

Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 April 2011

Cumulative for January, February, March and April 2011

Section H for April 2011



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Summary of PHARMAC decisions

EFFECTIVE 1 APRIL 2011

New listings (page 22)

- Metoprolol succinate (Myloc CR) tab long-acting 23.75 mg, 47.5 mg, 95 mg and 190 mg
- Etanercept (Enbrel) inj 50 mg prefilled syringe – Special Authority – Retail pharmacy
- Sumatriptan (Arrow-Sumatriptan) inj 12 mg per ml, 0.5 ml, 2 OP – Retail pharmacy-Specialist – maximum of 10 inj per prescription
- Naltrexone hydrochloride (Naltraccord) tab 50 mg – Special Authority – Retail pharmacy
- Nicotine (Habitrol) Lozenge 1 mg and 2 mg, 216 pack size, and patch 7 mg, 14 mg and 21 mg, 28 pack size – will not be funded Close Control in amounts less than 4 weeks
- Thalidomide (Thalomid) cap 50 mg – PCT only – Specialist – Special Authority – Only on a controlled drug form
- Ipratropium bromide (Univent) aqueous nasal spray, 0.03%, 15 ml OP
- Pharmacy services (BSF m-Captorpil) brand switch fee – no patient co-payment payable – may only be claimed once per patient per fee

Changes to restrictions (pages 26-48)

- Lincomycin (Lincocin) inj 300 mg per ml, 2 ml – removal of Section 29
- Adalimumab inj 40 mg per 0.8 ml prefilled pen (HumiraPen) and inj 40 mg per 0.8 ml prefilled syringe (Humira) – amended Special Authority criteria
- Etanercept (Enbrel) inj 25 mg, 50 mg autoinjector and inj 50 mg prefilled syringe – amended Special Authority criteria
- Varenicline tartrate (Champix) tab 1 mg, and tab 0.5 mg x 11 and 1 mg x 14 – Varenicline will not be funded Close Control in amounts less than 2 weeks of treatment
- Exemestane (Aromasin) tab 25 mg – Special Authority removed
- Special Foods Special Authority applicant types extended to a relevant specialist or vocationally registered general practitioner. Reapplications from a relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a relevant specialist or vocationally registered general practitioner
- Diabetic Products (Diason RTH, Glucerna Select RTH, Diasip, Glucerna Select and Resource Diabetic) liquid – amended Special Authority criteria
- Removal of distinction between use of special foods as a supplement or as a complete diet.
- “Oral Supplements” and “Adult Products Standard” groups replaced with “Standard Supplements” with new Special Authority criteria

Summary of PHARMAC decisions – effective 1 April 2011 (continued)

- Gluten Free Foods – the funding of gluten free foods is no longer being actively managed by PHARMAC from 1 April 2011
- Foods and Supplements for Inborn Errors of Metabolism – amended Special Authority criteria and removal of Prescribing Guideline
- Low protein baking mix (Loprofin Mix) powder – change in chemical name from phenyl free baking mix
- Low protein pasta (Loprofin) – change in chemical name from phenyl free pasta
- Gastrointestinal and Other Malabsorptive Problems – removal of Prescribing Guideline
- Elemental Formula separated into “Extensively Hydrolysed Formula” and “Amino Acid Formula”, with separate Special Authority criteria

Increased subsidy (pages 60-62)

- Sotalol (Sotacor) inj 10 mg per ml, 4 ml
- Fludrocortisone acetate (Florinef) tab 100 µg
- Ethosuximide (Zarontin) oral liq 250 mg per 5 ml, 200 ml
- Busulphan (Myleran) tab 2 mg
- Chloramphenicol (Chloromyctin) ear drops 0.5%, 5 ml OP
- Triamcinolone acetonide with gramicidin, Neomycin and nystatin (Kenacomb) ear drops 1 mg with nystatin 100,000 u, neomycin sulphate 2.5 mg and gramicidin 250 µg per g
- Low protein baking mix (Loprofin Mix) powder, 500 g OP
- Low protein pasta (Loprofin) lasagne and macaroni, 250 g OP; and animal shapes, low protein rice pasta, penne, spaghetti and spirals, 500 g OP
- Extensively hydrolysed formula (Pepti Junior and Pepti Junior Gold) powder 450 g OP
- Amino acid formula powder 48.5 g OP (Vivonex Pediatric), powder (tropical) 400 g OP (Neocate Advance), powder (unflavoured) 400 g OP (Elecare, Elecare LCP, Neocate Advance), and powder (vanilla) 400 g OP (Elecare)

