

Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 December 2008

Cumulative for September, October, November and December 2008

Section H cumulative for December 2008



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Summary of PHARMAC decisions

EFFECTIVE 1 DECEMBER 2008

New listings (page 17)

- Adrenaline (Aspen) inj 1 in 1000, 1 ml
- Amisulpride (Solian) tab 100 mg, 200 mg, 400 mg and oral liq 100 ml per ml, 60 ml
- Amlodipine (Apo-Amlodipine) tab 5 and 10 mg
- Anagrelide hydrochloride (Teva) cap 0.5 mg – PCT only – Specialist – Special Authority
- Anastrozole-DP (DP-Anastrozole) tab 1 mg – subsidy by endorsement
- Atenolol (Noten) tab 50 mg – scored tablet, Section 29
- Carbamazepine (Tegretol) tab 200 mg – new pack size, 100 tabs
- Cetirizine (Zetop) tab 10 mg
- Cetirizine (Cetirizine-AFT) oral liquid 1 mg per ml
- Doxazosin mesylate (Apo-Doxazosin) tab 4 mg – new pack size, 500 tabs
- Efavirenz (Stocrin) tab 50 mg and 200 mg
- Paracetamol (Pharmacare) tab 500 mg

Changes to restrictions (pages 25 to 26)

- Anastrozole (Arimidex) tab 1 mg – amended Special Authority criteria
- Clindamycin (Dalacin C) cap 150 mg - increase to a maximum of 4 caps per prescription
- Diphenoxylate hydrochloride with atropine sulphate (Diastop) tab 2.5 mg with atropine sulphate 25 µg – removal of Section 29 criteria
- Fluorouracil sodium (Efudix) crm 5 % - Removal of Retail pharmacy-Specialist
- Letrozole (Femara) tab 2.5 mg – amended Special Authority criteria

Decreased subsidy (page 37)

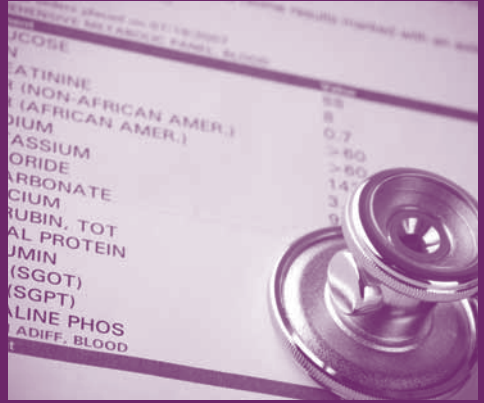
- Diltiazem (Cardizem CD) cap long acting 120 mg, 180 mg and 240 mg
- Flucloxacillin sodium (Flucloxin) inj 250 mg, 500 mg and 1g
- Cefazolin sodium (m-Cefazolin) inj 500 mg and 1 g
- Erythropoietin beta (Recormon and NeoRecormon) inj 1,000 iu, 2,000 iu, 3,000 iu, 4,000 iu, 5,000 iu, 6,000 iu and 10,000 iu pre-filled syringe

Increased subsidy (page 37)

- Clonazepam (Rivotril) inj 1 mg per ml, 1 ml
- Diltiazem (Dilzem) tab 30 mg
- Fluorouracil sodium (Efudix) crm 5%
- Prochlorperazine (Stemetil) inj 12.5 mg per ml, 1 ml
- Prochlorperazine (Stemetil) suppos 25 mg

Fluorouracil sodium 5% cream (Efudix) – Fully subsidised and restriction change

Efudix, a topical treatment for superficial pre-malignant and malignant skin lesions, will be fully subsidised in Section B of the Pharmaceutical Schedule from 1 December 2008 as a result of a subsidy increase and price decrease. The “Retail pharmacy-Specialist” restriction has also been removed meaning that from 1 December 2008 prescriptions written by non-specialist



practitioners will no longer require a specialist endorsement for subsidy.

Aromatase inhibitors

A new brand of anastrozole will be listed in the Pharmaceutical Schedule from 1 December 2008. DP-Anastrozole will be available fully subsidised under endorsement criteria for the treatment of advanced breast cancer. The Special Authority restrictions for the Arimidex brand of anastrozole, and for letrozole, have been amended to remove the

criterion relating to advanced breast cancer. Patients with existing Special Authority approvals for either Arimidex or letrozole (Femara) will be unaffected by this change.



Paracetamol 500 mg tablet brand change

As a result of a new tender agreement, Pharmacare Paracetamol 500 mg tablets will become the sole subsidised brand of prescription paracetamol 500 mg tablets from 1 May 2009. Pharmacare Paracetamol 500 mg tablets will be available and subsidised from 1 December 2008.

The current tender holder, GSK Consumer Healthcare, notified PHARMAC of a significant increase in the price of Panadol – from \$1.38 to \$14.67 per 150 tablets (ex-manufacturer, excluding GST) – to take effect on 1 January 2009.

The price increase on Panadol means that between 1 January 2009 and 30 April 2009 a manufacturer's surcharge will apply to the Panadol brand of paracetamol 500 mg tablets, as PHARMAC will not be increasing the subsidy to match the new price. From 1 May 2009 the Panadol brand will be delisted from the Pharmaceutical Schedule.

Pharmacare Paracetamol tablets are not film coated (unlike Panadol) and may be

less palatable for some patients. However, Pharmacare Paracetamol tablets are capsule-shaped which should aid in swallowing. Patients who are currently taking the Panadol brand will need to change to Pharmacare Paracetamol in order to continue to receive fully subsidised paracetamol 500 mg tablets.

The tender agreement for Pharmacare Paracetamol will prevent a cost of \$19.6 million (in the next financial year) to the Pharmaceutical Budget that would result from continuing to fully subsidise Panadol at the increased price. This would have significantly restricted our ability fund new pharmaceuticals.

Patient information leaflets have been sent to medical practitioners and pharmacies to help assist with explaining this change to patients. To order more patient leaflets please contact PHARMAC on 0800-66-00-50 or Marketing Impact by fax 0800 455 442.

Change to the available presentations of diltiazem hydrochloride

As a result of concerns about diltiazem hydrochloride prescribing and dispensing errors, (not the quality of the pharmaceuticals), some preparations will be delisted from the Pharmaceutical Schedule. The preparations that will be delisted are Dilzem SR sustained release capsules 90 mg and 120 mg (twice daily) and Dilzem LA long-acting tablets 180 mg and 240 mg (from 1 June 2009). The preparations that will remain subsidised will be Dilzem immediate release tablets 30 mg and

60 mg and Cardizem CD long-acting tablets 120 mg, 180 mg and 240 mg. Price changes will also occur from 1 December 08.

To assist in the implementation of the patient switch, all the current preparations will remain listed on the Pharmaceutical Schedule fully subsidised until 1 June 2009. PHARMAC will shortly send a letter to all clinicians and pharmacists providing more detailed advice regarding switching patients.

Amisulpride – new listing

The antipsychotic agent amisulpride (Solian) will be listed fully subsidised from 1 December 2008. Amisulpride will be listed without

the requirement for Special Authority or endorsement for subsidy.

Adrenaline injection – new brand listed

The Aspen Adrenaline brand of adrenaline injection 1:1000, 1 ml will be listed fully subsidised on the Pharmaceutical Schedule from 1 December 2008. Adrenaline injections

are an essential pharmaceutical for the emergency management of anaphylaxis and cardiac arrest

Mebendazole

Multichem's brand of mebendazole 100 mg tablets in a pack size of 24 tablets will be listed in Section B and fully subsidised from 1 March

2009, not 1 October 2008 as included in the August tender notification. Reference pricing of Vermox will apply from 1 May 2009.

Erythropoietin beta – price reduction

The price and subsidy of all strengths of erythropoietin beta (Recormon/NeoRecormon) will decrease from 1 December 2008 (between

20% and 48% depending upon the strength). Recormon/NeoRecormon will remain fully subsidised until at least 30 June 2011.

Habitrol – Nicotine Replacement Therapy

The Habitrol lozenge has been listed on the Pharmaceutical Schedule since 1 September 2008. We are aware of some uncertainty regarding the number of packs that are to be issued per quit card. We are therefore taking this opportunity to clarify the maximum number of packs of NRT that can be dispensed per quit card as follows:

- gum - 4 packs
- patch - 4 packs
- lozenge - 6 packs



Tender News

Sole Subsidised Supply changes – effective 1 January 2009

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Acetazolamide	Tab 250 mg; 100 tab	Diamox (Sigma)
Atropine sulphate	Eye drops 1%; 15 ml OP	Atropt (Sigma)
Benzylpenicillin sodium (Penicillin G)	Inj 1 mega u; 10 inj	Sandoz (Novartis)
Bezafibrate	Tab 200 mg; 90 tab	Fibalip (Pacific)
Calcitonin	Inj 100 iu per ml, 1 ml; 5 inj	Miacalcic (Novartis)
Clonazepam	Tab 500 µg; 100 tab	Paxam (Pacific)
Clonazepam	Tab 2 mg; 100 tab	Paxam (Pacific)
Erythromycin ethyl succinate	Grans for oral liq 200 mg per 5 ml; 100 ml	E-Mycin (Pacific)
Erythromycin ethyl succinate	Grans for oral liq 400 mg per 5 ml; 100 ml	E-Mycin (Pacific)
Finasteride	Tab 5 mg; 30 tab	Fintral (Douglas)
Ketoconazole	Shampoo 2%; 100 ml OP	Sebizole (Douglas)
Mebeverine hydrochloride	Tab 135 mg; 90 tab	Colofac (Solvay)
Methylodopa	Tab 125 mg; 100 tab	Prodopa (Pacific)
Methylodopa	Tab 250 mg; 100 tab	Prodopa (Pacific)
Methylodopa	Tab 500 mg; 100 tab	Prodopa (Pacific)
Nortriptyline hydrochloride	Tab 10 mg; 100 tab	Norpress (Pacific)
Nortriptyline hydrochloride	Tab 25 mg; 250 tab	Norpress (Pacific)
Nystatin	Oral liq 100,000 u per ml, 24 ml OP	Nilstat (Sigma)
Poloxamer	Oral drops 10%, 30 ml OP	Coloxyl (Sigma)
Prednisone	Tab 1 mg; 500 tab	Apo-Prednisone (Apotex)
Prednisone	Tab 2.5 mg; 500 tab	Apo-Prednisone (Apotex)
Prednisone	Tab 5 mg; 500 tab	Apo-Prednisone (Apotex)
Prednisone	Tab 20 mg; 500 tab	Apo-Prednisone (Apotex)
Procaine penicillin	Inj 1.5 mega u; 5 inj	Cilicaine (Sigma)
Tar with triethanolamine lauryl sulphate and fluorescein sodium	Soln 2.3%; 500 ml and 1,000 ml	Pinetarsol (Douglas)
Temazepam	Tab 10 mg; 25 tab	Normison (Sigma)
Triamcinolone acetonide	Crn 0.02%; 100 g OP	Aristocort (Sigma)
Triamcinolone acetonide	Oint 0.02%; 100 g OP	Aristocort (Sigma)
Triamcinolone acetonide	Inj 40 mg per ml, 1 ml; 5 inj	Kenacort-A40 (Bristol-Myers Squibb)
Trimethoprim	Tab 300 mg; 50 tab	TMP (Pacific)

Vancomycin hydrochloride	Inj 50 mg per ml, 10 ml; 1 inj	Pacific (Pacific)
Zinc sulphate	Cap 220 mg; 100 cap	Zincaps (Aspen)
Zopiclone	Tab 7.5 mg; 500 tab	Apo-Zopiclone (Apotex)

Looking Forward

This section is designed to alert both pharmacists and prescribers to possible future changes. It may assist pharmacists to manage stock levels and keep prescribers up-to-date with proposals to change the Pharmaceutical Schedule.

Possible decisions for implementation 1 January 2009

- Antibiotic oral liquid where diluent must be added – removal of wastage rule
- Hysocine (scopolamine) patches – fully fund on Special Authority

Sole Subsidised Supply Products – cumulative to December 2008

Generic Name	Presentation	Brand Name	Expiry Date*
Aciclovir	Tab dispersible 200 mg Tab dispersible 400 mg	Lovir Lovir	2009
Alprazolam	Tab 250 µg Tab 500 µg Tab 1 mg	Arrow-Alprazolam Arrow-Alprazolam Arrow-Alprazolam	2010
Apomorphine hydrochloride	Inj 10 mg per ml, 1 ml	Mayne	2009
Amantadine hydrochloride	Cap 100 mg	Symmetrel	2011
Amoxicillin	Cap 250 mg & 500 mg Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml	Apo-Amoxi Ranbaxy Amoxicillin Ranbaxy Amoxicillin	2010 2009
Ascorbic acid	Tab 100 mg	Apo-Ascorbic Acid	2009
Aspirin	Tab dispersible 300 mg Tab 100 mg	Ethics Aspirin Ethics Aspirin EC	2010
Atenolol	Tab 50 mg & 100 mg	Loten	2009
Atropine sulphate	Inj 600 µg, 1 ml Inj 1200 µg, 1 ml	AstraZeneca AstraZeneca	2009
Azithromycin	Tab 500 mg	Arrow-Azithromycin	2009
Beclomethasone dipropionate	Metered aqueous nasal spray 50 µg Metered aqueous nasal spray 100 µg	Alanase Alanase	2009
Betamethasone valerate	Scalp app 0.1%	Beta Scalp	2009
Bisacodyl	Tab 5 mg	Lax-Tab	2010
Brimonidine tartrate	Eye drops 0.2%	AFT	2011
Bupivacaine hydrochloride	Inj 0.5%, 4 ml Inj 0.5%, 8% glucose, 4 ml	Marcaïn Isobaric Marcaïn Heavy	2010
Calamine	Lotion BP Crm, aqueous, BP	ABM ABM	2009
Calcitriol	Cap 0.25 µg & 0.5 µg	Calcitriol-AFT	2009
Calcium	Tab eff 1 g; 30 tab	Calsource	2011
Calcium folinate	Inj 50 mg	Calcium Folate Ebewe	2011
Captopril	Tab 12.5 mg, 25 mg & 50 mg	Apo-Captopril	2010
Cefaclor monohydrate	Cap 250 mg Grans for oral liq 125 mg per 5 ml	Ranbaxy Cefaclor Ranbaxy Cefaclor	2010
Cefuroxime sodium	Inj 750 mg & 1.5 g	Zinacef	2011
Cetomacrogol	Crm BP	PSM	2010
Chloramphenicol	Eye drops 0.5% Eye oint 1%	Chlorsig Chlorsig	2009
Chlorhexidine gluconate	Soln 4% Handrub 1% with ethanol 70% Mouthwash 0.2%	Orion Orion Orion	2011 2009
Chlorthalidone	Tab 25 mg	Hygroton	2009

*Expiry date of the Sole Subsidised Supply period is 30 June of the year indicated.

