

Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 August 2010

Cumulative for May, June, July and August 2010

Section H for August 2010



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Summary of PHARMAC decisions

EFFECTIVE 1 AUGUST 2010

New listings (pages 21-22)

- Hydrocortisone with cinchocaine (Proctosedyl) oint and suppos
- Insulin glulisine inj 100 u per ml, 10 ml (Apidra) and inj 100 u per ml, 3 ml disposable pen (Apidra SoloStar)
- Danthron with poloxamer (Pinorax Forte) oral liq 75 mg with poloxamer 1 g per 5 ml – only on a prescription – only for the prevention or treatment of constipation in the terminally ill
- Sodium citrate with sodium lauryl sulfoacetate (Micolette) enema 90 mg with sodium lauryl sulfoacetate 9 mg per ml, 5 ml – only on a prescription
- Ascorbic acid (Vitala-C) tab 100 mg – no more than 100 mg per dose, only on a prescription
- Atorvastatin tab 10 mg (Lorstat 10), 20 mg (Lorstat 20), 40 mg (Lorstat 40), and 80 mg (Lorstat 80)
- Terazosin hydrochloride (Arrow) tab 1 mg, 2 mg and 5 mg
- Amiloride with hydrochlorothiazide (Moduretic) tab 5 mg with hydrochlorothiazide 50 mg – Section 29
- Indapamide (Dapa-Tabs) tab 2.5 mg
- Triclosan (healthE) soln 1 % - maximum of 500 ml per prescription, subsidy by endorsement
- Malathion (A-Lices) liq 0.5 %
- Levonorgestrel (Jadelle) subdermal implant (2 x 75 mg rods)
- Tamsulosin hydrochloride (Tamsulosin-Rex) cap 400 µg – Special Authority – Retail pharmacy
- Ceftriaxone sodium (Aspen Ceftriaxone) inj 1 g – subsidy by endorsement
- Quetiapine (Dr Reddy's Quetiapine) tab 25 mg, 100 mg, 200 mg and 300 mg
- Risperidone (Dr Reddy's Risperidone) tab 0.5 mg
- Azathioprine (Imuprine) tab 50 mg – Retail pharmacy–Specialist
- Ipratropium bromide (Univent) nebuliser soln, 250 µg per ml, 1 ml and 2 ml – available on a PSO

Changes to restrictions (pages 25-41)

- Insulin glargine inj 100 u per ml, 10 ml and 3 ml (Lantus) and 3 ml disposable pen (Lantus Solostar) – removal of Special Authority criteria and addition of prescribing note
 - Ketone blood beta-ketone electrodes (Optium Blood Ketone Test Strips) test strip – removal of endorsement criteria and addition of maximum rule
 - Sodium nitroprusside (Ketostix) test strip – addition of maximum rule
 - All Hospital pharmacy [HP1] medicines – removal of Hospital Pharmacy [HP1] restriction
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Summary of PHARMAC decisions – effective 1 August 2010 (continued)

- Hospital pharmacy [HP1]-Specialist – replaced with Retail pharmacy-Specialist
- Hospital pharmacy [HP3] medicines except Special Foods – Removal of Hospital pharmacy [HP3] restriction
- Hospital pharmacy [HP3]-Specialist – replaced with Retail pharmacy-Specialist
- WSO restriction – removal of WSO restriction and transfer to ‘Only on a PSO’
- Furosemide (Urex Forte) removal of Section 29
- Diaphragm (Ortho All-flex and Ortho Coil) amended presentation descriptions
- Cabergoline (Dostinex and Arrow-Cabergoline) tab 0.5 mg – amended Special Authority criteria
- Tenofovir disoproxil fumarate (Viread) tab 300 mg – amended subsidy restriction
- Antiretrovirals – amended Special Authority criteria
- Adalimumab inj 40 mg per 0.8 ml prefilled pen (Humira) and syringe (HumiraPen) – amended Special Authority criteria
- Exemestane (Aromasin) tab 25 mg – removal of repeat rule

Decreased subsidy (pages 53-54)

- Ketone blood beta-ketone electrodes (Optium Blood Ketone Test Strips) test strip
- Calcium carbonate tab 1.25 g (500 mg elemental) (Calci-Tab 500) and 1.5 g (600 mg elemental) (Calci-Tab 600)
- Enalapril (m-Enalapril) tab 5 mg, 10 mg and 20 mg
- Cilazapril with hydrochlorothiazide (Inhibace Plus) tab 5 mg with hydrochlorothiazide 12.5 mg
- Furosemide (Urex Forte) tab 500 mg
- Methadone hydrochloride (Methatabs) tab 5 mg
- Interferon beta-1-beta (Betaferon) inj 8 million iu per 1 ml
- Cytarabine (Baxter) inj 1 mg for ECP and inj 100 mg intrathecal syringe for ECP
- Irinotecan (Camptosar) inj 20 mg per ml, 2 ml and 5 ml
- Irinotecan (Baxter) inj 1 mg for ECP

Increased subsidy (pages 53-54)

- Imiglucerase (Cerezyme) inj 40 iu per ml, 200 iu vial
- Amiloride with frusemide (Frumil) tab 5 mg with frusemide 40 mg
- Povidone iodine (Betadine) oint 10 %
- Azathioprine (Imuran) inj 50 mg
- Food Thickener (Karicare Food Thickener) powder 380 g OP

Changes to various dispensing restrictions

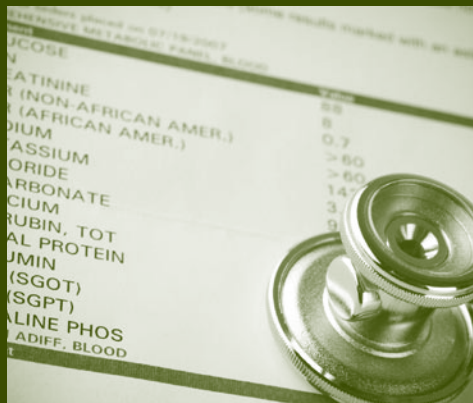
Various dispensing restrictions in the Pharmaceutical Schedule will be removed from 1 August 2010. In summary these relate to Hospital pharmacy (HP1) and Hospital pharmacy (HP3) restrictions and the Wholesale Supply Order (WSO) mechanism. For detailed information, please review the 'Changes to Restrictions' section of this Update.

The Hospital pharmacy [HP1] restriction will be removed

All pharmaceuticals listed in the Pharmaceutical Schedule with the Hospital pharmacy [HP1] restriction will have this removed from 1 August 2010. This will result in all community pharmacies being able to claim a subsidy for dispensing products that currently have this restriction without requiring the Complex Medicines Variation to their pharmacy contract. Any pharmaceuticals that are currently listed with the Hospital pharmacy [HP1] – Specialist restriction will be changed to Retail pharmacy – Specialist from 1 August 2010.

The Hospital pharmacy [HP3] restriction will be removed from Section B

All pharmaceuticals listed in the Pharmaceutical Schedule with the Hospital pharmacy [HP3] restriction as listed in



Section B, will have this removed from 1 August 2010. The [HP3] restriction will remain on products in Section D of the Pharmaceutical Schedule (Special Foods). Any pharmaceuticals that are currently listed with the Hospital pharmacy [HP3] – Specialist restriction will be changed to Retail pharmacy – Specialist from 1 August 2010.



The Wholesale Supply Order (WSO) mechanism will be removed

Products with an 'Only on a WSO' restriction will instead have an 'Only on a PSO' restriction from 1 August 2010 with the following quantity limits per order:

Device	Presentation	Quantity limit
Intra-uterine device	IUD	40
Peak flow meter	Low range	10
Peak flow meter	Normal range	10
Spacer device	230 ml (autoclavable)	20
Spacer device	230 ml (single patient)	20
Spacer device	800 ml	20
Mask for spacer device	Size 2	20

This ordering mechanism change will result in prescribers obtaining these products directly from their pharmacy, along with their usual PSO items, and not from pharmaceutical suppliers.

Helicobacter Pylori eradication treatment

PHARMAC has had a number of enquiries regarding a substitute for the recently discontinued Losec HP7 OAC combination pack used for the treatment of H. Pylori eradication. Please note that the individual components for Losec HP7 OAC are fully funded without requiring doctor's endorsement. Clarithromycin 500 mg tablets (Klamycin) are subsidised with

endorsement criteria for helicobacter pylori eradication and a maximum quantity of 14 tablets per prescription. Please note that prescriptions are considered endorsed if clarithromycin is prescribed in conjunction with a proton pump inhibitor and either amoxicillin or metronidazole. Please note that the 250 mg clarithromycin tablet is not subsidised for this purpose.

Levonorgestrel subdermal implant – new listing

Levonorgestrel subdermal implant (2 X 75 mg rods) (Jadelle) will be subsidised without restriction from 1 August 2010. Jadelle will be the sole subsidised Hormonal Long Acting Reversible Contraceptive in the Pharmaceutical Schedule until 31 December 2013. Bayer NZ Ltd will provide training and insertion tools for clinicians, please contact Bayer for details.



Insulin glargine – Special Authority removal

The Special Authority criteria for insulin glargine (Lantus and Lantus SoloStar) will be replaced with a prescriber note targeting access for certain type 1 and type 2 diabetes patients from 1 August 2010.

Insulin glulisine – new listing

Insulin glulisine injection 100 iu per ml, 10 ml (Apidra) and 100 iu per ml, 3 ml disposable pen (Apidra SoloStar) will be listed in the Pharmaceutical Schedule from 1 August 2010 without restriction. Insulin glulisine is an additional subsidised rapid-acting insulin. Insulin glulisine is indicated for the treatment of type 1 and

type 2 diabetes mellitus in adults and children of 4 years or above who require insulin for the control of hyperglycaemia. In addition insulin glulisine 100 iu per ml, 3 ml cartridges will be listed in the Pharmaceutical Schedule from 1 September 2010.

Tamsulosin hydrochloride – new listing

The alpha-1A adrenoceptor blocker tamsulosin hydrochloride cap 400 µg (Tamsulosin-Rex) will be subsidised under Special Authority criteria from 1 August 2010. Subsidy will be available for patients with symptomatic benign prostatic

hyperplasia and who are intolerant to non-selective alpha blockers or these are contraindicated. Tamsulosin-Rex will be the sole subsidised brand of tamsulosin hydrochloride 400 µg caps from 1 November 2010 to 30 June 2013.



Hydrocortisone with cinchocaine – new listing

Hydrocortisone with cinchocaine (Proctosedyl) will be subsidised without restriction in the Pharmaceutical Schedule from 1 August 2010. The product is available

in both ointment and suppository form. The funding for fluocortolone caproate with fluocortolone pivalate and cinchocaine (UltraProct) remains available.

Amiloride with hydrochlorothiazide – new listing

The Moduretic brand of amiloride 5 mg with hydrochlorothiazide 50 mg tablet will be subsidised from 1 August 2010. Moduretic will be supplied under Section 29 of the Medicines Act 1981 as it is an unregistered medicine. This provides a replacement product for the Amizide brand. PHARMAC

would like to thank pharmacists for their patience during the procurement of this alternative brand.



Amiloride with frusemide – subsidy increase

The Frumil brand of amiloride 5 mg with frusemide 40 mg tablet will be fully subsidised from 1 August 2010.

Ketone Testing – endorsement removal

The endorsement requirement for ketone blood beta-ketone electrodes will be removed from 1 August 2010. A maximum of 20 test strips per prescription will apply to both ketone blood beta-ketone electrodes and sodium nitroprusside test strips from 1 August 2010.



Dietitian prescribing

From 1 August 2010, the definition of 'Practitioner' in the Pharmaceutical Schedule has been amended to include registered Dietitians. This will enable Dietitians to prescribe subsidised products that are within their scope of practice (special foods, vitamin products, mineral products and oral electrolyte replacement products). Please note that implementation of this

change requires some technical changes to be made within the pharmacy payments system, and for the Dietitians Board to accredit Dietitians to prescribe these products; as such Dietitians' prescriptions are not currently valid for subsidy. We will update the sector when these matters have been resolved.

Adalimumab – Special Authority amendment

The renewal criteria for adalimumab (Humira and HumiraPen) inj 40 mg per 0.8 ml pre-filled pen and syringe will be amended from 1 August 2010. The changes specifically exclude 40 mg weekly dosing from the adalimumab Special Authority renewal criteria for all funded indications

with the exception of patients with rheumatoid arthritis not taking concomitant methotrexate who have received inadequate benefit from fortnightly administration. The changes also specify a level of response that must be met for renewal applications for patients with Crohn's disease.

Antiretrovirals – Special Authority amendment

The Special Authority criteria for antiretrovirals will be amended from 1 August 2010 to allow subsidies for up to four oral antiretrovirals per patient. Currently only three oral antiretrovirals are

subsidised per patient. A combination of a protease inhibitor and low-dose ritonavir given as a booster will be counted as one protease inhibitor for the purpose of accessing funding to antiretrovirals.

Triclosan 1% solution – new listing

Triclosan (healthE) 1% solution will be subsidised from 1 August 2010 for patients identified with Methicillin-resistant *Staphylococcus aureus* (MRSA) prior to elective surgery in hospital, and for patients

with recurrent *Staphylococcus aureus* infection. Prescriptions must be endorsed 'certified condition' accordingly and no more than 500 ml per prescription will be subsidised.

Danthron with poloxamer – new listing

Danthron with poloxamer oral liquid 75 mg with poloxamer 1 g per 5 ml (Pinorax Forte) will be listed and fully subsidised on the Pharmaceutical Schedule from 1 August 2010. The following prescribing note has been applied to the listing “Only for the

prevention or treatment of constipation in the terminally ill”. This follows the listing from July 2010 of the lower strength Pinorax (danthron with poloxamer oral liquid 25 mg with poloxamer 200 mg per 5 ml).



Tender News

Sole Subsidised Supply changes – effective 1 September 2010

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Dexamethasone sodium phosphate	Inj 4 mg per ml, 1 ml; 5 inj	Hospira (Hospira)
Dexamethasone sodium phosphate	Inj 4 mg per ml, 2 ml; 5 inj	Hospira (Hospira)
Docusate sodium	Cap 50 mg; 100 tab	Laxofast 50 (Arrow)
Docusate sodium	Cap 120 mg; 100 tab	Laxofast 120 (Arrow)
Tramadol hydrochloride	Cap 50 mg; 100 cap	Arrow-Tramadol (Arrow)

Looking Forward

This section is designed to alert both pharmacists and prescribers to possible future changes to the Pharmaceutical Schedule. It may also assist pharmacists, distributors and wholesalers to manage stock levels.

Decision for implementation 1 September 2010

- Acarbose (Glucobay) tab 50 mg and 100 mg – removal of Special Authority
- Alprazolam (Arrow-Alprazolam) tab 250 µg, 500 µg and 1 mg – removal of Month Restriction
- Anti-inflammatory Non Steroidal Drugs (NSAIDs) – amend Special Authority to approvals without renewal and no new approvals to be given
- Atorvastatin (Lipitor) tab 10 mg, 20 mg, 40 mg and 80 mg – removal of Special Authority for additional subsidy, subsidy decrease on Lipitor brand only
- Azithromycin (Arrow-Azithromycin) tab 500 mg – increasing PSO quantity from 2 packs to 4
- Bupivacaine hydrochloride inj 0.5%, 4 ml (Marcain Isobaric) and inj 0.5% with 8% glucose, 4 ml (Marcain Heavy) – delisting from 1 September 2010
- Buspirone hydrochloride (Pacific Buspirone) tab 5 mg and 10 mg – removal of Month Restriction
- Buserelin acetate (Suprefact) inj 1 mg per ml, 5.5 ml – cessation of subsidy from 1 December 2010
- Capecitabine (Xeloda) tab 150 mg and 500 mg – amended Special Authority criteria to allow applications from a medical practitioner on the recommendation of a relevant specialist
- Clopidogrel (Apo-Clopidogrel, Arrow-Clopidogrel, Plavix) tab 75 mg – removal of Special Authority
- Deferiprone (Ferriprox) tab 500 mg and oral soln 100 mg per ml – new listing – Special Authority – Retail pharmacy

Possible decisions for implementation 1 September 2010 (continued)

- Diazepam (Arrow-Diazepam) tab 2 mg and 5 mg – removal of Month Restriction
 - Enoxaparin sodium (Clexane) inj 20 mg, 40 mg, 60 mg, 80 mg, 100 mg, 120 mg and 150 mg –addition of Retail pharmacy-Specialist which can be waived by Special Authority (no change in criteria)
 - Ibuprofen (Brufen Retard) tab long-acting 800 mg – increase subsidy to match manufacturer’s price
 - Insulin glulisine (Apidra) inj 100 iu per ml, 3 ml cartridge – new listing
 - Lignocaine hydrochloride (Xylocaine Viscous) viscous solution 2% – new listing and removal from DCS list
 - Lignocaine hydrochloride (Xylocaine) inj 2%, 5 ml and 20 ml – new listing and addition of “Up to 5 inj available on a PSO”
 - Lignocaine hydrochloride (Xylocaine) inj 0.5%, 5 ml and 1%, 5 ml and 20 ml – removal of current restriction “only if prescribed for a dialysis patient or child with rheumatic fever or on PSO for emergency use” while retaining “Up to 5 inj available on a PSO”
 - Lignocaine (Pfizer) gel 2%, 10 ml urethral syringes – addition of “Up to 5 syringes available on a PSO”
 - Lignocaine with chlorhexidine (Pfizer) gel 2% with chlorhexidine 0.05%, 10 ml urethral syringes – addition of “Up to 5 syringes available on a PSO”
 - Lorazepam (Ativan) tab 1 mg and 2.5 mg – removal of Month Restriction
 - Lormetazepam (Noctamid) tab 1 mg – removal of Month Restriction
 - Meloxicam (Arrow-Meloxicam) tab 7.5 mg – new listing – Special Authority – Retail pharmacy
 - Midazolam (Hypnovel) tab 7.5 mg – removal of Month Restriction
 - Nedocromil (Tilade) aerosol inhaler, 2 mg per dose CFC-free – increase subsidy to match manufacturer’s price
 - Nitrazepam (Nitrados) tab 5 mg – removal of Month Restriction
 - Ondansetron tab 4 mg and 8 mg (Zofran) and tab disp 4 mg and 8 mg (Zofran Zydis) – removal of Retail pharmacy-Specialist – prescription and dispensing maximums would still apply
 - Oxazepam (Ox-Pam) tab 10 mg and 15 mg – removal of Month Restriction
 - Pioglitazone (Pizaccord) tab 15 mg, 30 mg and 45 mg – amended Special Authority criteria
 - Sodium bicarbonate (Sodibic) cap 840 mg – new listing
 - Sodium cromoglycate (Vicrom) aerosol inhaler, 5 mg per dose CFC-free – increase subsidy to match manufacturer’s price
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Possible decisions for implementation 1 September 2010 (continued)

- Temazepam (Normison) tab 10 mg – removal of Month Restriction
- Tenoxicam (AFT) inj 20 mg – new listing
- Theophylline (Nuelin) oral liq 80 mg per 15 ml – increase subsidy to match manufacturer's price
- Triazolam (Hypam) tab 125 μg and 250 μg – removal of Month Restriction
- Tropisetron (Navoban) cap 5 mg – removal of Retail pharmacy-Specialist – prescription and dispensing maximums would still apply
- Zolendronic acid (Aclasta) inf 5 mg in 100 ml – new listing - Special Authority – Retail pharmacy
- Zopiclone (Apo-Zopiclone) tab 7.5 mg – removal of Month Restriction

Sole Subsidised Supply Products – cumulative to August 2010

Generic Name	Presentation	Brand Name	Expiry Date*
Acarbose	Tab 50 mg & 100 mg	Glucobay	2012
Acetazolamide	Tab 250 mg	Diamox	2011
Allopurinol	Tab 100 mg & 300 mg	Apo-Allopurinol	2011
Amantadine hydrochloride	Cap 100 mg	Symmetrel	2011
Amoxicillin	Grans for oral liq 250 mg per 5 ml	Ospamox	2012
	Drops 125 mg per 1.25 ml	Ospamox Paediatric Drops	2011
Amoxicillin clavulanate	Grans for oral liq amoxicillin 125 mg with potassium clavulanate 31.25 mg per 5 ml	Curam	2012
	Grans for oral liq amoxicillin 250 mg with potassium clavulanate 62.5 mg per 5 ml	Curam	
	Tab amoxicillin 500 mg with potassium clavulanate 125 mg	Synermox	2011
Aqueous cream	Crn 500 g	AFT	2011
Atenolol	Tab 50 mg & 100 mg	Atenolol Tablet USP	2012
Atropine sulphate	Inj 600 µg, 1 ml	AstraZeneca	2012
Azithromycin	Tab 500 mg	Arrow-Azithromycin	2012
Baclofen	Tab 10 mg	Pacifen	2012
Benzylpenicillin sodium (Penicillin G)	Inj 1 mega u	Sandoz	2011
Betamethasone valerate	Scalp app 0.1%	Beta Scalp	2012
Bezafibrate	Tab 200 mg	Fibalip	2011
Bicalutamide	Tab 50 mg	Bicalox	2011
Brimonidine tartrate	Eye drops 0.2%	AFT	2011
Calamine	Crn, aqueous, BP Lotn, BP	healthE API	2012
Calcitonin	Inj 100 iu per ml, 1 ml	Miacalcic	2011
Calcitriol	Cap 0.25 µg & 0.5 µg	Airflow	2012
Calcium carbonate	Tab eff 1.7 g (1 g elemental)	Calsource	2011
Calcium folinate	Inj 50 mg	Calcium Folate Ebewe	2011
Cefazolin sodium	Inj 500 mg & 1 g	Hospira	2011
Cefuroxime sodium	Inj 750 mg & 1.5 g	Zinacef	2011
Cephalexin monohydrate	Grans for oral liq 125 mg per 5 ml	Cefalexin Sandoz	2012
	Grans for oral liq 250 mg per 5 ml	Cefalexin Sandoz	
Cetirizine hydrochloride	Tab 10 mg	Zetop	2011
	Oral liq 1 mg per ml	Cetirizine-AFT	
Chloramphenicol	Eye oint 1%	Chlorsig	2012

