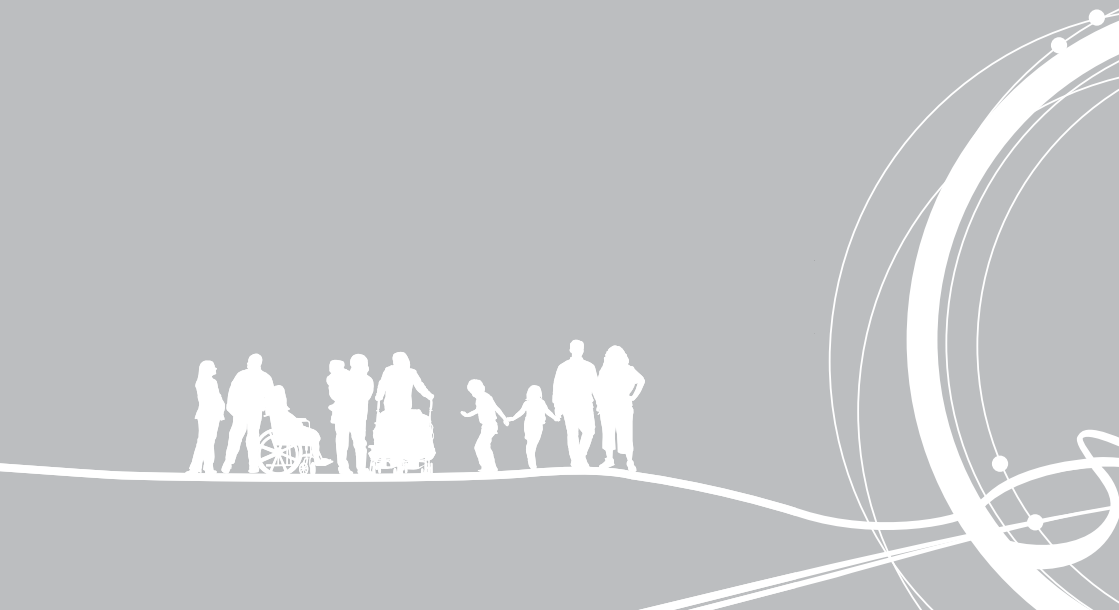
Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 August 2014

Cumulative for May, June, July, and August 2014



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Summary of PHARMAC decisions
EFFECTIVE 1 AUGUST 2014

New listings (page 19)

- Rifaximin (Xifaxan) tab 550 mg - Special Authority – Retail Pharmacy
- Methylprednisolone acetate (Depo-Medrol) inj 40 mg per ml, 1 ml, 5 inj pack size
- Amoxicillin clavulanate (Curam) grans for oral liq amoxicillin 125 mg with potassium clavulanate 31.25 mg per 5 ml and 250 mg with potassium clavulanate 31.25 mg per 5 ml
- Levodopa with carbidopa (Kinson) tab 100 mg with carbidopa 25 mg
- Paracetamol (Paracare) oral liq 120 mg per 5 ml
- Oxycodone hydrochloride (BNM) tab controlled-release 40 mg
- Imipramine hydrochloride (Tofranil s29) tab 10 mg – safety medicine; prescriber may determine dispensing frequency; s29
- Hyoscine hydrobromide (Martindale) inj 400 mcg per ml, 1 ml – listing from 22 July 2014; s29

Changes to restrictions, chemical names and presentation (pages 27-30)

- Macrogol 3350 with potassium chloride, sodium bicarbonate and sodium chloride (Lax-Sachets) powder for oral soln 13.125 g with potassium chloride 46.6 mg, sodium bicarbonate 178.5 mg and sodium chloride 350.7 mg – amendment to chemical name and presentation description
- Magnesium sulphate (DBL) inj 2 mmol per ml, 5 ml ampoule – amendment to brand name and presentation description
- Glucose [dextrose] (Biomed) inj 50%, 10 ml ampoule and 90 ml bottle – amendment to chemical name and presentation description
- Ergometrine maleate (DBL Ergometrine) inj 500 mcg per ml, 1 ml ampoule – amendment to presentation description
- Calcitonin (Maicalcic) inj 100 iu per ml, 1 ml ampoule – amendment to presentation description
- Levothyroxine (Mercury Pharma) tab 50 mcg and 100 mcg – amendment to chemical name and removal of STAT
- Amoxicillin (Ibiamox) inj 250 mg, 500 mg and 1 g vial – amendment to presentation description
- Vancomycin (Mylan) inj 500 mg – amendment to chemical name
- Non-steroidal anti-inflammatory drugs – removal of Special Authority for Manufacturers Price
- Diclofenac sodium (Voltaren D) tab 50 mg dispersible – addition of higher subsidy by endorsement
- Diclofenac sodium (Voltaren) inj 25 mg per ml, 3 ml ampoule – amendment to presentation description

- Sulindac (Aclin) tab 100 mg and 200 mg – removal of additional subsidy by Special Authority
- Morphine sulphate (DBL Morphine Sulphate) inj 5 mg per ml, 10 mg per ml, 15 mg per ml and 30 mg per ml, 1 ml ampoule – amendment to presentation description
- Oxycodone hydrochloride (Oxycodone Controlled Release Tablets (BNM)) tab controlled-release 10 mg, 20 mg and 80 mg – amendment to brand name
- Ondansetron (Ondansetron ODT-DRLA) tab disp 8 mg – amendment to brand name
- Pipothiazine palmitate (Piportil) inj 50 mg per ml, 1 ml and 2 ml – addition of subsidy by endorsement
- Dexamphetamine sulphate (PSM) tab 5 mg – amendment to Special Authority
- Methylphenidate hydrochloride – amendment to Special Authority
- Methylphenidate hydrochloride extended release – amendment to Special Authority
- Tacrolimus (Prograf) cap 0.5 mg, 1 mg and 5 mg – addition of wastage claimable
- Aminophylline (DBL Aminophylline) inj 25 mg per ml, 10 ml ampoule – amendment to presentation description
- Enteral feed 1.5 kcal/ml (Nutrison Energy) liquid, 1,000 ml OP – addition of OP

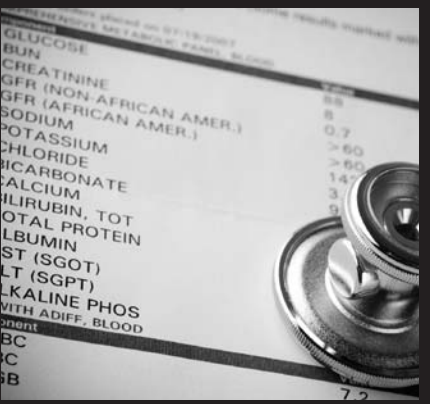
Increased subsidy (pages 39-41)

- Glucose [dextrose] (Biomed) inj 50%, 10 ml ampoule and 90 ml bottle
- Nicotinic acid (Apo-Nicotinic Acid) tab 500 mg
- Ergometrine maleate (DBL Ergometrine) inj 500 mcg per ml, 1 ml ampoule
- Miconazole nitrate (Micreme) vaginal crm 2% with applicator, 40 g OP
- Calcitonin (Maicalcic) inj 100 iu per ml, 1 ml ampoule
- Abacavir sulphate (Ziagen) oral liq 20 mg per ml, 240 ml OP
- Diclofenac sodium (Voltaren) inj 25 mg per ml, 3 ml ampoule
- Diclofenac sodium (Voltaren) suppos 12.5 mg, 25 mg, 50 mg and 100 mg
- Sulindac (Aclin) tab 100 mg and 200 mg
- Morphine sulphate (DBL Morphine Sulphate) inj 5 mg per ml, 10 mg per ml, 15 mg per ml and 30 mg per ml, 1 ml ampoule
- Aminophylline (DBL Aminophylline) inj 25 mg per ml, 10 ml ampoule

Decreased subsidy (pages 39-41)

- Macrogol 3350 with potassium chloride, sodium bicarbonate and sodium chloride (Lax-Sachets) powder for oral soln 13.125 g with potassium chloride 46.6 mg, sodium bicarbonate 178.5 mg and sodium chloride 350.7 mg
- Pyridoxine hydrochloride (Apo-Pyridoxine) tab 50 mg
- Potassium chloride (NeuroKare) tab 256 mcg (150 mcg elemental iodine)
- Magnesium sulphate (DBL) inj 2 mmol per ml, 5 ml ampoule
- Tranexamic acid (Cyklokapron) tab 500 mg
- Flecainide acetate (Tambocor) tab 50 mg, (Tambocor CR) cap long-acting 100 mg and 200 mg
- Pravastatin (Cholvastin) tab 20 mg and 40 mg
- Nicotinic acid (Apo-Nicotinic Acid) tab 50 mg
- Amoxicillin (Ibiamox) inj 250 mg, 500 mg and 1 g vial
- Vancomycin (Mylan) inj 500 mg
- Tramadol (Tramal SR 100) tab sustained-release 100 mg, (Tramal SR 150) tab sustained-release 150 mg, (Tramal SR 200) tab sustained-release 200 mg and (Arrow-Tramadol) cap 50 mg
- Venlafaxine (Efexor XR) cap 37.5 mg, 75 mg and 150 mg
- Ondansetron (Dr Reddy's Ondansetron) tab disp 4 mg and (Ondansetron ODT-DRLA) tab disp 8 mg
- Calcium folinate (Calcium Folinate Ebewe) inj 50 mg, 100 mg, 300 mg and 1 g, and (Baxter) inj 1 mg for ECP
- Gemcitabine hydrochloride (Gemcitabine Ebewe) inj 200 mg and 1 g, and (Baxter) inj 1 mg per ECP
- Methotrexate (Methotrexate Ebewe) inj 100 mg per ml, 50 ml

Tacrolimus brand change – wastage



Wastage can be claimed on the Prograf brand of tacrolimus from 1 August 2014 until 31 October 2014. This allows pharmacists to claim up to a maximum of 90% of one pack of each strength during this period. Pharmacies with patients who have already changed brands may contact PHARMAC on 0800 66 00 50.

As advised previously, transplant services are initiating this brand change for each patient during the transition period (1 May to 31 October 2014). Prescriptions must be written and dispensed by brand name. The brand should only be changed under the direction of the transplant service. Further information can be found at http://www.pharmac.health.nz/medicines/my-medicine-has-changed/tacrolimus/.

Copper intra-uterine device (IUD) (Multiload) discontinuation

Merck Sharp & Dohme (MSD) is discontinuing supply of Multiload IUDs and has advised that no further stock is available.

PHARMAC is progressing a plan to list a copper IUD from another supplier.

Definition of a Specialist

This is a reminder to pharmacists that from 1 September 2013 the definition of Specialist in the Pharmaceutical Schedule was changed to remove the defined list of approved vocational scopes. This means that a medical practitioner that has any vocational scope approved by the Medical Council can be regarded as a Specialist. For example, a vocationally registered general practitioner can prescribe a medicine restricted to "Retail Pharmacy-Specialist". The medicine would be subsidised without requiring a "Specialist" endorsement. Pharmacists can check a medical practitioner's vocational scope on the Medical Council's website.

Other vocational scopes that were covered by the change include: pain medicine, rural hospital medicine and urgent care.

Isosorbide mononitrate – brand changes

The Corangin brand of isosorbide mononitrate 40 mg SR tablets will be delisted from 1 August 2014 due to a worldwide discontinuation of this product by the supplier. An alternative brand of isosorbide mononitrate 40 mg SR tablets, Ismo 40 Retard, was listed from 1 February 2014. Please note that Ismo 40 Retard cannot be halved, so a 20 mg SR dose cannot be used with this brand. We recommend that prescribers consider alternative medications, including the options of the immediate-release 20 mg tablets or the 40 mg SR tablets, for their patients who are currently receiving a 20 mg SR dose.

Rifaximin – new listing

The Xifaxan brand of rifaximin 550 mg tablets will be listed from 1 August 2014 subject to Special Authority criteria for patients with hepatic encephalopathy. Xifaxan will be the sole supply from 1 November 2014.

Methylphenidate and dexamphetamine – minor amendment to Special Authority criteria

From 1 August 2014, the Special Authority criteria for methylphenidate hydrochloride, methylphenidate hydrochloride extended-release, and dexamphetamine will be amended to restrict applications to those from a paediatrician, psychiatrist or a medical practitioner on the written recommendation of a paediatrician or psychiatrist. The amended criteria will better reflect the intention of the criteria that only a paediatrician or psychiatrist can recommend the treatment (in line with regulation 22 of the Misuse of Drugs Regulations 1977).

Mercury Pharma (Goldsheild) levothyroxine – removal of stat dispensing

From 1 August 2014, "stat dispensing" will be removed from the Mercury Pharma brand of levothyroxine 50 mcg and 100 mcg tablets to assist in addressing a potential supply issue. To allow this, the chemical name for this brand will be changed to levothyroxine (Mercury Pharma). (Please note that there is no change to the Pharmacodes).

Pipothiazine palmitate (Piportil) – addition of restriction

From 1 August 2014, pipothiazine palmitate (Piportil) 50 mg per ml, 1 ml and 2 ml injections will only be subsidised when endorsed for existing patients that have used this medicine prior to 1 August 2014 and the prescription or PSO is endorsed accordingly.

Hyzaar (losartan with hydrochlorothiazide) tablets delist

The Hyzaar brand of losartan with hydrochlorothiazide (50 mg /12.5 mg) will be delisted from 1 September 2014. Hyzaar was listed temporarily from 12 June 2014 to cover a supply issue with the Arrow-Losartan & Hydrochlorothiazide brand.

Non-steroidal anti-inflammatory drugs (NSAIDs) – changes to subsidy

From 1 August 2014 the following changes to subsidy of NSAIDs will occur:

- Sulindac (Aclin) tab 100 mg and 200 mg – subsidy increase to fully subsidised
- Diclofenac sodium (Voltaren D) tab dispersible 50 mg – addition of a higher subsidy with endorsement
- Partially funded NSAIDs - removal of the Special Authority SA1038 for Manufacturer's price
- Ibuprofen 400 mg and 600 mg tablets (Brufen) will be delisted from 1 November 2014.

Oxycodone brand name changes

We have previously advised that InterPharma recently changed the brand name of Oxydone BNM to Oxycodone Controlled Release Tablets.

The 40 mg controlled-release tablet is being listed from 1 August 2014. The brand name will appear in the Schedule as **"Oxycodone Controlled Release Tablets (BNM)"**.

The currently listed BNM brand of oxycodone controlled-release 10 mg, 20 mg and 80 mg tablets will also change to **"Oxycodone Controlled Release Tablets (BNM)"** from 1 August 2014. (Please note that there is no change to the Pharmacodes).

News in brief

- Efexor XR capsules (**venlafaxine**) price and subsidy decrease for 37.5 mg, 75 mg and 150 mg strengths from 1 August 2014. All strengths will remain fully funded.
- **Ondansetron** tab dispersible 8 mg – the Dr Reddy's Ondansetron brand name will change to Ondansetron ODT-DRLA from 1 August 2014. Note that there is no change to the Pharmacode.
- Micreme (**miconazole nitrate**) vaginal crm 2% with applicator – the subsidy will increase and price will decrease from 1 August 2014 making this product fully funded.
- **Levodopa with carbidopa** (100 mg/25 mg) tablets – The Kinson brand will be listed from 1 August 2014 in a pack size of 100 tablets. Kinson replaces the Sindopa brand (50 tablet pack) which will be delisted from 1 February 2015.
- Depo-Medrol (**methylprednisolone acetate**) inj 40 mg per ml, 1 ml vial – a 5 inj pack will be listed from 1 August 2014, replacing the 1 inj pack which will be delisted from 1 February 2015.
- **Potassium iodate** (Neurokare) tab 256 mcg (150 mcg elemental iron) – the price and subsidy will decrease from 1 August 2014
- Femtran 50 and Femtran 100 **oestradiol** transdermal patches will be delisted from 1 February 2015 due to supplier discontinuing these products.
- **Flecainide acetate** 50 mg tablets (Tambocor), 100 mg long-acting capsules (Tambocor CR) and 200 mg long-acting capsules (Tambocor CR) – price and subsidy reduction from 1 August 2014.
- Hospira S29 (**hyoscine hydrobromide**) inj 400 mcg per ml – a 10 inj pack will be listed from 22 July 2014.

Tender News

Sole Subsidised Supply changes – effective 1 September 2014

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Azathioprine	Tab 50 mg; 100 tab	Azamun (Douglas)
Methotrexate	Tab 2.5 mg; 30 tab	Trexate (Rex Medical)
Methotrexate	Tab 10 mg; 50 tab	Trexate (Rex Medical)

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 September 2014

- Beclometasone dipropionate (Qvar) aerosol inhaler 50 mcg and 100 mcg per dose 200 dose OP – new listing
- Methotrexate tab 2.5 mg and 10 mg – BSF

Sole Subsidised Supply Products – cumulative to August 2014

Generic Name	Presentation	Brand Name	Expiry Date*
Acarbose	Tab 50 mg and 100 mg	Accarb	2015
Acetylcysteine	Inj 200 mg per ml, 10 ml	Martindale Acetylcysteine	2015
Aciclovir	Tab dispersible 200 mg, 400 mg & 800 mg	Lovir	2016
Adult diphtheria and tetanus	Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid in 0.5 ml	ADT Booster	2017
Alprazolam	Tab 250 mcg, 500 mcg & 1 mg	Xanax	2016
Amiodarone hydrochloride	Inj 50 mg per ml, 3 ml ampoule	Cordarone-X	2016
Amisulpride	Oral liq 100 mg per ml Tab 100 mg, 200 mg & 400 mg	Solian	2016
Amoxicillin	Cap 250 mg	Apo-Amoxi	2016
Amoxicillin clavulanate	Grans for oral liq amoxicillin 125 mg with potassium clavulanate 31.25 mg per 5 ml Grans for oral liq amoxicillin 250 mg with potassium clavulanate 62.5 mg per 5 ml	Augmentin Augmentin	2015
Ascorbic acid	Tab 100 mg	Cvite	2016
Aspirin	Tab 100 mg Tab dispersible 300 mg	Ethics Aspirin EC Ethics Aspirin	2016
Atenolol	Tab 50 mg & 100 mg	Mylan Atenolol	2015
Atorvastatin	Tab 10 mg, 20 mg, 40 mg & 80 mg	Zarator	2015
Atropine sulphate	**Eye drops 1%; 15 ml OP** Inj 600 mcg, 1 ml	**Atropt** AstraZeneca	**2017** 2015
Azithromycin	Tab 500 mg	Apo-Azithromycin	2015
Baclofen	Tab 10 mg	Pacifen	2016
Benzathine benzylpenicillin	Inj 1.2 mega u per 2.3 ml	Bicillin LA	2015
Betahistine dihydrochloride	Tab 16 mg	Vergo 16	2017
Bezafibrate	Tab 200 mg Tab long-acting 400 mg	Bezalip Bezalip Retard	2015
Blood glucose diagnostic test meter	Meter with 50 lancets, a lancing device and 10 diagnostic test strips	CareSens N CareSens N POP CareSens II	2015
Blood glucose diagnostic test strip	Blood glucose test strips	CareSens CareSens N	2015
Boceprevir	Cap 200 mg	Victrelis	2016
Bupropion hydrochloride	Tab modified-release 150 mg	Zyban	2016
Cabergoline	Tab 0.5 mg	Dostinex	2015
Calamine	Lotn, BP	PSM	2015

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Sole Subsidised Supply Products – cumulative to August 2014