Sole Subsidised Supply Products – cumulative to December 2008

Generic Name	Presentation	Brand Name	Expiry Date*
Clarithromycin	Tab 250 mg Grans for oral liq 125 mg per 5 ml	Klamycin Klacid	2010
Clobetasol propionate	Crn 0.05%	Dermol	2009
Clotrimazole	Crn 1% Vaginal crn 1% with applicator(s)	Clomazol Clomazol	2011 2010
Codeine phosphate	Tab 15 mg, 30 mg & 60 mg	PSM	2010
Colchicine	Tab 500 µg	Colgout	2010
Colestipol hydrochloride	Sach 5 g	Colestid	2010
Colistin sulphomethate	Inj 150 mg	Colistin-Link	2010
Compound electrolytes	Powder for soln for oral use	Enerlyte	2010
Cyclizine hydrochloride	Tab 50 mg	Nausicalm	2009
Cyclophosphamide	Tab 50 mg	Cycloblastin	2010
Cyproterone acetate	Tab 50 mg	Siterone	2009
Dantrolene sodium	Cap 25 mg & 50 mg	Dantrium	2009
Desferrioxamine mesylate	Inj 500 mg	Mayne	2010
Desmopressin	Nasal spray 10 mcg per dose	Desmopressin-PH&T	2011
Dexamethasone sodium phosphate	Inj 4 mg per ml, 1 ml Inj 4 mg per ml, 2 ml	Mayne	2009
Dexamphetamine sulphate	Tab 5 mg	PSM	2010
Dextrose	Inj 50%, 10 ml	Biomed	2011
Dextrose with electrolytes	Oral soln with electrolytes	Pedialyte – Plain Pedialyte – Bubblegum Pedialyte – Fruit	2010
Diclofenac sodium	Eye drops 1 mg per ml Inj 25 mg per ml, 3 ml Suppos 12.5 mg Suppos 25 mg Suppos 50 mg Suppos 100 mg Tab EC 25 mg & 50 mg Tab long-acting 75 mg & 100 mg	Voltaren Ophtha Voltaren Voltaren Voltaren Voltaren Apo-Diclo Apo-Diclo SR	2011 2009
Didanosine (DDI)	Cap 125 mg, 200 mg, 250 mg & 400 mg	Videx EC	2009
Dipyridamole	Tab long-acting 150 mg	Pytazen SR	2011
Doxazosin mesylate	Tab 2 mg & 4 mg	Apo-Doxazosin	2010
Emulsifying ointment	Oint BP	AFT	2011
Enalapril	Tab 5 mg, 10 mg & 20 mg	m-Enalapril	2009
Ergometrine maleate	Inj 500 µg per ml, 1 ml	Mayne	2009
Ergotamine tartrate with caffeine	Tab 1 mg with caffeine 100 mg	Cafergot	2009

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Sole Subsidised Supply Products – cumulative to December 2008

Generic Name	Presentation	Brand Name	Expiry Date*
Ethinylloestradiol	Tab 10 µg	New Zealand Medical and Scientific	2009
Ethinylloestradiol with norethisterone	Tab 35 µg with norethisterone 500 µg Tab 35 µg with norethisterone 1 mg Tab 35 µg with norethisterone 1 mg and 7 inert tab	Brevinor 21 Brevinor 1/21 Brevinor 1/28	2010
Etoposide	Cap 50 mg & 100 mg	Vepesid	2009
Ferrous sulphate	Oral liq 150 mg per 5 ml	Ferodan	2010
Flucloxacillin sodium	Cap 250 mg & 500 mg Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml	Staphlex AFT AFT	2009
Fluconazole	Cap 50 mg Cap 150 mg Cap 200 mg	Pacific Pacific Pacific	2011
Fludarabine phosphate	Inj 50 mg Tab 10 mg	Fludara Fludara	2011
Fluocortolone caproate with fluocortolone pivalate and cinchocaine	Oint 950 µg, with fluocortolone pivalate 920 µg, and cinchocaine hydrochloride 5 mg per g Suppos 630 µg, with fluocortolone pivalate 610 µg, and cinchocaine hydrochloride 1 mg	Ultraproct Ultraproct	2010
Fluorometholone	Eye drops 0.1%	Flucon	2009
Fluoxetine hydrochloride	Cap 20 mg Tab disp 20 mg, scored	Fluox Fluox	2010
Folic Acid	Tab 0.8 mg & 5 mg	Apo-Folic Acid	2009
Fusidic acid	Crn 2% & Oint 2%	Foban	2010
Gentamicin sulphate	Inj 40 mg per ml, 2 ml	Pfizer	2009
Gliclazide	Tab 80 mg	Apo-Gliclazide	2011
Glipizide	Tab 5 mg	Minidiab	2011
Glyceryl trinitrate	Oral pump spray 400 µg per dose TDDS 5 mg TDDS 10 mg	Nitrolingual pumpspray Nitroderm TTS 5 Nitroderm TTS 10	2011
Haloperidol	Oral liq 2 mg per ml Tab 500 µg, 1.5 mg & 5 mg Inj 5 mg per ml, 1 ml	Serenace Serenace Serenace	2010 2009
Heparinised saline	Inj 10 iu per ml, 5 ml	AstraZeneca	2009
Hydrocortisone	Crn 1% Tab 5 mg & 20 mg	PSM Douglas	2011 2009
Hydrocortisone acetate	Rectal foam 10%, CFC-Free	Colifoam	2009
Hydrocortisone butyrate	Scalp lotn 0.1%	Locoid	2010

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Sole Subsidised Supply Products – cumulative to December 2008

Generic Name	Presentation	Brand Name	Expiry Date*
Hydrocortisone with wool fat and mineral oil	Lotn 1% with wool fat hydrous 3% and mineral oil	DP Lotn HC	2011
Ibuprofen	Oral liq 100 mg per 5 ml, 200 ml	Fenpaed	2010
Imipramine hydrochloride	Tab 10 mg & 25 mg	Tofranil	2009
Indapamide	Tab 2.5 mg	Napamide	2009
Ipratropium bromide	Aqueous nasal spray, 0.03% Nebuliser soln, 250 µg per ml, 1 ml Nebuliser soln, 250 µg per ml, 2 ml	Apo-Ipravent Ipratropium Steri-Neb Ipratropium Steri-Neb	2010
Iron polymaltose	Inj 50 mg per ml, 2 ml	Ferrum H	2011
Isosorbide mononitrate	Tab long-acting 60 mg	Duride	2009
Isotretinoin	Cap 10 mg Cap 20 mg	Isotane 10 Isotane 20	2009
Itraconazole	Cap 100 mg	Sporanox	2010
Lactulose	Oral liq 10 g per 15 ml	Duphalac	2010
Levobunolol	Eye drops 0.25% & 0.5%	Betagan	2010
Levodopa with benserazide	Cap 50 mg with benserazide 12.5 mg Tab dispersible 50 mg with benserazide 12.5 mg Cap 100 mg with benserazide 25 mg Cap long-acting 100 mg with benserazide 25 mg Cap 200 mg with benserazide 50 mg	Madopar 62.5 Madopar Dispersible Madopar 125 Madopar HBS Madopar 250	2009
Lignocaine hydrochloride	Inj 0.5%, 5 ml Inj 1%, 5 ml Inj 1%, 20 ml	Xylocaine Xylocaine Xylocaine	2010
Lignocaine with prilocaine	Crn 2.5% with prilocaine 2.5%; 30 g OP Crn 2.5% with prilocaine 2.5%; 5 g	EMLA EMLA	2010
Lisinopril	Tab 5 mg, 10 mg & 20 mg	Arrow-Lisinopril	2009
Loperamide hydrochloride	Tab 2 mg	Nodia	2010
Loratadine	Tab 10 mg Oral liq 1 mg per ml	Loraclear Hayfever Relief Lorapaed	2010
Lorazepam	Tab 1 mg & 2.5 mg	Ativan	2009
Magnesium sulphate	Inj 49.3%	Mayne	2009
Malathion	Liq 0.5%	Derbac M	2010
Maldison	Shampoo 1%	A-Lices	2010
Maprotiline hydrochloride	Tab 25 mg & 75 mg	Ludiomil	2009
Medroxyprogesterone acetate	Tab 2.5 mg, 5 mg, 10 mg, 100 mg & 200 mg	Provera	2010
Mesalazine	Enema 1 g per 100 ml	Pentasa	2009

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Sole Subsidised Supply Products – cumulative to December 2008

Generic Name	Presentation	Brand Name	Expiry Date*
Metformin hydrochloride	Tab 500 mg & 850 mg	Arrow-Metformin	2009
Methadone hydrochloride	Tab 5 mg Powder 1 g	Methatabs AFT	2010 2009
Methotrexate	Inj 100 mg per ml, 10 ml Inj 100 mg per ml, 50 ml Tab 2.5 mg & 10 mg	Methotrexate Ebewe Methotrexate Ebewe Methoblastin	2011 2009
Methylphenidate hydrochloride	Tab long-acting 20 mg Tab 5 mg & 20 mg Tab 10 mg	Rubifen SR Rubifen Rubifen	2009
Methylprednisolone	Tab 4 mg & 100 mg	Medrol	2009
Methylprednisolone aceponate	Crn 0.1% and oint 0.1%	Advantan	2009
Methylprednisolone acetate	Inj 40 mg per ml, 1 ml	Depo-Medrol	2011
Methylprednisolone acetate with lignocaine	Inj 40 mg per ml with lignocaine 1 ml	Depo-Medrol with Lidocaine	2011
Methylprednisolone sodium succinate	Inj 40 mg per ml, 1 ml Inj 62.5 mg per ml, 1 ml Inj 500 mg & 1 g	Solu-Medrol Solu-Medrol Solu-Medrol	2009
Metoclopramide hydrochloride	Inj 5 mg per ml, 2 ml	Pfizer	2011
Metoprolol tartrate	Tab long-acting 200 mg	Slow-Lopresor	2009
Metyrapone	Cap 250 mg	Metopirone	2009
Miconazole nitrate	Crn 2%	Multichem	2011
Midodrine	Tab 2.5 mg & 5 mg	Gutron	2009
Misoprostol	Tab 200 µg	Cytotec	2009
Moclobemide	Tab 150 mg & 300 mg	Apo-Moclobemide	2009
Morphine hydrochloride	Oral liq 1 mg per ml Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml	RA-Morph RA-Morph RA-Morph RA-Morph	2009
Morphine sulphate	Inj 10 mg per ml, 1 ml Inj 30 mg per ml, 1 ml Inj 5 mg per ml, 1 ml Inj 15 mg per ml, 1 ml Cap long-acting 10 mg, 30 mg, 60 mg, 100 mg & 200 mg Tab immediate release 10 mg & 20 mg	Mayne Mayne Mayne Mayne m-Eslon Sevredol	2011 2009
Morphine tartrate	Inj 80 mg per ml, 1.5 ml & 5 ml	Mayne	2009
Nadolol	Tab 40 mg & 80 mg	Apo-Nadolol	2010
Naltrexone hydrochloride	Tab 50 mg	ReVia	2010
Naproxen	Tab 250 mg Tab 500 mg	Noflam 250 Noflam 500	2009

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Sole Subsidised Supply Products – cumulative to December 2008

Generic Name	Presentation	Brand Name	Expiry Date*
Naproxen sodium	Tab 275 mg	Sonaflam	2010
Neostigmine	Inj 2.5 mg per ml, 1 ml	AstraZeneca	2010
Nevirapine	Oral suspension 10 mg per ml	Viramune Suspension	2009
Nicotinic acid	Tab 50 mg & 500 mg	Apo-Nicotinic Acid	2009
Nifedipine	Tab long-acting 20 mg	Nyefax Retard	2009
Norethisterone	Tab 5 mg Tab 350 µg	Primolut N Noriday 28	2011 2009
Nystatin	Cap 500,000 u Tab 500,000 u Vaginal crm 100,000 u per 5 g with applicators	Nilstat Nilstat Nilstat	2010 2009
Ondansetron	Tab 4 mg & 8 mg Tab disp 4 mg & 8 mg	Zofran Zofran Zydis	2010
Oxybutynin	Tab 5 mg Oral liq 5 mg per 5 ml	Apo-Oxybutynin Apo-Oxybutynin	2010
Oxycodone hydrochloride	Inj 10 mg per ml, 1 ml and 2 ml Oral liq 5 mg per 5 ml	OxyNorm OxyNorm	2010
Oxytocin	Inj 5 iu per ml, 1 ml Inj 10 iu per ml, 1 ml Inj 5 iu with ergometrine maleate 500 µg per ml, 1 ml	Syntocinon Syntocinon Syntometrine	2009
Pamidronate disodium	Inj 3 mg per ml, 5 ml Inj 3 mg per ml, 10 ml Inj 6 mg per ml, 10 ml	Pamisol Pamisol Pamisol	2011
Pantoprazole	Tab 20 mg Tab 40 mg	Dr Reddy's Pantoprazole Dr Reddy's Pantoprazole	2010
Paracetamol	Oral liq 120 mg per 5 ml Oral liq 250 mg per 5 ml	Paracare Junior Paracare Double Strength	2011
Paraffin liquid with soft white paraffin	Eye oint with soft white paraffin	Lacri-Lube	2010
Paroxetine hydrochloride	Tab 20 mg	Loxamine	2010
Pergolide	Tab 0.25 mg Tab 1 mg	Permax Permax	2011
Perhexiline maleate	Tab 100 mg	Pexsig	2009
Phenoxymethylpenicillin (Penicillin V)	Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml Cap potassium salt 250 mg Cap potassium salt 500 mg	AFT AFT Cilicaine VK Cilicaine VK	2010
Phenylephrine hydrochloride	Eye drops 0.12%	Prefrin	2010
Potassium chloride	Tab long-acting 600 mg	Span-K	2009

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Sole Subsidised Supply Products – cumulative to December 2008

Generic Name	Presentation	Brand Name	Expiry Date*
Prazosin hydrochloride	Tab 1 mg, 2 mg & 5 mg	Apo-Prazo	2010
Pregnancy tests - HCG urine	Cassette	MDS Quick Card	2009
Pyridoxine hydrochloride	Tab 50 mg	Apo-Pyridoxine	2009
Quinapril	Tab 5 mg; 10 mg & 20 mg	Accupril	2011
Quinapril with hydrochlorothiazide	Tab 10 mg with hydrochlorothiazide 12.5 mg	Accuretic 10	2011
	Tab 20 mg with hydrochlorothiazide 12.5 mg	Accuretic 20	
Quinine sulphate	Tab 200 mg	Q 200	2009
	Tab 300 mg	Q 300	
Ranitidine hydrochloride	Oral liq 150 mg per 10 ml	Peptisoothe	2010
Rifabutin	Cap 150 mg	Mycobutin	2010
Roxithromycin	Tab 150 mg & 300 mg	Arrow-Roxithromycin	2009
Salbutamol	Nebuliser soln 1 mg per ml, 2.5 ml	Asthalin	2009
		Asthalin	
	Oral liq 2 mg per 5 ml	Salapin	2010
Salbutamol with ipratropium bromide	Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg	Duolin	2009
Selegiline hydrochloride	Tab 5 mg	Apo-Selegiline	2009
Sodium chloride	Inj 0.9%, 5 ml & 10 ml	AstraZeneca	2009
Sodium citro-tartrate	Grans eff 4 g sachets	Ural	2010
Sodium cromoglycate	Nasal spray 4%	Rex	2009
Sulphasalazine	Tab 500 mg	Salazopyrin	2009
	Tab EC 500 mg	Salazopyrin EN	
Syrup (pharmaceutical grade)	Liq	Midwest	2010
Terbinafine	Tab 250 mg	Apo-Terbinafine	2011
Testosterone cypionate	Inj long-acting 100 mg per ml, 10 ml	Depo-Testosterone	2011
Tetracosactrin	Inj 250 mcg	Synacthen	2011
	Inj 1 mg per ml, 1 ml	Synacthen Depot	
Timolol maleate	Eye drops 0.25%	Apo-Timop	2011
		Apo-Timop	
	Tab 10 mg	Apo-Timol	2009
Thiamine hydrochloride	Tab 50 mg	Apo-Thiamine	2009
Triamcinolone acetonide	0.1% in Dental Paste USP	Oracort	2011
Triamcinolone acetonide with gramicidin, neomycin and nystatin	Ear drops 1 mg with nystatin 100,000 u, neomycin sulphate 2.5 mg and gramicidin 250 mcg per g	Kenacomb	2009
Ursodeoxycholic acid	Cap 300 mg	Actigall	2011

*Expiry date of the Sole Subsidised Supply period is 30 June of the year indicated.