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

Sole Subsidised Supply Products – cumulative to August 2010

Generic Name	Presentation	Brand Name	Expiry Date*
Chlorhexidine gluconate	Handrub 1% with ethanol 70% Soln 4%	healthE Orion	2012 2011
Ciclopiroxolamine	Nail soln 8%	Batrafen	2012
Ciprofloxacin	Tab 250 mg, 500 mg & 750 mg	Rex Medical	2011
Citalopram	Tab 20 mg	Arrow-Citalopram	2011
Clobetasol propionate	Crn 0.05% Oint 0.05% Scalp app 0.05%	Dermol Dermol Dermol	2012
Clonazepam	Tab 500 µg & 2 mg	Paxam	2011
Clonidine	TDDS 2.5 mg, 100 µg per day TDDS 5 mg, 200 µg per day TDDS 7.5 mg, 300 µg per day	Catapres-TTS-1 Catapres-TTS-2 Catapres-TTS-3	2012
Clonidine hydrochloride	Inj 150 µg per ml, 1 ml Tab 25 µg Tab 150 µg	Catapres Dixarit Catapres	2012
Clotrimazole	Crn 1%	Clomazol	2011
Crotamiton	Crn 10%	Itch-Soothe	2012
Cyclizine hydrochloride	Tab 50 mg	Nausicalm	2012
Cyproterone acetate	Tab 50 mg & 100 mg	Siterone	2012
Cyproterone acetate with ethinyloestradiol	Tab 2 mg with ethinyloestradiol 35 µg and 7 inert tabs	Ginet 84	2011
Desmopressin	Nasal spray 10 µg per dose	Desmopressin-PH&T	2011
Dextrose	Inj 50%, 10 ml	Biomed	2011
Diclofenac sodium	Tab EC 25 mg & 50 mg Eye drops 1 mg per ml Inj 25 mg per ml, 3 ml Suppos 12.5 mg, 25 mg, 50 mg & 100 mg	Diclofenac Sandoz Voltaren Ophtha Voltaren Voltaren	2012 2011
Dihydrocodeine tartrate	Tab long-acting 60 mg	DHC Continus	2013
Diltiazem hydrochloride	Tab 30 mg & 60 mg Cap long-acting 120 mg, 180 mg & 240 mg	Dilzem Cardizem CD	31/12/11
Dipyridamole	Tab long-acting 150 mg	Pytazen SR	2011
Docusate sodium with sennosides	Tab 50 mg with total sennosides 8 mg	Laxsol	2013
Emulsifying ointment	Oint BP	AFT	2011
Enoxaparin sodium (low molecular weight heparin)	Inj 20 mg, 40 mg, 60 mg, 80 mg, 100 mg, 120 mg & 150 mg	Clexane	2012
Entacapone	Tab 200 mg	Comtan	2012

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

Sole Subsidised Supply Products – cumulative to August 2010

Generic Name	Presentation	Brand Name	Expiry Date*
Erythromycin ethyl succinate	Tab 400 mg Grans for oral liq 200 mg per 5 ml Grans for oral liq 400 mg per 5 ml	E-Mycin E-Mycin E-Mycin	2012 2011
Ethinylloestradiol	Tab 10 µg	NZ Medical and Scientific	2012
Etidronate disodium	Tab 200 mg	Arrow-Etidronate	2012
Felodipine	Tab long-acting 5 mg Tab long-acting 10 mg	Felo 5 ER Felo 10 ER	2012
Finasteride	Tab 5 mg	Fintral	2011
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 Inj 250 mg, 500 mg & 1 g	AFT AFT AFT Flucloxin	2012 2011
Fluconazole	Cap 50 mg, 150 mg & 200 mg	Pacific	2011
Fludarabine phosphate	Inj 50 mg Tab 10 mg	Fludara Fludara Oral	2011
Fluorometholone	Eye drops 0.1%	FML	2012
Fluticasone propionate	Metered aqueous nasal spray, 50 µg per dose	Flixonase Hayfever & Allergy	31/1/13
Furosemide	Tab 40 mg	Diurin 40	2012
Gabapentin	Cap 100 mg, 300 mg & 400 mg	Nupentin	31/7/12
Gentamicin sulphate	Inj 40 mg per ml, 2 ml	Pfizer	2012
Gliclazide	Tab 80 mg	Apo-Gliclazide	2011
Glipizide	Tab 5 mg	Minidiab	2011
Glyceryl trinitrate	Tab 600 µg Oral pump spray 400 µg per dose TDDS 5 mg & 10 mg	Lycinate Nitrolingual Pumpspray Nitroderm TTS	2011
Hydrocortisone	Tab 5 mg & 20 mg Powder Crm 1%	Douglas ABM PSM	2012 2011
Hydrocortisone acetate	Rectal foam 10%, CFC-free (14 applications)	Colifoam	2012
Hydrocortisone with wool fat and mineral oil	Lotn 1% with wool fat hydrous 3% and mineral oil	DP Lotn HC	2011
Hydroxocobalamin	Inj 1 mg per ml, 1 ml	ABM Hydroxocobalamin	2012
Hydroxychloroquine sulphate	Tab 200 mg	Plaquenil	2012
Hypromellose	Eye drops 0.5%	Methopt	2011
Hysocine N-butylbromide	Inj 20 mg, 1 ml Tab 20 mg	Buscopan Gastrosoothe	2011

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Sole Subsidised Supply Products – cumulative to August 2010

Generic Name	Presentation	Brand Name	Expiry Date*
Ibuprofen	Tab 200 mg	Ethics Ibuprofen	2012
Iron polymaltose	Inj 50 mg per ml, 2 ml	Ferrum H	2011
Isotretinoin	Cap 10 mg & 20 mg	Oratane	2012
Ketoconazole	Shampoo 2%	Sebizole	2011
Lamivudine	Oral liq 10 mg per ml Tab 150 mg	3TC 3TC	2013
Latanoprost	Eye drops 50 µg per ml	Hysite	2012
Letrozole	Tab 2.5 mg	Letara	2012
Levonorgestrel	Subdermal implant (2 x 75 mg rods)	Jadelle	31/12/13
Lisinopril	Tab 5 mg, 10 mg & 20 mg	Arrow-Lisinopril	2012
Malathion	Shampoo 1%	A-Lices	2011
Mask for Spacer Device	Device	Foremount Child's Silicone Mask	30/9/11
Mebendazole	Tab 100 mg	De-Worm	2011
Mebeverine hydrochloride	Tab 135 mg	Colofac	2011
Megestrol acetate	Tab 160 mg	Apo-Megestrol	2012
Mesalazine	Enema 1 g per 100 ml	Pentasa	2012
Metformin hydrochloride	Tab immediate-release 500 mg & 850 mg	Apotex	2012
Methadone hydrochloride	Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml	Biodone Biodone Forte Biodone Extra Forte	2012
Methotrexate	Tab 2.5 mg & 10 mg Inj 100 mg per ml, 10 ml Inj 100 mg per ml, 50 ml	Methoblastin Methotrexate Ebewe Methotrexate Ebewe	2012 2011
Methyldopa	Tab 125 mg, 250 mg & 500 mg	Prodopa	2011
Methylprednisolone	Tab 4 mg & 100 mg	Medrol	2012
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, 2 ml Inj 500 mg Inj 1 g	Solu-Medrol Solu-Medrol Solu-Medrol Solu-Medrol	2012
Metoclopramide hydrochloride	Inj 5 mg per ml, 2 ml	Pfizer	2011
Miconazole nitrate	Crn 2%	Multichem	2011
Mometasone furoate	Crn 0.1% Oint 0.1%	m-Mometasone m-Mometasone	2012

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

Sole Subsidised Supply Products – cumulative to August 2010

Generic Name	Presentation	Brand Name	Expiry Date*
Morphine hydrochloride	Oral liq 1 mg per ml Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml	RA-Morph RA-Morph RA-Morph RA-Morph	2012
Morphine sulphate	Tab immediate release 10 mg & 20 mg Inj 10 mg per ml, 1 ml Inj 30 mg per ml, 1 ml	Sevredol Mayne Mayne	2012 2011
Naproxen	Tab 250 mg Tab 500 mg	Noflam 250 Noflam 500	2012
Nevirapine	Oral suspension 10 mg per ml Tab 200 mg	Viramune Suspension Viramune	2012
Norethisterone	Tab 350 µg Tab 5 mg	Noriday 28 Primolut N	2012 2011
Nortriptyline hydrochloride	Tab 10 mg & 25 mg	Norpress	2011
Nystatin	Oral liq 100,000 u per ml, 24 ml OP	Nilstat	2011
Omeprazole	Cap 10 mg, 20 mg & 40 mg Inj 40 mg	Dr Reddy's Omeprazole Dr Reddy's Omeprazole	2011
Oxytocin	Inj 5 iu per ml, 1 ml Inj 10 iu per ml, 1 ml Inj 5 iu with ergometrine maleate 500 µg per ml, 1 ml	Syntocinon Syntocinon Syntometrine	2012
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
Paracetamol	Tab 500 mg Oral liq 120 mg per 5 ml Oral liq 250 mg per 5 ml	Pharmacare Paracare Junior Paracare Double Strength	2011
Paracetamol with codeine	Tab paracetamol 500 mg with codeine phosphate 8 mg	ParaCode	2011
Peak Flow Meter	Low range and Normal range	Breath-Alert	30/9/11
Pegylated interferon alpha-2A	Inj 135 µg prefilled syringe Inj 180 µg prefilled syringe Inj 135 µg prefilled syringe x 4 with ribavirin tab 200 mg x 112 Inj 135 µg prefilled syringe x 4 with ribavirin tab 200 mg x 168 Inj 180 µg prefilled syringe x 4 with ribavirin tab 200 mg x 112 Inj 180 µg prefilled syringe x 4 with ribavirin tab 200 mg x 168	Pegasys Pegasys Pegasys RBV Combination Pack Pegasys RBV Combination Pack Pegasys RBV Combination Pack Pegasys RBV Combination Pack	31/12/12
Pergolide	Tab 0.25 mg & 1 mg	Permax	2011

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

Sole Subsidised Supply Products – cumulative to August 2010

Generic Name	Presentation	Brand Name	Expiry Date*
Permethrin	Lotn 5%	A-Scabies	2011
Pindolol	Tab 5 mg, 10 mg & 15 mg	Apo-Pindolol	2012
Pioglitazone	Tab 15 mg, 30 mg & 45 mg	Pizaccord	2012
Pizotifen	Tab 500 µg	Sandomigran	2012
Poloxamer	Oral drops 10%	Coloxyl	2011
Polyvinyl alcohol	Eye drops 1.4% Eye drops 3%	Vistil Vistil Forte	2011
Potassium chloride	Tab long-acting 600 mg	Span-K	2012
Prednisone	Tab 1 mg, 2.5 mg, 5 mg & 20 mg	Apo-Prednisone	2011
Prednisone sodium phosphate	Oral liq 5 mg per ml	Redipred	2012
Pregnancy tests – hCG urine	Cassette	Innovacon hCG One Step Pregnancy Test	2012
Procaine penicillin	Inj 1.5 mega u	Cilicaine	2011
Promethazine hydrochloride	Oral liq 5 mg per 5 ml	Promethazine Winthrop Elixir	2012
	Tab 10 mg & 25 mg	Allersoothe	2011
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 300 mg	Q 300	2012
Roxithromycin	Tab 150 mg & 300 mg	Arrow-Roxithromycin	2012
Salbutamol	Nebuliser soln, 1 mg per ml, 2.5 ml	Asthalin	2012
	Nebuliser soln, 2 mg per ml, 2.5 ml	Asthalin	
Salbutamol with ipratropium bromide	Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml	Duolin	2012
Selegiline hydrochloride	Tab 5 mg	Apo-Selegiline	2012
Simvastatin	Tab 10 mg	Arrow-Simva 10 mg	2011
	Tab 20 mg	Arrow-Simva 20 mg	
	Tab 40 mg	Arrow-Simva 40 mg	
	Tab 80 mg	Arrow-Simva 80 mg	
Sodium cromoglycate	Nasal spray, 4%	Rex	2012
Somatropin	Inj cartridge 16 iu (5.3 mg)	Genotropin	31/12/12
	Inj cartridge 36 iu (12 mg)	Genotropin	
Sotalol	Tab 80 mg & 160 mg	Mylan	2012
Spacer Device	230 ml	Space Chamber	30/9/11
Sumatriptan	Tab 50 mg & 100 mg	Arrow-Sumatriptan	2013

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

Sole Subsidised Supply Products – cumulative to August 2010

Generic Name	Presentation	Brand Name	Expiry Date*
Tar with triethanolamine lauryl sulphate and fluorescein	Soln 2.3%	Pinetarsol	2011
Temazepam	Tab 10 mg	Normison	2011
Terbinafine	Tab 250 mg	Apo-Terbinafine	2011
Testosterone cypionate	Inj long-acting 100 mg per ml, 10 ml	Depo-Testosterone	2011
Tetracosactrin	Inj 250 µg Inj 1 mg per ml, 1 ml	Synacthen Synacthen Depot	2011
Timolol maleate	Tab 10 mg Eye drops 0.25% & 0.5%	Apo-Timol Apo-Timop	2012 2011
Tranexamic acid	Tab 500 mg	Cycklokapron	2013
Triamcinolone acetonide	Crn 0.02% Oint 0.02% Inj 40 mg per ml, 1 ml 0.1% in Dental Paste USP	Aristocort Aristocort Kenacort-A40 Oracort	2011
Trimethoprim	Tab 300 mg	TMP	2011
Tropisetron	Cap 5 mg	Navoban	2012
Ursodeoxycholic acid	Cap 300 mg	Actigall	2011
Vancomycin hydrochloride	Inj 50 mg per ml, 10 ml	Pacific	2011
Zidovudine [AZT]	Cap 100 mg Oral liq 10 mg per ml	Retrovir Retrovir	2013
Zinc and castor oil	Oint BP	PSM	2011
Zinc sulphate	Cap 137.4 mg (50 mg elemental)	Zincaps	2011
Zopiclone	Tab 7.5 mg	Apo-Zopiclone	2011

August changes in bold

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings

Effective 1 August 2010

26	HYDROCORTISONE WITH CINCHOCAINE Oint 5 mg with cinchocaine hydrochloride 5 mg per g 15.00 Suppos 5 mg with cinchocaine hydrochloride 5 mg per g 9.90	30 g OP 12	✓ Proctosedyl ✓ Proctosedyl
29	INSULIN GLULISINE ▲ Inj 100 u per ml, 10 ml 27.03 ▲ Inj 100 u per ml, 3 ml disposable pen 46.07	1 5	✓ Apidra ✓ Apidra SoloStar
35	DANTHRON WITH POLOXAMER – Only on a prescription Oral liq 75 mg with poloxamer 1 g per 5 ml 13.95 Note: Only for the prevention or treatment of constipation in the terminally ill.	300 ml	✓ Pinorax Forte
35	SODIUM CITRATE WITH SODIUM LAURYL SULPHOACETATE – Only on a prescription Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml 25.00	50	✓ Micolette
37	ASCORBIC ACID a) No more than 100 mg per dose b) Only on a prescription * Tab 100 mg 13.80	500	✓ Vitala-C
46	ATORVASTATIN * Tab 10 mg 1.77 * Tab 20 mg 2.60 * Tab 40 mg 4.38 * Tab 80 mg 7.73	30 30 30 30	✓ Lorstat 10 ✓ Lorstat 20 ✓ Lorstat 40 ✓ Lorstat 80
49	TERAZOSIN HYDROCHLORIDE * Tab 1 mg 1.50 * Tab 2 mg 0.80 * Tab 5 mg 1.00	28 28 28	✓ Arrow ✓ Arrow ✓ Arrow
55	AMILORIDE WITH HYDROCHLOROTHIAZIDE * Tab 5 mg with hydrochlorothiazide 50 mg 17.50	50	✓ Moduretic ^{S29}
56	INDAPAMIDE * Tab 2.5 mg 2.95	90	✓ Dapa-Tabs
63	TRICLOSAN – Subsidy by endorsement a) Maximum of 500 ml per prescription b) 1) Only if prescribed for a patient identified with Methicillin-resistant Staphylococcus aureus (MRSA) prior to elective surgery in hospital and the prescription is endorsed accordingly; or 2) Only if prescribed for a patient with recurrent Staphylococcus aureus infection and the prescription is endorsed accordingly. Soln 1 % 5.90	500 ml	✓ healthE
65	MALATHION Liq 0.5% 3.79	200 ml	✓ A-Lices

▲ 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

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New listings - effective 1 August 2010 (continued)

73	LEVONORGESTREL * Subdermal implant (2 x 75 mg rods).....	133.65	1	✓ Jadelle
74	TAMSULOSIN HYDROCHLORIDE – Special Authority see SA1032 – Retail pharmacy Cap 400 µg.....	5.98	30	✓ Tamsulosin-Rex
	▶ SA1032 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. The patient is intolerant of non-selective alpha blockers or these are contraindicated.			
84	CEFTRIAXONE SODIUM – Subsidy by endorsement a) Up to 5 inj available on a PSO b) Subsidised only if prescribed for a dialysis or cystic fibrosis patient, or the treatment of confirmed ciprofloxacin-resistant gonorrhoea, or the treatment of suspected meningitis in patients who have a known allergy to penicillin, and the prescription or PSO is endorsed accordingly. Inj 1 g	10.49	5	✓ Aspen Ceftriaxone
124	QUETIAPINE Tab 25 mg	7.00	60	✓ Dr Reddy's Quetiapine
	Tab 100 mg	14.00	60	✓ Dr Reddy's Quetiapine
	Tab 200 mg	24.00	60	✓ Dr Reddy's Quetiapine
	Tab 300 mg	40.00	60	✓ Dr Reddy's Quetiapine
125	RISPERIDONE Tab 0.5 mg	3.51	60	✓ Dr Reddy's Risperidone
147	AZATHIOPRINE – Retail pharmacy-Specialist * Tab 50 mg	18.45	100	✓ Imuprine
154	IPRATROPIUM BROMIDE Nebuliser soln, 250 µg per ml, 1 ml – Up to 40 neb available on a PSO.....	3.79	20	✓ Univent
	Nebuliser soln, 250 µg per ml, 2 ml – Up to 40 neb available on a PSO.....	4.06	20	✓ Univent

Effective 1 July 2010

25	POTASSIUM IODATE Tab 268 µg (150 µg elemental).....	7.55	90	✓ NeuroKare
35	DANTHRON WITH POLOXAMER – Only on a prescription Oral liq 25 mg with poloxamer 200 mg per 5 ml.....	9.50	300 ml	✓ Pinorax
	Note: Only for the prevention or treatment of constipation in the terminally ill.			