Generic Name	Presentation	Brand Name	Expiry Date*
Candesartan	Tab 4 mg, 8 mg, 16 mg & 32 mg	Candestar	2015
Carbomer	Ophthalmic gel 0.3%, 0.5 g	Poly-Gel	2016
Cefaclor monohydrate	Cap 250 mg Grans for oral liq 125 mg per 5 ml	Ranbaxy-Cefaclor	2016
Cefalexin monohydrate	Cap 500 mg Grans for oral liq 125 mg per 5 ml & 250 mg per 5 ml	Cephalexin ABM Cefalexin Sandoz	2016 2015
Ceftriaxone	Inj 500 mg & 1 g vial	Ceftriazone-AFT	2016
Chloramphenicol	Eye oint 1% Eye drops 0.5%	Chlorsig Chlorafast	2015
Chlorhexidine gluconate	Mouthwash 0.2% Handrub 1% with ethanol 70%	healthE healthE	2015
Ciclopirox olamine	Nail-soln 8%	Apo-Ciclopirox	2015
Ciclosporin	Oral liq 100 mg per ml	Neoral	2015
Cilazapril	Tab 0.5 mg, 2.5 mg & 5 mg	Zapril	2016
Cilazapril with hydrochlorothiazide	Tab 5 mg with hydrochlorothiazide 12.5 mg	Apo-Cilazapril/ Hydrochlorothiazide	2016
Clindamycin	Cap hydrochloride 150 mg Inj phosphate 150 mg per ml, 4 ml	Clindamycin ABM Dalacin C	2016
Clomiphene citrate	Tab 50 mg	Serophene	2016
Clomipramine hydrochloride	Tab 10 mg & 25 mg	Apo-Clomipramine	2015
Clonidine	**Patch 2.5 mg, 100 mcg per day** **Patch 5 mg, 200 mcg per day** **Patch 7.5 mg, 300 mcg per day**	**Catapres TTS 1** **Catapres TTS 2** **Catapres TTS 3**	**2017**
Clonidine hydrochloride	Tab 25 mcg Tab 150 mcg Inj 150 mcg per ml, 1 ml	Clonidine BNM Catapres	2015
Clopidogrel	Tab 75 mg	Arrow - Clopid	2016
Clotrimazole	Vaginal crm 1% with applicators Vaginal crm 2% with applicators	Clomazol	2016
Coal tar	Soln	Midwest	2016
Codeine phosphate	Tab 15 mg, 30 mg & 60 mg	PSM	2016
Colchicine	Tab 500 mcg	Colgout	2016
Compound electrolytes	Powder for oral soln	Enerlyte	2016
Crotamiton	Crm 10%	Itch-Soothe	2015
Cyclizine hydrochloride	Tab 50 mg	Nausicalm	2015
Cyproterone acetate	Tab 50 mg & 100 mg	Siterone	2015
Dexamethasone	Tab 1 mg & 4 mg	Douglas	2015
Dexamethasone phosphate	Inj 4 mg per ml, 1 ml & 2 ml ampoule	Dexamethasone-hameln	2016

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Generic Name	Presentation	Brand Name	Expiry Date*
Dexamphetamine sulphate	Tab 5 mg	PSM	2015
Dextrose with electrolytes	Soln with electrolytes; 1,000 ml OP	Pedialyte-Bubblegum	2016
Diclofenac sodium	Tab EC 25 mg & 50 mg Tab long-acting 75 mg & 100 mg	Apo-Diclo Diclax SR	2015
Dihydrocodeine tartrate	Tab long-acting 60 mg	DHC Continus	2016
Diltiazem hydrochloride	Tab 30 mg & 60 mg	Dilzem	2015
Dimethicone	Crm 5% pump bottle	healthE Dimethicone 5%	2016
Diphtheria, tetanus and pertussis vaccine	Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid, 8 mcg pertussis toxoid, 8 mcg pertussis filamentous haemagluttinin and 2.5 mcg pertactin in 0.5 ml syringe	Boostrix	2017
Diphtheria, tetanus, pertussis and inactivated polio vaccine	Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagluttinin, 8 mcg pertactin and 80 D-antigen units poliomyelitis virus in 0.5 ml	Infanrix IPV	2017
Diphtheria, tetanus, pertussis, polio, hepatitis b and haemophilus influenzae type b vaccine	Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagluttinin, 8 mcg pertactin, 80 D-AgU polio virus, 10 mcg hepatitis B surface antigen in 0.5 ml syringe and inj 10 mcg haemophilus influenza	Infanrix-hexa	2017
Domperidone	Tab 10 mg	Prokinex	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
Etidronate disodium	Tab 200 mg	Arrow-Etidronate	2015
Ethinyloestradiol	Tab 10 mcg	NZ Medical and Scientific	2015
Felodopine	Tab long-acting 5 mg & 10 mg Tab long-acting 2.5 mg	Plendil ER Plendil ER	2015
Fentanyl	Inj 50 mcg per ml, 2 ml & 10 ml	Boucher and Muir	2015
Ferrous sulphate	Oral liq 30 mg (6 mg elemental) per 1 ml	Ferodan	2016
Filgrastim	Inj 300 mcg per 0.5 ml Inj 480 mcg per 0.5 ml	Zarzio Zarzio	31/12/15
Flucloxacillin sodium	Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml Cap 250 mg & 500 mg	AFT Staphlex	2015
Fluorometholone	Eye drops 0.1%	Flucon	2015

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Generic Name	Presentation	Brand Name	Expiry Date*
Fluorouracil sodium	Crm 5%	Efudix	2015
Fluoxetine hydrochloride	Cap 20 mg Tab dispersible 20 mg, scored	Arrow-Fluoxetine	2016
Fluticasone propionate	Metered aqueous nasal spray, 50 mcg per dose	Flixonase Hayfever & Allergy	2015
Furosemide	Tab 500 mg Tab 40 mg	Urex Forte Diurin 40	2015
Fusidic acid	Oint 2%	Foban	2016
Gemfibrozil	Tab 600 mg	Lipazil	2016
Gentamicin sulphate	Inj 40 mg per ml, 2 ml	Pfizer	2015
Glipizide	Tab 5 mg	Minidiab	2015
Glycerol	Suppos 3.6 g	PSM	2015
Haemophilus influenzae type b vaccine	Inj 10 mcg vial with diluent syringe	Act-HIB	2017
Haloperidol	Tab 500 mcg, 1.5 mg & 5 mg Oral liq 2 mg per ml Inj 5 mg per ml, 1 ml	Serenace	2016
Hepatitis a vaccine	Inj 1440 ELISA units in 1 ml syringe Inj 720 ELISA units in 1 ml syringe	Havrix Havrix Junior	2017
Hepatitis b recombinant vaccine	Inj 5 mcg, 10 mcg & 40 mcg per 0.5 ml vial	HBvaxPRO	2017
Human papilloma virus (6,11,16 and 18) vaccine [HPV]	Inj 120 mcg in 0.5 ml syringe	Gardasil	2017
Hydrocortisone	Inj 100 mg vial Tab 5 mg & 20 mg	Solu-Cortef Douglas	2016 2015
Hydrocortisone acetate	Rectal foam 10%, CFC-Free (14 applications)	Colifoam	2015
Hydrocortisone butyrate	Lipocream 0.1% Milky emul 0.1% Oint 0.1% Scalp lotn 0.1%	Locoid Lipocream Locoid Crelo Locoid Locoid	2015
Hydroxocobalamin	Inj 1 mg per ml, 1 ml	ABM Hydroxocobalamin	2015
Hydroxychloroquine sulphate	Tab 200 mg	Plaquenil	2015
Hyoscine hydrobromide	Patch 1.5 mg	Scopoderm TTS	2016
Ibuprofen	Oral liq 20 mg per ml	Fenpaed	2016
Imatinib mesilate	Tab 100 mg	Imatinib-AFT	2017
Indapamide	Tab 2.5 mg	Dapa-Tabs	2016
Ipratropium bromide	Nebuliser soln, 250 mcg per ml, 1 ml Nebuliser soln, 250 mcg per ml, 2 ml	Univent	2016

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Generic Name	Presentation	Brand Name	Expiry Date*
Isoniazid	Tab 100 mg	PSM	2015
Isotretinoin	Cap 10 mg & 20 mg	Oratane	2015
Ispaghula (psyllium) husk	Powder for oral soln	Konsyl-D	2016
Itraconazole	Cap 100 mg	Itrazole	2016
Lactulose	Oral liq 10 g per 15 ml	Laevolac	2016
Lamivudine	Tab 150 mg Oral liq 10 mg per ml; 240 ml OP	Lamivudine Alphapharm 3TC	2016
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	Tab 1.5 mg	Postinor-1	2016
Lidocaine [lignocaine] hydrochloride	Inj 2% ampoule, 5 ml & 20 ml	Lidocaine-Claris	2015
Lisinopril	Tab 5 mg, 10 mg & 20 mg	Arrow-Lisinopril	2015
Lithium carbonate	Tab 250 mg & 400 mg	Lithicarb FC	2015
Loperamide hydrochloride	**Cap 2 mg**	**Diamide Relief**	**2016**
Loratadine	Tab 10 mg	Lorafix	2016
Macrogol 400 and propylene glycol	Eye drops 0.4% and propylene glycol 0.3%, 0.4 ml	Systane Unit Dose	2016
Mask for spacer device	Size 2	EZ-fit Paediatric Mask	2015
Measles, mumps and rubella vaccine	Inj 1000 TCID50 measles, 12500 TCID50 mumps and 1000 TCID50 rubella vial with diluent 0.5 ml vial	M-M-R II	2017
Medroxyprogesterone acetate	Tab 2.5 mg, 5 mg, 10 mg & 100 mg Inj 150 mg per ml, 1 ml syringe	Provera Depo-Provera	2016
Megestrol acetate	Tab 160 mg	Apo-Megestrol	2015
Meningococcal c conjugate vaccine	Inj 10 mcg in 0.5 ml syringe	Neisvac-C	2017
Meningococcal (groups a,c,y and w-135) congugate vaccine	Inj 4 mcg of each meningococcal polysaccharide conjugated to a total of approximately 48 mcg of diphtheria toxoid carrier per 0.5 ml vial	Menactra	2017
Methotrexate	Inj 25 mg per ml, 2 ml & 20 ml	Hospira	2016
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

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Generic Name	Presentation	Brand Name	Expiry Date*
Mesalazine	Enema 1 g per 100 ml	Pentasa	2015
Metformin hydrochloride	Tab immediate-release 500 mg & 850 mg	Apotex	2015
Methadone hydrochloride	Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml	Biodone Biodone Forte Biodone Extra Forte	2015
Methotrexate	Inj prefilled syringe 7.5 mg, 10 mg, 15 mg, 20 mg, 25 mg & 30 mg	Methotrexate Sandoz	2016
Methylprednisolone sodium succinate	Inj 40 mg per ml, 1 ml; 62.5 mg per ml, 2 ml; 500 mg & 1 g	Solu-Medrol	2015
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 Tab 50 mg & 100 mg Tab long-acting 200 mg	Lopresor Lopresor Slow-Lopresor	2015
Mercaptopurine	Tab 50 mg	Puri-nethol	2016
Miconazole	Oral gel 20 mg per g	Decozol	2015
Mirtazapine	Tab 30 mg & 45 mg	Avanza	2015
Mitomycin C	Inj 5 mg vial	Arrow	2016
Moclobemide	Tab 150 mg & 300 mg	Apo-Moclobemide	2015
Mometasone furoate	Crm 0.1% 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	Cap long-acting 10 mg, 30 mg, 60 mg and 100 mg Tab long-acting 10 mg, 30 mg, 60 mg & 100 mg	m-Eslon Arrow-Morphine LA	2016
Morphine tartrate	Inj 80 mg per ml, 1.5 ml & 5 ml	Hospira	2016
Mycophenolate mofetil	Cap 250 mg Tab 500 mg	Cellcept	2016
Naltrexone hydrochloride	Tab 50 mg	Naltraccord	2016
Nadolol	Tab 40 mg & 80 mg	Apo-Nadolol	2015
Naproxen	Tab 250 mg Tab 500 mg	Noflam 250 Noflam 500	2015
Nevirapine	Tab 200 mg	Nevirapine Alphapharm	2015
Norethisterone	Tab 350 mcg	Noriday 28	2015
Nortriptyline hydrochloride	Tab 10 mg & 25 mg	Norpress	2016
Oil in water emulsion	Crm	healthE Fatty Cream	2015
Ondansetron	Tab 4 mg & 8 mg	Onrex	2016

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

Sole Subsidised Supply Products – cumulative to August 2014

Generic Name	Presentation	Brand Name	Expiry Date*
Oxybutynin	Oral liq 5 mg per ml Tab 5 mg	Apo-Oxybutynin	2016
Oxycodone hydrochloride	Tab controlled-release 10 mg, 20 mg, 40 mg & 80 mg Inj 50 mg per ml, 1 ml Inj 10 mg per ml, 1 ml & 2 ml	Oxycodone Controlled Release Tablets (BNM) OxyNorm Oxycodone Orion	2015
Oxytocin	Inj 5 iu per ml, 1 ml ampoule Inj 10 iu per ml, 1 ml ampoule Inj 5 iu with ergometrine maleate 500 mcg per ml, 1 ml	Oxytocin BNM BNM Syntometrine	2015
Pantoprazole	**Tab EC 20 mg** **Tab EC 40 mg**	**Pantoprazole Actavis 20** **Pantoprazole Actavis 40**	**2016**
Paracetamol	Suppos 500 mg	Paracare	2015
Paraffin liquid with wool fat	**Eye oint 3% with wool fat 3%; 3.5 g OP**	**Poly-Visc**	**2017**
Paroxetine hydrochloride	Tab 20 mg	Loxamine	2016
Peak flow meter	Low range & normal range	Breath-Alert	2015
Pegylated interferon alfa-2a	Inj 135 mcg prefilled syringe & inj 180 mcg prefilled syringe	Pegasys	2017
Pegylated interferon alfa-2a	Inj 135 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 112 Inj 135 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 168 Inj 180 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 112 Inj 180 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 168	Pegasys RBV Combination Pack Pegasys RBV Combination Pack Pegasys RBV Combination Pack Pegasys RBV Combination Pack	2017
Pethidine hydrochloride	Tab 50 mg & 100 mg	PSM	2015
Phenobarbitone	Tab 15 mg & 30 mg	PSM	2015
Phenoxymethylpenicillin (Penicillin V)	Grans for oral liq 125 mg per 5 ml & 250 mg per 5 ml	AFT	2016
Pindolol	Tab 5 mg, 10 mg & 15 mg	Apo-Pindolol	2016
Pioglitazone	Tab 15 mg, 30 mg & 45 mg	Pizaccord	2015
Pizotifen	Tab 500 mcg	Sandomigran	2015
Poliomyelitis vaccine	Inj 80D antigen units in 0.5 ml syringe	IPOL	2017
Pneumococcal (PPV23) polysaccharide vaccine	Inj 575 mcg in 0.5 ml vial (25 mcg of each 23 pneumococcal serotype)	Pneumovax 23	2017

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

Sole Subsidised Supply Products – cumulative to August 2014

Generic Name	Presentation	Brand Name	Expiry Date*
Potassium chloride	Tab long-acting 600 mg	Span-K	2015
Prochlorperazine	Tab 5 mg	Antinaus	2017
Promethazine hydrochloride	Oral liq 5 mg per 5 ml Tab 10 mg & 25 mg	Allersoothe Allersoothe	2015
Quinapril	Tab 5 mg, 10 mg & 20 mg	Arrow-Quinapril	2015
Quinapril with hydrochlorothiazide	Tab 10 mg with hydrochlorothiazide 12.5 mg Tab 20 mg with hydrochlorothiazide 12.5 mg	Accuretic 10 Accuretic 20	2015
Rifabutin	Cap 150 mg	Mycobutin	2016
Ritonavir	Tab 100 mg	Norvir	2015
Ropinirole hydrochloride	Tab 0.25 mg, 1 mg, 2 mg and 5 mg	Apo-Ropinirole	2016
Rotavirus live reassortant oral vaccine	Oral susp G1, G2, G3, G4, P1(8) 11.5 million CCID50	RotaTeq	2017
Roxithromycin	Tab 150 mg & 300 mg	Arrow-Roxithromycin	2015
Salbutamol	Oral liq 400 mcg per ml Nebuliser soln, 1 mg per ml & 2 mg per ml, 2.5 ml	Ventolin Asthalin	2016 2015
Salbutamol with ipratropium bromide	Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml	Duolin	2015
Sertraline	Tab 50 mg & 100 mg	Arrow-Sertraline	2016
Sodium chloride	Inj 23.4%, 20 ml ampoule	Biomed	2016
Sodium citrate with sodium lauryl sulphoacetate	Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml	Micolette	2016
Sodium hyaluronate	Eye drops 1 mg per ml, 10 ml OP	Hylo-Fresh	2016
Spacer device	800 ml 230 ml (single patient)	Volumatic Space Chamber Plus	2015
Spironolactone	Tab 25 mg & 100 mg	Spiractin	2016
Sulphasalazine	Tab 500 mg Tab EC 500 mg	Salazopyrin Salazopyrin EN	2016
Sumatriptan	Tab 50 mg & 100 mg Inj 12 mg per ml, 0.5 ml cartridge	Arrow-Sumatriptan	2016
Tamsulosin hydrochloride	Cap 400 mcg	Tamsulosin-Rex	2016
Temozolomide	Cap 5 mg, 20 mg, 100 mg & 250 mg	Temaccord	2016
Terazosin	Tab 1 mg, 2 mg & 5 mg	Arrow	2016
Testosterone undecanoate	Cap 40 mg	Andriol Testocaps	2015
Tetrabenazine	Tab 25 mg	Motetis	2016

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

Sole Subsidised Supply Products – cumulative to August 2014

Generic Name	Presentation	Brand Name	Expiry Date*
Timolol maleate	Eye drops 0.25%, gel forming; 2.5 ml OP & eye drops 0.5%, gel forming; 2.5 ml OP	Timoptol XE	2016
Tretinoin	Crm 0.5 mg per g	ReTrieve	2016
Urea	Crm 10%	healthE Urea Cream	2016
Varicella vaccine [chicken pox vaccine]	Inj 2,000 PFU vial with diluent	Varilix	2017
Vitamin B complex	Tab, strong, BPC	Bplex	2016
Vitamins	Tab (BCP cap strength)	Mvite	2016
Zidovudine [AZT]	Cap 100 mg & oral liq 10 mg per ml	Retrovir	2016

August 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 August 2014

27 RIFAXIMIN – Special Authority SA1461 – Retail pharmacy
Tab 550 mg ..... 625.00 | 56 | ✔**Xifaxan**

SA1461 Special Authority for Subsidy

Initial application only from a gastroenterologist or hepatologist or Practitioner on the recommendation of a gastroenterologist or hepatologist. Approvals valid for six months where the patient has hepatic encephalopathy despite an adequate trial of maximum tolerated doses of lactulose.

Renewal only from a gastroenterologist or hepatologist or Practitioner on the recommendation of a gastroenterologist or hepatologist. Approvals valid without further renewal where the treatment remains appropriate and the patient is benefiting from treatment.

84 METHYLPREDNISOLONE ACETATE
Inj 40 mg per ml, 1 ml ..... 33.50 | 5 | ✔**Depo-Medrol**

97 AMOXICILLIN CLAVULANATE
Grans for oral liq amoxicillin 125 mg with potassium clavulanate 31.25 mg per 5 ml ..... 1.61 | 100 ml | ✔**Curam**
a) Up to 200 ml available on a PSO
b) Wastage claimable – see rule 3.3.2 on page 17
Grans for oral liq amoxicillin 250 mg with potassium clavulanate 62.5 mg per 5 ml ..... 2.19 | 100 ml | ✔**Curam**
a) Up to 200 ml available on a PSO
b) Wastage claimable – see rule 3.3.2 on page 17

125 LEVODOPA WITH CARBIDOPA
✻ Tab 100 mg with carbidopa 25 mg
– For levodopa with carbidopa oral liquid formulation refer.... 20.00 | 100 | ✔**Kinson**

128 PARACETAMOL
✻‡ Oral liq 120 mg per 5 ml ..... 4.15 | 1,000 ml | ✔**Paracare**
a) Up to 200 ml available on a PSO
b) Not in combination

130 OXYCODONE HYDROCHLORIDE
a) Only on a controlled drug form
b) No patient co-payment payable
c) Safety medicine; prescriber may determine dispensing frequency
Tab controlled-release 40 mg ..... 18.50 | 20 | ✔**Oxycodone Controlled Release Tablets (BNM)**

131 IMIPRAMINE HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency
Tab 10 mg ..... 6.58 | 60 | ✔**Tofranil s29** S29

Effective 22 July 2014

139 HYOSCINE HYDROBROMIDE
✻ Inj 400 mcg per ml, 1 ml ..... 13.32 | 10 | ✔**Martindale** S29

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

New Listings – effective 1 July 2014

27 DIAZOXIDE – Special Authority see SA1320 – Retail pharmacy

Oral liq 50 mg per ml ..... 620.00 30 ml OP ✔ **Proglycem** S29

46 OCTOCOG ALFA [RECOMBINANT FACTOR VIII] – [Xpharm]

For patients with haemophilia, whose treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.