Sole Subsidised Supply Products – cumulative to December 2008

Generic Name	Presentation	Brand Name	Expiry Date*
Vincristine sulphate	Inj 1 mg per ml, 1 ml Inj 1 mg per ml, 2 ml	Mayne Mayne	2009
Vitamins	Tab (BPC cap strength)	Healtheries	2009
Vitamin B complex	Tab, strong, BPC	Apo-B-Complex	2009
Water	Purified for injection 20 ml	Multichem	2009
Zinc and castor oil	Ointment BP	PSM	2011

December changes in bold type.

*Expiry date of the Sole Subsidised Supply period is 30 June of the year indicated.

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings

Effective 1 December 2008

53	DOXAZOSIN MESYLATE * Tab 4 mg	30.26	500	✓ Apo-Doxazosin
56	ATENOLOL * Tab 50 mg	0.39	30	✓ Noten S29
58	AMLODIPINE * Tab 5 mg	7.33	100	✓ Apo-Amlodipine
	* Tab 10 mg	11.79	100	✓ Apo-Amlodipine
60	ADRENALINE Inj 1 in 1,000, 1ml – Up to 5 inj available on a PSO	4.98	5	✓ Aspen Adrenaline
97	EFAVIRENZ –Special Authority see SA0779 – Hospital Pharmacy [HP1] Tab 50 mg	158.33	30	✓ Stocrin
	Tab 200 mg	474.99	90	✓ Stocrin
107	PARACETAMOL * Tab 500 mg	9.60	1000	✓ Pharmicare
112	CARBAMAZEPINE * Tab 200 mg	14.53	100	✓ Tegretol
119	AMISULPRIDE Tab 100 mg	22.52	30	✓ Solian
	Tab 200 mg	97.03	60	✓ Solian
	Tab 400 mg	185.44	60	✓ Solian
	Oral liquid 100 mg per ml	55.44	60 ml	✓ Solian
133	ANAGRELIDE HYDROCHLORIDE – PCT only – Specialist – Special Authority see SA0879 Cap 0.5 mg	CBS	100	✓ Teva S29
139	ANASTROZOLE-DP Tab 1 mg – Subsidy by endorsement.....	29.50	30	✓ DP-Anastrozole
	Subsidised only for patients with hormone receptor positive advanced breast cancer and the prescription is endorsed accordingly			
147	CETIRIZINE HYDROCHLORIDE * Tab 10 mg	2.21	100	✓ Zetop
	*‡ Oral liquid 1 mg per ml	3.50	200 ml	✓ Cetirizine-AFT

Effective 1 November 2008

29	INSULIN LISPRO WITH INSULIN LISPRO PROTAMINE ▲ Inj lispro 25% with insulin lispro protamine 75%, 100 u per ml, 3 ml	52.15	5	✓ Humalog Mix 25
	▲ Inj lispro 50% with insulin lispro protamine 50%, 100 u per ml, 3 ml	52.15	5	✓ Humalog Mix 50
53	DOXAZOSIN MESYLATE * Tab 2 mg	22.85	500	✓ Apo-Doxazosin

▲ 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
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New Listings - effective 1 November 2008 (continued)

66	AQUEOUS CREAM * Crm.....	2.28	500 g	✓AFT
76	CLOTRIMAZOLE * Vaginal crm 2% with applicators	2.75	20 g OP	✓Clomazol
82	OESTRADIOL VALERATE – See prescribing guideline * Tab 2 mg	8.24	56	✓Progynova
84	THYROXINE * Tab 50 µg	1.71	28	✓Goldshield
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
	* Tab 100 µg.....	1.78	28	✓Goldshield
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
91	AMOXYCILLIN Drops 100 mg per 1 ml	4.00	30 ml OP	✓Ospamox
	Inj 250 mg	12.42	10	✓Ibiamox
	Inj 500 mg	14.24	10	✓Ibiamox
	Inj 1 g – Up to 5 inj available on a PSO.....	21.62	10	✓Ibiamox
92	CIPROFLOXACIN Tab 250 mg – Up to 5 tab available on a PSO	3.35	30	✓Rex Medical
	Tab 500 mg – Up to 5 tab available on a PSO	4.90	30	✓Rex Medical
	Tab 750 mg – Retail pharmacy-Specialist	7.54	30	✓Rex Medical
110	CITALOPRAM HYDROBROMIDE * Tab 20 mg	3.78	84	✓Arrow-Citalopram
130	CARBOPLATIN – PCT only – Specialist Inj 1 mg for ECP	0.13	1 mg	✓Biomed
130	CARMUSTINE – PCT only – Specialist Inj 100 mg for ECP	204.13	100 mg OP	✓Biomed
130	CYCLOPHOSPHAMIDE Inj 1 mg for ECP – PCT only – Specialist	0.02	1 mg	✓Biomed
130	CISPLATIN – PCT only – Specialist Inj 1 mg for ECP	0.46	1 mg	✓Biomed
130	IFOSFAMIDE – PCT only – Specialist Inj 1 mg for ECP	0.09	1 mg	✓Biomed
130	OXALIPLATIN – PCT only – Specialist – Special Authority see SA0900 Inj 1 mg for ECP	8.74	1 mg	✓Biomed
131	CALCIUM FOLINATE Inj 1 mg for ECP – PCT only – Specialist	0.10	1 mg	✓Biomed
132	CLADRIBINE – PCT only – Specialist Inj 10 mg for ECP	749.96	10 mg OP	✓Biomed

Patients pay a manufacturer's surcharge when
the Manufacturer's Price is greater than the Subsidy

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

Check your Schedule for full details
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New Listings - effective 1 November 2008 (continued)

132	CYTARABINE Inj 1 mg for ECP – PCT only – Specialist	0.03	1 mg	✓ Biomed
	Inj 100 mg intrathecal syringe for ECP – PCT only – Specialist	16.00	100 mg OP	✓ Biomed
132	FLUDARABINE PHOSPHATE – PCT only – Specialist Inj 50 mg for ECP	299.25	50 mg OP	✓ Biomed
132	FLUOROURACIL SODIUM Inj 1 mg for ECP – PCT only – Specialist	0.01	1 mg	✓ Biomed
132	GEMCITABINE HYDROCHLORIDE – PCT only – Specialist – Special Authority see SA0877 Inj 1 mg for ECP	0.38	1 mg	✓ Biomed
132	IRINOTECAN – PCT only – Specialist – Special Authority see SA0878 Inj 1 mg for ECP	3.19	1 mg	✓ Biomed
133	METHOTREXATE * Inj 1 mg for ECP – PCT only – Specialist	0.10	1 mg	✓ Biomed
	* Inj 5 mg intrathecal syringe for ECP – PCT only – Specialist	4.73	5 mg OP	✓ Biomed
134	BLEOMYCIN SULPHATE – PCT only – Specialist Inj 1,000 iu for ECP	5.26	1,000 iu	✓ Biomed
134	COLASPASE (L-ASPARAGINASE) – PCT only – Specialist Inj 10,000 iu for ECP	102.32	10,000 iu OP	✓ Biomed
134	DACARBAZINE – PCT only – Specialist Inj 200 mg for ECP	43.86	200 mg OP	✓ Biomed
134	DACTINOMYCIN (ACTINOMYCIN D) – PCT only – Specialist Inj 0.5 mg for ECP	13.52	0.5 mg OP	✓ Biomed
134	DAUNORUBICIN – PCT only – Specialist Inj 20 mg for ECP	99.00	20 mg OP	✓ Biomed
134	DOCETAXEL – PCT only – Specialist – Special Authority see SA0880 Inj 1 mg for ECP	23.81	1 mg	✓ Biomed
135	DOXORUBICIN – PCT only – Specialist Inj 1 mg for ECP	0.87	1 mg	✓ Biomed
135	EPIRUBICIN – PCT only – Specialist Inj 1 mg for ECP	2.74	1 mg	✓ Biomed
135	ETOPOSIDE Inj 1 mg for ECP – PCT only – Specialist	0.30	1 mg	✓ Biomed
135	ETOPOSIDE PHOSPHATE – PCT only – Specialist Inj 1 mg (of etoposide base) for ECP	0.47	1 mg	✓ Biomed

▲ 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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New Listings - effective 1 November 2008 (continued)

135	IDARUBICIN HYDROCHLORIDE – PCT only – Specialist Inj 1 mg for ECP	37.74	1 mg	✓ Biomed
136	MESNA – PCT only – Specialist Inj 1 mg for ECP	0.02	1 mg	✓ Biomed
136	MITOMYCIN C – PCT only – Specialist Inj 1 mg for ECP	11.85	1 mg	✓ Biomed
136	MITOZANTRONE – PCT only – Specialist Inj 1 mg for ECP	12.43	1 mg	✓ Biomed
136	PACLITAXEL – PCT only – Specialist Inj 1 mg for ECP	1.32	1 mg	✓ Biomed
136	TENIPOSIDE – PCT only – Specialist Inj 50 mg for ECP	84.51	50 mg OP	✓ Biomed
137	VINBLASTINE SULPHATE Inj 1 mg for ECP – PCT only – Specialist	3.05	1 mg	✓ Biomed
137	VINCISTINE SULPHATE Inj 1 mg for ECP – PCT only – Specialist	21.46	1 mg	✓ Biomed
137	VINORELBINE – PCT only – Specialist – Special Authority see SA0901 Inj 1 mg for ECP	4.75	1 mg	✓ Biomed
139	BICALUTAMIDE – Special Authority see SA0941 below Tab 50 mg	27.10	30	✓ Bicalox
<p>▶ SA0941 Special Authority for Subsidy Initial application from any medical practitioner. Approvals valid without further renewal unless notified where the patient has advanced prostate cancer.</p>				
139	OCTREOTIDE (SOMATOSTATIN ANALOGUE) – Special Authority see SA0563 – Hospital pharmacy [HP3] Inj 50 µg per ml, 1 ml	25.65	5	✓ Hospira
	Inj 100 µg per ml, 1 ml	48.50	5	✓ Hospira
	Inj 500 µg per ml, 1 ml	175.00	5	✓ Hospira
144	RITUXIMAB – PCT only – Specialist – Special Authority see SA0884 See prescribing guideline Inj 1 mg for ECP	6.27	1 mg	✓ Biomed
144	TRASTUZUMAB – PCT only – Specialist – Special Authority see SA0885 See prescribing guideline Inj 1 mg for ECP	9.36	1 mg	✓ Biomed

New Listings - effective 1 November 2008 (continued)

153	SPACER DEVICE a) Maximum of 20 dev per WSO b) Only on a WSO c) 1) Spacer devices also available to paediatricians employed by a DHB on a wholesale supply order signed by the paediatrician. Limited to one pack of 20 per order. Orders via a hospital pharmacy. 2) Only available for children aged six years and under. 3) For Space Chamber and Foremount Child's Silicone Mask wholesale supply order must indicate clearly if either the spacer device, the mask, or both are required. 4) Distributed by Airflow Products. Forward orders to: Airflow Products Telephone: 04 499 1240 or 0800 AIR FLOW PO Box 1485, Wellington Facsimile: 04 499 1245 or 0800 323 270 230 ml (single patient)	8.38	1	✓ Space Chamber
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Effective 1 October 2008

50	SIMVASTATIN - see prescribing guidelines on the preceding page * Tab 80 mg	3.18	30	✓ SimvaRex
77	FINASTERIDE Special Authority see SA0928 – Retail Pharmacy Tab 5 mg	19.20	30	✓ Fintral
	▶ SA0928 Special Authority for Subsidy Initial application from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria: Both: 1 Patient has symptomatic benign prostatic hyperplasia; and 2 Either: 2.1 The patient is intolerant of non-selective alpha blockers or these are contraindicated; or 2.2 Symptoms are not adequately controlled with non-selective alpha blockers Note: patients with enlarged prostates are the appropriate candidates for therapy with finasteride.			
89	CEFAZOLIN SODIUM – Hospital Pharmacy [HP3] – Subsidy by endorsement Only if prescribed for dialysis or cystic fibrosis patients and the prescription is endorsed accordingly. Inj 500 mg	5.00	5	✓ Hospira
	Inj 1 g	8.00	5	✓ Hospira
92	FLUCLOXACILLIN SODIUM Inj 250 mg	9.00	10	✓ Flucloxin
	Inj 500 mg	10.40	10	✓ Flucloxin
	Inj 1 g – Up to 5 inj available on a PSO.....	14.00	10	✓ Flucloxin
119	CLOZAPINE – Hospital pharmacy [HP4] – Specialist prescription Tab 25 mg	35.20	100	✓ Clopine
	Tab 50 mg	45.60	100	✓ Clopine
	Tab 100 mg	91.20	100	✓ Clopine
	Tab 200 mg	145.92	100	✓ Clopine
120	RISPERIDONE Tab 0.5 mg	15.60	60	✓ Ridal