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$

Per

Brand or
Generic Mnfr
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New listings - effective 1 July 2010 (continued)

37	MULTIVITAMINS – Special Authority see SA0963 – Retail pharmacy Powder	72.00	200 g OP	✓ Paediatric Seravit
38	VITAMINS * Tab (BPC cap strength)	10.85	1,000	✓ MultiADE
54	AMLODIPINE * Tab 5 mg	22.82	30	✓ Norvasc
	* Tab 10 mg	34.85	30	✓ Norvasc
59	TRETINOIN Crm 0.5 mg per g	13.90	50 g OP	✓ ReTrieve
	a) maximum of 50 g per prescription			
66	COAL TAR Soln BP – Only in combination	12.95	200 ml	✓ Midwest
	Up to 10 % Only in combination with a dermatological base or proprietary Topical Corticosteroid – Plain, refer, page 163 With or without other dermatological galenicals.			
78	OESTRADIOL – See prescribing guideline * TDDS 50 µg per day	4.12 (13.18)	8	Estradot 50 mcg
	a) Higher subsidy of \$13.18 per 8 patch with Special Authority see SA1018 b) No more than 2 patch per week c) Only on a prescription			
82	CLOMIPHENE CITRATE Tab 50 mg	29.84	10	✓ Serophene
95	LOPINAVIR WITH RITONAVIR – Special Authority see SA1021 – Hospital pharmacy [HP1] Tab 100 mg with ritonavir 25 mg	183.75	60	✓ Kaletra
113	FLUOXETINE HYDROCHLORIDE * Cap 20 mg	2.70	84	✓ Fluox
158	FLUMETASONE PIVALATE Ear drops 0.02% with clioquinol 1%	4.46	7.5 ml OP	✓ Locacorten-Vioform ED's
167	GLYCEROL * Liquid – Only in combination	17.86	2,000 ml	✓ healthE
	Only in extemporaneously compounded oral liquid preparations.			
172	PROTEIN SUPPLEMENT – Special Authority see SA0582 – Hospital pharmacy [HP3] Powder	8.95	227 g OP	✓ Resource Beneprotein
185	AMINOACID FORMULA WITH MINERALS WITHOUT PHENYLALANINE – Special Authority see SA0962 – Retail pharmacy See prescribing guideline Powder	23.38	100 g OP	✓ Metabolic Mineral Mixture

▲ 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
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New listings - effective 1 June 2010

49	ENALAPRIL			
	* Tab 5 mg	1.98	90	✓ Arrow-Enalapril
	* Tab 10 mg	2.44	90	✓ Arrow-Enalapril
	* Tab 20 mg	3.24	90	✓ Arrow-Enalapril
76	NANDROLONE DECANOATE – Retail pharmacy-Specialist			
	Inj 50 mg per ml, 1 ml	21.16	1	✓ Deca-Durabolin Orgaject S29
109	TRAMADOL HYDROCHLORIDE			
	Cap 50 mg	6.95	100	✓ Arrow-Tramadol
138	CYTARABINE			
	Inj 500 mg – PCT – Retail pharmacy-Specialist	18.15	1	✓ Pfizer
	Inj 1 g – PCT – Retail pharmacy-Specialist	37.00	1	✓ Pfizer
	Inj 2 g – PCT only – Specialist	31.00	1	✓ Pfizer
139	IRINOTECAN – PCT only – Specialist – Special Authority see SA0878			
	Inj 20 mg per ml, 2 ml	41.00	1	✓ Irinotecan-Rex
	Inj 20 mg per ml, 5 ml	100.00	1	✓ Irinotecan-Rex
142	MITOMYCIN C – PCT only – Specialist			
	Inj 5 mg	72.75	1	✓ Arrow S29

Effective 28 May 2010

52	ATENOLOL			
	* Tab 50 mg	12.36	1,000	✓ <u>Atenolol Tablet USP</u>
	* Tab 100 mg	21.46	1,000	✓ <u>Atenolol Tablet USP</u>

Effective 5 May 2010

100	DICLOFENAC SODIUM			
	* Tab EC 25 mg	1.63	50	✓ Diclofenac Sandoz
	* Tab EC 50 mg	2.13	50	✓ Diclofenac Sandoz

Effective 1 May 2010

55	BENDROFLUAZIDE			
	* Tab 2.5 mg – Up to 150 tab available on a PSO	7.58	500	✓ Arrow- Bendrofluzide
	May be supplied on a PSO for reasons other than emergency.			
	* Tab 5 mg	11.75	500	✓ Arrow- Bendrofluzide
77	TESTOSTERONE UNDECANOATE – Retail pharmacy-Specialist			
	Cap 40 mg	79.92	100	✓ Arrow-Testosterone
109	LIGNOCAINE			
	Gel 2%, 10 ml urethral syringe	43.26	10	✓ Pfizer
138	FLUOROURACIL SODIUM			
	Inj 50 mg per ml, 10 ml – PCT only – Specialist.....	24.75	5	✓ Fluorouracil Ebewe

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**

Changes to Restrictions

Effective 1 August 2010

29	INSULIN GLARGINE —Special Authority see SA0834 —Retail pharmacy			
	▲ Inj 100 u per ml, 10 ml	63.00	1	✓ Lantus
	▲ Inj 100 u per ml, 3 ml	94.50	5	✓ Lantus
	▲ Inj 100 u per ml, 3 ml disposable pen	94.50	5	✓ Lantus SoloStar

Note: Only for patients meeting one of the following criteria:

- 1 **Type 1 diabetes; or**
- 2 **Other condition related diabetes (e.g. Cystic Fibrosis, diabetes in pregnancy, pancreatectomy patients); or**
- 3 **Type 2 diabetes after there has been unacceptable hypoglycaemic events with a 3 month trial of an insulin regimen; or**
- 4 **Type 2 diabetes who require insulin therapy and who require assistance from a carer or healthcare professional to administer their insulin injections.**

► SA0834 Special Authority for Subsidy

Initial application only from a relevant specialist. Approvals valid for 1 year for applications meeting the following criteria:

Either:

1 Both:

- 1.1 Patient has type 1 diabetes and has received an intensive regimen (injections at least three times a day) of an intermediate acting insulin in combination with a rapid acting insulin analogue for at least three months; and

1.2 Either:

- 1.2.1 Patient has experienced more than one unexplained severe hypoglycaemic episode in the previous 12 months (severe defined as requiring the assistance of another person); or
- 1.2.2 Patient has experienced unexplained symptomatic nocturnal hypoglycaemia, biochemically documented at <3.0 mmol/L, more than once a month despite optimal management; or

2 Patient has documented severe, or continuing, systemic or local allergic reaction to existing insulins. Note this does not include hypoglycaemic episodes.

Renewal only from a relevant specialist or general practitioner. Approvals valid for 1 year for applications meeting the following criteria:

Either:

- 1 Patient is continuing to derive benefit due to reduced hypoglycaemic events whilst maintaining similar or better glycaemic control; or
- 2 Patient's allergic reaction has significantly decreased, or resolved, following the change to long-acting insulin and patient is continuing to benefit from treatment.

31	KETONE BLOOD BETA-KETONE ELECTRODES —Subsidy by endorsement			
	Patient has type 1 diabetes and has had one or more episodes of ketoacidosis (excluding first presentation). Maximum quantity of 2 packs per annum. No further prescriptions will be subsidised. The prescription must be endorsed accordingly:			
	Test strip	7.07	10 strip OP	✓ Optium Blood Ketone Test Strips

- a) **Maximum of 20 test strips per prescription**
- b) Not on a BSO

31	SODIUM NITROPRUSSIDE			
	* Test strip	14.14	20 strip OP	✓ Ketostix

- a) **Maximum of 20 test strips per prescription**
- b) Not on a BSO

▲ 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)
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✓ fully subsidised

Changes to Restrictions - effective 1 August 2010 (continued)

35	IMIGLUCERASE – Special Authority see SA0473 – Retail pharmacy Hospital pharmacy [HP1] Inj 40 iu per ml, 200 iu vial	CBS	1	✓ Cerezyme
37	ALPHA TOCOPHERYL ACETATE – Special Authority see SA0915 – Retail pharmacy Hospital pharmacy [HP3] Water solubilised soln 156 iu/ml, with calibrated dropper	18.30	50 ml OP	✓ Micelle E
40	ERYTHROPOIETIN ALPHA – Special Authority see SA0922 – Retail pharmacy Hospital pharmacy [HP3] Inj human recombinant 1,000 iu prefilled syringe	48.68	6	✓ Eporex
	Inj human recombinant 2,000 iu, prefilled syringe	120.18	6	✓ Eporex
	Inj human recombinant 3,000 iu, prefilled syringe	166.87	6	✓ Eporex
	Inj human recombinant 4,000 iu, prefilled syringe	193.13	6	✓ Eporex
	Inj human recombinant 5,000 iu, prefilled syringe	243.26	6	✓ Eporex
	Inj human recombinant 6,000 iu, prefilled syringe	291.92	6	✓ Eporex
	Inj human recombinant 10,000 iu, prefilled syringe	395.18	6	✓ Eporex
40	ERYTHROPOIETIN BETA – Special Authority see SA0922 – Retail pharmacy Hospital pharmacy [HP3] Inj 2,000 iu, prefilled syringe	120.18	6	✓ NeoRecormon
	Inj 3,000 iu, prefilled syringe	166.87	6	✓ NeoRecormon
	Inj 4,000 iu, prefilled syringe	193.13	6	✓ NeoRecormon
	Inj 5,000 iu, prefilled syringe	243.26	6	✓ NeoRecormon
	Inj 6,000 iu, prefilled syringe	291.29	6	✓ NeoRecormon
	Inj 10,000 iu, prefilled syringe	395.18	6	✓ NeoRecormon
44	TOTAL PARENTERAL NUTRITION (TPN) – Retail pharmacy Hospital pharmacy [HP1] Specialist Infusion	CBS	1 OP	✓ TPN
48	DEFERRIOXAMINE MESYLATE – Hospital pharmacy [HP3] * Inj 500 mg	99.00	10	✓ Mayne
52	MIDODRINE – Special Authority see SA0934 – Retail pharmacy Hospital pharmacy [HP3] Tab 2.5 mg	53.00	100	✓ Gutron
	Tab 5 mg	79.00	100	✓ Gutron
54	PERHEXILINE MALEATE – Special Authority see SA0256 – Retail pharmacy Hospital pharmacy [HP3] * Tab 100 mg	62.90	100	✓ Pexsig
55	FUROSEMIDE * Tab 500 mg	25.00	50	✓ Urex Forte S29
57	AMBRISENTAN – Special Authority see SA0967 – Retail pharmacy Hospital pharmacy [HP1] Tab 5 mg	4,585.00	30	✓ Volibris
	Tab 10 mg	4,585.00	30	✓ Volibris
57	OXPENTIFYLLINE – Hospital pharmacy [HP3] Tab 400 mg	36.94 (42.26)	50	Trental 400
58	BOSENTAN – Special Authority see SA0967 – Retail pharmacy Hospital pharmacy [HP1] Tab 62.5 mg	4,585.00	60	✓ Tracleer
	Tab 125 mg	4,585.00	60	✓ Tracleer

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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Changes to Restrictions - effective 1 August 2010 (continued)

58	ILOPROST – Special Authority see SA0969 – Retail pharmacy Hospital pharmacy [HP1] Nebuliser soln 10 µg per ml, 2 ml	1,185.00	30	✓ Ventavis
58	SILDENAFIL – Special Authority see SA0968 – Retail pharmacy Hospital pharmacy [HP1] Tab 25 mg	52.00	4	✓ Viagra
	Tab 50 mg	59.50	4	✓ Viagra
	Tab 100 mg	68.00	4	✓ Viagra
70	INTRA-UTERINE DEVICE – Only on a WSO a) Up to 40 dev available on a PSO b) Only on a PSO * IUD	39.50	1	✓ Multiload Cu 375 ✓ Multiload Cu 375 SL
	Distributed by Pharmaco-NZ Ltd, PO Box 4079, Auckland Ph 09 377 3336			
70	DIAPHRAGM * Diaphragm – Up to 1 dev available on a PSO.....	42.90	1	✓ Ortho All-flex ✓ Ortho Coil
	One of each size is permitted on a PSO:			
	* Diaphragm, 55 mm – Up to 1 dev available on a PSO.....	42.90	1	✓ Ortho Coil
	* Diaphragm, 60 mm – Up to 1 dev available on a PSO.....	42.90	1	✓ Ortho All-flex ✓ Ortho Coil
	* Diaphragm, 65 mm – Up to 1 dev available on a PSO.....	42.90	1	✓ Ortho All-flex ✓ Ortho Coil
	* Diaphragm, 70 mm – Up to 1 dev available on a PSO.....	42.90	1	✓ Ortho All-flex ✓ Ortho Coil
	* Diaphragm, 75 mm – Up to 1 dev available on a PSO.....	42.90	1	✓ Ortho All-flex ✓ Ortho Coil
	* Diaphragm, 80 mm – Up to 1 dev available on a PSO.....	42.90	1	✓ Ortho All-flex ✓ Ortho Coil
	* Diaphragm, 85 mm – Up to 1 dev available on a PSO.....	42.90	1	✓ Ortho All-flex ✓ Ortho Coil
	* Diaphragm, 90 mm – Up to 1 dev available on a PSO.....	42.90	1	✓ Ortho All-flex ✓ Ortho Coil
	Note - amended descriptions only.			
77	CYPROTERONE ACETATE – Retail pharmacy Hospital pharmacy [HP3]–Specialist Tab 50 mg	21.10	50	✓ Siterone
	Tab 100 mg	41.50	50	✓ Siterone
81	BUSERELIN ACETATE – Special Authority see SA0835 – Retail pharmacy Hospital pharmacy [HP3] Inj 1 mg per ml, 5.5 ml	195.00 (272.53)	2	Suprefact
82	CABERGOLINE Tab 0.5 mg – Maximum of 2 tab per prescription; can be waived by Special Authority see SA1031 0175.....	66.00 16.50 66.00	8 2 8	✓ Dostinex ✓ Arrow-Cabergoline ✓ Arrow-Cabergoline

➔ **SA1031** 0175 Special Authority for Waiver of Rule

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

Check your Schedule for full details
Schedule page ref

Subsidy
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Generic Mnfr
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Changes to Restrictions - effective 1 August 2010 (continued)

continued...

Initial application only from an obstetrician, endocrinologist or gynaecologist. Approvals valid **without further renewal, unless notified, for applications for 2 years** where the patient has pathological hyperprolactinemia. **Renewal** only from an obstetrician, endocrinologist or gynaecologist. Approvals valid **for 2 years without further renewal, unless notified, for applications** where the **patient has previously held a valid Special Authority which has expired and the** treatment remains appropriate and the patient is benefiting from treatment.

82	DESMOPRESSIN Inj 4 µg per ml, 1 ml – Special Authority see SA0090 – Retail pharmacy Hospital pharmacy [HP3]	67.18	10	✓ Minirin
82	GOSERELIN ACETATE – Hospital pharmacy [HP3] Inj 3.6 mg Inj 10.8 mg	200.00 500.00	1 1	✓ Zoladex ✓ Zoladex
82	LEUPRORELIN – Hospital pharmacy [HP3] Inj 3.75 mg Inj 3.75 mg prefilled syringe Inj 7.5 mg Inj 11.25 mg Inj 11.25 mg prefilled syringe Inj 22.5 mg Inj 30 mg Inj 30 mg prefilled syringe Inj 45 mg	221.60 221.60 166.20 591.68 591.68 443.76 591.68 1,109.40 832.05	1 1 1 1 1 1 1 1 1	✓ Lucrin Depot ✓ Lucrin Depot PDS ✓ Eligard ✓ Lucrin Depot ✓ Lucrin Depot PDS ✓ Eligard ✓ Eligard ✓ Lucrin Depot PDS ✓ Eligard
83	METYRAPONE Cap 250 mg – Retail pharmacy Hospital pharmacy [HP3]–Specialist	238.00	50	✓ Metopirone
84	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 Inj 1 g	5.00 8.00	5 5	✓ Hospira ✓ Hospira
84	CEFOXITIN SODIUM – Retail pharmacy Hospital pharmacy [HP3]–Specialist – Subsidy by endorsement Only if prescribed for dialysis or cystic fibrosis patient and the prescription is endorsed accordingly. Inj 1 g	55.00	5	✓ Mayne
84	CEFTRIAOXONE SODIUM – Hospital pharmacy [HP3] – Subsidy by endorsement a) Up to 5 inj available on a PSO b) Subsidised only if prescribed for a dialysis or cystic fibrosis patient, or the treatment of confirmed ciprofloxacin-resistant gonorrhoea, or the treatment of suspected meningitis in patients who have a known allergy to penicillin, and the prescription or PSO is endorsed accordingly. Inj 500 mg Inj 1 g	3.99 5.40 10.49	1 1 5	✓ AFT ✓ AFT ✓ Aspen Ceftriaxone

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Changes to Restrictions - effective 1 August 2010 (continued)

84	CEFUROXIME SODIUM – Hospital pharmacy [HP3] Inj 250 mg – Maximum of 3 inj per prescription; can be waived by endorsement..... 20.97	10	✓ Mayne
	Inj 750 mg – Maximum of 1 inj per prescription; can be waived by endorsement..... 10.71	5	✓ Zinacef
	Inj 1.5 g – Retail pharmacy Hospital pharmacy [HP3] – Specialist – Subsidy by Endorsement 4.04	1	✓ Zinacef
	Only if prescribed for a dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.		
84	CEPHALEXIN MONOHYDRATE – Hospital pharmacy [HP3] Grans for oral liq 125 mg per 5 ml 8.50	100 ml	✓ Cefalexin Sandoz
	Grans for oral liq 250 mg per 5 ml 11.50	100 ml	✓ Cefalexin Sandoz
88	COLISTIN SULPHOMETHATE – Retail pharmacy Hospital pharmacy [HP3] – Specialist – Subsidy by endorsement Only if prescribed for dialysis or cystic fibrosis patient and the prescription is endorsed accordingly. Inj 150 mg 65.00	1	✓ Colistin-Link
88	FLUCONAZOLE – Retail pharmacy Hospital pharmacy [HP3] – Specialist Cap 50 mg 6.82	28	✓ Pacific
	Cap 150 mg 1.30	1	✓ Pacific
	Cap 200 mg 19.05	28	✓ Pacific
88	FUSIDIC ACID Tab 250 mg – Retail pharmacy Hospital pharmacy [HP3]–Specialist 34.50	12	✓ Fucidin
	Inj 500 mg sodium fusidate per 10 ml – Retail pharmacy Hospital pharmacy [HP3] –Specialist – Subsidy by endorsement 12.87	1	Fucidin
	(17.80)		
	Only if prescribed for a dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.		
88	GENTAMICIN SULPHATE Inj 10 mg per ml, 1 ml – Hospital pharmacy [HP3] – Subsidy by endorsement 8.56	5	✓ Mayne
	Only if prescribed for a dialysis or cystic fibrosis patient or for prophylaxis of endocarditis and the prescription is endorsed accordingly.		
	Inj 40 mg per ml, 2 ml – Hospital pharmacy [HP3] – Subsidy by endorsement 9.00	10	✓ Pfizer
	Only if prescribed for a dialysis or cystic fibrosis patient or for prophylaxis of endocarditis and the prescription is endorsed accordingly.		
88	ITRACONAZOLE – Retail pharmacy Hospital pharmacy [HP3] – Specialist Cap 100 mg 23.70	15	✓ Sporanox
88	VANCOMYCIN HYDROCHLORIDE – Hospital pharmacy [HP3] – Subsidy by endorsement Only if prescribed for a dialysis or cystic fibrosis patient or in the treatment of pseudomembranous colitis or for prophylaxis of endocarditis and the prescription is endorsed accordingly. Inj 50 mg per ml, 10 ml 5.04	1	✓ Pacific

▲ 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 August 2010 (continued)

88	TOBRAMYCIN Inj 40 mg per ml, 2 ml — Hospital pharmacy [HP3] — Subsidy by endorsement	34.50	5	✓ Mayne
Only if prescribed for dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.				
89	RIFABUTIN — Retail pharmacy Hospital pharmacy [HP3]-Specialist No patient co-payment payable * Cap 150 mg	213.19	30	✓ Mycobutin
92	TENOFOVIR DISOPROXIL FUMARATE — Subsidy by endorsement; can be waived by Special Authority see SA0997 Endorsement for treatment of HIV/AIDS: Prescription is deemed to be endorsed if tenofovir disoproxil fumarate is co-prescribed with another anti-retroviral subsidised under Special Authority SA0997 and the prescription is annotated accordingly by the Pharmacist or endorsed by the prescriber. Note: • Tenofovir disoproxil fumarate prescribed under endorsement for the treatment of HIV/AIDS is included in the count of up to 4 3 subsidised antiretrovirals for the purposes of Special Authority SA0997, — Subsidy for a combination of up to three anti-retroviral medications, including a maximum of two protease-inhibitors. Combinations including ritonavir plus indinavir or atazanavir will be counted as one protease-inhibitor for the purpose of accessing funding to antiretrovirals.	531.00	30	✓ Viread
93	Antiretrovirals SA1025 +021 Special Authority for Subsidy Initial application — (Confirmed HIV/AIDS) only from a named specialist. Approvals valid without further renewal unless notified for applications meeting the following criteria: Both: 1 Confirmed HIV infection; and 2 Any of the following: 2.1 Symptomatic patient; or 2.2 Patient aged 12 months and under; or 2.3 Both: 2.3.1 Patient aged 1 to 5 years; and 2.3.2 Any of the following: 2.3.2.1 CD4 counts < 1000 cells/mm ³ ; or 2.3.2.2 CD4 counts < 0.25 × total lymphocyte count; or 2.3.2.3 Viral load counts > 100000 copies per ml; or 2.4 Both: 2.4.1 Patient aged 6 years and over; and 2.4.2 CD4 counts < 350 cells/mm ³ .			
Notes: Tenofovir disoproxil fumarate prescribed under endorsement for HIV/AIDS is included in the count of up to 4 3 subsidised antiretrovirals. Subsidies for a combination of up to four three anti-retroviral medications, including a maximum of two protease-inhibitors. Combinations including ritonavir plus indinavir or saquinavir or atazanavir will be counted as one protease-inhibitor for the purpose of accessing funding to anti-retrovirals. The combination of a protease inhibitor and low-dose ritonavir given as a booster (either as part of a combination product or separately) will be counted as one protease inhibitor for the purpose of accessing funding to antiretrovirals. Initial application — (Percutaneous exposure) only from a named specialist. Approvals valid for 6 weeks where the patient has percutaneous exposure to blood known to be HIV positive. Renewal — (Second or subsequent percutaneous exposure) only from a named specialist. Approvals valid for 6 weeks where the patient has percutaneous exposure to blood known to be HIV positive.				

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(Mnfr's price)
\$ Per

Brand or
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✓ fully subsidised

Changes to Restrictions - effective 1 August 2010 (continued)

continued...

Notes: Tenofovir disoproxil fumarate prescribed under endorsement for HIV/AIDS is included in the count of up to **4 3** subsidised antiretrovirals.

Subsidies for a combination of up to **four three** anti-retroviral medications, including a maximum of two protease inhibitors. Combinations including ritonavir plus indinavir or saquinavir or atazanavir will be counted as one protease inhibitor for the purpose of accessing funding to anti-retrovirals. **The combination of a protease inhibitor and low-dose ritonavir given as a booster (either as part of a combination product or separately) will be counted as one protease inhibitor for the purpose of accessing funding to antiretrovirals.**

Initial application — (Prevention of maternal transmission) only from a named specialist. Approvals valid for 1 year for applications meeting the following criteria:

Either:

- 1 Prevention of maternal foetal transmission; or
- 2 Treatment of the newborn for up to eight weeks.