Decreased subsidy (pages 60-62)

- Doxazosin mesylate (Apo-Doxazosin) tab 2 mg and 4 mg
 - Isosorbide mononitrate tab 20 mg (Ismo 20) and tab long-acting 40 mg (Corangin)
 - Amitriptyline (Amitrip) tab 25 mg and 50 mg
 - Metoclopramide hydrochloride (Metamide) tab 10 mg
 - Exemestane (Aromasin) tab 25 mg
 - Tamoxifen citrate (Genox) tab 20 mg
-

Summary of PHARMAC decisions – effective 1 April 2011 (continued)

- Oral feed 1.5kcal/ml (Fortisip and Ensure Plus) liquid (banana, chocolate, coffee latte, fruit of the forest, strawberry, toffee, tropical fruit, and vanilla) 200 ml OP and 237 ml OP
- Oral feed with fibre 1.5kcal/ml (Fortisip Multi Fibre) liquid (chocolate, strawberry, vanilla) 200 ml OP
- Oral feed 2kcal/ml (Two Cal HN) liquid (vanilla) 237 ml OP
- Amino acid formula (Neocate and Neocate LCP) powder 400 g OP

Special Foods

From 1 April there will be a number of changes to the access and funding of special foods.

- Delisting of Karicare Goats Milk Infant Formula, Delact lactose free infant formula, S26 Soy soya infant formula, and Karicare Soy All Ages infant soy formula.
- The various brands of Pepti Junior, Elecare and Neocate will be fully subsidised.
- New Special Authority criteria for 'Standard Supplements'.
- The subsidy for the standard ready-mixed oral feed 1.5kcal/ml with and without fibre (Fortisip, Ensure Plus and Fortisip Multi Fibre) and 2.0 kcal/ml liquids (Two Cal HN) will be reduced to the level of the subsidy for oral feed 1 kcal/ml powder (Ensure and Sustagen Hospital Formula) via the application of reference pricing. Those patients with existing Special Authority approvals do not need to reapply for new approvals until their current approval expires. Existing Special

Authorities for ready-mixed oral feeds are interchangeable with powders.

- Repeats for standard ready-mixed oral feed 1.5kcal/ml with and without fibre (Fortisip, Ensure Plus 237 ml OP and Fortisip Multi Fibre) and 2.0 kcal/ml liquids (Two Cal HN) will be fully subsidised where the initial dispensing was before 1 April 2011.
- Nutricia has increased the price of Fortisip and Fortisip Multi Fibre which will increase the patient part charge on these products.
- Gluten free foods will no longer be actively managed by PHARMAC (no new listings or subsidy changes).
- New Special Authority criteria without renewal for 'Foods and Supplements for Inborn Errors of Metabolism'.
- Increased subsidy for all brands of low protein baking mix and low protein pasta.
- PHARMAC and bpac^{NZ} are producing patient information leaflets. These will be distributed when available.



Sumatriptan injection

From 1 April 2011 Arrow-Sumatriptan (sumatriptan inj 12 mg per ml, 0.5 ml) will be listed fully subsidised in the Pharmaceutical Schedule. The subsidy for the Imigran brand of sumatriptan injection will be reduced to the level of Arrow-Sumatriptan injection from 1 June 2011 via the application of reference pricing and Imigran injection will be delisted on 1 September 2011. The "Retail pharmacy-Specialist" restriction will be removed from the listings of both brands of sumatriptan

injection on 1 June 2011 but the "maximum of 10 inj per prescription" rule will remain.

Like the Imigran brand of sumatriptan injection, the Arrow-Sumatriptan brand of sumatriptan injection is an autoinjector refill and Arrow Pharmaceuticals will provide the corresponding autoinjector device free of charge to prescribers and pharmacists (as appropriate) to provide to patients who are prescribed and dispensed the autoinjector refill.

