oral form of an antibiotic to which a diluent must be added by the Contractor at the time of dispensing; or
b) an unapproved medicine supplied under Section 29 of the Medicines Act 1981 **excluding any medicine listed as Cost, Brand, Source of Supply,** and it is prescribed or ordered by a Practitioner in an amount that does not coincide with the amount contained in one or more standard packs of that Community Pharmaceutical, Subsidy will be paid for the amount prescribed or ordered by the Practitioner in accordance with either clause 3.1 or clause 3.3 of the Schedule, and for the balance of any pack or packs from which the Community Pharmaceutical has been dispensed. At the time of dispensing the Contractor must keep a record of the quantity discarded. To ensure wastage is reduced, the Contractor should reduce the amount dispensed to make it equal to the quantity contained in a whole pack where:

*continued...*

## Changes to General Rules – effective 1 May 2013 (continued)

*continued...*

a) the difference the amount dispensed and the amount prescribed by the Practitioner is less than 10% (eg; if a prescription is for 105 mls then a 100 ml pack would be dispensed); and
b) in the reasonable opinion of the Contractor the difference would not affect the efficacy of the course of treatment prescribed by the Practitioner.

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

## Effective 1 April 2013

13 "Hospital Pharmacy-Specialist" means that the Community Pharmaceutical is not eligible for Subsidy unless it is supplied by a hospital or pharmacy contracted to the Funder to dispense as a hospital pharmacy to an Outpatient either:

a) on a Prescription signed by a Specialist, or
b) where the treatment with the Community Pharmaceutical has been recommended by a Specialist, on the Prescription of a practitioner which is either:
   i) endorsed with the words "recommended by [name of specialist and year of authorisation]" and signed by the Practitioner, or
   **ii) endorsed with the word 'protocol' which means "initiated in accordance with DHB hospital approved protocol",**
   iii) annotated by the dispensing pharmacist, following verbal confirmation from the Practitioner of the name of the Specialist and date of recommendation, with the words "recommended by [name of specialist and date of authorisation], confirmed by [practitioner]". Where the Contractor has an electronic record of such an Endorsement or Annotation from a previous prescription for the same Community Pharmaceutical written by a prescriber for the same patient, they may annotate the prescription accordingly.

"As recommended by a Specialist" to be interpreted as **either**:

**1)**
   a) follows a substantive consultation with an appropriate Specialist;
   b) the consultation to relate to the Patient for whom the Prescription is written;
   c) consultation to mean communication by referral, telephone, letter, facsimile or email;
   d) except in emergencies consultation to precede annotation of the Prescription; and
   e) both the specialist and the General Practitioner must keep a written record of the consultation; **or**

**2) treatment with the Community Pharmaceutical has been initiated in accordance with a DHB hospital approved protocol**

15 "Retail Pharmacy-Specialist" means that the Community Pharmaceutical is only eligible for Subsidy if it is either:

a) supplied on a Prescription or Practitioner's Supply Order signed by a Specialist, or,
b) in the case of treatment recommended by a Specialist, supplied on a Prescription or Practitioner's Supply Order and either:
   i) endorsed with the words "recommended by [name of Specialist and year of authorisation]" and signed by the Practitioner, or
   **ii) endorsed with the word 'protocol' which means "initiated in accordance with DHB hospital approved protocol", or**
   iii) Annotated by the dispensing pharmacist, following verbal confirmation from the Practitioner of the name of the Specialist and date of recommendation, with the words "recommended by [name of specialist and year of authorisation], confirmed by [practitioner]". Where the Contractor has an electronic record of such an Endorsement or Annotation from a previous prescription for the same Community Pharmaceutical written by a prescriber for the same patient, they may annotate the prescription accordingly.