Notes: Tenofovir disoproxil fumarate prescribed under endorsement for HIV/AIDS is included in the count of up to **4 3** subsidised antiretrovirals.

Subsidies for a combination of up to **four three** anti-retroviral medications, including a maximum of two protease inhibitors. Combinations including ritonavir plus indinavir or saquinavir or atazanavir will be counted as one protease inhibitor for the purpose of accessing funding to anti-retrovirals. **The combination of a protease inhibitor and low-dose ritonavir given as a booster (either as part of a combination product or separately) will be counted as one protease inhibitor for the purpose of accessing funding to antiretrovirals.**

Some antiretrovirals are unapproved or contraindicated for this indication. Practitioners prescribing these medications should exercise their own skill, judgement, expertise and discretion, and make their own prescribing decisions with respect to the use of a Pharmaceutical for an indication for which it is not approved or contraindicated.

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

Initial application - (Post-exposure prophylaxis following non-occupational exposure to HIV) only from a named specialist. Approvals valid for 4 weeks for applications meeting the following criteria:

Both:

- 1 Treatment course to be initiated within 72 hours post exposure; and
- 2 Either:
 - 2.1 Patient has had unprotected receptive anal intercourse with a known HIV positive person; or
 - 2.2 Patient has shared intravenous injecting equipment with a known HIV positive person.

Notes: Tenofovir disoproxil fumarate prescribed under endorsement for HIV/AIDS is included in the count of up to **4 3** subsidised antiretrovirals.

Subsidies for a combination of up to **four three** anti-retroviral medications, including a maximum of two protease inhibitors. Combinations including ritonavir plus indinavir or atazanavir will be counted as one protease inhibitor for the purpose of accessing funding to antiretrovirals. **The combination of a protease inhibitor and low-dose ritonavir given as a booster (either as part of a combination product or separately) will be counted as one protease inhibitor for the purpose of accessing funding to antiretrovirals.**

Renewal - (Second or subsequent post-exposure prophylaxis) only from a named specialist. Approvals valid for 4 weeks for applications meeting the following criteria:

Both:

- 1 Treatment course to be initiated within 72 hours post exposure; and
- 2 Either:
 - 2.1 Patient has had unprotected receptive anal intercourse with a known HIV positive person; or
 - 2.2 Patient has shared intravenous injecting equipment with a known HIV positive person.

94	EFAVIRENZ – Special Authority see SA1025 – Retail pharmacy Hospital pharmacy [HP1]		
	Tab 50 mg	158.33	30 ✓ Stocrin
	Tab 200 mg	474.99	90 ✓ Stocrin
	Tab 600 mg	474.99	30 ✓ Stocrin

▲ 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 August 2010 (continued)

94	NEVIRAPINE – Special Authority see SA1025 – Retail pharmacy Hospital pharmacy [HP1]			
	Tab 200 mg	319.80	60	✓ Viramune
	Oral suspension 10 mg per ml	134.55	240 ml	✓ Viramune Suspension
94	ABACAVIR SULPHATE – Special Authority see SA1025 – Retail pharmacy Hospital pharmacy [HP1]			
	Tab 300 mg	458.00	60	✓ Ziagen
	Oral liq 20 mg per ml	100.00	240 ml OP	✓ Ziagen
94	ABACAVIR SULPHATE WITH LAMIVUDINE – Special Authority see SA1025 – Retail pharmacy Hospital pharmacy [HP1]			
	Note: Kivexa counts as two anti-retroviral medications for the purposes of the anti-retroviral Special Authority.			
	Tab 600 mg with lamivudine 300 mg	630.00	30	✓ Kivexa
94	DIDANOSINE [DDI] – Special Authority see SA1025 – Retail pharmacy Hospital pharmacy [HP1]			
	Cap 125 mg	115.05	30	✓ Videx EC
	Cap 200 mg	184.08	30	✓ Videx EC
	Cap 250 mg	230.10	30	✓ Videx EC
	Cap 400 mg	368.16	30	✓ Videx EC
94	EMTRICITABINE – Special Authority see SA1025 – Retail pharmacy Hospital pharmacy [HP1]			
	Cap 200 mg	307.20	30	✓ Emtriva
95	ATAZANAVIR SULPHATE – Special Authority see SA1025 – Retail pharmacy Hospital pharmacy [HP1]			
	Cap 150 mg	568.34	60	✓ Reyataz
	Cap 200 mg	757.79	60	✓ Reyataz
95	ENFUVIRTIDE – Special Authority see SA0845 – Retail pharmacy Hospital pharmacy [HP1]			
	Powder for inj 90 mg per ml × 60	2,380.00	1	✓ Fuzeon
95	INDINAVIR – Special Authority see SA1025 – Retail pharmacy Hospital pharmacy [HP1]			
	Cap 200 mg	519.75	360	✓ Crixivan
	Cap 400 mg	519.75	180	✓ Crixivan
95	LAMIVUDINE – Special Authority see SA1025 – Retail pharmacy Hospital pharmacy [HP1]			
	Tab 150 mg	153.60	60	✓ 3TC
	Oral liq 10 mg per ml	50.00	240 ml OP	✓ 3TC
95	LOPINAVIR WITH RITONAVIR – Special Authority see SA1025 – Retail pharmacy Hospital pharmacy [HP1]			
	Tab 100 mg with ritonavir 25 mg	183.75	60	✓ Kaletra
	Tab 200 mg with ritonavir 50 mg	735.00	120	✓ Kaletra
	Oral liq 80 mg with ritonavir 20 mg per ml	735.00	300 ml OP	✓ Kaletra
95	RALTEGRAVIR POTASSIUM – Special Authority see SA1025 – Retail pharmacy Hospital pharmacy [HP1]			
	Tab 400 mg	1,350.00	60	✓ Isentress
95	RITONAVIR – Special Authority see SA1025 – Retail pharmacy Hospital pharmacy [HP1]			
	Cap 100 mg	121.27	84	✓ Norvir
	Oral liq 80 mg per ml	103.98	90 ml OP	✓ Norvir

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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Changes to Restrictions - effective 1 August 2010 (continued)

95	STAVUDINE [D4T] – Special Authority see SA1025 – Retail pharmacy Hospital pharmacy [HP+]		
	Cap 20 mg	317.10	60 ✓ Zerit
	Cap 30 mg	377.80	60 ✓ Zerit
	Cap 40 mg	503.80	60 ✓ Zerit
	Powder for oral soln 1 mg per ml	100.76	200 ml OP ✓ Zerit
95	ZIDOVUDINE [AZT] – Special Authority see SA1025 – Retail pharmacy Hospital pharmacy [HP+]		
	Cap 100 mg	145.00	100 ✓ Retrovir
	Oral liq 10 mg per ml	29.00	200 ml OP ✓ Retrovir
95	ZIDOVUDINE [AZT] WITH LAMIVUDINE – Special Authority see SA1025 – Retail pharmacy Hospital pharmacy [HP+]		
	Combivir counts as two anti-retroviral medications for the purposes of the anti-retroviral Special Authority.		
	Tab 300 mg with lamivudine 150 mg	667.20	60 ✓ Combivir
97	INTERFERON ALPHA-2A – PCT – Retail pharmacy Hospital pharmacy [HP3]-Specialist		
	a) See prescribing guideline		
	b) Only one multidose cartridge starter pack to be prescribed and dispensed per patient.		
	Inj 3 m iu prefilled syringe	31.32	1 ✓ Roferon-A
	Inj 6 m iu prefilled syringe	62.64	1 ✓ Roferon-A
	Inj 9 m iu prefilled syringe	93.96	1 ✓ Roferon-A
97	INTERFERON ALPHA-2B – PCT – Retail pharmacy Hospital pharmacy [HP3]-Specialist		
	See prescribing guideline		
	Inj 18 m iu, 1.2 ml multidose pen	187.92	1 ✓ Intron-A
	Inj 30 m iu, 1.2 ml multidose pen	313.20	1 ✓ Intron-A
	Inj 60 m iu, 1.2 ml multidose pen	626.40	1 ✓ Intron-A
97	PEGYLATED INTERFERON ALPHA-2A – Special Authority see SA0952 – Retail pharmacy Hospital pharmacy [HP3]		
	See prescribing guideline		
	Inj 135 µg prefilled syringe	362.00	1 ✓ Pegasys
	Inj 180 µg prefilled syringe	450.00	1 ✓ Pegasys
	Inj 135 µg prefilled syringe × 4 with ribavirin tab 200 mg × 112	1,799.68	1 OP ✓ Pegasys RBV Combination Pack
	Inj 135 µg prefilled syringe × 4 with ribavirin tab 200 mg × 168	1,975.00	1 OP ✓ Pegasys RBV Combination Pack
	Inj 180 µg prefilled syringe × 4 with ribavirin tab 200 mg × 112	2,059.84	1 OP ✓ Pegasys RBV Combination Pack
	Inj 180 µg prefilled syringe × 4 with ribavirin tab 200 mg × 168	2,190.00	1 OP ✓ Pegasys RBV Combination Pack

▲ 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 August 2010 (continued)

102	ADALIMUMAB – Special Authority see SA1026 0974 – Retail pharmacy Inj 40 mg per 0.8 ml prefilled pen 1,799.92 2 ✓ HumiraPen Inj 40 mg per 0.8 ml prefilled syringe 1,799.92 2 ✓ Humira
	<p>➔ SA1026 0974 Special Authority for Subsidy Initial application — (rheumatoid arthritis) only from a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria: All of the following:</p> <ol style="list-style-type: none"> 1 Patient has had severe and active erosive rheumatoid arthritis for six months duration or longer; and 2 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and 3 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and 4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with at least two of the following (triple therapy): sulphasalazine, prednisone at a dose of at least 7.5 mg per day, azathioprine, intramuscular gold, or hydroxychloroquine sulphate (at maximum tolerated doses); and 5 Either: <ol style="list-style-type: none"> 5.1 Patient has tried and not responded to at least three months therapy at the maximum tolerated dose of cyclosporin alone or in combination with another agent; or 5.2 Patient has tried and not responded to at least three months therapy at the maximum tolerated dose of leflunomide alone or in combination with another agent; and 6 Either: <ol style="list-style-type: none"> 6.1 Patient has persistent symptoms of poorly controlled and active disease in at least 20 active, swollen, tender joints; or 6.2 Patient has persistent symptoms of poorly controlled and active disease in at least four active joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and 7 Either: <ol style="list-style-type: none"> 7.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or 7.2 C-reactive protein levels not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months. <p>Initial application — (Crohn's disease) only from a gastroenterologist. Approvals valid for 3 months for applications meeting the following criteria: All of the following:</p> <ol style="list-style-type: none"> 1 Patient has severe active Crohn's disease; and 2 Any of the following: <ol style="list-style-type: none"> 2.1 Patient has a Crohn's Disease Activity Index (CDAI) score of greater than or equal to 300; or 2.2 Patient has extensive small intestine disease affecting more than 50 cm of the small intestine; or 2.3 Patient has evidence of short gut syndrome or would be at risk of short gut syndrome with further bowel resection; or 2.4 Patient has an ileostomy or colostomy, and has intestinal inflammation; and 3 Patient has tried but had an inadequate response to, or has experienced intolerable side effects from, prior systemic therapy with immunomodulators at maximum tolerated doses (unless contraindicated) and corticosteroids; and 4 Surgery (or further surgery) is considered to be clinically inappropriate. <p>Initial application — (severe chronic plaque psoriasis) only from a dermatologist. Approvals valid for 4 months for applications meeting the following criteria: All of the following:</p> <ol style="list-style-type: none"> 1 Either: <ol style="list-style-type: none"> 1.1 Patient has "whole body" severe chronic plaque psoriasis with a Psoriasis Area and Severity Index (PASI) score of greater than 15, where lesions have been present for at least 6 months from the time of initial diagnosis; or

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**

Changes to Restrictions - effective 1 August 2010 (continued)

continued...

- 1.2 Patient has severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot, where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis; and
- 2 Patient has tried, but had an inadequate response (see Note) to, or has experienced intolerable side effects from, at least three of the following (at maximum tolerated doses unless contraindicated): phototherapy, methotrexate, cyclosporin, or acitretin; and
- 3 A PASI assessment has been completed for at least the most recent prior treatment course (but preferably all prior treatment courses), preferably while still on treatment but no longer than 1 month following cessation of each prior treatment course; and
- 4 The most recent PASI assessment is no more than 1 month old at the time of application.

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

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

All of the following:

- 1 Patient has a confirmed diagnosis of ankylosing spondylitis present for more than six months; and
- 2 Patient has low back pain and stiffness that is relieved by exercise but not by rest; and
- 3 Patient has bilateral sacroiliitis demonstrated by plain radiographs, CT or MRI scan; and
- 4 Patient's ankylosing spondylitis has not responded adequately to treatment with two or more non-steroidal anti-inflammatory drugs (NSAIDs), in combination with anti-ulcer therapy if indicated, while patient was undergoing at least 3 months of an exercise regimen supervised by a physiotherapist; and
- 5 Either:
 - 5.1 Patient has limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); or
 - 5.2 Patient has limitation of chest expansion by at least 2.5 cm below the average normal values corrected for age and gender (see Notes); and
- 6 A Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 6 on a 0-10 scale; and
- 7 Either:
 - 7.1 An elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; or
 - 7.2 A C-reactive protein (CRP) level greater than 15 mg per litre.

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

Average normal chest expansion corrected for age and gender:

- 18-24 years - Male: 7.0 cm; Female: 5.5 cm
- 25-34 years - Male: 7.5 cm; Female: 5.5 cm
- 35-44 years - Male: 6.5 cm; Female: 4.5 cm
- 45-54 years - Male: 6.0 cm; Female: 5.0 cm
- 55-64 years - Male: 5.5 cm; Female: 4.0 cm
- 65-74 years - Male: 4.0 cm; Female: 4.0 cm
- 75+ years - Male: 3.0 cm; Female: 2.5 cm

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

All of the following:

- 1 Patient has had severe active psoriatic arthritis for six months duration or longer; and
- 2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and

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▲ 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 August 2010 (continued)

continued...

- 3 Patient has tried and not responded to at least three months of sulphasalazine at a dose of at least 2 g per day or leflunomide at a dose of up to 20 mg daily (or maximum tolerated doses); and
- 4 Either:
 - 4.1 Patient has persistent symptoms of poorly controlled and active disease in at least 20 active, swollen, tender joints; or
 - 4.2 Patient has persistent symptoms of poorly controlled and active disease in at least four active joints from the following:
wrist, elbow, knee, ankle, and either shoulder or hip; and
- 5 Any of the following:
 - 5.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or
 - 5.2 Patient has an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; or
 - 5.3 ESR and CRP not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

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

All of the following:

- 1 Either:
 - 1.1 Applicant is a rheumatologist; or
 - 1.2 Applicant is a Practitioner and confirms that a rheumatologist has provided a letter, email or fax recommending that the patient continues with adalimumab treatment; and
- 2 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
- 3 Either:
 - 3.1 Following 4 months initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
 - 3.2 On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician;
and
- 4 **Either:**
 - 4.1 **Adalimumab to be administered at doses no greater than 40 mg every 14 days; or**
 - 4.2 **Patient cannot take concomitant methotrexate and requires doses of adalimumab higher than 40 mg every 14 days to maintain an adequate response.**

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

Both All of the following:

- 1 Either:
 - 1.1 Applicant is a gastroenterologist; or
 - 1.2 Applicant is a Practitioner and confirms that a gastroenterologist has provided a letter, email or fax recommending that the patient continues with adalimumab treatment; and
- 2 **The treatment remains appropriate and the patient is benefiting from treatment. Either:**
 - 2.1 **Either:**
 - 2.1.1 **CDAI score has reduced by 100 points from the CDAI score when the patient was initiated on adalimumab; or**
 - 2.1.2 **CDAI score is 150 or less; or**
 - 2.2 **Both:**
 - 2.2.1 **The patient has demonstrated an adequate response to treatment but CDAI score cannot be assessed; and**
 - 2.2.2 **Applicant to state the reason that CDAI score cannot be assessed; and**
- 3 **Adalimumab to be administered at doses no greater than 40 mg every 14 days.**

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

continued...

Changes to Restrictions - effective 1 August 2010 (continued)

continued...

Both All of the following:

- 1 Either:
 - 1.1 Applicant is a dermatologist; or
 - 1.2 Applicant is a Practitioner and confirms that a dermatologist has provided a letter, email or fax recommending that the patient continues with adalimumab treatment; and
- 2 Either:
 - 2.1 Both:
 - 2.1.1 Patient has "whole body" severe chronic plaque psoriasis; and
 - 2.1.2 Following each prior adalimumab treatment course the patient has a PASI score which is reduced by 75% or more, or is sustained at this level, when compared with the pre-adalimumab treatment baseline value; or
 - 2.2 Both:
 - 2.2.1 Patient has severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot; and
 - 2.2.2 Either:
 - 2.2.2.1 Following each prior adalimumab treatment course the patient has a reduction in the PASI symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the treatment course baseline values; or
 - 2.2.2.2 Following each prior adalimumab treatment course the patient has a reduction of 75% or more in the skin area affected, or sustained at this level, as compared to the pre-adalimumab treatment baseline value-; **and**

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

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

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

All of the following:

- 1 Either:
 - 1.1 Applicant is a rheumatologist; or
 - 1.2 Applicant is a Practitioner and confirms that a rheumatologist has provided a letter, email or fax recommending that the patient continues with adalimumab treatment; and
- 2 Following 12 weeks of adalimumab treatment, BASDAI has improved by 4 or more points from pre-adalimumab baseline on a 10 point scale, or by 50%, whichever is less; and
- 3 ESR or CRP is within the normal range; and
- 4 Physician considers that the patient has benefited from treatment and that continued treatment is appropriate; **and**

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

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

Both All of the following:

- 1 Either:
 - 1.1 Applicant is a rheumatologist; or
 - 1.2 Applicant is a Practitioner and confirms that a rheumatologist has provided a letter, email or fax recommending that the patient continues with adalimumab treatment; and
- 2 Either:
 - 2.1 Following 4 months initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the treating physician; or
 - 2.2 The patient demonstrates at least a continuing 50% improvement in active joint count from baseline and a clinically significant response to prior adalimumab treatment in the opinion of the treating physician-; **and**

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

▲ 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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Schedule page ref

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Changes to Restrictions - effective 1 August 2010 (continued)

108	PAMIDRONATE DISODIUM – Hospital pharmacy [HP3]			
	Inj 3 mg per ml, 5 ml	18.75	1	✓ Pamisol
	Inj 3 mg per ml, 10 ml	37.50	1	✓ Pamisol
	Inj 6 mg per ml, 10 ml	75.00	1	✓ Pamisol
	Inj 9 mg per ml, 10 ml	112.50	1	✓ Pamisol
109	BUPIVACAINE HYDROCHLORIDE – Hospital pharmacy [HP3]			
	Inj 0.5%, 4 ml	29.35	5	✓ Marcaïn Isobaric
	Inj 0.5%, 8% glucose, 4 ml	24.50	5	✓ Marcaïn Heavy
109	LIGNOCAINE WITH PRILOCAINE – Special Authority see SA0906 – Retail pharmacy Hospital pharmacy [HP3]			
	Crn 2.5% with prilocaïne 2.5%	41.00	30 g OP	✓ EMLA
	Crn 2.5% with prilocaïne 2.5% (5 g tubes)	41.00	5	✓ EMLA
119	SUMATRIPTAN			
	Inj 12 mg per ml, 0.5 ml – Retail pharmacy			
	Hospital pharmacy [HP3]-Specialist	80.00	2 OP	✓ Imigran
	Maximum of 10 inj per prescription			
120	HYOSCINE (SCOPOLAMINE) – Special Authority see SA0939 – Retail pharmacy Hospital pharmacy [HP3]			
	Patch 1.5 mg	11.95	2	✓ Scopoderm TTS
121	TROPISETRON – Retail pharmacy Hospital pharmacy [HP3]-Specialist			
	a) Maximum of 6 cap per prescription			
	b) Maximum of 3 cap per dispensing			
	c) Not more than one prescription per month.			
	Cap 5 mg	77.41	5	✓ Navoban
137	CALCIUM FOLINATE			
	Tab 15 mg – PCT – Retail pharmacy Hospital pharmacy [HP3]-Specialist	63.89	10	✓ Mayne
	Inj 3 mg per ml, 1 ml – PCT – Retail pharmacy Hospital pharmacy [HP1]-Specialist	17.10	5	✓ Mayne
	Inj 50 mg – PCT – Retail pharmacy Hospital pharmacy [HP1]-Specialist	24.50	5	✓ Calcium Folate Ebewe
137	CAPECITABINE – Retail pharmacy Hospital pharmacy [HP1]-Specialist – Special Authority see SA0869			
	Tab 150 mg	115.00	60	✓ Xeloda
	Tab 500 mg	705.00	120	✓ Xeloda

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Restrictions - effective 1 August 2010 (continued)

