

Pharmaceutical Management Agency

Update

# New Zealand Pharmaceutical Schedule

Effective 1 May 2011

Section H cumulative for April and May 2011



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# Summary of PHARMAC decisions

EFFECTIVE 1 MAY 2011

## **New listings (pages 20-22)**

- Compound electrolytes (Electral) powder for soln for oral use 4.4 g – Up to 10 sachets available on a PSO
- Digoxin (Lanoxin) tab 250 µg , 240 tab pack - Up to 30 tab available on a PSO
- Fentanyl citrate (Boucher and Muir) inj 50 µg per ml, 2 ml and 10 ml – Only on a controlled drug form and no patient co-payment payable
- Lacosamide (Vimpat) tab 50 mg, 100 mg, 150 mg and 200 mg – Special Authority – Retail pharmacy - listing in Section F Part II
- Modafinil (Modavigil) tab 100 mg – Special Authority – Retail pharmacy
- Bortezomib inj 3.5 mg (Velcade) and inj 1 mg for ECP, 3.5 mg OP (Baxter) – PCT only – Specialist – Special Authority
- Thalidomide (Thalomid) cap 100 mg – PCT only – Specialist – Special Authority – Only on a controlled drug form
- Paediatric oral feed 1.5kcal/ml (Fortini) liquid (strawberry and vanilla) 200 ml OP – Special Authority – Hospital pharmacy [HP3]
- Paediatric oral feed with fibre 1.5kcal/ml (Fortini Multi Fibre) liquid (chocolate, strawberry and vanilla) 200 ml OP – Special Authority – Hospital pharmacy [HP3]

## **Changes to restrictions (pages 23-30)**

- Clarithromycin (Klamycin) tab 500 mg – removal of endorsement for dispensing 250 mg tablets
- Influenza vaccine – amend access criteria
- Ondansetron tab 4 mg and 8 mg, and tab disp 4 mg and 8 mg – removal of prescribing and dispensing restrictions and Special Authority
- Thalidomide (Thalomid and Thalidomide Pharmion) cap 50 mg and 100 mg – amended Special Authority criteria
- Standard supplements (Ensure, Sustagen Hospital Formula, Isosource Standard, Osmolite, Nutrison Standard RTH, Isosource Standard RTH, Osmolite RTH, Jevity, Nutrison Multi Fibre, Jevity RTH, Ensure Plus HN, Ensure Plus RTH, Nutrison Energy Multifibre, Fortisip, Ensure Plus, Fortisip Multi Fibre) liquid and powder - amended Special Authority criteria
- Standard supplements (Ensure Plus) liquid (flavours) 200 ml OP – Higher subsidy by endorsement for bolus tube fed patients
- Amino acid formula (Vivonex Pediatric, Neocate, Neocate LCP, Neocate Advance, Elecare, Elecare LCP) powder (flavours) – amended Special Authority criteria
- Extensively hydrolysed formula (Pepti Junior Gold, Pepti Junior) powder – amended Special Authority criteria

## Summary of PHARMAC decisions – effective 1 May 2011 (continued)

### Increased subsidy (page 31)

- Colestipol hydrochloride (Colestid) sachets 5 g

### Decreased subsidy (page 31)

- Abacavir sulphate (Ziagen) tab 300 mg and oral liq 20 mg per ml
- Alendronate sodium (Fosamax) tab 70 mg
- Alendronate sodium with cholecalciferol (Fosamax Plus) tab 70 mg with cholecalciferol 5,600 iu
- Ondansetron (Zofran Zydys) tab disp 4 mg and 8 mg

## Special foods

Last month we implemented a number of changes to the access and funding of special foods. Following this implementation we have made some further changes with effect from 1 May 2011 as follows:

- A full subsidy is available for patients being bolus fed through a feeding tube on ready-mix standard supplements (Fortisip, Ensure Plus 237 ml, Fortisip Multi Fibre and Two Cal HN) when the prescription is endorsed by the prescriber from 1 April 2011. A valid Special Authority is still required for partial subsidy for these ready-mixed products, but the endorsement is required to gain a full subsidy. Please note that this endorsement applies to Ensure Plus 200 ml tetrapak from 1 May 2011 and does not apply during the month of April 2011.
- The Standard Supplements Special Authority criteria will be amended to enable on-line Special Authority applications to be processed electronically.
- Abbott Laboratories has reduced the price of its Ensure Plus 200 ml tetrapak to the same price as Fortisip. This means that bolus tube fed patients will get a full subsidy for this product with prescriber endorsement.
- Patients with outstanding repeats for Ensure Plus 200 ml tetrapaks will be fully subsidised where the initial dispensing was before 1 April 2011. This applies to existing



prescriptions only and not prescriptions written after 1 April 2011.

- The Amino Acid formula and Extensively Hydrolysed formula Special Authority approval criteria will be amended to enable renewals for these products to be processed more smoothly.

The patient information leaflet explaining the changes to the funding of nutritional products is available to order in hard copy from [bpac<sup>nz</sup>](http://www.bpac.org.nz). There is no restriction on how many information leaflets you can order. Links to the order forms are as follows

- [http://www.bpac.org.nz/resources/orders/admin/resource\\_order.asp](http://www.bpac.org.nz/resources/orders/admin/resource_order.asp)
- <http://www.pharmac.govt.nz/patients/SpecialFoodsChanges>

## Ondansetron – widened access

From 1 May 2011 the prescribing and dispensing restrictions that currently apply to ondansetron tablets and dispersible tablets will be removed. This means that there will be no restriction on the number of tablets subsidised per prescription or dispensing, regardless of indication. The Special Authority that waived the tablet restriction for patients undergoing highly emetogenic chemotherapy or radiation therapy will also be removed as it will no longer be needed.

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## Clarithromycin 500 mg tablet – restriction reinstated

Due to an out-of-stock on clarithromycin 250 mg tablets, PHARMAC permitted pharmacists to substitute the clarithromycin 500 mg tablets from 23 February 2011. Supplies of Klacid, clarithromycin 250 mg tablets (14 tab pack), are now available. From 1 May 2011 we will reinstate the prescribing and dispensing rules that

previously applied to clarithromycin 500 mg tablets. These are:

- Maximum of 14 tablets per prescription, and
  - Subsidy by endorsement – subsidised only if prescribed for helicobacter pylori eradication and the prescription is endorsed accordingly.
- 

## Named Specialists for etanercept juvenile idiopathic arthritis Special Authority applications

Initial Special Authority applications for etanercept for the Juvenile Idiopathic Arthritis indications can only be made by a “named specialist or rheumatologist”. Renewal applications can be made by a “named specialist, rheumatologist or Practitioner on

the recommendation of a named specialist or rheumatologist.” Below is the list of approved “named specialists” who can apply for Special Authority initial and renewal applications for etanercept for Juvenile Idiopathic Arthritis, effective from 1 May 2011:

### Whangarei

Dr Caroline Meadows

### Auckland

Dr Jackie Yan

### Hamilton

Dr Peter Heron

### Tauranga

Dr Justin Wilde

### Rotorua

Dr Erik Grangaard

### Lower Hutt

Dr Priscilla Campbell-Stokes

### Nelson

Dr Peter McIlroy

### Christchurch

Dr James Hector-Taylor

## New funded treatment for epilepsy

Lacosamide (Vimpat) tablets will be fully funded as a last-line treatment for epilepsy from 1 May 2011. Funding will be subject to Special Authority criteria for patients with partial-onset epilepsy and seizures which are

not adequately controlled by, or the patient has experienced unacceptable side effects from, optimal treatment with other epilepsy treatments. Please refer to page 20 of this Update for the Special Authority criteria.

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## New funded treatment for narcolepsy

Modafinil (Modavigil) 100 mg tablets will be fully funded for the treatment of narcolepsy from 1 May 2011. Funding will be available via Special Authority approval for the treatment of hypersomnia associated with narcolepsy in patients who cannot tolerate

methylphenidate or dexamphetamine, or in whom both methylphenidate and dexamphetamine are contraindicated. Please refer to page 20 of this Update for the Special Authority criteria.

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## New treatment options for patients with multiple myeloma and amyloidosis

**Bortezomib** (Velcade) 3.5 mg injection and 1 mg for ECP will be funded for patients with treatment naïve and relapsed/refractory multiple myeloma and systemic AL amyloidosis (i.e. first and second line treatment) through an agreement with Janssen-Cilag Pty Limited. From 1 May 2011 bortezomib will be listed in the Pharmaceutical Schedule as a Pharmacy Cancer Treatment (PCT only – Specialist), meaning that only DHB hospitals can claim for its use. It will be subsidised via a Special Authority approval.

A new strength of **thalidomide**, 100 mg capsule, will be subsidised from 1 May 2011.

Celgene Pty Ltd's brand Thalomid will be subsidised in both the 50 mg and 100 mg capsule presentations, giving prescribers greater choice in dose selection. It should be noted that thalidomide is a Class A controlled drug and can only be prescribed by registered prescribers in accordance with the Misuse of Drugs Act 1971 and the supplier's Risk Management Programme.

The "Pharmaceutical Cancer Treatment – Only" (PCT-only – Specialist) restriction remains on all strengths and brands of thalidomide.

Funded access to thalidomide will also be widened from 1 May 2011 to include

funding for all patients with multiple myeloma and systemic AL amyloidosis through an agreement with Celgene Pty Limited.