"As recommended by a Specialist" to be interpreted as **either**:

**1)**
   a) follows a substantive consultation with an appropriate Specialist;
   b) the consultation to relate to the Patient for whom the Prescription is written;

*continued...*

## Changes to General Rules – effective 1 May 2013 (continued)

*continued...*

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

**2) treatment with the Community Pharmaceutical has been initiated in accordance with a DHB hospital approved protocol.**

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

# Changes to Brand Name

## Effective 1 July 2013

209 FOOD THICKENER – Special Authority see SA1106 – Hospital pharmacy [HP3]

| | | | |
|---|---|---|---|
| Powder | 7.25 | 380 g OP | ✔ ~~Aptamil Feed Thickener~~<br>**Feed Thickener**<br>**Karicare Aptamil** |

212 EXTENSIVELY HYDROLYSED FORMULA – Special Authority see SA1380 – Hospital pharmacy [HP3]

| | | | |
|---|---|---|---|
| Powder | 15.21 | 450 g OP | ✔ ~~Gold Pepti Junior~~<br>**Pepti Junior Gold**<br>**Karicare Aptamil** |

## Effective 1 June 2013

209 FOOD THICKENER – Special Authority see SA1106 – Hospital pharmacy [HP3]

| | | | |
|---|---|---|---|
| Powder | 7.25 | 380 g OP | ✔ ~~Karicare Food Thickener~~<br>**Aptamil Feed Thickener** |

212 EXTENSIVELY HYDROLYSED FORMULA – Special Authority see SA1380 – Hospital pharmacy [HP3]

| | | | |
|---|---|---|---|
| Powder | 15.21 | 450 g OP | ✔ ~~Pepti Junior Gold~~<br>**Aptamil Gold Pepti Junior** |

## Effective 1 May 2013

85 LEVOTHYROXINE

| | | | |
|---|---|---|---|
| Tab 50 mcg | 1.71 | 28 | ✔ ~~Goldshield~~<br>**Mercury Pharma** |

‡ Safety cap for extemporaneously compounded oral liquid preparations.

| | | | |
|---|---|---|---|
| Tab 100 mcg | 1.78 | 28 | ✔ ~~Goldshield~~<br>**Mercury Pharma** |

‡ Safety cap for extemporaneously compounded oral liquid preparations.

▲ 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 I

## Effective 1 May 2013

224 INFLUENZA VACCINE – Hospital pharmacy [Xpharm]
Inj ..... 90.00 10 ✔**Fluarix** ✔**Fluvax**

A) is available each year for patients who meet the following criteria, as set by PHARMAC:
- a) all people 65 years of age and over;
- b) people under 65 years of age ~~with~~ **who**:
  - i) **have** the following cardiovascular disease:
    1) ischaemic heart disease,
    2) congestive heart disease,
    3) rheumatic heart disease,
    4) congenital heart disease, or
    5) cerebo-vascular disease;
  - ii) **have** the following chronic respiratory disease:
    1) asthma, if on a regular preventative therapy, or
    2) other chronic respiratory disease with impaired lung function;
  - ~~iii) are children aged four and under who have been hospitalised for respiratory illness or have a history of significant respiratory illness.~~
  - **iii)** ~~iv)~~ **have** diabetes;
  - **iv)** ~~v)~~ **have** chronic renal disease;
  - **v)** ~~vi)~~ **have** any cancer, excluding basal and squamous skin cancers if not invasive;
  - **vi)** ~~vii)~~ **have any of** the following other conditions:
    a) autoimmune disease,
    b) immune suppression,
    c) HIV,
    d) transplant recipients,
    e) neuromuscular and CNS diseases,
    f) haemoglobinopathies, or
    g) **are** children on long term aspirin; **or**
  - **vii)** ~~h)~~ **are** ~~pregnancy~~ **pregnant**~~.~~
- c) people under 18 years of age living within the boundaries of the Canterbury District Health Board
- **d) are children aged four and under who have been hospitalised for respiratory illness or have a history of significant respiratory illness**

**Unless meeting other the criteria above**, the following conditions are excluded from funding:
- a) asthma not requiring regular preventative therapy,
- b) hypertension and/or dyslipidaemia without evidence of end-organ disease.

B) Doctors are the only Contractors entitled to claim payment from the Funder for the supply of influenza vaccine to patients eligible under the above criteria for subsidised immunisation and they may only do so in respect of the influenza vaccine listed in the Pharmaceutical Schedule.

C) Individual DHBs may fund patients over and above the above criteria. The claiming process for these additional patients should be determined between the DHB and Contractor.