Thalidomide - new brand and strength

From 1 April 2011 thalidomide 50 mg capsules (Thalomid) will be listed under Other Cytotoxic Agents (Oncology Agents and Immunosuppressants) therapeutic subgroup of Section B, and in Part II of Section H, of the Pharmaceutical Schedule. A new 100 mg capsule (Thalomid) strength will be listed from 1 May 2011. Thalidomide is a Class A controlled drug and can only

be prescribed by registered prescribers in accordance with the supplier's Risk Management Programme. The current Special Authority and other listing restriction which apply to thalidomide in Section B of the Pharmaceutical Schedule will also apply to the new Thalomid brand. The Pharmion brand of thalidomide is to be discontinued from 1 October 2011.

Exemestane – fully subsidised

The Aromasin brand of exemestane 25 mg tablets will be fully subsidised without the requirement for Special Authority from 1 April 2011.

Varenicline and Close Control

From 1 April 2011 varenicline tartrate tablets (Champix) will not be funded Close Control in amounts less than 2 weeks of treatment.

Ipratropium bromide – Change in Pack Size

From 1 April 2011, a new brand of ipratropium bromide nasal spray, 0.03% (Univent) will be listed on the Pharmaceutical Schedule and will be the Sole Subsidised brand in the community from 1 September 2011.

Univent is supplied in a 15 ml glass bottle, as opposed to the current Apo-Ipravent brand which is supplied in a 30 ml plastic bottle. Due to the reduction in bottle size, prescribers will need to prescribe "2 x OP" for regular users (those who use 30 ml per month).

Pharmacy Brand Switch Payments

Brand switch payments for pharmacies will be payable for dispensings of the m-Captopril brand of captopril 12.5mg, 25 mg and 50 mg tablets from 1 April 2011.

The brand switch fee is claimable via a Pharmacode on the first dispensing of captopril after 1 April 2011 for patients who have switched brands. Pharmacies should claim a fee even if the patient switched to the Sole Supply brand prior to 1 April

2011. The brand switch fee for captopril will be paid only once for each patient during the claim period. The brand switch fee will not be able to be claimed for this pharmaceutical for dispensing after 30 June 2011.

Brand switch posters, leaflets and prescription bags are available free of charge. To order please go to www.pharmaonline.co.nz

Saline injection subsidies

We have received some calls around sodium chloride inj 0.9% and what it is/ isn't funded for. Under Part II Community Pharmaceuticals Subsidy in Section A: General Rules, the following medicines, therapeutic medical devices, or related products are not eligible for subsidy:

2.2.17 substances in a form intended for intravenous delivery (other than by injection), unless it is specified in Section B to G that they may be in such a form.

Hence, no funding is available for the use of sodium chloride inj 0.9% as nasal drops or for use in nebulisers.

From 1 February 2011 sodium chloride 7 % solution was listed in the Pharmaceutical Schedule for use in nebulisers and is fully funded for this use.



Tender News

Sole Subsidised Supply changes – effective 1 May 2011

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Itraconazole	Cap 100 mg; 15 cap	Itrazole (Mylan)
Ondansetron	Tab 4 mg; 30 tab	Dr Reddy's Ondansetron (Dr Reddy's)
Ondansetron	Tab 8 mg; 10 tab	Dr Reddy's Ondansetron (Dr Reddy's)

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 May 2011

- Azithromycin (Arrow-Azithromycin) tab 500 mg – change to Special Authority criteria
- Bortezomib (Vecade) inj 3.5 mg – new listing – PCT Only - Special Authority for Multiple Myeloma and Systemic AL Amyloidosis.
- Clarithromycin (Klacid, Klamycin) tab 250 mg and grans for oral liq 125 mg per 5 ml – change to Special Authority criteria
- Colestipol hydrochloride (Colestid) sachets 5 g – price increase
- Digoxin (Lanoxin) tab 250 mg, 240 tab pack – new listing
- Fluconazole (Pacific) cap 150 mg – removal of Retail pharmacy-Specialist and addition of Subsidy by endorsement
- Imatinib mesylate (Glivec) tab 100 mg – change to access criteria
- Lacosamide (Vimpat) tab 50 mg, 100 mg, 150 mg and 200 mg – new listing – Special Authority – listing in Section F
- Modafinil (Modavigil) tab 100 mg – new listing – Special Authority
- Nilotinib (Tasigna) cap 200 mg – new listing – Special Authority for chronic myeloid leukaemia
- Ondansetron tab 4 mg and 8 mg and tab disp 4 mg and 8 mg – removal of prescribing and dispensing restrictions and Special Authority; removal from DCS list
- Ornidazole (Arrow-Ornidazole) tab 500 mg – new listing
- Pegylated interferon alpha-2A (Pegasys and Pegasys RBV Combination Pack) inj prefilled syringe with or without ribavirin – change to Special Authority criteria