Inj 250 iu vial ..... 250.00 1 ✔ **Kogenate FS**

Note – This is a new pack with a new Pharmacode 2461366, the old Pharmacode 2187159 to be delisted 1 January 2015.

58 NIFEDIPINE

✻ Tab long-acting 60 mg ..... 5.75 30 ✔ **Adefin XL**

Note – This is a new pack with a new Pharmacode 2444054.

89 SOMATROPIN [OMNITROPE] – Special Authority see SA1451 – Retail pharmacy – No patient co-payment payable

✻ Inj 5 mg cartridge ..... 109.50 1 ✔ **Omnitrope**
✻ Inj 10 mg cartridge ..... 219.00 1 ✔ **Omnitrope**
✻ Inj 15 mg cartridge ..... 328.50 1 ✔ **Omnitrope**

➽ SA1451 Special Authority for Subsidy

Initial application – (growth hormone deficiency in children) only from a paediatric endocrinologist or endocrinologist. Approvals valid for 9 months for applications meeting the following criteria:

Either:

1 Growth hormone deficiency causing symptomatic hypoglycaemia, or with other significant growth hormone deficient sequelae (e.g. cardiomyopathy, hepatic dysfunction) and diagnosed with GH < 5 mcg/l on at least two random blood samples in the first 2 weeks of life, or from samples during established hypoglycaemia (whole blood glucose < 2 mmol/l using a laboratory device); or

2 All of the following:
- 2.1 Height velocity < 25th percentile for age adjusted for bone age/pubertal status if appropriate over 6 or 12 months using the standards of Tanner and Davies (1985); and
- 2.2 A current bone age is <14 years (female patients) or <16 years (male patients); and
- 2.3 Peak growth hormone value of < 5.0 mcg per litre in response to two different growth hormone stimulation tests. In children who are 5 years or older, GH testing with sex steroid priming is required; and
- 2.4 If the patient has been treated for a malignancy, they should be disease free for at least one year based upon follow-up laboratory and radiological imaging appropriate for the malignancy, unless there are strong medical reasons why this is either not necessary or appropriate; and
- 2.5 Appropriate imaging of the pituitary gland has been obtained.

Renewal – (growth hormone deficiency in children) only from a paediatric endocrinologist or endocrinologist. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

1 A current bone age is ≤ 14 years (female patients) or ≤ 16 years (male patients); and
2 Height velocity is ≥ 25th percentile for age (adjusted for bone age/pubertal status if appropriate) while on growth hormone treatment, as calculated over six months using the standards of Tanner and Davis (1985); and
3 Height velocity is ≥ 2.0 cm per year, as calculated over 6 months; and
4 No serious adverse effect that the patient's specialist considers is likely to be attributable to growth hormone treatment has occurred; and
5 No malignancy has developed since starting growth hormone.

Initial application – (Turner syndrome) only from a paediatric endocrinologist or endocrinologist. Approvals valid for 9 months for applications meeting the following criteria:

continued...

New Listings – effective 1 July 2014 (continued)

continued...

All of the following:

1 The patient has a post-natal genotype confirming Turner Syndrome; and
2 Height velocity is < 25th percentile over 6-12 months using the standards of Tanner and Davies (1985); and
3 A current bone age is < 14 years.

Renewal – (Turner syndrome) only from a paediatric endocrinologist or endocrinologist. Approvals valid for 12 months for applications meeting the following criteria:
All of the following:

1 Height velocity ≥ 50th percentile for age (while on growth hormone calculated over 6 to 12 months using the Ranke's Turner Syndrome growth velocity charts); and
2 Height velocity is ≥ 2 cm per year, calculated over six months; and
3 A current bone age is ≤ 14 years; and
4 No serious adverse effect that the specialist considers is likely to be attributable to growth hormone treatment has occurred; and
5 No malignancy has developed since starting growth hormone.

Initial application – (short stature without growth hormone deficiency) only from a paediatric endocrinologist or endocrinologist. Approvals valid for 9 months for applications meeting the following criteria:
All of the following:

1 The patient's height is more than 3 standard deviations below the mean for age or for bone age if there is marked growth acceleration or delay; and
2 Height velocity is < 25th percentile for age (adjusted for bone age/pubertal status if appropriate), as calculated over 6 to 12 months using the standards of Tanner and Davies(1985); and
3 A current bone age is < 14 years (female patients) or < 16 years (male patients); and
4 The patient does not have severe chronic disease (including malignancy or recognized severe skeletal dysplasia) and is not receiving medications known to impair height velocity.

Renewal – (short stature without growth hormone deficiency) only from a paediatric endocrinologist or endocrinologist. Approvals valid for 12 months for applications meeting the following criteria:
All of the following:

1 Height velocity is ≥ 50th percentile (adjusted for bone age/pubertal status if appropriate) as calculated over 6 to 12 months using the standards of Tanner and Davies (1985); and
2 Height velocity is ≥ 2 cm per year as calculated over six months; and
3 A current bone age is ≤ 14 years (female patients) or ≤ 16 years (male patients); and
4 No serious adverse effect that the patient's specialist considers is likely to be attributable to growth hormone treatment has occurred.

Initial application – (short stature due to chronic renal insufficiency) only from a paediatric endocrinologist, endocrinologist or a renal physician on the recommendation of a paediatric endocrinologist or endocrinologist. Approvals valid for 9 months for applications meeting the following criteria:
All of the following:

1 The patient's height is more than 2 standard deviations below the mean; and
2 Height velocity is < 25th percentile (adjusted for bone age/pubertal status if appropriate) as calculated over 6 to 12 months using the standards of Tanner and Davies (1985); and
3 A current bone age is ≤ to 14 years (female patients) or ≤ to 16 years (male patients); and
4 The patient is metabolically stable, has no evidence of metabolic bone disease and absence of any other severe chronic disease; and
5 The patient is under the supervision of a specialist with expertise in renal medicine; and
6 Either:
   6.1 The patient has a GFR ≤ 30 ml/min/1.73m^2 as measured by the Schwartz method (Height(cm)/plasma creatinine (umol/l)) x 40 = corrected GFR (ml/min/1.73m^2) in a child who may or may not be receiving dialysis; or
   6.2 The patient has received a renal transplant and has received < 5mg/ m^2/day of prednisone or equivalent for at least 6 months.

continued...

New Listings – effective 1 July 2014 (continued)

continued...

Renewal – (short stature due to chronic renal insufficiency) only from a paediatric endocrinologist, endocrinologist or renal physician on the recommendation of a paediatric endocrinologist or endocrinologist. Approvals valid for 12 months for applications meeting the following criteria:
All of the following:

1 Height velocity is ≥ 50th percentile (adjusted for bone age/pubertal status if appropriate) as calculated over 6 to 12 months using the standards of Tanner and Davies (1985); and
2 Height velocity is ≥ 2 cm per year as calculated over six months; and
3 A current bone age is ≤ 14 years (female patients) or ≤ 16 years (male patients); and
4 No serious adverse effect that the patient's specialist considers is likely to be attributable to growth hormone has occurred; and
5 No malignancy has developed after growth hormone therapy was commenced; and
6 The patient has not experienced significant biochemical or metabolic deterioration confirmed by diagnostic results; and
7 The patient has not received renal transplantation since starting growth hormone treatment; and
8 If the patient requires transplantation, growth hormone prescription should cease before transplantation and a new application should be made after transplantation based on the above criteria.

Initial application – (Prader-Willi syndrome) only from a paediatric endocrinologist or endocrinologist. Approvals valid for 9 months for applications meeting the following criteria:
All of the following:

1 The patient has a diagnosis of Prader-Willi syndrome that has been confirmed by genetic testing or clinical scoring criteria; and
2 The patient's height velocity is < 25th percentile (adjusted for bone age/pubertal status if appropriate) as calculated over 6 to 12 months using the standards of Tanner and Davies (1985); and
3 Either:
  3.1 The patient is under two years of age and height velocity has been assessed over a minimum six month period from the age of 12 months, with at least three supine length measurements over this period demonstrating clear and consistent evidence of linear growth failure (with height velocity < 25th percentile); or
  3.2 The patient is aged two years or older; and
4 A current bone age is < 14 years (female patients) or < 16 years (male patients); and
5 Sleep studies or overnight oximetry have been performed and there is no obstructive sleep disorder requiring treatment, or if an obstructive sleep disorder is found, it has been adequately treated under the care of a paediatric respiratory physician and/or ENT surgeon; and
6 There is no evidence of type II diabetes or uncontrolled obesity defined by BMI that has increased by ≥ 0.5 standard deviations in the preceding 12 months.

Renewal – (Prader-Willi syndrome) only from a paediatric endocrinologist or endocrinologist. Approvals valid for 12 months for applications meeting the following criteria:
All of the following:

1 Height velocity is ≥ 50th percentile (adjusted for bone age/pubertal status if appropriate) as calculated over 6 to 12 months using the standards of Tanner and Davies (1985); and
2 Height velocity is ≥ 2 cm per year as calculated over six months; and
3 A current bone age is ≤ 14 years (female patients) or ≤16 years (male patients); and
4 No serious adverse effect that the patient's specialist considers is likely to be attributable to growth hormone treatment has occurred; and
5 No malignancy has developed after growth hormone therapy was commenced; and
6 The patient has not developed type II diabetes or uncontrolled obesity as defined by BMI that has increased by ≥ 0.5 standard deviations in the preceding 12 months.

Initial application – (adults and adolescents) only from a paediatric endocrinologist or endocrinologist. Approvals valid for 9 months for applications meeting the following criteria:
All of the following:

continued...

New Listings – effective 1 July 2014 (continued)

continued...

1 The patient has a medical condition that is known to cause growth hormone deficiency (e.g. surgical removal of the pituitary for treatment of a pituitary tumour); and
2 The patient has undergone appropriate treatment of other hormonal deficiencies and psychological illnesses; and
3 The patient has severe growth hormone deficiency (see notes); and
4 The patient's serum IGF-I is more than 1 standard deviation below the mean for age and sex; and
5 The patient has poor quality of life, as defined by a score of 16 or more using the disease-specific quality of life questionnaire for adult growth hormone deficiency (QoL-AGHDA®).

✻Note

For the purposes of adults and adolescents, severe growth hormone deficiency is defined as a peak serum growth hormone level of ≤ 3 mcg per litre during an adequately performed insulin tolerance test (ITT) or glucagon stimulation test.

Patients with one or more additional anterior pituitary hormone deficiencies and a known structural pituitary lesion only require one test. Patients with isolated growth hormone deficiency require two growth hormone stimulation tests, of which, one should be ITT unless otherwise contraindicated. Where an additional test is required, an arginine provocation test can be used with a peak serum growth hormone level of ≤ 0.4 mcg per litre.

The dose of somatropin should be started at 0.2 mg daily and be titrated by 0.1 mg monthly until the serum IGF-I is within 1 standard deviation of the mean normal value for age and sex; and

Dose of somatropin not to exceed 0.7 mg per day for male patients, or 1 mg per day for female patients.

At the commencement of treatment for hypopituitarism, patients must be monitored for any required adjustment in replacement doses of corticosteroid and levothyroxine.

Renewal – (adults and adolescents) only from a paediatric endocrinologist or endocrinologist. Approvals valid for 12 months for applications meeting the following criteria:

Either:

1 All of the following:
  1.1 The patient has been treated with somatropin for < 12 months; and
  1.2 There has been an improvement in Quality of Life defined as a reduction of at least 8 points on the Quality of Life Assessment of Growth Hormone Deficiency in Adults (QoL-AGHDA®) score from baseline; and
  1.3 Serum IGF-I levels have been increased within ±1SD of the mean of the normal range for age and sex; and
  1.4 The dose of somatropin has not exceeded 0.7 mg per day for male patients, or 1 mg per day for female patients; or
2 All of the following:
  2.1 The patient has been treated with somatropin for more than 12 months; and
  2.2 The patient has not had a deterioration in Quality of Life defined as a 6 point or greater increase from their lowest QoL-AGHDA® score on treatment (other than due to obvious external factors such as external stressors); and
  2.3 Serum IGF-I levels have continued to be maintained within ±1SD of the mean of the normal range for age and sex (other than for obvious external factors); and
  2.4 The dose of somatropin has not exceeded 0.7 mg per day for male patients or 1 mg per day for female patients.

94 AMOXICILLIN

Grans for oral liq 125 mg per 5 ml	0.88	100 ml	✔**Amoxicillin Actavis**
a) Up to 200 ml available on a PSO			
b) Wastage claimable – see rule 3.3.2			
Grans for oral liq 250 mg per 5 ml	0.97	100 ml	✔**Amoxicillin Actavis**
a) Up to 300 ml available on a PSO			
b) Up to 10 x the maximum PSO quantity for RFPP – see rule 5.2.6			
c) Wastage claimable – see rule 3.3.2			

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

New Listings – effective 1 July 2014 (continued)

117	CAPSAICIN			
	Crm 0.025% – Special Authority see SA1289			
	– Retail pharmacy	6.95	25 g OP	✔ **Zostrix**
120	PAMIDRONATE DISODIUM			
	Inj 3 mg per ml, 10 ml vial	6.80	1	✔ **Pamisol**
	Inj 6 mg per ml, 10 ml vial	13.20	1	✔ **Pamisol**
	Inj 9 mg per ml, 10 ml vial	19.20	1	✔ **Pamisol**
130	OXYCODONE HYDROCHLORIDE			
	a) Only on a controlled drug form			
	b) No patient co-payment payable			
	c) Safety medicine; prescriber may determine dispensing frequency			
	Tab controlled-release 80 mg	34.00	20	✔ **BNM**
149	DEXAMPHETAMINE SULPHATE – Special Authority see SA1149 – Retail pharmacy			
	a) Only on a controlled drug form			
	b) Safety medicine; prescriber may determine dispensing frequency			
	Tab 5 mg	16.50	100	✔ **PSM s29** S29
157	CAPECITABINE – Retail pharmacy-Specialist			
	Tab 150 mg	30.00	60	✔ **Capecitabine Winthrop**
	Tab 500 mg	120.00	120	✔ **Capecitabine Winthrop**
169	OCTREOTIDE			
	Inj 50 mcg per ml, 1 ml vial	13.50	5	✔ **DBL**
	Inj 100 mcg per ml, 1 ml vial	22.40	5	✔ **DBL**
	Inj 500 mcg per ml, 1 ml vial	89.40	5	✔ **DBL**
199	PHARMACY SERVICES – May only be claimed once per patient			
	✻ Brand switch fee	4.33	1 fee	✔ **BSF Arrow-Fluoxetine** ✔ **BSF Imatinib-AFT**
	The Pharmacode for BSF Arrow-Fluoxetine is 2461102			
	The Pharmacode for BSF Imatinib-AFT is 2461099			
220	ORAL FEED (POWDER) – Special Authority see SA1228 – Hospital pharmacy [HP3]			
	Powder (vanilla)	3.67	350 g OP	✔ **Fortisip**

Effective 12 June 2014

55	LOSARTAN POTASSIUM WITH HYDROCHLOROTHIAZIDE			
	Tab 50 mg with hydrochlorothiazide 12.5 mg	10.45	30	✔ **Hyzaar**

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

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

New Listings – effective 1 June 2014

123 FEBUXOSTAT – Special Authority see SA1431 – Retail pharmacy

Tab 80 mg	39.50	28	✔**Adenuric**
Tab 120 mg	39.50	28	✔**Adenuric**

SA1431 Special Authority for Subsidy

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

Any of the following:

1 The patient has a serum urate level greater than 0.36 mmol/l despite treatment with allopurinol at doses of at least 600 mg/day and appropriate doses of probenecid; or

2 The patient has experienced intolerable side effects from allopurinol such that treatment discontinuation is required and serum urate remains greater than 0.36 mmol/l despite appropriate doses of probenecid; or

3 Both:

3.1 The patient has renal impairment and serum urate remains greater than 0.36 mmol/l despite optimal treatment with allopurinol (see Note); and

3.2 The patient has a rate of creatinine clearance greater than or equal to 30 ml/min.

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

Note – Optimal treatment with allopurinol in patients with renal impairment is defined as treatment to the creatinine clearance-adjusted dose of allopurinol then, if serum urate remains greater than 0.36 mmol/l, a gradual increase of the dose of allopurinol to 600 mg or the maximum tolerated dose.

130 OXYCODONE HYDROCHLORIDE

a) Only on a controlled drug form

b) No patient co-payment payable

c) Safety medicine; prescriber may determine dispensing frequency

Tab controlled-release 10 mg	6.75	20	✔**BNM**
Tab controlled-release 20 mg	11.50	20	✔**BNM**

199 PHARMACY SERVICES – May only be claimed once per patient

✻Brand switch fee	4.33	1 fee	✔**BSF Apo-Cilazapril/ Hydrochlorothiazide**

The Pharmacode for BSF Apo-Cilazapril/Hydrochlorothiazide is 2459299.

204 COMPOUND HYDROXYBENZOATE – Only in combination

Only in extemporaneously compounded oral mixtures.

Soln	30.00	100 ml	✔**Midwest**

214 PAEDIATRIC ORAL FEED – Special Authority see SA1379 – Hospital pharmacy [HP3]

Powder (vanilla)	20.00	850 g OP	✔**Pediasure**

215 RENAL ENTERAL FEED 1.8 KCAL/ML – Special Authority see SA1101 – Hospital pharmacy [HP3]

Liquid	6.08	500 ml OP	✔**Nepro HP RTH**

215 RENAL ORAL FEED 1.8 KCAL/ML – Special Authority see SA1101 – Hospital pharmacy [HP3]

Liquid	2.67	220 ml OP	✔**Nepro HP (strawberry)** ✔**Nepro HP(vanilla)**

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

New Listings – effective 1 May 2014

53 PHENOXYBENZAMINE HYDROCHLORIDE

✻ Cap 10 mg	65.00	30	✔**BNM** S29

94 AMOXYCILLIN

Cap 500 mg	20.94	500	✔**Apo-Amoxi**

a) Up to 30 cap available on a PSO
b) Up to 10 x the maximum PSO quantity for RFPP – see rule 5.2.6

140 PALIPERIDONE – Special Authority see SA1429 – Retail pharmacy

Safety medicine; prescriber may determine dispensing frequency

Inj 25 mg syringe	194.25	1	✔**Invega Sustenna**
Inj 50 mg syringe	271.95	1	✔**Invega Sustenna**
Inj 75 mg syringe	357.42	1	✔**Invega Sustenna**
Inj 100 mg syringe	435.12	1	✔**Invega Sustenna**
Inj 150 mg syringe	435.12	1	✔**Invega Sustenna**

SA1429 Special Authority for Subsidy

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

Either:

1 The patient has had an initial Special Authority approval for risperidone depot injection or olanzapine depot injection; or

2 All of the following:

2.1 The patient has schizophrenia or other psychotic disorder; and

2.2 Has tried but failed to comply with treatment using oral atypical antipsychotic agents; and

2.3 Has been admitted to hospital or treated in respite care, or intensive outpatient or home-based treatment for 30 days or more in last 12 months.

Renewal from any relevant practitioner. Approvals valid for 12 months where the initiation of paliperidone depot injection has been associated with fewer days of intensive intervention than was the case during a corresponding period of time prior to the initiation of an atypical antipsychotic depot injection.

Note – Paliperidone depot injection should ideally be used as monotherapy (i.e. without concurrent use of any other antipsychotic medication). In some cases, it may be clinically appropriate to attempt to treat a patient with typical antipsychotic agents in depot injectable form before trialling paliperidone depot injection.

