Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 December 2011

Cumulative for September, October, November and December 2011

Section H for December 2011

Contents

Summary of PHARMAC decisions
EFFECTIVE 1 DECEMBER 2011

New listings (page 19)

- Calcium carbonate (Arrow-Calcium) tab 1.25 g (500 mg elemental)
- Amlodipine (Apo-Amlodipine) tab 2.5 mg
- Metoprolol tartrate (Lopresor) inj 1 mg per ml, 5 ml
- Betamethasone diproprionate with calcipotriol (Daivobet) oint 500 μg with calcipotriol 50 μg, 30 g OP, and topical gel 500 μg with calcipotriol 50 μg, 30 g OP
- Methylprednisolone sodium succinate (Solu-Medrol) inj 40 mg per ml, 1 ml, and inj 62.5 mg per ml, 2 ml, 1 inj packs – Retail pharmacy-Specialist
- Methylprednisolone sodium succinate (Solu-Medrol) inj 500 mg – new pharmacode only
- Ibuprofen (Arrowcare) tab 200 mg
- Paclitaxel (Paclitaxel Actavis) inj 100 mg, 150 mg and 300 mg – PCT only - Specialist
- Spacer device (Space Chamber Plus) 230 ml (single patient)

Changes to restrictions (pages 22-26)

- Dentist prescriptions – period of supply extended for prescription medicines, not controlled drugs.
- Exoxaparin sodium (Clexane) inj 20 mg, 40 mg, 60 mg, 80 mg, 100 mg, 120 mg and 150 mg – amended Special Authority criteria
- Losartan (Cozaar and Lostaar) tab 12.5 mg , 25 mg, 50 mg and 100 mg, and (Arrow-Losartan & Hydrochlorothiazide and Hyzaar) tab 50 mg with hydrochlorothiazide 12.5 mg – removal of Special Authority
- Condoms (Durex Extra Safe) 56 mm – removal of reference to extra strength
- Fluconazole (Ozole and Pacific) cap 150 mg – maximum of 1 cap per prescription can be waived by endorsement of Retail pharmacy-Specialist
- Lignocaine with or without chlorhexidine (Pfizer) gel 2%, 10 ml urethral syringes – addition of endorsement "only subsidised for urethral or cervical administration"
- Spacer device autoclavable (Space Chamber) 230 ml (autoclavable) – reduced quantity of 5 devices available on a PSO
- Extemporaneously compounded oral liquid mixtures – references have been added to various pharmaceuticals were standardised formula exist for compounding with Ora products.

Decreased subsidy (pages 47-48)

- Calcium carbonate (Calci Tab 500) tab 1.25 g (500 mg elemental)
- Calcium carbonate (Calci Tab 600) tab 1.25 g (600 mg elemental)
- Losartan (Cozaar) tab 12.5 mg, 25 mg, 50 mg and 100 mg

- Losartan (Hyzaar) tab 50 mg with hydrochlorothiazide 12.5 mg
- Calcipotriol (Daivonex) crm 50 μg per g (30 g OP and 100 g OP), oint 50 μg per g (100 g OP) and soln 50 μg per ml (30 ml OP)
- Ciprofloxacin (Rex Medical) tab 250 mg, 500 mg and 750 mg
- Allopurinol (Apo-Allopurinol) tab 100 mg, 250 tab pack, and 300 mg, 100 tab pack
- Paracetamol (Paracare Junior) oral liq 120 mg per 5 ml
- Mask for spacer device (EZ-fit Paediatric Mask) size 2
- Peak flow meter (Breath-Alert) low range and normal range
- Glycerin with sodium saccharin (Ora-Sweet SF) suspension
- Glycerin with sucrose (Ora-Sweet) suspension
- Methylcellulose (Ora-Plus) suspension
- Methylcellulose with glycerin and sodium saccharin (Ora-Blend SF) suspension
- Methylcellulose with glycerin and sucrose (Ora-Blend) suspension

Increased subsidy (pages 47-48)

- Testosterone cypionate (Depo-Testosterone) inj long-acting 100 mg per ml, 10 ml

Medicines Regulation Changes

In July 2011 the Medicines Amendment Regulations 2011 were enacted. Some changes to the Pharmaceutical Schedule General Rules have already been amended from 1 August 2011. The final changes from the Amendment Regulations (regulations 14, 15 and 18) come into effect from 1 December 2011.

Previously dentists could only prescribe within their scope of practice for patients under their care in quantities up to five days with one repeat of five days. The Medicines Amendment Regulations change the period of supply except for medicines listed under the Misuse of Drugs Act (i.e. opioid analgesics). From 1 December 2011 dentists will be able to prescribe within their scope of practice up to three months' supply for a patient under their care.

Midwives' scope of practice has also been amended to permit them to prescribe

within their scope of practice as determined by an authorisation granted under Section 21 of the Heath Practitioners Competence Assurance Act 2003. Previously they could only prescribe for a period not exceeding three months' supply for antenatal, intrapartum and post natal care. The changes now mean for oral contraceptives, the period of supply has been extended, and midwives can prescribe up to six months supply.

Extemporaneously compounded products

The explanatory notes in Section C, extemporaneously compounded products and galenicals, have been amended to include a list of the pharmaceuticals that have evidence of stability for compounding in the Ora products and for which the Emixt website has standardised formulas and batch sheets for pharmacy to use. PHARMAC endorses the recommendations of the Emixt website and encourages New Zealand pharmacists to use these formulations when compounding. The Emixt website address is www.pharminfotech.co.nz.

It should be noted that only those oral liquid mixture that fully comply with the Pharmaceutical Schedule subsidy rules will be fully subsidised. If a formula does not fully comply with all the requirements of Sections B and C of the Pharmaceutical Schedule then the product may be partially or not subsidised.

Not all community pharmacies will have appropriate equipment to compound all formulations. Pharmacists should use appropriate clinical judgement in determining what is appropriate.

Fluconazole 150 mg capsule – restriction amended

From 1 December 2011 the restriction on Fluconazole 150 mg capsule will be amended. Subsidy will still be restricted to one 150 mg capsule when prescribed by a Practitioner providing the prescription is endorsed with Certified Condition for patients with vaginal candida albicans where topical imidazole is not recommended. The maximum of one capsule per prescription may by waived by a Specialists endorsement or on the recommendation of a Specialist.

Losartan – removal of Special Authority

The Special Authority restriction that applies to losartan tablets 12.5 mg, 25 mg, 50 mg, 100 mg and tablets 50 mg with hydrochlorothiazide 12.5 mg will be removed from 1 December 2011. We have awarded a tender for losartan 12.5 mg, 25 mg, 50 mg, 100 mg tablets to Mylans' brand (Lostaar), and to Arrow Pharmaceuticals for losartan 50 mg with hydrochlorothiazide 12.5 mg tablets (Arrow-Losartan & Hydrochlorothiazide) resulting in a substantial price reduction. Removing the Special Authority restriction will remove the requirement for prescribers to complete Special Authority applications.

Solu Medrol – new pack sizes

Pzifer has notified PHARMAC of a global change of formulation to three presentations of Solu Medrol injection 40 mg per ml, 1 ml, 62.5 mg per ml, 2 ml and 500 mg. The new formulations have a preservative-free diluent (without benzyl alcohol) and Pfizer has prepared information for the market. There has also been a pack size change from a 25 injection pack to a single injection pack for both the injection 40 mg per ml, 1 ml and 62.5 mg per ml, 2 ml.

Enoxaparin sodium – Special Authority change

The Special Authority criteria for enoxaparin sodium (Clexane) injection will be amended from 1 December 2011. The change will allow patients on any oral anticoagulation, either warfarin or dabigatran, to gain a subsidy for enoxaparin via Special Authority to enable cessation/re-establishment of existing oral anticoagulation treatment pre/post surgery.

News in Brief

- A new strength of **amlodipine** will be fully funded from 1 December 2011. Amlodipine 2.5 mg will be supplied by Apotex under the name Apo-Amlodipine.
- An endorsement is being added to both **lignocaine gel 2%**, 10 ml urethral syringe and **lignocaine with chlorhexidine gel 2%** with chlorhexidine 0.5%, 10 ml urethral syringe from 1 December 2011. Prescribers will now have to endorse the prescription, and PSO, with Certified Condition in order for the patient to receive full subsidy for these pharmaceuticals. Lignocaine gel and lignocaine with chlorhexidine gel will only funded for urethral and cervical use.
- Pfizer has notified PHARMAC of a global change to Dantrium IV. The chemical name has changed from dantrolene sodium to **dantrolene sodium hemiheptahydrate**. Dantruim IV is not subsidised in the community but is in Part II Section H of the Pharmaceutical Schedule.
- There has been a brand name change for **mask for spacer devices**. Foremount Child's Silicone Mask will be listed as EZ-fit Paediatric Mask from 1 December 2011. The pharmacode remains the same. The PSO order quantity for **spacer device autoclavable** will also reduce from 20 to five devices from 1 December 2011.
- Cefaclor Sandoz brand of **cefaclor monohydrate cap 250 mg** was listed fully subsidised from 1 March 2011 as a result of a Tender agreement. Due to an out-of-stock, reference pricing and Sole Supply was suspended. As supplies of Cefaclor Sandoz are now back in the market we are notifying the implementation of the Tender timelines. Reference pricing will occur on the Ranbaxy-Cefaclor brand from 1 March 2012 and Cefaclor Sandoz will have Sole Supply Status from 1 June 2012. The Ranbaxy-Cefaclor brand of cefaclor 250 mg capsules will be delisted from 1 March 2012. Cefaclor Sandoz 250 mg capsules will have Hospital Sole Supply from 1 June 2012

Tender News

Sole Subsidised Supply changes – effective 1 January 2012

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Omeprazole	Cap 10 mg; 90 cap	Omezol Relief (Mylan)
Omeprazole	Cap 20 mg; 90 cap	Omezol Relief (Mylan)
Omeprazole	Cap 40 mg; 90 cap	Omezol Relief (Mylan)

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 January 2012

- Bimatoprost (Lumigan) eye drops 0.03%, 3 ml OP – subsidy and price decrease
- Hypromellose (Methopt) eye drops 0.5%, 15 ml OP – price increase

Sole Subsidised Supply Products – cumulative to December 2011

Generic Name	Presentation	Brand Name	Expiry Date*
Abacavir sulphate	Oral liq 20 mg per ml Tab 300 mg	Ziagen Ziagen	2014
Acarbose	Tab 50 mg & 100 mg	Glucobay	2012
Acetazolamide	**Tab 250 mg**	**Diamox**	**2014**
Aciclovir	Tab dispersible 200 mg, 400 mg & 800 mg	Lovir	2013
Amantadine hydrochloride	Cap 100 mg	Symmetrel	2014
Aminophylline	**Inj 25 mg per ml, 10 ml**	**DBL Aminophylline**	**2014**
Amitriptyline	Tab 25 mg & 50 mg	Amitrip	2014
Amlodipine	Tab 5 mg & 10 mg	Apo-Amlodipine	2014
Amoxycillin	**Inj 250 mg, 500 mg & 1 g** Cap 250 mg & 500 mg Grans for oral liq 250 mg per 5 ml	**Ibiamox** Alphamox Ospamox	**2014** 2013 2012
Amoxycillin clavulanate	Grans for oral liq amoxycillin 125 mg with potassium clavulanate 31.25 mg per 5 ml Grans for oral liq amoxycillin 250 mg with potassium clavulanate 62.5 mg per 5 ml	Curam Curam	2012
Aqueous cream	Crm	AFT	2014
Ascorbic acid	Tab 100 mg	Vitala-C	2013
Aspirin	Tab 100 mg Tab dispersible 300 mg	Ethics Aspirin EC Ethics Aspirin	2013
Atenolol	Tab 50 mg & 100 mg	Atenolol Tablet USP	2012
Atropine sulphate	Inj 600 μg, 1 ml	AstraZeneca	2012
Azathioprine	Tab 50 mg Inj 50 mg	Imuprine Imuran	2013
Azithromycin	Tab 500 mg	Arrow-Azithromycin	2012
Baclofen	Tab 10 mg	Pacifen	2012
Bendrofluazide	Tab 2.5 mg & 5 mg	Arrow-Bendrofluazide	2014
Benzylpenicillin sodium (Penicillin G)	**Inj 600 mg**	**Sandoz**	**2014**
Betamethasone valerate	Scalp app 0.1%	Beta Scalp	2012
Betaxolol hydrochloride	Eye drops 0.5% Eye drops 0.25%	Betoptic Betoptic S	2014
Bisacodyl	Tab 5 mg	Lax-Tab	2013
Calamine	Crm, aqueous, BP Lotn, BP	healthE API	2012
Calcitonin	Inj 100 iu per ml, 1 ml	Miacalcic	2014
Calcitriol	Cap 0.25 μg & 0.5 μg	Airflow	2012

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Sole Subsidised Supply Products – cumulative to December 2011

Generic Name	Presentation	Brand Name	Expiry Date*
Calcium carbonate	**Tab eff 1.75 g (1 g elemental)**	**Calsource**	**2014**
Calcium folinate	**Tab 15 mg**	**DBL Leucovorin Calcium**	**2014**
Captopril	Tab 12.5 mg, 25 mg & 50 mg Oral liq 5 mg per ml	m-Captorpril Capoten	2013
Cefaclor monohydrate	Grans for oral liq 125 mg per 5 ml	Ranbaxy-Cefaclor	2013
Ceftriaxone sodium	Inj 500 mg Inj 1 g	Veracol Aspen Ceftriaxone	2013
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
Cetomacrogol	Crm BP	PSM	2013
Cetirizine hydrochloride	**Oral liq 1 mg per ml** Tab 10 mg	**Cetirizine - AFT** Zetop	**2014**
Chloramphenicol	Eye drops 0.5% Eye oint 1%	Chlorafast Chlorsig	2012
Chlorhexidine gluconate	Soln 4% Handrub 1% with ethanol 70%	Orion healthE	2014 2012
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
Citalopram hydrobromide	Tab 20 mg	Arrow-Citalopram	2014
Clobetasol propionate	Crm 0.05% Oint 0.05% Scalp app 0.05%	Dermol Dermol Dermol	2012
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
Clotrimazole	**Crm 1%** Vaginal crm 1% with applicator Vaginal crm 2% with applicator	**Clomazol** Clomazol Clomazol	**2014** 2013
Coal tar	Soln BP	Midwest	2013
Colchicine	Tab 500 μg	Colgout	2013
Compound electrolytes	Powder for soln for oral use 4.4 g	Electral	2013
Crotamiton	Crm 10%	Itch-Soothe	2012
Cyclizine hydrochloride	Tab 50 mg	Nausicalm	2012
Cyclophosphamide	Tab 50 mg	Cycloblastin	2013

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Generic Name	Presentation	Brand Name	Expiry Date*
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	2014
Desmopressin	Nasal spray 10 μg per dose	Desmopressin-PH&T	2014
Dexamethasone	Eye oint 0.1% Eye drops 0.1%	Maxidex Maxidex	2014 2013
Dexamethasone sodium phosphate	Inj 4 mg per ml, 1 ml & 2 ml	Hospira	2013
Dexamethasone with neomycin and polymyxin b sulphate	Eye oint 0.1% with neomycin sulphate 0.35% and polymyxin B sulphate 6,000 u per g Eye drops 0.1% with neomycin sulphate 0.35% and polymyxin B sulphate 6,000 u per ml	Maxitrol Maxitrol	2014
Dextrose	Inj 50%, 10 ml	Biomed	2014
Dextrose with electrolytes	Soln with electrolytes	Pedialyte – Fruit Pedialyte – Bubblegum Pedialyte – Plain	2013
Diclofenac sodium	Inj 25 mg per ml, 3 ml Eye drops 1 mg per ml Suppos 12.5 mg, 25 mg, 50 mg & 100 mg Tab EC 25 mg & 50 mg	Voltaren Voltaren Ophtha Voltaren Diclofenac Sandoz	2014 2012
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	2014
Docusate sodium	Cap 50 mg Cap 120 mg	Laxofast 50 Laxofast 120	2014
Docusate sodium with sennosides	Tab 50 mg with total sennosides 8 mg	Laxsol	2013
Donepezil hydrochloride	Tab 5 mg & 10 mg	Donepezil-Rex	2012
Doxazosin mesylate	Tab 2 mg & 4 mg	Apo-Doxazosin	2014
Doxycycline hydrochloride	Tab 100 mg	Doxine	2014
Emulsifying ointment	Oint BP	AFT	2014
Enalapril	Tab 5 mg, 10 mg & 20 mg	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
Ergometrine maleate	**Inj 500 μg per ml, 1 ml**	**DBL Ergometrine**	**2014**