▲ 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
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New Listings - effective 1 October 2008 (continued)

173	PAEDIATRIC ORAL FEED 1KCAL/ML – Special Authority see SA0896 – Hospital Pharmacy [HP3]			
	Liquid (strawberry)	1.07	200 ml OP	✓ Pediasure
	Liquid (chocolate)	1.07	200 ml OP	✓ Pediasure
176	ADULT PRODUCTS STANDARD			
	ENTERAL FEED 1KCAL/ML – Special Authority see SA0702 – Hospital pharmacy [HP3]			
	Liquid	1.24	250 ml OP	✓ Isosource HN – Unflavoured
		5.29	1000 ml OP	✓ Isosource HN – Unflavoured
177	ENTERAL FEED WITH FIBRE 1KCAL/ML – Special Authority see SA0702 – Hospital pharmacy [HP3]			
	Liquid	1.24	250 ml OP	✓ Fibersource HN – Unflavoured
		5.29	1,000 ml OP	✓ Fibersource HN – Unflavoured
182	PHENYL FREE PASTA – Special Authority see SA0733 – Hospital Pharmacy [HP3]			
	Animal shapes.....	10.65	500 g OP	
		(11.91)		Loprofin
	Lasagne	5.32	250 g OP	
		(5.99)		Loprofin
	Penne.....	10.65	500g OP	
		(11.91)		Loprofin
	Macaroni.....	5.32	250 g OP	
		(5.95)		Loprofin
182	AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA0733 – Hospital Pharmacy [HP3]			
	Liquid (berry)	15.65	62.5 ml OP	✓ Lophlex LQ
	Liquid (berry)	31.20	125 ml OP	✓ Lophlex LQ
	Liquid (citrus).....	15.65	62.5 ml OP	✓ Lophlex LQ
	Liquid (citrus).....	31.20	125 ml OP	✓ Lophlex LQ
	Liquid (orange).....	15.65	62.5 ml OP	✓ Lophlex LQ
	Liquid (orange).....	31.20	125 ml OP	✓ Lophlex LQ

Effective 1 September 2008

29	INSULIN GLARGINE – Special Authority see SA0834 – Retail pharmacy			
	▲ Inj 100 iu per ml, 3 ml disposable pen	94.50	5	✓ Lantus SoloStar
43	ERYTHROPOIETIN ALPHA – Special Authority SA0922 – Hospital pharmacy [HP3]			
	Inj human recombinant 5,000 iu, pre-filled syringe	243.26	6	✓ Eprex
	Inj human recombinant 6,000 iu, pre-filled syringe	291.92	6	✓ Eprex
45	CLOPIDOGREL – Special Authority see SA0867 – Retail pharmacy			
	Tab 75 mg	35.00	28	✓ Apo-Clopidogrel
55	LOSARTAN – Special Authority see SA0911 – Retail pharmacy			
	* Tab 25 mg	21.76	30	✓ Cozaar

Patients pay a manufacturer's surcharge when the Manufacturer's Price is greater than the Subsidy

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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New Listings - effective 1 September 2008 (continued)

56	ATENOLOL			
	* Tab 50 mg	6.50	500	✓ Pacific Atenolol
	* Tab 100 mg	11.30	500	✓ Pacific Atenolol

61	NICOTINE – Only on a Quitcard			
	Lozenge 1 mg	11.08	36	✓ Habitrol
	Lozenge 2 mg	11.08	36	✓ Habitrol

70	IMIQUIMOD – Special Authority see SA0923 – Retail pharmacy			
	Crn 5 %	110.40	12 sachets	✓ Aldara

➔ SA0923 Special Authority for Subsidy

Initial application from any relevant practitioner. Approvals valid for 4 months for

Applications meeting the following criteria:

Either:

- 1 The patient has external anogenital warts and podophylotoxin has been tried and failed (or is contraindicated); or
- 2 The patient has external anogenital warts and podophylotoxin is unable to be applied accurately to the site; or
- 3 The patient has confirmed superficial basal cell carcinoma where other standard treatments, including surgical excision, are contraindicated or inappropriate.

Note

Superficial basal cell carcinoma

Surgical excision remains first-line treatment for superficial basal cell carcinoma as it has a higher cure rate than imiquimod and allows histological assessment of tumour clearance.

Imiquimod has not been evaluated for the treatment of superficial basal cell carcinoma within 1 cm of the hairline, eyes, nose, mouth or ears.

Imiquimod is not indicated for recurrent, invasive, infiltrating, or nodular basal cell carcinoma.

External anogenital warts

Imiquimod is only indicated for external genital and perianal warts (condyloma acuminata).

Renewal from any relevant practitioner. Approvals valid for 4 months for applications meeting the following criteria:

Any of the following:

- 1 Inadequate response to initial treatment for anogenital warts; or
- 2 New confirmed superficial basal cell carcinoma where other standard treatments, including surgical excision, are contraindicated or inappropriate; or
- 3 Inadequate response to initial treatment for superficial basal cell carcinoma.

Note

Confirmation that the lesion is a superficial basal cell carcinoma should be obtained using a biopsy.

109	AMITRIPTYLINE			
	Tab 10 mg	2.77	50	✓ Amirol

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

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New Listings - effective 1 September 2008 (continued)

128	METHYLPHENIDATE HYDROCHLORIDE EXTENDED-RELEASE – Special Authority SA0924 – Retail Pharmacy Only on a controlled drug form			
	Tab extended-release 18 mg.....	58.96	30	✓ Concerta
	Tab extended-release 27 mg.....	65.44	30	✓ Concerta
	Tab extended-release 36 mg.....	71.93	30	✓ Concerta
	Tab extended-release 54 mg.....	86.24	30	✓ Concerta

► SA0924 Special Authority for Subsidy

Initial application only from a paediatrician, psychiatrist or any other medical practitioner on the recommendation of a relevant specialist.

Approvals valid for 24 months for applications meeting the following criteria:

All of the following:

- 1 ADHD (Attention Deficit and Hyperactivity Disorder); and
- 2 Diagnosed according to DSM-IV or ICD 10 criteria; and
- 3 Either:
 - 3.1 Applicant is a paediatrician or psychiatrist; or
 - 3.2 Both
 - 3.2.1 Applicant is a medical practitioner and confirms that a relevant specialist has been consulted within the last 2 years and has recommended treatment for the patient; and
 - 3.2.2 Provide name of the recommending specialist; and
- 4 Either:
 - 4.1 Patient is taking a currently subsidised formulation of methylphenidate hydrochloride (immediate-release or sustained-release) which has not been effective due to significant administration and/or compliance difficulties; or
 - 4.2 There is significant concern regarding the risk of diversion or abuse of immediate-release methylphenidate hydrochloride.

Renewal only from a paediatrician, psychiatrist or any other medical practitioner on the recommendation of a relevant specialist. Approvals valid for 24 months for applications meeting the following criteria:

Both:

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

Effective 1 August 2008

75	MEDROXYPROGESTERONE ACETATE * Inj 150 mg per ml, 1ml – Up to 5 inj available on a PSO	8.05	1	✓ Depo-Provera
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Changes to Restrictions

Effective 1 December 2008

25	DIPHENOXYLATE HYDROCHLORIDE WITH ATROPINE SULPHATE * Tab 2.5 mg with atropine sulphate 25 µg	3.90	100	✓ Diastop \$29
70	FLUOROURACIL SODIUM —Retail pharmacy-Specialist Crm 5%	26.49	20 g OP	✓ Efudix
92	CLINDAMYCIN Cap hydrochloride 150 mg – Maximum of 34 cap per prescription; can be waived by endorsement – Retail pharmacy-specialist	11.39	16	✓ Dalacin C
139	ANASTROZOLE Tab 1 mg – Higher subsidy of \$240.00 per 30 with Special Authority see SA0942 0810 below	146.46 (240.00)	30	Arimidex

▶ SA0942 0810 Special Authority for Alternate Subsidy

Initial application - **New Patients** - only from a relevant specialist. Approvals valid for 5 years for applications meeting the following criteria:

All of the following:

- 1 Patient is a postmenopausal woman; and
- 2 Patient has hormone receptor positive early breast cancer; and
- 3 **Either:**
 - 3.1 The cancer is advanced (Stage IIIb, or metastatic Stage IV); or
 - 3.12 The patient has a very clear history of intolerance to tamoxifen; or
 - 3.23 The use of tamoxifen is contraindicated due to a history of thromboembolic disease.

Initial application – Patient has had a Special Authority approval for anastrozole prior to 1 December 2008 – only from a relevant specialist. Approval valid without further renewal unless notified where the treatment remains appropriate and the patient is benefiting from treatment.

Renewal - only from a relevant specialist. Approvals valid without further renewal unless notified where the treatment remains appropriate and the patient is benefiting from treatment.

Note: If the patient had an approval for anastrozole prior to 1 December 2008 the applicant is required to submit a fresh initial application in the first instance, not a renewal application. Please phone Ministry of Health Sector Services on 0800 243 666 for clarification if needed.

139	LETROZOLE Tab 2.5 mg – Higher subsidy of \$200.00 per 30 with Special Authority see SA0943 0811 below	146.46 (200.00)	30	Femara
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▶ SA0943 0811 Special Authority for Alternate Subsidy

Initial application - **New Patients** - only from a relevant specialist. Approvals valid for 5 years for applications meeting the following criteria:

All of the following:

- 1 Patient is a postmenopausal woman; and
- 2 Patient has hormone receptor positive **early** breast cancer; and
- 3 **Either:**
 - 3.1 The cancer is advanced (Stage IIIb, or metastatic Stage IV); or
 - 3.12 The patient has a very clear history of intolerance to tamoxifen; or
 - 3.23 The use of tamoxifen is contraindicated due to a history of thromboembolic disease.

continued...

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

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Changes to Restrictions - effective 1 December 2008 (continued)

continued...

Initial application – Patient has had a Special Authority approval for letrozole prior to 1 December 2008 – only from a relevant specialist. Approval valid without further renewal unless notified where the treatment remains appropriate and the patient is benefiting from treatment.

Renewal – only from a relevant specialist. Approvals valid without further renewal unless notified where the treatment remains appropriate and the patient is benefiting from treatment.

Note: If the patient had an approval for letrozole prior to 1 December 2008 the applicant is required to submit a fresh initial application in the first instance, not a renewal application. Please phone Ministry of Health Sector Services on 0800 243 666 for clarification if needed.

Effective 1 November 2008

44	FOLIC ACID Oral liq 50 µg per ml – Retail pharmacy – Specialist 21.05 Specialist must be a paediatrician or paediatric cardiologist.	25 ml OP	✓ Biomed
46	DIPYRIDAMOLE * Tab 25 mg – Additional subsidy by Special Authority see SA0930 0648 below – Retail pharmacy 0.16 (8.36) * Tab long-acting 150 mg – Special Authority see SA0929 0649 below – Retail pharmacy 11.52	84 60	Persantin ✓ Pytazen SR
	<p>▶ SA0930 0648 Special Authority for Manufacturers Price Initial application — (Conditions other than transient ischaemic episodes) from any relevant practitioner only from a cardiothoracic surgeon, cardiologist or general physician. Approvals valid without further renewal unless notified for applications meeting the following criteria: Either: 1 Patients with prosthetic heart valves – as an adjunct to oral anticoagulation for prophylaxis of thromboembolism; or 2 Patients after coronary artery vein bypass graft – as an adjunct to aspirin or as monotherapy for patients who are aspirin intolerant. Note: Aspirin intolerant patients are defined as those with aspirin induced asthma, urticaria, or anaphylaxi, or those with significant aspirin induced bleeding, excluding bruising. Initial application — (Transient ischaemic episodes) from any relevant practitioner only from a neurologist, neuro surgeon, cardiologist, vascular surgeon or general physician. Approvals valid without further renewal unless notified where the patient continues to have transient ischaemic episodes despite aspirin therapy or has transient ischaemic episodes and is aspirin intolerant. Note: Aspirin intolerant patients are defined as those with aspirin induced asthma, urticaria, or anaphylaxi, or those with significant aspirin induced bleeding, excluding bruising. Renewal — (Existing 2 year approvals) from any relevant practitioner only from a general practitioner or relevant specialist. Approvals valid without further renewal unless notified where the treatment remains appropriate and the patient is benefiting from treatment.</p>		
	<p>▶ SA0929 0649 Special Authority for Subsidy Initial application — (Conditions other than transient ischaemic episodes) from any relevant practitioner only from a cardiothoracic surgeon, cardiologist or general physician. Approvals valid without further renewal unless notified for applications meeting the following criteria: Either: 1 Patients with prosthetic heart valves – as an adjunct to oral anticoagulation for prophylaxis of thromboembolism; or 2 Patients after coronary artery vein bypass graft – as an adjunct to aspirin or as monotherapy for patients who are aspirin intolerant.</p>		

continued...

Patients pay a manufacturer's surcharge when the Manufacturer's Price is greater than the Subsidy

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

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Changes to Restrictions - effective 1 November 2008 (continued)

continued...

Note: Aspirin intolerant patients are defined as those with aspirin induced asthma, urticaria, or anaphylaxi, or those with significant aspirin induced bleeding, excluding bruising.

Initial application — (Transient ischaemic episodes) **from any relevant practitioner only from a neurologist, neurosurgeon, cardiologist, vascular surgeon or general physician.** Approvals valid without further renewal unless notified where the patient continues to have transient ischaemic episodes despite aspirin therapy or has transient ischaemic episodes and is aspirin intolerant.

Note: Aspirin intolerant patients are defined as those with aspirin induced asthma, urticaria, or anaphylaxi, or those with significant aspirin induced bleeding, excluding bruising.

Renewal — (Existing 2 year approvals) **from any relevant practitioner only from a general practitioner or relevant specialist.** Approvals valid without further renewal unless notified where the treatment remains appropriate and the patient is benefiting from treatment.