156 CYCLOPHOSPHAMIDE

Tab 50 mg – PCT – Retail pharmacy-Specialist	25.71	50	✔**Cycloblastin**

187 TACROLIMUS – Special Authority see SA0669 – Retail pharmacy

Cap 0.5 mg	85.60	100	✔**Tacrolimus Sandoz**
Cap 1 mg	171.20	100	✔**Tacrolimus Sandoz**
Cap 5 mg – For tacrolimus oral liquid formulation refer page 201	428.00	50	✔**Tacrolimus Sandoz**

Changes to Restrictions, Chemical Names and Presentations

Effective 1 August 2014

38 MACROGOL 3350 **WITH POTASSIUM CHLORIDE, SODIUM BICARBONATE AND SODIUM CHLORIDE**
– Special Authority see SA0891 – Retail pharmacy (amendment to chemical name and presentation description)
Powder **for oral soln 13.125 g with potassium chloride 46.6 mg, sodium bicarbonate 178.5 mg and sodium chloride 350.7 mg**
~~13.125 g, sachets~~ – Maximum of 60 sach per prescription ..... 7.65 30 ✔**Lax-Sachets**

43 MAGNESIUM SULPHATE (amendment to presentation description and brand name)
✻Inj 2 mmol per ml, 5 ml **ampoule** ..... 18.35 10 ✔**Martindale**
12.65 ✔**DBL ~~Hospira~~**

50 **GLUCOSE [**DEXTROSE**]** (amendment to chemical name and presentation description)
✻Inj 50%, 10 ml **ampoule** – Up to 5 inj available on a PSO ..... 27.50 5 ✔**Biomed**
✻Inj 50%, 90 ml **bottle** – Up to 5 inj available on a PSO ..... 14.50 1 ✔**Biomed**

81 ERGOMETRINE MALEATE (amendment to presentation description)
Inj 500 mcg per ml, 1 ml **ampoule**
– Up to 5 inj available on a PSO ..... 94.70 5 ✔**DBL Ergometrine**

84 CALCITONIN (amendment to presentation description)
✻Inj 100 iu per ml, 1 ml **ampoule** ..... 121.00 5 ✔**Miacalcic**

88 LEVOTHYROXINE **(MERCURY PHARMA)** (amendment to chemical name and removal of STAT)
Tab 50 mcg ..... 1.71 28 ✔**Mercury Pharma**
‡ Safety cap for extemporaneously compounded oral liquid preparations.
Tab 100 mcg ..... 1.78 28 ✔**Mercury Pharma**
‡ Safety cap for extemporaneously compounded oral liquid preparations.

94 AMOXICILLIN (amendment to presentation description)
Inj 250 mg **vial** ..... 10.67 10 ✔**Ibiamox**
Inj 500 mg **vial** ..... 12.41 10 ✔**Ibiamox**
Inj 1 g **vial** – Up to 5 inj available on a PSO ..... 17.29 10 ✔**Ibiamox**

98 VANCOMYCIN ~~HYDROCHLORIDE~~ – Subsidy by endorsement (amendment to chemical name)
Only if prescribed for a dialysis or cystic fibrosis patient or for prophylaxis of endocarditis or for treatment of Clostridium difficile following metronidazole failure and the prescription is endorsed accordingly.
Inj 500 mg ..... 2.64 1 ✔**Mylan**

116 NON-STEROIDAL ANTI-INFLAMMATORY DRUGS
~~**SA1038 Special Authority for Manufacturers Price**~~
~~Note: Subsidy for patients with existing approvals prior to 1 September 2010. Approvals valid without further renewal unless notified.~~
~~No new approvals will be granted from 1 September 2010.~~

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

Changes to Restrictions – effective 1 August 2014 (continued)

116 DICLOFENAC SODIUM

✻ Tab 50 mg dispersible – ~~Additional subsidy by Special Authority see SA1038 – Retail pharmacy~~

– **higher subsidy of $8.00 per 20 tab with endorsement** ..... 1.50 (8.00) 20 Voltaren D

Additional subsidy by endorsement for a patient who cannot swallow whole tablets and in whom ibuprofen oral liquid is ineffective or not tolerated, and the prescription is endorsed accordingly.

✻ Inj 25 mg per ml, 3 ml **ampoule** ..... 13.20 5 ✔**Voltaren**

Up to 5 inj available on a PSO

117 SULINDAC ~~– Additional subsidy by Special Authority see SA1038 on the previous page – Retail pharmacy~~

✻ Tab 100 mg ..... 8.55 50 ✔**Aclin**

✻ Tab 200 mg ..... 15.10 50 ✔**Aclin**

130 MORPHINE SULPHATE (amendment to presentation description)

a) Only on a controlled drug form
b) No patient co-payment payable
c) Safety medicine; prescriber may determine dispensing frequency

Inj 5 mg per ml, 1 ml **ampoule**
– Up to 5 inj available on a PSO ..... 12.48 5 ✔**DBL Morphine Sulphate**

Inj 10 mg per ml, 1 ml **ampoule**
– Up to 5 inj available on a PSO ..... 9.09 5 ✔**DBL Morphine Sulphate**

Inj 15 mg per ml, 1 ml **ampoule**
– Up to 5 inj available on a PSO ..... 9.77 5 ✔**DBL Morphine Sulphate**

Inj 30 mg per ml, 1 ml **ampoule**
– Up to 5 inj available on a PSO ..... 12.43 5 ✔**DBL Morphine Sulphate**

130 OXYCODONE HYDROCHLORIDE (amendment to brand name)

a) Only on a controlled drug form
b) No patient co-payment payable
c) Safety medicine; prescriber may determine dispensing frequency

Tab controlled-release 10 mg ..... 6.75 20 ✔**Oxycodone Controlled Release Tablets (BNM)** ~~BNM~~

Tab controlled-release 20 mg ..... 11.50 20 ✔**Oxycodone Controlled Release Tablets (BNM)** ~~BNM~~

Tab controlled-release 80 mg ..... 34.00 20 ✔**Oxycodone Controlled Release Tablets (BNM)** ~~BNM~~

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

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

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

Changes to Restrictions – effective 1 August 2014 (continued)

139 ONDANSETRON (amendment to brand name)

✻Tab disp 8 mg	1.50	10	✔~~Dr Reddy's~~ Ondansetron **ODT-DRLA**

145 PIPOTHIAZINE PALMITATE – Safety medicine; prescriber may determine dispensing frequency – **subsidy by endorsement**

Inj 50 mg per ml, 1 ml – Up to 5 inj available on a PSO	178.48	10	✔**Piportil**
Inj 50 mg per ml, 2 ml – Up to 5 inj available on a PSO	353.32	10	✔**Piportil**

Subsidised for patients who were taking pipothiazine palmitate prior to 1 August 2014 and the prescription or PSO is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of pipothiazine palmitate.

149 DEXAMPHETAMINE SULPHATE

SA1149 Special Authority for Subsidy

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

All of the following:

1 ADHD (Attention Deficit and Hyperactivity Disorder) patients aged 5 years or over; and
2 Diagnosed according to DSM-IV or ICD 10 criteria; and
3 Either:
  3.1 Applicant is a paediatrician or psychiatrist; or
  3.2 Applicant is a medical practitioner and confirms that a **paediatrician or psychiatrist** ~~relevant specialist~~ has been consulted within the last 2 years and has recommended treatment for the patient **in writing**.

Initial application – (ADHD in patients under 5) only from a paediatrician or psychiatrist. Approvals valid for 12 months for applications meeting the following criteria:

Both:

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

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

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

Both:

1 The treatment remains appropriate and the patient is benefiting from treatment; and
2 Either:
  2.1 Applicant is a paediatrician or psychiatrist; or
  2.2 Applicant is a medical practitioner and confirms that a **paediatrician or psychiatrist** ~~relevant specialist~~ has been consulted within the last 2 years and has recommended treatment for the patient **in writing**.

Renewal – (ADHD in patients under 5) only from a paediatrician or psychiatrist. Approvals valid for 12 months where the treatment remains appropriate and the patient is benefiting from treatment.

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

Changes to Restrictions – effective 1 August 2014 (continued)

150 METHYLPHENIDATE HYDROCHLORIDE

SA1150 Special Authority for Subsidy

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

All of the following:

1 ADHD (Attention Deficit and Hyperactivity Disorder) patients aged 5 years or over; and
2 Diagnosed according to DSM-IV or ICD 10 criteria; and
3 Either:
3.1 Applicant is a paediatrician or psychiatrist; or
3.2 Applicant is a medical practitioner and confirms that a **paediatrician or psychiatrist** ~~relevant specialist~~ has been consulted within the last 2 years and has recommended treatment for the patient **in writing.**

Initial application – (ADHD in patients under 5) only from a paediatrician or psychiatrist. Approvals valid for 12 months for applications meeting the following criteria:

Both:

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

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

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

Both:

1 The treatment remains appropriate and the patient is benefiting from treatment; and
2 Either:
2.1 Applicant is a paediatrician or psychiatrist; or
2.2 Applicant is a medical practitioner and confirms that a **paediatrician or psychiatrist** ~~relevant specialist~~ has been consulted within the last 2 years and has recommended treatment for the patient **in writing**.

Renewal – (ADHD in patients under 5) only from a paediatrician or psychiatrist. Approvals valid for 12 months where the treatment remains appropriate and the patient is benefiting from treatment.

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

151 METHYLPHENIDATE HYDROCHLORIDE EXTENDED-RELEASE

SA1151 Special Authority for Subsidy

Initial application only from a paediatrician, psychiatrist or medical practitioner on the recommendation of a **paediatrician or psychiatrist (in writing)** ~~relevant specialist~~. Approvals valid for 24 months for applications meeting the following criteria:

All of the following:

1 ADHD (Attention Deficit and Hyperactivity Disorder); and
2 Diagnosed according to DSM-IV or ICD 10 criteria; and
3 Either:
3.1 Applicant is a paediatrician or psychiatrist; or
3.2 Applicant is a medical practitioner and confirms that a **paediatrician or psychiatrist** ~~relevant specialist~~ has been consulted within the last 2 years and has recommended treatment for the patient **in writing**; and
4 Either:
4.1 Patient is taking a currently subsidised formulation of methylphenidate hydrochloride (immediate-release or sustained-release) which has not been effective due to significant administration and/or compliance difficulties; or

continued...

Changes to Restrictions – effective 1 August 2014 (continued)

continued...

4.2 There is significant concern regarding the risk of diversion or abuse of immediate-release methylphenidate hydrochloride.

Renewal only from a paediatrician, psychiatrist or medical practitioner on the recommendation of a **paediatrician or psychiatrist (in writing)** ~~relevant specialist~~. Approvals valid for 24 months for applications meeting the following criteria:

Both:

1 The treatment remains appropriate and the patient is benefiting from treatment; and

2 Either:

2.1 Applicant is a paediatrician or psychiatrist; or

2.2 Applicant is a medical practitioner and confirms that a **paediatrician or psychiatrist** ~~relevant specialist~~ has been consulted within the last 2 years and has recommended treatment for the patient **in writing**.

187 TACROLIMUS – Special Authority see SA0669 – Retail pharmacy

Cap 0.5 mg – **Wastage claimable** – **see rule 3.3.2**	214.00	100	✔**Prograf**
Cap 1 mg – **Wastage claimable** – **see rule 3.3.2**	428.00	100	✔**Prograf**
Cap 5 mg – For tacrolimus oral liquid formulation refer – **Wastage claimable** – **see rule 3.3.2**	1,070.00	100	✔**Prograf**

Note – **Wastage of up to a maximum of 90% of each pack may be claimed.**

193 AMINOPHYLLINE (amendment to presentation description)

✻ Inj 25 mg per ml, 10 ml **ampoule** – Up to 5 inj available on a PSO	118.25	5	✔**DBL Aminophylline**

219 ENTERAL FEED 1.5 KCAL/ML – Special Authority see SA1228 – Hospital pharmacy [HP3] (addition of OP)

Liquid	7.00	1,000 ml **OP**	✔**Nutrison Energy**

Effective 1 July 2014

26 RANITIDINE ~~HYDROCHLORIDE~~ – Only on a prescription (amendment to chemical name)

✻ Tab 150 mg	6.79	250	✔**Arrow-Ranitidine**
✻ Tab 300 mg	9.34	250	✔**Arrow-Ranitidine**
✻ Oral liq 150 mg per 10 ml	4.92	300 ml	✔**Peptisoothe**
✻ Inj 25 mg per ml, 2 ml	8.75	5	✔**Zantac**

27 DIAZOXIDE – Special Authority see SA1320 – Retail pharmacy (removal of standard formulae)

Cap 25 mg – ~~For diazoxide oral liquid formulation refer, page 200~~	110.00	100	✔**Proglicem** S29

42 IRON POLYMALTOSE (amendment to presentation description)

✻ Inj 50 mg per ml, 2 ml **ampoule**	15.22	5	✔**Ferrum H**

75 SALICYLIC ACID

Powder – Only in combination	18.88	250 g	✔**PSM**

1) Only in combination with a dermatological base or proprietary Topical Corticosteroid – Plain or collodion flexible, refer dermatological base

2) With or without other dermatological galenicals.

~~3) Maximum 20 g or 20 ml per prescription when prescribed with white soft paraffin or collodion flexible.~~

85 TESTOSTERONE CYPIONATE – Retail pharmacy-Specialist (amendment to presentation description)

Inj ~~long-acting~~ 100 mg per ml, 10 ml **vial**	76.50	1	✔**Depo-Testosterone**

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

Changes to Restrictions – effective 1 July 2014 (continued)

89 **SA1279 Special Authority for Subsidy**
Special Authority approved by the Growth Hormone Committee
Notes – Application details may be obtained from PHARMAC's website http://www.pharmac.govt.nz or:

NZGHC Coordinator
PHARMAC, PO Box 10-254, WELLINGTON
Tel: 0800 808 476, Fax: (09) 929 3221, Email: growthhormone@pharmac.govt.nz

SOMATROPIN **[GENOTROPIN]** – Special Authority see SA1279 – [Xpharm]

✻ Inj cartridge 16 iu (5.3 mg)	160.00	1	✔ **Genotropin**
✻ Inj cartridge 36 iu (12 mg)	360.00	1	✔ **Genotropin**

90 DESMOPRESSIN **ACETATE** (amendment to chemical name)

✻ Nasal spray 10 mcg per dose – Retail pharmacy-Specialist	22.95	6 ml OP	✔ **Desmopressin-PH&T**

92 CEFAZOLIN ~~SODIUM~~ – Subsidy by endorsement (amendment to chemical name and presentation description)
Only if prescribed for dialysis or cellulitis in accordance with a DHB approved protocol and the prescription is endorsed accordingly.

Inj 500 mg **vial**	3.99	5	✔ **AFT**
Inj 1 g **vial**	3.38	5	✔ **AFT**

94 **AMOXICILLIN** ~~AMOXYCILLIN~~ (amendment to chemical name)

94 BENZYLPENICILLIN SODIUM (PENICILLIN G) (amendment to presentation description)

Inj 600 mg **(1 million units) vial**			
– Up to 5 inj available on a PSO	10.35	10	✔ **Sandoz**

95 FLUCLOXACILLIN ~~SODIUM~~ (amendment to presentation description)

Inj 250 mg **vial**	8.80	10	✔ **Flucloxin**
Inj 500 mg **vial**	9.20	10	✔ **Flucloxin**
Inj 1 g **vial** – Up to **10** ~~5~~ inj available on a PSO	11.60	10	✔ **Flucloxin**

95 PROCAINE PENICILLIN (amendment to presentation description)

Inj **1.5 g in 3.4 ml syringe** ~~1.5 mega u~~			
– Up to 5 inj available on a PSO	123.50	5	✔ **Cilicaine**

95 DOXYCYCLINE ~~HYDROCHLORIDE~~ (amendment to chemical name)

✻ Tab 100 mg – Up to 30 tab available on a PSO	6.75	250	✔ **Doxine**

99 KETOCONAZOLE (amendment to endorsement and subsidy)

Tab 200 mg – **PCT** – Retail pharmacy Specialist	**CBS**	30	✔ **Nizoral** S29

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

115 NORFLOXACIN – **Subsidy by endorsement** (amendment to endorsement)

Tab 400 mg – ~~Maximum of 6 tab per prescription; can be waived by endorsement – Retail pharmacy - Specialist~~	13.50	100	✔ **Arrow-Norfloxacin**

Only if prescribed for a patient with an uncomplicated urinary tract infection that is unresponsive to a first line agent or with proven resistance to first line agents and the prescription is endorsed accordingly.

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

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

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

Changes to Restrictions – effective 1 July 2014 (continued)

120 PAMIDRONATE DISODIUM (amendment to presentation description)

Inj 3 ml per ml, 5 ml **vial**	18.75	1	✔**Pamisol**
Inj 3 mg per ml, 10 ml **vial**	16.00	1	✔**Pamidronate BNM**
Inj 6 mg per ml, 10 ml **vial**	32.00	1	✔**Pamidronate BNM**
Inj 9 mg per ml, 10 ml **vial**	48.00	1	✔**Pamidronate BNM**

127 LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE (amendment to presentation description)

Oral (viscous) soln 2% ~~Viscous soln 2%~~	55.00	200 ml	✔**Xylocaine Viscous**

129 FENTANYL (amendment to presentation description)

a) Only on a controlled drug form
b) No patient co-payment payable
c) Safety medicine; prescriber may determine dispensing frequency

~~Transdermal~~ patch 12.5 mcg per hour	8.90	5	✔**Mylan Fentanyl Patch**
~~Transdermal~~ patch 25 mcg per hour	9.15	5	✔**Mylan Fentanyl Patch**
~~Transdermal~~ patch 50 mcg per hour	11.50	5	✔**Mylan Fentanyl Patch**
~~Transdermal~~ patch 75 mcg per hour	13.60	5	✔**Mylan Fentanyl Patch**
~~Transdermal~~ patch 100 mcg per hour	14.50	5	✔**Mylan Fentanyl Patch**

131 MIANSERIN HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency (addition of endorsement)

Tab 30 mg – **Subsidy by endorsement**	24.86	30	✔**Tolvon**

Subsidised for patients who were taking mianserin hydrochloride prior to 1 July 2014 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of mianserin hydrochloride. Note that supply of mianserin hydrochloride is being discontinued in New Zealand and it is anticipated that there will be no stock of mianserin available beyond February 2015.

131 FLUOXETINE HYDROCHLORIDE – **Brand switch fee payable (Pharmacode 2461102)**

Tab dispersible 20 mg, scored – Subsidy by endorsement	2.50	30	✔**Arrow-Fluoxetine**

Subsidised by endorsement

1) When prescribed for a patient who cannot swallow whole tablets or capsules and the prescription is endorsed accordingly; or
2) When prescribed in a daily dose that is not a multiple of 20 mg in which case the prescription is deemed to be endorsed.

Note – Tablets should be combined with capsules to facilitate incremental 10 mg doses.