139	METHOTREXATE * Tab 2.5 mg – PCT – Retail pharmacy Hospital pharmacy [HP3]-Specialist	5.22	30	✓ Methoblastin
	* Tab 10 mg – PCT – Retail pharmacy Hospital pharmacy [HP3]-Specialist	40.93	50	✓ Methoblastin
	* Inj 2.5 mg per ml, 2 ml – PCT – Retail pharmacy Hospital pharmacy [HP1]-Specialist	23.65	5	✓ Mayne
	* Inj 25 mg per ml, 2 ml – PCT – Retail pharmacy Hospital pharmacy [HP1]-Specialist	46.10	5	✓ Mayne
	* Inj 25 mg per ml, 20 ml – PCT – Retail pharmacy Hospital pharmacy [HP1]-Specialist	80.25	1	✓ Mayne
	* Inj 100 mg per ml, 10 ml – Retail pharmacy Hospital pharmacy [HP1]-Specialist	27.50	1	✓ Methotrexate Ebewe
	* Inj 100 mg per ml, 50 ml – PCT – Retail pharmacy Hospital pharmacy [HP1]-Specialist	135.00	1	✓ Methotrexate Ebewe
140	THIOGUANINE – PCT – Retail pharmacy Hospital pharmacy [HP3]-Specialist Tab 40 mg	97.16	25	✓ Lanvis
141	ETOPOSIDE Cap 50 mg – PCT – Retail pharmacy Hospital pharmacy [HP3]-Specialist	340.73	20	✓ Vepesid
	Cap 100 mg – PCT – Retail pharmacy Hospital pharmacy [HP3]-Specialist	340.73	10	✓ Vepesid
	Inj 20 mg per ml, 5 ml – PCT – Retail pharmacy Hospital pharmacy [HP1]-Specialist	25.00	1	✓ Mayne
		612.20	10	✓ Vepesid
142	TEMOZOLOMIDE – Special Authority see SA0831 – Retail pharmacy Hospital pharmacy [HP3] Cap 5 mg	50.00	5	✓ Temodal
	Cap 20 mg	170.00	5	✓ Temodal
	Cap 100 mg	840.00	5	✓ Temodal
	Cap 250 mg	2,100.00	5	✓ Temodal
146	EXEMESTANE – Additional subsidy by Special Authority see SA1000 – Retail pharmacy Note: Repeat dispensings for Aromasin will be fully subsidised where the initial dispensing was before 1 February 2010 Tab 25 mg	26.55 (175.00)	30	Aromasin
146	FLUTAMIDE – Retail pharmacy Hospital pharmacy [HP3]-Specialist Tab 250 mg	48.30	100	✓ Flutamin
146	OCTREOTIDE (SOMATOSTATIN ANALOGUE) – Special Authority see SA1016 – Retail pharmacy Hospital pharmacy [HP3] Inj 50 µg per ml, 1 ml	25.65 43.50	5	✓ Hospira ✓ Sandostatin
	Inj 100 µg per ml, 1 ml	48.50 81.00	5	✓ Hospira ✓ Sandostatin
	Inj 500 µg per ml, 1 ml	175.00 399.00	5	✓ Hospira ✓ Sandostatin
	Inj LAR 10 mg prefilled syringe	1,772.50	1	✓ Sandostatin LAR
	Inj LAR 20 mg prefilled syringe	2,358.75	1	✓ Sandostatin LAR
	Inj LAR 30 mg prefilled syringe	2,951.25	1	✓ Sandostatin LAR

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

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Changes to Restrictions - effective 1 August 2010 (continued)

147	MYCOPHENOLATE MOFETIL – Special Authority see SA0960 – Retail pharmacy Hospital pharmacy [HP3]			
	Tab 500 mg	206.66	50	✓ Cellcept
	Cap 250 mg	206.66	100	✓ Cellcept
	Powder for oral liq 1 g per 5 ml – Subsidy by endorsement ...	285.00	165 ml OP	✓ Cellcept
	Mycophenolate powder for oral liquid is subsidised only for patients unable to swallow tablets and capsules, and when the prescription is endorsed accordingly			
149	CYCLOSPORIN – Hospital pharmacy [HP3]			
	Cap 25 mg	59.50	50	✓ Neoral
	Cap 50 mg	118.54	50	✓ Neoral
	Cap 100 mg	237.08	50	✓ Neoral
	Oral liq 100 mg per ml	264.17	50 ml OP	✓ Neoral
149	SIROLIMUS – Special Authority see SA0866 – Retail pharmacy Hospital pharmacy [HP3]			
	Tab 1 mg	813.00	100	✓ Rapamune
	Tab 2 mg	1,626.00	100	✓ Rapamune
	Oral liq 1 mg per ml	487.80	60 ml OP	✓ Rapamune
150	TACROLIMUS – Special Authority see SA0669 – Retail pharmacy Hospital pharmacy [HP3]			
	Cap 0.5 mg	214.00	100	✓ Prograf
	Cap 1 mg	428.00	100	✓ Prograf
	Cap 5 mg	1,070.00	50	✓ Prograf
151	BEE VENOM ALLERGY TREATMENT – Special Authority see SA0053 – Retail pharmacy Hospital pharmacy [HP3]			
	Maintenance kit - 6 vials 120 µg freeze dried venom, 6 diluent 1.8 ml	285.00	1 OP	✓ Albay
	Treatment kit - 1 vial 550 µg freeze dried venom, 1 diluent 9 ml, 3 diluent 1.8 ml	285.00	1 OP	✓ Albay
151	WASP VENOM ALLERGY TREATMENT – Special Authority see SA0053 – Retail pharmacy Hospital pharmacy [HP3]			
	Treatment kit (Paper wasp venom) - 1 vial 550 µg freeze dried polister venom, 1 diluent 9 ml, 1 diluent 1.8 ml	285.00	1 OP	✓ Albay
	Treatment kit (Yellow jacket venom) - 1 vial 550 µg freeze dried vespula venom, 1 diluent 9 ml, 1 diluent 1.8 ml	285.00	1 OP	✓ Albay
156	DORNASE ALFA – Special Authority see SA0611 – Retail pharmacy Hospital pharmacy [HP1]			
	Nebuliser soln, 2.5 mg per 2.5 ml ampoule	294.30	6	✓ Pulmozyme
156	MASK FOR SPACER DEVICE			
	a) Up to 20 dev available on a PSO			
	b) Only for children aged six years and under			
	c) Only on a PSO			
	a) Maximum of 20 dev per WSO			
	b) Only on a WSO			
	e)			
	1) Only available for children aged six years and under.			
	2) 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.			
	3) 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			
	Size 2	3.28	1	✓ Foremount Child's Silicone Mask

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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Changes to Restrictions - effective 1 August 2010 (continued)

157	PEAK FLOW METER a) Up to 10 dev available on a PSO b) Only on a PSO a) Maximum of 10 dev per WSO b) Only on a WSO			
	Low range	13.75	1	✓ Breath-Alert
	Normal range	13.75	1	✓ Breath-Alert
157	SPACER DEVICE a) Up to 20 dev available on a PSO b) Only on a PSO a) Maximum of 20 dev per WSO b) Only on a WSO e) 1) 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: Space Chamber distributed by Airflow Products. Forward orders to: Airflow Products – PO Box 1485, Wellington Telephone: 04 499 1240 or 0800 AIR FLOW, Facsimile: 04 499 1245 or 0800 323 270 Volumatic Distributed by GlaxoSmithKline. Forward orders to: Telephone: 0800 877 789 Facsimile: 0800 877 785			
	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 PSO WSO is endorsed accordingly.			
	800 ml	8.50	1	✓ Volumatic
	230 ml (single patient)	8.38	1	✓ Space Chamber
161	PILOCARPINE * Eye drops 2% single dose – Special Authority see SA0895 – Retail pharmacy Hospital pharmacy [HP3]	31.95 (32.72)	20 dose	Minims
167	ACETYLCYSTEINE – Retail pharmacy Hospital pharmacy [HP1] – Specialist Inj 200 mg per ml, 10 ml	137.06 (219.75) (255.35)	10	Martindale Acetylcysteine Hospira

Effective 1 July 2010

73	CLOTRIMAZOLE * Vaginal crm 1% with applicator(s)	1.30	35 g OP	✓ Clomazol
77	Hormone Replacement Therapy – Systemic ▶ SA10180312 Special Authority for Alternate Subsidy Initial application only from any relevant practitioner an obstetrician, gynaecologist, general practitioner or general physician. Approvals valid for 5 years for applications meeting the following criteria: Any of the following: 1 acute or significant liver disease – where oral oestrogens are contraindicated as determined by a gastroenterologist or general physician. The applicant must keep written confirmation from such a specialist with the patient's record; or			

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 July 2010 (continued)

continued...

- 2 oestrogen induced hypertension requiring antihypertensive therapy - documented evidence must be kept on file that raised blood pressure levels or inability to control blood pressure adequately occurred post oral oestrogens; or
- 3 hypertriglyceridaemia - documented evidence must be kept on file that triglyceride levels increased to at least 2 x normal triglyceride levels post oral oestrogens; or

4 Somatropin co-therapy – patient is being prescribed somatropin with subsidy provided under a valid approval issued under Special Authority

Note: Prescriptions with a valid Special Authority (CHEM) number will be reimbursed at the level of the lowest priced TDDS product within the specified dose group.

Renewal only from a **relevant practitioner** an obstetrician, gynaecologist, general practitioner or general physician. Approvals valid for 5 years where the treatment remains appropriate and the patient is benefiting from treatment, **or the patient remains on subsidised somatropin co-therapy.**

82 CLOMIPHENE CITRATE –Retail pharmacy-Specialist

Only a prescription for a female patient:

Tab 50 mg	2.50	5	✓Phenate
	29.84	10	✓Serophene

89 DAPSONE – No patient co-payment payable

Tab 25 mg	95.00	100	✓Dapsone S29
Tab 100 mg	110.00	100	✓Dapsone S29

93 Antiretrovirals

► **SA10210779** Special Authority for Subsidy

Initial application — (Confirmed HIV/AIDS) only from a named specialist. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Both:

- 1 Confirmed HIV infection; and
- 2 Any of the following:
 - 2.1 Symptomatic patient; or
 - 2.2 Patient aged 12 months and under; or
 - 2.3 Both:
 - 2.3.1 Patient aged 1 to 5 years; and
 - 2.3.2 Any of the following:
 - 2.3.2.1 CD4 counts < 1000 cells/mm³; or
 - 2.3.2.2 CD4 counts < 0.25 × total lymphocyte count; or
 - 2.3.2.3 Viral load counts > 100000 copies per ml; or
 - 2.4 Both:
 - 2.4.1 Patient aged 6 years and over; and
 - 2.4.2 CD4 counts < 350 cells/mm³.

Notes: Tenofovir disoproxil fumarate prescribed under endorsement for HIV/AIDS is included in the count of up to 3 subsidised antiretrovirals.

Subsidies for a combination of up to three anti-retroviral medications, including a maximum of two protease inhibitors. Combinations including ritonavir plus indinavir or saquinavir or atazanavir will be counted as one protease inhibitor for the purpose of accessing funding to anti-retrovirals.

Initial application — (Percutaneous exposure) only from a named specialist. Approvals valid for 6 weeks where the patient has percutaneous exposure to blood known to be HIV positive.

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

Notes: Tenofovir disoproxil fumarate prescribed under endorsement for HIV/AIDS is included in the count of up to 3 subsidised antiretrovirals.

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**

Changes to Restrictions - effective 1 July 2010 (continued)

continued...

Subsidies for a combination of up to three anti-retroviral medications, including a maximum of two protease inhibitors. Combinations including ritonavir plus indinavir or saquinavir or atazanavir will be counted as one protease inhibitor for the purpose of accessing funding to anti-retrovirals.

Initial application — (Prevention of maternal transmission) only from a named specialist. Approvals valid for 1 year for applications meeting the following criteria:

Either:

- 1 Prevention of maternal foetal transmission; or
- 2 Treatment of the newborn for up to eight weeks.

Notes: Tenofovir disoproxil fumarate prescribed under endorsement for HIV/AIDS is included in the count of up to 3 subsidised antiretrovirals.

Subsidies for a combination of up to three anti-retroviral medications, including a maximum of two protease inhibitors. Combinations including ritonavir plus indinavir or saquinavir or atazanavir will be counted as one protease inhibitor for the purpose of accessing funding to anti-retrovirals.

Some antiretrovirals are unapproved or contraindicated for this indication. Practitioners prescribing these medications should exercise their own skill, judgement, expertise and discretion, and make their own prescribing decisions with respect to the use of a Pharmaceutical for an indication for which it is not approved or contraindicated.

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

Initial application - (Post-exposure prophylaxis following non-occupational exposure to HIV) only from a named specialist. Approvals valid for 4 weeks for applications meeting the following criteria:

Both:

1 Treatment course to be initiated within 72 hours post exposure; and

2 Either:

- 2.1 Patient has had unprotected receptive anal intercourse with a known HIV positive person; or
- 2.2 Patient has shared intravenous injecting equipment with a known HIV positive person.

Renewal - (Second or subsequent post-exposure prophylaxis) only from a named specialist. Approvals valid for 4 weeks for applications meeting the following criteria:

Both:

1 Treatment course to be initiated within 72 hours post exposure; and

2 Either:

- 2.1 Patient has had unprotected receptive anal intercourse with a known HIV positive person; or
- 2.2 Patient has shared intravenous injecting equipment with a known HIV positive person.

99 INFLUENZA VACCINE – Hospital pharmacy [Xpharm]

A) is available ~~between 1 March and 30 June~~ **until vaccine supplies are exhausted** each year for patients who meet the following criteria, as set by the Ministry of Health:

- a) all people 65 years of age and over;
- b) people under 65 years of age with:
 - i) the following cardiovascular disease:
 - 1) ischaemic heart disease,
 - 2) congestive heart disease,
 - 3) rheumatic heart disease,
 - 4) congenital heart disease, or
 - 5) cerebo-vascular disease;
 - ii) the following chronic respiratory disease:
 - 1) asthma, if on a regular preventative therapy, or
 - 2) other chronic respiratory disease with impaired lung function;
 - iii) diabetes;
 - iv) chronic renal disease;
 - v) any cancer, excluding basal and squamous skin cancers if not invasive;
 - vi) the following other conditions:

continued...

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

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continued...

- a) autoimmune disease,
- b) immune suppression,
- c) HIV,
- d) transplant recipients,
- e) neuromuscular and CNS diseases,
- f) haemoglobinopathies, or
- g) children on long term aspirin.

- c) people under 65 years of age who are:
 - i) pregnant; or
 - ii) morbidly obese
- d) children aged over 6 months and under 5 years who are from high deprivation backgrounds

The following conditions are excluded from funding:

- a) asthma not requiring regular preventative therapy,
- b) hypertension and/or dyslipidaemia without evidence of end-organ disease,
- B) Doctors are the only Contractors entitled to claim payment from the Funder for the supply of influenza vaccine to patients eligible under the above criteria for subsidised immunisation and they may only do so in respect of the influenza vaccine listed in the Pharmaceutical Schedule.
- C) Individual DHBs may fund patients over and above the above criteria. The claiming process for these additional patients should be determined between the DHB and Contractor.
- D) Influenza Vaccine does not fall within the definition Community Pharmaceutical as it is not funded directly from the Pharmaceutical Budget. Pharmacists are unable to claim for the dispensing of influenza vaccine from the Funder.

Inj	9.00	1	✓ Fluvax
	90.00	10	✓ Influvac
			✓ Vaxigrip

- 120 DOMPERIDONE – Additional subsidy by Special Authority see SA0938 below – Retail pharmacy
* Tab 10 mg 7.99 100 ✓ Motilium

► SA0938 Special Authority for Manufacturer's Price

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

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

- 122 TOLCAPONE – Retail pharmacy Specialist prescription
Specialist must be a neurologist, geriatrician or general physician.
▲ Tab 100 mg 128.75 100 ✓ Tasmar

- 146 OCTREOTIDE (SOMATOSTATIN ANALOGUE) – Special Authority see SA10160563 – Hospital pharmacy [HP3]
Inj 50 µg per ml, 1 ml 25.65 5 ✓ Hospira
43.50 ✓ Sandostatin
Inj 100 µg per ml, 1 ml 48.50 5 ✓ Hospira
81.00 ✓ Sandostatin
Inj 500 µg per ml, 1 ml 175.00 5 ✓ Hospira
399.00 ✓ Sandostatin
Inj LAR 10 mg prefilled syringe 1,772.50 1 ✓ Sandostatin LAR
Inj LAR 20 mg prefilled syringe 2,358.75 1 ✓ Sandostatin LAR
Inj LAR 30 mg prefilled syringe 2,951.25 1 ✓ Sandostatin LAR

► SA10160563 Special Authority for Subsidy

Initial application – (Malignant Bowel Obstruction) from any relevant practitioner. Approvals valid for 2 months for applications meeting the following criteria:

All of the following:

continued...

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

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

Changes to Restrictions - effective 1 July 2010 (continued)

continued...

- 1 The patient has nausea* and vomiting* due to malignant bowel obstruction*; and
- 2 Treatment with antiemetics, rehydration, antimuscarinic agents, corticosteroids and analgesics for at least 48 hours has failed; and
- 3 Octreotide to be given up to a maximum dose of 1,500 µg daily for up to 4 weeks.

Renewal – (Malignant Bowel Obstruction) from any relevant practitioner. Approvals valid for 3 months where the treatment remains appropriate and the patient is benefiting from treatment.

Note: indications marked with * are Unapproved Indications.

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

Both:

- 1 The patient has acromegaly; and
- 2 Any of the following
 - 2.1 Treatment with surgery, radiotherapy and a dopamine agonist has failed; or
 - 2.2 Treatment with octreotide is for an interim period while awaiting the effects of radiotherapy and a dopamine agonist has failed; or
 - 2.3 The patient is unwilling, or unable, to undergo surgery and/or radiotherapy.

Renewal – (Acromegaly) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 2 years for applications meeting the following criteria:

Both:

1. IGF1 levels have decreased since starting octreotide; and
2. The treatment remains appropriate and the patient is benefiting from treatment.

Note: In patients with acromegaly octreotide treatment should be discontinued if IGF1 levels have not decreased after 3 months treatment. In patients treated with radiotherapy octreotide treatment should be withdrawn every 2 years, for 1 month, for assessment of remission. Octreotide treatment should be stopped where there is biochemical evidence of remission (normal IGF1 levels) following octreotide treatment withdrawal for at least 4 weeks.

Initial application – (Other Indications) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 2 years for applications meeting the following criteria:

Any of the following:

~~1~~ Both:

- 1.1 Acromegaly; and
- 1.2 Patient has failed surgery, radiotherapy, bromocriptine and other oral therapies; or
- 21 VIPomas and Glucagonomas - for patients who are seriously ill in order to improve their clinical state prior to definitive surgery; or
- 32 Both:
 - 32.1 Gastrinoma; and
 - 32.2 Either:
 - 32.2.1 Patient has failed surgery; or
 - 32.2.2 Patient in metastatic disease after H2 antagonists (or proton pump inhibitors) have failed; or
- 43 Both:
 - 43.1 Insulinomas; and
 - 43.2 Surgery is contraindicated or has failed; or
- 54 For pre-operative control of hypoglycaemia and for maintenance therapy; or
- 65 Both:
 - 65.1 Carcinoid syndrome (diagnosed by tissue pathology and/or urinary 5HIAA analysis); and
 - 65.2 Disabling symptoms not controlled by maximal medical therapy.

Note: The use of octreotide in patients with fistulae, oesophageal varices, miscellaneous diarrhoea and hypotension will not be funded as a Special Authority item.

continued...

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Changes to Restrictions - effective 1 July 2010 (continued)

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Renewal – (**Other Indications**) only from a relevant specialist or **medical practitioner on the recommendation of a relevant specialist**. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.

149	TRASTUZUMAB – PCT only – Specialist – Special Authority see SA10170885		
	Inj 150 mg vial	1,350.00	1 ✓ Herceptin
	Inj 440 mg vial	3,875.00	1 ✓ Herceptin
	Inj 1 mg for ECP	9.36	1 mg ✓ Baxter

➔ SA10170885 Special Authority for Subsidy

Initial application — (metastatic breast cancer) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months where the patient has metastatic breast cancer expressing HER-2 IHC 3+ or FISH+.

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

Both:

- 1 The patient has metastatic breast cancer; and
- 2 The cancer has not progressed.

Initial application — (early breast cancer) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 3 15 months for applications meeting the following criteria:

All of the following:

- 1 The patient has early breast cancer expressing HER 2 IHC 3+ or FISH+ **ISH + (including FISH or other current technology);** and
- 2 Maximum cumulative dose of 20106 mg/kg (9-weeks 12 months' treatment)*; and
- 3 **Any of the following:**
 - 3.1 9 weeks' concurrent treatment with adjuvant chemotherapy is planned; or
 - 3.2 12 months' concurrent treatment with adjuvant chemotherapy is planned; or
 - 3.3 12 months' sequential treatment following adjuvant chemotherapy is planned; or
 - 3.4 Other treatment regimen, in association with adjuvant chemotherapy, is planned.
- 3 Trastuzumab is to be given concurrently with adjuvant taxane chemotherapy*²; and
- 4 Trastuzumab is not to be given concurrently with anthracycline chemotherapy.

Notes: indications marked with * are Unapproved Indications.

It is recommended that for early breast cancer trastuzumab be administered concurrently with docetaxel prior to anthracyclines as per the FinHer regimen (Joensuu H, Kellokumpu-Lehtinen P, Bono P, et al. Adjuvant docetaxel or vinorelbine with or without trastuzumab for breast cancer. N Engl J Med 2006;354(8):809-20).