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Generic Name	Presentation	Brand Name	Expiry Date*
Erythromycin ethyl succinate	Tab 400 mg	E-Mycin	2012
Escitalopram	Tab 10 mg & 20 mg	Loxalate	2013
Ethinyloestradiol	Tab 10 μg	NZ Medical and Scientific	2012
Etidronate disodium	Tab 200 mg	Arrow-Etidronate	2012
Exemestane	Tab 25 mg	Aromasin	2014
Felodipine	Tab long-acting 5 mg Tab long-acting 10 mg	Felo 5 ER Felo 10 ER	2012
Fentanyl	Transdermal patch 12.5 μg per hour, 25 μg per hour, 50 μg per hour, 75 μg per hour, 100 μg per hour	Mylan Fentanyl Patch	2013
Fentanyl citrate	Inj 50 μg per ml, 2 ml & 10 ml	Boucher and Muir	2012
Ferrous sulphate	Oral liq 30 mg per 1 ml (6 mg elemental per 1 ml)	Ferodan	2013
Flucloxacillin sodium	**Inj 250 mg, 500 mg & 1 g** Cap 250 mg & 500 mg Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml	**Flucloxin** AFT AFT AFT	**2014** 2012
Fluorometholone	Eye drops 0.1%	FML	2012
Fluoxetine hydrochloride	Cap 20 mg Tab dispersible 20 mg, scored	Fluox Fluox	2013
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 Tab 40 mg	Frusemide-Claris Diurin 40	2013 2012
Fusidic acid	Crm 2% Oint 2%	Foban Foban	2013
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	2014
Glycerol	Liquid	healthE	2013
Glyceryl trinitrate	TDDS 5 mg & 10 mg Tab 600 μg	Nitroderm TTS Lycinate	2014
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	**Crm 1%** **Powder** Inj 50 mg per ml, 1 ml Tab 5 mg & 20 mg	**Pharmacy Health** **ABM** Solu-Cortef Douglas	**2014** 2013 2012

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Generic Name	Presentation	Brand Name	Expiry Date*
Hydrocortisone acetate	Rectal foam 10%, CFC-free (14 applications)	Colifoam	2012
Hydrocortisone with miconazole	Crm 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	2014
Hydroxocobalamin	Inj 1 mg per ml, 1 ml	ABM Hydroxocobalamin	2012
Hydroxychloroquine sulphate	Tab 200 mg	Plaquenil	2012
Hyoscine N-butylbromide	**Inj 20 mg, 1 ml** Tab 10 mg	**Buscopan** Gastrosoothe	**2014**
Ibuprofen	Tab long-acting 800 mg Oral liq 100 mg per 5 ml	Brufen SR Fenpaed	2014 2013
Imiquimod	**Crm 5%**	**Aldara**	**2014**
Indapamide	Tab 2.5 mg	Dapa-Tabs	2013
Ipratropium bromide	Aqueous nasal spray, 0.03%, 15 ml OP Nebuliser soln, 250 μg per ml, 1 ml & 2 ml	Univent Univent	2013
Iron polymaltose	Inj 50 mg per ml, 2 ml	Ferrum H	2014
Isosorbide mononitrate	Tab 20 mg Tab long-acting 40 mg	Ismo 20 Corangin	2014
Isotretinoin	Cap 10 mg & 20 mg	Oratane	2012
Itraconazole	Cap 100 mg	Itrazole	2013
Ketoconazole	Shampoo 2%	Sebizole	2014
Lactulose	Oral liq 10 g per 15 ml	Laevolac	2013
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	Viscous soln 2% Inj 1%, 5 ml & 20 ml	Xylocaine Viscous Xylocaine	2014 2013
Lignocaine with prilocaine	Crm 2.5% with prilocaine 2.5% (5 g tubes) Crm 2.5% with prilocaine 2.5%; 30 g OP	EMLA EMLA	2013
Lisinopril	Tab 5 mg, 10 mg & 20 mg	Arrow-Lisinopril	2012
Lithium carbonate	**Cap 250 mg**	**Douglas**	**2014**
Lodoxamide trometamol	Eye drops 0.1%	Lomide	2014

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Generic Name	Presentation	Brand Name	Expiry Date*
Loperamide hydrochloride	Cap 2 mg	Diamide Relief	2013
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	**Size 2**	**EZ-fit Paediatric Mask**	**2015**
Mebendazole	**Tab 100 mg**	**De-Worm**	**2014**
Mebeverine hydrochloride	Tab 135 mg	Colofac	2014
Megestrol acetate	Tab 160 mg	Apo-Megestrol	2012
Mercaptopurine	Tab 50 mg	Purinethol	2013
Mesalazine	Suppos 500 mg Enema 1 g per 100 ml	Asacol Pentasa	2014 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	Hospira Methoblastin	2013 2012
Methylprednisolone	Tab 4 mg & 100 mg	Medrol	2012
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 Tab 10 mg	Pfizer Metamide	2014
Miconazole nitrate	**Crm 2%**	**Multichem**	**2014**
Moclobemide	Tab 150 mg & 300 mg	Apo-Moclobemide	2012
Mometasone furoate	Crm 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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Generic Name	Presentation	Brand Name	Expiry Date*
Morphine sulphate	**Inj 5 mg per ml, 1 ml**	**DBL Morphine Sulphate**	**2014**
	Inj 10 mg per ml, 1 ml	**DBL Morphine Sulphate**	
	Inj 15 mg per ml, 1 ml	**DBL Morphine Sulphate**	
	Inj 30 mg per ml, 1 ml	**DBL Morphine Sulphate**	
	Tab long-acting 10 mg, 30 mg, 60 mg & 100 mg	Arrow-Morphine LA	2013
	Cap long-acting 10 mg, 30 mg, 60 mg & 100 mg	m-Elson	
	Tab immediate release 10 mg & 20 mg	Sevredol	2012
Morphine tartrate	Inj 80 mg per ml, 1.5 ml & 5 ml	Hospira	2013
Mucilaginous laxatives	Dry	Konsyl-D	2013
Naphazoline hydrochloride	Eye drops 0.1%	Naphcon Forte	2014
Naproxen	Tab 250 mg	Noflam 250	2012
	Tab 500 mg	Noflam 500	
Natrexone hydrochloride	Tab 50 mg	Naltraccord	2013
Neostigmine	Inj 2.5 mg per ml, 1 ml	AstraZeneca	2014
Nevirapine	Oral suspension 10 mg per ml	Viramune Suspension	2012
	Tab 200 mg	Viramune	
Nicotine	Gum 2 mg & 4 mg (classic, fruit, mint)	Habitrol	2014
	Lozenge 1 mg & 2 mg	Habitrol	
	Patch 7 mg, 14 mg & 21 mg	Habitrol	
Nicotinic acid	Tab 50 mg & 500 mg	Apo-Nicotinic Acid	2014
Norfloxacin	Tab 400 mg	Arrow-Norfloxacin	2014
Norethisterone	**Tab 5 mg**	**Primolut N**	**2014**
	Tab 350 μg	Noriday 28	2012
Nystatin	Oral liq 100,000 u per ml	Nilstat	2014
	Cap 500,000 u	Nilstat	2013
	Tab 500,000 u	Nilstat	
Omeprazole	Powder	Midwest	2014
	Inj 40 mg	Dr Reddy's Omeprazole	
Ondansetron	Tab disp 4 mg & 8 mg	Dr Reddy's Ondansetron	2013
	Tab 4 mg & 8 mg	Dr Reddy's Ondansetron	
Oxazepam	Tab 10 mg & 15 mg	Ox-Pam	2014

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Generic Name	Presentation	Brand Name	Expiry Date*
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
Pantoprazole	Inj 40 mg Tab 20 mg & 40 mg	Pantocid IV Dr Reddy's Pantoprazole	2014 2013
Paracetamol	Oral liq 250 mg per 5 ml	Paracare Double Strength	2014
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 & normal range**	**Breath-Alert**	**2015**
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	2014
Permethrin	Crm 5% Lotn 5%	Lyderm A-Scabies	2014
Pethidine hydrochloride	**Inj 50 mg per ml, 1 ml** **Inj 50 mg per ml, 2 ml**	**DBL Pethidine Hydrochloride** **DBL Pethidine Hydrochloride**	**2014**
Phenoxymethylpenicillin (Pencillin V)	Cap potassium salt 250 mg & 500 mg Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml	Cilicaine VK AFT AFT	2013
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	2014
Potassium chloride	Tab long-acting 600 mg	Span-K	2012
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**	**2014**

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

Sole Subsidised Supply Products – cumulative to December 2011

Generic Name	Presentation	Brand Name	Expiry Date*
Promethazine hydrochloride	Oral liq 5 mg per 5 ml	Promethazine Winthrop Elixir	2012
Pyridostigmine bromide	Tab 60 mg	Mestinon	2014
Pyridoxine hydrochloride	Tab 25 mg Tab 50 mg	PyridoxADE Apo-Pyridoxine	2014
Quinine sulphate	Tab 300 mg	Q 300	2012
Ranitidine hydrochloride	Oral liq 150 mg per 10 ml Tab 150 mg & 300 mg	Peptisoothe Arrow-Ranitidine	2014
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
Salbutamol	Oral liq 2 mg per 5 ml Nebuliser soln, 1 mg per ml, 2.5 ml Nebuliser soln, 2 mg per ml, 2.5 ml	Salapin Asthalin Asthalin	2013 2012
Salbutamol with ipratropium bromide	Nebuliser soln, 2.5 mg with ipratopium 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 Tab 20 mg Tab 40 mg Tab 80 mg	Arrow-Simva 10mg Arrow-Simva 20mg Arrow-Simva 40mg Arrow-Simva 80mg	2014
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 Rex	2013 2012
Somatropin	Inj cartridge 16 iu (5.3 mg) Inj cartridge 36 iu (12 mg)	Genotropin Genotropin	31/12/12
Sotalol	Tab 80 mg & 160 mg	Mylan	2012
Spacer device	**800 ml** **230 ml (single patient)**	**Volumatic Space Chamber Plus**	**2015**
Spironolactone	Tab 25 mg & 100 mg	Spirotone	2013
Sumatriptan	Inj 12 mg per ml, 0.5 ml Tab 50 mg & 100 mg	Arrow-Sumatriptan Arrow-Sumatriptan	2013
Tamoxifen citrate	Tab 20 mg	Genox	2014
Tamsulosin hydrochloride	Cap 400 μg	Tamsulosin-Rex	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 December 2011

Generic Name	Presentation	Brand Name	Expiry Date*
Tar with triethanolamine lauryl sulphate and fluorescein	**Soln 2.3% with triethanolamine lauryl sulphate and fluorescein sodium, 500 ml & 1,000 ml**	**Pinetarsol**	**2014**
Temazepam	**Tab 10 mg**	**Normison**	**2014**
Terazosin hydrochloride	Tab 1 mg, 2 mg & 5 mg	Arrow	2013
Testosterone undecanoate	Cap 40 mg	Arrow-Testosterone	2012
Tetracosactrin	Inj 250 μg Inj 1 mg per ml, 1 ml	Synacthen Synacthen Depot	2014
Timolol maleate	Tab 10 mg	Apo-Timol	2012
Tobramycin	Eye drops 0.3% Eye oint 0.3% Inj 40 mg per ml, 2 ml	Tobrex Tobrex DBL Tobramycin	2014
Tolcapone	Tab 100 mg	Tasmar	2014
Tramadol hydrochloride	Cap 50 mg	Arrow-Tramadol	2014
Triamcinolone acetonide	Crm 0.02% Oint 0.02% 0.1% in Dental Paste USP	Aristocort Aristocort Oracort	2014
Tranexamic acid	Tab 500 mg	Cycklokapron	2013
Tropicamide	Eye drops 0.5% & 1%	Mydriacyl	2014
Tropisetron	Cap 5 mg	Navoban	2012
Tyloxapol	Eye drops 0.25%	Enuclene	2014
Vancomycin hydrochloride	Inj 500 mg	Mylan	2014
Verapamil hydrochloride	Tab 40 mg & 80 mg	Isoptin	2014
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 sulphate	**Caps 137.4 mg (50 mg elemental)**	**Zincaps**	**2014**
Zopiclone	Tab 7.5 mg	Apo-Zopiclone	2014

December 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 December 2011

38 CALCIUM CARBONATE

❋ Tab 1.25 g (500 mg elemental)	6.38	250	✔ **Arrow-Calcium**

51 AMLODIPINE

❋ Tab 2.5 mg	2.45	100	✔ **Apo-Amlodipine**

51 METOPROLOL TARTRATE

❋ Inj 1 mg per ml, 5 ml	24.00	5	✔ **Lopresor**

63 BETAMETHASONE DIPROPRIONATE WITH CALCIPOTRIOL

Oint 500 μg with calcipotriol 50 μg	26.12	30 g OP	✔ **Daivobet**
Topical gel 500 μg with calcipotriol 50 μg	26.12	30 g OP	✔ **Daivobet**

72 METHYLPREDNISOLONE SODIUM SUCCINATE – Retail pharmacy-Specialist

Inj 40 mg per ml, 1 ml	6.06	1	✔ **Solu-Medrol**
Inj 62.5 mg per ml, 2 ml	16.50	1	✔ **Solu-Medrol**

96 IBUPROFEN

❋ Tab 200 mg	12.75	1,000	✔ **Arrowcare**

148 PACLITAXEL – PCT only – Specialist

Inj 100 mg	91.67	1	✔ **Paclitaxel Actavis**
Inj 150 mg	137.50	1	✔ **Paclitaxel Actavis**
Inj 300 mg	275.00	1	✔ **Paclitaxel Actavis**

165 SPACER DEVICE

a) Up to 20 dev available on a PSO
b) Only on a PSO

230 ml (single patient)	4.72	1	✔ **Space Chamber Plus**

Effective 1 November 2011

28 CLARITHROMYCIN

Tab 500 mg – Subsidy by endorsement	10.95	14	✔ **Apo-Clarithromycin**

a) Maximum of 14 tab per prescription
b) Subsidised only if prescribed for helicobacter pylori eradication and prescription is endorsed accordingly.

Note: the prescription is considered endorsed if clarithromycin is prescribed in conjunction with a proton pump inhibitor and either amoxycillin or metronidazole.

31 SODIUM NITROPRUSSIDE – Maximum of 50 strip per prescription

❋ Test strip – Not on a BSO	14.14	50 strip OP	✔ **Ketostix**

84 FLUCONAZOLE

Cap 150 mg – Subsidy by endorsement	0.91	1	✔ **Ozole**

a) Maximum of 1 cap per prescription
b) Patient has vaginal candida albicans and the Practitioner considers that a topical imidazole (used intra-vaginally) is not recommended and the prescription is endorsed accordingly.

Cap 200 mg – Retail pharmacy-Specialist	13.34	28	✔ **Ozole**

▲ 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

New listings - effective 1 November 2011 (continued)

115	PARACETAMOL			
	✻ Tab 500 mg – Up to 30 tab available on a PSO	9.38	1,000	✔ **Parafast**
153	MEGESTROL ACETATE – Retail pharmacy-Specialist			
	Tab 160 mg	57.92	30	✔ **Megace**
167	TIMOLOL MALEATE			
	✻ Eye drops 0.5%	2.08	5 ml OP	✔ **Arrow-Timolol**

Effective 1 October 2011

49	LOSARTAN – Special Authority see SA0911 – Retail pharmacy			
	✻ Tab 12.5 mg	2.88	90	✔ **Lostaar**
	✻ Tab 25 mg	3.20	90	✔ **Lostaar**
	✻ Tab 50 mg	5.22	90	✔ **Lostaar**
	Tab 50 mg with hydrochlorothiazide 12.5 mg	4.89	30	✔ **Arrow-Losartan** & **Hydrochlorothiazide**
	✻ Tab 100 mg	8.68	90	✔ **Lostaar**
62	ACITRETIN – Special Authority see SA0954 – Retail pharmacy			
	Cap 10 mg	38.66	60	✔ **Novatretin**
	Cap 25 mg	83.11	60	✔ **Novatretin**
76	LEVOTHYROXINE			
	✻ Tab 25 μg	3.89	90	✔ **Synthroid**
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
	✻ Tab 50 μg	4.05	90	✔ **Synthroid**
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
80	CLARITHROMYCIN – Maximum of 500 mg per prescription; can be waived by Special Authority see SA1131			
	Tab 250 mg	4.19	14	✔ **Apo-Clarithromycin**
82	CIPROFLOXACIN			
	Tab 250 mg – Up to 5 tab available on a PSO	2.20	28	✔ **Cipflox**
	Tab 500 mg – Up to 5 tab available on a PSO	3.00	28	✔ **Cipflox**
	Tab 750 mg – Retail pharmacy-Specialist	5.15	28	✔ **Cipflox**
84	FLUCONAZOLE			
	Cap 50 mg – Retail pharmacy-Specialist	4.77	28	✔ **Ozole**
112	ALLOPURINOL			
	✻ Tab 100 mg	15.90	1,000	✔ **Apo-Allopurinol**
	✻ Tab 300 mg	16.75	500	✔ **Apo-Allopurinol**
115	PARACETAMOL			
	✻‡ Oral liq 120 mg per 5 ml a) Up to 200 ml available on a PSO b) Not in combination	2.21	500 ml	✔ **Ethics Paracetamol**
167	TIMOLOL MALEATE			
	✻ Eye drops 0.25%	2.08	5 ml OP	✔ **Arrow-Timolol**

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

New listings - effective 9 September 2011

49	DIGOXIN			
	❋ Tab 62.5 μg – Up to 30 tab available on a PSO	5.56	200	✔ **Lanoxin PG**
	❋ Tab 250 μg – Up to 30 tab available on a PSO	6.05	100	✔ **Lanoxin**