Possible decisions for implementation 1 May 2011 (continued)

- Thalidomide (Thalomid) cap 100 mg – new listing - PCT only - Specialist
- Thalidomide (Thalomid cap 50 mg and 100 mg, and Thaliomide Pharmion cap 50 mg) – change to access criteria

Sole Subsidised Supply Products – cumulative to April 2011

Generic Name	Presentation	Brand Name	Expiry Date*
Acarbose	Tab 50 mg & 100 mg	Glucobay	2012
Acetazolamide	Tab 250 mg	Diamox	2011
Aciclovir	Tab dispersible 200 mg, 400 mg & 800 mg	Lovir	2013
Allopurinol	Tab 100 mg & 300 mg	Apo-Allopurinol	2011
Amantadine hydrochloride	Cap 100 mg	Symmetrel	2011
Amlodipine	Tab 5 mg & 10 mg	Apo-Amlodipine	2011
Amoxicillin	Cap 250 mg & 500 mg	Alphamox	2013
	Grans for oral liq 250 mg per 5 ml	Ospamox	2012
	Drops 125 mg per 1.25 ml	Ospamox Paediatric Drops	2011
	Inj 250 mg, 500 mg & 1 g	Ibiamox	
Amoxicillin clavulanate	Grans for oral liq amoxicillin 125 mg with potassium clavulanate 31.25 mg per 5 ml	Curam	2012
	Grans for oral liq amoxicillin 250 mg with potassium clavulanate 62.5 mg per 5 ml	Curam	
	Tab amoxicillin 500 mg with potassium clavulanate 125 mg	Synermox	2011
Aqueous cream	Crn 500 g	AFT	2011
Ascorbic acid	Tab 100 mg	Vitala-C	2013
Aspirin	Tab 100 mg	Ethics Aspirin EC	2013
	Tab dispersible 300 mg	Ethics Aspirin	
Atenolol	Tab 50 mg & 100 mg	Atenolol Tablet USP	2012
Atropine sulphate	Inj 600 µg, 1 ml	AstraZeneca	2012
Azathioprine	Tab 50 mg	Imuprine	2013
	Inj 50 mg	Imuran	
Azithromycin	Tab 500 mg	Arrow-Azithromycin	2012
Baclofen	Tab 10 mg	Pacifen	2012
Bendrofluazide	Tab 2.5 mg & 5 mg	Arrow-Bendrofluazide	2011
Benzylpenicillin sodium (Penicillin G)	Inj 1 mega u	Sandoz	2011
Betamethasone valerate	Scalp app 0.1%	Beta Scalp	2012
Bezafibrate	Tab 200 mg	Fibalip	2011
Bicalutamide	Tab 50 mg	Bicalox	2011
Bisacodyl	Tab 5 mg	Lax-Tab	2013
Brimonidine tartrate	Eye drops 0.2%	AFT	2011
Calamine	Crn, aqueous, BP Lotn, BP	healthE API	2012