Please refer to page 21 of this Update for the Special Authority criteria.

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## News in Brief

- Lanoxin (**digoxin**) 250 µg tablets will be supplied in a 240 tablet pack size from 1 May 2011. The 250 tablet pack size is being discontinued internationally. The new pack size will be available in blisters (strips of 30) rather than in bottles.
- Hospital Supply Status (HSS) has been reinstated from 1 May 2011 on the Aspen Ceftriaxone brand of **ceftriaxone sodium** 1 g injection. HSS was suspended from 18 February 2011 due to an out-of-stock. Aspen Ceftriaxone 1 g injection will be the HSS brand until 30 June 2013.
- The access criteria for funded **influenza vaccine** has also widened. Subsidy is now available for people under 18 years of age living within the boundaries of the Canterbury District Health Board.
- **Baclofen** intrathecal injection has been added to the Discretionary Community Supply (DCS) list for patients with severe chronic spasticity of cerebral origin or due to multiple sclerosis, spinal cord injury or spinal cord disease, where oral antispastic agents have failed or have caused unacceptable side effects.





# Tender News

Sole Subsidised Supply changes – effective 1 June 2011

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Lactulose	Oral liq 10 g per 15 ml; 1,000 ml	Laevolac (Douglas)

## Looking Forward

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

### Possible decisions for implementation 1 June 2011

- Azithromycin (Arrow-Azithromycin) tab 500 mg – amended Special Authority criteria
- Bortezomib inj 1 mg (Velcade) and 1 mg for ECP, 1 mg (Baxter) – new listing – PCT only with Special Authority
- Clarithromycin (Klacid, Klamycin) tab 250 mg and grans for oral liq 125 mg per 5 ml – amended Special Authority criteria
- Fluconazole (Pacific) cap 150 mg – removal of Retail pharmacy-Specialist, addition of subsidy by endorsement, and only 1 cap subsidised per prescription
- Olanzapine (Olanzine and Dr Reddy's) tab 2.5 mg, 5 mg and 10 mg – new listing without Special Authority
- Olanzapine (Olanzine-D and Dr Reddy's) orodispersible tab 5 mg and 10 mg – new listing without Special Authority
- Ornidazole (Arrow-Ornidazole) tab 500 mg – new listing
- Pegylated interferon alpha-2A (Pegasys and Pegasys RBV Combination Pack) inj prefilled syringe with or without ribavirin – amended Special Authority criteria
- Sumatriptan injection – remove Retail pharmacy-Specialist

## Sole Subsidised Supply Products – cumulative to May 2011

Generic Name	Presentation	Brand Name	Expiry Date*
Acarbose	Tab 50 mg & 100 mg	Glucobay	2012
Acetazolamide	Tab 250 mg	Diamox	2011
Aciclovir	Tab dispersible 200 mg, 400 mg & 800 mg	Lovir	2013
Allopurinol	Tab 100 mg & 300 mg	Apo-Allopurinol	2011
Amantadine hydrochloride	Cap 100 mg	Symmetrel	2011
Amlodipine	Tab 5 mg & 10 mg	Apo-Amlodipine	2011
Amoxicillin	Cap 250 mg & 500 mg	Alphamox	2013
	Grans for oral liq 250 mg per 5 ml	Ospamox	2012
	Drops 125 mg per 1.25 ml	Ospamox Paediatric Drops	2011
	Inj 250 mg, 500 mg & 1 g	Ibiamox	
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
Ascorbic acid	Tab 100 mg	Vitala-C	2013
Aspirin	Tab 100 mg	Ethics Aspirin EC	2013
	Tab dispersible 300 mg	Ethics Aspirin	
Atenolol	Tab 50 mg & 100 mg	Atenolol Tablet USP	2012
Atropine sulphate	Inj 600 µg, 1 ml	AstraZeneca	2012
Azathioprine	Tab 50 mg	Imuprine	2013
	Inj 50 mg	Imuran	
Azithromycin	Tab 500 mg	Arrow-Azithromycin	2012
Baclofen	Tab 10 mg	Pacifen	2012
Bendrofluazide	Tab 2.5 mg & 5 mg	Arrow-Bendrofluazide	2011
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
Bisacodyl	Tab 5 mg	Lax-Tab	2013
Brimonidine tartrate	Eye drops 0.2%	AFT	2011
Calamine	Crn, aqueous, BP Lotn, BP	healthE API	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 May 2011

Generic Name	Presentation	Brand Name	Expiry Date*
Calcitonin	Inj 100 iu per ml, 1 ml	Miacalcic	2011
Calcitriol	Cap 0.25 µg & 0.5 µg	Airflow	2012
Calcium carbonate	Tab 1.25 g (500 mg elemental) Tab 1.5 g (600 mg elemental) Tab eff 1.7 g (1 g elemental)	Calci-Tab 500 Calci-Tab 600 Calsource	2011
Calcium folinate	Inj 50 mg	Calcium Folate Ebewe	2011
Captopril	Tab 12.5 mg, 25 mg & 50 mg Oral liq 5 mg per ml	m-Captopril Capoten	2013
Cefaclor monohydrate	Grans for oral liq 125 mg per 5 ml	Ranbaxy-Cefaclor	2013
Cefazolin sodium	Inj 500 mg & 1 g	Hospira	2011
Ceftriaxone sodium	Inj 500 mg Inj 1 g	Veracol Aspen Ceftriaxone	2013
Cefuroxime sodium	Inj 750 mg & 1.5 g	Zinacef	2011
Cephalexin monohydrate	Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml	Cefalexin Sandoz Cefalexin Sandoz	2012
Cetirizine hydrochloride	Tab 10 mg Oral liq 1 mg per ml	Zetop Cetirizine-AFT	2011
Cetomacrogol	Crn BP	PSM	2013
Chloramphenicol	Eye drops 0.5% Eye oint 1%	Chlorafast Chlorsig	2012
Chlorhexidine gluconate	Handrub 1% with ethanol 70% Soln 4%	healthE Orion	2012 2011
Ciclopiroxolamine	Nail soln 8%	Batrafen	2012
Cilazapril	Tab 0.5 mg, 2.5 mg & 5 mg	Zapril	2013
Cilazapril with hydrochlorothiazide	Tab 5 mg with hydrochlorothiazide 12.5 mg	Inhibace Plus	2013
Ciprofloxacin	Tab 250 mg, 500 mg & 750 mg	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
Clopidogrel	Tab 75 mg	Apo-Clopidogrel	2013

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## Sole Subsidised Supply Products – cumulative to May 2011

Generic Name	Presentation	Brand Name	Expiry Date*
Clotrimazole	Vaginal crm 1% with applicator Vaginal crm 2% with applicator Crm 1%	Clomazol	2013
		Clomazol	
		Clomazol	2011
Coal tar	Soln BP	Midwest	2013
Colchicine	Tab 500 µg	Colgout	2013
Crotamiton	Crm 10%	Itch-Soothe	2012
Cyclizine hydrochloride	Tab 50 mg	Nausicalm	2012
Cyclophosphamide	Tab 50 mg	Cycloblastin	2013
Cyproterone acetate	Tab 50 mg & 100 mg	Siterone	2012
Cyproterone acetate with ethinyloestradiol	Tab 2 mg with ethinyloestradiol 35 µg and 7 inert tabs	Ginet 84	2011
Desmopressin	Nasal spray 10 µg per dose	Desmopressin-PH&T	2011
Dexamethasone	Eye drops 0.1%	Maxidex	2013
Dexamethasone sodium phosphate	Inj 4 mg per ml, 1 ml & 2 ml	Hospira	2013
Dextrose	Inj 50%, 10 ml	Biomed	2011
Dextrose with electrolytes	Soln with electrolytes	Pedialyte – Fruit	2013
		Pedialyte – Bubblegum	
		Pedialyte – Plain	
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	2012
		Voltaren Ophtha	2011
		Voltaren	
		Voltaren	
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	31/12/11
		Cardizem CD	
Dipyridamole	Tab long-acting 150 mg	Pytazen SR	2011
Docusate sodium	Cap 50 mg Cap 120 mg	Laxofast 50	2011
		Laxofast 120	
Docusate sodium with sennosides	Tab 50 mg with total sennosides 8 mg	Laxsol	2013
Donepezil hydrochloride	Tab 5 mg & 10 mg	Donepezil-Rex	2012
Emulsifying ointment	Oint BP	AFT	2011
Enalapril	Tab 5 mg, 10 mg & 20 mg	Arrow-Enalapril	2012
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

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## Sole Subsidised Supply Products – cumulative to May 2011