47	HEPARIN SODIUM Inj 25,000 iu per ml, 0.2 ml —Hospital pharmacy [HP3]- Specialist	9.50	5	✓ Mayne
48	CALCIUM POLYSTYRENE SULPHONATE —Retail pharmacy-Specialist Powder	169.85	300 g OP	✓ Calcium Resonium
48	POTASSIUM BICARBONATE —Retail pharmacy-Specialist Tab eff 315 mg with sodium acid phosphate 1.937 g and sodium bicarbonate 350 mg - for phosphate supplementation	75.00	100	✓ Phosphate-Sandoz
49	ACIPIMOX —Retail pharmacy-Specialist * Cap 250 mg	18.75	30	✓ Olbetam
49	SODIUM POLYSTYRENE SULPHONATE —Retail pharmacy-Specialist Powder	89.10	450 g OP	✓ Resonium-A
50	PRAVASTATIN — Special Authority see SA0932 0849 below — Retail pharmacy See prescribing guideline Tab 10 mg	27.46	30	✓ Pravachol
	Tab 20 mg	42.58	30	✓ Pravachol
	Tab 40 mg	65.31	30	✓ Pravachol
	▶ SA0932 0849 Special Authority for Subsidy			
	Initial application — (Confirmed HIV/AIDS) from any relevant practitioner only from a named specialist.			
	Approvals valid without further renewal unless notified for applications meeting the following criteria:			
	All of the following:			
	1 Patient has dyslipidaemia and an absolute 5 year cardiovascular risk of 15% or greater; and			
	2 Confirmed HIV infection; and			
	3 Patient is being treated with an HIV protease inhibitor.			
54	CANDESARTAN — Special Authority see SA0933 0862 below — Retail pharmacy * Tab 4 mg — No more than 1.5 tab per day	16.22	30	✓ Atacand
	* Tab 8 mg — No more than 1.5 tab per day	19.30	30	✓ Atacand
	* Tab 16 mg — No more than 1 tab per day	23.54	30	✓ Atacand
	* Tab 32 mg — No more than 1 tab per day	38.50	30	✓ Atacand
	▶ SA0933 0862 Special Authority for Subsidy			
	Initial application from any relevant practitioner only from a relevant specialist or general practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:			

continued...

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

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

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Changes to Restrictions - effective 1 November 2008 (continued)

continued...

Either:

1 Both:

1.1 Patient with congestive heart failure; and

1.2 Either:

1.2.1 Has been treated with, and cannot tolerate, two ACE inhibitors, due to persistent cough; or

1.2.2 Has experienced angioedema on an ACE inhibitor at any time in the past or who have experienced angioedema (even if not using an ACE inhibitor) in the last 2 years; or

2 All of the following:

2.1 Patient with raised blood pressure; and

2.2 Use of fully funded beta blockers or diuretics are contraindicated; or not well tolerated; or insufficient to control blood pressure adequately at appropriate doses; and

2.3 Either:

2.3.1 Has been treated with, and cannot tolerate, two ACE inhibitors, due to persistent cough; or

2.3.2 Has experienced angioedema on an ACE inhibitor at any time in the past or who have experienced angioedema (even if not using an ACE inhibitor) in the last 2 years.

56 MIDODRINE – Special Authority see **SA0934 0364** below – Hospital pharmacy [HP3]

Tab 2.5 mg 53.00 100 ✓ **Gutron**

Tab 5 mg 79.00 100 ✓ **Gutron**

➔ **SA0934 0364** Special Authority for Subsidy

Initial application **from any relevant practitioner only from a geriatrician, neurologist or general physician.**

Approvals valid for 2 years for applications meeting the following criteria:

All of the following:

1 Disabling orthostatic hypotension not due to drugs; and

2 Patient has tried fludrocortisone (unless contra-indicated) with unsatisfactory results; and

3 Patient has tried non pharmacological treatments such as support hose, increased salt intake, exercise, and elevation of head and trunk at night.

Notes: Treatment should be started with small doses and titrated upwards as necessary.

Hypertension should be avoided, and the usual target is a standing systolic blood pressure of 90 mm Hg.

Renewal **from any relevant practitioner only from a geriatrician, neurologist or general physician.** Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.

59 AMILORIDE

‡ Oral liq 1 mg per ml – Retail pharmacy – Specialist 26.20 25 ml OP ✓ **Biomed**

~~Specialist must be a paediatrician or paediatric cardiologist.~~

59 FRUSEMIDE

* Tab 500 mg – Retail pharmacy – Specialist 12.00 100 ✓ **Diurin 500**

* Infusion 10 mg per ml, 25 ml – Retail pharmacy – Specialist 48.14 5 ✓ **Lasix**

60 CHLOROTHIAZIDE

‡ Oral liq 50 mg per ml – Retail pharmacy – Specialist 22.60 25 ml OP ✓ **Biomed**

~~Specialist must be a paediatrician or paediatric cardiologist.~~

60 SPIRONOLACTONE

‡ Oral liq 5 mg per ml – Retail pharmacy – Specialist 26.80 25 ml OP ✓ **Biomed**

~~Specialist must be a paediatrician or paediatric cardiologist.~~

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Changes to Restrictions - effective 1 November 2008 (continued)

102	LEFLUNOMIDE — Special Authority see SA0635 — Retail pharmacy			
	Tab 10 mg	55.00	30	✓ AFT-Leflunomide
		79.27		✓ Arava
	Tab 20 mg	76.00	30	✓ AFT-Leflunomide
		108.60		✓ Arava
	Tab 100 mg	54.44	3	✓ Arava
	<p>▶ SA0635 Special Authority for Subsidy Initial application only from a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria: All of the following: 1—Rheumatoid arthritis; and 2—Patient is not a pregnant woman, or a woman of child-bearing age without adequate contraception; and 3—Patient has been unable to tolerate or has a contraindication to or has had an inadequate response to sulphasalazine and methotrexate (individually or in combination). Renewal only from a rheumatologist. Approvals valid without further renewal unless notified for applications meeting the following criteria: Both: 1—Compliance (prescriber determined) with medication; and 2—Improved rheumatoid arthritis symptom control. Note: Patient should have full blood count and liver function tests regularly monitored.</p>			
107	FENTANYL — Special Authority see SA0935 0743 — Retail pharmacy			
	a) Only on a controlled drug form			
	b) No patient co-payment payable			
	Transdermal patch, matrix 25 µg per hour	55.23	5	✓ Durogesic
	Transdermal patch, matrix 50 µg per hour	100.52	5	✓ Durogesic
	Transdermal patch, matrix 75 µg per hour	139.18	5	✓ Durogesic
	Transdermal patch, matrix 100 µg per hour	171.22	5	✓ Durogesic
	<p>▶ SA0935 0743 Special Authority for Subsidy Initial application only from a relevant specialist from any relevant practitioner. Approvals valid for 3 months for applications meeting the following criteria: Both: 1 Patient is terminally ill and is opioid-responsive; and 2 Either: 2.1 is unable to take oral medication; or 2.2 is intolerant to morphine, or morphine is contraindicated. Renewal only from a relevant specialist or general practitioner from any relevant practitioner. Approvals valid for 3 months where the treatment remains appropriate and the patient is benefiting from treatment.</p>			
112	GABAPENTIN — Special Authority see SA0936 0873 — Retail pharmacy			
	▲ Tab 600 mg	79.79	100	✓ Neurontin
	▲ Cap 100 mg	13.26	100	✓ Nupentin
		15.67		✓ Neurontin
	▲ Cap 300 mg	39.76	100	✓ Nupentin
		47.00		✓ Neurontin
	▲ Cap 400 mg	53.01	100	✓ Nupentin
		62.66		✓ Neurontin
	<p>▶ SA0936 0873 Special Authority for Subsidy Initial application - (Epilepsy - new patients) from any relevant practitioner. Approvals valid for 15 months for applications meeting the following criteria: Either:</p>			

continued...

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

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

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Changes to Restrictions - effective 1 November 2008 (continued)

continued...

- 1 Seizures are not adequately controlled with optimal treatment with other antiepilepsy agents; or
- 2 Seizures are controlled adequately but the patient has experienced unacceptable side effects from optimal treatment with other antiepilepsy agents.

Note: "Optimal treatment with other antiepilepsy agents" is defined as treatment with other antiepilepsy agents which are indicated and clinically appropriate for the patient, given in adequate doses for the patient's age, weight, and other features affecting the pharmacokinetics of the drug with good evidence of compliance.

Initial application - (Epilepsy - patient has had an approval for gabapentin, lamotrigine, topiramate or vigabatrin for epilepsy prior to 1 August 2007) from any relevant practitioner. Approvals valid without further renewal unless notified where the patient has demonstrated a significant and sustained improvement in seizure rate or severity and/or quality of life from gabapentin, topiramate, vigabatrin and/or lamotrigine.

Note: As a guideline, clinical trials have referred to a notional 50% reduction in seizure frequency as an indicator of success with anticonvulsant therapy and have assessed quality of life from the patient's perspective.

Initial application - (Neuropathic pain - new patients) from any relevant practitioner. Approvals valid for 3 months where the patient has tried and failed, or has been unable to tolerate, treatment with a tricyclic antidepressant **AND an anticonvulsant agent.**

Initial application - (Neuropathic pain - patient has had an approval for gabapentin for neuropathic pain prior to 1 August 2007) from any relevant practitioner. Approvals valid for 2 years **for applications meeting the following criteria:**

Either

- 1 The patient has demonstrated a marked improvement in their control of pain (prescriber determined); or
- 2 **The patient has previously demonstrated clinical responsiveness to gabapentin and has now developed neuropathic pain in a new site.**

Renewal - (Epilepsy) from any relevant practitioner. Approvals valid without further renewal unless notified where the patient has demonstrated a significant and sustained improvement in seizure rate or severity and/or quality of life.

Notes: As a guideline, clinical trials have referred to a notional 50% reduction in seizure frequency as an indicator of success with anticonvulsant therapy and have assessed quality of life from the patient's perspective.

If the patient had an approval for gabapentin, lamotrigine, topiramate or vigabatrin for epilepsy prior to 1 August 2007 the applicant is required to submit a fresh initial application in the first instance, not a renewal application.

Renewal - (Neuropathic pain) from any relevant practitioner. Approvals valid for 2 years **for applications meeting the following criteria:**

Either

- 1 The patient has demonstrated a marked improvement in their control of pain (prescriber determined); or
- 2 **The patient has previously demonstrated clinical responsiveness to gabapentin and has now developed neuropathic pain in a new site.**

Note: If the patient had an approval for gabapentin for neuropathic pain prior to 1 August 2007 the applicant is required to submit a fresh initial application in the first instance, not a renewal application.

114 VIGABATRIN – Special Authority see **SA0937 0875** – Retail pharmacy
▲ Tab 500 mg 119.30 100 ✓ **Sabril**

▶ **SA0937 0875** Special Authority for Subsidy

Initial application - (new patients) from any relevant practitioner. Approvals valid for 15 months for applications meeting the following criteria:

Both:

1 Either:

- 1.1 **The patient has infantile spasms; or**
- 1.2 **Both**

‡1.2.1 The patient has epilepsy; and

‡1.2.2 **Either:**

- 2-1.2.2.1 Seizures are not adequately controlled with optimal treatment with other antiepilepsy agents; or

continued...

Changes to Restrictions - effective 1 November 2008 (continued)

continued...

2-21.2.2.2 Seizures are controlled adequately but the patient has experienced unacceptable side effects from optimal treatment with other antiepilepsy agents; and

32 Either:

3-12.1 Patient is, or will be, receiving regular automated visual field testing (ideally before starting therapy and on a 6-monthly basis thereafter); or

3-22.2 It is impractical or impossible (due to comorbid conditions) to monitor the patient's visual fields.

Notes: "Optimal treatment with other antiepilepsy agents" is defined as treatment with other antiepilepsy agents which are indicated and clinically appropriate for the patient, given in adequate doses for the patient's age, weight, and other features affecting the pharmacokinetics of the drug with good evidence of compliance. Vigabatrin is associated with a risk of irreversible visual field defects, which may be asymptomatic in the early stages.

Initial application - (patient has had an approval for gabapentin, lamotrigine, topiramate or vigabatrin for epilepsy prior to 1 August 2007) from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Both:

1 Patient has demonstrated a significant and sustained improvement in seizure rate or severity and/or quality of life from gabapentin, topiramate, vigabatrin and /or lamotrigine; and

2 Either:

2.1 Patient is receiving regular automated visual field testing (ideally every 6 months) on an ongoing basis for the duration of treatment with vigabatrin; or

2.2 It is impractical or impossible (due to comorbid conditions) to monitor the patient's visual fields.

Notes: As a guideline, clinical trials have referred to a notional 50% reduction in seizure frequency as an indicator of success with anticonvulsant therapy and have assessed quality of life from the patient's perspective.

Vigabatrin is associated with a risk of irreversible visual field defects, which may be asymptomatic in the early stages.

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

Both:

1 Patient has demonstrated a significant and sustained improvement in seizure rate or severity and/or quality of life; and

2 Either:

2.1 Patient is receiving regular automated visual field testing (ideally every 6 months) on an ongoing basis for the duration of treatment with vigabatrin; or

2.2 It is impractical or impossible (due to comorbid conditions) to monitor the patient's visual fields.

Notes: As a guideline, clinical trials have referred to a notional 50% reduction in seizure frequency as an indicator of success with anticonvulsant therapy and have assessed quality of life from the patient's perspective.

Vigabatrin is associated with a risk of irreversible visual field defects, which may be asymptomatic in the early stages.

If the patient had an approval for gabapentin, lamotrigine, topiramate or vigabatrin for epilepsy prior to 1 August 2007 the applicant is required to submit a fresh initial application in the first instance, not a renewal application.

116 BETAHISTINE DIHYDROCHLORIDE — ~~Retail pharmacy Specialist~~
* Tab 16 mg 7.56 84 ✓ **Vergo 16**

116 DOMPERIDONE – Additional subsidy by Special Authority see **SA0938 0435** – Retail pharmacy
* Tab 10 mg 3.90 100
(7.99) Motilium

▶ **SA0938 0435** Special Authority for Manufacturers Price

Initial application from any **relevant medical** practitioner. Approvals valid for 6 months where the patient is terminally ill and requires control of nausea and vomiting.