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

Sole Subsidised Supply Products – cumulative to April 2011

Generic Name	Presentation	Brand Name	Expiry Date*
Calcitonin	Inj 100 iu per ml, 1 ml	Miacalcic	2011
Calcitriol	Cap 0.25 µg & 0.5 µg	Airflow	2012
Calcium carbonate	Tab 1.25 g (500 mg elemental) Tab 1.5 g (600 mg elemental) Tab eff 1.7 g (1 g elemental)	Calci-Tab 500 Calci-Tab 600 Calsource	2011
Calcium folinate	Inj 50 mg	Calcium Folate Ebewe	2011
Captopril	Tab 12.5 mg, 25 mg & 50 mg Oral liq 5 mg per ml	m-Captopril Capoten	2013
Cefaclor monohydrate	Grans for oral liq 125 mg per 5 ml	Ranbaxy-Cefaclor	2013
Cefazolin sodium	Inj 500 mg & 1 g	Hospira	2011
Ceftriaxone sodium	Inj 500 mg Inj 1 g	Veracol Aspen Ceftriaxone	2013
Cefuroxime sodium	Inj 750 mg & 1.5 g	Zinacef	2011
Cephalexin monohydrate	Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml	Cefalexin Sandoz Cefalexin Sandoz	2012
Cetirizine hydrochloride	Tab 10 mg Oral liq 1 mg per ml	Zetop Cetirizine-AFT	2011
Cetomacrogol	Crn BP	PSM	2013
Chloramphenicol	Eye drops 0.5% Eye oint 1%	Chlorafast Chlorsig	2012
Chlorhexidine gluconate	Handrub 1% with ethanol 70% Soln 4%	healthE Orion	2012 2011
Ciclopiroxolamine	Nail soln 8%	Batrafen	2012
Cilazapril	Tab 0.5 mg, 2.5 mg & 5 mg	Zapril	2013
Cilazapril with hydrochlorothiazide	Tab 5 mg with hydrochlorothiazide 12.5 mg	Inhibace Plus	2013
Ciprofloxacin	Tab 250 mg, 500 mg & 750 mg	Rex Medical	2011
Citalopram	Tab 20 mg	Arrow-Citalopram	2011
Clobetasol propionate	Crn 0.05% Oint 0.05% Scalp app 0.05%	Dermol Dermol Dermol	2012
Clonazepam	Tab 500 µg & 2 mg	Paxam	2011
Clonidine	TDDS 2.5 mg, 100 µg per day TDDS 5 mg, 200 µg per day TDDS 7.5 mg, 300 µg per day	Catapres-TTS-1 Catapres-TTS-2 Catapres-TTS-3	2012
Clonidine hydrochloride	Inj 150 µg per ml, 1 ml Tab 25 µg Tab 150 µg	Catapres Dixarit Catapres	2012
Clopidogrel	Tab 75 mg	Apo-Clopidogrel	2013

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Sole Subsidised Supply Products – cumulative to April 2011

Generic Name	Presentation	Brand Name	Expiry Date*
Clotrimazole	Vaginal crm 1% with applicator Vaginal crm 2% with applicator Crm 1%	Clomazol	2013
		Clomazol	
		Clomazol	2011
Coal tar	Soln BP	Midwest	2013
Colchicine	Tab 500 µg	Colgout	2013
Crotamiton	Crm 10%	Itch-Soothe	2012
Cyclizine hydrochloride	Tab 50 mg	Nausicalm	2012
Cyclophosphamide	Tab 50 mg	Cycloblastin	2013
Cyproterone acetate	Tab 50 mg & 100 mg	Siterone	2012
Cyproterone acetate with ethinyloestradiol	Tab 2 mg with ethinyloestradiol 35 µg and 7 inert tabs	Ginet 84	2011
Desmopressin	Nasal spray 10 µg per dose	Desmopressin-PH&T	2011
Dexamethasone	Eye drops 0.1%	Maxidex	2013
Dexamethasone sodium phosphate	Inj 4 mg per ml, 1 ml & 2 ml	Hospira	2013
Dextrose	Inj 50%, 10 ml	Biomed	2011
Dextrose with electrolytes	Soln with electrolytes	Pedialyte – Fruit	2013
		Pedialyte – Bubblegum	
		Pedialyte – Plain	
Diclofenac sodium	Tab EC 25 mg & 50 mg Eye drops 1 mg per ml Inj 25 mg per ml, 3 ml Suppos 12.5 mg, 25 mg, 50 mg & 100 mg	Diclofenac Sandoz	2012
		Voltaren Ophtha	2011
		Voltaren	
		Voltaren	
Dihydrocodeine tartrate	Tab long-acting 60 mg	DHC Continus	2013
Diltiazem hydrochloride	Tab 30 mg & 60 mg Cap long-acting 120 mg, 180 mg & 240 mg	Dilzem	31/12/11
		Cardizem CD	
Dipyridamole	Tab long-acting 150 mg	Pytazen SR	2011
Docusate sodium	Cap 50 mg Cap 120 mg	Laxofast 50	2011
		Laxofast 120	
Docusate sodium with sennosides	Tab 50 mg with total sennosides 8 mg	Laxsol	2013
Donepezil hydrochloride	Tab 5 mg & 10 mg	Donepezil-Rex	2012
Emulsifying ointment	Oint BP	AFT	2011
Enalapril	Tab 5 mg, 10 mg & 20 mg	Arrow-Enalapril	2012
Enoxaparin sodium (low molecular weight heparin)	Inj 20 mg, 40 mg, 60 mg, 80 mg, 100 mg, 120 mg & 150 mg	Clexane	2012
Entacapone	Tab 200 mg	Comtan	2012