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

Effective 1 June 2010

33	PANCREATIC ENZYME		
	Cap 8,000 USP u lipase, 30,000 USP u amylase, 30,000 USP u protease – Retail pharmacy-Specialist	85.00	250 ✓ Cotazym ECS
	Cap EC 10,000 BP u lipase, 9,000 BP u amylase and 210 BP u protease – Retail pharmacy-Specialist	34.93	100 ✓ Creon 10000
	Cap EC 25,000 BP u lipase, 18,000 BP u amylase, 1,000 BP u protease – Retail pharmacy-Specialist	94.38	100 ✓ Creon Forte
	Cap EC 25,000 BP u lipase, 22,500 BP u amylase, 1,250 BP u protease – Retail pharmacy-Specialist	94.40	100 ✓ Panzytrat

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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Changes to Restrictions - effective 1 June 2010 (continued)

39	FERROUS SULPHATE *‡ Oral liq 30 mg per 1 ml 150 mg per 5 ml (6 mg elemental per 1 ml 30 mg elemental per 1 ml).....	10.30	500 ml	✓ Ferodan
65	MALATHION Liq 0.5%	4.99	200 ml OP	✓ Derbac-M
71	<p>COMBINED ORAL CONTRACEPTIVES</p> <p>▶ SA0500 Special Authority for Alternate Subsidy</p> <p>Initial application from any medical practitioner. Approvals valid for 2 years for applications meeting the following criteria:</p> <p>Both:</p> <ol style="list-style-type: none"> Either: <ol style="list-style-type: none"> 1.1 Patient is on a Social Welfare benefit; or 1.2 Patient has an income no greater than the benefit; and 2 Has tried at least one of the fully funded options and has been unable to tolerate it. <p>Renewal from any medical practitioner. Approvals valid for 2 years for applications meeting the following criteria:</p> <p>Either:</p> <ol style="list-style-type: none"> 1 Patient is on a Social Welfare benefit; or 2 Patient has an income no greater than the benefit. <p>Notes: The approval numbers of Special Authorities approved after 1 November 1999 are interchangeable between Mercilon; and Marvelon; Minulet and Femodene.</p> <p>The additional subsidy will fund Mercilon; and Marvelon; Minulet and Femodene up to the manufacturer's price for each of these products as identified on the Schedule at 1 November 1999.</p> <p>Special Authorities approved before 1 November 1999 remain valid until the expiry date and can be renewed providing that women are still either:</p> <ul style="list-style-type: none"> • on a Social Welfare benefit; or • have an income no greater than the benefit. <p>The approval numbers of Special Authorities approved before 1 November 1999 are interchangeable for products within the combined oral contraceptives and progestogen-only contraceptives groups, except Loette and Microgynon 20 ED</p>			
72	<p>PROGESTOGEN-ONLY CONTRACEPTIVES</p> <p>▶ SA0500 Special Authority for Alternate Subsidy</p> <p>Initial application from any medical practitioner. Approvals valid for 2 years for applications meeting the following criteria:</p> <p>Both:</p> <ol style="list-style-type: none"> Either: <ol style="list-style-type: none"> 1.1 Patient is on a Social Welfare benefit; or 1.2 Patient has an income no greater than the benefit; and 2 Has tried at least one of the fully funded options and has been unable to tolerate it. <p>Renewal from any medical practitioner. Approvals valid for 2 years for applications meeting the following criteria:</p> <p>Either:</p> <ol style="list-style-type: none"> 1 Patient is on a Social Welfare benefit; or 2 Patient has an income no greater than the benefit. <p>Notes: The approval numbers of Special Authorities approved after 1 November 1999 are interchangeable between Mercilon; and Marvelon; Minulet and Femodene.</p> <p>The additional subsidy will fund Mercilon; and Marvelon; Minulet and Femodene up to the manufacturer's price for each of these products as identified on the Schedule at 1 November 1999.</p> <p>Special Authorities approved before 1 November 1999 remain valid until the expiry date and can be renewed providing that women are still either:</p> <ul style="list-style-type: none"> • on a Social Welfare benefit; or • have an income no greater than the benefit. 			

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions - effective 1 June 2010 (continued)

continued...

The approval numbers of Special Authorities approved before 1 November 1999 are interchangeable for products within the combined oral contraceptives and progestogen-only contraceptives groups, except Loette and Microgynon 20 ED

107	ALENDRONATE SODIUM – Special Authority see SA0990 – Retail pharmacy			
	Tab 70 mg	35.91	4	✓ Fosamax
	ALENDRONATE SODIUM WITH CHOLECALCIFEROL – Special Authority see SA0990 – Retail pharmacy			
	Tab 70 mg with cholecalciferol 5,600 iu	35.91	4	✓ Fosamax Plus
	Tab 70 mg with cholecalciferol 2,800 iu	35.91	4	✓ Fosamax Plus

▶ SA0990 Special Authority for Subsidy

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

Any of the following:

- 1 History of one significant osteoporotic fracture demonstrated radiologically and documented bone mineral density (BMD) \geq 2.5 standard deviations below the mean normal value in young adults (i.e. T-Score \leq -2.5) (see Note); or
- 2 History of one significant osteoporotic fracture demonstrated radiologically, and either the patient is elderly, or densitometry scanning cannot be performed because of major logistical, technical or pathophysiological reasons. It is unlikely that this provision would apply to many patients under 75 years of age; or
- 3 History of two significant osteoporotic fractures demonstrated radiologically; or
- 4 Documented T-Score \leq -3.0 (see Note); or
- 5 A 10-year risk of hip fracture \geq 3%, calculated using a published risk assessment algorithm (e.g. FRAX or Dubbo) which incorporates BMD measurements (see Note).

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

Both:

- 1 The patient is receiving systemic glucocorticosteroid therapy (\geq 5 mg per day prednisone equivalents) and has already received or is expected to receive therapy for at least three months; and
- 2 Either:
 - 2.1 The patient has documented BMD \geq 1.5 standard deviations below the mean normal value in young adults (i.e. T-Score \leq -1.5) (see Note); or
 - 2.2 The patient has a history of one significant osteoporotic fracture demonstrated radiologically.

Renewal — (Underlying cause was, and remains, glucocorticosteroid therapy) from any relevant practitioner. Approvals valid for 1 year where the patient is continuing systemic glucocorticosteroid therapy (\geq 5 mg per day prednisone equivalents).

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

Any of the following:

- 1 History of one significant osteoporotic fracture demonstrated radiologically and documented bone mineral density (BMD) \geq 2.5 standard deviations below the mean normal value in young adults (i.e. T-Score \leq -2.5) (see Note); or
- 2 History of one significant osteoporotic fracture demonstrated radiologically, and either the patient is elderly, or densitometry scanning cannot be performed because of major logistical, technical or pathophysiological reasons. It is unlikely that this provision would apply to many patients under 75 years of age; or
- 3 History of two significant osteoporotic fractures demonstrated radiologically; or
- 4 Documented T-Score \leq -3.0 (see Note); or
- 5 A 10-year risk of hip fracture \geq 3%, calculated using a published risk assessment algorithm (e.g. FRAX or Dubbo) which incorporates BMD measurements (see Note).

Notes:

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**

Changes to Restrictions - effective 1 June 2010 (continued)

continued...

	a) BMD (including BMD used to derive T-Score) must be derived measured using dual-energy x-ray absorptiometry (DXA). Quantitative ultrasound and quantitative computed tomography (QCT) are not acceptable.			
	b) Evidence used by National Institute for Health and Clinical Excellence (NICE) guidance indicates that patients aged 75 years and over who have a history of significant osteoporotic fracture demonstrated radiologically are very likely to have a T-Score ≤ -2.5 , and therefore do not require BMD measurement for treatment with bisphosphonates.			
	c) Osteoporotic fractures are the incident events for severe (established) osteoporosis, and can be defined using the WHO definitions of osteoporosis and fragility fracture. The WHO defines severe (established) osteoporosis as a T-score below -2.5 with one or more associated fragility fractures. Fragility fractures are fractures that occur as a result of mechanical forces that would not ordinarily cause fracture (minimal trauma). The WHO has quantified this as forces equivalent to a fall from a standing height or less.			
	d) In line with the Australian guidelines for funding alendronate, a vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.			
135	NALTREXONE HYDROCHLORIDE – Special Authority see SA0909 – Retail pharmacy Tab 50 mg	180.00	30	✓ ReVia
	▶ SA0909]Special Authority for Subsidy Initial application from any medical practitioner. Approvals valid for 3 months for applications meeting the following criteria: Both: 1 Patient is currently enrolled in a recognised comprehensive treatment programme for alcohol dependence; and 2 Applicant works in or with a community Alcohol and Drug Service contracted to one of the 24 District Health Boards or accredited against the New Zealand Alcohol and Other Drug Sector Standard or the National Mental Health Sector Standard. Renewal from any medical practitioner. Approvals valid for 3 months for applications meeting the following criteria: Both: 1 Compliance with the medication (prescriber determined); and 2 Any of the following: 2.1 Patient is still unstable and requires further treatment; or 2.2 Patient achieved significant improvement but requires further treatment; or 2.3 Patient is well controlled but requires maintenance therapy. The patient may not have had more than 1 prior approval in the last 12 months.			
138	CYTARABINE Inj 500 mg 100 mg per ml, 5 ml – PCT – Retail pharmacy-Specialist.....	18.15 95.36	1 5	✓ Pfizer ✓ Mayne
	Inj 1 g 100 mg per ml, 10 ml – PCT – Retail pharmacy-Specialist	37.00 42.65	1 1	✓ Pfizer ✓ Mayne
	Inj 2 g 100 mg per ml, 20 ml – PCT only – Specialist.....	31.00 34.47	1 1	✓ Pfizer ✓ Mayne
138	CYTARABINE Inj 1 mg for ECP – PCT only – Specialist	0.30	10 † mg	✓ Baxter

▲ 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
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Changes to Restrictions - effective 1 May 2010

34	DOCUSATE SODIUM – Only on a prescription * Tab Cap 50 mg 3.95 100 ✓ Laxofast 50 * Tab Cap 120 mg 5.49 100 ✓ Laxofast 120
38	CALCIUM CARBONATE * Tab eff 1.75 g (1 g elemental) 6.54 30 ✓ Calsource
38	CALCIUM CARBONATE * Tab 1.25 g (500 mg elemental) 9.18 250 ✓ Calci-Tab 500 * Tab 1.5 g (600 mg elemental) 10.33 250 ✓ Calci-Tab 600
38	SODIUM FLUORIDE Tab 1.1 mg (0.5 mg elemental) 4.00 100 ✓ PSM
38	FERROUS FUMARATE Tab 200 mg (65 mg elemental) 4.35 100 ✓ Ferro-tab
38	FERROUS FUMARATE WITH FOLIC ACID Tab 310 mg (100 mg elemental) with folic acid 350 µg 4.75 60 ✓ Ferro-F-Tabs
38	FERROUS GLUCONATE WITH ASCORBIC ACID * Tab 170 mg (20 mg elemental) with ascorbic acid 40 mg 12.04 500 ✓ Healtheries Iron with Vitamin C
39	FERROUS SULPHATE * Tab long-acting 325 mg (105 mg elemental) 5.06 150 (15.58) * ‡ Oral liq 150 mg per 5 ml (30 mg elemental per 1 ml) 10.30 500 ml ✓ Ferodan Ferro-Gradumet
39	FERROUS SULPHATE WITH FOLIC ACID * Tab long-acting 325 mg (105 mg elemental) with folic acid 350 µg 1.80 30 (3.73) Ferrograd-Folic
39	MAGNESIUM SULPHATE Inj 49.3%, 5 ml 26.60 10 ✓ Mayne
39	ZINC SULPHATE * Cap 220 137.4 mg (50 mg elemental) 10.00 100 ✓ Zincaps
138	GEMCITABINE HYDROCHLORIDE – PCT only – Specialist – Special Authority see SA1012 0877 Inj 1 g 245.00 1 ✓ Gemcitabine Ebewe 349.20 ✓ Gemzar Inj 200 mg 49.00 1 ✓ Gemcitabine Ebewe 78.00 ✓ Gemzar Inj 1 mg for ECP 0.26 1 mg ✓ Baxter

➔ **SA1012 0877** Special Authority for Subsidy

Initial application - (Hodgkin's disease) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

All of the following

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**

Changes to Restrictions - effective 1 May 2010 (continued)

continued...

- 1 The patient has Hodgkin's disease*; and
- 2 Either
 - 2.1 Disease has failed to respond to second-line salvage chemotherapy treatment; or
 - 2.2 Disease has relapsed following transplant; or
 - 2.3 The patient is unsuitable for, or intolerant to, second-line salvage chemotherapy or high dose chemotherapy and transplant.
- 3 Gemcitabine to be given for a maximum of 6 treatment cycles.

Initial application - (T-cell Lymphoma) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

All of the following

- 1 The patient has T-cell lymphoma*; and
- 2 Gemcitabine to be given for a maximum of 6 treatment cycles.

Initial application - (Other indications) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

Any of the following:

- 1 The patient has non small cell lung carcinoma (stage IIIa, or above); or
- 2 The patient has advanced malignant mesothelioma*; or
- 3 The patient has advanced pancreatic carcinoma; or
- 4 The patient has ovarian, fallopian tube* or primary peritoneal carcinoma*; or
- 5 The patient has advanced transitional cell carcinoma of the urothelial tract (locally advanced or metastatic).

Renewal - (Other Indications) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

Either:

- 1 The patient requires continued therapy; or
- 2 The tumour has relapsed and requires re-treatment.

Note: Indications marked with a * are Unapproved Indications.

143	VINORELBINE – PCT only – Specialist – Special Authority see SA1013 090†		
	Inj 10 mg per ml, 1 ml	24.00	1 ✓ Navelbine
		42.00	✓ Vinorelbine Ebewe
	Inj 10 mg per ml, 5 ml	120.00	1 ✓ Navelbine
		210.00	✓ Vinorelbine Ebewe
	Inj 1 mg for ECP	2.71	1 mg ✓ Baxter

▶ SA1013 090† Special Authority for Subsidy

Initial application - (Hodgkin's disease) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

All of the following

- 1 The patient has Hodgkin's disease*; and
- 2 Either
 - 2.1 Disease has failed to respond to second-line salvage chemotherapy treatment; or
 - 2.2 Disease has relapsed following transplant; or
 - 2.3 The patient is unsuitable for, or intolerant to, second-line salvage chemotherapy or high dose chemotherapy and transplant.
- 3 Vinorelbine to be given for a maximum of 6 treatment cycles.

Initial application - (T-cell Lymphoma) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ **fully subsidised**

Changes to Restrictions - effective 1 May 2010 (continued)

continued...

All of the following

- 1 The patient has T-cell lymphoma*; and
- 2 Vinorelbine to be given for a maximum of 6 treatment cycles.

Initial application – **(Other indications)** only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

Any of the following:

- 1 The patient has metastatic breast cancer; or
- 2 The patient has non-small cell lung cancer (stage IIIa, or above); or
- 3 All of the following:
 - 3.1 The patient has stage IB-IIIa non-small cell lung cancer; and
 - 3.2 Vinorelbine is to be given as adjuvant treatment in combination with cisplatin; and
 - 3.3 The patient has good performance status (WHO/ECOG grade 0-1).

Renewal – **(Other Indications)** only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

Either:

- 1 The patient requires continued therapy; or
- 2 The tumour has relapsed and requires re-treatment.

Note: Indications marked with a * are Unapproved Indications.

Changes to Subsidy and Manufacturer's Price

Effective 1 August 2010

31	KETONE BLOOD BETA-KETONE ELECTRODES (↓ subsidy) Test strip.....	7.07	10 strip OP	✓ Optium Blood Ketone Test Strips
	a) Maximum of 20 test strips per prescription b) Not on a BSO			
35	IMIGLUCERASE – Special Authority SA0473 – Retail pharmacy (↑ subsidy) Inj 40 iu per ml, 200 iu vial.....	CBS	1	✓ Cerezyme
	Note: Due to supply issues, the listing of Cerezyme has been temporarily amended to Cost Brand Source			
38	CALCIUM CARBONATE (↓ subsidy) * Tab 1.25 g (500 mg elemental)..... * Tab 1.5 g (600 mg elemental).....	9.08 10.18	250 250	✓ Calci-Tab 500 ✓ Calci-Tab 600
49	ENALAPRIL (↓ subsidy) * Tab 5 mg * Tab 10 mg * Tab 20 mg	1.98 2.44 (2.76) 3.24 (3.68)	90 90 90	✓ m-Enalapril m-Enalapril m-Enalapril
50	CILAZAPRIL WITH HYDROCHLOROTHIAZIDE (↓ subsidy) Tab 5 mg with hydrochlorothiazide 12.5 mg.....	5.36	28	✓ Inhibace Plus
55	AMILORIDE WITH FRUSEMIDE (↑ subsidy) * Tab 5 mg with frusemide 40 mg	8.63	28	✓ Frumil
55	FUROSEMIDE (↓ subsidy) * Tab 500 mg	25.00	50	✓ Urex Forte
65	POVIDONE IODINE (↑ subsidy) Oint 10% a) Maximum of 100 g per prescription b) Only on a prescription	3.27	25 g OP	✓ Betadine
78	OESTRADIOL – See prescribing guideline (↓ price) * TDDS 3.9 mg (releases 50 µg of oestradiol per day)..... a) Higher subsidy of \$13.18 per 4 patch with Special Authority see SA0312 b) No more than 1 patch per week c) Only on a prescription * TDDS 7.8 mg (releases 100 µg of oestradiol per day)..... a) Higher subsidy of \$16.14 per 4 patch with Special Authority see SA0312 b) No more than 1 patch per week c) Only on a prescription	4.12 (13.18) 7.05 (16.14)	4 4	 Climara 50 Climara 100

▲ 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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Subsidy
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Changes to Subsidy and Manufacturers Price - effective 1 August 2010 (continued)

110	METHADONE HYDROCHLORIDE (↓ subsidy) 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 to Pharmaceutical Schedule				
	Tab 5 mg	1.85	10		✓ Methatabs
129	INTERFERON BETA-1-BETA – Special Authority SA0855 (↓ subsidy) Inj 8 million iu per 1 ml	1,407.33	15		✓ Betaferon
138	CYTARABINE (↓ subsidy) Inj 1 mg for ECP – PCT only – Specialist	0.27	10 mg		✓ Baxter
	Inj 100 mg intrathecal syringe for ECP – PCT only – Specialist.	15.20	100 mg OP		✓ Baxter
139	IRINOTECAN – PCT only – Specialist – Special Authority SA0878 (↓ subsidy) Inj 20 mg per ml, 2 ml	41.00	1		✓ Camptosar
	Inj 20 mg per ml, 5 ml	100.00	1		✓ Camptosar
	Inj 1 mg for ECP	1.04	1 mg		✓ Baxter
147	AZATHIOPRINE – Retail pharmacy-Specialist (↑ subsidy) * Inj 50 mg	60.00	1		✓ Imuran
181	FOOD THICKENER – Special Authority SA0595 – Hospital pharmacy [HP3] (↑ subsidy) Powder	7.25	380 g OP		✓ Karicare Food Thickener

Effective 1 July 2010

28	PANTOPRAZOLE (↓ subsidy) * Tab 20 mg	1.23	28		✓ Dr Reddy's Pantoprazole
	* Tab 40 mg	1.54	28		✓ Dr Reddy's Pantoprazole
35	BISACODYL – Only on a prescription (↓ subsidy) * Tab 5 mg	4.99	200		✓ Lax-Tabs
41	ASPIRIN (↓ subsidy) * Tab 100 mg	14.00	990		✓ Ethics Aspirin EC
45	DEXTROSE WITH ELECTROLYTES (↓ subsidy) Soln with electrolytes	6.60	1,000 ml OP		✓ Pedialyte - Bubblegum
		6.75			✓ Pedialyte - Fruit
					✓ Pedialyte - Plain

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Subsidy and Manufacturers Price - effective 1 July 2010 (continued)

53	METOPROLOL SUCCINATE (↓ subsidy) * Tab long-acting 23.75 mg 2.18	30	✓ Betaloc CR ✓ Metoprolol - AFT CR
	* Tab long-acting 47.5 mg 2.74	30	✓ Betaloc CR ✓ Metoprolol - AFT CR
	* Tab long-acting 95 mg 4.71	30	✓ Betaloc CR ✓ Metoprolol - AFT CR
	* Tab long-acting 190 mg 8.51	30	✓ Betaloc CR ✓ Metoprolol - AFT CR
55	BENDROFLUAZIDE (↓ subsidy) * Tab 2.5 mg – Up to 150 tab available on a PSO 7.58 (13.50) May be supplied on a PSO for reasons other than emergency.	500	Neo-Naclax
	* Tab 5 mg 11.75 (21.50)	500	Neo-Naclax
55	SPIRONOLACTONE (↓ subsidy) * Tab 25 mg 4.60	100	✓ Spirotone
	* Tab 100 mg 15.15	100	✓ Spirotone
59	FUSIDIC ACID (↓ subsidy) Crm 2% 3.25	15 g OP	✓ Foban
	a) Maximum of 15 g per prescription b) Only on a prescription c) Not in combination		
	Oint 2% 3.25	15 g OP	✓ Foban
	a) Maximum of 15 g per prescription b) Only on a prescription c) Not in combination		
63	HYDROCORTISONE WITH MICONAZOLE – Only on a prescription (↓ subsidy) * Crm 1% with miconazole nitrate 2% 2.10	15 g OP	✓ Micreme H
64	CETOMACROGOL (↓ subsidy) * Crm BP 3.15	500 g	✓ PSM
66	COAL TAR (↓ subsidy) Soln BP – Only in combination 32.37	500 ml	✓ PSM
	Up to 10 % Only in combination with a dermatological base or proprietary Topical Corticosteroid – Plain, refer, page 163 With or without other dermatological galenicals.		
73	CLOTRIMAZOLE (↓ subsidy) * Vaginal crm 1% with applicators 1.30	35 g OP	✓ Clomazol
	* Vaginal crm 2% with applicators 2.50	20 g OP	✓ Clomazol
77	TESTOSTERONE UNDECANOATE – Retail pharmacy-Specialist (↓ subsidy) Cap 40 mg 47.95 (60.71)	60	✓ Andriol Testocaps Panteston