Generic Name	Presentation	Brand Name	Expiry Date*
Erythromycin ethyl succinate	Tab 400 mg	E-Mycin	2012
	Grans for oral liq 200 mg per 5 ml	E-Mycin	2011
	Grans for oral liq 400 mg per 5 ml	E-Mycin	
Escitalopram	Tab 10 mg & 20 mg	Loxalate	2013
Ethinylloestradiol	Tab 10 µg	NZ Medical and Scientific	2012
Etidronate disodium	Tab 200 mg	Arrow-Etidronate	2012
Felodipine	Tab long-acting 5 mg	Felo 5 ER	2012
	Tab long-acting 10 mg	Felo 10 ER	
Ferrous sulphate	Oral liq 30 mg per 1 ml (6 mg elemental per 1 ml)	Ferodan	2013
Finasteride	Tab 5 mg	Fintral	2011
Flucloxacillin sodium	Cap 250 mg & 500 mg	AFT	2012
	Grans for oral liq 125 mg per 5 ml	AFT	
	Grans for oral liq 250 mg per 5 ml	AFT	2011
	Inj 250 mg, 500 mg & 1 g	Flucloxin	
Fluconazole	Cap 50 mg, 150 mg & 200 mg	Pacific	2011
Fludarabine phosphate	Inj 50 mg	Fludara	2011
	Tab 10 mg	Fludara Oral	
Fluorometholone	Eye drops 0.1%	FML	2012
Fluoxetine hydrochloride	Cap 20 mg	Fluox	2013
	Tab dispersible 20 mg, scored	Fluox	
Flutamide	Tab 250 mg	Flutamin	2013
Fluticasone propionate	Metered aqueous nasal spray, 50 µg per dose	Flixonase Hayfever & Allergy	31/1/13
Furosemide	Inj 10 mg per ml, 2 ml	Frusemide-Claris	2013
	Tab 40 mg	Diurin 40	2012
Fusidic acid	Crn 2%	Foban	2013
	Oint 2%	Foban	
Gabapentin	Cap 100 mg, 300 mg & 400 mg	Nupentin	31/7/12
Gemfibrozil	Tab 600 mg	Lipazil	2013
Gentamicin sulphate	Inj 40 mg per ml, 2 ml	Pfizer	2012
Gliclazide	Tab 80 mg	Apo-Gliclazide	2011
Glipizide	Tab 5 mg	Minidiab	2011
Glycerol	Liquid	healthE	2013
Glyceryl trinitrate	Tab 600 µg	Lycinate	2011
	Oral pump spray 400 µg per dose	Nitrolingual Pumpspray	
	TDDS 5 mg & 10 mg	Nitroderm TTS	

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## Sole Subsidised Supply Products – cumulative to May 2011

Generic Name	Presentation	Brand Name	Expiry Date*
Haloperidol	Inj 5 mg per ml, 1 ml Oral liq 2 mg per ml Tab 500 µg, 1.5 mg & 5 mg	Serenace Serenace Serenace	2013
Hydrocortisone	Inj 50 mg per ml, 1 ml Tab 5 mg & 20 mg Powder Crn 1%, 500 g	Solu-Cortef Douglas ABM PSM	2013 2012 2011
Hydrocortisone acetate	Rectal foam 10%, CFC-free (14 applications)	Colifoam	2012
Hydrocortisone with miconazole	Crn 1% with miconazole nitrate 2%	Micreme H	2013
Hydrocortisone with wool fat and mineral oil	Lotn 1% with wool fat hydrous 3% and mineral oil	DP Lotn HC	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
Ibuprofen	Oral liq 100 mg per 5 ml Tab 200 mg	Fenpaed Ethics Ibuprofen	2013 2012
Indapamide	Tab 2.5 mg	Dapa-Tabs	2013
Ipratropium bromide	Nebuliser soln, 250 µg per ml, 1 ml & 2 ml	Univent	2013
Iron polymaltose	Inj 50 mg per ml, 2 ml	Ferrum H	2011
Isotretinoin	Cap 10 mg & 20 mg	Oratane	2012
<b>Itraconazole</b>	<b>Cap 100 mg</b>	<b>Itrazole</b>	<b>2013</b>
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
Lignocaine hydrochloride	Inj 1%, 5 ml & 20 ml	Xylocaine	2013
Lignocaine with prilocaine	Crn 2.5% with prilocaine 2.5% (5 g tubes) Crn 2.5% with prilocaine 2.5%; 30 g OP	EMLA EMLA	2013
Lisinopril	Tab 5 mg, 10 mg & 20 mg	Arrow-Lisinopril	2012
Loperamide hydrochloride	Cap 2 mg	Diamide Relief	2013

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## Sole Subsidised Supply Products – cumulative to May 2011

Generic Name	Presentation	Brand Name	Expiry Date*
Loratadine	Oral liq 1 mg per ml Tab 10 mg	Lorapaed Loraclear Hayfever Relief	2013
Lorazepam	Tab 1 mg & 2.5 mg	Ativan	2013
Malathion	Liq 0.5% Shampoo 1%	A-Lices A-Lices	2013
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
Mercaptopurine	Tab 50 mg	Purinethol	2013
Mesalazine	Enema 1 g per 100 ml	Pentasa	2012
Metformin hydrochloride	Tab immediate-release 500 mg & 850 mg	Apotex	2012
Methadone hydrochloride	Tab 5 mg Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml	Methatabs Biodone Biodone Forte Biodone Extra Forte	2013 2012
Methotrexate	Inj 25 mg per ml, 2 ml & 20 ml Tab 2.5 mg & 10 mg Inj 100 mg per ml, 10 ml & 50 ml	Hospira Methoblastin Methotrexate Ebewe	2013 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
Moclobemide	Tab 150 mg & 300 mg	Apo-Moclobemide	2012
Mometasone furoate	Crn 0.1% Oint 0.1%	m-Mometasone m-Mometasone	2012
Morphine hydrochloride	Oral liq 1 mg per ml Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml	RA-Morph RA-Morph RA-Morph RA-Morph	2012

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## Sole Subsidised Supply Products – cumulative to May 2011

Generic Name	Presentation	Brand Name	Expiry Date*
Morphine sulphate	Cap long-acting 10 mg, 30 mg, 60 mg & 100 mg	m-Elson	2013
	Tab immediate release 10 mg & 20 mg	Sevredol	2012
	Inj 10 mg per ml, 1 ml	Mayne	2011
	Inj 30 mg per ml, 1 ml	Mayne	
Morphine tartrate	Inj 80 mg per ml, 1.5 ml & 5 ml	Hospira	2013
Mucilaginous laxatives	Dry	Konsyl-D	2013
Naproxen	Tab 250 mg	Noflam 250	2012
	Tab 500 mg	Noflam 500	
Nevirapine	Oral suspension 10 mg per ml	Viramune Suspension	2012
	Tab 200 mg	Viramune	
Norethisterone	Tab 350 µg	Noriday 28	2012
	Tab 5 mg	Primolut N	2011
Nortriptyline hydrochloride	Tab 10 mg & 25 mg	Norpress	2011
Nystatin	Cap 500,000 u	Nilstat	2013
	Tab 500,000 u	Nilstat	
	Oral liq 100,000 u per ml, 24 ml OP	Nilstat	2011
Omeprazole	Cap 10 mg, 20 mg & 40 mg	Dr Reddy's Omeprazole	2011
	Inj 40 mg	Dr Reddy's Omeprazole	
<b>Ondansetron</b>	<b>Tab 4 mg &amp; 8 mg</b>	<b>Dr Reddy's Ondansetron</b>	<b>2013</b>
Oxytocin	Inj 5 iu per ml, 1 ml	Syntocinon	2012
	Inj 10 iu per ml, 1 ml	Syntocinon	
	Inj 5 iu with ergometrine maleate 500 µg per ml, 1 ml	Syntometrine	
Pamidronate disodium	Inj 3 mg per ml, 5 ml	Pamisol	2011
	Inj 3 mg per ml, 10 ml	Pamisol	
	Inj 6 mg per ml, 10 ml	Pamisol	
Pantoprazole	Tab 20 mg & 40 mg	Dr Reddy's Pantoprazole	2013
Paracetamol	Tab 500 mg	Pharmacare	2011
	Oral liq 120 mg per 5 ml	Paracare Junior	
	Oral liq 250 mg per 5 ml	Paracare Double Strength	
Paracetamol with codeine	Tab paracetamol 500 mg with codeine phosphate 8 mg	ParaCode	2011
Paraffin liquid with soft white paraffin	Eye oint with soft white paraffin	Lacri-Lube	2013
Paroxetine hydrochloride	Tab 20 mg	Loxamine	2013
Peak Flow Meter	Low range and Normal range	Breath-Alert	30/9/11

\*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 May 2011

Generic Name	Presentation	Brand Name	Expiry Date*
Pegylated interferon alpha-2A	Inj 135 µg prefilled syringe	Pegasys	31/12/12
	Inj 180 µg prefilled syringe	Pegasys	
	Inj 135 µg prefilled syringe x 4 with ribavirin tab 200 mg x 112	Pegasys RBV Combination Pack	
	Inj 135 µg prefilled syringe x 4 with ribavirin tab 200 mg x 168	Pegasys RBV Combination Pack	
	Inj 180 µg prefilled syringe x 4 with ribavirin tab 200 mg x 112	Pegasys RBV Combination Pack	
	Inj 180 µg prefilled syringe x 4 with ribavirin tab 200 mg x 168	Pegasys RBV Combination Pack	
Pergolide	Tab 0.25 mg & 1 mg	Permax	2011
Permethrin	Lotn 5%	A-Scabies	2011
Phenoxyethylpenicillin (Pencillin V)	Cap potassium salt 250 mg & 500 mg	Cilicaine VK	2013
	Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml	AFT AFT	
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%	Vistil	2011
	Eye drops 3%	Vistil Forte	
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
Rifabutin	Cap 150 mg	Mycobutin	2013
Ropinirole hydrochloride	Tab 0.25 mg, 1 mg, 2 mg & 5 mg	Ropin	2013
Roxithromycin	Tab 150 mg & 300 mg	Arrow-Roxithromycin	2012