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Sole Subsidised Supply Products – cumulative to April 2011

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

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Sole Subsidised Supply Products – cumulative to April 2011

Generic Name	Presentation	Brand Name	Expiry Date*
Haloperidol	Inj 5 mg per ml, 1 ml Oral liq 2 mg per ml Tab 500 µg, 1.5 mg & 5 mg	Serenace Serenace Serenace	2013
Hydrocortisone	Inj 50 mg per ml, 1 ml Tab 5 mg & 20 mg Powder Crn 1%, 500 g	Solu-Cortef Douglas ABM PSM	2013 2012 2011
Hydrocortisone acetate	Rectal foam 10%, CFC-free (14 applications)	Colifoam	2012
Hydrocortisone with miconazole	Crn 1% with miconazole nitrate 2%	Micreme H	2013
Hydrocortisone with wool fat and mineral oil	Lotn 1% with wool fat hydrous 3% and mineral oil	DP Lotn HC	2011
Hydroxocobalamin	Inj 1 mg per ml, 1 ml	ABM Hydroxocobalamin	2012
Hydroxychloroquine sulphate	Tab 200 mg	Plaquenil	2012
Hypromellose	Eye drops 0.5%	Methopt	2011
Hysocine N-butylbromide	Inj 20 mg, 1 ml Tab 20 mg	Buscopan Gastrosoothe	2011
Ibuprofen	Oral liq 100 mg per 5 ml Tab 200 mg	Fenpaed Ethics Ibuprofen	2013 2012
Indapamide	Tab 2.5 mg	Dapa-Tabs	2013
Ipratropium bromide	Nebuliser soln, 250 µg per ml, 1 ml & 2 ml	Univent	2013
Iron polymaltose	Inj 50 mg per ml, 2 ml	Ferrum H	2011
Isotretinoin	Cap 10 mg & 20 mg	Oratane	2012
Ketoconazole	Shampoo 2%	Sebizole	2011
Lamivudine	Oral liq 10 mg per ml Tab 150 mg	3TC 3TC	2013
Latanoprost	Eye drops 50 µg per ml	Hysite	2012
Letrozole	Tab 2.5 mg	Letara	2012
Levonorgestrel	Subdermal implant (2 x 75 mg rods)	Jadelle	31/12/13
Lignocaine hydrochloride	Inj 1%, 5 ml & 20 ml	Xylocaine	2013
Lignocaine with prilocaine	Crn 2.5% with prilocaine 2.5% (5 g tubes) Crn 2.5% with prilocaine 2.5%; 30 g OP	EMLA EMLA	2013
Lisinopril	Tab 5 mg, 10 mg & 20 mg	Arrow-Lisinopril	2012
Loperamide hydrochloride	Cap 2 mg	Diamide Relief	2013
Loratadine	Oral liq 1 mg per ml Tab 10 mg	Lorapaed Loraclear Hayfever Relief	2013

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Sole Subsidised Supply Products – cumulative to April 2011