✻ Cap 20 mg	1.74	90	✔**Arrow-Fluoxetine**

139 METOCLOPRAMIDE HYDROCHLORIDE (amendment to presentation description)

✻ Inj 5 mg per ml, 2 ml **ampoule** – Up to 5 inj available on a PSO	4.50	10	✔**Pfizer**

142 OLANZAPINE – Safety medicine; prescriber may determine dispensing frequency (amendment to presentation description)

Tab orodispersible ~~Wafer~~ 5 mg	6.36	28	
	(102.19)		Zyprexa Zydis
Tab orodispersible ~~Wafer~~ 10 mg	8.76	28	
	(204.37)		Zyprexa Zydis

146 BUSPIRONE HYDROCHLORIDE (addition of Stat)

✻ Tab 5 mg	28.00	100	✔**Pacific Buspirone**
✻ Tab 10 mg	17.00	100	✔**Pacific Buspirone**

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

Changes to Restrictions – effective 1 July 2014 (continued)

165 IMATINIB MESILATE

✻ Cap 100 mg – No patient co-payment payable

– **Brand switch fee payable (Pharmacode 2461099)** ..... 298.90 60 ✔**Imatinib-AFT**

Tab 100 mg – Special Authority see SA**1460**~~0643~~

– [Xpharm] ..... 2,400.00 60 ✔**Glivec**

➽ **SA1460**~~0643~~ Special Authority for Subsidy

Special Authority approved by the CML/GIST Co-ordinator

Notes – Application details may be obtained from PHARMAC's website http://www.pharmac.govt.nz, and prescriptions should be sent to:

The CML/GIST Co-ordinator
PHARMAC
PO Box 10 254
Wellington

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

~~Special Authority criteria for CML – access by application~~

~~a) Funded for patients with diagnosis (confirmed by a haematologist) of a chronic myeloid leukaemia (CML) in blast crisis, accelerated phase, or in chronic phase.~~

~~b) Maximum dose of 600 mg/day for accelerated or blast phase, and 400 mg/day for chronic phase CML.~~

~~c) Subsidised for use as monotherapy only.~~

~~d) Initial approvals valid seven months.~~

~~e) Subsequent approval(s) are granted on application and are valid for six months. The first reapplication (after seven months) should provide details of the haematological response. The third reapplication should provide details of the cytogenetic response after 14-18 months from initiating therapy. All other reapplications should provide details of haematological response, and cytogenetic response if such data is available. Applications to be made and subsequent prescriptions can be written by a haematologist or an oncologist.~~

~~Guideline on discontinuation of treatment for patients with CML~~

~~a) Prescribers should consider discontinuation of treatment if after 6 months from initiating therapy a patient did not obtain a haematological response as defined as any one of the following three levels of response:~~

~~1) complete haematologic response (as characterised by an absolute neutrophil count (ANC) > 1.5 x 109/L, platelets > 100 x 109/L, absence of peripheral blood (PB) blasts, bone marrow (BM) blasts < 5% (or FISH Ph+ 0-35% metaphases), and absence of extramedullary disease); or~~

~~2) no evidence of leukaemia (as characterised by an absolute neutrophil count (ANC) > 1.0 x 109/L, platelets > 20 x 109/L, absence of peripheral blood (PB) blasts, bone marrow (BM) blasts < 5% (or FISH Ph+ 0-35% metaphases), and absence of extramedullary disease); or~~

~~3) return to chronic phase (as characterised by BM and PB blasts < 15%, BM and PB blasts and promyelocytes < 30%, PB basophils < 20% and absence of extramedullary disease other than spleen and liver).~~

~~b) Prescribers should consider discontinuation of treatment if after 18 months from initiating therapy a patient did not obtain a major cytogenetic response defined as 0-35% Ph+ metaphases.~~

Special Authority criteria for GIST – access by application

~~a)~~ Funded for patients:

a) with a diagnosis (confirmed by an oncologist) of unresectable and/or metastatic malignant gastrointestinal stromal tumour (GIST)~~; and~~

~~b) who have immunohistochemical documentation of c-kit (CD117) expression by the tumour.~~

b) Maximum dose of 400 mg/day.

c) Applications to be made and subsequent prescriptions can be written by an oncologist.

d) Initial and subsequent applications are valid for one year. The re-application criterion is an adequate clinical response to the treatment with imatinib (prescriber determined).

Note – Imatinib-AFT is not registered for the treatment of Gastro Intestinal Stromal Tumours (GIST). The Glivec brand of imatinib mesilate (supplied by Novartis) remains fully subsidised under special authority for patients with unresectable and/or metastatic malignant GIST, see SA1406 in Section B of the Pharmaceutical Schedule.

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

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

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

Changes to Restrictions – effective 1 July 2014 (continued)

168 OCTREOTIDE ~~(SOMATOSTATIN ANALOGUE)~~ (amendment to chemical name)

Inj 50 mcg per ml, 1 ml	19.24	5	**Octreotide MaxRx**
Inj 100 mcg per ml, 1 ml	36.38	5	**Octreotide MaxRx**
Inj 500 mcg per ml, 1 ml	131.25	5	**Octreotide MaxRx**

172 ETANERCEPT – Special Authority see **SA1450**~~1372~~ – Retail pharmacy (addition to Special Authority)

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

➽ **SA1450**~~1372~~ Special Authority for Subsidy

Initial application – pyoderma gangrenosum – only from a Dermatologist. Approvals valid for 4 months for applications meeting the following criteria:
All of the following;
1. **Patient has pyoderma gangrenosum✳; and**
2. **Patient has received three months of conventional therapy including a minimum of three pharmaceuticals (e.g. prednisone, cyclosporine, azathioprine, or methotrexate) and not received an adequate response; and**
3. **A maximum of 4 doses.**

Renewal – pyoderma gangrenosum – only from a Dermatologist or a Practitioner on the recommendation of a Dermatologist. Approvals valid for 4 months for applications meeting the following criteria:
All of the following;
1. **Patient has shown clinical improvement; and**
2. **Patient continues to require treatment; and**
3. **A maximum of 4 doses.**

✳ Note: Indications marked with ✳ are Unapproved Indications (refer to Section A: General Rules, Part I (Interpretations and Definitions) and Part V (Miscellaneous Provisions) rule 5.5).

177 ADALIMUMAB – Special Authority see **SA1449**~~1371~~ – Retail pharmacy (addition to Special Authority)

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**

➽ **SA1449**~~1371~~ Special Authority for Subsidy

Initial application – pyoderma gangrenosum – only from a Dermatologist. Approvals valid for 4 months for applications meeting the following criteria:
All of the following;
1. **Patient has pyoderma gangrenosum✳; and**
2. **Patient has received three months of conventional therapy including a minimum of three pharmaceuticals (e.g. prednisone, cyclosporine, azathioprine, or methotrexate) and not received an adequate response; and**
3. **A maximum of 4 doses.**

Renewal – pyoderma gangrenosum – only from a Dermatologist or a Practitioner on the recommendation of a Dermatologist. Approvals valid for 4 months for applications meeting the following criteria:
All of the following;
1. **Patient has shown clinical improvement; and**
2. **Patient continues to require treatment; and**
3. **A maximum of 4 doses.**

✳ Note: Indications marked with ✳ are Unapproved Indications (refer to Section A: General Rules, Part I (Interpretations and Definitions) and Part V (Miscellaneous Provisions) rule 5.5).

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

Changes to Restrictions – effective 1 July 2014 (continued)

186	~~CYCLOSPORIN~~ **CICLOSPORIN** (amendment to chemical name)			
	Cap 25 mg	44.63	50	✔ **Neoral**
	Cap 50 mg	88.91	50	✔ **Neoral**
	Cap 100 mg	177.81	50	✔ **Neoral**
	Oral liq 100 mg per ml	198.13	50 ml OP	✔ **Neoral**
196	DEXAMETHASONE WITH NEOMYCIN **SULPHATE** AND POLYMYXIN B SULPHATE (amendment to chemical name)			
	✻ Eye oint 0.1% with neomycin sulphate 0.35% and polymyxin B sulphate 6,000 u per g	5.39	3.5 g OP	✔ **Maxitrol**
	✻ Eye drops 0.1% with neomycin sulphate 0.35% and polymyxin B sulphate 6,000 u per ml	4.50	5 ml OP	✔ **Maxitrol**
196	DICLOFENAC SODIUM (amendment to presentation description)			
	✻ Eye drops **0.1%** ~~1 mg per ml~~	13.80	5 ml OP	✔ **Voltaren Ophtha**
196	LODOXAMIDE ~~TROMETAMOL~~ (amendment to chemical name)			
	Eye drops 0.1%	8.71	10 ml OP	✔ **Lomide**
196	BETAXOLOL ~~HYDROCHLORIDE~~ (amendment to chemical name)			
	✻ Eye drops 0.25%	11.80	5 ml OP	✔ **Betoptic S**
	✻ Eye drops 0.5%	7.50	5 ml OP	✔ **Betoptic**
196	TIMOLOL ~~MALEATE~~ (amendment to chemical name)			
	✻ Eye drops 0.25%	1.45	5 ml OP	✔ **Arrow-Timolol**
	✻ Eye drops 0.5%	1.45	5 ml OP	✔ **Arrow-Timolol**
197	PILOCARPINE **HYDROCHLORIDE** (amendment to chemical name)			
	✻ Eye drops 1%	4.26	15 ml OP	✔ **Isopto Carpine**
	✻ Eye drops 2%	5.35	15 ml OP	✔ **Isopto Carpine**
	✻ Eye drops 4%	7.99	15 ml OP	✔ **Isopto Carpine**

Effective 1 June 2014

51	**PHOSPHORUS** ~~POTASSIUM BICARBONATE~~ (amendment to chemical name and presentation description)			
	Tab eff ~~315 mg with sodium acid phosphate 1.937 g and sodium bicarbonate 350 mg~~ **500 mg (16 mmol)**	82.50	100	✔ **Phosphate-Sandoz**
	~~For phosphate supplementation~~			
53	CILAZAPRIL WITH HYDROCHLOROTHIAZIDE			
	✻ Tab 5 mg with hydrochlorothiazide 12.5 mg			
	– **Brand switch fee payable (Pharmacode 2459299)**	10.72	100	✔ **Apo-Cilazapril/ Hydrochlorothiazide**
55	ATENOLOL (removal of s29)			
	✻ Oral liq 25 mg per 5 ml	21.25	300 ml OP	✔ **Atenolol AFT** ~~S29~~
	Restricted to children under 12 years of age.			
148	ZOPICLONE – **Safety medicine; prescriber may determine dispensing frequency**			
	Tab 7.5 mg	11.90	500	✔ **Apo-Zopiclone**

▲ 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 June 2014 (continued)

204 VANCOMYCIN ORAL SOLUTION (50 mg per ml)

Vancomycin 500 mg injection	10 vials
Glycerol BP	40 ml
Water	to 100 ml

(Only funded if prescribed for treatment of Clostridium difficile following metronidazole failure)

Effective 1 May 2014

58 DILTIAZEM HYDROCHLORIDE (stat re-instated)

✻ Tab 30 mg	4.60	100	✔ **Dilzem**
✻ Tab 60 mg – For diltiazem hydrochloride oral liquid formulation refer page 201	8.50	100	✔ **Dilzem**
✻ Cap long-acting 120 mg	1.91	30	✔ **Cardizem CD**
	31.83	500	✔ **Apo-Diltiazem CD**
✻ Cap long-acting 180 mg	7.56	30	✔ **Cardizem CD**
	47.67	500	✔ **Apo-Diltiazem CD**
✻ Cap long-acting 240 mg	10.22	30	✔ **Cardizem CD**
	63.58	500	✔ **Apo-Diltiazem CD**

81 OXYTOCIN – Up to 5 inj available on a PSO (amendment to brand name)

Inj 10 iu per ml, 1 ml ampoule	5.98	5	✔ ~~Oxytocin BNM~~ **BNM**

92 CEFALEXIN MONOHYDRATE (addition of note)

Grans for oral liq 125 mg per 5 ml – Wastage claimable – see rule 3.3.2	8.50	100 ml	✔ **Cefalexin Sandoz**

Note – Cefalexin grans for oral liq will not be funded in amounts more than 14 days treatment per dispensing

Grans for oral liq 250 mg per 5 ml – Wastage claimable – see rule 3.3.2	11.50	100 ml	✔ **Cefalexin Sandoz**

Note – Cefalexin grans for oral liq will not be funded in amounts more than 14 days treatment per dispensing

140 OLANZAPINE – Special Authority see SA~~1146~~ **1428** – Retail pharmacy
(amendment to Special Authority and presentation description)
Safety medicine; prescriber may determine dispensing frequency

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

➽ SA**1428**~~1146~~ Special Authority for Subsidy
Initial application from any relevant practitioner. Approvals valid for ~~6~~ **12** months for applications meeting the following criteria:
Either:

1 The patient has had an initial Special Authority approval for risperidone depot injection or paliperidone depot injection; or

2 All of the following:

2.1 The patient has schizophrenia; and

2.2 The patient has tried but failed to comply with treatment using oral atypical antipsychotic agents; and

2.3 The patient has been admitted to hospital or treated in respite care, or intensive outpatient or home-based treatment for 30 days or more in last 12 months.

continued...

Changes to Restrictions – effective 1 May 2014 (continued)

continued...

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

~~Either:~~

~~1 Both:~~

~~1.1 The patient has had less than 12 months treatment with olanzapine depot injection; and~~

~~1.2 There is no clinical reason to discontinue treatment; or~~

~~2 The~~ initiation of olanzapine depot injection has been associated with fewer days of intensive intervention than was the case during a corresponding period of time prior to the initiation of **an atypical antipsychotic** ~~olanzapine~~ depot injection.

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

140 RISPERIDONE – Special Authority see SA~~0926~~ **1427** – Retail pharmacy
(amendment to Special Authority and presentation description)
Safety medicine; prescriber may determine dispensing frequency

Inj 25 mg ~~per 2 ml~~ **vial**	135.98	1	✔**Risperdal Consta**
Inj 37.5 mg ~~per 2 ml~~ **vial**	178.71	1	✔**Risperdal Consta**
Inj 50 mg ~~per 2 ml~~ **vial**	217.56	1	✔**Risperdal Consta**

➽ SA**1427**~~0926~~ Special Authority for Subsidy
Initial application from any relevant practitioner. Approvals valid for ~~6~~ **12** months for applications meeting the following criteria:

Either:

1 The patient has had an initial Special Authority approval for paliperidone depot injection or olanzapine depot injection; or

2 All of the following:

2.1 The patient has schizophrenia or other psychotic disorder; and

2.2 Has tried but failed to comply with treatment using oral atypical antipsychotic agents; and

2.3 Has been admitted to hospital or treated in respite care, or intensive outpatient or home-based treatment for 30 days or more in last 12 months.

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

~~Either:~~

~~1 Both:~~

~~1.1 The patient has had less than 12 months treatment with olanzapine depot injection; and~~

~~1.2 There is no clinical reason to discontinue treatment; or~~

~~2 The~~ initiation of risperidone depot injection has been associated with fewer days of intensive intervention than was the case during a corresponding period of time prior to the initiation of **an atypical antipsychotic** ~~risperidone~~ depot injection.

Note – Risperidone depot injection should ideally be used as monotherapy (i.e. without concurrent use of any other antipsychotic medication). In some cases, it may be clinically appropriate to attempt to treat a patient with typical antipsychotic agents in depot injectable form before trialling risperidone depot injection.

171 MYCOPHENOLATE MOFETIL – Special Authority see SA1041 – Retail pharmacy

Tab 500 mg ~~– Brand switch fee payable (Pharmacode 2452189)~~	25.00	50	✔**Cellcept**
Cap 250 mg ~~– Brand switch fee payable (Pharmacode 2452189)~~	25.00	100	✔**Cellcept**

198 PARAFFIN LIQUID WITH WOOL FAT ~~LIQUID~~ (amendment to chemical and presentation descriptions)

✻ Eye oint 3% with wool fat ~~liq~~ 3%	3.63	3.5 g OP	✔**Poly-Visc**

Changes to Subsidy and Manufacturer's Price

Effective 1 August 2014

38	MACROGOL 3350 WITH POTASSIUM CHLORIDE, SODIUM BICARBONATE AND SODIUM CHLORIDE – Special Authority see SA0891 – Retail pharmacy (↓ subsidy)			
	Powder for oral soln 13.125 g with potassium chloride 46.6 mg, sodium bicarbonate 178.5 mg and sodium chloride 350.7 mg	7.65	30	✔**Lax-Sachets**
41	PYRIDOXINE HYDROCHLORIDE (↓ subsidy)			
	a) No more than 100 mg per dose			
	b) Only on a prescription			
	✻Tab 50 mg	11.55	500	✔**Apo-Pyridoxine**
42	POTASSIUM IODATE (↓ subsidy)			
	✻Tab 256 mcg (150 mcg elemental iodine)	6.28	90	✔**NeuroKare**
43	MAGNESIUM SULPHATE (↓ subsidy)			
	✻Inj 2 mmol per ml, 5 ml ampoule	12.65	10	✔**DBL**
46	TRANEXAMIC ACID (↓ subsidy)			
	Tab 500 mg	23.00	100	✔**Cyklokapron**
50	GLUCOSE [DEXTROSE] (↑ subsidy)			
	✻Inj 50%, 10 ml ampoule – Up to 5 inj available on a PSO	27.50	5	✔**Biomed**
	✻Inj 50%, 90 ml bottle – Up to 5 inj available on a PSO	14.50	1	✔**Biomed**
55	FLECAINIDE ACETATE – Retail pharmacy-Specialist (↓ subsidy)			
	▲ Tab 50 mg	38.95	60	✔**Tambocor**
	▲ Cap long-acting 100 mg	38.95	30	✔**Tambocor CR**
	▲ Cap long-acting 200 mg	68.78	30	✔**Tambocor CR**
61	PRAVASTATIN – See prescribing guideline (↓ subsidy)			
	✻Tab 20 mg	3.45	30	✔**Cholvastin**
	✻Tab 40 mg	6.36	30	✔**Cholvastin**
61	NICOTINIC ACID			
	✻Tab 50 mg (↓ subsidy)	3.96	100	✔**Apo-Nicotinic Acid**
	✻Tab 500 mg (↑ subsidy)	17.37	100	✔**Apo-Nicotinic Acid**
81	ERGOMETRINE MALEATE (↑ subsidy)			
	Inj 500 mcg per ml, 1 ml ampoule – Up to 5 inj available on a PSO	94.70	5	✔**DBL Ergometrine**
81	MICONAZOLE NITRATE (↑ subsidy and ↓ price)			
	✻Vaginal crm 2% with applicator	3.95	40 g OP	✔**Micreme**
84	CALCITONIN (↑ subsidy)			
	✻Inj 100 iu per ml, 1 ml ampoule	121.00	5	✔**Miacalcic**

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

Changes to Subsidy and Manufacturer's Price – effective 1 August 2014 (continued)

94	AMOXICILLIN (↓ subsidy)			
	Inj 250 mg vial	10.67	10	✔**Ibiamox**
	Inj 500 mg vial	12.41	10	✔**Ibiamox**
	Inj 1 g vial – Up to 5 inj available on a PSO	17.29	10	✔**Ibiamox**
98	VANCOMYCIN – Subsidy by endorsement (↓ subsidy)			
	Only if prescribed for a dialysis or cystic fibrosis patient or for prophylaxis of endocarditis or for treatment of Clostridium difficile following metronidazole failure and the prescription is endorsed accordingly.			
	Inj 500 mg	2.64	1	✔**Mylan**
111	ABACAVIR SULPHATE – Special Authority see SA1364 – Retail pharmacy (↑ subsidy)			
	Oral liq 20 mg per ml	256.31	240 ml OP	✔**Ziagen**
116	DICLOFENAC SODIUM (↑ subsidy)			
	✻ Inj 25 mg per ml, 3 ml ampoule Up to 5 inj available on a PSO	13.20	5	✔**Voltaren**
	✻ Suppos 12.5 mg	2.04	10	✔**Voltaren**
	✻ Suppos 25 mg	2.44	10	✔**Voltaren**
	✻ Suppos 50 mg Up to 10 supp available on a PSO	4.22	10	✔**Voltaren**
	✻ Suppos 100 mg	7.00	10	✔**Voltaren**
117	SULINDAC (↑ subsidy)			
	✻ Tab 100 mg	8.55	50	✔**Aclin**
	✻ Tab 200 mg	15.10	50	✔**Aclin**
130	MORPHINE SULPHATE (↑ subsidy) a) Only on a controlled drug form b) No patient co-payment payable c) Safety medicine; prescriber may determine dispensing frequency			
	Inj 5 mg per ml, 1 ml ampoule – Up to 5 inj available on a PSO	12.48	5	✔**DBL Morphine Sulphate**
	Inj 10 mg per ml, 1 ml ampoule – Up to 5 inj available on a PSO	9.09	5	✔**DBL Morphine Sulphate**
	Inj 15 mg per ml, 1 ml ampoule – Up to 5 inj available on a PSO	9.77	5	✔**DBL Morphine Sulphate**
	Inj 30 mg per ml, 1 ml ampoule – Up to 5 inj available on a PSO	12.43	5	✔**DBL Morphine Sulphate**
131	TRAMADOL HYDROCHLORIDE (↓ subsidy)			
	Tab sustained-release 100 mg	2.00	20	✔**Tramal SR 100**
	Tab sustained-release 150 mg	3.00	20	✔**Tramal SR 150**
	Tab sustained-release 200 mg	4.00	20	✔**Tramal SR 200**
	Cap 50 mg	2.50	100	✔**Arrow-Tramadol**

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

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

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

Changes to Subsidy and Manufacturer's Price – effective 1 August 2014 (continued)

133	VENLAFAXINE (↓ subsidy)			
	Cap 37.5 mg – Special Authority see SA1061			
	– Retail pharmacy	8.68	28	✔**Efexor XR**
	Cap 75 mg – Special Authority see SA1061			
	– Retail pharmacy	12.18	28	✔**Efexor XR**
	Cap 150 mg – Special Authority see SA1061			
	– Retail pharmacy	20.16	28	✔**Efexor XR**
139	ONDANSETRON (↓ subsidy)			
	❋Tab disp 4 mg	1.00	10	✔**Dr Reddy's Ondansetron**
	❋Tab disp 8 mg	1.50	10	✔**Ondansetron ODT-DRLA**
157	CALCIUM FOLINATE (↓ subsidy)			
	Inj 50 mg – PCT – Retail pharmacy-Specialist	18.25	5	✔**Calcium Folinate Ebewe**
	Inj 100 mg – PCT only – Specialist	7.33	1	✔**Calcium Folinate Ebewe**
	Inj 300 mg – PCT only – Specialist	22.51	1	✔**Calcium Folinate Ebewe**
	Inj 1 g – PCT only – Specialist	67.51	1	✔**Calcium Folinate Ebewe**
	Inj 1 mg for ECP – PCT only – Specialist	0.06	1 mg	✔**Baxter**
158	GEMCITABINE HYDROCHLORIDE – PCT only – Specialist (↓ subsidy)			
	Inj 200 mg	8.36	1	✔**Gemcitabine Ebewe**
	Inj 1 g	15.89	1	✔**Gemcitabine Ebewe**
	Inj 1 mg for ECP	0.02	1 mg	✔**Baxter**
159	METHOTREXATE (↓ subsidy)			
	❋Inj 100 mg per ml, 50 ml – PCT – Retail pharmacy-Specialist	99.99	1	✔**Methotrexate Ebewe**
193	AMINOPHYLLINE (↑ subsidy)			
	❋Inj 25 mg per ml, 10 ml ampoule			
	– Up to 5 inj available on a PSO	118.25	5	✔**DBL Aminophylline**

Effective 1 July 2014

26	CLARITHROMYCIN (↓ subsidy)			
	Tab 500 mg – Subsidy by endorsement	10.40	14	✔**Apo-Clarithromycin**

a) Maximum of 14 tab per prescription
b) Subsidised only if prescribed for helicobacter pylori eradication and prescription is endorsed accordingly.
Note – the prescription is considered endorsed if clarithromycin is prescribed in conjunction with a proton pump inhibitor and either amoxicillin or metronidazole.