\*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 May 2011

Generic Name	Presentation	Brand Name	Expiry Date*
Salbutamol	Oral liq 2 mg per 5 ml	Salapin	2013
	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
Sertraline	Tab 50 mg & 100 mg	Arrow-Sertraline	2013
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 chloride	Inj 23.4%, 20 ml	Biomed	2013
Sodium citrate with sodium lauryl sulphoacetate	Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml	Micolette	2013
Sodium citro-tartrate	Grans effervescent 4 g sachets	Ural	2013
Sodium cromoglycate	Eye drops 2% Nasal spray, 4%	Rexacrom	2013
		Rex	2012
Somatropin	Inj cartridge 16 iu (5.3 mg) Inj cartridge 36 iu (12 mg)	Genotropin	31/12/12
		Genotropin	
Sotalol	Tab 80 mg & 160 mg	Mylan	2012
Spacer Device	230 ml, autoclavable & single patient	Space Chamber	30/9/11
Spironolactone	Tab 25 mg & 100 mg	Spirotone	2013
Sumatriptan	Tab 50 mg & 100 mg	Arrow-Sumatriptan	2013
Tamsulosin hydrochloride	Cap 400 µg	Tamsulosin-Rex	2013
Tar with triethanolamine lauryl sulphate and fluorescein	Soln 2.3%	Pinetarsol	2011
Temazepam	Tab 10 mg	Normison	2011
Terazosin hydrochloride	Tab 1 mg, 2 mg & 5 mg	Arrow	2013
Terbinafine	Tab 250 mg	Apo-Terbinafine	2011
Testosterone cypionate	Inj long-acting 100 mg per ml, 10 ml	Depo-Testosterone	2011
Testosterone undecanoate	Cap 40 mg	Arrow-Testosterone	2012
Tetracosactrin	Inj 250 µg Inj 1 mg per ml, 1 ml	Synacthen	2011
		Synacthen Depot	
Timolol maleate	Tab 10 mg Eye drops 0.25% & 0.5%	Apo-Timol	2012
		Apo-Timop	2011
Tramadol hydrochloride	Cap 50 mg	Arrow-Tramadol	2011
Tranexamic acid	Tab 500 mg	Cycklokapron	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 May 2011

Generic Name	Presentation	Brand Name	Expiry Date*
Triamcinolone acetonide	Crm 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
Vitamin B complex	Tab, strong, BPC	B-PlexADE	2013
Vitamins	Tab (BPC cap strength)	MultiADE	2013
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

### May 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.

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Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## New Listings

Effective 1 May 2011

44	COMPOUND ELECTROLYTES Powder for soln for oral use 4.4 g – Up to 10 sach available on a PSO .....	1.12	5	✓ <b>Electral</b>
49	DIGOXIN * Tab 250 µg – Up to 30 tab available on a PSO .....	14.52	240	✓ <b>Lanoxin</b>
115	FENTANYL CITRATE a) Only on a controlled drug form b) No patient co-payment payable Inj 50 µg per ml, 2 ml .....	6.43	10	✓ <b>Boucher and Muir</b>
	Inj 50 µg per ml, 10 ml .....	16.81	10	✓ <b>Boucher and Muir</b>
121	LACOSAMIDE – Special Authority see SA1125 – Retail pharmacy ▲ Tab 50 mg .....	25.04	14	✓ <b>Vimpat</b>
	▲ Tab 100 mg .....	50.06	14	✓ <b>Vimpat</b>
		200.24	56	✓ <b>Vimpat</b>
	▲ Tab 150 mg .....	75.10	14	✓ <b>Vimpat</b>
		300.40	56	✓ <b>Vimpat</b>
	▲ Tab 200 mg .....	400.55	56	✓ <b>Vimpat</b>

▶ SA1125 Special Authority for Subsidy

Initial application from any relevant practitioner. Approvals valid for 15 months for applications meeting the following criteria:

Both:

- 1 Patient has partial-onset epilepsy; and
- 2 Seizures are not adequately controlled by, or patient has experienced unacceptable side effects from, optimal treatment with all of the following: sodium valproate, topiramate, levetiracetam and any two of carbamazepine, lamotrigine and phenytoin sodium (see Note).

Note: "Optimal treatment" is defined as treatment which is indicated and clinically appropriate for the patient, given in adequate doses for the patient's age, weight and other features affecting the pharmacokinetics of the drug with good evidence of compliance. Women of childbearing age are not required to have a trial of sodium valproate.

Renewal from any relevant practitioner. Approvals valid for 24 months where the patient has demonstrated a significant and sustained improvement in seizure rate or severity and/or quality of life compared with that prior to starting lacosamide treatment (see Note).

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

136	MODAFINIL – Special Authority see SA1126 – Retail pharmacy Tab 100 mg .....	72.50	30	✓ <b>Modavigil</b>
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▶ SA1126 Special Authority for Subsidy

Initial application only from a neurologist or respiratory specialist. Approvals valid for 24 months for applications meeting the following criteria:

All of the following:

- 1 The patient has a diagnosis of narcolepsy and has excessive daytime sleepiness associated with narcolepsy occurring almost daily for three months or more; and
- 2 Either:
  - 2.1 The patient has a multiple sleep latency test with a mean sleep latency of less than or equal to 10 minutes and 2 or more sleep onset rapid eye movement periods; 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**

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Subsidy  
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Brand or  
Generic Mnfr  
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## New listings – effective 1 May 2011 (continued)

continued...

2.2 The patient has at least one of: cataplexy, sleep paralysis or hypnagogic hallucinations; and

3 Either:

3.1 An effective dose of a subsidised formulation of methylphenidate or dexamphetamine has been trialled and discontinued because of intolerable side effects; or

3.2 Methylphenidate and dexamphetamine are contraindicated.

Note: Modafinil will not be subsidised for hypersomnia associated with any condition other than narcolepsy.

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

144 BORTEZOMIB – PCT only – Specialist – Special Authority see SA1127

Inj 3.5 mg ..... 1,892.50 1 ✓ **Velcade**

Inj 1 mg for ECP ..... 1,892.50 3.5 mg OP ✓ **Baxter**

▶ SA1127 Special Authority for Subsidy

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

Both:

1 Either:

1.1 The patient has treatment-naïve symptomatic multiple myeloma; or

1.2 The patient has treatment-naïve symptomatic systemic AL amyloidosis; and

2 Maximum of 9 treatment cycles.

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

All of the following:

1 Either:

1.1 The patient has relapsed or refractory multiple myeloma; or

1.2 The patient has relapsed or refractory systemic AL amyloidosis; and

2 The patient has received only one prior front line chemotherapy for multiple myeloma or amyloidosis; and

3 The patient has not had prior publicly funded treatment with bortezomib; and

4 Maximum of 4 treatment cycles.

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

Both:

1 The patient's disease obtained at least a partial response from treatment with bortezomib at the completion of cycle 4; and

2 Maximum of 4 further treatment cycles (making a total maximum of 8 consecutive treatment cycles).

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

147 THALIDOMIDE – PCT only – Specialist – Special Authority see SA1124

Only on a controlled drug form

Cap 100 mg ..... 1,008.00 28 ✓ **Thalomid**

183 PAEDIATRIC ORAL FEED 1.5KCAL/ML – Special Authority see SA1100 – Hospital pharmacy [HP3]

Liquid (strawberry) ..... 1.60 200 ml OP ✓ **Fortini**

Liquid (vanilla) ..... 1.60 200 ml OP ✓ **Fortini**

▲ 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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Subsidy  
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\$ Per

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✓ **fully subsidised**

### New listings – effective 1 May 2011 (continued)

183	PAEDIATRIC ORAL FEED WITH FIBRE 1.5KCAL/ML – Special Authority see SA1100 – Hospital pharmacy [HP3]			
	Liquid (chocolate) .....	1.60	200 ml OP	✓ <b>Fortini Multi Fibre</b>
	Liquid (strawberry) .....	1.60	200 ml OP	✓ <b>Fortini Multi Fibre</b>
	Liquid (vanilla) .....	1.60	200 ml OP	✓ <b>Fortini Multi Fibre</b>

## Changes to Restrictions

Effective 1 May 2011

28	CLARITHROMYCIN Tab 500 mg – Subsidy by endorsement .....	23.30	14	✓ <b>Klamycin</b>
	a) <b>Maximum of 14 tab per prescription</b>			
	b) Subsidised only if prescribed for helicobacter pylori eradication and prescription is endorsed accordingly. Note: the prescription is considered endorsed if clarithromycin is prescribed in conjunction with a proton pump inhibitor and either amoxycillin or metronidazole.			
	b) <del>If the prescription is for clarithromycin 250 mg tablets and the prescription is dispensed from 23 February 2011 and the prescription is endorsed accordingly.</del>			
95	INFLUENZA VACCINE – Hospital pharmacy [Xpharm]			
	A) is available 1 March 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:			
	a) autoimmune disease,			
	b) immune suppression,			
	c) HIV,			
	d) transplant recipients,			
	e) neuromuscular and CNS diseases,			
	f) haemoglobinopathies,			
	g) children on long term aspirin, or			
	h) pregnancy,			
	<b>c) people under 18 years of age living within the boundaries of the Canterbury District Health Board.</b>			
	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 .....	90.00	10	✓ <b>Fluarix</b> ✓ <b>Fluvax</b>

▲ 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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Subsidy  
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Brand or  
Generic Mnfr  
✓ fully subsidised

## Changes to Restrictions - effective 1 May 2011 (continued)

124	ONDANSETRON			
	a) Maximum of 12 tab per prescription; can be waived by Special Authority see SA0887 below			
	b) Maximum of 6 tab per dispensing; can be waived by Special Authority see SA0887 below			
	c) Not more than one prescription per month; can be waived by Special Authority see SA0887 below.			
	d) The maximum of 6 tab per dispensing cannot be waived via Access Exemption Criteria:			
	Tab 4 mg .....	5.10	30	✓ Dr Reddy's Ondansetron
	Tab disp 4 mg .....	1.70	10	✓ Dr Reddy's Ondansetron
		(17.18)		Zofran Zydys
	Tab 8 mg .....	1.70	10	✓ Dr Reddy's Ondansetron
	Tab disp 8 mg .....	2.00	10	✓ Dr Reddy's Ondansetron
		(20.43)		Zofran Zydys

► SA0887 Special Authority for Waiver of Rule

Initial application from any relevant practitioner. Approvals valid for 12 months where the patient is undergoing prolonged treatment with highly emetogenic chemotherapy and/or highly emetogenic radiation therapy for the treatment of malignancy.