Generic Name	Presentation	Brand Name	Expiry Date*
Lorazepam	Tab 1 mg & 2.5 mg	Ativan	2013
Malathion	Liq 0.5% Shampoo 1%	A-Lices A-Lices	2013
Mask for Spacer Device	Device	Foremount Child's Silicone Mask	30/9/11
Mebendazole	Tab 100 mg	De-Worm	2011
Mebeverine hydrochloride	Tab 135 mg	Colofac	2011
Megestrol acetate	Tab 160 mg	Apo-Megestrol	2012
Mercaptopurine	Tab 50 mg	Purinethol	2013
Mesalazine	Enema 1 g per 100 ml	Pentasa	2012
Metformin hydrochloride	Tab immediate-release 500 mg & 850 mg	Apotex	2012
Methadone hydrochloride	Tab 5 mg Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml	Methatabs Biodone Biodone Forte Biodone Extra Forte	2013 2012
Methotrexate	Inj 25 mg per ml, 2 ml & 20 ml Tab 2.5 mg & 10 mg Inj 100 mg per ml, 10 ml & 50 ml	Hospira Methoblastin Methotrexate Ebewe	2013 2012 2011
Methyldopa	Tab 125 mg, 250 mg & 500 mg	Prodopa	2011
Methylprednisolone	Tab 4 mg & 100 mg	Medrol	2012
Methylprednisolone acetate	Inj 40 mg per ml, 1 ml	Depo-Medrol	2011
Methylprednisolone acetate with lignocaine	Inj 40 mg per ml with lignocaine 1 ml	Depo-Medrol with Lidocaine	2011
Methylprednisolone sodium succinate	Inj 40 mg per ml, 1 ml Inj 62.5 mg per ml, 2 ml Inj 500 mg Inj 1 g	Solu-Medrol Solu-Medrol Solu-Medrol Solu-Medrol	2012
Metoclopramide hydrochloride	Inj 5 mg per ml, 2 ml	Pfizer	2011
Miconazole nitrate	Crn 2%	Multichem	2011
Moclobemide	Tab 150 mg & 300 mg	Apo-Moclobemide	2012
Mometasone furoate	Crn 0.1% Oint 0.1%	m-Mometasone m-Mometasone	2012
Morphine hydrochloride	Oral liq 1 mg per ml Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml	RA-Morph RA-Morph RA-Morph RA-Morph	2012
Morphine sulphate	Cap long-acting 10 mg, 30 mg, 60 mg & 100 mg Tab immediate release 10 mg & 20 mg Inj 10 mg per ml, 1 ml Inj 30 mg per ml, 1 ml	m-Elson Sevredol Mayne Mayne	2013 2012 2011

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

Sole Subsidised Supply Products – cumulative to April 2011

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

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

Sole Subsidised Supply Products – cumulative to April 2011

Generic Name	Presentation	Brand Name	Expiry Date*
Pegylated interferon alpha-2A	Inj 135 µg prefilled syringe	Pegasys	31/12/12
	Inj 180 µg prefilled syringe	Pegasys	
	Inj 135 µg prefilled syringe x 4 with ribavirin tab 200 mg x 112	Pegasys RBV Combination Pack	
	Inj 135 µg prefilled syringe x 4 with ribavirin tab 200 mg x 168	Pegasys RBV Combination Pack	
	Inj 180 µg prefilled syringe x 4 with ribavirin tab 200 mg x 112	Pegasys RBV Combination Pack	
	Inj 180 µg prefilled syringe x 4 with ribavirin tab 200 mg x 168	Pegasys RBV Combination Pack	
Pergolide	Tab 0.25 mg & 1 mg	Permax	2011
Permethrin	Lotn 5%	A-Scabies	2011
Phenoxyethylpenicillin (Pencillin V)	Cap potassium salt 250 mg & 500 mg	Cilicaine VK	2013
	Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml	AFT AFT	
Pindolol	Tab 5 mg, 10 mg & 15 mg	Apo-Pindolol	2012
Pioglitazone	Tab 15 mg, 30 mg & 45 mg	Pizaccord	2012
Pizotifen	Tab 500 µg	Sandomigran	2012
Poloxamer	Oral drops 10%	Coloxyl	2011
Polyvinyl alcohol	Eye drops 1.4%	Vistil	2011
	Eye drops 3%	Vistil Forte	
Potassium chloride	Tab long-acting 600 mg	Span-K	2012
Prednisone	Tab 1 mg, 2.5 mg, 5 mg & 20 mg	Apo-Prednisone	2011
Prednisone sodium phosphate	Oral liq 5 mg per ml	Redipred	2012
Pregnancy tests – hCG urine	Cassette	Innovacon hCG One Step Pregnancy Test	2012
Procaine penicillin	Inj 1.5 mega u	Cilicaine	2011
Promethazine hydrochloride	Oral liq 5 mg per 5 ml	Promethazine Winthrop Elixir	2012
	Tab 10 mg & 25 mg	Allersoothe	2011
Quinapril	Tab 5 mg, 10 mg & 20 mg	Accupril	2011
Quinapril with hydrochlorothiazide	Tab 10 mg with hydrochlorothiazide 12.5 mg	Accuretic 10	2011
	Tab 20 mg with hydrochlorothiazide 12.5 mg	Accuretic 20	
Quinine sulphate	Tab 300 mg	Q 300	2012
Rifabutin	Cap 150 mg	Mycobutin	2013
Ropinirole hydrochloride	Tab 0.25 mg, 1 mg, 2 mg & 5 mg	Ropin	2013
Roxithromycin	Tab 150 mg & 300 mg	Arrow-Roxithromycin	2012