Effective 1 September 2011

45	PRAVASTATIN – Special Authority see SA0932 – Retail pharmacy See prescribing guideline			
	Tab 20 mg	5.44	30	✔ **Cholvastin**
	Tab 40 mg	9.28	30	✔ **Cholvastin**
48	CANDESARTAN – Special Authority see SA0933 – Retail pharmacy			
	❋ Tab 4 mg – No more than 1.5 tab per day	48.66	90	✔ **Candestar**
	❋ Tab 8 mg – No more than 1.5 tab per day	57.90	90	✔ **Candestar**
	❋ Tab 16 mg – No more than 1 tab per day	70.62	90	✔ **Candestar**
	❋ Tab 32 mg – No more than 1 tab per day	115.50	90	✔ **Candestar**
70	FINASTERIDE – Special Authority see SA0928 – Retail pharmacy			
	Tab 5 mg	5.10	30	✔ **Rex Medical**
76	LEVOTHYROXINE			
	❋ Tab 100 μg	4.21	90	✔ **Synthroid**
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
84	TERBINAFINE			
	Tab 250 mg	1.78	14	✔ **Dr Reddy's Terbinafine**
96	MEFENAMIC ACID – Additional subsidy by Special Authority see SA1038 – Retail pharmacy			
	❋ Cap 250 mg	1.25	50	
		(9.16)		Ponstan
153	BICALUTAMIDE – Special Authority see SA0941 – Retail pharmacy			
	Tab 50 mg	10.00	28	✔ **Bicalaccord**

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

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

Changes to Restrictions

Effective 1 December 2011

27 SULPHASALAZINE
✻ Tab 500 mg ..... 11.68 100 ✔**Salazopyrin**
For sulfasalazine oral liquid formulation refer, page 172

34 URSODEOXYCHOLIC ACID – Special Authority see SA1003 – Retail pharmacy
Cap 300 mg ..... 179.00 100 ✔**Actigall**
For ursodeoxycholic acid oral liquid formulation refer, page 172

41 CLOPIDOGREL
Tab 75 mg ..... 16.25 90 ✔**Apo-Clopidogrel**
For clopidogrel oral liquid formulation refer, page 172

41 DIPYRIDAMOLE
✻ Tab 25 mg ..... 8.36 84 ✔**Persantin**
For dipyridamole oral liquid formulation refer, page 172

41 ENOXAPARIN SODIUM – Special Authority see **SA1174** ~~0975~~ – Retail pharmacy
Inj 20 mg ..... 39.20 10 ✔**Clexane**
Inj 40 mg ..... 52.30 10 ✔**Clexane**
Inj 60 mg ..... 78.85 10 ✔**Clexane**
Inj 80 mg ..... 105.12 10 ✔**Clexane**
Inj 100 mg ..... 135.20 10 ✔**Clexane**
Inj 120 mg ..... 168.00 10 ✔**Clexane**
Inj 150 mg ..... 192.00 10 ✔**Clexane**

➽ **SA1174** ~~0975~~ Special Authority for Subsidy
Initial application — (Pregnancy or Malignancy) from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria:
Either:
1 Low molecular weight heparin treatment is required during a patients pregnancy; or
2 For the treatment of venous thromboembolism where the patient has a malignancy.

Initial application — (Venous thromboembolism other than in pregnancy or malignancy) from any relevant practitioner. Approvals valid for 1 month for applications meeting the following criteria:
Any of the following:
1 For the short-term treatment of venous thromboembolism prior to establishing a therapeutic INR with oral anti-coagulant treatment; or
2 For the prophylaxis and treatment of venous thromboembolism in high risk surgery; or
3 To enable cessation/re-establishment of existing ~~warfarin~~ **oral anticoagulant** treatment pre/post surgery; or
4 For the prophylaxis and treatment of venous thromboembolism in Acute Coronary Syndrome surgical intervention; or
5 To be used in association with cardioversion of atrial fibrillation.

Renewal — (Pregnancy or Malignancy) from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria:
Either:
1 Low molecular weight heparin treatment is required during a patient's pregnancy; or
2 For the treatment of venous thromboembolism where the patient has a malignancy.

Renewal —(Venous thromboembolism other than in pregnancy or malignancy) from any relevant practitioner. Approvals valid for 1 month where low molecular weight heparin treatment or prophylaxis is required for a second or subsequent event (surgery, ACS, cardioversion, or prior to oral anti-coagulation).

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 December 2011 (continued)

47 ENALAPRIL

✻ Tab 20 mg	3.24	90	✔**Arrow-Enalapril**

For enalapril oral liquid formulation refer, page 172

49 LOSARTAN ~~– Special Authority see SA0911 – Retail pharmacy~~

✻ Tab 12.5 mg	2.88	90	✔**Lostaar**
	0.96	30	
	(10.45)		Cozaar
✻ Tab 25 mg	3.20	90	✔**Lostaar**
	1.07	30	
	(10.45)		Cozaar
✻ Tab 50 mg	5.22	90	✔**Lostaar**
	1.74	30	
	(8.70)		Cozaar
Tab 50 mg with hydrochlorothiazide 12.5 mg	4.89	30	✔**Arrow-Losartan & Hydrochlorothiazide**
	(10.45)		Hyzaar
✻ Tab 100 mg	8.68	90	✔**Lostaar**
	2.89	30	
	(10.45)		Cozaar

~~SA0911~~ ~~Special Authority for Subsidy~~

~~Initial application — (ACE inhibitor intolerance) from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:~~

~~Either:~~

~~1 Patient has persistent ACE inhibitor induced cough that is not resolved by ACE inhibitor retrial (same or new ACE inhibitor); or~~

~~2 Patient has a history of angioedema.~~

~~Initial application — (Unsatisfactory response to ACE inhibitor) from any relevant practitioner. Approvals valid without further renewal unless notified where patient is not adequately controlled on maximum tolerated dose of an ACE inhibitor.~~

~~Initial application — (Patient had an approval for Losartan with hydrochlorothiazide prior to 1 May 2008) from any relevant practitioner. Approvals valid without further renewal unless notified where the treatment remains appropriate and the patient is benefiting from treatment.~~

50 FLECAINIDE ACETATE - Retail pharmacy-Specialist

▲Tab 100 mg	80.92	60	✔**Tambocor**

For flecainide acetate oral liquid formulation refer, page 172

50 CARVEDILOL

Tab 25 mg	33.75	30	✔**Dilatrend**

For carvediolol oral liquid formulation refer, page 172

50 LABETALOL

✻ Tab 100 mg	10.06	100	✔**Hybloc**

For labetolol oral liquid formulation refer, page 172

51 METOPROLOL TARTRATE

✻ Tab 50 mg	16.50	100	✔**Lopresor**

For metoprolol tartrate oral liquid formulation refer, page 172

51 SOTALOL

✻ Tab 80 mg	27.50	500	✔**Mylan**

For sotalol oral liquid formulation refer, page 172

▲ 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 December 2011 (continued)

51 AMLODIPINE

✻ Tab 5 mg	2.65	100	✔**Apo-Amlodipine**

For amlodipine oral liquid formulation refer, page 172

52 DILTIAZEM HYDROCHLORIDE

✻ Tab 60 mg	8.50	100	✔**Dilzem**

For diltiazem hydrochoride oral liquid formulation refer, page 172

52 VERAPAMIL HYDROCHLORIDE

✻ Tab 80 mg	11.74	100	✔**Isoptin**

For verapamil oral liquid formulation refer, page 172

55 SILDENAFIL – Special Authority see SA1086 – Retail pharmacy

Tab 100 mg	47.00	4	✔**Viagra**

For sildenafil oral liquid formulation refer, page 172

66 CONDOMS

✻ 56 mm ~~extra strength~~ – Up to 144 dev available on a PSO	13.36	144	✔**Durex Extra Safe**

72 HYDROCORTISONE

✻ Tab 20 mg	20.95	100	✔**Douglas**

For hydrocortisone oral liquid formulation refer, page 172

84 FLUCONAZOLE

Cap 150 mg – Subsidy by endorsement	0.91	1	✔**Ozole**
	1.30		✔**Pacific**

a) Maximum of 1 cap per prescription**; can be waived by endorsement - Retail pharmacy -Specialist**

b) Patient has vaginal candida albicans and the practitioner considers that a topical imidazole (used intra-vaginally) is not recommended and the prescription is endorsed accordingly**; can be waived by endorsement - Retail pharmacy -Specialist.**

84 TERBINAFINE

Tab 250 mg	1.78	14	✔**Dr Reddy's Terbinafine**
	12.75	100	
	(25.50)		Apo-Terbinafine

For terbinafine oral liquid formulation refer, page 172

85 PYRAZINAMIDE – Retail pharmacy-Specialist
No patient co-payment payable

✻ Tab 500 mg	59.00	100	✔**AFT-Pyrazinamide**

For pyrazinamide oral liquid formulation refer, page 172

85 RIFABUTIN – Retail pharmacy-Specialist
No patient co-payment payable

✻ Cap 150 mg	213.19	30	✔**Mycobutin**

For rifabutin oral liquid formuatlion refer, page 172

94 NITROFURANTOIN

✻ Tab 50 mg	22.20	100	✔**Nifuran**

For nitrofurantoin oral liquid formulation refer, page 172

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 December 2011 (continued)

112 ALLOPURINOL

✻ Tab 300 mg	4.03	100	✔ **Apo-Allopurinol** ✔ **Apo-Allopurinol S29** S29
	20.15	500	✔ **Apo-Allopurinol S29** S29

For allopurinol oral liquid formulation refer, page 172

112 BACLOFEN

✻ Tab 10 mg	4.75	100	✔ **Pacifen**

For baclofen oral liquid formulation refer, page 172

113 LEVODOPA WITH CARBIDOPA

✻ Tab 100 mg with carbidopa 25 mg	10.00	50	✔ **Sindopa**
	20.00	100	✔ **Sinemet**

For levodopa with carbidopa oral liquid formulation refer, page 172

114 LIGNOCAINE

Gel 2%, 10 ml urethral syringe	43.26	10	✔ **Pfizer**

a) Up to 5 each available on a PSO

b) Subsidised only if prescribed for urethral or cervical administration and the prescription is endorsed accordingly.

114 LIGNOCAINE WITH CHLORHEXIDINE

Gel 2% with chlorhexidine 0.05%, 10 ml urethral syringes	43.26	10	✔ **Pfizer**

a) Up to 5 each available on a PSO

b) Subsidised only if prescribed for urethral or cervical administration and the prescription is endorsed accordingly.

121 GABAPENTIN – Special Authority see SA1071 – Retail pharmacy

▲ Cap 300 mg	11.50	100	✔ **Nupentin**

For gabapentin oral liquid formulation refer, page 172

122 GABAPENTIN (NEURONTIN) – Special Authority see SA0973 – Retail pharmacy

▲ Cap 300 mg	39.76	100	✔ **Neurontin**

For gabapentin (Neurontin) oral liquid formulation refer, page 172

123 LEVETIRACETAM

Tab 500 mg	28.71	60	✔ **Levetiracetam-Rex**

For levetiracetam oral liquid formulation refer, page 172

125 DOMPERIDONE

✻ Tab 10 mg	7.99	100	✔ **Motilium**

For domperidone oral liquid formulation refer, page 172

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

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

Changes to Restrictions - effective 1 December 2011 (continued)

155 AZATHIOPRINE – Retail pharmacy-Specialist
✻Tab 50 mg ..... 18.45 100 ✔**Imuprine**
For azathioprine oral liquid formulation refer, page 172

158 TACROLIMUS – Special Authority see SA0669 – Retail pharmacy
Cap 5 mg ..... 1,070.00 50 ✔**Prograf**
For tacrolimus oral liquid formulation refer, page 172

165 SPACER DEVICE **AUTOCLAVABLE**
a) Up to ~~20~~ **5** dev available on a PSO
b) Only on a PSO
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 is endorsed accordingly.

168 ACETAZOLAMIDE
✻Tab 250 mg ..... 10.40 100 ✔**Diamox**
For acetazolamide oral liquid formulation refer, page 172

172 SECTION C: EXTEMPORANEOUSLY COMPOUNDED PRODUCTS AND GALENICALS
Explanatory notes
Oral liquid mixtures
Oral liquid mixtures are subsidised for patients unable to swallow subsidised solid oral dose forms where no suitable alternative proprietary formulation is subsidised. Suitable alternatives include dispersible and sublingual formulations, oral liquid formulations or rectal formulations. Before extemporaneously compounding an oral liquid mixture, other alternatives such as dispersing the solid dose form (if appropriate) or crushing the solid dose form in jam, honey or soft foods such as yoghurt should be explored.

The Emixt website **http://www.pharminfotech.co.nz** has evidence-based formulations which are intended to standardise compounded oral liquids within New Zealand.

Pharmaceuticals with standardised formula for compounding in Ora products

Acetazolamide 25 mg/ml
Allopurinol 20 mg/ml
Amlodipine 1 mg/ml
Azathioprine 50 mg/ml
Baclofen 10 mg/ml
Carvedilol 1 mg/ml
Clopidogrel 5 mg/ml
Diltiazem hydrochloride 12 mg/ml
Dipyridamole 10 mg/ml
Domperidone 1 mg/ml
Enalapril 1 mg/ml
Flecainide 20 mg/ml
Gabapentin 100 mg/ml
Gabapentin (Neurontin) 100 mg/ml
Hydrocortisone 1 mg/ml
Labetolol 10 mg/ml
Levetiracetam 100 mg/ml
Levodopa with carbidopa (5 mg levodopa+ 1.25 mg carbidopa)/ml
Metoprolol tartrate 10 mg/ml
Nitrofurantoin 10 mg/ml
Pyrazinamide 100 mg/ml
Rifabutin 20 mg/ml
Sildenafil 2 mg/ml
Sotalol 15 mg/ml
Sulphasalazine 100 mg/ml
Tacrolimus 1 mg/ml
Terbinafine 25 mg/ml
Ursodeoxycholic acid 50 mg/ml
Valganciclovir 60 mg/ml*
Verapamil hydrochloride 50 mg/ml
***Note this is a DCS formulation**

PHARMAC endorses the recommendations of the Emixt website and encourages New Zealand pharmacists to use these formulations when compounding is appropriate. The Emixt website also provides stability and expiry data for compounded products. For the majority of products compounded with Ora-Blend, Ora-Blend SF, Ora-Plus, Ora-Sweet or Ora-Sweet SF a four week expiry is appropriate.

Please note that no oral liquid mixture will be eligible for Subsidy unless all the requirements of Section B and C of the Schedule applicable to that pharmaceutical are met.

Some community pharmacies may not have appropriate equipment to compound all of the listed products, please use appropriate clinical judgement.

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 November 2011

28 CLARITHROMYCIN

Tab 500 mg – Subsidy by endorsement	10.95	14	✔**Apo-Clarithromycin**
	23.30		✔**Klamycin**

a) Maximum of 14 tab per prescription

~~a) If the prescription is for clarithromycin 250 mg tablets and the prescription is dispensed from 14 September 2011 and the prescription meets the restrictions for clarithromycin 250 mg tablets then the prescription can be endorsed accordingly.~~

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.

~~Note: Pharmacists may endorse the prescription if it is prescribed for the 250 mg tablets and is for an amount of 500 mg or less, or has a valid Special Authority approval.~~

31 SODIUM NITROPRUSSIDE – Maximum of **50** ~~20~~ strip per prescription

✻ Test strip – Not on a BSO	14.14	50 strip OP	✔**Ketostix**
	14.14	20 strip OP	✔**Ketostix**

34 POLOXAMER – Only on a prescription

Not funded for use in the ear

✻ Oral drops 10%	3.78	30 ml OP	✔**Coloxyl**

38 POTASSIUM IODATE

Tab **256** ~~268~~ μg (150 μg elemental **iodine**)	7.55	90	✔**NeuroKare**

Note – Amendment to potassium iodate strength only.

41 PHYTOMENADIONE

Inj 2 mg per 0.2 ml – Up to 5 inj available on a PSO	8.00	5	✔**Konakion MM**
~~May be administered orally.~~			
Inj 10 mg per ml, 1 ml – Up to 5 inj available on a PSO	9.21	5	✔**Konakion MM**
~~May be administered orally.~~			

Note – Refer to news stories on page 5

43 SODIUM CHLORIDE

Not funded for use as a nasal drop. Only funded for nebuliser use when in conjunction with an antibiotic intended for nebuliser use

Inf 0.9% – Up to 2,000 ml available on a PSO	3.06	500 ml	✔**Baxter**
	4.06	1,000 ml	✔**Baxter**

Only if prescribed on a prescription for renal dialysis, maternity or post-natal care in the home of the patient, or on a PSO for emergency use. (500 ml and 1,000 ml packs)

Inj 23.4%, 20 ml	31.25	5	✔**Biomed**
Inj 0.9%, 5 ml – Up to 5 inj available on a PSO	10.85	50	✔**Multichem**
	15.50		✔**Pfizer**
Inj 0.9%, 10 ml – Up to 5 inj available on a PSO	16.10	50	✔**Multichem**
	15.50		✔**Pfizer**
Inj 0.9%, 20 ml	4.72	6	✔**Pharmacia**
	11.79	30	✔**Pharmacia**
	8.41	20	✔**Multichem**

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

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

Changes to Restrictions - effective 1 October 2011 (continued)

45 PRAVASTATIN ~~– Special Authority see SA0932 below – Retail pharmacy~~
See prescribing guideline below

Tab 10 mg	27.46	30	✔**Pravachol**
Tab 20 mg	5.44	30	✔**Cholvastin**
	(42.58)		Pravachol
Tab 40 mg	9.28	30	✔**Cholvastin**
	(65.31)		Pravachol

➽ ~~SA0932~~ ~~Special Authority for Subsidy~~
~~Initial application — (Confirmed HIV/AIDS) from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:~~
~~All of the following:~~
~~1 Patient has dyslipidaemia and an absolute 5 year cardiovascular risk of 15% or greater; and~~
~~2 Confirmed HIV infection; and~~
~~3 Patient is being treated with an HIV protease inhibitor.~~

72 DEXAMETHASONE SODIUM PHOSPHATE
Dexamethasone sodium phosphate injection will not be funded for oral use

✻ Inj 4 mg per ml, 1 ml – Up to 5 inj available on a PSO	21.50	5	✔**Hospira**
✻ Inj 4 mg per ml, 2 ml – Up to 5 inj available on a PSO	31.00	5	✔**Hospira**

90 EFAVIRENZ – Special Authority see SA1025 – Retail pharmacy

Tab 50 mg	158.33	30	✔**Stocrin** S29

Note – addition of Section 29 to Stocrin tab 50 mg only.