D) Stock of the seasonal influenza vaccine is typically available from February until late July with suppliers being required to ensure supply until at least 30 June. Exact start and end dates for each season will be notified each year.

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

# Changes to Section E

## Effective 1 July 2013

214 BLOOD GLUCOSE DIAGNOSTIC TEST METER
✔Meter .....1

214 BLOOD KETONE DIAGNOSTIC TEST METER
✔Meter .....1

214 BLOOD GLUCOSE DIAGNOSTIC TEST STRIP
✔Test strip.....50 strip

214 CYPROTERONE ACETATE WITH ETHINYLOESTRADIOL
✔Tab 2 mg with ethinyloestradiol 35 mcg and 7 inert tabs .....84

216 KETONE BLOOD BETA-KETONE ELECTRODES
✔Test strip.....10 strip

216 LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE
✔Inj 1%, 5 ml.....**25** ~~5~~

▲ 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<br>Schedule page ref | Subsidy (Mnfr's price)<br>$ | Per | Brand or Generic Mnfr<br>✔ **fully subsidised** |
|---|---|---|---|

# Delisted Items

## Effective 1 July 2013

27 PANTOPRAZOLE

| | | | |
|---|---|---|---|
| ✻Inj 40 mg | 6.50 | 1 | ✔Pantocid IV |

49 DEXTROSE WITH ELECTROLYTES

| | | | |
|---|---|---|---|
| Soln with electrolytes | 6.60 | 1,000 ml OP | ✔Pedialyte – Fruit |
| | 6.75 | | ✔Pedialyte – Plain |

52 QUINAPRIL

| | | | |
|---|---|---|---|
| ✻Tab 5 mg | 1.15 | 30 | ✔Accupril |
| ✻Tab 10 mg | 1.55 | 30 | ✔Accupril |
| ✻Tab 20 mg | 2.11 | 30 | ✔Accupril |

55 PROPRANOLOL

| | | | |
|---|---|---|---|
| ✻Tab 10 mg | 3.55 | 100 | ✔Cardinol |

66 CALAMINE

a) Only on a prescription
b) Not in combination

| | | | |
|---|---|---|---|
| Crm, aqueous, BP | 1.77 | 100 g | |
| | (3.80) | | Home Essential |

81 METHYLPREDNISOLONE SODIUM SUCCINATE – Retail pharmacy-Specialist

| | | | |
|---|---|---|---|
| Inj 500 mg | 18.00 | 1 | ✔Solu-Medrol |

118 LEVODOPA WITH CARBIDOPA

| | | | |
|---|---|---|---|
| ✻Tab 100 mg with carbidopa 25 mg – For levodopa with carbidopa oral liquid formulation refer, page 188 | 20.00 | 100 | ✔Sinemet |
| ✻Tab long-acting 200 mg with carbidopa 50 mg | 47.50 | 100 | ✔Sinemet CR |
| ✻Tab 250 mg with carbidopa 25 mg | 40.00 | 100 | ✔Sinemet |

Note – new presentations of Sinement and Sinement CR were listed 1 January 2013.

127 GABAPENTIN

| | | | |
|---|---|---|---|
| Cap 100 mg | 7.16 | 100 | ✔Nupentin |
| Cap 300 mg | 11.50 | 100 | ✔Nupentin |

Note – the Nupentin capsules in the blister pack are delisted. The Nupentin capsules in bottles will remain listed as fully funded.

186 PHARMACY SERVICES

| | | | |
|---|---|---|---|
| Brand switch fee | 4.33 | 1 fee | ✔BSF Alphapharm<br>✔BSF Nevirapine Alphapharm<br>✔BSF Caresens II<br>✔BSF Caresens N<br>✔BSF Caresens N POP |