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

▲ 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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Changes to Restrictions - effective 1 November 2008 (continued)

116	HYOSCINE (SCOPOLAMINE) – Special Authority see SA0939 0727 – Hospital pharmacy [HP3] Patches, 1.5 mg	9.56 (12.40)	2	Scopoderm TTS
	<p>▶ SA0939 0727 Special Authority for Subsidy Initial application from any relevant medical practitioner. Approvals valid for 1 year for applications meeting the following criteria: All of the following: 1 Control of intractable nausea, vomiting, or inability to swallow saliva in the treatment of malignancy or chronic disease; and 2 Patient cannot tolerate or does not adequately respond to oral anti-nausea agents; and 3 The applicant must specify the underlying malignancy or chronic disease. Renewal from any relevant medical practitioner. Approvals valid for 1 year where the treatment remains appropriate and the patient is benefiting from treatment.</p>			
118	PERGOLIDE – Retail pharmacy – Specialist ▲ Tab 0.25 mg	48.00	100	✓ Permax
	▲ Tab 1 mg	170.00	100	✓ Permax
119	CLOZAPINE – Hospital pharmacy [HP4]– Specialist prescription Tab 25 mg	17.60	50	✓ Clopine ✓ Clozaril
		35.20	100	✓ Clopine
	Tab 50 mg	22.80	50	✓ Clopine
		45.60	100	✓ Clopine
	Tab 100 mg	45.60	50	✓ Clopine ✓ Clozaril
		91.20	100	✓ Clopine
	Tab 200 mg	72.96	50	✓ Clopine
		145.92	100	✓ Clopine
152	SPACER DEVICE a) Maximum of 20 dev per WSO b) Only on a WSO c)			
	1) Spacer devices also available to paediatricians employed by a DHB on a wholesale supply order signed by the paediatrician. Limited to one pack of 20 per order. Orders via a hospital pharmacy.			
	2) Only available for children aged six years and under.			
	3) For Space Chamber and Foremount Child's Silicone Mask wholesale supply order must indicate clearly if either the spacer device, the mask, or both are required.			
	4) Distributed by Airflow Products. Forward orders to: Airflow Products Telephone: 04 499 1240 or 0800 AIR FLOW PO Box 1485, Wellington Facsimile: 04 499 1245 or 0800 323 270			
	230 ml (autoclavable) – Subsidy by endorsement	11.60	1	✓ Space Chamber
	Available where the prescriber requires a spacer device that is capable of sterilisation in an autoclave and the WSO is endorsed accordingly			

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Changes to Restrictions - effective 1 October 2008

25	DIPHENOXYLATE HYDROCHLORIDE WITH ATROPINE SULPHATE * Tab 2.5 with atropine sulphate 25 mcg	3.90	100	✓ Diastop S29
108	METHADONE HYDROCHLORIDE a) Only on a controlled drug form b) No patient co-payment payable c) Extemporaneously compounded methadone will only be reimbursed at the rate of the cheapest form available (methadone powder, not methadone tablets). d) For methadone hydrochloride oral liquid refer, page 162 Inj 10 mg per ml, 1 ml	52.00	10	✓ AFT S29
120	RISPERIDONE Oral liquid 1 mg per ml	45.92	30 ml ΘP	✓ Risperdal
121	RISPERIDONE – Special Authority see SA0926 below – Retail pharmacy Subject to budgetary cap. Applications will be considered and approved subject to funding availability. Microspheres for injection 25 mg	175.00	1	✓ Risperdal Consta
	Microspheres for injection 37.5 mg	230.00	1	✓ Risperdal Consta
	Microspheres for injection 50 mg	280.00	1	✓ Risperdal Consta

Effective 1 September 2008

29	ACARBOSE - Special Authority see SA04900925 – Retail pharmacy * Tab 50 mg	22.00	90	✓ Glucobay
	* Tab 100 mg	31.00	90	✓ Glucobay
	▶ SA08740925 Special Authority for Subsidy Initial application only from a relevant practitioner specialist. Approvals valid for 2 years without renewal for applications meeting the following criteria: 1 The patient has type 2 diabetes; and 2 Either: 2.1 Metformin is not tolerated, or is contraindicated; or 2.2 The patient has not responded to the maximum appropriate dose of metformin. Any of the following:- 1 Requires but is not able to tolerate metformin therapy; or 2 Requires metformin but metformin is contraindicated; or 3 Has not responded to or tolerated the maximum appropriate dose of metformin. Renewal only from a relevant specialist. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.			
43	ERYTHROPOIETIN ALPHA – Special Authority see SA09220626 – Hospital pharmacy [HP3] ▶ SA0626 Special Authority for Subsidy Initial application only from a renal physician. Approvals valid for 2 years for applications meeting the following criteria: All of the following: General Criteria: 1 Anaemia of end-stage renal failure (other treatable causes of anaemia being excluded); and 2 Been on haemodialysis or continuous ambulatory peritoneal dialysis (CAPD) for at least three months; and 3 Not under evaluation for, or awaiting, a live donor kidney transplant; and 4 Any of the following: Specific Criteria: 4.1 Anephric; or 4.2 Dependent on regular blood transfusion (1 unit each 4-8 weeks) to maintain haemoglobin > 60g/L; or			

▲ 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

continued...

Changes to Restrictions - effective 1 September 2008 (continued)

continued...

- 4.3 Dependent on regular blood transfusion but cannot be transfused because of severe transfusion reactions; or
- 4.4 Transfusion induced haemosiderosis (clinical manifestations, serum ferritin > 1500 ug/L); or
- 4.5 Haemoglobin < 70 g/L (mean of at least 4 haemoglobin concentrations over 4 months); or
- 4.6 Both:
 - 4.6.1 Haemoglobin < 90 g/L; and
 - 4.6.2 Either:
 - 4.6.2.1 Heart failure (low cardiac output, LV ejection fraction < 40%); or
 - 4.6.2.2 Persistent angina—

Renewal only from a renal physician. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.

► SA0922 Special Authority for Subsidy

Initial application only from a relevant specialist. Approvals valid for 2 years for applications meeting the following criteria:

Both:

1 Both:

- 1.1 patient in chronic renal failure; and
- 1.2 Haemoglobin ≤ 100g/L; and

2 Any of the following:

2.1 Both:

- 2.1.1 patient is not diabetic; and
- 2.1.2 glomerular filtration rate ≤ 30ml/min; or

2.2 Both:

- 2.2.1 patient is diabetic; and
- 2.2.2 glomerular filtration rate ≤ 45ml/min; or

2.3 patient is on haemodialysis or peritoneal dialysis.

Renewal only from a relevant specialist. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.

Notes: Erythropoietin beta is indicated in the treatment of anaemia associated with chronic renal failure (CRF) where no cause for anaemia other than CRF is detected and there is adequate monitoring of iron stores and iron replacement therapy.

The Cockcroft-Gault Formula may be used to estimate glomerular filtration rate (GFR) in persons 18 years and over:

GFR (ml/min) (male) = (140 - age) × Ideal Body Weight (kg) / 814 × serum creatinine (mmol/l)

GFR (ml/min) (female) = Estimated GFR (male) × 0.85

84	GROWTH HORMONE BIOSYNTHETIC HUMAN – Special Authority see SA0755 (addition of stat dispensing)			
	* Cartridge 16 iu per vial.....	1,600.00	5	✓ Genotropin
	* Cartridge 36 iu per vial.....	3,600.00	5	✓ Genotropin
85	RECOMBINANT HUMAN GROWTH HORMONE – Special Authority see SA0755 (addition of stat dispensing)			
	* Inj 5 mg	300.00	1	✓ Norditropin SimpleXx 5mg
	* Inj 10 mg	600.00	1	✓ Norditropin SimpleXx 10mg
	* Inj 15 mg	900.00	1	✓ Norditropin SimpleXx 15mg

Changes to Restrictions - effective 1 September 2008 (continued)

114 TOPIRAMATE — Special Authority see SA0874 — Retail pharmacy

▶ SA0874 Special Authority for Subsidy

Initial application — (new patients) from any relevant practitioner. Approvals valid for 15 months for applications meeting the following criteria:

Both:

1 Patient has epilepsy; and

2 Either:

2.1 Seizures are not adequately controlled with optimal treatment with other antiepilepsy agents; or

2.2 Seizures are controlled adequately but the patient has experienced unacceptable side effects from optimal treatment with other antiepilepsy agents.

Note: "Optimal treatment with other antiepilepsy agents" is defined as treatment with other antiepilepsy agents which are indicated and clinically appropriate for the patient, given in adequate doses for the patient's age, weight, and other features affecting the pharmacokinetics of the drug with good evidence of compliance.

Initial application — (patient has had an approval for gabapentin, lamotrigine, topiramate or vigabatrin for epilepsy prior to 1 August 2007) from any relevant practitioner. Approvals valid without further renewal unless notified where the patient has demonstrated a significant and sustained improvement in seizure rate or severity and/or quality of life from gabapentin, topiramate, vigabatrin and/or lamotrigine.

Note: As a guideline, clinical trials have referred to a notional 50% reduction in seizure frequency as an indicator of success with anticonvulsant therapy and have assessed quality of life from the patient's perspective.

Renewal from any relevant practitioner. Approvals valid without further renewal unless notified where the patient has demonstrated a significant and sustained improvement in seizure rate or severity and/or quality of life.

Notes: As a guideline, clinical trials have referred to a notional 50% reduction in seizure frequency as an indicator of success with anticonvulsant therapy and have assessed quality of life from the patient's perspective.

If the patient had an approval for gabapentin, lamotrigine, topiramate or vigabatrin for epilepsy prior to 1 August 2007 the applicant is required to submit a fresh initial application in the first instance, not a renewal application.

120 RISPERIDONE — Retail Pharmacy — Specialist

Tab 0.5 mg	5.20	20	✓ Ridal
			✓ Risperdal
Tab 1 mg	30.77	60	✓ Ridal
			✓ Risperdal
Tab 2 mg	61.53	60	✓ Ridal
			✓ Risperdal
Tab 3 mg	92.32	60	✓ Ridal
			✓ Risperdal
Tab 4 mg	123.05	60	✓ Ridal
			✓ Risperdal
Oral liquid 1 mg per ml	45.92	30 ml OP	✓ Risperdal

121 RISPERIDONE — Special Authority see SA09260792 — Retail pharmacy

Subject to budgetary cap. Applications will be considered and approved subject to funding availability.

Microspheres for injection 25 mg.....	175.00	1	✓ Risperdal Consta
Microspheres for injection 37.5 mg.....	230.00	1	✓ Risperdal Consta
Microspheres for injection 50mg.....	280.00	1	✓ Risperdal Consta

▶ SA09260792 Special Authority for Subsidy

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

All of the following:

1 The patient has schizophrenia or other psychotic disorder; and

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

continued...

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

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

Changes to Restrictions - effective 1 September 2008 (continued)

continued...

3Has 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 ~~only from a psychiatrist~~ **from any relevant practitioner**. Approvals valid for 12 months for applications meeting the following criteria:

Either:

1 Both:

- 1.1 The patient has had less than 12 months treatment with risperidone microspheres; and
- 1.2 There is no clinical reason to discontinue treatment; or

2 The initiation of risperidone microspheres has been associated with fewer days of intensive intervention than was the case during a corresponding period of time prior to the initiation of risperidone microspheres.

Note: Risperidone microspheres 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 trialing risperidone microspheres.

122	RISPERIDONE – Special Authority see SA09270794 – Retail pharmacy		
	Orally-disintegrating tablets 0.5 mg.....	21.42	28 ✓ Risperdal Quicklet
	Orally-disintegrating tablets 1 mg.....	42.84	28 ✓ Risperdal Quicklet
	Orally-disintegrating tablets 2 mg.....	85.71	28 ✓ Risperdal Quicklet

▶ SA09270794 Special Authority for Subsidy

Initial application - (Acute situations) ~~only from a psychiatrist~~ **from any relevant practitioner**. Approvals valid for 6 weeks for applications meeting the following criteria:

Both:

- 1 For a non-adherent patient on oral therapy with standard risperidone tablets or risperidone oral liquid; and
- 2 The patient is under direct supervision for administration of medicine.

Initial application - (Chronic situations) ~~only from a psychiatrist~~ **from any relevant practitioner**. Approvals valid for 1 year for applications meeting the following criteria:

Both:

- 1 The patient is unable to take standard risperidone tablets or oral liquid, or once stabilized refuses to take risperidone tablets or oral liquid; and
- 2 The patient is under direct supervision for administration of medicine.

Renewal ~~only from a psychiatrist~~ **from any relevant practitioner**. Approvals valid for 1 year for applications meeting the following criteria:

Both:

- 1 The patient is unable to take standard risperidone tablets or oral liquid, or once stabilized refuses to take risperidone tablets or oral liquid; and
- 2 The patient is under direct supervision for administration of medicine.

Note: ~~Initial prescriptions to be written by psychiatrists and subsequent prescriptions can be written by psychiatric registrars or General Practitioners.~~

Risperdal Quicklets cost significantly more than risperidone tablets and should only be used where necessary.

127	METHYLPHENIDATE HYDROCHLORIDE – Special Authority see SA0908 – Retail Pharmacy		
	Only on a controlled drug form		
	Tab immediate-release 5 mg.....	3.20	30 ✓ Rubifen
	Tab immediate-release 10 mg.....	4.29	30 ✓ Rubifen
	Tab immediate-release 20 mg.....	7.85	30 ✓ Rubifen
	Tab long-acting sustained-release 20 mg.....	10.95	30 ✓ Rubifen SR

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 December 2008

43	ERYTHROPOIETIN BETA (↓ subsidy)			
	Inj 1,000 iu, pre-filled syringe	48.68	6	✓ Recormon
	Inj 2,000 iu, pre-filled syringe	120.18	6	✓ NeoRecormon
	Inj 3,000 iu, pre-filled syringe	166.87	6	✓ NeoRecormon
	Inj 4,000 iu, pre-filled syringe	193.13	6	✓ NeoRecormon
	Inj 5,000 iu, pre-filled syringe	243.26	6	✓ NeoRecormon
	Inj 6,000 iu, pre-filled syringe	291.29	6	✓ NeoRecormon
	Inj 10,000 iu, pre-filled syringe	395.18	6	✓ NeoRecormon
58	DILTIAZEM HYDROCHLORIDE (↑ subsidy)			
	* Tab 30 mg	4.60	100	✓ Dilzem
58	DILTIAZEM hydrochloride (↓ subsidy)			
	* Cap long-acting 120 mg (once per day)	4.72	30	✓ Cardizem CD
	* Cap long-acting 180 mg	7.08	30	✓ Cardizem CD
	* Cap long-acting 240 mg	9.44	30	✓ Cardizem CD
70	FLUOROURACIL SODIUM (↑ subsidy)			
	Crn 5%	26.49	20 g OP	✓ Efudix
89	CEFAZOLIN SODIUM – Hospital pharmacy [HP3] – Subsidy by endorsement (↓ subsidy)			
	Only if prescribed for dialysis or cystic fibrosis patient and the prescription is endorsed accordingly			
	Inj 500 mg	10.00	10	✓ m-Cefazolin
	Inj 1 g	16.00	10	✓ m-Cefazolin
92	FLUCLOXACILLIN SODIUM (↓ subsidy and price)			
	Inj 250 mg	4.50	5	
		(4.66)		Flucloxin
	Inj 500 mg	5.20	5	
		(5.45)		Flucloxin
	Inj 1 g - Up to 5 inj available on a PSO	7.00	5	
		(7.54)		Flucloxin
111	CLONAZEPAM (↑ subsidy)			
	Inj 1 mg per ml, 1 ml	19.00	5	✓ Rivotril
117	PROCHLORPERAZINE (↑ subsidy)			
	* Inj 12.5 mg per ml, 1 ml – Up to 5 inj available on a PSO	25.81	10	✓ Stemetil
	* Suppos 25 mg	23.87	5	✓ Stemetil