135 MIDAZOLAM
~~Note: Midazolam injection will be funded if prescribed for intranasal administration for use in palliative care. Note that only the Hypnovel brand is currently indicated for intranasal administration.~~

Tab 7.5 mg	10.38	100	
	(25.00)		Hypnovel

‡ Safety cap for extemporaneously compounded oral liquid preparations.

Inj 1 mg per ml, 5 ml	10.75	10	✔**Hypnovel**
	(14.73)		Pfizer
Inj 5 mg per ml, 3 ml	11.90	5	✔**Hypnovel**
	(19.64)		Pfizer

Note – Refer to news stories on page 5.

166 EYE PREPARATIONS
Eye preparations are only funded for use in the eye. The exception is pilocarpine eye drops 1%, 2% and 4% which are subsidised for oral use pursuant to the Standard Formulae.
Note – the above restriction applies to all eye drops, except pilocarpine eye drops 1%, 2% and 4%, listed in the Eye Preparations therapeutic subgroup as listed on pages 166 to 170 of the Pharmaceutical Schedule.

Effective 1 October 2011

139 VARENICLINE TARTRATE – Special Authority see **SA1161** ~~1135~~ – Retail pharmacy
a) Varenicline will not be funded Close Control in amounts less than 2 weeks of treatment.
b) A maximum of 3 months' varenicline will be subsidised on each Special Authority approval.

Tab 1 mg	67.74	28	✔**Champix**
	135.48	56	✔**Champix**
Tab 0.5 mg × 11 and 1 mg × 14	60.48	25 OP	✔**Champix**

➽ **SA1161** ~~1135~~ Special Authority for Subsidy

continued...

Changes to Restrictions - effective 1 October 2011 (continued)

continued...

Initial application from any relevant practitioner. Approvals valid for **5** ~~3~~ months for applications meeting the following criteria:

All of the following:

1 Short-term therapy as an aid to achieving abstinence in a patient who has indicated that they are ready to cease smoking; and
2 The patient is part of, or is about to enrol in, a comprehensive support and counselling smoking cessation programme, which includes prescriber or nurse monitoring; and
3 Either:
  3.1 The patient has tried but failed to quit smoking after at least two separate trials of nicotine replacement therapy, at least one of which included the patient receiving comprehensive advice on the optimal use of nicotine replacement therapy; or
  3.2 The patient has tried but failed to quit smoking using bupropion or nortriptyline; and
4 The patient has not used funded varenicline in the last 12 months; and
5 Varenicline is not to be used in combination with other pharmacological smoking cessation treatments and the patient has agreed to this; and
6 The patient is not pregnant; and
7 The patient will not be prescribed more than 3 months' funded varenicline (see note).

Renewal from any relevant practitioner. Approvals valid for **5** ~~3~~ months for applications meeting the following criteria:

All of the following:

1 Short-term therapy as an aid to achieving abstinence in a patient who has indicated that they are ready to cease smoking; and
2 The patient is part of, or is about to enrol in, a comprehensive support and counselling smoking cessation programme, which includes prescriber or nurse monitoring; and
3 The patient has not used funded varenicline in the last 12 months; and
4 Varenicline is not to be used in combination with other pharmacological smoking cessation treatments and the patient has agreed to this; and
5 The patient is not pregnant; and
6 The patient will not be prescribed more than 3 months' funded varenicline (see note).

The patient may not have had an approval in the past 12 months.

Note: a maximum of 3 months' varenicline will be subsidised on each Special Authority approval.

152 SUNITINIB – Special Authority see **SA1162** ~~1055~~ – Retail pharmacy

Cap 12.5 mg	2,315.38	28	✔**Sutent**
Cap 25 mg	4,630.77	28	✔**Sutent**
Cap 50 mg	9,261.54	28	✔**Sutent**

➽ **SA1162** ~~1055~~ Special Authority for Subsidy

Initial application 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:

All of the following:

1 The patient has metastatic renal cell carcinoma; and
2 Either
  2.1 The patient is sunitinib treatment naive; or
  2.2 The patient received sunitinib prior to 1 November 2010 and disease has not progressed; and
3 The patient has good performance status (WHO/ECOG grade 0-~~1~~**2**); and
4 The disease is of predominant clear cell histology; and
5 The patient has intermediate or poor prognosis ~~based on the NCCN clinical practice guidelines for kidney cancer~~ **defined as:**
  Any of the following:
  5.1 Lactate dehydrogenase level > 1.5 times upper limit of normal; or
  5.2 Haemoglobin level < lower limit of normal; or
  5.3 Corrected serum calcium level > 10 mg/dL (2.5 mmol/L) ; or

continued...

Changes to Restrictions - effective 1 October 2011 (continued)

continued...

5.4 Interval of < 1 year from original diagnosis to the start of systemic therapy; or
5.5 Karnofsky performance score of ≤ 70; or
5.6 ≥ 2 sites of organ metastasis; and

6 Sunitinib to be used for a maximum of 2 cycles.

Renewal 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 No evidence of disease progression; and
2 The treatment remains appropriate and the patient is benefiting from treatment.

Notes: Sunitinib treatment should be stopped if disease progresses.
Poor prognosis patients are defined as having at least 3 of criteria 5.1-5.6. Intermediate prognosis patients are defined as having 1 or 2 of criteria 5.1-5.6
~~NCCN clinical practice guidelines for kidney cancer are available at http://www.nccn.org/professionals/physician_gls/f_guidelines.asp~~

157 TRASTUZUMAB – PCT only – Specialist – Special Authority see **SA1163** ~~1017~~

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**

➽ **SA1163** ~~1017~~ 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 **for applications meeting the following criteria:** ~~where~~
Both:
1 T~~t~~he patient has metastatic breast cancer expressing HER-2 IHC 3+ or ~~F~~ISH+ **(including FISH or other current technology); and**
2 Trastuzumab to be discontinued at disease progression.

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 **expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology);** and
2 The cancer has not progressed **at any time point during the previous 12 months whilst on trastuzumab**.

Initial application — (early breast cancer) 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:
All of the following:
1 The patient has early breast cancer expressing HER 2 IHC 3+ or ISH + (including FISH or other current technology); and
2 Maximum cumulative dose of 106 mg/kg (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.
~~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).~~

continued...

Changes to Restrictions - effective 1 October 2011 (continued)

continued...

Renewal — (early 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:

1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and

2 Either:

2.1 Both:

2.2.1 The patient received prior adjuvant trastuzumab treatment for early breast cancer; and

2.2.2 Trastuzumab to be discontinued at disease progression; or

2.2 The cancer has not progressed at any time point during the previous 12 months whilst on trastuzumab.

Note: *For patients with relapsed HER-2 positive disease who have previously received adjuvant trastuzumab for early breast cancer.

178 SECTION D: SPECIAL FOODS

EXPLANATORY NOTES

Who can apply for Special Authority?

Initial Applications: Only from a **dietitian,** relevant specialist or a vocationally registered general practitioner.

Reapplications: Only from a **dietitian,** relevant specialist or a vocationally registered general practitioner or general practitioner on the recommendation of a **dietitian,** relevant specialist or a vocationally registered general practitioner. Other general practitioners must include the name of the **dietitian,** relevant specialist or vocationally registered general practitioner and the date contacted.

All applications must be made on an official form available from the PHARMAC website www.pharmac.govt.nz. All applications must include specific details as requested on the form relating to the application. A supporting letter may be included if desired. Applications must be forwarded to:

Ministry of Health Sector Services
Private Bag 3015
WHANGANUI 4540
Freefax 0800 100 131

180 SPECIAL FOODS

Special Foods – applies to all Special Authority application forms in Section D of the Pharmaceutical Schedule.

Special Authority for Subsidy

Initial application —only from a **dietitian**, relevant specialist or vocationally registered general practitioner.

Renewal —only from a **dietitian**, relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a **dietitian**, relevant specialist or vocationally registered general practitioner.

General Practitioners must include the name of the **dietitian**, relevant specialist or vocationally registered general practitioner and date contacted.

Changes to Restrictions - effective 1 October 2011 (continued)

196 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**

Note – this is a change to the initial application criteria for transition from Old Form (SA0603) only. The remainder of the Special Authority criteria remains consistent with other Special Authority changes detailed above.

SA1111 Special Authority for Subsidy

Initial application — (Transition from Old Form (SA0603)) only from a **dietitian**, relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a **dietitian**, 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 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; and
4 General Practitioners must include the name of the **dietitian**, relevant specialist or vocationally registered general practitioner and the date contacted.

197 EXTENSIVELY HYDROLYSED FORMULA – Special Authority see SA1112 – Hospital pharmacy [HP3]

Powder	15.21	450 g OP	✔**Pepti Junior Gold**
	19.01		✔**Pepti Junior**

Note – this is a change to the initial application criteria for transition from Old Form (SA0603) only. The remainder of the Special Authority criteria remains consistent with other Special Authority changes detailed above.

SA1112 Special Authority for Subsidy

Initial application — (Transition from Old Form (SA0603)) only from a **dietitian**, relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a **dietitian**, 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 trialled on, or transitioned to, an extensively hydrolysed formula; and
  1.3 General Practitioners must include the name of the **dietitian**, relevant specialist or vocationally registered general practitioner and the date contacted; or
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 **dietitian**, relevant specialist or vocationally registered general practitioner and the date contacted.

continued...

Changes to Restrictions - effective 1 October 2011 (continued)

191 ORAL FEED 1.5KCAL/ML – Special Authority see SA1104 – Hospital pharmacy [HP3]

~~a) Note - 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	200 ml OP	
	(1.26)		Ensure Plus
	(1.26)		Fortisip
Liquid (chocolate) – Higher subsidy of up to $1.33 per 237 ml with Endorsement	0.72	200 ml OP	
	(1.26)		Ensure Plus
	0.85	237 ml OP	
	(1.33)		Ensure Plus
	0.72	200 ml OP	
	(1.26)		Fortisip
Liquid (coffee latte) – Higher subsidy of up to $1.33 per 237 ml with Endorsement	0.85	237 ml OP	
	(1.33)		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 up to $1.33 per 237 ml with Endorsement	0.72	200 ml OP	
	(1.26)		Ensure Plus
	0.85	237 ml OP	
	(1.33)		Ensure Plus
	0.72	200 ml OP	
	(1.26)		Fortisip
Liquid (toffee) – Higher subsidy of $1.26 per 200 ml with Endorsement	0.72	200 ml OP	
	(1.26)		Fortisip
Liquid (tropical fruit) – Higher subsidy of $1.26 per 200 ml with Endorsement	0.72	200 ml OP	
	(1.26)		Fortisip
Liquid (vanilla) – Higher subsidy of up to $1.33 per 237 ml with Endorsement	0.72	200 ml OP	
	(1.26)		Ensure Plus
	0.85	237 ml OP	
	(1.33)		Ensure Plus
	0.72	200 ml OP	
	(1.26)		Fortisip

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

Liquid (vanilla) – Higher subsidy of $2.25 per 237 ml with Endorsement	1.14	237 ml OP	
	(2.25)		Two Cal HN

Changes to Restrictions - effective 1 October 2011 (continued)

192 ORAL FEED WITH FIBRE 1.5 KCAL/ML – Special Authority see SA1104 – Hospital pharmacy [HP3]
~~a)~~ Additional subsidy by endorsement is available for patients being bolus fed through a feeding tube. The prescription must be endorsed accordingly.
~~b) Repeats for Fortisip Multi Fibre will be fully subsidised where the initial dispensing was before 1 April 2011.~~

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

Effective 14 September 2011

28 CLARITHROMYCIN

Tab 500 mg – Subsidy by endorsement	23.30	14	✔**Klamycin**

~~a) Maximum of 14 tab per prescription~~

a) If the prescription is for clarithromycin 250 mg tablets and the prescription is dispensed from 14 September 2011 and the prescription meets the restrictions for clarithromycin 250 mg tablets then the prescription can be endorsed accordingly.

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.

Note: Pharmacists may endorse the prescription if it is prescribed for the 250 mg tablets and is for an amount of 500 mg or less, or has a valid Special Authority approval.

Effective 1 September 2011

26 BUDESONIDE

Cap 3 mg – Special Authority see **SA1155** ~~0913~~			
– Retail pharmacy	166.50	90	✔**Entocort CIR**

➽ **SA1155** ~~0913~~ Special Authority for Subsidy
Initial application – (Crohn's disease) from any relevant practitioner. Approvals valid for **6** ~~3~~ months for applications meeting the following criteria:
Both:
1 Mild to moderate ileal, ileocaecal or proximal Crohn's disease; and
2 Any of the following:
2.1 Diabetes; or
2.2 Cushingoid habitus; or
2.3 Osteoporosis where there is significant risk of fracture; or
2.4 Severe acne following treatment with conventional corticosteroid therapy**; or**
2.5 History of severe psychiatric problems associated with corticosteroid treatment; or
2.6 History of major mental illness (such as bipolar affective disorder) where the risk of conventional corticosteroid treatment causing relapse is considered to be high; or
2.7 Relapse during pregnancy (where conventional corticosteroids are considered to be contraindicated).

Initial application – (collagenous and lymphocytic colitis (microscopic colitis)) from any relevant practitioner. Approvals valid for 6 months for patients with diagnosis of microscopic colitis (collagenous or lymphocytic colitis) by colonoscopy with biopsies.

continued...

Changes to Restrictions - effective 1 September 2011 (continued)

continued...

Initial application – (gut graft versus host disease) from any relevant practitioner. Approvals valid for 6 months for patients with gut graft versus host disease following allogenic bone marrow transplantation* Note: Indication marked with * is an Unapproved Indication.

Renewal from any relevant practitioner. Approvals valid for **6** ~~3~~ months where the treatment remains appropriate and the patient is benefiting from treatment.
~~The patient may not have had more than 1 prior approval in the last year.~~
Note: Clinical trials for Entocort CIR use beyond three months demonstrated no improvement in relapse rate.

81 BENZYLPENICILLIN SODIUM (PENICILLIN G)
~~Inj 1 mega u~~ **Inj 600 mg** – Up to 5 inj available
on a PSO ..... 11.50 10 ✔**Sandoz**

98 ADALIMUMAB – Special Authority see **SA1156** ~~1059~~ – 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**
➽ **SA1156** ~~1059~~ Special Authority for Subsidy
Initial application - (rheumatoid arthritis) only from a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:
Either:
1 Both:
1.1 The patient has had an initial Special Authority approval for etanercept for rheumatoid arthritis; and
1.2 Either:
1.2.1 The patient has experienced intolerable side effects from etanercept; or
1.2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for etanercept for rheumatoid arthritis; or
2 All of the following:
2.1 Patient has had severe and active erosive rheumatoid arthritis for six months duration or longer; and
2.2 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
2.3 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
2.4 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~~ **and** hydroxychloroquine sulphate (at maximum tolerated doses); and
2.5 ~~Either~~ **Any of the following:**
2.5.1 Patient has tried and not responded to at least three months **of oral or parenteral methotrexate in combination with** ~~therapy at~~ the maximum tolerated dose of cyclosporin ~~alone or in combination with another agent;~~ or
2.5.2 **Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with intramuscular gold; or**
2.5.3 Patient has tried and not responded to at least three months **of** therapy at the maximum tolerated dose of leflunomide alone or in combination with **oral or parenteral methotrexate** ~~another agent~~; and
2.6 Either:
2.6.1 Patient has persistent symptoms of poorly controlled and active disease in at least 20 ~~active,~~ swollen, tender joints; or
2.6.2 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
2.7 Either:

continued...

Changes to Restrictions - effective 1 September 2011 (continued)

continued...

2.7.1 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

2.7.2 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.

Initial application — (Crohn's disease) only from a gastroenterologist. Approvals valid for 3 months for applications meeting the following criteria:
All of the following:
1 Patient has severe active Crohn's disease; and
2 Any of the following:
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.

Initial application — (severe chronic plaque psoriasis) only from a dermatologist. Approvals valid for 4 months for applications meeting the following criteria:
Either:
1 Both:
1.1 The patient has had an initial Special Authority approval for etanercept for severe chronic plaque psoriasis; and
1.2 Either:
1.2.1 The patient has experienced intolerable side effects from etanercept; or
1.2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for etanercept for severe chronic plaque psoriasis; or
2 All of the following:
2.1 Either:
2.1.1 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
2.1.2 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
2.2 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
2.3 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
2.4 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:
Either:

continued...