Renewal from any relevant practitioner. Approvals valid for 12 months where the patient is undergoing prolonged treatment with highly emetogenic chemotherapy and/or highly emetogenic radiation therapy for the treatment of malignancy.

147 THALIDOMIDE – PCT only – Specialist – Special Authority see SA1124 0882  
Only on a controlled drug form

Cap 50 mg .....	490.00	28	✓ Thalidomide Pharmion
	504.00		✓ Thalomid
Cap 100 mg .....	1,008.00	28	✓ Thalomid

► SA1124 0882 Special Authority for Subsidy

Initial application — (for new patients) 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 has multiple myeloma; or
2. The patient has systemic AL amyloidosis\*.

Both:

- 1 The patient has refractory, progressive or relapsed multiple myeloma; and
- 2 The patient has received prior chemotherapy.

**Note: Indication marked with \* is an Unapproved Indication.**

Initial application — (for patients receiving thalidomide prior to 1 January 2006) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid without further renewal unless notified where the patient was receiving treatment with thalidomide for multiple myeloma on or before 31 December 2005.

Renewal only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid without further renewal unless notified where the patient has obtained a response from treatment during the initial approval period.

Notes: Prescription must be written by a registered prescriber in the thalidomide risk management programme operated by the supplier.

Maximum dose of 400 mg daily as monotherapy or in a combination therapy regimen.



## Changes to Restrictions - effective 1 May 2011 (continued)

### 185 STANDARD SUPPLEMENTS

#### ▶ SA1104 Special Authority for Subsidy

Initial application — (Children) only from a relevant specialist or vocationally registered general practitioner.

Approvals valid for 1 year for applications meeting the following criteria:

All of the following:

- 1 The patient is under 18 years of age; and
- 2 Any of the following:
  - 2.1 The patient has a condition causing malabsorption; or
  - 2.2 The patient has failure to thrive; or
  - 2.3 The patient has increased nutritional requirements; and
- 3 Nutrition goal has been set (eg reach a specific weight or BMI).

Renewal — (Children) only from a relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a relevant specialist or vocationally registered general practitioner.

Approvals valid for 1 year for applications meeting the following criteria:

**Both:**

- 1 All of the following:
  - 1.1 The patient is under 18 years of age; and
  - 1.2 The treatment remains appropriate and the patient is benefiting from treatment; and
  - 1.3 A nutrition goal has been set (eg reach a specific weight or BMI); ~~and~~
- 2 ~~General Practitioners must include the name of the relevant specialist or vocationally registered general practitioner and date contacted.~~

Initial application — (Adults) only from a relevant specialist or vocationally registered general practitioner.

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

All of the following:

- 1 Any of the following:

Patient is Malnourished

  - 1.1 Patient has a body mass index (BMI) of less than 18.5 kg/m<sup>2</sup>; or
  - 1.2 Patient has unintentional weight loss greater than 10% within the last 3-6 months; or
  - 1.3 Patient has a BMI of less than 20 kg/m<sup>2</sup> and unintentional weight loss greater than 5% within the last 3-6 months; and
- 2 Any of the following:

Patient has not responded to first-line dietary measures over a 4 week period by:

  - 2.1 Increasing their food intake frequency (eg snacks between meals); or
  - 2.2 Using high-energy foods (e.g. milkshakes, full fat milk, butter, cream, cheese, sugar etc); or
  - 2.3 Using over the counter supplements (e.g. Complan); and
- 3 A nutrition goal has been set (e.g. to reach a specific weight or BMI).

Renewal — (Adults) only from a relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a relevant specialist or vocationally registered general practitioner.

Approvals valid for 6 months for applications meeting the following criteria:

**Both All of the following:**

- 1 A nutrition goal has been set (eg reach a specific weight or BMI); and
- 2 Any of the following:

Patient is Malnourished

  - 2.1 Patient has a body mass index (BMI) of less than 18.5 kg/m<sup>2</sup>; or
  - 2.2 Patient has unintentional weight loss greater than 10% within the last 3-6 months; or
  - 2.3 Patient has a BMI of less than 20 kg/m<sup>2</sup> and unintentional weight loss greater than 5% within the last 3-6 months; ~~and~~
- 3 ~~General Practitioners must include the name of the relevant specialist or vocationally registered general practitioner and date contacted.~~

*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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Subsidy  
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\$ Per

Brand or  
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## Changes to Restrictions - effective 1 May 2011 (continued)

*continued...*

Initial application — (Adults transitioning from hospital Discretionary Community Supply) only from a relevant specialist or vocationally registered general practitioner. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

- 1 The patient has had up to a 30 day supply of a 1.0 or a 1.5 kcal/ml Standard Oral Supplement; and
- 2 A nutrition goal has been set (eg reach a specific weight or BMI); and
- 3 Any of the following:
  - Patient is Malnourished
  - 3.1 Patient has a body mass index (BMI) of less than 18.5 kg/m<sup>2</sup>; or
  - 3.2 Patient has unintentional weight loss greater than 10% within the last 3-6 months; or
  - 3.3 Patient has a BMI of less than 20 kg/m<sup>2</sup> and unintentional weight loss greater than 5% within the last 3-6 months.

Initial application — (Specific medical condition) only from a relevant specialist or vocationally registered general practitioner. Approvals valid for 1 year for applications meeting the following criteria:

Any of the following:

- 1 Is being fed via a nasogastric tube or a nasogastric tube is to be inserted for feeding; or
- 2 Malignancy and is considered likely to develop malnutrition as a result; or
- 3 Is undergoing a bone marrow transplant; or
- 4 ~~Temporomandibular~~ **Temporomandibular** joint surgery.

Renewal — (Specific medical condition) only from a relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a relevant specialist or vocationally registered general practitioner. Approvals valid for 1 year for applications meeting the following criteria:

~~Both:~~

4 Any of the following:

- 1.1 Is being fed via a nasogastric tube; or
  - 1.2 Malignancy and is considered likely to develop malnutrition as a result; or
  - 1.3 Has undergone a bone marrow transplant; or
  - 1.4 ~~Temporomandibular~~ **Temporomandibular** joint surgery; and
- 2 ~~General Practitioners must include the name of the relevant specialist or vocationally registered general practitioner and date contacted.~~

Initial application — (Chronic disease OR tube feeding) only from a relevant specialist or vocationally registered general practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Any of the following:

- 1 Is being fed via a tube or a tube is to be inserted for the purpose of feeding (not nasogastric tube - refer to specific medical condition criteria); or
- 2 Cystic Fibrosis; or
- 3 Liver disease; or
- 4 Chronic Renal failure; or
- 5 Inflammatory bowel disease; or
- 6 Chronic obstructive pulmonary disease with hypercapnia; or
- 7 Short bowel syndrome; or
- 8 Bowel fistula; or
- 9 Severe chronic neurological conditions.

Renewal — (Chronic disease OR tube feeding for patients who have previously been funded under Special Authority forms SA0702 or SA0583) only from a relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a relevant specialist or vocationally registered general practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

~~Both:~~

4 Any 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**

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Subsidy  
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\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## Changes to Restrictions - effective 1 May 2011 (continued)

continued...

- 1.1 Is being fed via a tube or a tube is to be inserted for the purpose of feeding (not nasogastric tube - refer to specific medical condition criteria); or  
1.2 Cystic Fibrosis; or  
1.3 Liver disease; or  
1.4 Chronic Renal failure; or  
1.5 Inflammatory bowel disease; or  
1.6 Chronic obstructive pulmonary disease with hypercapnia; or  
1.7 Short bowel syndrome; or  
1.8 Bowel fistula; or  
1.9 Severe chronic neurological conditions; and  
2- General Practitioners must include the name of the relevant specialist or vocationally registered general practitioner and date contacted.