Effective 1 November 2008

47	HEPARIN SODIUM (↑ subsidy)			
	Inj 5,000 iu per ml, 5 ml	37.45	10	✓ Multiparin
	Inj 25,000 iu per ml, 0.2 ml	9.50	5	✓ Mayne
54	QUINAPRIL (↓ subsidy)			
	* Tab 5 mg	1.60	30	✓ Accupril
	* Tab 10 mg	1.75	30	✓ Accupril
	* Tab 20 mg	2.35	30	✓ Accupril

▲ 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 November 2008 (continued)

80	PREDNISONE (↓ subsidy) * Tab 20 mg	29.03	500	✓ Apo-Prednisone
126	ZOPICLONE – Month Restriction (↓ subsidy) Tab 7.5 mg	21.02	500	✓ Apo-Zopiclone
132	FLUDARABINE PHOSPHATE – PCT only – Specialist (↓ subsidy) Inj 50 mg for ECP	286.00	50 mg OP	✓ Baxter
133	METHOTREXATE (↓ subsidy) * Inj 1 mg for ECP – PCT only – Specialist	0.09	1 mg	✓ Baxter
148	PROMETHAZINE HYDROCHLORIDE (↓ subsidy) * Tab 10 mg	2.72	50	✓ Allersoothe
	* Tab 25 mg	4.44	50	✓ Allersoothe
157	POLYVINYL ALCOHOL (↓ price) * Eye drops 1.4%	2.68	15 ml OP	✓ Liquifilm Tears
	* Eye drops 3%	3.75	15 ml OP	✓ Liquifilm Forte
182	PHENYL FREE PASTA – Special Authority see SA0733 – Hospital pharmacy [HP3] (↓ subsidy) See prescribing guideline			
	Animal shapes	10.65 (11.91)	500 g OP	Loprofin
	Penne.....	10.65 (11.91)	500 g OP	Loprofin
	Lasagne	5.32 (5.95)	250 g OP	Loprofin

Effective 1 October 2008

27	HYOSCINE N-BUTYLBROMIDE (↑ subsidy) * Tab 10 mg	1.62	20	✓ Gastrosoothe
	* Inj 20 mg, 1 ml – Up to 5 inj available on a PSO	8.04	5	✓ Buscopan
27	MEBEVERINE HYDROCHLORIDE (↑ subsidy) * Tab 135 mg	18.00	90	✓ Colofac
34	POLOXAMER – Only on a prescription (↓ subsidy) * Oral drops 10%	3.78	30 ml OP	✓ Coloxyl
36	NYSTATIN (↑ subsidy) Oral liq 100,000 u per ml	3.19	24 ml OP	✓ Nilstat
38	ZINC SULPHATE (↑ subsidy) * Cap 220 mg	10.00	100	✓ Zincaps
45	CLOPIDOGREL – Special Authority see SA0867– Retail pharmacy (↓ subsidy) Tab 75 mg	35.00 (73.38)	28	Plavix

Patients pay a manufacturer's surcharge when
the Manufacturer's Price is greater than the Subsidy

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Subsidy and Manufacturer's Price - effective 1 October 2008 (continued)

47	HEPARIN SODIUM (↑ price) Inj 25,000 iu per ml, 0.2 ml – Hospital pharmacy [HP3]- Specialist	7.50 (9.50)	5	Mayne
48	POTASSIUM BICARBONATE – Retail pharmacy-Specialist (↑ subsidy) Tab eff 315 mg with sodium acid phosphate 1.937 g and sodium bicarbonate 350 mg	82.50	100	✓ Phosphate-Sandoz
49	BEZAFIBRATE (↑ subsidy) * Tab 200 mg	9.75	90	✓ Fibalip
59	METHYLDOPA (↑ subsidy) * Tab 125 mg	12.00	100	✓ Prodopa
	* Tab 250 mg	13.10	100	✓ Prodopa
	* Tab 500 mg	20.85	100	✓ Prodopa
65	TRIAMCINOLONE ACETONIDE (↑ subsidy) Crm 0.02%	6.63	100 g OP	✓ Aristocort
	Oint 0.02%	6.69	100 g OP	✓ Aristocort
67	WOOL FAT WITH MINERAL OIL – Only on a prescription (↑ price) * Lotn hydrous 3% with mineral oil	1.40 (3.50) 5.60 (10.90)	250 ml OP 1,000 ml	 DP Lotion DP Lotion
69	TAR WITH TRIETHANOLAMINE LAURYL SULPHATE AND FLUORESCEIN – Only on a prescription (↑ subsidy) * Soln 2.3% with triethanolamine lauryl sulphate and fluorescein sodium	2.90 5.54	500 ml 1,000 ml	✓ Pinetarsol ✓ Pinetarsol
70	KETOCONAZOLE (↑ subsidy) Shampoo 2%	3.48	100 ml OP	✓ Ketopine
	a) Maximum of 100 ml per prescription			
	b) Only on a prescription			
79	CALCITONIN – Hospital pharmacy [HP3]-Specialist (↑ subsidy) * Inj 100 iu per ml, 1 ml	110.00	5	✓ Miacalcic
80	PREDNISON (↑ subsidy) * Tab 1 mg	10.68	500	✓ Apo-Prednisone
	* Tab 2.5 mg	12.09	500	✓ Apo-Prednisone
90	ERYTHROMYCIN ETHYL SUCCINATE (↑ subsidy) Grans for oral liq 200 mg per 5 ml – Up to 200 ml available on a PSO	4.35	100 ml	✓ E-Mycin
	Grans for oral liq 400 mg per 5 ml – Up to 200 ml Available on a PSO	5.85	100 ml	✓ E-Mycin
91	BENZYL PENICILLIN SODIUM (PENICILLIN G) (↑ subsidy) Inj 1 mega u – Up to 5 inj available on a PSO	10.49	10	✓ Sandoz

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

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

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 October 2008 (continued)

92	PROCAINE PENICILLIN († subsidy) Inj 1.5 mega u – Up to 5 inj available on a PSO	50.86	5	✓ Cilicaine
93	TRIMETHOPRIM († subsidy) * Tab 300 mg – Up to 30 tab available on a PSO	8.69	50	✓ TMP
93	VANCOMYCIN HYDROCHLORIDE – Hospital pharmacy [HP3] – Subsidy by endorsement († subsidy) Only if prescribed for a dialysis or cystic fibrosis patient or in the treatment of pseudomembranous colitis or for prophylaxis of endocarditis and the prescription is endorsed accordingly. Inj 50 mg per ml, 10 ml	5.04	1	✓ Pacific
110	NORTRIPTYLINE HYDROCHLORIDE († subsidy) Tab 10 mg	5.94	100	✓ Norpress
	Tab 25 mg	20.06	250	✓ Norpress
112	CLONAZEPAM († subsidy) Tab 500 µg	6.26	100	✓ Paxam
	Tab 2 mg	11.15	100	✓ Paxam
125	MIDAZOLAM († price) Tab 7.5 mg – Month Restriction.....	10.38 (25.00)	100	Hypnovel
126	TEMAZEPAM – Month Restriction († subsidy) Tab 10 mg	0.83	25	✓ Normison
136	PACLITAXEL – PCT only – Specialist (↓ subsidy) Inj 1 mg for ECP	1.32	1 mg	✓ Baxter
152	MASK FOR SPACER DEVICE (↓ subsidy) Only on a WSO Size 2.....	3.28	1	✓ Foremount Child's Silicone Mask
152	PEAK FLOW METER (↓ subsidy) Only on a WSO Low range.....	13.75	1	✓ Breath-Alert
	Normal range	13.75	1	✓ Breath-Alert
152	SPACER DEVICE (↓ subsidy) Only on a WSO 230 ml (autoclavable).....	11.60	1	✓ Space Chamber
156	ACETAZOLAMIDE († subsidy) * Tab 250 mg	10.40	100	✓ Diamox
157	ATROPINE SULPHATE († subsidy) * Eye drops 1%	4.40	15 ml OP	✓ Atropt

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 October 2008 (continued)

182	AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA0733 – Hospital pharmacy [HP3] († subsidy)			
	Tabs	99.00	75 OP	✓ Phlexy 10
	Sachets (pineapple/vanilla) 29 g	330.10	30 OP	✓ Minaphlex
	Sachets (tropical)	324.00	30	✓ Phlexy 10
	Infant formula	174.72	400 g OP	✓ XP Analog LCP
	Powder (orange)	221.00	500 g OP	✓ XP Maxamaid
		320.00		✓ XP Maxamum
	Powder (unflavoured)	221.00	500 g OP	✓ XP Maxamaid
		320.00		✓ XP Maxamum
	Liquid (forest berries)	30.00	250 ml OP	✓ Easiphen Liquid
	Liquid (tropical)	30.00	250 ml OP	✓ Easiphen

Effective 1 September 2008

38	CALCIUM CARBONATE (↓ subsidy) * Tab dispersible 2.5 g	4.36	20 OP	✓ Calci-Tab Effervescent
38	IRON POLYMALTOSE (↓ subsidy) Inj 50 mg per ml, 2 ml	20.95 (29.95)	5	Ferrosig
43	ERYTHROPOIETIN ALPHA – Special Authority see SA0922 – Hospital pharmacy [HP3] (↓ subsidy)			
	Inj human recombinant 1,000 iu, pre-filled syringe	48.68	6	✓ Eprex
	Inj human recombinant 2,000 iu, pre-filled syringe	120.18	6	✓ Eprex
	Inj human recombinant 3,000 iu, pre-filled syringe	166.87	6	✓ Eprex
	Inj human recombinant 4,000 iu, pre-filled syringe	193.13	6	✓ Eprex
	Inj human recombinant 10,000 iu, pre-filled syringe	395.18	6	✓ Eprex
48	POTASSIUM BICARBONATE – Retail pharmacy – Specialist († price) Tab eff 315 mg with sodium acid phosphate with 1.937 g and sodium bicarbonate 350 mg	75.00 (82.50)	100	Phosphate-Sandoz
53	PHENTOLAMINE MESYLATE († price) * Inj 10 mg per ml, 1 ml	17.97 (31.65)	5	Regitine
99	NITROFURANTOIN († subsidy) * Tab 50 mg	17.90	100	✓ Nifuran
	* Tab 100 mg	30.25	100	✓ Nifuran
107	PARACETAMOL (↓ subsidy) * Oral liq 120 mg per 5ml	6.80	1,000 ml	✓ Junior Parapaed
	* Oral liq 250 mg per 5 ml	7.00	1,000 ml	✓ Six Plus Parapaed

▲ 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 September 2008 (continued)

114	TOPIRAMATE (↓ subsidy)			
	▲ Tab 25 mg	26.04	60	✓ Topamax
	▲ Tab 50 mg	44.26	60	✓ Topamax
	▲ Tab 100 mg	75.25	60	✓ Topamax
	▲ Tab 200 mg	129.85	60	✓ Topamax
	▲ Sprinkle cap 15 mg	20.84	60	✓ Topamax
	▲ Sprinkle cap 25 mg	26.04	60	✓ Topamax
119	LITHIUM CARBONATE (↑ subsidy)			
	Tab long-acting 400 mg.....	16.05	100	✓ Priadel
120	RISPERIDONE (↓ subsidy)			
	Tab 0.5 mg	5.20	20	✓ Risperdal
	Tab 1 mg	30.77	60	✓ Risperdal
	Tab 2 mg	61.53	60	✓ Risperdal
	Tab 3 mg	92.32	60	✓ Risperdal
	Tab 4 mg	123.05	60	✓ Risperdal
131	CALCIUM FOLINATE (↓ subsidy)			
	Inj 1 mg for ECP – PCT only – Specialist.....	0.10	1 mg	✓ Baxter
132	FLUDARABINE PHOSPHATE – PCT only – Specialist (↑ subsidy)			
	Tab 10 mg	650.25	15	✓ Fludara
132	FLUDARABINE PHOSPHATE – PCT only – Specialist (↓ subsidy)			
	Inj 50 mg	1430.00	5	✓ Fludara
133	METHOTREXATE – PCT – Hospital pharmacy [HP1] – Specialist (↓ subsidy)			
	Inj 100 mg per ml, 10 ml – PCT Only – Specialist	27.50	1	✓ Methotrexate Ebewe
	Inj 100 mg per ml, 50 ml – PCT Only – Specialist	135.00	1	✓ Methotrexate Ebewe
154	POLYVINYL ALCOHOL (↓ subsidy)			
	* Eye drops 1.4%	2.68	15 ml OP	✓ Vistil
	* Eye drops 3%	3.75	15 ml OP	✓ Vistil Forte

Changes to Brand Name

Effective 1 December 2008

76	CYPROTHERONE ACETATE WITH ETHINYLOESTRADIOL * Tab 2 mg with ethinyloestradiol 35 µg and 7 inert tablets	6.30	84	✓ Estelle 35-ED ✓ Estelle 35
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Effective 1 October 2008

91	BENZYL PENICILLIN SODIUM (PENICILLIN G) Inj 1 mega u – Up to 5 inj available on a PSO	6.99	10	✓ Sandoz ✓ Novartis
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Effective 1 September 2008

43	ERYTHROPOIETIN BETA – Special Authority SA0922 – Hospital pharmacy [HP3] Inj 2,000 iu pre-filled syringe	152.04	6	✓ NeoRecormon Recormon
	Inj 3,000 iu pre-filled syringe	228.06	6	✓ NeoRecormon Recormon
	Inj 4,000 iu pre-filled syringe	304.08	6	✓ NeoRecormon Recormon
	Inj 5,000 iu pre-filled syring	380.10	6	✓ NeoRecormon Recormon
	Inj 6,000 iu pre-filled syringe	456.12	6	✓ NeoRecormon Recormon
	Inj 10,000 iu pre-filled syringe	760.20	6	✓ NeoRecormon Recormon

Changes to Description

Effective 1 November 2008

84	THYROXINE LEVOTHYROXINE
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Effective 1 October 2008

152	PEAK FLOW METER Peak flow meters-low range Low range Peak flow meters-normal range Normal range
153	SPACER DEVICES AND MASKS Spacer device 230 ml (autoclavable)
153	SPACER DEVICES AND MASK FOR SPACER DEVICE Mask, size 2 Size 2

▲ 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 Section F: Part II

Effective 1 November 2008

ALIMENTARY TRACT AND METABOLISM

INSULIN ASPART

INSULIN GLARGINE

INSULIN ISOPHANE

INSULIN ISOPHANE WITH INSULIN NEUTRAL

INSULIN LISPRO

INSULIN LISPRO WITH INSULIN LISPRO PROTAMINE

INSULIN NEUTRAL

Changes to General Rules

Effective 1 September 2008

12 **“Authority to Substitute” means an authority for the dispensing pharmacist to change a prescribed medicine in accordance with regulation 42(4) of the Medicines Regulations 1984. An authority to substitute letter, which may be used by Practitioners, is available on the final page of the Schedule.**

23 **4.7 Substitution**

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

- a) the Contractor having received a general Authority to Substitute from the Practitioner in relation to the particular medicine or medicines in general; or**
 - b) the Practitioner having indicated their Authority to Substitute on the prescription; or**
 - c) the Practitioner having given their Authority to Substitute in relation to the particular prescription.**
- Such an Authority to Substitute is valid whether or not there is a financial implication for the Pharmaceutical Budget.**

When dispensing a subsidised alternative brand, the Contractor must annotate and initial the prescription.