212 AMINO ACID FORMULA – Special Authority see SA1219 below – Hospital pharmacy [HP3]

| | | | |
|---|---|---|---|
| Powder | 53.00 | 400 g OP | ✔Neocate |

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

## Delisted Items - effective 1 June 2013

| | | | | |
|---|---|---|---|---|
| 53 | AMIODARONE HYDROCHLORIDE<br>Inj 50 mg per ml, 3 ml ampoule – Up to 6 inj available on a PSO | 60.84 | 10 | ✔Cordarone-X |
| 59 | BEZAFIBRATE<br>✻Tab 200 mg | 9.70 | 90 | ✔Fibalip |
| 104 | STAVUDINE [D4T] – Special Authority see SA1025 – Retail pharmacy<br>Cap 30 mg | 377.80 | 60 | ✔Zerit |
| 109 | DICLOFENAC SODIUM<br>✻Tab EC 25 mg | 1.63 | 50 | ✔Diclofenac Sandoz |
| | ✻Tab EC 50 mg | 1.60 | 50 | |
| | | (2.13) | | Diclofenac Sandoz |
| 130 | DOMPERIDONE<br>✻Tab 10 mg – For domperidone oral liquid formulation refer, page 188 | 3.25 | 100 | |
| | | (11.99) | | Motilium |
| 176 | PROMETHAZINE HYDROCHLORIDE<br>✻‡ Oral liq 5 mg per 5 ml | 2.79 | 100 ml | |
| | | (3.10) | | Promethazine Winthrop Elixir |
| 186 | PHARMACY SERVICES<br>✻Brand switch fee | 4.33 | 1 fee | ✔ BSF Accarb<br>✔ BSF Ava 20 ED<br>✔ BSF Entapone<br>✔ BSF Zetlam |

## Effective 1 May 2013

| | | | | |
|---|---|---|---|---|
| 24 | CALCIUM CARBONATE WITH AMINOACETIC ACID<br>✻ Tab 420 mg with aminoacetic acid 180 mg – Higher subsidy of $6.30 per 100 tab with Endorsement | 3.00 | 100 | |
| | | (6.30) | | Titralac |
| | Additional subsidy by endorsement is available for pregnant women. The prescription must be endorsed accordingly. | | | |
| 40 | MICONAZOLE<br>Oral gel 20 mg per g | 4.95 | 40 g OP | |
| | | (8.70) | | Daktarin |
| 47 | RIVAROXABAN – Special Authority see SA1066 – Retail pharmacy<br>Tab 10 mg | 306.00 | 30 | ✔Xarelto |

▲ 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<br>Schedule page ref | Subsidy<br>(Mnfr's price)<br>$ | Per | Brand or<br>Generic Mnfr<br>✔ **fully subsidised** |
|---|---|---|---|

## Delisted Items - effective 1 May 2013 (continued)

| | | | | |
|---|---|---|---|---|
| 57 | DILTIAZEM HYDROCHLORIDE | | | |
| | Cap long-acting 120 mg | 1.91 | | |
| | | (4.34) | | Cardizem CD |
| | Cap long-acting 180 mg | 2.86 | | |
| | | (6.50) | | Cardizem CD |
| | Cap long-acting 240 mg | 3.81 | | |
| | | (8.67) | | Cardizem CD |
| 63 | SILDENAFIL – Special Authority see SA1293 – Retail pharmacy | | | |
| | Tab 25 mg | 39.00 | 4 | ✔Viagra |
| | Tab 50 mg | 43.50 | 4 | ✔Viagra |
| | Tab 100 mg – For sildenafil oral liquid formulation refer, page 179 | 47.00 | 4 | ✔Viagra |
| 72 | CALCIPOTRIOL | | | |
| | Oint 50 mcg per g | 20.20 | 30 g OP | ✔Daivonex |
| | Soln 50 mcg per ml | 33.79 | 60 ml OP | ✔Daivonex |
| 89 | AZITHROMYCIN – Maximum of 5 days treatment per prescription; can be waived by endorsement<br>For Endorsement, patient has either:<br>i) Received a lung transplant and requires treatment or prophylaxis for bronchiolitis obliterans syndrome *; or<br>ii) Cystic fibrosis and has chronic infection with Pseudomonas aeruginosa or Pseudomonas related gram negative organisms *<br>Indications marked with * are Unapproved Indications | | | |
| | Tab 500 mg – Up to 8 tab available on a PSO | 1.25 | 2 OP | ✔Arrow-Azithromycin |
| 113 | PAMIDRONATE DISODIUM | | | |
| | Inj 3 mg per ml, 10 ml | 16.00 | 1 | |
| | | (37.50) | | Pamisol |
| | Inj 6 mg per ml, 10 ml | 32.00 | 1 | |
| | | (75.00) | | Pamisol |
| | Inj 9 mg per ml, 10 ml | 48.00 | 1 | |
| | | (112.50) | | Pamisol |
| 185 | TYLOXAPOL | | | |
| | ❋Eye drops 0.25% | 8.63 | 15 ml OP | ✔Enuclene |
| 212 | AMINO ACID FORMULA – Special Authority see SA1219 – Hospital pharmacy [HP3] | | | |
| | Powder (tropical) | 53.00 | 400 g OP | ✔Neocate Advance |