Changes to Restrictions - effective 1 September 2011 (continued)

continued...

1 Both:
1.1 The patient has had an initial Special Authority approval for etanercept for ankylosing spondylitis; and
1.2 Either:
1.2.1 The patient has experienced intolerable side effects from etanercept; or
1.2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for etanercept for ankylosing spondylitis; or

2 All of the following:
2.1 Patient has a confirmed diagnosis of ankylosing spondylitis for more than six months; and
2.2 Patient has low back pain and stiffness that is relieved by exercise but not by rest; and
2.3 Patient has bilateral sacroiliitis demonstrated by plain radiographs, CT or MRI scan; and
2.4 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 regime supervised by a physiotherapist; and
2.5 Either:
2.5.1 Patient has limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by **the following** ~~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) **measures: a modified Schober's test of less than or equal to 4 cm and lumbar side flexion measurement of less than or equal to 10 cm (mean of left and right);** or
2.5.2 Patient has limitation of chest expansion by at least 2.5 cm below the following average normal values corrected for age and gender (see Notes); and
2.6 A Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 6 on a 0-10 scale.

Notes: The BASDAI must have been determined at the completion of the 3 month exercise trial, but prior to ceasing NSAID treatment. The BASDAI measure 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:
Either:
1 Both:
1.1 The patient has had an initial Special Authority approval for etanercept for psoriatic arthritis; and
1.2 Either:
1.2.1 The patient has experienced intolerable side effects from etanercept; or
1.2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for etanercept for psoriatic arthritis; or

2 All of the following:
2.1 Patient has had severe active psoriatic arthritis for six months duration or longer; and
2.2 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
2.3 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
2.4 Either:
2.4.1 Patient has persistent symptoms of poorly controlled and active disease in at least ~~20~~ **15** ~~active,~~ swollen, tender joints; or

continued...

Changes to Restrictions - effective 1 September 2011 (continued)

continued...

2.4.2 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

2.5 Any of the following:

2.5.1 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

2.5.2 Patient has an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; or

2.5.3 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 **3 to** 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:
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 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 indicate 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:
All of the following:

1 Either:
- 1.1 Applicant is a dermatologist; or

continued...

Changes to Restrictions - effective 1 September 2011 (continued)

continued...

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 had "whole body" severe chronic plaque psoriasis at the start of treatment; 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 had severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot at the start of treatment; 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: A treatment course is defined as a minimum of 12 weeks 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 Physician considers that the patient has benefited from treatment and that continued treatment is appropriate; and

4 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:

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 **3 to** 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

2.2 The patient demonstrates at least a continuing ~~50%~~ **30%** 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

continued...

Changes to Restrictions - effective 1 September 2011 (continued)

102 ETANERCEPT – Special Authority see **SA1157** ~~1060~~ – Retail pharmacy

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

➽ **SA1157** ~~1060~~ Special Authority for Subsidy

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

All of the following:

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

2 Patient diagnosed with Juvenile Idiopathic Arthritis (JIA); and

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

4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate (at a dose of 10-20 mg/m^2 weekly or at the maximum tolerated dose) in combination with **either** oral corticosteroids (prednisone 0.25 mg/kg or at the maximum tolerated dose)~~; and~~ **or a full trial of serial intra-articular corticosteroid injections; and**

~~5 Patient has tried and not responded to at least three months of oral or parenteral methotrexate (at a dose of 10-15 mg/m^2 weekly or at the maximum tolerated dose) in combination with one other disease-modifying agent; and~~

5~~6~~ Both:

5~~6~~.1 Either:

5~~6~~.1.1 Patient has persistent symptoms of poorly-controlled and active disease in at least 20 ~~active~~, swollen, tender joints; or

5~~6~~.1.2 Patient has persistent symptoms of poorly-controlled and active disease in at least four ~~active~~ joints from the following: wrist, elbow, knee, ankle, shoulder, cervical spine, hip; and

5~~6~~.2 Physician's global assessment indicating severe disease.

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

Either:

1 Both:

1.1 The patient has had an initial Special Authority approval for adalimumab for rheumatoid arthritis; and

1.2 Either:

1.2.1 The patient has experienced intolerable side effects from adalimumab; or

1.2.2 The patient has received insufficient benefit from adalimumab to meet the renewal criteria for adalimumab for rheumatoid arthritis; or

2 All of the following:

2.1 Patient has had severe and active erosive rheumatoid arthritis for six months duration or longer; and

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

2.3 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

2.4 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~~ **and** hydroxychloroquine sulphate (at maximum tolerated doses); and

2.5 ~~Either~~ **Any of the following:**

2.5.1 Patient has tried and not responded to at least three months **of oral or parenteral methotrexate in combination with** ~~therapy at~~ the maximum tolerated dose of cyclosporin ~~alone or in combination with another agent;~~ or

2.5.2 **Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with intramuscular gold; or**

continued...

Changes to Restrictions - effective 1 September 2011 (continued)

continued...

2.5.3 Patient has tried and not responded to at least three months **of** therapy at the maximum tolerated dose of leflunomide alone or in combination with **oral or parenteral methotrexate** ~~another agent~~; and

2.6 Either:

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

2.6.2 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

2.7 Either:

2.7.1 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

2.7.2 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.

Initial application — (severe chronic plaque psoriasis) only from a dermatologist. Approvals valid for 4 months for applications meeting the following criteria:

Either:

1 Both:

1.1 The patient has had an initial Special Authority approval for adalimumab for severe chronic plaque psoriasis; and

1.2 Either:

1.2.1 The patient has experienced intolerable side effects from adalimumab; or

1.2.2 The patient has received insufficient benefit from adalimumab to meet the renewal criteria for adalimumab for severe chronic plaque psoriasis; or

2 All of the following:

2.1 Either:

2.1.1 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

2.1.2 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

2.2 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

2.3 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

2.4 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:

Either:

1 Both:

1.1 The patient has had an initial Special Authority approval for adalimumab for ankylosing spondylitis; and

1.2 Either:

1.2.1 The patient has experienced intolerable side effects from adalimumab; or

continued...

Changes to Restrictions - effective 1 September 2011 (continued)

continued...

1.2.2 The patient has received insufficient benefit from adalimumab to meet the renewal criteria for adalimumab for ankylosing spondylitis; or

2 All of the following:

2.1 Patient has a confirmed diagnosis of ankylosing spondylitis for more than six months; and

2.2 Patient has low back pain and stiffness that is relieved by exercise but not by rest; and

2.3 Patient has bilateral sacroiliitis demonstrated by plain radiographs, CT or MRI scan; and

2.4 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 regime supervised by a physiotherapist; and

2.5 Either:

2.5.1 Patient has limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by **the following** ~~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) **measures: a modified Schober's test of less than or equal to 4 cm and lumbar side flexion measurement of less than or equal to 10 cm (mean of left and right);** or

2.5.2 Patient has limitation of chest expansion by at least 2.5 cm below the following average normal values corrected for age and gender (see Notes); and

2.6 A Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 6 on a 0-10 scale.

Notes: The BASDAI must have been determined at the completion of the 3 month exercise trial, but prior to ceasing NSAID treatment. The BASDAI measure 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:

Either:

1 Both:

1.1 The patient has had an initial Special Authority approval for adalimumab for psoriatic arthritis; and

1.2 Either:

1.2.1 The patient has experienced intolerable side effects from adalimumab; or

1.2.2 The patient has received insufficient benefit from adalimumab to meet the renewal criteria for adalimumab for psoriatic arthritis; or

2 All of the following:

2.1 Patient has had severe active psoriatic arthritis for six months duration or longer; and

2.2 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

2.3 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

2.4 Either:

2.4.1 Patient has persistent symptoms of poorly controlled and active disease in at least ~~20~~ **15** ~~active~~, swollen, tender joints; or

2.4.2 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

2.5 Any of the following:

continued...

Changes to Restrictions - effective 1 September 2011 (continued)

continued...

2.5.1 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
2.5.2 Patient has an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; or
2.5.3 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 - (juvenile idiopathic arthritis) only from a named specialist, rheumatologist or Practitioner on the recommendation of a named specialist or rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:
All of the following:
1 Either:
1.1 Applicant is a named specialist or rheumatologist; or
1.2 Applicant is a Practitioner and confirms that a named specialist or rheumatologist has provided a letter, email or fax recommending that the patient continues with etanercept treatment; and
2 Subsidised as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
3 Either:
3.1 Following **3 to** 4 months' initial treatment, the patient has at least a 50% decrease in active joint count and an improvement in physician's global assessment from baseline; or
3.2 On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count and continued improvement in physician's global assessment from baseline.

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 etanercept 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 **3 to** 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 Etanercept to be administered in doses no greater than 50 mg ever 7 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:
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 etanercept treatment; and
2 Either:
2.1 Both:
2.1.1 Patient had "whole body" severe chronic plaque psoriasis at the start of treatment; and
2.1.2 Following each prior etanercept 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-treatment baseline value; or
2.2 Both:
2.2.1 Patient had severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot at the start of treatment; and

continued...

Changes to Restrictions - effective 1 September 2011 (continued)

continued...

2.2.2 Either:

2.2.2.1 Following each prior etanercept 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 etanercept 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 treatment baseline value; and

3 Etanercept to be administered at doses no greater than 50 mg every 7 days.

Note: A treatment course is defined as a minimum of 12 weeks of etanercept 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 etanercept treatment; and
2 Following 12 weeks of etanercept treatment, BASDAI has improved by 4 or more points from pre-treatment baseline on a 10 point scale, or by 50%, whichever is less; and
3 Physician considers that the patient has benefited from treatment and that continued treatment is appropriate; and
4 Etanercept to be administered at doses no greater than 50 mg every 7 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:
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 etanercept treatment; and
2 Either:
2.1 Following **3 to** 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
2.2 The patient demonstrates at least a continuing ~~50%~~ **30%** improvement in active joint count from baseline and a clinically significant response to prior etanercept treatment in the opinion of the treating physician; and
3 Etanercept to be administered at doses no greater than 50 mg every 7 days.

128 OLANZAPINE

Tab 2.5 mg ~~– Special Authority (Zyprexa brand only) see SA0741 below – Retail pharmacy~~	2.00	28	✔**Dr Reddy's Olanzapine** ✔**Olanzine**
	(51.07)		Zyprexa
Tab 5 mg ~~– Special Authority (Zyprexa brand only) see SA0741 below – Retail pharmacy~~	3.85	28	✔**Dr Reddy's Olanzapine** ✔**Olanzine**
	(101.21)		Zyprexa

continued...

	Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ fully subsidised
Changes to Restrictions - effective 1 September 2011 (continued)			
continued...			
Tab 10 mg ~~– Special Authority (Zyprexa brand only) see SA0741 below – Retail pharmacy~~	6.35	28	✔**Dr Reddy's Olanzapine** ✔**Olanzine**
	(204.49)		Zyprexa

~~SA0741~~ ~~Special Authority for Subsidy~~

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

~~Any of the following:~~

~~1 Patient presents with first episode schizophrenia or related psychoses; or~~

~~2 Both:~~

~~2.1 Patient suffering from schizophrenia and related psychoses or acute mania in bipolar disorder who is likely to benefit from antipsychotic treatment; and~~

~~2.2 Either:~~

~~2.2.1 An effective dose of risperidone had been trialled and has been discontinued because of unacceptable side effects; or~~

~~2.2.2 An effective dose of risperidone had been trialled and has been discontinued because of inadequate clinical response after 4 weeks; or~~

~~3 The patient has suffered from an acute episode of schizophrenia or bipolar mania and has been treated with olanzapine short-acting intra-muscular injection.~~

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

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

131 OLANZAPINE

Wafer 5 mg ~~– Special Authority see SA0739 – Retail pharmacy~~	6.36	28	
	(102.19)		Zyprexa Zydis
Wafer 10 mg ~~– Special Authority see SA0739 – Retail pharmacy~~	8.76	28	
	(204.37)		Zyprexa Zydis

~~SA0739~~ ~~Special Authority for Subsidy~~

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

~~All of the following:~~

~~1 The patient meets the current criteria for standard olanzapine tablets; and~~

~~2 The patient is unable to take standard olanzapine tablets, or once stabilized refuses to take olanzapine tablets; or the patient is non-adherent to oral therapy with standard olanzapine tablets; and~~

~~3 The patient is under direct supervision for administration of medicine.~~

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

~~Both:~~

~~1 The patient is unable to take standard olanzapine tablets, or once stabilized refuses to take olanzapine tablets; and~~

~~2 The patient is under direct supervision for administration of medicine.~~

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

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 September 2011 (continued)

149	THALIDOMIDE – PCT only – Specialist – Special Authority see SA1124 ~~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**

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

Changes to Subsidy and Manufacturer's Price

Effective 1 December 2011

38	CALCIUM CARBONATE (↓ subsidy)			
	❋ Tab 1.25 g (500 mg elemental)	6.38	250	✔**Calci-Tab 500**
	❋ Tab 1.5 g (600 mg elemental)	7.66	250	✔**Calci-Tab 600**
49	LOSARTAN (↓ subsidy)			
	❋ Tab 12.5 mg	0.96	30	
		(10.45)		Cozaar
	❋ Tab 25 mg	1.07	30	
		(10.45)		Cozaar
	❋ Tab 50 mg	1.74	30	
		(8.70)		Cozaar
	Tab 50 mg with hydrochlorothiazide 12.5 mg	4.89	30	
		(10.45)		Hyzaar
	❋ Tab 100 mg	2.89	30	
		(10.45)		Cozaar
63	CALCIPOTRIOL (↓ subsidy)			
	Crm 50 μg per g	16.00	30 g OP	✔**Daivonex**
		45.00	100 g OP	✔**Daivonex**
	Oint 50 μg per g	45.00	100 g OP	✔**Daivonex**
	Soln 50 μg per ml	16.00	30 ml OP	✔**Daivonex**
73	TESTOSTERONE CYPIONATE – Retail pharmacy-Specialist (↑ subsidy)			
	Inj long-acting 100 mg per ml, 10 ml	76.50	1	✔**Depo-Testosterone**
82	CIPROFLOXACIN (↓ subsidy)			
	Tab 250 mg – Up to 5 tab available on a PSO	2.36	30	
		(3.35)		Rex Medical
	Tab 500 mg – Up to 5 tab available on a PSO	3.21	30	
		(4.90)		Rex Medical
	Tab 750 mg – Retail pharmacy-Specialist	5.52	30	
		(7.54)		Rex Medical
112	ALLOPURINOL (↓ subsidy)			
	❋ Tab 100 mg	3.98	250	
		(5.44)		Apo-Allopurinol
	❋ Tab 300 mg	3.35	100	
		(4.03)		Apo-Allopurinol
115	PARACETAMOL (↓ subsidy)			
	❋‡ Oral liq 120 mg per 5 ml	4.42	1,000 ml	✔**Paracare Junior**
	a) Up to 200 ml available on a PSO b) Not in combination			
165	MASK FOR SPACER DEVICE (↓ subsidy)			
	Size 2	2.99	1	✔**EZ-fit Paediatric Mask**

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

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

Changes to Subsidy and Manufacturer's Price - effective 1 December 2011 (continued)

165 PEAK FLOW METER (↓ subsidy)
a) Up to 10 dev available on a PSO
b) Only on a PSO
Low range ..... 11.44 1 ✔**Breath-Alert**
Normal range ..... 11.44 1 ✔**Breath-Alert**

165 SPACER DEVICE (↓ subsidy)
a) Up to 20 dev available on a PSO
b) Only on a PSO
230 ml (single patient) ..... 4.72 1 ✔**Space Chamber**

166 FUSIDIC ACID (↓ price)
Eye drops 1% ..... 4.50 5 g OP ✔**Fucithalmic**

176 GLYCERIN WITH SODIUM SACCHARIN – Only in combination (↓ subsidy)
Only in combination with Ora-Plus.
Suspension ..... 36.80 473 ml ✔**Ora-Sweet SF**

176 GLYCERIN WITH SUCROSE – Only in combination (↓ subsidy)
Only in combination with Ora-Plus.
Suspension ..... 36.80 473 ml ✔**Ora-Sweet**

177 METHYLCELLULOSE (↓ subsidy)
Suspension – Only in combination ..... 36.80 473 ml ✔**Ora-Plus**

177 METHYLCELLULOSE WITH GLYCERIN AND SODIUM SACCHARIN – Only in combination (↓ subsidy)
Suspension ..... 36.80 473 ml ✔**Ora-Blend SF**

177 METHYLCELLULOSE WITH GLYCERIN AND SUCROSE – Only in combination (↓ subsidy)
Suspension ..... 36.80 473 ml ✔**Ora-Blend**

Effective 1 November 2011

39 CHARCOAL (↑ price)
❋ Tab 300 mg 7.13 100
(9.77) Red Seal

45 PRAVASTATIN (↓ subsidy)
See prescribing guideline
Tab 20 mg 5.44 30
(42.58) Pravachol
Tab 40 mg 9.28 30
(65.31) Pravachol

70 FINASTERIDE – Special Authority see SA0928 – Retail pharmacy (↓ subsidy)
Tab 5 mg ..... 5.10 30 ✔**Fintral**

84 TERBINAFINE (↓ subsidy)
Tab 250 mg 12.75 100
(25.50) Apo-Terbinafine

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

Changes to Subsidy and Manufacturer's Price - effective 1 November 2011 (continued)

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

Tab 50 mg	10.71	30	✔ **Bicalox**

Effective 1 October 2011

29 OMEPRAZOLE (↓ subsidy)

❋ Cap 10 mg	0.97	30	✔ **Dr Reddy's Omeprazole**
❋ Cap 20 mg	1.26	30	✔ **Dr Reddy's Omeprazole**
❋ Cap 40 mg	1.86	30	✔ **Dr Reddy's Omeprazole**

43 SODIUM CHLORIDE (↑ subsidy)

Inj 0.9%, 10 ml – Up to 5 inj available on a PSO	16.10	50	✔ **Multichem**

59 BETAMETHASONE VALERATE (↑ subsidy)

❋ Crm 0.1%	3.20	50 g OP	✔ **Beta Cream**
❋ Oint 0.1%	3.20	50 g OP	✔ **Beta Ointment**

82 CO-TRIMOXAZOLE (↑ subsidy)

❋ Tab trimethoprim 80 mg and sulphamethoxazole 400 mg – Up to 30 tab available on a PSO	20.97	500	✔ **Trisul**

97 SULINDAC – Additional subsidy by Special Authority see SA1038 – Retail pharmacy (↑ price)

❋ Tab 100 mg	5.32	100	
	(17.10)		Daclin
❋ Tab 200 mg	6.72	100	
	(30.20)		Daclin

118 DOTHIEPIN HYDROCHLORIDE (↑ subsidy)

Tab 75 mg	10.50	100	✔ **Dopress**
Cap 25 mg	6.17	100	✔ **Dopress**

135 TRIAZOLAM (↑ price)

Tab 125 μg	5.10	100	
	(7.25)		Hypam
‡ Safety cap for extemporaneously compounded oral liquid preparations.			
Tab 250 μg	4.10	100	
	(8.70)		Hypam
‡ Safety cap for extemporaneously compounded oral liquid preparations.			