189 ORAL FEED 1.5KCAL/ML (TETRAPAK) – Special Authority see SA1104 – Hospital pharmacy [HP3]

**a) Repeats for Fortisip and Ensure Plus will be fully subsidised where the initial dispensing was before 1 April 2011.**

**b) Additional subsidy by endorsement is available for patients being bolus fed through a feeding tube. The prescription must be endorsed accordingly.**

Repeats for Ensure Plus, 200 ml OP, will be subsidised to the same subsidy level as prior to 1 April 2011 where the initial dispensing was before 1 April 2011.

Liquid (banana)			
– Higher subsidy of \$1.26 per 200 ml with Endorsement.....	0.72	200 ml OP	
	(1.26)		Ensure Plus
Liquid (chocolate)			
– Higher subsidy of \$1.26 per 200 ml with Endorsement.....	0.72	200 ml OP	
	(1.26)		Ensure Plus
Liquid (fruit of the forest)			
– Higher subsidy of \$1.26 per 200 ml with Endorsement.....	0.72	200 ml OP	
	(1.26)		Ensure Plus
Liquid (strawberry)			
– Higher subsidy of \$1.26 per 200 ml with Endorsement.....	0.72	200 ml OP	
	(1.26)		Ensure Plus
Liquid (vanilla)			
– Higher subsidy of \$1.26 per 200 ml with Endorsement.....	0.72	200 ml OP	
	(1.26)		Ensure Plus

193 AMINO ACID FORMULA – Special Authority see SA1111 – Hospital pharmacy [HP3]

Powder .....	6.00	48.5 g OP	✓ Vivonex Pediatric
	56.00	400 g OP	✓ Neocate
			✓ Neocate LCP
Powder (tropical) .....	56.00	400 g OP	✓ Neocate Advance
Powder (unflavoured) .....	56.00	400 g OP	✓ Elecare
			✓ Elecare LCP
			✓ Neocate Advance
Powder (vanilla) .....	56.00	400 g OP	✓ Elecare

► SA1111 Special Authority for Subsidy

**Initial Application – Transition from Old Form (SA0603). Applications only from a relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a relevant specialist or vocationally registered general practitioner. Approvals valid for 6 months for applications meeting the following criteria:**

**All of the following:**

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

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

continued...

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 2011 (continued)

continued...

- 1 The patient is currently receiving funded amino acid formula under Special Authority form SA0603, and
- 2 An assessment as to whether the infant can be transitioned to a cows milk protein, soy, or extensively hydrolysed infant formula has been undertaken; and,
- 3 The outcome of the assessment is that the infant continues to require an amino acid infant formula.
- 4 General Practitioners must include the name of the relevant specialist or vocationally registered general practitioner and the date contacted.

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

Any of the following:

- 1 Extensively hydrolysed formula has been reasonably trialled and is inappropriate due to documented severe intolerance or allergy or malabsorption; or
- 2 History of anaphylaxis to cows milk protein formula or dairy products; or
- 3 Eosinophilic oesophagitis.

Renewal only from a relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a relevant specialist or vocationally registered general practitioner. Approvals valid for 6 months for applications meeting the following criteria:

**All of the following: Both:**

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

194	EXTENSIVELY HYDROLYSED FORMULA – Special Authority see SA1112 – Hospital pharmacy [HP3]			
	Powder .....	15.21	450 g OP	✓ Pepti Junior Gold
		19.01		✓ Pepti Junior

► SA1112 Special Authority for Subsidy

**Initial Application – Transition from Old Form (SA0603).** Applications only from a relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a relevant specialist or vocationally registered general practitioner. Approvals valid for 6 months for applications meeting the following criteria:

Either:

- 1 All of the following:
  - 1.1 The infant is currently receiving funded amino acid formula under Special Authority form SA0603, and
  - 1.2 The infant is to be assessed as to whether they can transition to an extensively hydrolysed infant formula, and
  - 1.3 General Practitioners must include the name of the relevant specialist or vocationally registered general practitioner and the date contacted.
- 2 All of the following:
  - 2.1 The patient is currently receiving funded extensively hydrolysed formula under Special Authority form SA0603, and
  - 2.2 An assessment as to whether the infant can be transitioned to a cows milk protein or soy infant formula has been undertaken; and,
  - 2.3 The outcome of the assessment is that the infant continues to require an extensively hydrolysed infant formula, and
  - 2.4 General Practitioners must include the name of the relevant specialist or vocationally registered general practitioner and the date contacted.

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

Any of the following:

continued...

## Changes to Restrictions - effective 1 May 2011 (continued)

continued...

- 1 Both:
  - 1.1 Cows milk formula is inappropriate due to severe intolerance or allergy to its protein content; and
  - 1.2 Either:
    - 1.2.1 Soy milk formula has been trialled without resolution of symptoms; or
    - 1.2.2 Soy milk formula is considered clinically inappropriate or contraindicated; or
- 2 Severe malabsorption; or
- 3 Short bowel syndrome; or
- 4 Intractable diarrhea; or
- 5 Biliary atresia; or
- 6 Cholestatic liver diseases causing malsorption; or
- 7 Chylous ascite; or
- 8 Chylothorax; or
- 9 Cystic fibrosis; or
- 10 Proven fat malabsorption; or
- 11 Severe intestinal motility disorders causing significant malabsorption; or
- 12 Intestinal failure.

Renewal only from a relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a relevant specialist or vocationally registered general practitioner. Approvals valid for 6 months for applications meeting the following criteria:

**All of the following: Both:**

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

**Renewal – Step Down from Amino Acid Formula. Applications only from a relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a relevant specialist or vocationally registered general practitioner. Approvals valid for 6 months for applications meeting the following criteria:**

**All of the following:**

- 1 **The infant is currently receiving funded amino acid formula under Special Authority form SA0603, and**
- 2 **The infant is to be trialled on, or transitioned to, an extensively hydrolysed formula; and,**
- 3 **General Practitioners must include the name of the relevant specialist or vocationally registered general practitioner and the date contacted.**

## Effective 1 April 2011

188	ORAL FEED 1.5KCAL/ML – Special Authority see SA1104 – Hospital pharmacy [HP3]			
	a) Repeats for Fortisip and Ensure Plus 237 ml OP will be fully subsidised where the initial dispensing was before 1 April 2011.			
	<b>b) Additional subsidy by endorsement is available for patients being bolus fed through a feeding tube. The prescription must be endorsed accordingly.</b>			
	Liquid (banana) – Higher subsidy of \$1.26 per 200 ml with			
	Endorsement .....	0.72	200 ml OP	Fortisip
		(1.26)		
	Liquid (chocolate) – Higher subsidy of up to \$1.33 per 237 ml			
	with Endorsement.....	0.85	237 ml OP	Ensure Plus
		(1.33)		
		0.72	200 ml OP	
		(1.26)		Fortisip <i>continued...</i>

▲ 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 April 2011 (continued)

continued...

	Liquid (coffee latte) – Higher subsidy of up to \$1.33 per 237 ml with Endorsement .....	0.85 (1.33)	237 ml OP	Ensure Plus
	Liquid (strawberry) – Higher subsidy of up to \$1.33 per 237 ml with Endorsement .....	0.85 (1.33)	237 ml OP	Ensure Plus
		0.72 (1.26)	200 ml OP	Fortisip
	Liquid (toffee) – Higher subsidy of \$1.26 per 200 ml with Endorsement .....	0.72 (1.26)	200 ml OP	Fortisip
	Liquid (tropical fruit) – Higher subsidy of \$1.26 per 200 ml with Endorsement.....	0.72 (1.26)	200 ml OP	Fortisip
	Liquid (vanilla) – Higher subsidy of up to \$1.33 per 237 ml with Endorsement.....	0.85 (1.33)	237 ml OP	Ensure Plus
		0.72 (1.26)	200 ml OP	Fortisip
189	ORAL FEED WITH FIBRE 1.5 KCAL/ML – Special Authority see SA1104 – Hospital pharmacy [HP3] a) Repeats for Fortisip Multi Fibre will be fully subsidised where the initial dispensing was before 1 April 2011. <b>b) Additional subsidy by endorsement is available for patients being bolus fed through a feeding tube. The prescription must be endorsed accordingly.</b>			
	Liquid (chocolate) – Higher subsidy of \$1.26 per 200 ml with Endorsement .....	0.72 (1.26)	200 ml OP	Fortisip Multi Fibre
	Liquid (strawberry) – Higher subsidy of \$1.26 per 200 ml with Endorsement .....	0.72 (1.26)	200 ml OP	Fortisip Multi Fibre
	Liquid (vanilla) – Higher subsidy of \$1.26 per 200 ml with Endorsement .....	0.72 (1.26)	200 ml OP	Fortisip Multi Fibre
190	ORAL FEED 2KCAL/ML – Special Authority see SA1105 – Hospital pharmacy [HP3] a) Repeats for Two Cal HN will be fully subsidised where the initial dispensing was before 1 April 2011. <b>b) Additional subsidy by endorsement is available for patients being bolus fed through a feeding tube. The prescription must be endorsed accordingly.</b>			
	Liquid (vanilla) – Higher subsidy of \$2.25 per 237 ml with Endorsement .....	1.14 (2.25)	237 ml OP	Two Cal HN