26	RANITIDINE – Only on a prescription (↓ subsidy)			
	❋Oral liq 100 mg per 5 ml	4.92	300 ml	✔**Peptisoothe**

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

Changes to Subsidy and Manufacturer's Price – effective 1 July 2014 (continued)

37	URSODEOXYCHOLIC ACID – Special Authority see SA1383 – Retail pharmacy (↓ subsidy)			
	Cap 250 mg – For ursodeoxycholic acid oral liquid formulation	53.40	100	✔**Ursosan**
42	CALCIUM CARBONATE (↓ subsidy)			
	✻ Tab 1.25 g (500 mg elemental)	5.38	250	✔**Arrow-Calcium**
42	IRON POLYMALTOSE (↓ subsidy)			
	✻ Inj 50 mg per ml, 2 ml ampoule	15.22	5	✔**Ferrum H**
53	DOXAZOSIN (↓ subsidy)			
	✻ Tab 2 mg	6.75	500	✔**Apo-Doxazosin**
	✻ Tab 4 mg	9.67	500	✔**Apo-Doxazosin**
55	LOSARTAN POTASSIUM WITH HYDROCHLOROTHIAZIDE (↓ subsidy)			
	Tab 50 mg with hydrochlorothiazide 12.5 mg	2.18	30	✔**Arrow-Losartan & Hydrochlorothiazide**
58	NIFEDIPINE (↓ subsidy)			
	✻ Tab long-acting 30 mg	3.75	30	✔**Adefin XL**
	✻ Tab long-acting 60 mg	5.75	30	✔**Adefin XL**
60	BENDROFLUMETHIAZIDE [BENDROFLUAZIDE] (↓ subsidy)			
	✻ Tab 2.5 mg – Up to 150 tab available on a PSO	5.48	500	✔**Arrow-Bendrofluazide**
	May be supplied on a PSO for reasons other than emergency.			
	✻ Tab 5 mg – Up to 150 tab available on a PSO	8.95	500	✔**Arrow-Bendrofluazide**
61	SIMVASTATIN – See prescribing guideline (↓ subsidy)			
	✻ Tab 10 mg	0.95	90	✔**Arrow-Simva 10mg**
	✻ Tab 20 mg	1.61	90	✔**Arrow-Simva 20mg**
	✻ Tab 40 mg	2.83	90	✔**Arrow-Simva 40mg**
	✻ Tab 80 mg	7.91	90	✔**Arrow-Simva 80mg**
62	GLYCERYL TRINITRATE (↓ subsidy)			
	✻ Patch 25 mg, 5 mg per day	15.73	30	✔**Nitroderm TTS**
	✻ Patch 50 mg, 10 mg per day	18.62	30	✔**Nitroderm TTS**
67	CLOTRIMAZOLE (↓ subsidy)			
	✻ Crm 1% a) Only on a prescription b) Not in combination	0.52	20 g OP	✔**Clomazol**
69	MOMETASONE FUROATE (↑ price)			
	Lotn 0.1%	7.35 (11.13)	30 ml OP	Elocon
74	PERMETHRIN (↓ subsidy)			
	Lotn 5%	3.19	30 ml OP	✔**A-Scabies**
90	DESMOPRESSIN ACETATE (↓ subsidy)			
	✻ Nasal spray 10 mcg per dose – Retail pharmacy-Specialist	22.95	6 ml OP	✔**Desmopressin-PH&T**

▲ 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 2014 (continued)

92 CEFAZOLIN – Subsidy by endorsement (↓ subsidy)
Only if prescribed for dialysis or cellulitis in accordance with a DHB approved protocol and the prescription is endorsed accordingly.

Inj 1 g vial	3.38	5	✔**AFT**

93 CLARITHROMYCIN – Maximum of 500 mg per prescription; can be waived by Special Authority see SA1131 (↓ subsidy)

Tab 250 mg	3.98	14	✔**Apo-Clarithromycin**

94 AMOXICILLIN (↓ subsidy)

Cap 500 mg	20.94	500	
	(26.50)		Alphamox

94 BENZYLPENICILLIN SODIUM (PENICILLIN G) (↓ subsidy)

Inj 600 mg (1 million units) vial			
– Up to 5 inj available on a PSO	10.35	10	✔**Sandoz**

95 FLUCLOXACILLIN (↓ subsidy)

Inj 250 mg vial	8.80	10	✔**Flucloxin**
Inj 500 mg vial	9.20	10	✔**Flucloxin**
Inj 1 g vial – Up to 10 inj available on a PSO	11.60	10	✔**Flucloxin**

95 DOXYCYCLINE (↓ subsidy)

❋ Tab 100 mg – Up to 30 tab available on a PSO	6.75	250	✔**Doxine**

96 CIPROFLOXACIN (↓ subsidy)
Recommended for patients with any of the following:
i) microbiologically confirmed and clinically significant pseudomonas infection; or
ii) prostatitis; or
iii) pyelonephritis; or
iv) gonorrhoea.

Tab 250 mg – Up to 5 tab available on a PSO	1.75	28	✔**Cipflox**
Tab 500 mg – Up to 5 tab available on a PSO	2.00	28	✔**Cipflox**
Tab 750 mg	3.75	28	✔**Cipflox**

100 TERBINAFINE (↓ subsidy)

❋ Tab 250 mg – For terbinafine oral liquid formulation	1.50	14	✔**Dr Reddy's Terbinafine**

112 ZIDOVUDINE [AZT] WITH LAMIVUDINE – Special Authority see SA1364 – Retail pharmacy (↓ subsidy)
Note – zidovudine [AZT] with lamivudine (combination tablets) counts as two anti-retroviral medications for the purposes of the anti-retroviral Special Authority.

Tab 300 mg with lamivudine 150 mg	44.00	60	✔**Alphapharm**

115 NORFLOXACIN – Subsidy by endorsement (↓ subsidy)

Tab 400 mg	13.50	100	✔**Arrow-Norfloxacin**

Only if prescribed for a patient with an uncomplicated urinary tract infection that is unresponsive to a first line agent or with proven resistance to first line agents and the prescription is endorsed accordingly.

116 NEOSTIGMINE METILSULFATE (↓ subsidy)

Inj 2.5 mg per ml, 1 ml ampoule	98.00	50	✔**AstraZeneca**

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

Changes to Subsidy and Manufacturer's Price – effective 1 July 2014 (continued)

119	ALENDRONATE SODIUM – Special Authority see SA1039 – Retail pharmacy (↓ subsidy)			
	✻ Tab 70 mg	12.90	4	✔ **Fosamax**
119	ALENDRONATE SODIUM WITH CHOLECALCIFEROL – Special Authority see SA1039 – Retail pharmacy (↓ subsidy)			
	✻ Tab 70 mg with cholecalciferol 5,600 iu	12.90	4	✔ **Fosamax Plus**
128	PARACETAMOL (↓ subsidy)			
	✻ Oral liq 250 mg per 5 ml	4.35	1,000 ml	✔ **Paracare Double Strength**
	a) Up to 100 ml available on a PSO b) Not in combination			
131	AMITRIPTYLINE – Safety medicine; prescriber may determine dispensing frequency (↓ subsidy)			
	Tab 10 mg	1.68	100	✔ **Arrow Amitriptyline**
138	RIZATRIPTAN (↓ subsidy)			
	Tab orodispersible 10 mg	8.10	30	✔ **Rizamelt**
138	APREPITANT – Special Authority see SA0987 – Retail pharmacy (↓ subsidy)			
	Cap 2 x 80 mg and 1 x 125 mg	100.00	3 OP	✔ **Emend Tri-Pack**
139	METOCLOPRAMIDE HYDROCHLORIDE (↓ subsidy)			
	✻ Tab 10 mg	1.82	100	✔ **Metamide**
142	OLANZAPINE – Safety medicine; prescriber may determine dispensing frequency (↓ subsidy)			
	Tab 2.5 mg	0.75	28	✔ **Zypine**
	Tab 5 mg	1.65	28	✔ **Zypine**
	Tab 10 mg	2.55	28	✔ **Zypine**
	Tab orodispersible 5 mg	1.75	28	✔ **Zypine ODT**
	Tab orodispersible 10 mg	3.05	28	✔ **Zypine ODT**
142	QUETIAPINE – Safety medicine; prescriber may determine dispensing frequency (↓ subsidy)			
	Tab 25 mg	2.10	90	✔ **Quetapel**
	Tab 100 mg	4.20	90	✔ **Quetapel**
	Tab 200 mg	7.20	90	✔ **Quetapel**
	Tab 300 mg	12.00	90	✔ **Quetapel**
143	RISPERIDONE – Safety medicine; prescriber may determine dispensing frequency (↓ subsidy)			
	Oral liq 1 mg per ml	9.75	30 ml	✔ **Risperon**
148	INTERFERON BETA-1-ALPHA – Special Authority see SA1062 – [Xpharm] (↓ subsidy)			
	Inj 6 million iu prefilled syringe	1,153.03	4	✔ **Avonex**
	Injection 6 million iu per 0.5 ml pen injector	1,153.03	4	✔ **Avonex Pen**
	Inj 6 million iu per vial	1,153.03	4	✔ **Avonex**

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

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

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

Changes to Subsidy and Manufacturer's Price – effective 1 July 2014 (continued)

154 NICOTINE (↓ subsidy)

Nicotine will not be funded under the Dispensing Frequency Rule in amounts less than 4 weeks of treatment.

Patch 7 mg – Up to 28 patch available on a PSO	12.40	28	✔**Habitrol**
Patch 14 mg – Up to 28 patch available on a PSO	13.27	28	✔**Habitrol**
Patch 21 mg – Up to 28 patch available on a PSO	14.02	28	✔**Habitrol**
Lozenge 1 mg – Up to 216 loz available on a PSO	15.15	216	✔**Habitrol**
Lozenge 2 mg – Up to 216 loz available on a PSO	16.60	216	✔**Habitrol**
Gum 2 mg (Classic) – Up to 384 piece available on a PSO	26.13	384	✔**Habitrol**
Gum 2 mg (Fruit) – Up to 384 piece available on a PSO	26.13	384	✔**Habitrol**
Gum 2 mg (Mint) – Up to 384 piece available on a PSO	26.13	384	✔**Habitrol**
Gum 4 mg (Classic) – Up to 384 piece available on a PSO	30.12	384	✔**Habitrol**
Gum 4 mg (Fruit) – Up to 384 piece available on a PSO	30.12	384	✔**Habitrol**
Gum 4 mg (Mint) – Up to 384 piece available on a PSO	30.12	384	✔**Habitrol**

162 PACLITAXEL – PCT only – Specialist (↓ subsidy)

Inj 30 mg	45.00	5	✔**Paclitaxel Ebewe**
Inj 100 mg	19.02	1	✔**Paclitaxel Ebewe**
Inj 150 mg	26.69	1	✔**Paclitaxel Ebewe**
Inj 300 mg	36.53	1	✔**Paclitaxel Ebewe**
Inj 600 mg	73.06	1	✔**Paclitaxel Ebewe**
Inj 1 mg for ECP	0.17	1 mg	✔**Baxter**

169 BICALUTAMIDE – Special Authority see SA0941 – Retail pharmacy (↓ subsidy)

Tab 50 mg	4.90	28	✔**Bicalaccord**

171 EXEMESTANE (↓ subsidy)

✻Tab 25 mg	14.50	30	✔**Aromasin**

171 MYCOPHENOLATE MOFETIL – Special Authority see SA1041 – Retail pharmacy (↓ subsidy)

Powder for oral liq 1 g per 5 ml – Subsidy by endorsement	187.25	165 ml OP	✔**Cellcept**

Mycophenolate powder for oral liquid is subsidised only for patients unable to swallow tablets and capsules, and when the prescription is endorsed accordingly.

196 TIMOLOL (↓ subsidy)

✻Eye drops 0.25%	1.45	5 ml OP	✔**Arrow-Timolol**
✻Eye drops 0.5%	1.45	5 ml OP	✔**Arrow-Timolol**

197 BRIMONIDINE TARTRATE (↓ subsidy)

✻Eye Drops 0.2%	4.32	5 ml OP	✔**Arrow-Brimonidine**

Effective 1 June 2014

85 OESTRADIOL – See prescribing guideline (↑ price)

✻Tab 1 mg	4.12	28 OP	
	(11.10)		Estrofem
✻Tab 2 mg	4.12	28 OP	
	(11.10)		Estrofem

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

Changes to Subsidy and Manufacturer's Price – effective 1 June 2014 (continued)

86	OESTRADIOL WITH NORETHISTERONE – See prescribing guideline (↑ price)			
	✻ Tab 1 mg with 0.5 mg norethisterone acetate	5.40	28 OP	
		(18.10)		Kliovance
	✻ Tab 2 mg with 1 mg norethisterone acetate	5.40	28 OP	
		(18.10)		Kliogest
	✻ Tab 2 mg with 1 mg norethisterone acetate (10), and 2 mg oestradiol tab (12) and 1 mg oestradiol tab (6)	5.40	28 OP	
		(18.10)		Trisequens
159	METHOTREXATE (↓ subsidy)			
	✻ Tab 2.5 mg – PCT – Retail pharmacy-Specialist	3.82	30	✔ **Methoblastin**
	✻ Tab 10 mg – PCT – Retail pharmacy-Specialist	26.25	50	✔ **Methoblastin**
161	PROCARBAZINE HYDROCHLORIDE – PCT – Retail pharmacy-Specialist (↑ subsidy)			
	Cap 50 mg	498.00	50	✔ **Natulan** S29
171	AZATHIOPRINE – Retail pharmacy-Specialist (↓ subsidy)			
	✻ Tab 50 mg – For azathioprine oral liquid formulation refer	13.22	100	✔ **Imuprine**

Effective 1 May 2014

24	LOPERAMIDE HYDROCHLORIDE – Up to 30 cap available on a PSO (↓ subsidy)			
	✻ Cap 2 mg	7.84	400	✔ **Diamide Relief**
27	PANTOPRAZOLE (↓ subsidy)			
	✻ Tab EC 20 mg	0.75	28	✔ **Dr Reddy's Pantoprazole**
	✻ Tab EC 40 mg	0.99	28	✔ **Dr Reddy's Pantoprazole**
53	PHENOXYBENZAMINE HYDROCHLORIDE (↑ subsidy)			
	✻ Cap 10 mg	65.00	30	✔ **Dibenyline** S29
59	CLONIDINE (↓ subsidy)			
	✻ Patch 2.5 mg, 100 mcg per day – Only on a prescription	12.80	4	✔ **Catapres-TTS-1**
	✻ Patch 5 mg, 200 mcg per day – Only on a prescription	18.04	4	✔ **Catapres-TTS-2**
	✻ Patch 7.5 mg, 300 mcg per day – Only on a prescription	22.68	4	✔ **Catapres-TTS-3**
145	RISPERIDONE – Special Authority see SA1427 – Retail pharmacy (↓ subsidy) Safety medicine; prescriber may determine dispensing frequency			
	Inj 25 mg vial	135.98	1	✔ **Risperdal Consta**
	Inj 37.5 mg vial	178.71	1	✔ **Risperdal Consta**
	Inj 50 mg vial	217.56	1	✔ **Risperdal Consta**

▲ 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 2014

13 ~~"Nurse Prescriber Prescriber", means a nurse registered with the Nursing Council and who holds a current annual practicing certificate under the HPCA Act 2003 and who is approved by the Nursing Council to prescribe specified prescription medicines relating to his/her scope of practice including, for the avoidance of doubt, a Diabetes Nurse Prescriber.~~

13 **"Nurse Prescriber" means a person who is a nurse practitioner in terms of the Medicines Act 1981, or a Diabetes Nurse Prescriber**

13 ~~"Optometrist", means a person registered as an optometrist with the Optometrists and Dispensing Opticians Board, who holds a current annual practising certificate under the HPCA Act 2003, and who is approved by the Optometrists and Dispensing Opticians Board (in accordance with the Medicines (Designated Prescriber: Optometrists) Regulations 2005) to prescribe specified prescription medicines relating to his/her scope of practice.~~

13 **"Optometrist" means a person registered with the Optometrists and Dispensing Opticians Board with a scope of practice that includes prescribing medicines (TPA endorsement)**

23 5.8 Other DHB Funding
A DHB may fund a Community Pharmaceutical outside of the mechanisms established in the Pharmaceutical Schedule, provided that:
(a) specific prior agreement is obtained from PHARMAC for such funding;
(b) any funding restrictions set out in the Pharmaceutical Schedule for those Community Pharmaceuticals are applied; and
(c) a Contractor (including a DHB Hospital Pharmacy) may not claim a Subsidy for a Community Pharmaceutical dispensed and funded by the DHB via such an alternate mechanism.

Effective 1 June 2014

14 **"Safety Medicine" means a Community Pharmaceutical defined in Section A, Part IV of the Pharmaceutical Schedule.**

18 PART IV
DISPENSING FREQUENCY RULE

Rule 3.1.4 of the Pharmaceutical Schedule specifies, for community patients, a default period of supply for each Community Pharmaceutical (a Monthly Lot, 90 Day Lot, or for oral contraceptives 180 Day Lot). This Dispensing Frequency **R**ule defines patient groups or medicines eligible for more frequent dispensing periods **for Community Pharmaceuticals**; and the conditions that must be met to enable any **pharmacy to** claim for payment of handling fees for the additional dispensings made. **This Dispensing Frequency Rule relates to the circumstances in which a subsidy is payable for the Community Pharmaceutical; it does not override alternative dispensing frequencies as expressly stated in the Medicines Act, Medicines Regulations, Pharmacy Services Agreement or Pharmaceutical Schedule.**

For the purposes of this Dispensing Frequency Rule:
"Frequent Dispensing" means:
i) for a Community Pharmaceutical referred to in Section F Part I (the **Stat exemption**), dispensing in quantities less than one 90 Day Lot (or for oral contraceptives, less than one 180 Day Lot); or
ii) for any other Community Pharmaceutical, dispensing in quantities less than a Monthly Lot

"Safety Medicine"
i) an antidepressant listed under the "Cyclic and Related Agents" subheading;
ii) an antipsychotic;

continued...

Changes to General Rules – effective 1 June 2014 (continued)

continued...

iii) a benzodiazepine;
iv) a Class B Controlled Drug;
v) codeine (includes combination products);
vi) buprenorphine with naloxone; or
vii) zopiclone.