160 BUDESONIDE (↓ subsidy)

Powder for inhalation, 200 μg per dose	15.20	200 dose OP	✔ **Budenocort**
Powder for inhalation, 400 μg per dose	25.60	200 dose OP	✔ **Budenocort**

Effective 1 September 2011

28 HYOSCINE N-BUTYLBROMIDE (↑ subsidy)

❋ Inj 20 mg, 1 ml – Up to 5 inj available on a PSO	9.57	5	✔ **Buscopan**

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

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

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

Changes to Subsidy and Manufacturer's Price - effective 1 September 2011 (continued)

38 CALCIUM CARBONATE (↓ subsidy)
- ✻ Tab eff 1.75 g (1 g elemental) — 6.21 — 30 — ✔ **Calsource**

39 ZINC SULPHATE (↑ subsidy)
- ✻ Cap 137.4 mg (50 mg elemental) — 11.00 — 100 — ✔ **Zincaps**

42 PROTAMINE SULPHATE (↑ price)
- ✻ Inj 10 mg per ml, 5 ml — 22.40 (95.87) — 10 — Artex

57 CLOTRIMAZOLE (↑ subsidy)
- ✻ Crm 1% — 0.54 — 20 g OP — ✔ **Clomazol**
  a) Only on a prescription
  b) Not in combination

58 MICONAZOLE NITRATE (↑ subsidy)
- ✻ Crm 2% — 0.46 — 15 g OP — ✔ **Multichem**
  a) Only on a prescription
  b) Not in combination

59 HYDROCORTISONE (↑ subsidy)
- ✻ Crm 1% – Only on a prescription — 14.00 — 500 g — ✔ **Pharmacy Health**
- ✻ Powder – Only in combination — 44.00 — 25 g — ✔ **ABM**

  Up to 5% in a dermatological base (not proprietary Topical Corticosteriod – Plain) with or without other dermatological galenicals.

60 BETAMETHASONE VALERATE WITH FUSIDIC ACID (↑ price)
- Crm 0.1% with fusidic acid 2% — 3.49 (10.45) — 15 g OP — Fucicort
  a) Maximum of 15 g per prescription
  b) Only on a prescription

64 TAR WITH TRIETHANOLAMINE LAURYL SULPHATE AND FLUORESCEIN – Only on a prescription (↑ subsidy)
- ✻ Soln 2.3% with triethanolamine lauryl sulphate and fluorescein sodium — 3.05 — 500 ml — ✔ **Pinetarsol**
  5.82 — 1,000 ml — ✔ **Pinetarsol**

65 IMIQUIMOD – Special Authority see SA0923 – Retail pharmacy (↓ subsidy)
- Crm 5% — 62.00 — 12 — ✔ **Aldara**

70 ERGOMETRINE MALEATE (↑ subsidy)
- Inj 500 μg per ml, 1 ml – Up to 5 inj available on a PSO — 31.00 — 5 — ✔ **DBL Ergometrine**

76 NORETHISTERONE (↑ subsidy)
- ✻ Tab 5 mg – Up to 30 tab available on a PSO — 26.50 — 100 — ✔ **Primolut N**

79 MEBENDAZOLE – Only on a prescription (↑ subsidy)
- Tab 100 mg — 24.19 — 24 — ✔ **De-Worm**

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

Changes to Subsidy and Manufacturer's Price - effective 1 September 2011 (continued)

81	AMOXYCILLIN (↑ subsidy)			
	Inj 250 mg	12.96	10	✔ **Ibiamox**
	Inj 500 mg	15.08	10	✔ **Ibiamox**
	Inj 1 g – Up to 5 inj available on a PSO	21.94	10	✔ **Ibiamox**
81	BENZYLPENICILLIN SODIUM (PENICILLIN G) (↑ subsidy)			
	Inj 600 mg – Up to 5 inj available on a PSO	11.50	10	✔ **Sandoz**
82	FLUCLOXACILLIN SODIUM (↑ subsidy)			
	Inj 250 mg	10.86	10	✔ **Flucloxin**
	Inj 500 mg	11.32	10	✔ **Flucloxin**
	Inj 1 g – Up to 5 inj available on a PSO	14.28	10	✔ **Flucloxin**
82	PROCAINE PENICILLIN (↑ subsidy)			
	Inj 1.5 mega u – Up to 5 inj available on a PSO	123.50	5	✔ **Cilicaine**
117	MORPHINE SULPHATE (↑ subsidy) a) Only on a controlled drug form b) No patient co-payment payable			
	Inj 5 mg per ml, 1 ml – Up to 5 inj available on a PSO	5.51	5	✔ **DBL Morphine Sulphate**
	Inj 10 mg per ml, 1 ml – Up to 5 inj available on a PSO	4.79	5	✔ **DBL Morphine Sulphate**
	Inj 15 mg per ml, 1 ml – Up to 5 inj available on a PSO	5.01	5	✔ **DBL Morphine Sulphate**
	Inj 30 mg per ml, 1 ml – Up to 5 inj available on a PSO	5.30	5	✔ **DBL Morphine Sulphate**
118	PETHIDINE HYDROCHLORIDE (↑ subsidy) a) Only on a controlled drug form b) No patient co-payment payable			
	Inj 50 mg per ml, 1 ml – Up to 5 inj available on a PSO	5.51	5	✔ **DBL Pethidine Hydrochloride**
	Inj 50 mg per ml, 2 ml – Up to 5 inj available on a PSO	5.83	5	✔ **DBL Pethidine Hydrochloride**
127	LITHIUM CARBONATE (↑ subsidy)			
	Cap 250 mg	9.42	100	✔ **Douglas**
128	OLANZAPINE (↓ subsidy)			
	Tab 2.5 mg	2.00	28	
		(51.07)		Zyprexa
	Tab 5 mg	3.85	28	
		(101.21)		Zyprexa
	Tab 10 mg	6.35	28	
		(204.49)		Zyprexa
131	OLANZAPINE (↓ subsidy)			
	Wafer 5 mg	6.36	28	
		(102.19)		Zyprexa Zydis
	Wafer 10 mg	8.76	28	
		(204.37)		Zyprexa Zydis

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

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

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

Changes to Subsidy and Manufacturer's Price - effective 1 September 2011 (continued)

135	TEMAZEPAM (↑ subsidy)			
	Tab 10 mg	1.27	25	✔ **Normison**
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
141	CYCLOPHOSPHAMIDE (↑ subsidy)			
	Inj 1 g – PCT – Retail pharmacy-Specialist	26.70	1	✔ **Endoxan**
	Inj 2 g – PCT only – Specialist	56.90	1	✔ **Endoxan**
142	CALCIUM FOLINATE (↑ subsidy)			
	Tab 15 mg – PCT – Retail pharmacy-Specialist	82.45	10	✔ **DBL Leucovorin Calcium**
143	FLUDARABINE PHOSPHATE – PCT only – Specialist (↓ subsidy)			
	Inj 50 mg for ECP	105.00	50 mg OP	✔ **Baxter**
159	CETIRIZINE HYDROCHLORIDE (↑ subsidy)			
	❋‡ Oral liq 1 mg per ml	3.52	200 ml	✔ **Cetirizine - AFT**
164	AMINOPHYLLINE (↑ subsidy)			
	❋ Inj 25 mg per ml, 10 ml – Up to 5 inj available on a PSO	53.75	5	✔ **DBL Aminophylline**
166	FUSIDIC ACID (↑ price)			
	Eye drops 1%	4.50 (11.52)	5 g OP	Fucithalmic
168	ACETAZOLAMIDE (↑ subsidy)			
	❋ Tab 250 mg	17.03	100	✔ **Diamox**
180	CARBOHYDRATE SUPPLEMENT – Special Authority see SA1090 – Hospital pharmacy [HP3] (↑ subsidy)			
	Powder	5.29	400 g OP	✔ **Polycal**

Changes to General Rules

Effective 1 December 2011

20 3.1 Doctors', **Dentists',** 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, **Dentist,** Dietitian, Midwife, Nurse Prescriber or Optometrist **unless specifically excluded:**

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 **(except for Dentist prescriptions)**, 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:

a) other than Dentist prescriptions and ~~other than~~ methylphenidate hydrochloride and dexamphetamine sulphate, only a quantity:

i~~a~~) sufficient to provide treatment for a period not exceeding 10 days; and

ii~~b~~) which has been dispensed pursuant to a Prescription sufficient to provide treatment for a period not exceeding one Month, will be subsidised.

b) for a Dentist prescription only such quantity as is necessary to provide treatment for a period not exceeding five days will be subsidised.

3.1.4 Subject to clauses 3.1.3 and 3.1.7, for a Doctor, Dentist, 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:

a) 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;

b) more than one Month, the Community Pharmaceutical will be subsidised only if it is dispensed:

i) in a 90 Day Lot, where the Community Pharmaceutical is a Pharmaceutical covered by Section F Part I of the Pharmaceutical Schedule; or

ii) if the Community Pharmaceutical is not a Pharmaceutical referred to in Section F Part I of the Pharmaceutical Schedule, in Monthly Lots, unless:

A) 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

B) both:

1) the Practitioner endorses the Community Pharmaceutical on the Prescription with the words "certified exemption" written in the Practitioner's own handwriting, or signed or initialed by the Practitioner; and

2) 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:

a) for a Class B Controlled Drug, within eight days of the date on which the Prescription was written; or

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:

continued...

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

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

Changes to General Rules – effective 1 December 2011 (continued)

continued...

a) is stable for a limited period only, and the **Practitioner** ~~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 3.2 Oral Contraceptives

The following provisions apply to all Prescriptions written by a Doctor, Midwife or Nurse Prescriber for an oral contraceptive:

3.2.1 The prescribing Doctor, Midwife or Nurse Prescriber must specify on the Prescription the period of treatment for which the Community Pharmaceutical is to be supplied. This period must not exceed~~:~~

~~a) three Months if prescribed by a Midwife; or~~

~~b)~~ six Months ~~if prescribed by a Doctor or Nurse Practitioner~~.

3.2.2 Where the period of treatment specified in the Prescription does not exceed six Months, the Community Pharmaceutical is to be dispensed:

a) in Lots as specified in the Prescription if the Community Pharmaceutical is Close Control; or

b) where no Lots are specified, in one Lot sufficient to provide treatment for the period prescribed.

3.2.3 An oral contraceptive is only eligible for Subsidy if the Prescription under which it has been dispensed was presented to the Contractor within three Months of the date on which it was written.

3.2.4 ~~An oral contraceptive prescribed by a Midwife is only eligible for Subsidy if the Prescription under which it has been dispensed has been written within the period of post natal care of the eligible person.~~

~~3.2.5~~ Where a Community Pharmaceutical in a Prescription is Close Control and a repeat on the Prescription remains unfulfilled after six Months from the date the Community Pharmaceutical was first dispensed only the actual quantity supplied by the Contractor within this time limit will be eligible for Subsidy.

21 ~~3.3 Dentists' Prescriptions~~

~~The following provisions apply to every Prescription written by a Dentist:~~

~~3.3.1 The maximum quantity of a Community Pharmaceutical that will be subsidised is as follows:~~

~~a) where the Community Pharmaceutical is a Controlled Drug, only such quantity as is necessary to provide treatment for a period not exceeding five days; and~~

~~b) in any other case, only such quantity as is necessary to provide treatment for a period not exceeding five days and, where the Prescription specifies a repeat, one further period not exceeding five days.~~

~~3.3.2 Notwithstanding clause 3.3.1, if, in the opinion of the Dentist, an eligible person needs extended treatment with sodium fluoride for up to three Months, the Community Pharmaceutical will be subsidised for that extended period. A Prescription for any such extended supply of sodium fluoride will be subsidised only if it is dispensed 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.~~

~~3.3.3 A Community Pharmaceutical is only eligible for Subsidy if the Prescription under which it has been dispensed has been presented to the Contractor:~~

~~a) for a Class B Controlled Drug, within eight days of the date on which the Prescription was written; or~~

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

~~3.3.4 No Subsidy will be paid for any Prescription, or part thereof, that is not fulfilled within:~~

~~a) one Month from the date the Community Pharmaceutical was first dispensed; or~~

continued...

Changes to General Rules – effective 1 December 2011 (continued)

continued...

~~b) in the case of sodium fluoride, three Months 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.~~

Effective 1 November 2011

13 **"Annotation" means written annotation of a prescription by a dispensing pharmacist in the pharmacist's own handwriting following confirmation from the Prescriber if required, and "Annotated" has a corresponding meaning. The Annotation must include the details specified in the Schedule, including the date the prescriber was contacted (if applicable) and be initialled by the dispensing pharmacist.**

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

a) on a prescription signed by a Specialist, or

b) where the treatment with the Community Pharmaceutical has been recommended by a Specialist, on the Prescription of a Practitioner which is either:

~~a) to an Outpatient; and~~

~~b) Prescription signed by a Specialist; or~~

~~if the treatment of an Outpatient with the Community Pharmaceutical has been recommended by a Specialist, on the Prescription of a Practitioner~~

i) endorsed with the words "recommended by [name of specialist and year of authorisation]" and signed by the Practitioner**, or**

ii) Annotated by the dispensing pharmacist, following verbal confirmation from the Practitioner of the name of the Specialist and date of recommendation, with the words "recommended by [name of specialist and date of authorisation], confirmed by [Practitioner]". Where the Contractor has an electronic record of such an Endorsement or Annotation from a previous prescription for the same Community Pharmaceutical written by a prescriber for the same patient, they may annotate the prescription accordingly.

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

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

For the purposes of the definition it makes no difference whether or not the Specialist is employed by a hospital.

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

a) supplied on a Prescription or Practitioner's Supply Order signed by a Specialist, or,

b) in the case of treatment recommended by a Specialist, **supplied on** a Prescription or Practitioner's Supply Order and **either:**

i) endorsed with the words "recommended by [name of Specialist and year of authorisation]" and signed by the Practitioner, **or**

ii) Annotated by the dispensing pharmacist, following verbal confirmation from the Practitioner of the name of the Specialist and date of recommendation, with the words "recommended by [name of specialist and year of authorisation], confirmed by [Practitioner]". Where the Contractor has an electronic record of such an Endorsement or Annotation from a previous prescription for the same Community Pharmaceutical written by a prescriber for the same patient, they may annotate the prescription accordingly.

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

a) follows a substantive consultation with an appropriate Specialist;

continued...

Changes to General Rules – effective 1 November 2011 (continued)

continued...