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

# Items to be Delisted

## Effective 1 August 2013

178 SALBUTAMOL

| | | | |
|---|---|---|---|
| ‡ Oral liq 2 mg per 5 ml | 1.20 | 90 ml | ✔**Broncolin** S29 |
| | 1.99 | 150 ml | ✔**Ventolin** |

186 PHARMACY SERVICES - May only be claimed once per patient

| | | | |
|---|---|---|---|
| ✻ Brand switch fee | 4.33 | 1 fee | ✔**BSF Apo-Diltiazem CD** |

## Effective 1 October 2013

45 SODIUM TETRADECYL SULPHATE

| | | | |
|---|---|---|---|
| ✻ Inj 0.5% 2 ml | 23.20 | 5 | |
| | (51.00) | | Fibro-vein |
| ✻ Inj 1% 2 ml | 25.00 | 5 | |
| | (55.00) | | Fibro-vein |

57 CLONIDINE HYDROCHLORIDE

| | | | |
|---|---|---|---|
| ✻ Tab 25 mcg | 13.47 | 100 | ✔Dixarit |

78 LEVONORGESTREL

| | | | |
|---|---|---|---|
| ✻ Tab 750 mcg | 3.50 | 2 | ✔**Next Choice** |

88 CEFOXITIN SODIUM – Retail pharmacy-Specialist – Subsidy by endorsement

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

| | | | |
|---|---|---|---|
| Inj 1 g | 55.00 | 5 | ✔**Mayne** |

89 CEFUROXIME SODIUM

| | | | |
|---|---|---|---|
| Inj 250 mg – Maximum of 3 inj per prescription; can be waived by endorsement | 20.97 | 10 | ✔**Mayne** |

Waiver by endorsement must state that the prescription is for dialysis or cystic fibrosis patient.

| | | | |
|---|---|---|---|
| Inj 1.5 g – Retail pharmacy-Specialist – Subsidy by endorsement | 2.65 | 1 | ✔**Mylan** |
| | 4.04 | | ✔**Zinacef** |

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

92 FUSIDIC ACID

| | | | |
|---|---|---|---|
| Inj 500 mg sodium fusidate per 10 ml – Retail pharmacy-Specialist – Subsidy by endorsement | 12.87 | 1 | |
| | (17.80) | | Fucidin |

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

130 SUMATRIPTAN

| | | | |
|---|---|---|---|
| Tab 50 mg | 1.19 | 4 | ✔**Arrow-Sumatriptan** |
| Tab 100 mg | 1.10 | 2 | ✔**Arrow-Sumatriptan** |

184 HOMATROPINE HYDROBROMIDE

| | | | |
|---|---|---|---|
| ✻ Eye drops 2% | 7.18 | 15 ml OP | ✔**Isopto Homatropine** |

186 PHARMACY SERVICES

| | | | |
|---|---|---|---|
| ✻ Brand switch fee | 4.33 | 1 fee | ✔**BSF Arrow-Quinapril** |

▲ 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<br>Schedule page ref | Subsidy<br>(Mnfr's price)<br>$ | Per | Brand or<br>Generic Mnfr<br>✔ **fully subsidised** |
|---|---|---|---|