## Changes to Subsidy and Manufacturer's Price

Effective 1 May 2011

34	MUCILAGINOUS LAXATIVES WITH STIMULANTS († price) * Dry.....	2.41 (8.72) 6.02 (17.32)	200 g OP  500 g OP	Normacol Plus  Normacol Plus
44	COLESTIPOL HYDROCHLORIDE († subsidy) Sachets 5 g .....	20.00	30	✓ <b>Colestid</b>
90	ABACAVIR SULPHATE – Special Authority see SA1025 – Retail pharmacy (↓ subsidy) Tab 300 mg .....	229.00	60	✓ <b>Ziagen</b>
	Oral liq 20 mg per ml.....	50.00	240 ml OP	✓ <b>Ziagen</b>
108	ALENDRONATE SODIUM – Special Authority see SA1039 – Retail pharmacy (↓ subsidy) Tab 70 mg .....	22.90	4	✓ <b>Fosamax</b>
108	ALENDRONATE SODIUM WITH CHOLECALCIFEROL – Special Authority see SA1039 – Retail pharmacy (↓ subsidy) Tab 70 mg with cholecalciferol 5,600 iu.....	22.90	4	✓ <b>Fosamax Plus</b>
111	DANTROLENE SODIUM († price) * Cap 25 mg .....	32.96 (65.00)	100	Dantrium
	* Cap 50 mg .....	51.70 (77.00)	100	Dantrium
124	ONDANSETRON (↓ subsidy) Tab disp 4 mg .....	1.70 (17.18)	10	Zofran Zydis
	Tab disp 8 mg.....	2.00 (20.43)	10	Zofran Zydis
189	ORAL FEED 1.5KCAL/ML – Special Authority see SA1104 – Hospital pharmacy [HP3] (↓ price and † alternate subsidy) a) Repeats for Fortisip and Ensure Plus will be fully subsidised where the initial dispensing was before 1 April 2011. b) Additional subsidy by endorsement is available for patients being bolus fed through a feeding tube. The prescription must be endorsed accordingly. Liquid (banana) – Higher subsidy of \$1.26 per 200 ml with Endorsement.....	0.72 (1.26)	200 ml OP	Ensure Plus
	Liquid (chocolate) – Higher subsidy of \$1.26 per 200 ml with Endorsement.....	0.72 (1.26)	200 ml OP	Ensure Plus
	Liquid (fruit of the forest) – Higher subsidy of \$1.26 per 200 ml with Endorsement.....	0.72 (1.26)	200 ml OP	Ensure Plus

*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 Subsidy and Manufacturer's Price - effective 1 May 2011 (continued)**

*continued...*

Liquid (strawberry) – Higher subsidy of \$1.26 per 200 ml with Endorsement.....	0.72 (1.26)	200 ml OP	Ensure Plus
Liquid (vanilla) – Higher subsidy of \$1.26 per 200 ml with Endorsement.....	0.72 (1.26)	200 ml OP	Ensure Plus

Note: Additional subsidy by endorsement and repeats will now be fully subsidised for the tetrapaks



## Changes to Brand Name

### Effective 1 May 2011

96	KETOPROFEN – Additional subsidy by Special Authority see SA1038 – Retail pharmacy			
	* Cap long-acting 100 mg .....	6.72	100	
		(21.56)		Oruvail <b>SR 100</b>
	* Cap long-acting 200 mg .....	13.44	100	
		(43.12)		Oruvail <b>SR 200</b>

## Changes to Section F Part II

### Effective 1 May 2011

201 NERVOUS SYSTEM  
**Lacosamide**

## Changes to Sole Subsidised Supply

### Effective 1 May 2011

For the list of new Sole Subsidised Supply products effective 1 May 2011 refer to the bold entries in the cumulative Sole Subsidised Supply table pages 10-19.

▲ 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 May 2011

33	PANCREATIC ENZYME Cap 8,000 USP u lipase, 30,000 USP u amylase, 30,000 USP u protease.....	85.00	250	✓Cotazym ECS
84	ITRACONAZOLE – Retail pharmacy-Specialist Cap 100 mg .....	4.25 (23.70)	15	Sporanox
124	ONDANSETRON Tab 4 mg .....	1.70 (17.18)	10	Zofran
	Tab 8 mg .....	3.40 (33.89)	20	Zofran
127	RISPERIDONE Tab 0.5 mg .....	1.17	20	✓Ridal
	Note – Ridal tab 0.5 mg, 60 tab pack, remains subsidised.			
168	PHARMACY SERVICES - May only be claimed once per patient. * Brand switch fee.....	0.01	1 fee	✓BSF Apo-Clopidogrel
	The Pharmacode for BSF Apo-Clopidogrel is 2378655			

## Items to be Delisted

### Effective 1 June 2011

144	BORTEZOMIB – PCT only – Specialist – Special Authority see SA1127 Inj 1 mg for ECP .....	1,892.50	3.5 mg OP	✓ <b>Baxter</b>
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### Effective 1 August 2011

124	ONDANSETRON Tab disp 4 mg .....	1.70 (17.18)	10	Zofran Zydis
	Tab disp 8 mg .....	2.00 (20.43)	10	Zofran Zydis

### Effective 1 November 2011

32	BLOOD GLUCOSE DIAGNOSTIC TEST STRIP The number of test strips available on a prescription is restricted to 50 unless: 1) Prescribed with insulin or a sulphonylurea but are on a different prescription and the prescription is endorsed accordingly; or 2) Prescribed on the same prescription as insulin or a sulphonylurea in which case the prescription is deemed to be endorsed; or 3) Prescribed for a pregnant woman with diabetes and endorsed accordingly. Blood glucose test strips .....	10.82	25 test OP	✓ <b>Optium 5 second test</b>
33	PANCREATIC ENZYME Tab EC 1,900 BP u lipase, 1,700 BP u amylase, 110 BP u protease .....	32.46	300	✓ <b>Pancrex V</b>
39	IPECACUANHA * Tincture .....	41.20 (43.40)	500 ml	PSM
44	DIGOXIN * Tab 250 µg – Up to 30 tab available on a PSO .....	15.13	250	✓ <b>Lanoxin</b>
63	SALICYLIC ACID Powder – Only in combination .....	15.00	500 g	✓ <b>ABM</b>
	1) Only in combination with a dermatological base or proprietary Topical Corticosteroid – Plain or collodion flexible, 2) With or without other dermatological galenicals. 3) Maximum 20 g or 20 ml per prescription when prescribed with white soft paraffin or collodion flexible.			
63	SULPHUR Precipitated – Only in combination .....	6.35 (9.25)	100 g	PSM
	1) Only in combination with a dermatological base or proprietary Topical Corticosteroid – Plain 2) With or without other dermatological galenicals.			

▲ 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 November 2011 (continued)**

114	BUPRENORPHINE HYDROCHLORIDE – Only on a controlled drug form Inj 0.3 mg per ml, 1 ml .....	7.42 (9.38)	5		Temgesic
161	SALBUTAMOL WITH IPRATROPIUM BROMIDE Aerosol inhaler, 100 µg with ipratropium bromide, 20 µg per dose .....	13.50	200 dose OP	✓	<b>Combivent</b>
163	SULPHACETAMIDE SODIUM * Eye drops 10% .....	4.41	15 ml OP	✓	<b>Bleph 10</b>
192	AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA1108 – [HP3]				Hospital pharmacy
	Liquid (berry) .....	15.65	62.5 ml OP	✓	<b>Lophlex LQ</b>
		31.20	125 ml OP	✓	<b>Lophlex LQ</b>
	Liquid (citrus) .....	15.65	62.5 ml OP	✓	<b>Lophlex LQ</b>
		31.20	125 ml OP	✓	<b>Lophlex LQ</b>
	Liquid (orange) .....	15.65	62.5 ml OP	✓	<b>Lophlex LQ</b>
		31.20	125 ml OP	✓	<b>Lophlex LQ</b>
	Infant formula .....	174.72	400 g OP	✓	<b>XP Analog LCP</b>

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

## Section H changes to Part II

Effective 1 May 2011

16	ABACAVIR SULPHATE			
	Tab 300 mg – <b>1% DV Jul-11 to 2014</b> .....	229.00	60	<b>Ziagen</b>
	Oral liq 20 mg per ml – <b>1% DV Jul-11 to 2014</b> .....	50.00	240 ml	<b>Ziagen</b>
16	ALENDRONATE SODIUM (↓ price)			
	Tab 70 mg .....	22.90	4	Fosamax
16	ALENDRONATE SODIUM WITH CHOLECALCIFEROL (↓ price)			
	Tab 70 mg with cholecalciferol 5,600 iu.....	22.90	4	Fosamax Plus
20	BLOOD GLUCOSE DIAGNOSTIC TEST STRIP			
	Blood glucose test strips .....	10.82	25 test	Optium 5 second test
	Note: Optium 5 second test 25 test to be delisted 1 July 2011			
20	BORTEZOMIB			
	Inj 3.5 mg .....	1,892.50	1	Velcade
23	CEFTRIAXONE SODIUM			
	Inj 1 g – <b>1% DV May-11 to 2013</b> .....	10.49	5	<b>Aspen Ceftriaxone</b>
	Note: HSS reinstated from 1 May 2011			
26	DANTROLENE SODIUM (↑ price)			
	Cap 25 mg .....	65.00	100	Dantrium
	Cap 50 mg .....	77.00	100	Dantrium
31	FENTANYL CITRATE			
	Inj 50 µg per ml, 2 ml – <b>1% DV Jul-11 to 2012</b> .....	6.43	10	<b>Boucher and Muir</b>
	Inj 50 µg per ml, 10 ml – <b>1% DV Jul-11 to 2012</b> .....	16.81	10	<b>Boucher and Muir</b>
	Note: Hospira 50 µg per ml, 2 ml and 10 ml to be delisted 1 July 2011			
38	LACOSAMIDE			
	Tab 50 mg .....	25.04	14	Vimpat
	Tab 100 mg .....	50.06	14	Vimpat
		200.24	56	Vimpat
	Tab 150 mg .....	75.10	14	Vimpat
	Tab 200 mg .....	300.40	56	Vimpat
		56	Vimpat	
	Tab 200 mg .....	400.55	56	Vimpat
46	OCTREOTIDE			
	Inj 50 µg per ml, 1 ml .....	43.50	5	Sandostatin
	Inj 100 µg per ml, 1 ml.....	81.00	5	Sandostatin
	Inj 500 µg per ml, 1 ml.....	399.00	5	Sandostatin
	Note: Sandostatin 50 µg per 1 ml, 100 µg per 1 ml and 500 µg per 1 ml to be delisted 1 May 2011			
54	SALBUTAMOL WITH IPRATROPIUM BROMIDE			
	Aerosol inhaler, 100 µg with ipratropium bromide, 20 µg per dose.....	13.50	200 dose	Combivent
	Note: Combivent aerosol inhaler to be delisted 1 July 2011			