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Subsidy
(Mnfr's price)
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Changes to Subsidy and Manufacturers Price - effective 1 July 2010 (continued)

82	CABERGOLINE (↓ subsidy) Tab 0.5 mg – Maximum of 2 tab per prescription; can be waived by Special Authority see SA0175	16.50 66.00	2 8	✓ Arrow-Cabergoline ✓ Arrow-Cabergoline
84	CEFACLOR MONOHYDRATE (↓ subsidy) Grans for oral liq 125 mg per 5 ml	3.53	100 ml	✓ Ranbaxy-Cefaclor
87	PHENOXYMETHYLPENICILLIN (PENICILLIN V) (↓ subsidy) Grans for oral liq 250 mg per 5 ml – Up to 200 ml available on a PSO	1.78	100 ml	✓ AFT
100	IBUPROFEN (↓ subsidy) *‡ Oral liq 100 mg per 5 ml.....	2.69	200 ml	✓ Fenpaed
109	ASPIRIN (↓ subsidy) * Tab EC 300 mg	2.00 (8.10)	100	Aspec 300
	* Tab dispersible 300 mg – Up to 30 tab available on a PSO	2.00	100	✓ Ethics Aspirin
113	FLUOXETINE HYDROCHLORIDE (↓ subsidy) * Tab dispersible 20 mg, scored – Subsidy by endorsement.....	2.50	30	✓ Fluox
	Subsidised by endorsement 1) When prescribed for a patient who cannot swallow whole tablets or capsules and the prescription is endorsed accordingly; or 2) When prescribed in a daily dose that is not a multiple of 20 mg in which case the prescription is deemed to be endorsed. Note: Tablets should be combined with capsules to facilitate incremental 10 mg doses.			
	* Cap 20 mg	2.89	90	✓ Fluox
113	PAROXETINE HYDROCHLORIDE (↓ subsidy) Tab 20 mg	2.38	30	✓ Loxamine
117	PHENYTOIN SODIUM († subsidy) * Tab 50 mg	42.09	200	✓ Dilantin Infatab
	* Cap 30 mg	19.13	200	✓ Dilantin
	* Cap 100 mg	17.21	200	✓ Dilantin
	*‡ Oral liq 30 mg per 5 ml.....	19.16	500 ml	✓ Dilantin
120	DOMPERIDONE († subsidy) * Tab 10 mg	7.99	100	✓ Motilium
122	ROPINIROLE HYDROCHLORIDE (↓ subsidy) ▲ Tab 0.25 mg	6.20	84	✓ Ropin
	▲ Tab 1 mg	15.95	84	✓ Ropin
	▲ Tab 2 mg	24.95	84	✓ Ropin
	▲ Tab 5 mg	38.00	84	✓ Ropin
136	CISPLATIN – PCT only – Specialist (↓ subsidy) Inj 1 mg for ECP.....	0.27	1 mg	✓ Baxter

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Subsidy and Manufacturers Price - effective 1 July 2010 (continued)

138	GEMCITABINE HYDROCHLORIDE – PCT only – Specialist – Special Authority SA0877 (↓ subsidy)			
	Inj 1 g	62.50	1	✓ Gemcitabine Ebewe
	Inj 200 mg	12.50	1	✓ Gemcitabine Ebewe
	Inj 1 mg for ECP	0.07	1 mg	✓ Baxter
140	DOCETAXEL – PCT only – Specialist – Special Authority see SA0880 (↓ subsidy)			
	Inj 1 mg for ECP	17.55	1 mg	✓ Baxter
142	MITOZANTRONE – PCT only – Specialist (↓ subsidy)			
	Inj 2 mg per ml, 10 ml	100.00	1	✓ Mitozantrone Ebewe
	Inj 1 mg for ECP	5.65	1 mg	✓ Baxter
152	LORATADINE (↓ subsidy)			
	* Tab 10 mg	2.09	100	✓ Loraclear Hayfever Relief
	* Oral liq 1 mg per ml	3.10	100 ml	✓ Lorapaed
154	SALBUTAMOL (↓ subsidy)			
	‡ Oral liq 2 mg per 5 ml	1.99	150 ml	✓ Salapin
167	GLYCEROL (↓ subsidy)			
	* Liquid – Only in combination	17.86	2,000 ml	✓ PSM
	Only in extemporaneously compounded oral liquid preparations.			
172	ORAL SUPPLEMENT 1KCAL/ML – Special Authority – Hospital pharmacy [HP3] (↑ subsidy)			
	Powder (chocolate)	10.22	900 g OP	✓ Sustagen Hospital Formula
	Powder (vanilla)	10.22	900 g OP	✓ Sustagen Hospital Formula
173	ORAL FEED 1KCAL/ML – Special Authority see SA0594 – Hospital pharmacy [HP3] (↑ price)			
	Liquid (vanilla)	1.78	237 ml OP	
	(2.10)			Resource Diabetic
176	RENAL ORAL FEED 2KCAL/ML – Special Authority see SA0587 – Hospital pharmacy [HP3] (↑ price)			
	Liquid	2.88	237 ml OP	
	(3.31)			NovaSource Renal
177	ORAL ELEMENTAL FEED 1KCAL/ML – Special Authority see SA0592 – Hospital pharmacy [HP3] (↑ subsidy)			
	Powder (unflavoured)	4.50	80.4 g OP	✓ Vivonex TEN

Effective 1 June 2010

34	DOCUSATE SODIUM – Only on a prescription (↓ subsidy)			
	* Tab 50 mg	3.95	100	
		(4.89)		Coloxyl
	* Tab 120 mg	5.49	100	
		(6.73)		Coloxyl

▲ 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 Manufacturers Price - effective 1 June 2010 (continued)

125	RISPERIDONE (↓ subsidy)				
	Tab 0.5 mg	1.17	20	✓Ridal	
		3.51	60	✓Ridal	
	Tab 1 mg	6.00	60	✓Ridal	
	Tab 2 mg	11.00	60	✓Ridal	
	Tab 3 mg	15.00	60	✓Ridal	
	Tab 4 mg	20.00	60	✓Ridal	
138	CYTARABINE				
	Inj 100 mg – PCT – Retail pharmacy-Specialist (↓ subsidy)	76.00	5	✓Pfizer	
	Inj 1 mg for ECP – PCT only – Specialist (↑ subsidy)	0.30	10 mg	✓Baxter	
	Note - Baxter inj 1 mg for ECP subsidy and price increase is pro rated to the new 10 mg pack size.				
143	VINCRIStINE SULPHATE				
	Inj 1 mg per ml, 1 ml – PCT – Retail pharmacy-Specialist (↑ subsidy)	108.00	5	✓Hospira	
	Inj 1 mg per ml, 2 ml – PCT – Retail pharmacy-Specialist (↓ subsidy)	116.00	5	✓Hospira	
	Inj 1 mg for ECP – PCT only – Specialist (↓ subsidy)	15.77	1 mg	✓Baxter	
156	BECLOMETHASONE DIPROPIONATE (↑ price)				
	Metered aqueous nasal spray, 50 µg per dose	2.35	200 dose OP		
		(4.00)			Alanase
	Metered aqueous nasal spray, 100 µg per dose	2.46	200 dose OP		
		(4.81)			Alanase

Effective 1 May 2010

61	CROTAMITON (↓ subsidy)				
	a) Only on a prescription				
	b) Not in combination				
	Crm 10%	3.79	20 g OP		
		(4.45)			Eurax
63	CHLORHEXIDINE GLUCONATE – Subsidy by endorsement (↓ subsidy)				
	a) No more than 500 ml per month				
	b) Only if prescribed for a dialysis patient and the prescription is endorsed accordingly.				
	* Handrub 1% with ethanol 70%	4.60	500 ml		
		(5.40)			Orion
74	PREGNANCY TESTS - HCG URINE (↓ subsidy)				
	a) Up to 200 test available on a PSO				
	b) Only on a PSO				
	Cassette	14.25	25 test OP	✓MDS Quick Card	
95	LAMIVUDINE – Special Authority see SA0779 – Hospital pharmacy [HP1] (↓ subsidy)				
	Tab 150 mg	153.60	60	✓3TC	
	Oral liq 10 mg per ml	50.00	240 ml OP	✓3TC	
136	CISPLATIN – PCT only – Specialist (↓ subsidy)				
	Inj 1 mg per ml, 50 ml	15.00	1	✓Cisplatin Ebewe	
	Inj 1 mg per ml, 100 ml	21.00	1	✓Cisplatin Ebewe	

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 Manufacturers Price - effective 1 May 2010 (continued)

146	MEGESTROL ACETATE – Retail pharmacy-Specialist (↓ subsidy) Tab 160 mg	57.92 (74.25)	30	Megace
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▲ 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 General Rules

Effective 1 August 2010

5 Finding Information in the Pharmaceutical Schedule

Community Pharmaceuticals

For Community Pharmaceuticals, the Schedule is organised in a way to help the reader find Community Pharmaceuticals, which may be used to treat similar conditions. To do this, Community Pharmaceuticals are first classified anatomically, originally based on the Anatomical Therapeutic Chemical (ATC) system, and then further classified under section headings structured for the New Zealand medical system.

- Section A lists the General Rules in relation to Community Pharmaceuticals and related products.
- Section B lists Community Pharmaceuticals and related products by anatomical classification, which are further divided into one or more therapeutic headings. Community Pharmaceuticals used to treat similar conditions are grouped together.
- Section C lists the rules in relation to Extemporaneously Compounded Products (ECPs) and Community Pharmaceuticals that will be subsidised when extemporaneously compounded.
- Section D lists the rules in relation to Special Foods and the Special Foods that are subsidised.
- Section E Part I lists the Community Pharmaceuticals that are subsidised on a Practitioner's Supply Order (PSO) and Wholesale Supply Order (WSO).
- Section E Part II lists rural areas for the purpose of PSOs.
- Section F lists the Community Pharmaceuticals dispensing period exemptions.
- Section G lists the Community Pharmaceuticals eligible for reimbursement of safety cap and related rules.

7 GLOSSARY

WSO Wholesale Supply Order.

8 GLOSSARY

Definitions		
Abbrev.	Pharmacy Services Agreement	All other Pharmacy Agreements
[HP1]	Subsidised when dispensed from pharmacies that have the Complex Medicines Variation of the Pharmacy Services Agreement	Available from selected pharmacies that have an exclusive contract to dispense 'Hospital Pharmacy' [HP1] pharmaceuticals.
[HP3]	Subsidised when dispensed from pharmacies that have the Pharmacy Services Agreement. A Special Food with [HP3] annotation is subsidised when dispensed by a pharmacy that has a Special Foods Service appended to their Pharmacy Services Agreement by their DHB.	Available from selected pharmacies that have an exclusive contract to dispense Special Foods 'Hospital Pharmacy' [HP3] pharmaceuticals.
[HP4]	Subsidised when dispensed from pharmacies that have the Monitored Therapy Variation (for Clozapine Services)	Available from selected pharmacies that have an exclusive contract to dispense 'Hospital Pharmacy' [HP4] pharmaceuticals.

14 **"Dietitian" means a person registered as a dietitian with the Dietitians Board, and who holds a current annual practicing certificate under the HPCA Act 2003.**

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

Changes to General Rules - effective 1 August 2010 (continued)

- 16 "Prescription Medicine" means any Pharmaceutical listed in Part I of Schedule 1 of the Medicines Regulations 1984.
- 16 "Restricted Medicine" means any Pharmaceutical listed in Part II of Schedule 1 of the Medicines Regulations 1984.
- 16 "Section E Part I" of this Pharmaceutical Schedule means the list of Community Pharmaceuticals eligible for Subsidies and available on a Practitioner's Supply Order ~~or a Wholesale Supply Order~~ included in the Schedule.
- 17 "Supply Order" means a Bulk Supply Order, or a Practitioner's Supply Order ~~or a Wholesale Supply Order~~.
- 17 "Wholesale Supply Order" means a written order by a Practitioner, on a form supplied by the Ministry of Health for the supply of certain Community Pharmaceuticals as listed in Section B and Section E Part I of the Schedule.
- 19 3.1 Doctors', **Dietitians'**, Midwives', Nurse Prescribers' and Optometrists' Prescriptions (other than oral contraceptives)
The following provisions apply to all Prescriptions, other than those for an oral contraceptive, written by a Doctor, **Dietitian**, Midwife, Nurse Prescriber or Optometrist:
- 3.1.1 For a Community Pharmaceutical other than a Class B Controlled Drug, only a quantity sufficient to provide treatment for a period not exceeding three Months will be subsidised.
- 3.1.2 For methylphenidate hydrochloride and dexamphetamine sulphate, only a quantity sufficient to provide treatment for a period not exceeding one Month will be subsidised.
- 3.1.3 For a Class B Controlled Drug other than methylphenidate hydrochloride and dexamphetamine sulphate, only a quantity:
- sufficient to provide treatment for a period not exceeding 10 days; and
 - which has been dispensed pursuant to a Prescription sufficient to provide treatment for a period not exceeding one Month, will be subsidised.
- 3.1.4 Subject to clauses 3.1.3 and 3.1.7, for a Doctor, **Dietitian**, Midwife or Nurse Prescriber and 3.1.7 for an Optometrist, where a practitioner has prescribed a quantity of a Community Pharmaceutical sufficient to provide treatment for:
- one Month or less than one Month, but dispensed by the Contractor in quantities smaller than the quantity prescribed, the Community Pharmaceutical will only be subsidised as if that Community Pharmaceutical had been dispensed in a Monthly Lot;
 - more than one Month, the Community Pharmaceutical will be subsidised only if it is dispensed:
 - in a 90 Day Lot, where the Community Pharmaceutical is a Pharmaceutical covered by Section F Part I of the Pharmaceutical Schedule; or
 - if the Community Pharmaceutical is not a Pharmaceutical referred to in Section F Part I of the Pharmaceutical Schedule, in Monthly Lots, unless:
 - the eligible person or his/her nominated representative endorses the back of the Prescription form with a statement identifying which Access Exemption Criterion (Criteria) applies and signs that statement to this effect; or
 - both:
 - the Practitioner endorses the Community Pharmaceutical on the Prescription with the words "certified exemption" written in the Practitioner's own handwriting, or signed or initialled by the Practitioner; and
 - every Community Pharmaceutical endorsed as "certified exemption" is covered by Section F Part II of the Pharmaceutical Schedule.
- 3.1.5 A Community Pharmaceutical is only eligible for Subsidy if the Prescription under which it has been dispensed was presented to the Contractor:
- for a Class B Controlled Drug, within eight days of the date on which the Prescription was written; or

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to General Rules - effective 1 August 2010 (continued)

continued...

b) for any other Community Pharmaceutical, within three Months of the date on which the Prescription was written.

3.1.6 No subsidy will be paid for any Prescription, or part thereof, that is not fulfilled within:

a) in the case of a Prescription for a total supply of from one to three Months, three Months from the date the Community Pharmaceutical was first dispensed; or

b) in any other case, one Month from the date the Community Pharmaceutical was first dispensed. Only that part of any Prescription that is dispensed within the time frames specified above is eligible for Subsidy.

3.1.7 If a Community Pharmaceutical:

a) is stable for a limited period only, and the Doctor, **Dietitian**, Midwife, Nurse Prescriber or Optometrist has endorsed the Prescription with the words "unstable medicine" and has specified the maximum quantity that may be dispensed at any one time; or

b) is stable for a limited period only, and the Contractor has endorsed the Prescription with the words "unstable medicine" and has specified the maximum quantity that should be dispensed at any one time in all the circumstances of the particular case; or

c) is Close Control,

The actual quantity dispensed will be subsidised in accordance with any such specification.

21 3.5 Dietitians' Prescriptions

The following provisions apply to every Prescription written by a Dietitian:

3.5.1 Prescriptions written by a Dietitian for a Community Pharmaceutical will only be subsidised where they are for either:

a) special foods, as listed in Section D; or

b) any other Pharmaceutical that has been identified in Section D of the Pharmaceutical Schedule as being able to be prescribed by a Dietitian, providing that the products being prescribed are not classified as Prescription Medicines or Restricted Medicines.

3.5.2 For the purposes of Dietitians prescribing pursuant to this clause 3.5, the prescribing and dispensing of these products is required to be in accordance with regulations 41 and 42 of the Medicines Regulations 1984.

22 4.3 Wholesale Supply Orders

The following provisions apply to the supply of Community Pharmaceuticals to Practitioners under Wholesale Supply Orders:

4.3.1 Notwithstanding anything contained in the Schedule, but subject nevertheless to subclause 4.3.3 of this clause, a Practitioner may obtain from a wholesaler or distributor, pursuant to a Wholesale Supply Order made on a form supplied by the Ministry of Health, any Community Pharmaceutical specified in Section B and Section E Part I of the Schedule as being available on a Wholesale Supply Order.

4.3.2 Subject to clause 4.3.3, Community Pharmaceuticals supplied to Practitioners under Wholesale Supply Orders will be subsidised at a rate not exceeding the Manufacturer's Price for each such Community Pharmaceutical as set out in Section B and Section E Part I of the Schedule.

4.3.3 No subsidy will be paid for any quantity of a Community Pharmaceutical supplied to a Practitioner under a Wholesale Supply Order in excess of what is a reasonable monthly allocation for that particular Practitioner, after taking into account stock on hand.

4.3.4 The Ministry of Health may, at any time, on the recommendation of an Advisory Committee appointed by the Ministry of Health for that purpose, by public notification, declare that a Practitioner specified in such a notice is not entitled to obtain supplies of Community Pharmaceuticals under Wholesale Supply Orders until such time as the Ministry of Health notifies otherwise.

Changes to General Rules - effective 1 August 2010 (continued)

169 Dietitian Prescribing

Prescriptions from Dietitians will be only valid for subsidy where they are for special foods, as listed in this section, or where they are for the following products:

Alpha tocopheryl acetate

Water solubilised soln 156 iu/ml, with calibrated dropper

Ascorbic acid

Tab 100 mg

Calcium carbonate

Tab 1.25 g (500 mg elemental)

Tab 1.5 g (600 mg elemental)

Tab 1.75 g (1 g elemental)

Compound electrolytes

Powder for soln for oral use 5 g

Dextrose with electrolytes

Soln with electrolytes

Ferrous fumarate

Tab 200 mg (65 mg elemental)

Ferrous fumarate with folic acid

Tab 310 mg (100 mg elemental) with folic acid 350 µg

Ferrous sulphate

Tab long-acting 325 mg (105 mg elemental)

Oral liq 30 mg per 1 ml (6 mg elemental per 1 ml)

Ferrous sulphate with folic acid

Tab long-acting 325 mg (105 mg elemental) with folic acid 350 µg

Multivitamins

Tab

Powder

Oral liq

Potassium bicarbonate

Tab eff 315 mg with sodium acid phosphate 1.937 g and sodium bicarbonate 350 mg

Potassium chloride

Tab eff 584 mg (14 m eq) with chloride 385 mg (8 m eq)

Tab long-acting 600 mg

Pyridoxine hydrochloride

Tab 25 mg

Tab 50 mg

Sodium fluoride

Tab 1.1 mg (0.5 mg elemental)

Thiamine hydrochloride

Tab 50 mg

Vitamin A with vitamins D and C

Soln 1000 u with Vitamin D 400 u and ascorbic acid 30 mg per 10 drops

Vitamin B complex

Tab, strong, BPC

Vitamins

Tab (BPC cap strength)

Cap (fat soluble vitamins A, D, E, K)

▲ 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 Brand Name

Effective 1 July 2010

35	CHLORHEXIDINE GLUCONATE Mouthwash 0.2%	3.06	200 ml OP	✓ Rivacol Øriøn
108	PROBENECID * Tab 500 mg	55.00	100	✓ Probenecid-AFT AFT

Effective 1 June 2010

76	DEXAMETHASONE SODIUM PHOSPHATE * Inj 4 mg per ml, 1 ml – Up to 5 inj available on a PSO	21.50	5	✓ Hospira Mayne
	* Inj 4 mg per ml, 2 ml – Up to 5 inj available on a PSO	31.00	5	✓ Hospira Mayne
138	CYTARABINE Inj 100 mg – PCT – Retail pharmacy-Specialist	76.00	5	✓ Pfizer Pharmacia
143	VINCRIStINE SULPHATE Inj 1 mg per ml, 1 ml – PCT – Retail pharmacy-Specialist	108.00	5	✓ Hospira Mayne
	Inj 1 mg per ml, 2 ml – PCT – Retail pharmacy-Specialist	116.00	5	✓ Hospira Mayne

Changes to Sole Subsidised Supply

Effective 1 August 2010

For the list of new Sole Subsidised Supply products effective 1 August 2010 refer to the bold entries in the cumulative Sole Subsidised Supply table pages 14-20.