The Dispensing Frequency Rule covers 5 different circumstances where Frequent Dispensing for patients may be clinically or otherwise appropriate. These are:

1. **Long Term Condition (LTC) patients and Core patients, or**
2. **Persons in residential care, or**
3. **Trial periods, or**
4. **Safety and co-prescribed medicines, or**
5. **Pharmaceutical Supply Management.**

~~NOTE patients who have had more frequent dispensings due to being "intellectually impaired, frail, infirm or unable to manage their medicines" will continue to receive the same frequency of dispensings until they are assessed to see if they are eligible for additional support under the Long-Term Condition (LTC) service. The structure of the remainder fee payment provides funding for pharmacy to continue to provide more frequent dispensings for patients until they are assessed.~~

4.1 **Frequent Dispensing for patients registered as Long Term Condition (LTC) or Core patients**
If a Pharmacist considers Frequent Dispensing is required, then:

4.1.1 For LTC registered patients, Frequent Dispensing can occur as often as the dispensing Pharmacist deems appropriate to meet that patient's compliance and adherence needs;

4.1.2 For Core (non-LTC) patients, Frequent Dispensing should be no more often than a Monthly Lot. Pharmacists may authorise monthly dispensing on a Stat exemption Community Pharmaceutical without prescriber authority. If the Pharmacist considers more frequent (than monthly) dispensing is necessary, prescriber approval is required. Verbal approval from the prescriber is acceptable provided it is annotated by the Pharmacist on the Prescription and dated.

4.2 Frequent Dispensing for persons in residential care

4.**2.1** ~~1.1~~ **Community** Pharmaceuticals can be dispensed ~~in quantities of not less than 28 days~~ to:

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

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

a) the quantity or period of supply to be dispensed at any one time is not less than**:**
(i) 7 days' supply for a Class B Controlled Drug; or
(ii) 7 days' supply for clozapine in accordance with a Clozapine Dispensing Protocol; or
(iii) 28 days' supply **for any other Community Pharmaceutical** (except under conditions outlined in **4.3 (Trial periods)** ~~4.2.2~~ below); and

b) the prescribing Practitioner or dispensing Pharmacist has
i) included the name of the patient's residential placement or facility on the Prescription; and
ii) included the patient's NHI number on the Prescription; and
iii) specified the maximum quantity or period of supply to be dispensed at any one time.

4.**2.2** ~~1.2~~ Any person meeting the criteria above who is being initiated onto a new medicine or having their dose changed is able to have their medicine dispensed in accordance with **4.3 (Trial periods)** ~~4.2.2~~ below.

4.3 ~~4.2~~ Frequent Dispensing for Trial Periods ~~or safety medicines~~

~~4.2.1 If a Pharmacist considers more frequent dispensing is required, this can occur as follows:~~

continued...

Changes to General Rules – effective 1 June 2014 (continued)

continued...

- ~~For Long Term Condition (LTC) patients dispensing frequency can occur as often as the dispensing pharmacist deems appropriate to meet the patients compliance and adherence needs;~~
- ~~For non-LTC patients the dispensing frequency should be no more often than monthly. If Frequent Dispensing more often than monthly is necessary for non-LTC patients, prescriber approval is required.~~

~~Verbal approval is acceptable, provided that it is annotated by the pharmacist on the Prescription and dated.~~
~~NOTE this rule does not override alternative dispensing frequencies as expressly stated in the Medicines Act, Medicines Regulations, Pharmacy Services Agreement, Pharmaceutical Schedule or under rule 4.2.2 Trial Periods or rule 4.2.3 safety and co-prescribed medicines below.~~
~~Pharmacy would claim handling fees only on repeats under the above scenarios.~~
~~Prescribers can request, and pharmacists may dispense a higher frequency of dispensing in the following circumstances:~~
~~4.2.2 Trial Periods~~

Frequent Dispensing can occur when a ~~The~~ Community Pharmaceutical has been prescribed for a patient who requires close monitoring due to recent initiation onto, or dose change for, the Community Pharmaceutical (applicable to the patient's first changed Prescription only)~~;~~ and the prescribing Practitioner has:

- endorsed each Community Pharmaceutical on the Prescription clearly with the words "Trial Period", or "Trial"; and
- specified the maximum quantity or period of supply to be dispensed for each Community Pharmaceutical at any one time.

Patients who reside in Penal Institutions are not eligible for Trial Periods.

4.4 ~~4.2.3~~ **Frequent Dispensing for** Safety and co-prescribed medicines

~~a) The Community Pharmaceutical is any of the following:~~
~~i) a tri-cyclic antidepressant; or~~
~~ii) an antipsychotic; or~~
~~iii) a benzodiazepine; or~~
~~iv) a Class B Controlled Drug; or~~
~~v) codeine (includes combination products)~~
~~vi) buprenorphine with naloxone~~

4.4.1 For a Safety Medicine to be dispensed via Frequent Dispensing, both ~~All~~ of the following conditions must be met:

a) ~~The Community Pharmaceutical has been prescribed for a patient who~~ **The patient** is not a resident in a Penal Institution, or one of the residential placements or facilities referenced in **4.2** ~~4.1~~ above; **and**

b) The prescribing Practitioner has:

i) Assessed clinical risk and determined the patient requires **increased** Frequent Dispensing; and

ii) Specified the maximum quantity or period of supply to be dispensed for each **Safety Medicine** ~~Community Pharmaceutical~~ at **each dispensing** ~~any one time~~.

4.4.2 A ~~The~~ Community Pharmaceutical **that** is co-prescribed with **a Safety Medicine,** ~~one of the Community Pharmaceuticals~~ listed in 4.2.3(a) ~~above and has been prescribed for a patient who is not a resident in a Penal Institution, or one of the residential placements or facilities references in 4.1 above.~~ **which can be dispensed in accordance with rule 4.4.1 above, may be dispensed at the same frequency as the Safety Medicine if the**~~. The~~ dispensing pharmacist has:

- Assessed clinical risk and determined the patient requires Frequent Dispensing **of their co-dispensed medicines; and**
- Annotated the Prescription with the amended dispensing quantity and frequency;

4.5 ~~4.3~~ Frequent Dispensing for Pharmaceutical Supply Management

continued...

Changes to General Rules – effective 1 June 2014 (continued)

continued...

4.5.1 ~~4.3.1~~ Frequent Dispensing may be required from time to time to manage stock supply issues or emergency situations. Pharmacists may dispense more frequently than the Schedule would otherwise allow when all of the following conditions are met:

a) PHARMAC has approved and notified Pharmacists to annotate Prescriptions for a specified Community Pharmaceutical(s) "out of stock" without prescriber endorsement for a specified time; and

b) the dispensing Pharmacist has:

i) clearly annotated each of the approved Community Pharmaceuticals that appear on the Prescription with the words "out of stock" or "OOS"; and

ii) initialled the annotation in their own handwriting; and

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

Note – no claim shall be made to any DHB for subsidised dispensings under this rule where dispensing occurs more frequently than specified by PHARMAC to manage the supply management issue.

Effective 1 May 2014

11 "Diabetes Nurse Prescriber", means a ~~registered~~ nurse **who is a Designated Prescriber—Registered Nurses Practising in Diabetes Health as determined by the Nursing Council of New Zealand to practice** ~~practising~~ in diabetes health **and** ~~who~~ has authority to prescribe specified diabetes medicines in accordance with regulations made under the Medicines Act 1981~~, and who is practicing in an approved DHB demonstration site~~.

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

14 **"Quitcard Provider" means a person registered with the Ministry of Health as a Quitcard Provider.**

18 3.6 Diabetes Nurse Prescribers' Prescriptions

The following provisions apply to every Prescription written by a Diabetes Nurse Prescriber:

3.6.1 Prescriptions written by a Diabetes Nurse Prescriber for a Community Pharmaceutical will only be subsidised where they are for either:

a) a Community Pharmaceutical classified as a Prescription Medicine or a Restricted Medicine and which a Diabetes Nurse Prescribers is permitted under regulations to prescribe; or

b) any other Community Pharmaceutical listed below:
aspirin, blood glucose diagnostic test meter, blood glucose diagnostic test strip, blood ketone diagnostic test meter, glucagon hydrochloride inj 1 mg syringe kit, insulin pen needles, insulin syringes disposable with attached needle, insulin pump accessories, insulin pump infusion set, insulin pump reservoir, ketone blood beta-ketone electrodes test strip, nicotine, sodium nitroprusside test strip,

3.6.2 Any Diabetes Nurse Prescribers' prescription for a medication requiring a Special Authority will only be subsidised if it is for a repeat prescription (ie after the initial prescription with Special Authority approval was dispensed).
~~Note: A list of Diabetes Nurse Prescribers will be published periodically in the Update of the Pharmaceutical Schedule for the duration of an initial pilot scheme. After this period there will be no approved DHB demonstration sites and hence no Diabetes Nurse Prescribers.~~

18 **3.7 Quitcard Providers' Prescriptions**

Prescriptions written by a Quitcard Provider will only be subsidised where they are:

a) for any of the following Community Pharmaceuticals: nicotine patches, nicotine lozenges or nicotine gum; and

b) written on a Quitcard.

Changes to Section I

Effective 1 July 2014

238 BACILLUS CALMETTE-GUERIN VACCINE – [Xpharm]
For infants at increased risk of tuberculosis.
Note: Increased risk is defined as:
1. living in a house or family with a person with current or past history of TB; or
2. having one or more household members or carers who within the last 5 years lived in a country with a rate of TB > or equal to 40 per 100,000 for 6 months or longer; or
3. during their first 5 years will be living 3 months or longer in a country with a rate of TB > or equal to 40 per 100,000.

Note a list of countries with high rates of TB are available at www.heath.govt.nz/tuberculosis (search for downloads) or
www.bcgatlas.org/index.php.

Inj Mycobacterium bovis BCG (Bacillus Calmette-Guerin), Danish strain 1331 vial with diluent ..... 0.00 10 ✔**BCG Vaccine**

238 DIPHTHERIA, TETANUS, PERTUSSIS AND INACTIVATED POLIO VACCINE – [Xpharm]
~~For children aged 4 years old.~~

Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagluttinin, 8 mcg pertactin and 80 D-antigen units poliomyelitis virus in 0.5 ml syringe ..... 0.00 10 ✔**Infanrix IPV**

Funded for any of the following
1. A single dose for children up to the age of 7 who have completed primary immunisation; or
2. A course of up to four vaccines is funded for catch up programmes for children (to the age of 7 years) to complete full primary immunisation.
3. An additional four doses (as appropriate) are funded for (re-)immunisation for patients post HSCT, or chemotherapy; pre- or post splenectomy; pre- or post solid organ transplant, renal dialysis and other severely immunosuppressive regimens.
4. Five doses will be funded for children requiring solid organ transplantation.

Note – Please refer to the Immunisation Handbook for appropriate schedule for catch up programmes.

238 DIPHTHERIA, TETANUS, PERTUSSIS, POLIO, HEPATITIS B AND HAEMOPHILUS INFLUENZAE TYPE B VACCINE
~~For children aged 6 weeks, 3 months, and 5 months old.~~

Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagluttinin, 8 mcg pertactin, 80 D-AgU polio virus, 10 mcg hepatitis B surface antigen in 0.5 ml syringe and inj 10 mcg haemophilus influenzae ..... 0.00 10 ✔**Infanrix-hexa**

Funded for patients meeting any of the following criteria:
1. Up to four doses for children up to the age of 10 for primary immunisation; or
2. Up to four doses (as appropriate) for children are funded for (re)immunisation for patients post HSCT, or chemotherapy; pre- or post splenectomy; renal dialysis and other severely immunosuppressive regimens; or
3. Up to five doses for children up to the age of 10 receiving solid organ transplantation.

Note – A course of up to four vaccines is funded for catch up programmes for children (to the age of 10 years) to complete full primary immunisation. Please refer to the Immunisation Handbook for the appropriate schedule for catch up programmes.

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

Changes to Section I – effective 1 July 2014 (continued)

238 DIPHTHERIA, TETANUS AND PERTUSSIS VACCINE – [Xpharm]

~~For children aged 11 years old and pregnant women between gestational weeks 28 and 38 during epidemics~~.

Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid, 8 mcg pertussis toxoid, 8 mcg pertussis filamentous haemagluttinin and 2.5 mcg pertactin in 0.5 ml syringe	0.00	1	✔**Boostrix**
		10	✔**Boostrix**

Funded for any of the following:

1. A single vaccine for pregnant woman between gestational weeks 28 and 38 during epidemics.

2. A course of up to four vaccines is funded for children from age 7 to 17 years inclusive to complete full primary immunisation.

3. A course of up to four vaccines is funded for children from age 7 to 17 years inclusive for reimmunisation following immunosuppression

Note – Tdap is not registered for patients aged less than 10 years.

Note – Please refer to the Immunisation Handbook for appropriate schedule for catch up programmes.

238 HAEMOPHILUS INFLUENZAE TYPE B VACCINE – [Xpharm]

~~For children aged 15 months old, children aged 0-16 years with functional asplenia, or for patients pre- and post-splenectomy~~.

Inj 10 mcg vial with diluent syringe	0.00	1	✔**Act-HIB**

One dose for patients meeting any of the following:

1. For primary vaccination in children; or

2. For revaccination of children following immunosuppression; or

3. For children aged 0-18 years with functional asplenia; or

4. For patients pre- and post-splenectomy; or

5. For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.

238 HEPATITIS A VACCINE – [Xpharm]

~~A single dose of hepatitis A vaccine is funded for the following eligible patients on the recommendation of the statutory medical officer of health:~~

~~• Children, aged 1-4 years inclusive who reside in Ashburton district; or~~

~~• Children, aged 1-9 years inclusive, residing in Ashburton; or~~

~~• Children, aged 1-9 years inclusive, who attend a preschool or school in Ashburton; or~~

~~• Children, aged older than 9 years, who attend a school with children aged 9 years old or less, in Ashburton~~

Inj 1440 ELISA units in 1 ml syringe	0.00	1	✔**Havrix**
Inj **720 ELISA units in 1 ml syringe**	0.00	1	✔**Havrix Junior**

Funded for patients meeting any of the following criteria:

1. Two vaccinations for use in transplant patients; or

2. Two vaccinations for use in children with chronic liver disease; or

3. One dose of vaccine for close contacts of known hepatitis A cases; or

4. One dose for any of the following on the recommendation of a local medical officer of health

4.1. Children, aged 1–4 years inclusive who reside in Ashburton district; or

4.2. Children, aged 1–9 years inclusive, residing in Ashburton; or

4.3. Children, aged 1–9 years inclusive, who attend a preschool or school in Ashburton; or

4.4. Children, aged older than 9 years, who attend a school with children aged 9 years old or less, in Ashburton funded for children in Ashburton.

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

Changes to Section I – effective 1 July 2014 (continued)

238 HEPATITIS B RECOMBINANT VACCINE – [Xpharm]

~~For household or sexual contacts of known hepatitis B carriers, or for children born to mothers who are hepatitis B surface antigen (HBsAg) postive.~~

Inj 5 mcg per 0.5 ml vial	0.00	1	✔**HBvaxPRO**
Inj 10 mcg per 1 ml vial	0.00	1	✔**HBvaxPRO**

Funded for any of the following criteria:
1. for household or sexual contacts of known hepatitis B carriers; or
2. for children born to mothers who are hepatitis B surface antigen (HBsAg) positive; or
3. for children up to the age of 18 years inclusive who are considered not to have achieved a positive serology and require additional vaccination; or
4. for HIV positive patients; or
5. for hepatitis C positive patients; or
6. for patients following immunosuppression; or
7. for transplant patients.

Inj 40 mcg per 1 ml vial	0.00	1	✔**HBvaxPRO**

Funded for any of the following criteria:
1. for dialysis patients; or
2. for liver or kidney transplant patient.

238 HUMAN PAPILLOMA VIRUS (6,11,16 AND 18) VACCINE [HPV] – [Xpharm]

~~Three doses over a period of six months for young women aged between 12 and 19 years old.~~

Inj 120 mcg in 0.5 ml syringe	0.00	10	✔**Gardasil**

Maximum of three doses for patient meeting any of the following criteria:
1. Females aged under 20 years old; or
2. Patients aged under 26 years old with confirmed HIV infection; or
3. For use in transplant patients.

239 **ADULT** DIPHTHERIA AND TETANUS VACCINE – [Xpharm]

~~For adults aged 45 and 65 years old, and for susceptible individuals.~~

Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid in 0.5 ml	0.00	5	✔**ADT Booster**

Any of the following:
1. For vaccination of patients aged 45 and 65 years old; or
2. For vaccination of previously unimmunised or partially immunised patients; or
3. For revaccination following immunosuppression; or
4. For boosting of patients with tetanus-prone wounds; or
5. For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.
Note – Please refer to the immunisation handbook for appropriate schedule for catch-up programmes.

239 MEASLES, MUMPS AND RUBELLA VACCINE – [Xpharm]

~~For children aged 15 months and 4 years old or for any individual susceptible to measles, mumps or rubella.~~

Inj 1000 TCID50 measles, 12500 TCID50 mumps and 1000 TCID50 rubella vial with diluent 0.5 ml vial	0.00	10	✔**M-M-R II**

A maximum of two doses for any patient meeting the following criteria:
1 For primary vaccination in children; or
2 For revaccination following immunosuppression; or
3 For any individual susceptible to measles, mumps or rubella

Note – Please refer to the Immunisation Handbook for appropriate schedule for catch up programmes.

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

Changes to Section I – effective 1 July 2014 (continued)

239 MENINGOCOCCAL A, C, Y AND W-135 VACCINE – [Xpharm]
For patients pre- and post-splenectomy or children aged 0-16 years with functional asplenia. For organisation and community based outbreaks.
Inj 0.5 ml ..... 0.00 1 ✔**Menomune**
Note – Menomune to be delisted from 1 October 2014.

239 MENINGOCOCCAL (GROUPS A,C,Y AND W-135) CONGUGATE VACCINE – [Xpharm]
~~For patients pre- and post-splenectomy or children aged 0-16 years with functional asplenia. For organisation and community based outbreaks.~~
Inj 4 mcg of each meningococcal polysaccharide conjugated to a total of approximately 48 mcg of diphtheria toxoid carrier per 0.5 ml vial ..... 0.00 1 ✔**Menactra**

Any of the following:
1. Up to three doses for patients pre- and post splenectomy and patients with functional or anatomic asplenia; or
2. One dose every five years for patients with HIV, complement deficiency (acquired or inherited), functional or anatomic asplenia or pre or post solid organ transplant; or
3. One dose for close contacts of meningococcal cases; or
4. A maximum of two doses for bone marrow transplant patients; or
5. A maximum of two doses for patients following immunosuppression✳.

Note – children under seven years of age require a second dose three years after the first and then five yearly.

✳Immunosuppression due to steroid or other immunosuppressive therapy must be for a period of greater than 28 days.

239 MENINGOCOCCAL C CONJUGATE VACCINE – [Xpharm]
Inj 10 mcg in 0.5 ml syringe ..... 0.00 1 ✔**Neisvac-C**
Inj 10 mcg in 0.5 ml syringe ..... 0.00 10 ✔**Neisvac-C**

Any of the following:
1. Up to three doses for patients pre- and post splenectomy and patients with functional or anatomic asplenia; or
2. One dose every five years for patients with HIV, complement deficiency (acquired or inherited), functional or anatomic asplenia or pre or post solid organ transplant; or
3. One dose for close contacts of meningococcal cases; or
4. A maximum of two doses for bone marrow transplant patients; or
5. A maximum of two doses for patients following immunosuppression✳.

Note – children under seven years of age require a second dose three years after the first and then five yearly.

✳Immunosuppression due to steroid or other immunosuppressive therapy must be for a period of greater than 28 days.

239 PNEUMOCOCCAL (PPV23) POLYSACCHARIDE VACCINE – [Xpharm]
~~For patients pre- and post-splenectomy or children aged 0-16 years with functional asplenia.~~
Inj 575 mcg in 0.5 ml vial (25 mcg of each 23 pneumococcal serotype) ..... 0.00 1 ✔**Pneumovax 23**

Either of the following:
1. Up to three doses for patients pre- or post-splenectomy or with functional asplenia; or
2. Up to two doses are funded for high risk children to the age of 18.