4.8 Alteration to Presentation of Pharmaceutical Dispensed

A Contractor, when dispensing a Community Pharmaceutical, may alter the presentation of a Pharmaceutical dispensed but may not alter the total daily dose. If the change will result in additional cost to the DHBs, then:

- a) the Practitioner must authorise and initial the alteration; or**
- b) in cases where PHARMAC has approved and notified in writing such a change in dispensing of a named Pharmaceutical due to an out of stock event or short supply, the Contractor must annotate and initial the alteration.**

4.9 ~~4.7~~ Amendment of the Schedule

PHARMAC may amend the terms of the Schedule from time to time by notice in writing given in such manner as PHARMAC thinks fit, and in accordance with such protocols as agreed with the Pharmacy Guild of New Zealand (inc) from time to time.

4.10 ~~4.8~~ Conflict of Provisions

If any rules in Sections B-G of this Schedule conflict with the rules in Section A, the rules in Sections B-G apply.

Changes to Sole Subsidised Supply

Effective 1 December 2008

For the list of new Sole Subsidised Supply products effective 1 December 2008 refer to the bold entries in the cumulative Sole Subsidised Supply table pages xx-xx.

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Delisted Items

Effective 1 December 2008

38	CALCIUM * Tab eff 1 g.....	6.54	30	✓ Calcium-Sandoz 1000
38	CALCIUM CARBONATE * Tab dispersible 2.5 g.....	4.36 (4.98)	20 OP	Calci-Tab Effervescent
38	IRON POLYMALTOSE Inj 50 mg per ml, 2 ml.....	20.95 (29.95)	5	Ferrosig
66	ZINC AND CASTOR OIL Ointment BP.....	5.11	500 g	✓ Multichem
107	PARACETAMOL *‡ Oral liq 120 mg per 5 ml.....	6.80	1,000 ml	✓ Junior Parapaed
	a) Up to 200 ml available on a PSO			
	b) Not in combination.....			
	*‡ Oral liq 250 mg per 5 ml.....	7.00	1,000 ml	✓ Six Plus Parapaed
	a) Up to 200 ml available on a PSO			
	b) Not in combination			

Effective 1 November 2008

44	APROTININ – Hospital pharmacy [HP3]-Specialist * Inj 10,000 µg per ml 50 ml.....	63.60 (73.40)	1	Trasyolol
59	VERAPAMIL HYDROCHLORIDE * Tab 80 mg.....	6.00	100	✓ Verpamil
90	CEFUROXIME SODIUM – Hospital pharmacy [HP3] Inj 750 mg – Maximum of 1 inj per prescription; can be waived by endorsement.....	21.42 (56.47)	10	Mayne
	Inj 1.5 g – Hospital pharmacy [HP3]-Specialist – Subsidy by endorsement.....	40.40 (123.55)	10	Mayne
	Only if prescribed for a dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.			
98	RITONAVIR – Special Authority see SA0779 – Hospital pharmacy [HP1] Cap 100 mg.....	242.55	168	✓ Norvir
	Note – the 84 pack size continues to be listed fully subsidised.			

Effective 1 October 2008

106	NEFOPAM HYDROCHLORIDE Inj 20 mg per ml, 1 ml.....	9.10 (72.50)	5	Acupan
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Check your Schedule for full details Schedule page ref		Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Delisted Items - effective 1 October 2008 (continued)

136	PACLITAXEL – PCT only – Specialist			
	Inj 30 mg	90.00	1	✓ Taxol
	Inj 100 mg	299.70	1	✓ Taxol
150	SALBUTAMOL			
	Tab long-acting 8 mg	15.30	56	✓ Volmax
180	GLUTEN FREE PASTA – Special Authority see SA0722 – Hospital pharmacy [HP3]			
	Tomato and Basil Spirals	2.00 (2.63)	250 g OP	Orgran

Effective 1 September 2008

37	ASCORBIC ACID AND SODIUM ASCORBATE			
	a) No more than 100 mg per dose			
	b) Only on a prescription			
	* Tab 100 mg	2.60	100	✓ Healtieries Vitamin C
68	PERMETHRIN			
	Lotion 5%.....	4.50 (7.00)	50 ml OP	Quellada-P
76	ECONAZOLE NITRATE			
	Pessaries 150 mg with applicators	2.75 (9.71)	3	Pevaryl Ovules
91	BENZATHINE BENZYL PENICILLIN			
	Inj 1.2 mega u per 2 ml – Up to 5 inj available on a PSO.....	16.00 160	1 10	✓ Bicillin ✓ Bicillin
	Note: Bicillin LA continues to be listed fully subsidised			
95	ACICLOVIR			
	* Tab 200 mg	7.92	100	✓ Apo-Acyclovir
	* Tab 400 mg	11.86	100	✓ Apo-Acyclovir
99	SAQUINAVIR – Special Authority see SA0779 – Hospital pharmacy [HP1]			
	Cap 200 mg	271.00	180	✓ Fortovase
106	ASPIRIN			
	* Tab dispersible 300 mg – Up to 30 tab available on a PSO	21.50 (22.50)	1000	Ethics Aspirin
	* Tab EC 650 mg	6.88	100	✓ Ecotrin
	Note: the 100 tablet pack of Ethics Aspirin, tab dispersible 300 mg will continue to be listed fully subsidised			
170	ORAL SUPPLEMENT 1KCAL/ML – Special Authority see SA0583 – Hospital pharmacy [HP3]			
	Powder (vanilla) sachet 54 g	6.91	10 OP	✓ Fortisip Powder

▲ 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 2009

70	KETOCONAZOLE			
	Shampoo 2%	3.48	100 ml OP	✓ Ketopine
	a) Maximum of 100 ml per prescription			
	b) Only on a prescription			

Effective 1 February 2009

157	POLYVINYL ALCOHOL			
	* Eye drops 1.4%	2.68 (3.62)	15 ml OP	Liquifilm Tears
	* Eye drops 3%	3.75 (3.88)	15 ml OP	Liquifilm Forte

Effective 1 March 2009

43	ERYTHROPOIETIN BETA – Special Authority see SA0922 – Hospital pharmacy [HP3]			
	Inj 1,000 iu, pre-filled syringe	76.02	6	✓ Recormon
47	HEPARINISED SALINE			
	* Inj 100 iu per ml, 5 ml	103.76	50	✓ Mayne
54	LOSARTAN			
	* Tab 25 mg	20.31	28	✓ Cozaar
56	ATENOLOL			
	* Tab 50 mg	6.50	500	✓ Loten
	* Tab 100 mg	11.30	500	✓ Loten
59	VERAPAMIL HYDROCHLORIDE			
	* Tab 40 mg	4.75	100	✓ Verpamil
61	NICOTINE – Only on a Quitcard			
	Gum 2mg (Fruit)	23.41	96	✓ Nicotinell
	Gum 2mg (Mint)	23.41	96	✓ Nicotinell
	Gum 4mg (Fruit)	23.41	96	✓ Nicotinell
	Gum 4mg (Mint)	23.41	96	✓ Nicotinell
89	CEFAZOLIN SODIUM - Hospital pharmacy [HP3] – Subsidy by endorsement			
	Only if prescribed for dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.			
	Inj 500 mg	10.00	10	✓ m-Cefazolin
	Inj 1g	16.00	10	✓ m-Cefazolin
92	FLUCLOXACILLIN SODIUM			
	Inj 250 mg	4.66	5	✓ Flucloxin
	Inj 500 mg	5.45	5	✓ Flucloxin
90	ERYTHROMYCIN LACTOBIONATE			
	Inj 300 mg	70.97	5	✓ Mayne

Patients pay a manufacturer's surcharge when
the Manufacturer's Price is greater than the Subsidy

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Items to be Delisted - effective 1 March 2009 (continued)

99	SAQUINAVIR – Special Authority see SA0779 – Hospital pharmacy [HP1] Cap 200 mg	519.75	270	✓ Invirase
109	AMITRIPTYLINE Tab 10 mg	3.00	100	✓ Amitrip
125	NITRAZEPAM – Month Restriction Tab 5 mg	2.00 (3.90)	100	Insoma
150	SALBUTAMOL Tab long-acting 4 mg	11.18	56	✓ Volmax
154	DIBROMOPROPAMIDINE ISETHIONATE * Eye oint 0.15%	2.97 (7.99)	5 g OP	Brolene

Effective 1 April 2009

76	CLOTRIMAZOLE Vaginal crm 2% with applicators	3.99	25 g OP	✓ Clotrimaderm 2%
92	CIPROFLOXACIN Tab 250 mg - Up to 5 tab available on a PSO	5.10	28	✓ Cipfloxx
	Tab 500 mg- Up to 5 tab available on a PSO	8.31	28	✓ Cipfloxx
	Tab 750 mg- Retail pharmacy - Specialist.....	19.30	28	✓ Cipfloxx
109	DOXEPIN HYDROCHLORIDE Cap 75 mg	10.99	100	✓ Anten
182	PHENYL FREE PASTA – Special Authority see SA0733 – Hospital pharmacy [HP3] Macaroni.....	10.65 (11.91)	500 g OP	Loprofin

Effective 1 May 2009

28	OMEPRAZOLE * Cap 10 mg	17.37	30	✓ Losec
	* Cap 20 mg	24.81	30	✓ Losec
	* Cap 40 mg	29.05	30	✓ Losec
	* Inj 40 mg	12.50	1	✓ Losec
53	DOXAZOSIN MESYLATE * Tab 2 mg	4.81	100	✓ Apo-Doxazosin
	Note – the 500 tablet pack listed 1 November 2008			
56	HYDROCORTISONE BUTYRATE Crm 0.1%.....	5.00 15.00	30 g OP 100 g OP	✓ Locoid ✓ Locoid

▲ 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 May 2009 (continued)

82	OESTRADIOL VALERATE – See prescribing guideline * Tab 2 mg	4.12	28	✓ Prodynova
107	PARACETAMOL * Tab 500 mg – Up to 30 tab available on a PSO	1.38 13.23 137.81	150 1440 15,000	✓ Panadol ✓ Panadol ✓ Panadol
108	MORPHINE SULPHATE a) Only on a controlled drug form b) No patient co-payment payable Suppos 30 mg	31.39	12	✓ Martindale S29
147	CETIRIZINE HYDROCHLORIDE * Tab 10 mg	3.32	90	✓ Razene
	*‡ Oral liq 1 mg per ml.....	2.75	100 ml OP	✓ Allerid-C

Effective 1 June 2009

53	DOXAZOSIN MESYLATE * Tab 4 mg	6.37	100	✓ Apo-Doxazosin
58	DILTIAZEM HYDROCHLORIDE Cap long-acting 90 mg	7.65	60	✓ Dilzem SR
	Cap long-acting 120 mg (twice per day)	18.00	100	✓ Dilzem SR
	Tab long-acting 180 mg	7.65	30	✓ Dilzem LA
	Tab long-acting 240 mg	10.20	30	✓ Dilzem LA
97	EFAVIRENZ - Special Authority see SA0779 – Hospital pharmacy [HP1] Cap 100 mg	158.33	30	✓ Stocrin
112	CARBAMAZEPINE * Tab 200 mg	29.06	200	✓ Tegretol
	Note – the 100 tablet pack size listed 1 December 2008			

Contracted Pharmaceutical Description	Brand	Price (\$) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceutical
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Section H changes to Part II

Effective 1 December 2008

ADRENALINE (new listing)

Inj 1,000, 1 ml.....Aspen-Adrenaline 4.98 5

AMISULPRIDE (new listing)

Tab 100 mg.....Solian 22.52 30
 Tab 200 mg.....Solian 97.03 60
 Tab 400 mg.....Solian 185.44 60
 Oral liquid 100 mg per mlSolian 55.44 60 ml

AMLODIPINE (new listing)

Tab 5 mg.....**Apo-Amlodipine** 7.33 100 1% Feb-09 Calvasc
 Norvasc
 Tab 10 mg.....**Apo-Amlodipine** 11.79 100 1% Feb-09 Calvasc
 Norvasc

ANASTROZOLE-DP (new listing)

Tab 1 mg.....DP-Anastrozole 29.50 30

CEFAZOLIN SODIUM (delisting)

~~Inj 500 mg.....m-Cefazolin 13.60 10~~
~~Inj 1 g.....m-Cefazolin 18.60 10~~

CETIRIZINE HYDROCHLORIDE (new listing)

Tab 10 mg.....**Zetop** 2.21 100 1% Feb-09 Apo-Cetirizine
 Allerid-C
 Cetirizine
 Histaclear
 Razene
 Oral Liquid 1 mg per 1 ml**Cetirizine-AFT** 3.50 200 ml 1% Feb-09 Allerid-C
 Zyrtec

Note – Allerid-C to be delisted 1 Feb 2009

DILTIAZEM HYDROCHLORIDE (new listing)

Tab 30 mg.....**Dilzem** 4.50 100 5% Jun-09 (B)
 Tab 60 mg.....**Dilzem** 8.50 100 5% Jun-09 (B)
 Cap long-acting 120 mg**Cardizem CD** 4.72 30 5% Jun-09 (B)
 Cap long-acting 180 mg**Cardizem CD** 7.08 30 5% Jun-09 Dilzem LA
 Cap long-acting 240 mg**Cardizem CD** 9.44 30 5% Jun-09 Dilzem LA

DOXAZOSIN MESYLATE (new listing)

Tab 4 mg.....**Apo-Doxazosin** 30.26 500 1% Jan-09 Dosan

Note – Apo-Doxazosin tab 4 mg 100 tablet pack size to be delisted 1 Feb 2009

FLUOROURACIL SODIUM (new listing)

Crn 5%.....Efudix 26.49 20 g

POTASSIUM CHLORIDE (delisting)

~~Inj 75 mg per ml, 10 ml.....AstraZeneca 26.00 50~~
~~Inj 150 mg per ml, 10 ml.....AstraZeneca 26.00 50~~

Products with Hospital Supply Status (HSS) are in **bold**.

(B) – Subject only to part (b) of the definition of “DV Pharmaceutical”

Section H changes to Part IV

Effective 1 December 2008

SPECIAL FOOD SUPPLEMENT

Liquid, 237 ml

Impact Advanced Recovery Vanilla and Chocolate

Three packs of 237 mls per days for 5 to 7 days prior to major gastrointestinal or head or neck surgery.

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