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Delisted Items

Effective 1 August 2010

35	BISACODYL – Only on a prescription * Suppos 10 mg.....	3.96	12	✓ Fleet
38	FERROUS GLUCONATE WITH ASCORBIC ACID * Tab 170 mg with ascorbic acid 40 mg.....	12.04	500	✓ Healthies Iron with Vitamin C
61	CROTAMITON a) Only on a prescription b) Not in combination Crm 10%.....	3.79 (4.45)	20 g OP	Eurax
63	CHLORHEXIDINE GLUCONATE – Subsidy by endorsement a) No more than 500 ml per month b) Only if prescribed for a dialysis patient and the prescription is endorsed accordingly. * Handrub 1% with ethanol 70%	4.60 (5.40)	500 ml	Orion
74	PREGNANCY TESTS - HCG URINE a) Up to 200 test available on a PSO b) Only on a PSO Cassette.....	14.25	25 test OP	✓ MDS Quick Card
97	INTERFERON ALPHA-2A – PCT – Retail pharmacy-Specialist a) See prescribing guideline b) Only one multidose cartridge starter pack to be prescribed and dispensed per patient. Inj 4.5 m iu prefilled syringe..... Inj 18 m iu multidose cartridge	46.98 187.92	1 1	✓ Roferon-A ✓ Roferon-A
	Inj 18 m iu multidose cartridge × 2 starter pack	375.84	1	✓ Roferon-A
97	INTERFERON ALPHA-2A WITH RIBAVIRIN – Special Authority see SA0784 – Retail pharmacy-Specialist See prescribing guideline Inj 18 m iu multidose cartridge × 2 with ribavirin tab 200 mg × 168.....	1,375.84	1 OP	✓ Roferon RBV Combination Pack
	Inj 18 m iu multidose cartridge × 2 with pen and needles with ribavirin tab 200 mg × 168	1,375.84	1 OP	✓ Roferon RBV Combination Pack Starter Kit
100	DICLOFENAC SODIUM * Tab long-acting 75 mg	3.10	30	✓ Diclax SR
	Note – Diclax SR tab long-acting 75 mg, 500 tab pack, remains listed.			

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Delisted Items - effective 1 August 2010 (continued)

110	DEXTROPROPOXYPHENE WITH PARACETAMOL Tab napsylate 50 mg with paracetamol 325 mg.....	14.50 (22.50)	500	
	Cap hydrochloride 32.5 mg with paracetamol 325 mg.....	3.98 (4.90)	100	Paradex
		19.91 (33.14)	500	Capadex
113	TRIMIPRAMINE MALEATE Cap 50 mg	11.20	100	✓Tripress
146	MEGESTROL ACETATE – Retail pharmacy-Specialist Tab 160 mg	57.92 (74.25)	30	Megace
151	DEXTROCHLORPHENIRAMINE MALEATE * Tab long-acting 6 mg	5.40 (12.56)	40	Polaramine Colour-Free Repetab
		2.70 (7.73)	20	Polaramine Colour-Free Repetab

Effective 1 July 2010

36	HYDROXOCOBALAMIN * Inj 1 mg per ml, 1 ml – Up to 6 inj available on a PSO	6.15 (10.84)	3	Neo-B12
60	SILVER SULPHADIAZINE Crm 1% with chlorhexidine digluconate 0.2%	15.04	100 g OP	✓Silvazine
	a) Up to 500 g available on a PSO			
	b) Not in combination			
62	HYDROCORTISONE BUTYRATE Milky emul 0.1%	5.00	30 ml OP	✓Locoid Crelo
67	DITHRANOL Crm 1%.....	27.50	50 g OP	✓Micanol
81	SOMATROPIN – Special Authority see SA0755 * 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
138	FLUDARABINE PHOSPHATE – PCT only – Specialist Tab 10 mg	650.25	15	✓Fludara
	Note – Fludara Oral tab 10 mg, 20 tab pack size remains listed.			

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

829 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

Delisted Items - effective 1 July 2010 (continued)

146	LETROZOLE Tab 2.5 mg	26.55 (146.46)	30		Femara
152	PROMETHAZINE HYDROCHLORIDE *‡ Oral liq 5 mg per 5 ml	3.10 (8.51)	100 ml		Phenergan

Effective 1 June 2010

27	ATROPINE SULPHATE * Inj 1200 µg, 1 ml – Up to 5 inj available on a PSO.....	32.00	50	✓	AstraZeneca
28	OMEPRAZOLE * Cap 10 mg	2.00	28	✓	Dr Reddy's Omeprazole
	* Cap 40 mg	3.35	28	✓	Dr Reddy's Omeprazole
	Note – Dr Reddy's Omeprazole cap 10 mg and 40 mg, 30 cap pack, remain listed.				
44	POTASSIUM CHLORIDE * Inj 150 mg per ml, 10 ml	26.00	50	✓	AstraZeneca
52	ATENOLOL * Tab 50 mg	0.39	30	✓	Noten S29
53	PINDOLOL * Tab 5 mg	4.50	100	✓	Pindol
	* Tab 10 mg	8.35	100	✓	Pindol
	* Tab 15 mg	12.00	100	✓	Pindol
71	ETHINYLLOESTRADIOL WITH GESTODENE * Tab 30 µg with gestodene 75 µg and 7 inert tab	6.62 (16.50)	84		Femodene 28
	a) Higher subsidy of \$14.49 per 84 tab with Special Authority see SA0500 above				
	b) Up to 84 tab available on a PSO				
87	FLUCLOXACILLIN SODIUM Cap 250 mg – Up to 30 cap available on a PSO	18.50	250	✓	Staphlex
	Cap 500 mg	57.90	500	✓	Staphlex
100	DICLOFENAC SODIUM * Tab long-acting 75 mg	19.60	100	✓	Voltaren SR
112	CLOMIPRAMINE HYDROCHLORIDE Tab 10 mg	10.00	100	✓	Clopress
112	PARACETAMOL WITH CODEINE * Tab paracetamol 500 mg with codeine phosphate 8 mg	2.45 (3.24)	100		Codalgin

▲ 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 June 2010 (continued)

121	BROMOCRIPTINE MESYLATE * Tab 2.5 mg	32.08	100	✓ Alpha- Bromocriptine
140	BLEOMYCIN SULPHATE – PCT only – Specialist Inj 15,000 iu.....	680.00	10	✓Blenoxane

Effective 1 May 2010

30	METFORMIN HYDROCHLORIDE * Tab immediate-release 500 mg	8.09	500	✓ Arrow-Metformin
	* Tab immediate-release 850 mg	6.67	250	✓ Arrow-Metformin
37	CALCITRIOL * Cap 0.25 µg	10.10	100	✓ Calcitriol-AFT
	* Cap 0.5 µg	18.73	100	✓ Calcitriol-AFT
65	PERMETHRIN Crm 5%	3.65 (4.20)	30 g OP	Lyderm
65	WOOL FAT WITH MINERAL OIL – Only on a prescription * Lotn hydrous 3% with mineral oil	1.12 (5.00) 2.10 (9.38)	200 ml OP 375 ml OP	Alpha-Keri Lotion Alpha-Keri Lotion
68	SUNSCREENS, PROPRIETARY – Subsidy by endorsement Only if prescribed for a patient with severe photosensitivity secondary to a defined clinical condition and the prescription is endorsed accordingly. Lotn	3.19 (8.82)	125 ml OP	Aquasun Sensitive SPF 30+
86	AMOXYCILLIN Grans for oral liq 250 mg per 5 ml – Up to 200 ml available on a PSO.....	1.27	100 ml	✓Ranbaxy Amoxicillin
117	LAMOTRIGINE ▲ Tab dispersible 200 mg	101.80	56	✓ Arrow-Lamotrigine
119	SUMATRIPTAN Tab 50 mg	1.55 (12.00) (22.00)	4	Sumagran Imigran
	Tab 100 mg	1.55 (12.00) (22.00)	2	Sumagran Imigran
143	TENIPOSIDE – PCT only – Specialist Inj 10 mg per ml, 5 ml	845.11	10	✓Vumon
	Inj 50 mg for ECP	84.51	50 mg OP	✓Baxter

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**

Delisted Items - effective 1 May 2010 (continued)

151	DEXTROCHLORPHENIRAMINE MALEATE * Tab 2 mg	1.26 (5.60) 2.52 (9.99)	25 50	Polaramine Polaramine
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▲ Three months supply may be dispensed at one time if endorsed "certified exemption" by the prescriber.

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Items to be Delisted

Effective 1 September 2010

34	DOCUSATE SODIUM – Only on a prescription			
	* Tab 50 mg	3.95	100	
		(4.89)		Coloxyl
	* Tab 120 mg	5.49	100	
		(6.73)		Coloxyl

Effective 1 October 2010

55	BENDROFLUAZIDE			
	* Tab 2.5 mg – Up to 150 tab available on a PSO	7.58	500	
		(13.50)		Neo-Naclex
	May be supplied on a PSO for reasons other than emergency.			
	* Tab 5 mg	11.75	500	
		(21.50)		Neo-Naclex
77	TESTOSTERONE UNDECANOATE – Retail pharmacy-Specialist			
	Cap 40 mg	47.95	60	✓ Andriol Testocaps
		(60.71)		Panteston

Effective 1 November 2010

49	ENALAPRIL			
	* Tab 5 mg	1.98	90	✓ m-Enalapril
	* Tab 10 mg	2.44	90	
		(2.76)		m-Enalapril
	* Tab 20 mg	3.24	90	
		(3.68)		m-Enalapril
55	FUROSEMIDE			
	* Tab 500 mg	12.00	100	✓ Diurin 500
62	HYDROCORTISONE			
	* Crm 1% – Only on a prescription	2.44	100 g	✓ Lemnis Fatty Cream HC
72	ETHINYLOESTRADIOL WITH LEVONORGESTREL			
	* Tab ethinyloestradiol 30 µg with levonorgestrel 50 µg (6) and tab ethinyloestradiol 40 µg with levonorgestrel 75 µg (5), and tab ethinyloestradiol 30 µg with levonorgestrel 125 µg (10) and 7 inert tab – Up to 84 tab available on a PSO.....	6.62	84	✓ Trifeme
79	DYDROGESTERONE			
	Tab 10 mg	27.50	50	
		(29.90)		Duphaston
	Note – Duphaston tab 10 mg, 28 tab pack remains listed.			
83	DANAZOL – Retail pharmacy-Specialist			
	Cap 200 mg	29.35	30	✓ D-Zol

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

§29 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 November 2010 (continued)

100	DICLOFENAC SODIUM * Tab EC 25 mg 1.63 * Tab EC 50 mg 2.13 * Tab long-acting 75 mg 22.78 * Tab long-acting 100 mg 34.32	50 50 500 500	✓ Diclohexal ✓ Diclohexal ✓ Apo-Diclo SR ✓ Apo-Diclo SR
112	CLOMIPRAMINE HYDROCHLORIDE Tab 25 mg 26.00	500	✓ Clopress
113	MOCLOBEMIDE Note: There is a significant cost differential between moclobemide and fluoxetine (moclobemide being about three times more expensive). For depressive syndromes it is therefore more cost-effective to start treatment with fluoxetine first before considering prescribing moclobemide. Tab 150 mg 8.31 Tab 300 mg 18.80	60 60	✓ GenRx Moclobemide ✓ GenRx Moclobemide
138	FLUOROURACIL SODIUM Inj 50 mg per ml, 10 ml – PCT only – Specialist 4.95 Note – Fluorouracil Ebewe inj 50 mg per ml, 10 ml, 5 injection pack listed 1 May 2010.	1	✓ Fluorouracil Ebewe

Effective 1 December 2010

27	OMEPRAZOLE, AMOXYCILLIN AND CLARITHROMYCIN Omeprazole cap 20 mg × 14, amoxicillin cap 500 mg × 28 and clarithromycin tab 500 mg × 14 55.00	1 OP	✓ Losec Hp7 OAC
43	HEPARIN SODIUM Inj 5,000 iu per ml, 5 ml 43.67	10	✓ Multiparin
60	KETOCONAZOLE Crn 2% 1.00 (9.50)	15 g OP	Nizoral
	a) Only on a prescription b) Not in combination		
179	ENTERAL FEED 1KCAL/ML – Special Authority see SA0702 – Hospital pharmacy [HP3] Liquid 1.24 5.29	250 ml OP 1,000 ml OP	✓ Isosource HN ✓ Isosource HN RTH
179	ENTERAL FEED WITH FIBRE 1 KCAL/ML – Special Authority see SA0702 – Hospital pharmacy [HP3] Liquid 1.24 5.29	250 ml OP 1,000 ml OP	✓ Fibersource HN ✓ Fibersource HN RTH
179	ENTERAL FEED WITH FIBRE 1.5KCAL/ML – Special Authority see SA0702 – Hospital pharmacy [HP3] Liquid 7.00	1,000 ml OP	✓ Isosource 1.5
180	ORAL FEED 1.5KCAL/ML – Special Authority see SA0702 – Hospital pharmacy [HP3] Liquid (vanilla) 1.33	237 ml OP	✓ Resource Plus
181	FOOD THICKENER – Special Authority see SA0595 – Hospital pharmacy [HP3] Powder 3.80	250 g OP	✓ Resource Thicken Up

▲ 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 2011

25	SODIUM ALGINATE * Oral liq 500 mg with sodium bicarbonate 267 mg per 10 ml (aniseed)	1.50 (8.64)	500 ml	Gaviscon
26	ZINC OXIDE Oint zinc oxide with balsam peru	4.50 (6.67)	50 g OP	Anusol
	Suppos zinc oxide with balsam peru	4.47 (6.49)	12	Anusol
37	MULTIVITAMINS – Special Authority see SA0963 – Retail pharmacy Powder	36.00	100 g OP	✓ Paediatric Seravit
	Note – Paediatric Seravit powder 200 g OP subsidised from 1 July 2010.			
60	CICLOPIROXOLAMINE a) Only on a prescription b) Not in combination Crm 1%.....	1.00 (12.82)	20 g OP	Batrafen
63	SODIUM HYPOCHLORITE – Subsidy by endorsement Only if prescribed for a dialysis patient and the prescription is endorsed accordingly. * Soln	2.71	2,500 ml	✓ Janola
64	DIPHEMANIL METHYLSULPHATE – Subsidy by endorsement Only if prescribed for an amputee with an artificial limb, or for a paraplegic patient and the prescription endorsed accordingly. Powder 2%	6.81 (13.54)	50 g OP	Prantal
64	GLYCEROL WITH PARAFFIN AND CETYL ALCOHOL – Only on a prescription * Lotn 5% with paraffin liq 5% and cetyl alcohol 2%	1.40 (8.10)	250 ml	QV
64	OILY CREAM * Crm BP	2.80 (13.60) (15.40)	500 g	David Craig PSM
64	ZINC Crm BP	6.55 (12.00)	500 g	PSM
67	TAR WITH CADE OIL Bath emul 7.5% coal tar, 2.5% cade oil, 7.5% compound	9.70 (29.60)	350 ml	Polytar Emollient
69	HYDROGEN PEROXIDE * Soln 20 vol – Maximum of 500 ml per prescription	3.13 (7.00)	500 ml	PSM

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

Items to be Delisted - effective 1 January 2011 (continued)

70	APPLICATOR When ordered with a spermicide. * Applicator – Up to 1 dev available on a PSO	4.34	1	✓ Ortho
70	DIAPHRAGM – Up to 1 dev available on a PSO * Diaphragm, 55 mm	42.90	1	✓ Ortho Coil
	* Diaphragm, 60 mm	42.90	1	✓ Ortho All-flex ✓ Ortho Coil
	* Diaphragm, 65 mm	42.90	1	✓ Ortho Coil
	* Diaphragm, 70 mm	42.90	1	✓ Ortho Coil
	* Diaphragm, 75 mm	42.90	1	✓ Ortho Coil
	* Diaphragm, 80 mm	42.90	1	✓ Ortho Coil
	* Diaphragm, 85 mm	42.90	1	✓ Ortho All-flex ✓ Ortho Coil
	* Diaphragm, 90 mm	42.90	1	✓ Ortho All-flex ✓ Ortho Coil
	One of each size is permitted on a PSO.			
70	NONOXYNOL-9 Jelly 2% – Up to 108 g available on a PSO	10.95	108 g OP	✓ Gynol II
175	PAEDIATRIC ENTERAL FEED 1.5KCAL/ML – Special Authority see SA0896 – Hospital pharmacy [HP3] Liquid	1.60	200 ml OP	✓ Nutrini Energy RTH
176	PAEDIATRIC ENTERAL FEED 1KCAL/ML – Special Authority see SA0896 – Hospital pharmacy [HP3] Liquid	1.07	200 ml OP	✓ Nutrini RTH
179	ENTERAL FEED WITH FIBRE 1.5KCAL/ML – Special Authority see SA0702 – Hospital pharmacy [HP3] Liquid	1.75	250 ml OP	✓ Isoresource 1.5
180	ORAL FEED 1.5KCAL/ML – Special Authority see SA0702 – Hospital pharmacy [HP3] Liquid (chocolate)	1.33	237 ml OP	✓ Resource Plus
185	AMINOACID FORMULA WITH MINERALS WITHOUT PHENYLALANINE – Special Authority see SA0962 – Retail pharmacy See prescribing guideline Powder	58.44	250 g OP	✓ Metabolic Mineral Mixture
	Note – Metabolic Mineral Mixture powder 100 g OP subsidised from 1 July 2010.			

Effective 1 February 2011

82	CLOMIPHENE CITRATE Tab 50 mg	2.50	5	✓ Phenate
101	INDOMETHACIN * Cap long-acting 75 mg	13.30	100	✓ Rheumacin SR
173	ORAL FEED 1KCAL/ML – Special Authority see SA0594 – Hospital pharmacy [HP3] Liquid (strawberry)	1.78	237 ml OP	✓ Resource Diabetic
180	ORAL FEED 1.5KCAL/ML – Special Authority see SA0702 – Hospital pharmacy [HP3] Liquid (strawberry)	1.33	237 ml OP	✓ Resource Plus

▲ 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

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

Section H changes to Part II

Effective 1 August 2010

18	ASCORBIC ACID Tab 100 mg – 1% DV Oct-10 to 2013	13.80	500	Vitala-C
18	ATORVASTATIN Tab 10 mg – 1% DV Dec-2010 - 31/7/12	1.77	30	Lorstat 10
	Tab 20 mg – 1% DV Dec-2010 - 31/7/12	2.60	30	Lorstat 20
	Tab 40 mg – 1% DV Dec-2010 - 31/7/12	4.38	30	Lorstat 40
	Tab 80 mg – 1% DV Dec-2010 - 31/7/12	7.73	30	Lorstat 80
18	AZATHIOPRINE Tab 50 mg – 1% DV Oct-10 to 2013	18.45	100	Imuprine
	Inj 50 mg – 1% DV Oct-10 to 2013	60.00	1	Imuran
22	CEFTRIAZONE SODIUM Inj 1 g – 1% DV Oct-10 to 2013	10.49	5	Aspen Ceftriazone
	Note – AFT ceftriazone sodium inj 1 g to be delisted 1 October 2010			
24	CLOMIPHENE CITRATE Tab 50 mg	2.50	5	Phenate
	Note – Phenate tab 50 mg to be delisted 1 October 2010			
26	DANTHRON WITH POLOXAMER Oral liq 75 mg with poloxamer 1 g per 5 ml	13.95	300 ml	Pinorax Forte
32	FUROSEMIDE (↓ price) Tab 500 mg	25.00	50	Urex Forte
34	HYDROCORTISONE WITH CINCHOCAINE Oint 5 mg with cinchocaine hydrochloride 5 mg per g	15.00	30 g	Proctosedyl
	Suppos 5 mg with cinchocaine hydrochloride 5 mg per g	9.90	12	Proctosedyl
35	INDAPAMIDE Tab 2.5 mg – 1% DV Oct-10 to 2013	2.95	90	Dapa-Tabs
	Note – Napamide tab 2.5 mg to be delisted 1 October 2010			
35	INSULIN GLULISINE Inj 100 iu per ml, 10 ml	27.03	1	Apidra
	Inj 100 iu per ml, 3 ml disposable pen	46.07	5	Apidra SoloStar
36	IPRATROPIUM BROMIDE Nebuliser soln, 250 µg per ml, 1 ml – 1% DV Oct-10 to 2013	3.79	20	Univent
	Nebuliser soln, 250 µg per ml, 2 ml – 1% DV Oct-10 to 2013	4.06	20	Univent
	Note – Ipratropium Steri-Neb nebuliser soln, 250 µg per ml, 1 ml and 2 ml to be delisted 1 October 2010			
37	KETONE BLOOD BETA-KETONE ELECTRODES (↓ price) Test strips	7.07	10 strip	Optium Blood Ketone Test Strips
38	LEVONORGESTREL Subdermal implant (2 x 75 mg rods)	133.65	1	Jadelle

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

Expiry date of HSS period is 30 June of the year indicated unless otherwise stated

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

Section H changes Part II - effective 1 August 2010 (continued)

40	METHADONE HYDROCHLORIDE (↓ price and addition of HSS) Tab 5 mg – 1% DV Oct-10 to 2013	1.85	10	Methatabs
49	QUETIAPINE Tab 25 mg	7.00	60	Dr Reddy's Quetiapine
	Tab 100 mg	14.00	60	Dr Reddy's Quetiapine
	Tab 200 mg	24.00	60	Dr Reddy's Quetiapine
	Tab 300 mg	40.00	60	Dr Reddy's Quetiapine
50	RISPERIDONE Tab 0.5 mg	3.51	60	Dr Reddy's Risperidone
52	SODIUM CITRATE WITH SODIUM LAURYL SULPHOACETATE Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml – 1% DV Oct-10 to 2013	25.00	50	Micolette
	Note – Microlex enema to be delisted 1 October 2010			
54	TAMSULOSIN HYDROCHLORIDE Cap 400 µg – 1% DV Oct-10 to 2013	5.98	30	Tamsulosin-Rex

Section H changes to Part IV

Effective 1 August 2010

INDOMETHACIN

Cap long-acting 75 mg **\$29**

For any indication approved by the hospital service

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