Changes to Section I – effective 1 July 2014 (continued)

240 POLIOMYELITIS VACCINE – [Xpharm]
~~A primary course of three doses for previously unvaccinated individuals.~~
Inj 80D antigen units in 0.5 ml syringe ..... 0.00 | 1 | ✔ **IPOL**

Up to three doses for patients meeting either of the following:
1. For partially vaccinated or previously unvaccinated individuals; or
2. For revaccination following immunosuppression.

Note – Please refer to the Immunisation Handbook for appropriate schedule for catch up programmes.

240 PNEUMOCOCCAL (PVC13) CONJUGATE VACCINE – [Xpharm]
~~For high risk children under the age of 5 and those aged less than 16 years pre- or post-splenectomy or with functional asplenia.~~
Inj 30.8 mcg in 0.5 ml syringe ..... 0.00 | 1 | ✔ **Prevenar 13**
| 10 | ✔ **Prevenar 13**

Any of the following:
1. A primary course of four doses for previously unvaccinated individuals up to the age of 59 months inclusive; or
2. Up to three doses as appropriate to complete the primary course of immunisation for individuals under the age of 59 months who have received one to three doses of PCV10; or
3. One dose is funded for high risk children who have previously received four doses of PCV10; or
4. Up to an additional four doses (as appropriate) are funded for (re-)immunisation for patients with HIV, for patients post HSCT, or chemotherapy; pre- or post splenectomy; functional asplenia, pre- or post- solid organ transplant, renal dialysis and other severely immunosuppressive regimens up to the age of 18; or
5. For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.

Note – Please refer to the Immunisation Handbook for appropriate schedule for catch up programmes

240 PNEUMOCOCCAL VACCINE – [Xpharm]
For children aged 6 weeks, 3 months, and 5 months, and 15 months old.
Inj 0.5 ml..... 0.00 | 1 | ✔ **Synflorix**
Note – Synflorix inj 0.5 ml to be delisted from 1 October 2014.

240 ROTAVIRUS LIVE REASSORTANT ORAL VACCIINE – [Xpharm] (new listing)
Oral susp G1, G2, G3, G4, P1(8)11.5 million CCID50 units per 2 ml, tube..... 0.00 | 10 | ✔ **RotaTeq**

Maximum of three doses for patients meeting the following:
1. First dose to be administered in infants aged under 15 weeks of age; and
2. No vaccination being administered to children aged 8 months or over.

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

Changes to Section I – effective 1 July 2014 (continued)

240 VARICELLA VACCINE [CHICKEN POX VACCINE] – [Xpharm] (new listing)

Inj 2,000 PFU vial with diluent ..... 0.00 1 ✔**Varilrix**

Maximum of two doses for any of the following:

1. For non-immune patients:
   - 1.1 with chronic liver disease who may in future be candidates for transplantation; or
   - 1.2 with deteriorating renal function before transplantation; or
   - 1.3 prior to solid organ transplant; or
   - 1.4 prior to any elective immunosuppression✻.
2. For patients at least 2 years after bone marrow transplantation, on advice of their specialist.
3. For patients at least 6 months after completion of chemotherapy, on advice of their specialist.
4. For HIV positive non immune to varicella with mild or moderate immunosuppression on advice of HIV specialist.
5. For patients with inborn errors of metabolism at risk of major metabolic decompensation, with no clinical history of varicella.
6. For household contacts of paediatric patients who are immunocompromised, or undergoing a procedure leading to immune compromise where the household contact has no clinical history of varicella.
7. For household contacts of adult patients who have no clinical history of varicella and who are severely immunocompromised, or undergoing a procedure leading to immune compromise where the household contact has no clinical history of varicella.

✻ immunosuppression due to steroid or other immunosuppressive therapy must be for a treatment period of greater than 28 days

Delisted Items

Effective 1 August 2014

25 MESALAZINE
Suppos 1 g ..... 50.96 | 28 | ✔Pentasa
Note – Pentasa suppose 1 g in the 30 pack size remains listed.

27 PANTOPRAZOLE
✻Tab EC 20 mg ..... 0.75 | 28 | ✔Dr Reddy's Pantoprazole
✻Tab EC 40 mg ..... 0.99 | 28 | ✔Dr Reddy's Pantoprazole

42 FERROUS SULPHATE
✻Tab long-acting 325 mg (105 mg elemental) 5.06
(15.58) | 150 | Ferrograd

60 SPIRONOLACTONE
✻Tab 25 mg ..... 3.65 | 100 | ✔Spirotone

62 ISOSORBIDE MONONITRATE
✻Tab long-acting 40 mg ..... 7.50 | 30 | ✔Corangin

67 CICLOPIROX OLAMINE
a) Only on a prescription
b) Not in combination
Soln 1% ..... 4.36 | 20 ml OP
(11.54) | Batrafen

144 OLANZAPINE – Safety medicine; prescriber may determine dispensing frequency
Tab 2.5 mg ..... 2.00 | 28 | ✔Olanzine

216 ORAL ELEMENTAL FEED 0.8KCAL/ML – Special Authority see SA1377 – Hospital pharmacy [HP3]
Liquid (grapefruit) ..... 9.50 | 250 ml OP | ✔Elemental 028 Extra
Liquid (pineapple & orange) ..... 9.50 | 250 ml OP | ✔Elemental 028 Extra
Liquid (summer fruits) ..... 9.50 | 250 ml OP | ✔Elemental 028 Extra

Effective 1 July 2014

37 PANCREATIC ENZYME
Cap EC 25,000 BP u lipase, 18,000 BP u amylase, 1,000 BP u protease ..... 94.38 | 100 | ✔Creon Forte

83 DEXAMETHASONE
Dexamethasone injection will not be funded for oral use.
✻Inj 4 mg per ml, 1 ml ampoule
– Up to 5 inj available on a PSO ..... 12.90 | 5
(21.50) | Hospira
✻Inj 4 mg per ml, 2 ml ampoule
– Up to 5 inj available on a PSO ..... 17.98 | 5
(31.00) | Hospira

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

Delisted Items – effective 1 July 2014 (continued)

129 FLUOXETINE HYDROCHLORIDE

✻ Tab dispersible 20 mg, scored – Subsidy by endorsement	2.50	30	✔Fluox

Subsidised by endorsement
1) When prescribed for a patient who cannot swallow whole tablets or capsules and the prescription is endorsed accordingly; or
2) When prescribed in a daily dose that is not a multiple of 20 mg in which case the prescription is deemed to be endorsed. Note: Tablets should be combined with capsules to facilitate incremental 10 mg doses.

✻ Cap 20 mg	1.62	84	
	(2.70)		Fluox

Effective 1 June 2014

31 INSULIN PEN NEEDLES – Maximum of 100 dev per prescription

✻ 31 g x 6 mm	10.50	100	
	(26.00)		NovoFine

54 CILAZAPRIL WITH HYDROCHLOROTHIAZIDE

✻ Tab 5 mg with hydrochlorothiazide 12.5 mg	3.00	28	✔Inhibace Plus

86 OESTRADIOL VALERATE – See prescribing guideline

✻ Tab 1 mg	8.24	56	✔Progynova
✻ Tab 2 mg	8.24	56	✔Progynova

Note – Progynova tab 1 mg and 2 mg in 84 tab pack size remains listed.

92 CEFTRIAXONE – 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 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 vial	1.50	1	
	(2.70)		Veracol
Inj 1 g vial	5.22	5	
	(10.49)		Aspen Ceftriaxone

94 AMOXYCILLIN

Cap 250 mg	16.18	500	✔Alphamox

a) Up to 30 cap available on a PSO
b) Up to 10 x the maximum PSO quantity for RFPP – see rule 5.2.6

112 ZIDOVUDINE [AZT] WITH LAMIVUDINE – Special Authority SA1364 – Retail pharmacy
Note – zidovudine [AZT] with lamivudine (combination tablets) counts as two anti-retroviral medications for the purposes of the anti-retroviral Special Authority.

Tab 300 mg with lamivudine 150 mg	667.20	60	✔Combivir

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

Delisted Items – effective 1 June 2014 (continued)

126	ROPINIROLE HYDROCHLORIDE			
	▲ Tab 0.25 mg	1.98	84	
		(6.20)		Ropin
	▲ Tab 1 mg	4.47	84	
		(15.95)		Ropin
	▲ Tab 2 mg	6.48	84	
		(24.95)		Ropin
	▲ Tab 5 mg	12.16	84	
		(38.00)		Ropin
209	CARBOHYDRATE SUPPLEMENT – Special Authority SA1373 – Hospital pharmacy [HP3]			
	Powder	1.30	368 g OP	
		(12.00)		Moducal

Effective 1 May 2014

38	LACTULOSE – Only on a prescription			
	❋ Oral liq 10 g per 15 ml	7.68	1,000 ml	✔ Laevolac
	Note – Laevolac oral liq 10 g per 15 ml in the 500 ml pack size remains listed.			
50	COMPOUND ELECTROLYTES			
	Powder for oral soln – Up to 10 sach available on a PSO	0.90	5	✔ Electral
52	ENALAPRIL MALEATE			
	❋ Tab 5 mg	1.07	90	✔ m-Enalapril
	❋ Tab 10 mg	1.32	90	✔ m-Enalapril
	❋ Tab 20 mg – For enalapril maleate oral liquid formulation refer page 189	1.72	90	✔ m-Enalapril
70	UREA			
	❋ Crm 10%	1.65	100 g OP	
		(3.07)		Nutraplus
79	OXYTOCIN – Up to 5 inj available on a PSO			
	Inj 5 iu per ml, 1 ml ampoule	4.75	5	✔ Syntocinon
	Inj 10 iu per ml, 1 ml ampoule	5.98	5	✔ Syntocinon
86	LEVOTHYROXINE			
	❋ Tab 25 mcg	43.24	1,000	✔ Synthroid
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
	❋ Tab 50 mcg	45.00	1,000	✔ Synthroid
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
	Note – Synthroid in the 90 tablet pack size remain subsidised.			
108	LAMIVUDINE – Special Authority see SA1364 – Retail pharmacy			
	Tab 150 mg	52.50	60	
		(153.60)		3TC
117	TIAPROFENIC ACID			
	❋ Tab 300 mg	19.26	60	✔ Surgam

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

Delisted Items – effective 1 May 2014 (continued)

145	ZOPICLONE			
	Tab 7.5 mg	1.90	30	✔Apo-Zopiclone
	Note – Apo-Zopiclone in the 500 tab pack size remains listed.			
149	METHOTREXATE			
	✻ Inj 25 mg per ml, 40 ml – PCT – Retail pharmacy – Specialist	25.00	1	✔DBL Methotrexate S29
192	PHARMACY SERVICES			
	✻ Brand switch fee	4.33	1 fee	✔BSF Cellcept
207	ORAL FEED (POWDER) – Special Authority see SA1228 – Hospital pharmacy [HP3]			
	Powder (vanilla)	13.00	900 g OP	✔Ensure
	Note – Ensure powder (vanilla) in the 850 g pack size remains listed.			

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

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

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

Items to be Delisted

Effective 1 September 2014

55	LOSARTAN POTASSIUM WITH HYDROCHLOROTHIAZIDE			
	Tab 50 mg with hydrochlorothiazide 12.5 mg	10.45	30	✔ **Hyzaar**
156	CYCLOPHOSPHAMIDE			
	Tab 50 mg – PCT – Retail pharmacy-Specialist	25.71	50	✔ **Cycloblastin**
159	METHOTREXATE			
	✻ Tab 2.5 mg – PCT – Retail pharmacy-Specialist	3.82	30	✔ **Methoblastin**
	✻ Tab 10 mg – PCT – Retail pharmacy-Specialist	26.25	50	✔ **Methoblastin**
171	AZATHIOPRINE – Retail pharmacy-Specialist			
	✻ Tab 50 mg – For azathioprine oral liquid formulation refer	13.22	100	✔ **Imuprine**
199	PHARMACY SERVICES – May only be claimed once per patient			
	✻ Brand switch fee	4.33	1 fee	✔ **BSF Apo-Cilazapril/ Hydrochlorothiazide**

The Pharmacode for BSF Apo-Cilazapril/Hydrochlorothiazide is 2459299.

Effective 1 October 2014

94	AMOXICILLIN			
	Cap 500 mg	20.94	500	
		(26.50)		Alphamox
199	PHARMACY SERVICES – May only be claimed once per patient			
	✻ Brand switch fee	4.33	1 fee	✔ **BSF Arrow-Fluoxetine** ✔ **BSF Imatinib-AFT**

The Pharmacode for BSF Arrow-Fluoxetine is 2461102.
The Pharmacode for BSF Imatinib-AFT is 2461099.

Effective 1 November 2014

53	PHENOXYBENZAMINE HYDROCHLORIDE			
	✻ Cap 10 mg	65.00	30	✔ **Dibenyline** S29
		26.05	100	✔ **Dibenyline** S29
116	IBUPROFEN			
	✻ Tab 400 mg	0.77	30	
		(4.56)		Brufen
	✻ Tab 600 mg	1.15	30	
		(6.84)		Brufen
138	METOCLOPRAMIDE HYDROCHLORIDE WITH PARACETAMOL			
	Tab 5 mg with paracetamol 500 mg	6.77	60	✔ **Paramax**
158	GEMCITABINE HYDROCHLORIDE – PCT only – Specialist			
	Inj 1 g	62.50	1	✔ **Gemcitabine Actavis 1000**
	Inj 200 mg	12.50	1	✔ **Gemcitabine Actavis 200**

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

Items to be Delisted – effective 1 November 2014 (continued)

187	TACROLIMUS – Special Authority see SA0669 – Retail pharmacy			
	Cap 0.5 mg – Wastage claimable – see rule 3.3.2	214.00	100	✔ **Prograf**
	Cap 1 mg – Wastage claimable – see rule 3.3.2	428.00	100	✔ **Prograf**
	Cap 5 mg – For tacrolimus oral liquid formulation refer – Wastage claimable – see rule 3.3.2	1,070.00	100	✔ **Prograf**
	Note – Wastage of up to a maximum of 90% of each pack may be claimed.			

Effective 1 December 2014

60	SPIRONOLACTONE			
	✻ Tab 100 mg	11.80	100	✔ **Spirotone**
71	WOOL FAT WITH MINERAL OIL – Only on a prescription			
	✻ Lotn hydrous 3% with mineral oil	1.40	250 ml OP	
		(3.50)		Hydroderm Lotion
		5.60	1,000 ml	
		(9.54)		Hydroderm Lotion
89	CARBIMAZOLE			
	Tab 5 mg	10.80	100	✔ **AFT** S29
130	OXYCODONE HYDROCHLORIDE			
	a) Only on a controlled drug form			
	b) No patient co-payment payable			
	c) Safety medicine; prescriber may determine dispensing frequency			
	Tab controlled-release 10 mg	6.75	20	✔ **Oxydone BNM**
	Tab controlled-release 20 mg	11.50	20	✔ **Oxydone BNM**
138	TROPISETRON			
	a) Maximum of 6 cap per prescription			
	b) Maximum of 3 cap per dispensing			
	c) Not more than one prescription per month.			
	Cap 5 mg	77.41	5	✔ **Navoban**
142	OLANZAPINE – Safety medicine; prescriber may determine dispensing frequency			
	Tab 10 mg	6.35	28	✔ **Olanzine**
	Tab orodispersible 5 mg	6.36	28	✔ **Olanzine-D**
	Tab orodispersible 10 mg	8.76	28	✔ **Olanzine-D**
214	PAEDIATRIC ORAL FEED – Special Authority see SA1379 – Hospital pharmacy [HP3]			
	Powder (vanilla)	20.00	900 g OP	✔ **Pediasure**
	Note – Pediasure powder (vanilla) in the 850 g pack size remains listed.			
215	RENAL ENTERAL FEED 2 KCAL/ML – Special Authority see SA1101 – Hospital pharmacy [HP3]			
	Liquid	6.08	500 ml OP	✔ **Nepro RTH**
215	RENAL ORAL FEED 2 KCAL/ML – Special Authority see SA1101 – Hospital pharmacy [HP3]			
	Liquid	2.43	200 ml OP	✔ **Nepro (strawberry)** ✔ **Nepro (vanilla)**

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

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

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

Items to be Delisted – effective 1 January 2015

39 DANTHRON WITH POLOXAMER – Only on a prescription
Note: Only for the prevention or treatment of constipation in the terminally ill.

Oral liq 25 mg with poloxamer 200 mg per 5 ml	21.30	300 ml	✔**Pinorax**
Oral liq 75 mg with poloxamer 1 g per 5 ml	43.60	300 ml	✔**Pinorax Forte**

46 OCTOCOG ALFA [RECOMBINANT FACTOR VIII] – [Xpharm]
For patients with haemophilia, whose treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.

Inj 250 iu vial	250.00	1	✔**Kogenate FS**

Note – This is the old Pharmacode 2187159. A pack size with Pharmacode 2461366 remains listed.

70 BETAMETHASONE VALERATE WITH CLIOQUINOL – Only on a prescription

Oint 0.1% with clioquinol 3%	3.49 (4.90)	15 g OP	 Betnovate-C

130 OXYCODONE HYDROCHLORIDE
a) Only on a controlled drug form
b) No patient co-payment payable
c) Safety medicine; prescriber may determine dispensing frequency

Tab controlled-release 80 mg	34.00	20	✔**Oxydone BNM**

220 ORAL FEED (POWDER) – Special Authority see SA1228 – Hospital pharmacy [HP3]

Powder (vanilla)	9.50	900 g OP	✔**Fortisip**

Effective 1 February 2015

84 METHYLPREDNISOLONE ACETATE

Inj 40 mg per ml, 1 ml	6.70	1	✔**Depo-Medrol**

86 OESTRADIOL – See prescribing guideline

✻TDDS 3.9 mg (releases 50 mcg of oestradiol per day	4.12 (32.50)	4	 Femtran 50

a) Higher subsidy of $13.18 per 4 patch with Special Authority see SA1018
b) No more than 1 patch per week
c) Only on a prescription

✻TDDS 7.8 mg (releases 100 mcg of oestradiol per day	7.05 (35.00)	4	 Femtran 100

a) Higher subsidy of $16.14 per 4 patch with Special Authority see SA1018
b) No more than 1 patch per week
c) Only on a prescription

88 MEDROXYPROGESTERONE ACETATE

✻Tab 200 mg – Retail pharmacy-Specialist	70.50	30	✔**Provera**

125 LEVODOPA WITH CARBIDOPA

✻Tab 100 mg with carbidopa 25 mg			
– For levodopa with carbidopa oral liquid formulation refer	10.00	50	✔**Sindopa**

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

Items to be Delisted – effective 1 February 2015 (continued)

130	OXYCODONE HYDROCHLORIDE a) Only on a controlled drug form b) No patient co-payment payable c) Safety medicine; prescriber may determine dispensing frequency			
	Tab controlled-release 40 mg	18.50	20	✔**Oxydone BNM**
161	IDARUBICIN HYDROCHLORIDE			
	Cap 5 mg – PCT – Retail pharmacy-Specialist	115.00	1	✔**Zavedos**
	Cap 10 mg – PCT – Retail pharmacy-Specialist	144.50	1	✔**Zavedos**

▲ 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

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Pharmaceuticals and brands

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New Zealand
Permit No. 478

Permit

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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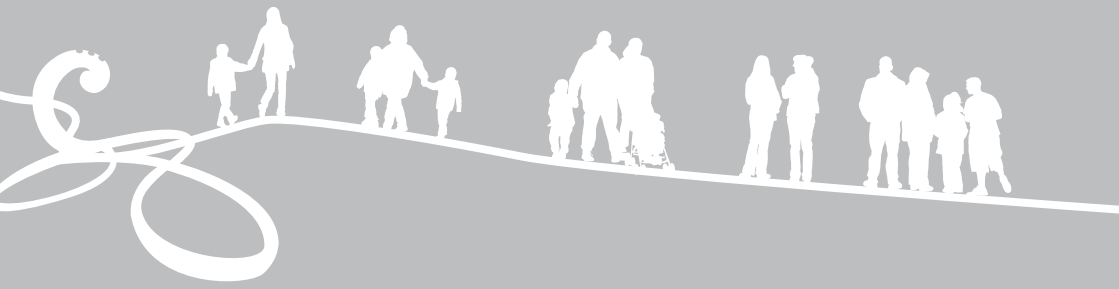

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