Section H page ref	Price (ex man. excl. GST) \$ Per	Brand or Generic Manufacturer
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### Section H changes Part II - effective 1 May 2011 (continued)

54	SALICYLIC ACID Powder .....	15.00	500 g	ABM
	Note: ABM salicylic acid to be delisted 1 July 2011			
57	SPECIAL FOOD SUPPLEMENT (↓ price)			
	Oral feed 1.5 kcal/ml, liquid (banana) .....	1.26	200 ml	Ensure Plus
	Oral feed 1.5 kcal/ml, liquid (chocolate) .....	1.26	200 ml	Ensure Plus
	Oral feed 1.5 kcal/ml, liquid (fruit of the forest).....	1.26	200 ml	Ensure Plus
	Oral feed 1.5 kcal/ml, liquid (vanilla) .....	1.26	200 ml	Ensure Plus
58	TAR WITH TRIETHANOLAMINE LAURYL SULPHATE AND FLUORESCIN (price correction) Soln 2.3% with triethanolamine lauryl sulphate and fluorescein sodium – 1% DV Dec-08 to 2011 .....	5.54	1,000 ml	<b>Pinetarsol</b>
59	THALIDOMIDE Cap 100 mg .....	1,008.00	28	Thalomid

### Effective 1 April 2011

17	AMITRIPTYLINE (↓ price)			
	Tab 25 mg – 1% DV Jun-11 to 2014 .....	1.85	100	<b>Amitrip</b>
	Tab 50 mg – 1% DV Jun-11 to 2014 .....	3.60	100	<b>Amitrip</b>
17	AMPHOTERICIN B Lozenges 10 mg .....	5.86	20	Fungilin
21	BUSULPHAN Tab 2 mg .....	59.50	100	Myleran
28	DOPAMINE HYDROCHLORIDE (brand name change) Inj 40 mg per ml, 5 ml – 1% DV Feb-11 to 2012 .....	82.08	10	<b>Martindale</b> Max Health
28	DOXAZOSIN MESYLATE (↓ price)			
	Tab 2 mg – 1% DV Jun-11 to 2014 .....	8.23	500	<b>Apo-Doxazosin</b>
	Tab 4 mg – 1% DV Jun-11 to 2014 .....	12.40	500	<b>Apo-Doxazosin</b>
30	EXEMESTANE (↓ price) Tab 25 mg – 1% DV Jun-11 to 2014 .....	22.57	30	<b>Aromasin</b>
31	FLUDROCORTISONE ACETATE (↑ price) Tab 100 µg .....	14.32	100	Florinef
38	ISOSORBIDE MONONITRATE			
	Tab 20 mg – 1% DV Jun-11 to 2014 (↓ price).....	17.10	100	<b>Ismo-20</b>
	Tab long-acting 40 mg – 1% DV Jun-11 to 2014 (new listing) ...	7.50	30	<b>Corangin</b>
43	METOCLOPRAMIDE HYDROCHLORIDE (↓ price) Tab 10 mg – 1% DV Jun-11 to 2014 .....	3.95	100	<b>Metamide</b>

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		Brand or Generic Manufacturer
	(ex man. excl. GST)		
	\$	Per	

### Section H changes Part II - effective 1 April 2011 (continued)

43	METOPROLOL SUCCINATE			
	Tab long-acting 23.75 mg .....	2.18	30	Myloc CR
	Tab long-acting 47.5 mg .....	2.74	30	Myloc CR
	Tab long-acting 95 mg .....	4.71	30	Myloc CR
	Tab long-acting 190 mg .....	8.51	30	Myloc CR
45	NALTREXONE HYDROCHLORIDE			
	Tab 50 mg – <b>1% DV Jun-11 to 2013</b> .....	123.00	30	<b>Naltraccord</b>
Note: ReVia Tab 50 mg to be delisted 1 June 2011				
45	NICOTINE			
	Lozenge 1 mg – <b>5% DV Jul-11 to 2014</b> .....	19.94	216	<b>Habitrol</b>
	Lozenge 2 mg – <b>5% DV Jul-11 to 2014</b> .....	24.27	216	<b>Habitrol</b>
	Patch 7 mg – <b>5% DV Jul-11 to 2014</b> .....	18.13	28	<b>Habitrol</b>
	Patch 14 mg – <b>5% DV Jul-11 to 2014</b> .....	18.81	28	<b>Habitrol</b>
	Patch 21 mg – <b>5% DV Jul-11 to 2014</b> .....	19.14	28	<b>Habitrol</b>
Note: Habitrol patch 7 mg, 14 mg, and 21 mg, 7 patch pack size, and lozenge 1 mg and 2 mg, 36 lozenge pack size, to be delisted 1 July 2011.				
46	NICOTINE			
	Gum 2 mg (Fruit) .....	14.97	96	Habitrol
	Gum 2 mg (Mint) .....	14.97	96	Habitrol
	Gum 2 mg (Classic) .....	14.97	96	Habitrol
	Gum 4 mg (Fruit) .....	20.02	96	Habitrol
	Gum 4 mg (Mint) .....	20.02	96	Habitrol
	Gum 4 mg (Classic) .....	20.02	96	Habitrol
Note: Habitrol 2 mg and 4 mg Classic, Mint and Fruit to be delisted 1 October 2011.				
56	SOTALOL			
	Inj 10 mg per ml, 4 ml .....	65.39	5	Sotacor
58	SUMATRIPTAN			
	Inj 12 mg per ml, 0.5 ml – <b>1% DV Jun-11 to 2013</b> .....	36.00	2 OP	<b>Arrow-Sumatriptan</b>
58	TAMOXIFEN CITRATE (↓ price)			
	Tab 20 mg – <b>1% DV Jun-11 to 2014</b> .....	8.75	100	<b>Genox</b>
Note: Tamoxifen Sandoz tab 20 mg to be delisted 1 June 2011				
59	THALIDOMIDE			
	Cap 50 mg .....	504.00	28	Thalomid
62	TRIAMCINOLONE ACETONIDE WITH GRAMICIDIN, NEOMYCIN AND NYSTATIN (↑ price)			
	Ear drops 1 mg with nystatin 100,000 u, neomycin sulphate 2.5 mg and gramicidin 250 µg per g .....	5.16	7.5 ml	Kenacomb
62	ZOLEDRONIC ACID			
	Soln for infusion 5 mg in 100 ml .....	600.00	100 ml	Aclasta

**Section H changes to Part III**

Effective 1 May 2011

- 63 BACLOFEN  
Inj 10 mg .....Lioresal Intrathecal  
Indefinite supply for patients with severe chronic spasticity of cerebral origin or due to multiple sclerosis, spinal cord injury or spinal cord disease, where oral antispastic agents have failed or have caused unacceptable side effects.
- 66 ONDANSETRON  
Tab 4 mg .....Dr Reddy's Ondansetron  
Zofran  
Tab 8 mg .....Dr Reddy's Ondansetron  
Zofran  
Tab dispersible 4 mg .....Dr Reddy's Ondansetron  
Zofran  
Tab dispersible 8 mg .....Dr Reddy's Ondansetron  
Zofran  
For treatment of patients with hyperemesis gravidarum for the term of the pregnancy following failure of other antiemetic regimens.

Effective 1 April 2011

- 66 SPECIAL FOOD SUPPLEMENT  
**Oral supplement 1kcal/ml,  
powder, 900 g .....Sustagen Hospital Formula**  
**Oral supplement 1kcal/ml,  
powder, 400 g .....Ensure**  
**Oral supplement 1kcal/ml,  
powder, 900 g .....Ensure**  
**Oral feed 1.5kcal/ml liquid,  
200 ml .....Ensure Plus**  
**Oral feed 1.5kcal/ml liquid,  
237 ml .....Ensure Plus**  
**Oral feed 1.5kcal/ml liquid,  
200 ml .....Fortisip**  
**Oral feed with fibre 1.5kcal/ml  
liquid, 200 ml .....Fortisip Multi Fibre**  
For use in community/non-hospitalised patients for 10 days prior to hospitalisation and 30 days following discharge.



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