## Items to be Delisted - effective 1 November 2013

181 SODIUM CROMOGLYCATE
Nasal spray, 4% ..... 15.85 22 ml OP ✔**Rex**

211 AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA1108 – Hospital pharmacy [HP3]
Sachets (tropical) ..... 324.00 30 ✔**Phlexy 10**

## Effective 1 December 2013

31 INSULIN SYRINGES, DISPOSABLE WITH ATTACHED NEEDLE – Maximum of 100 dev per prescription
✻ Syringe 0.3 ml with 31 g × 8 mm needle ..... 13.00 100 ✔**ABM**

75 CONDOMS
✻ 53 mm extra strength – Up to 144 dev available on a PSO ..... 1.11 12 ✔**Gold Knight**
13.36 144 ✔**Gold Knight**

193 METHYLCELLULOSE
Powder ..... 14.00 100 g ✔**ABM**

## Effective 1 January 2014

41 ASCORBIC ACID
a) No more than 100 mg per dose
b) Only on a prescription
✻ Tab 100 mg ..... 13.80 500 ✔**Vitala-C**

41 VITAMIN B COMPLEX
✻ Tab, strong, BPC ..... 4.70 500 ✔**B-PlexADE**

42 VITAMINS
✻ Tab (BPC cap strength) ..... 8.00 1,000 ✔**MultiADE**

74 MAGNESIUM SULPHATE
✻ Paste ..... 2.98 80 g
(4.90) PSM

83 OESTROGENS – See prescribing guideline
Conjugated, equine tab 300 mcg ..... 3.01 28
(11.48) Premarin
Conjugated, equine tab 625 mcg ..... 4.12 28
(11.48) Premarin
Note: The old Pharmacodes are being delisted; Pharmacodes 2427478 and 2427486 will remain fully funded.

90 AMOXYCILLIN
Drops 125 mg per 1.25 ml ..... 4.00 30 ml OP ✔**Ospamox Paediatric Drops**

92 LINCOMYCIN – Retail pharmacy-Specialist
Prescriptions must be written by, or on the recommendation of, an infectious disease physician or a clinical microbiologist
Inj 300 mg per ml, 2 ml ..... 80.00 5 ✔**Lincocin**

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

## Items to be Delisted - effective 1 January 2014 (continued)

126 GABAPENTIN – Special Authority see SA1071 – Retail pharmacy

| | | | |
|---|---|---|---|
| ▲Cap 400 mg | 14.75 | 100 | ✔**Nupentin** |

Note: This is the blister pack presentation only. The Nupentin capsules in the bottle will remain fully funded.

▲ 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

# Index
Pharmaceuticals and brands

# Index
Pharmaceuticals and brands

# Index
Pharmaceuticals and brands

# Index
Pharmaceuticals and brands

New Zealand
Permit No. 478

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**Pharmaceutical Management Agency**
Level 9, 40 Mercer Street, PO Box 10-254, Wellington 6143, New Zealand
Phone: 64 4 460 4990 - Fax: 64 4 460 4995 - www.pharmac.govt.nz
**Freephone Information line (9am-5pm weekdays) 0800 66 00 50**

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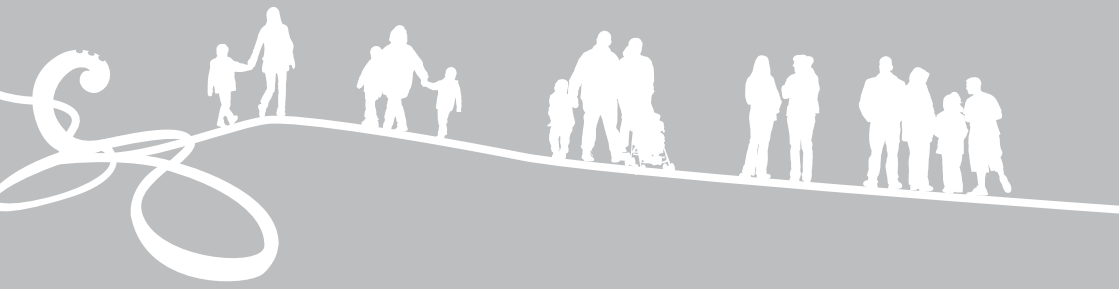

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