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

19 2.1 Community Pharmaceuticals eligible for Subsidy include every medicine, therapeutic medical device or related product, or related thing listed in Sections B to G of the Schedule~~, and every preparation (having an inert base) of any of them, is hereby declared to be a Community Pharmaceutical for the purposes of the Schedule,~~ subject to:

2.1.1 clauses ~~2.2 and~~ 2.**2~~3~~** of the Schedule; and
2.1.2 clauses 3.1 to 4.4 of the Schedule; and
2.1.3 the conditions (if any) specified in Sections B to G of the Schedule;

~~2.2 The following medicines, therapeutic medical devices, or related products or related things are not eligible for Subsidy:~~

~~2.2.1 substances, or combinations of substances, ordered for any purpose other than:~~
~~a) treatment of a patient's medical or dental condition; or~~
~~b) pregnancy tests; or~~
~~c) the prevention of sexually transmitted disease; or~~
~~d) contraception.~~

~~2.2.2 substances and combinations of substances packed under pressure in aerosol cans or other similar devices, unless it is specified in Sections B to G of the Schedule that they may be so packed;~~

~~2.2.3 electrode jellies;~~

~~2.2.4 eye drops packed in single-dose units, unless it is specified in Sections B to G of the Schedule that they may be so packed;~~

~~2.2.5 insect repellents and similar preparations;~~

~~2.2.6 oral preparations in long-acting form, unless it is specified in Sections B to G of the Schedule that they may be in such a form;~~

~~2.2.7 substances or combinations of substances in lozenge or similar form, unless it is specified in Sections B to G of the Schedule that they may be in such a form;~~

~~2.2.8 machine-spread plasters;~~

~~2.2.9 preparations prescribed as foods, unless they are specified in Section D of the Schedule;~~

~~2.2.10 substances, combinations of substances, or articles, in the form of proprietary medicines or proprietary articles, unless they are deemed or declared to be Pharmaceuticals elsewhere in the Schedule;~~

~~2.2.11 shampoos, other than extemporaneously prepared medicated shampoos, or shampoos specified in Sections B to G of the Schedule intended for the treatment of a patient's medical condition;~~

~~2.2.12 toilet preparations;~~

~~2.2.13 tooth pastes and powders;~~

~~2.2.14 lubricating jellies and catheter lubricants;~~

~~2.2.15 sterile diluents for nebulising solutions;~~

~~2.2.16 substances in a form intended to enable delivery by transdermal diffusion or osmosis or by the insertion of any solid object or substance into the eye cavity, unless it is specified in Sections B to G of the Schedule that they may be in such a form;~~

~~2.2.17 substances in a form intended for intravenous delivery (other than by injection), unless it is specified in Sections B to G of the Schedule that they may be in such a form;~~

~~2.2.18 substances packed in pre-loaded syringes known as Min-I-Jets, unless it is specified in Sections B to G of the Schedule that they may be so packed;~~

~~2.2.19 Community Pharmaceuticals prescribed as cough mixtures, unless they are specified in Sections B to G of the Schedule otherwise than in combination with other ingredients;~~

~~2.2.20 vitamin preparations in capsule form, unless they are specified in Sections B to G of the Schedule;~~

~~2.2.21 substances prescribed for use as irrigating solutions, unless it is specified in Sections B to G of the Schedule that they may be prescribed for such use.~~

continued...

Changes to General Rules – effective 1 November 2011 (continued)

continued...

2.~~2~~3 No claim by a Contractor for payment in respect of the supply of Community Pharmaceuticals will be allowed unless the Community Pharmaceuticals so supplied:

2.~~2~~3.1 comply with the appropriate standards prescribed by regulations for the time being in force under the Medicines Act 1981; or

2.~~2~~3.2 in the absence of any such standards, comply with the appropriate standards for the time being prescribed by the British Pharmacopoeia; or

2.~~2~~3.3 in the absence of the standards prescribed in clauses 2.~~2~~3.1 and 2.~~2~~3.2, comply with the appropriate standards for the time being prescribed by the British Pharmaceutical Codex; or

2.~~2~~3.4 in the absence of the standards prescribed in clauses 2.~~2~~3.1, 2.~~2~~3.2 and 2.~~2~~3.3, are of a grade and quality not lower than those usually applicable to Community Pharmaceuticals intended to be used for medical purposes.

25 4.7 Alteration to Presentation of Pharmaceutical Dispensed

A Contractor, when dispensing a **subsidised** Community Pharmaceutical, may alter the presentation of a Pharmaceutical dispensed **to another subsidised presentation** but may not alter the **dose, frequency and/or** total daily dose. **This may only occur when it is not practicable for the contractor to dispense the requested presentation.** If the change will result in additional cost to the DHBs, then **annotation of the prescription by the dispensing pharmacist must occur stating the reason for the change, and the Contractor must initial the change for the purposes of Audit.**

~~a) the Practitioner must authorise and initial the alteration; or~~

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

25 ~~4.8 Amendment of Schedule~~

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

Effective 1 October 2011

14 **Close Control means dispensing:**

- **in quantities less than one 90 Day Lot (or for oral contraceptives, less than one 180 Day Lot) for a Community Pharmaceutical referred to in Section F Part I, or**
- **in quantities less than a Monthly Lot for any other Community Pharmaceutical, where any of A), or B) or C) apply.**
- **This Close Control rule defines patient groups or medicines which are eligible for more frequent dispensing periods and the conditions that must be met to enable any claim for payment for additional dispensing to be made.**

A. Frequency of dispensing for persons in residential care

Pharmaceuticals can be dispensed in quantities of not less than 28 days to:

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

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

I. the quantity or period of supply to be dispensed at any one time is not less than 28 days' supply (except under conditions outlined in B.i below); and

II. the prescribing Practitioner or dispensing pharmacist has

1) included the name of the patient's residential placement or facility on the prescription; and

continued...

Changes to General Rules – effective 1 October 2011 (continued)

continued...

2) included the patient's NHI number on the prescription; and
3) specified the maximum quantity or period of supply to be dispensed at any one time.

Any person meeting the criteria above who is being initiated onto a new medicine or having their dose changed is able to have their medicine dispensed in accordance with B.i below.

B. Flexible periods of supply for trial periods or safety

The Schedule specifies for community patients a default length of dispensing (monthly/three monthly) for each pharmaceutical. Prescribers can request, and pharmacists may dispense, a higher frequency of dispensing in the following circumstances:

If the prescribing Practitioner has met the prescribing conditions set out in B.iii below, and the pharmaceutical or patient fits within the provisions of B.i and B.ii below, a pharmacist may dispense more frequently than the Schedule default period of supply.

i) Trial Periods

The Community Pharmaceutical has been prescribed for a patient who requires close monitoring due to recent initiation onto, or dose change for, the Community Pharmaceutical (applicable to the patient's first changed Prescription only); or

ii) Safety

1) the Community Pharmaceutical is any of the following:
   a. a tri-cyclic antidepressant; or
   b. an antipsychotic; or
   c. a benzodiazepine; or
   d. a Class B Controlled Drug; or

2) the Community Pharmaceutical has been prescribed for a patient who:
   a. is not a resident in a Penal Institution, or one of the residential placements or facilities referenced in clause A above; and
   b. in the opinion of the prescribing Practitioner, is intellectually impaired or frail, infirm or unable to manage their medicine without additional support.

For B.i and B.ii all of the following conditions must be met:

iii) The prescribing Practitioner has:
   1) endorsed each Community Pharmaceutical on the Prescription clearly with the words "Close Control" or "CC"; and
   2) initialled the endorsement in their own handwriting; and
   3) specified the maximum quantity or period of supply to be dispensed at any one time.
   4) For trial periods each Community Pharmaceutical on the Prescription must be endorsed with either "Close Control Trial", "CCT" or Trial Period and the period of supply included e.g. CC Trial 1 week.

C. Pharmaceutical Supply Management

More frequent dispensing may be required from time to time to manage stock supply issues or emergency situations.

Pharmacists may dispense more frequently than the Schedule would otherwise allow when all of the following conditions are met:

i) PHARMAC has approved and notified pharmacists to annotate prescriptions for a specified Community Pharmaceutical(s) "Close Control" without prescriber endorsement for a specified time; and
ii) the dispensing pharmacist has:
   1) clearly annotated each of the approved Community Pharmaceuticals that appear on the prescription with the words "Close Control" or "CC"; and
   2) initialled the annotation in their own handwriting; and
   3) has complied with maximum quantity or period of supply to be dispensed at any one time, as specified by PHARMAC at the time of notification.

continued...

Changes to General Rules – effective 1 October 2011 (continued)

continued...

If a dispensing frequency is expressly stated in the Medicines Act, Medicines Regulations or Pharmacy Services Agreement a pharmacy can dispense at that specified dispensing frequency. However, no claim shall be made to any DHB for subsidised payment for dispensing fees in any case where dispensing occurs more frequently than authorised by the provisions of the Schedule.

~~"Close Control" means the dispensing of a Community Pharmaceutical, in accordance with a Prescription, in quantities less than one 90 Day Lot (or for oral contraceptives, less than one 180 Day Lot) for a Community Pharmaceutical referred to in Section F Part I, or in quantities less than a Monthly Lot for any other Community Pharmaceutical, where any of a), b) or c) apply.~~

~~a) All of the following conditions are met:~~
- ~~i) the Community Pharmaceutical has been prescribed for a patient who:~~
  - ~~1) is not a resident in a Penal Institution, Rest Home or Residential Disability Care Institution; and~~
  - ~~2) either of the following:~~
    - ~~i) in the opinion of the prescribing Practitioner is:~~
      - ~~a) frail; or~~
      - ~~b) infirm; or~~
      - ~~c) unable to manage their medication without additional support; or~~
      - ~~d) intellectually impaired; or~~
      - ~~e) requires close monitoring due to recent initiation onto, or dose change for, the Community Pharmaceutical (applicable to the patient's first changed Prescription only); and~~
      - ~~f) requires that Community Pharmaceutical to be dispensed in a smaller quantity than that for which it is currently funded, or~~
    - ~~ii) the Community Pharmaceutical is any of the following:~~
      - ~~a) a tri-cyclic antidepressant; or~~
      - ~~b) an antipsychotic; or~~
      - ~~c) a benzodiazepine; or~~
      - ~~d) a Class B Controlled Drug; and~~
- ~~ii) the prescribing Practitioner has:~~
  - ~~A) endorsed each Community Pharmaceutical on the Prescription clearly with the words "Close Control" or "CC"; and~~
  - ~~B) initialled the endorsement in their own handwriting; and~~
  - ~~C) specified the maximum quantity or period of supply to be dispensed at any one time.~~

~~b) All of the following conditions are met:~~
- ~~i) The Community Pharmaceutical is prescribed for a patient who is a resident in a Rest Home or Residential Disability Care Institution; and~~
  - ~~A) the quantity or period of supply to be dispensed at any one time is not less than 28 days' supply; and~~
  - ~~B) the prescriber or pharmacist has written the name of the Rest Home or Residential Disability Care Institution on the prescription; and~~
  - ~~C) the prescriber or pharmacist has:~~
    - ~~1) written on the Prescription the words "Close Control" or "CC" (this applies to all medicines prescribed on the prescription), and~~
    - ~~2) initialled the endorsement/annotation in their own handwriting; and~~
    - ~~3) specified the maximum quantity or period of supply to be dispensed at any one time.~~

~~c) All of the following conditions are met:~~
- ~~i) where PHARMAC has approved and notified pharmacists to annotate prescriptions for a specified Community Pharmaceutical(s) "Close Control" without prescriber endorsement for a specified time; and~~
- ~~ii) the dispensing pharmacist has:~~
  - ~~A) clearly annotated each of the approved Community Pharmaceuticals that appear on the prescription with the words "Close Control" or "CC"; and~~
  - ~~B) initialed the annotation in their own handwriting; and~~

continued...

Changes to General Rules – effective 1 October 2011 (continued)

continued...

~~C) specified the maximum quantity or period of supply to be dispensed at any one time, as specified by PHARMAC at the time of notification.~~

Changes to General Rules – effective 1 September 2011

25 4.6 Substitution

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

a) ~~the Contractor having received a general Authority to Substitute from the Practitioner in relation to the particular medicine or medicines in general; or~~ **there is a clinical reason why substitution should not occur; or**

b) ~~the Practitioner having indicated their Authority to Substitute on the prescription; or~~ **the prescriber has marked the prescription with a statement such as 'no brand substitution permitted'.**

~~c) the Practitioner having given their Authority to Substitute in relation to the particular prescription.~~

Such an Authority to Substitute is valid whether or not there is a financial implication for the Pharmaceutical Budget.

When dispensing a subsidised alternative brand, the Contractor must annotate and **sign** ~~initial~~ the prescription **and inform the patient of the brand change**.

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 December 2011

165 MASK FOR SPACER DEVICE
a) Up to 20 dev available on a PSO
b) Only on a PSO
c) Only for children aged six years and under

Size 2	2.99	1	✔~~Foremount Child's Silicone Mask~~ **EZ-fit Paediatric Mask**

Effective 1 November 2011

38 FERROUS SULPHATE

❋ Tab long-acting 325 mg (105 mg elemental)	1.01	30	
	(4.26)		**Ferrograd** ~~Ferro-Gradumet~~
	5.06	150	
	(15.58)		**Ferrograd** ~~Ferro-Gradumet~~

Effective 1 September 2011

59 HYDROCORTISONE

❋ Crm 1% – Only on a prescription	14.00	500 g	✔**Pharmacy Health** ~~PSM~~

70 ERGOMETRINE MALEATE

Inj 500 μg per ml, 1 ml – Up to 5 inj available on a PSO	31.00	5	✔**DBL Ergometrine** ~~Mayne~~

117 MORPHINE SULPHATE
a) Only on a controlled drug form
b) No patient co-payment payable

Inj 5 mg per ml, 1 ml – Up to 5 inj available on a PSO	5.51	5	✔**DBL Morphine Sulphate** ~~Mayne~~
Inj 10 mg per ml, 1 ml – Up to 5 inj available on a PSO	4.79	5	✔**DBL Morphine Sulphate** ~~Mayne~~
Inj 15 mg per ml, 1 ml – Up to 5 inj available on a PSO	5.01	5	✔**DBL Morphine Sulphate** ~~Mayne~~
Inj 30 mg per ml, 1 ml – Up to 5 inj available on a PSO	5.30	5	✔**DBL Morphine Sulphate** ~~Mayne~~

▲ 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 Names – effective 1 September 2011 (continued)

118	PETHIDINE HYDROCHLORIDE a) Only on a controlled drug form b) No patient co-payment payable			
	Inj 50 mg per ml, 1 ml – Up to 5 inj available on a PSO	5.51	5	✔**DBL Pethidine Hydrochloride** ~~Mayne~~
	Inj 50 mg per ml, 2 ml – Up to 5 inj available on a PSO	5.83	5	✔**DBL Pethidine Hydrochloride** ~~Mayne~~
142	CALCIUM FOLINATE			
	Tab 15 mg – PCT – Retail pharmacy-Specialist	82.45	10	✔**DBL Leucovorin Calcium** ~~Mayne~~
164	AMINOPHYLLINE			
	✻Inj 25 mg per ml, 10 ml – Up to 5 inj available on a PSO.	53.75	5	✔**DBL Aminophylline** ~~Mayne~~

Changes to Sole Subsidised Supply

Effective 1 December 2011

For the list of new Sole Subsidised Supply products effective 1 December 2011 refer to the bold entries in the cumulative Sole Subsidised Supply table pages 9-18.

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

Delisted Items

Effective 1 December 2011

33 PANCREATIC ENZYME

Tab EC 5,600 BP u lipase, 5,000 BP u amylase, 330 BP u protease	58.44	300	✔Pancrex V Forte
Cap 8,000 BP u lipase, 9,000 BP u amylase, 430 BP u protease	67.26	300	✔Pancrex V

47 CILAZAPRIL

❋ Tab 2.5 mg	2.06	30	✔Zapril
❋ Tab 5 mg	3.28	30	✔Zapril

Note – Zapril tab 2.5 mg and 5 mg, 90 tab packs remain listed.

51 METOPROLOL TARTRATE

❋ Tab 100 mg	10.90	30	✔Lopresor

Note – Lopresor tab 100 mg, 60 tab pack remains listed.

97 SULINDAC – Additional subsidy by Special Authority see SA1038 – Retail pharmacy

❋ Tab 200 mg	3.36	50	
	(15.87)		Clinoril

197 EXTENSIVELY HYDROLYSED FORMULA – Special Authority see SA1112 – Hospital pharmacy [HP3]

Powder	19.01	450 g OP	✔Pepti Junior

Note – Pepti Junior Gold powder 450 g OP remains listed.

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	✔Optium 5 second test

33 PANCREATIC ENZYME

Tab EC 1,900 BP u lipase, 1,700 BP u amylase, 110 BP u protease	32.46	300	✔Pancrex V

39 IPECACUANHA

❋ Tincture	41.20	500 ml	
	(43.40)		PSM

44 DIGOXIN

❋ Tab 250 μg – Up to 30 tab available on a PSO	15.13	250	✔Lanoxin

▲ 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 November 2011 (continued)

63 SALICYLIC ACID

Powder – Only in combination ..... 15.00 500 g ✔ABM

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 ..... 6.35 100 g
(9.25) PSM

1) Only in combination with a dermatological base or proprietary Topical Corticosteroid – Plain
2) With or without other dermatological galenicals.

114 BUPRENORPHINE HYDROCHLORIDE – Only on a controlled drug form

Inj 0.3 mg per ml, 1 ml 7.42 5
(9.38) Temgesic

117 MORPHINE SULPHATE

a) Only on a controlled drug form
b) No patient co-payment payable

Tab long-acting 10 mg ..... 1.80 10 ✔LA-Morph
Tab long-acting 30 mg 3.15 10
(3.60) LA-Morph
Tab long-acting 60 mg ..... 7.20 10 ✔LA-Morph
Tab long-acting 100 mg 7.85 10
(8.50) LA-Morph

161 SALBUTAMOL WITH IPRATROPIUM BROMIDE

Aerosol inhaler, 100 μg with ipratropium bromide, 20 μg per dose ..... 13.50 200 dose OP ✔Combivent

163 SULPHACETAMIDE SODIUM

✻ Eye drops 10% ..... 4.41 15 ml OP ✔Bleph 10

192 AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority SA1108 – Hospital pharmacy [HP3]

Liquid (berry) ..... 15.65 62.5 ml OP ✔Lophlex LQ
31.20 125 ml OP ✔Lophlex LQ
Liquid (citrus) ..... 15.65 62.5 ml OP ✔Lophlex LQ
31.20 125 ml OP ✔Lophlex LQ
Liquid (orange) ..... 15.65 62.5 ml OP ✔Lophlex LQ
31.20 125 ml OP ✔Lophlex LQ
Infant formula ..... 174.72 400 g OP ✔XP Analog LCP

Effective 1 October 2011

44 COMPOUND ELECTROLYTES

Powder for soln for oral use 5 g – Up to 10 sach available on a PSO ..... 2.24 10 ✔Enerlyte

97 NAPROXEN SODIUM

✻ Tab 550 mg ..... 9.95 100 ✔Synflex

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

Delisted Items – effective 1 October 2011 (continued)

116	FENTANYL CITRATE			
	a) Only on a controlled drug form			
	b) No patient co-payment payable			
	Inj 50 μg per ml, 2 ml	3.22	5	
		(6.10)		Hospira
	Inj 50 μg per ml, 10 ml	8.41	5	
		(15.65)		Hospira
139	NICOTINE			
	Nicotine will not be funded Close Control in amounts less than 4 weeks of treatment.			
	Gum 2 mg (Classic) – Up to 384 piece available on a PSO	14.97	96	✔Habitrol
	Gum 2 mg (Fruit) – Up to 384 piece available on a PSO	14.97	96	✔Habitrol
	Gum 2 mg (Mint) – Up to 384 piece available on a PSO	14.97	96	✔Habitrol
	Gum 4 mg (Classic) – Up to 384 piece available on a PSO	20.02	96	✔Habitrol
	Gum 4 mg (Fruit) – Up to 384 piece available on a PSO	20.02	96	✔Habitrol
	Gum 4 mg (Mint) – Up to 384 piece available on a PSO	20.02	96	✔Habitrol
149	THALIDOMIDE – PCT only – Specialist – Special Authority see SA1124			
	Cap 50 mg	490.00	28	✔Thalidomide Pharmion
41	CLOPIDOGREL			
	Tab 75 mg	5.05	28	✔Apo-Clopidogrel
	Note – Apo-Clopidogrel tab 75 mg, 90 tablet pack, remains subsidised.			
49	DIGOXIN			
	❋ Tab 62.5 μg – Up to 30 tab available on a PSO	6.94	250	✔Lanoxin PG
	Note – Lanoxin PG tab 62.5 μg, 240 tablet pack, remains subsidised.			
64	SULPHUR			
	Precipitated – Only in combination	6.50	100 g	✔ABM
	1) Only in combination with a dermatological base or proprietary Topical Corticosteroid – Plain, refer, page 171			
	2) With or without other dermatological galenicals.			
80	CLARITHROMYCIN – Maximum of 500 mg per prescription; can be waived by Special Authority see SA1131			
	Tab 250 mg	5.53	10	✔Klacid
	Note – Klacid tab 250 mg, 14 tablet pack, remains subsidised.			
92	RITONAVIR – Special Authority see SA1025 – Retail pharmacy			
	Cap 100 mg	121.27	84	✔Norvir
97	NAPROXEN SODIUM			
	❋ Tab 275 mg	5.69	120	✔Sonaflam
125	SUMATRIPTAN			
	Inj 12 mg per ml, 0.5 ml – Maximum of 10 inj per prescription	36.00	2 OP	
		(80.00)		Imigran
139	NALTREXONE HYDROCHLORIDE – Special Authority see SA0909 – Retail pharmacy			
	Tab 50 mg	123.00	30	✔ReVia

▲ 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

	Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ fully subsidised

Delisted Items – effective 1 September 2011

143 ~~CLADRIBINE – PCT only – Specialist~~

~~Inj 2 mg per ml, 5 ml ..... 873.00 1 ✔Litak S29~~

Note – Litak inj 2 mg per ml, 5 ml delist has been revoked. Litak will remain subsidised.

155 TAMOXIFEN CITRATE

✻ Tab 20 mg 5.25 60

(6.66) Tamoxifen Sandoz

164 IPRATROPIUM BROMIDE

Aqueous nasal spray, 0.03% ..... 8.06 30 ml OP

(12.66) Apo-Ipravent

177 METHYL HYDROXYBENZOATE

Powder ..... 10.00 25 g ✔ABM

177 SODIUM BICARBONATE

Powder BP – Only in combination ..... 9.80 500 g ✔ABM

(11.99) Biomed

Only in extemporaneously compounded omeprazole suspension.

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 2012

29	OMEPRAZOLE			
	❋ Cap 10 mg	0.97	30	✔**Dr Reddy's Omeprazole**
	❋ Cap 20 mg	1.26	30	✔**Dr Reddy's Omeprazole**
	❋ Cap 40 mg	1.86	30	✔**Dr Reddy's Omeprazole**

Effective 1 February 2012

45	PRAVASTATIN See prescribing guideline			
	Tab 20 mg	5.44	30	
		(42.58)		Pravachol
	Tab 40 mg	9.28	30	
		(65.31)		Pravachol
70	FINASTERIDE – Special Authority see SA0928 – Retail pharmacy			
	Tab 5 mg	5.10	30	✔**Fintral**
84	TERBINAFINE			
	Tab 250 mg	12.75	100	
		(25.50)		Apo-Terbinafine
118	PARACETAMOL WITH CODEINE			
	❋ Tab paracetamol 500 mg with codeine phosphate 8 mg	2.45	100	✔**ParaCode**
153	BICALUTAMIDE – Special Authority see SA0941 – Retail pharmacy			
	Tab 50 mg	10.71	30	✔**Bicalox**
165	SPACER DEVICE a) Up to 20 dev available on a PSO b) Only on a PSO			
	230 ml (single patient)	4.72	1	✔**Space Chamber**

Effective 1 March 2012

45	PRAVASTATIN See prescribing guideline			
	Tab 10 mg	27.46	30	✔**Pravachol**

▲ 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 March 2012 (continued)

49	LOSARTAN – Special Authority see SA0911 – Retail pharmacy			
	✻ Tab 12.5 mg	0.96	30	
		(10.45)		Cozaar
	✻ Tab 25 mg	1.07	30	
		(10.45)		Cozaar
	✻ Tab 50 mg	1.74	30	
		(8.70)		Cozaar
	Tab 50 mg with hydrochlorothiazide 12.5 mg	4.89	30	
		(10.45)		Hyzaar
	✻ Tab 100 mg	2.89	30	
		(10.45)		Cozaar
76	LEVOTHYROXINE			
	✻ Tab 100 μg	46.75	1,000	✔ **Synthroid**
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
	Note – Synthroid tab 100 μg, 90 tab pack, listed 1 September 2011.			
82	CIPROFLOXACIN			
	Tab 250 mg – Up to 5 tab available on a PSO	2.36	30	
		(3.35)		Rex Medical
	Tab 500 mg – Up to 5 tab available on a PSO	3.21	30	
		(4.90)		Rex Medical
	Tab 750 mg – Retail pharmacy-Specialist	5.52	30	
		(7.54)		Rex Medical
96	MEFENAMIC ACID – Additional subsidy by Special Authority see SA1038 – Retail pharmacy			
	✻ Cap 250 mg	2.50	100	
		(18.33)		Ponstan
112	ALLOPURINOL			
	✻ Tab 100 mg	3.98	250	
		(5.44)		Apo-Allopurinol
	✻ Tab 300 mg	3.35	100	
		(4.03)		Apo-Allopurinol
		4.03	100	✔ **Apo-Allopurinol** S29
				S29
		20.15	500	✔ **Apo-Allopurinol** S29
				S29
113	SELEGILINE HYDROCHLORIDE			
	✻ Tab 5 mg	16.06	100	✔ **Apo-Selegiline** S29
				S29
115	PARACETAMOL			
	✻‡ Oral liq 120 mg per 5 ml	4.42	1,000 ml	✔ **Paracare Junior**
	a) Up to 200 ml available on a PSO			
	b) Not in combination			
135	MIDAZOLAM			
	Tab 7.5 mg	10.38	100	
		(25.00)		Hypnovel
	‡ Safety cap for extemporaneously compounded oral liquid preparations			

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 March 2012 (continued)

180 CARBOHYDRATE SUPPLEMENT – Special Authority see SA1090 – Hospital pharmacy [HP3]

Powder	36.50	5,000 g	✔**Morrex Maltodextrin**
	182.50	25,000 g	✔**Morrex Maltodextrin**

190 ORAL FEED 1 KCAL/ML – Special Authority see SA1104 – Hospital pharmacy [HP3]

Powder (chocolate)	4.22	400 g OP	✔**Ensure**
Powder (strawberry)	4.22	400 g OP	✔**Ensure**
Powder (vanilla)	4.22	400 g OP	✔**Ensure**

191 ORAL FEED 1.5KCAL/ML – Special Authority see SA1104 – Hospital pharmacy [HP3]
Additional subsidy by endorsement is available for patients being bolus fed through a feeding tube. The prescription must be endorsed accordingly.

Liquid (coffee latte) – Higher subsidy of up to $1.33 per 237 ml with Endorsement	0.85	237 ml OP	
	(1.33)		Ensure Plus

Effective 1 May 2012

31 SODIUM NITROPRUSSIDE – Maximum of 50 strip per prescription

❋ Test strip – Not on a BSO	14.14	20 strip OP	✔**Ketostix**

84 ORNIDAZOLE

Tab 500 mg	12.38	10	✔**Tiberal**

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

Liquid (strawberry)	1.60	200 ml OP	✔**NutriniDrink**
Liquid (vanilla)	1.60	200 ml OP	✔**NutriniDrink**

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

Liquid (chocolate)	1.60	200 ml OP	✔**NutriniDrink Multifibre**
Liquid (strawberry)	1.60	200 ml OP	✔**NutriniDrink Multifibre**
Liquid (vanilla)	1.60	200 ml OP	✔**NutriniDrink Multifibre**

195 AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA1108 – Hospital pharmacy [HP3]

Liquid (tropical)	30.00	250 ml OP	✔**Easiphen**

195 AMINOACID FORMULA WITH MINERALS WITHOUT PHENYLALANINE – Special Authority see SA1108 – Retail pharmacy

Powder	23.38	100 g OP	✔**Metabolic Mineral Mixture**

Effective 1 June 2012

112 QUININE SULPHATE

❋ Tab 200 mg	15.95	250	
	(17.20)		Q 200

‡ Safety cap for extemporaneously compounded oral liquid preparations.

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

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

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

Section H changes to Part II

Effective 1 December 2011

17	AMLODIPINE			
	Tab 2.5 mg – **1% DV Mar-12 to 2014**	2.45	100	**Apo-Amlodipine**
20	BETAMETHASONE DIPROPRIONATE WITH CALCIPOTRIOL			
	Oint 500 μg with calcipotriol 50 μg	26.12	30 g	Daivobet
	Topical gel 500 μg with calcipotriol 50 μg	26.12	30 g	Daivobet
21	CALCIPOTRIOL (↓ price)			
	Crm 50 μg per g	16.00	30 g	Daivonex
		45.00	100 g	Daivonex
	Oint 50 μg per g	45.00	100 g	Daivonex
	Soln 50 μg per ml	16.00	30 ml	Daivonex
22	CALCIUM CARBONATE			
	Tab 1.25 g (500 mg elemental) – **1% DV Feb-12 to 2014**	6.38	250	**Arrow-Calcium**
23	CEFACLOR MONOHYDRATE (Addition of HSS)			
	Cap 250 mg – **1% DV Mar-12 to 2013**	24.57	100	**Cefaclor Sandoz**
27	DANTROLENE SODIUM HEMIHEPTAHYDRATE			
	Inj 20 mg	800.00	6	Dantrium IV
34	FUSIDIC ACID (↓ price)			
	Eye drops 1%	4.50	5 g	Fucithalmic
36	GLYCERIN WITH SODIUM SACCHARIN (↓ price)			
	Suspension	36.80	473 ml	Ora-Sweet SF
36	GLYCERIN WITH SUCROSE (↓ price)			
	Suspension	36.80	473 ml	Ora-Sweet
42	MASK FOR SPACER DEVICE			
	Size 2	2.99	1	EZ-fit Paediatric Mask
45	METHYLCELLULOSE (↓ price)			
	Suspension	36.80	473 ml	Ora-Plus
45	METHYLCELLULOSE WITH GLYCERIN AND SODIUM SACCHARIN (↓ price)			
	Suspension	36.80	473 ml	Ora-Blend SF
45	METHYLCELLULOSE WITH GLYCERIN AND SUCROSE (↓ price)			
	Suspension	36.80	473 ml	Ora-Blend
46	METHYLPREDNISOLONE SODIUM SUCCINATE			
	Inj 40 mg per ml, 1 ml – **1% DV Dec-09 to 2012**	6.06	1	**Solu-Medrol**
	Inj 62.5 mg per ml, 2 ml – **1% DV Dec-09 to 2012**	16.50	1	**Solu-Medrol**
46	METOPROLOL TARTRATE			
	Inj 1 mg per ml, 5 ml	24.00	5	Lopresor

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) $	Per	Brand or Generic Manufacturer

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

50	PACLITAXEL			
	Inj 100 mg	91.67	1	Paclitaxel Actavis
	Inj 150 mg	137.50	1	Paclitaxel Actavis
	Inj 300 mg	275.00	1	Paclitaxel Actavis
	Note – HSS still remains on Paclitaxel Ebewe			
51	PEAK FLOW METER			
	Low Range	11.44	1	Breath-Alert
	Normal Range	11.44	1	Breath-Alert
55	QUININE SULPHATE			
	Tab 200 mg	17.20	250	Q 200
	Note – Q 200 tab 200 mg to be delisted 1 February 2012.			
56	REMIFENTANIL HYDROCHLORIDE (delayed HSS and delisting)			
	Inj 1 mg vial – **1% DV Feb ~~Jan~~-12 to 2014**	27.95	5	**Remifentanil-AFT**
		50.75		Ultiva
	Inj 2 mg vial – **1% DV Feb ~~Jan~~ -12 to 2014**	41.80	5	**Remifentanil-AFT**
		101.50		Ultiva
	Note – HSS for Remifentanil-AFT delayed from January 2012 until February 2012. The delisting of Ultiva inj 1 mg and 2 mg has also been delayed until 1 February 2012.			
60	SPACER DEVICE			
	230 ml (single patient)	4.72	1	Space Chamber Plus
62	TESTOSTERONE CYPIONATE (↑ price)			
	Inj long-acting 100 mg per ml, 10 ml			
	– 1% DV Feb-12 to 2014	76.50	1	**Depo-Testosterone**

Section H changes to General Rules

Effective 1 December 2011

14 Discretionary Community Supply Pharmaceuticals

7.5 Subject to rules 7.6 **and 7.7**, DHB Hospitals must not fund for use in the community, any pharmaceuticals that are not Discretionary Community Supply Pharmaceuticals unless they have been approved under Hospital Exceptional Circumstances.

7.6 DHB Hospitals may fund from their own budgets, any Pharmaceutical that is listed in Sections A-G of the Pharmaceutical Schedule without Hospital Exceptional Circumstances (HEC) approval provided that:

a) the quantity supplied does not exceed that sufficient for:
   i) up to 5 days treatment, or one original pack (where appropriate to provide less); or
   ii) more than 5 days treatment, provided that the relevant DHB Hospital has a dispensing for discharge policy and the quantity supplied is in accordance with that policy; and

b) the Pharmaceutical is supplied consistent with any restrictions applying to that Pharmaceutical in Sections A-G of the Pharmaceutical Schedule.

7.7 DHB Hospitals may fund from their own budgets any Pharmaceutical without Hospital Exceptional Circumstances approval provided that the Pharmaceutical is only being supplied to the patient for them to use in the 24 hours leading up to a procedure to be performed in a DHB Hospital.

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Pharmaceuticals and brands

New Zealand
Permit No. 478

Permit

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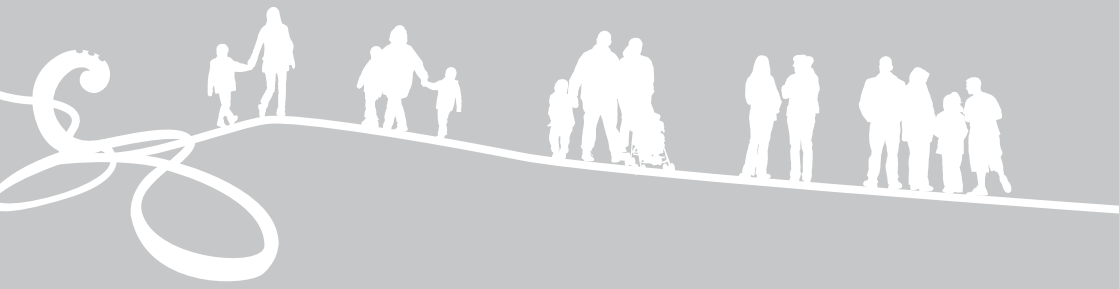

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