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

Sole Subsidised Supply Products – cumulative to April 2011

Generic Name	Presentation	Brand Name	Expiry Date*
Salbutamol	Oral liq 2 mg per 5 ml	Salapin	2013
	Nebuliser soln, 1 mg per ml, 2.5 ml	Asthalin	2012
	Nebuliser soln, 2 mg per ml, 2.5 ml	Asthalin	
Salbutamol with ipratropium bromide	Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml	Duolin	2012
Selegiline hydrochloride	Tab 5 mg	Apo-Selegiline	2012
Sertraline	Tab 50 mg & 100 mg	Arrow-Sertraline	2013
Simvastatin	Tab 10 mg	Arrow-Simva 10 mg	2011
	Tab 20 mg	Arrow-Simva 20 mg	
	Tab 40 mg	Arrow-Simva 40 mg	
	Tab 80 mg	Arrow-Simva 80 mg	
Sodium chloride	Inj 23.4%, 20 ml	Biomed	2013
Sodium citrate with sodium lauryl sulphoacetate	Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml	Micolette	2013
Sodium citro-tartrate	Grans effervescent 4 g sachets	Ural	2013
Sodium cromoglycate	Eye drops 2% Nasal spray, 4%	Rexacrom	2013
		Rex	2012
Somatropin	Inj cartridge 16 iu (5.3 mg) Inj cartridge 36 iu (12 mg)	Genotropin	31/12/12
		Genotropin	
Sotalol	Tab 80 mg & 160 mg	Mylan	2012
Spacer Device	230 ml, autoclavable & single patient	Space Chamber	30/9/11
Spironolactone	Tab 25 mg & 100 mg	Spirotone	2013
Sumatriptan	Tab 50 mg & 100 mg	Arrow-Sumatriptan	2013
Tamsulosin hydrochloride	Cap 400 µg	Tamsulosin-Rex	2013
Tar with triethanolamine lauryl sulphate and fluorescein	Soln 2.3%	Pinetarsol	2011
Temazepam	Tab 10 mg	Normison	2011
Terazosin hydrochloride	Tab 1 mg, 2 mg & 5 mg	Arrow	2013
Terbinafine	Tab 250 mg	Apo-Terbinafine	2011
Testosterone cypionate	Inj long-acting 100 mg per ml, 10 ml	Depo-Testosterone	2011
Testosterone undecanoate	Cap 40 mg	Arrow-Testosterone	2012
Tetracosactrin	Inj 250 µg Inj 1 mg per ml, 1 ml	Synacthen	2011
		Synacthen Depot	
Timolol maleate	Tab 10 mg Eye drops 0.25% & 0.5%	Apo-Timol	2012
		Apo-Timop	2011
Tramadol hydrochloride	Cap 50 mg	Arrow-Tramadol	2011
Tranexamic acid	Tab 500 mg	Cycklokapron	2013

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

Sole Subsidised Supply Products – cumulative to April 2011

Generic Name	Presentation	Brand Name	Expiry Date*
Triamcinolone acetonide	Crm 0.02% Oint 0.02% Inj 40 mg per ml, 1 ml 0.1% in Dental Paste USP	Aristocort Aristocort Kenacort-A40 Oracort	2011
Trimethoprim	Tab 300 mg	TMP	2011
Tropisetron	Cap 5 mg	Navoban	2012
Ursodeoxycholic acid	Cap 300 mg	Actigall	2011
Vancomycin hydrochloride	Inj 50 mg per ml, 10 ml	Pacific	2011
Vitamin B complex	Tab, strong, BPC	B-PlexADE	2013
Vitamins	Tab (BPC cap strength)	MultiADE	2013
Zidovudine [AZT]	Cap 100 mg Oral liq 10 mg per ml	Retrovir Retrovir	2013
Zinc and castor oil	Oint BP	PSM	2011
Zinc sulphate	Cap 137.4 mg (50 mg elemental)	Zincaps	2011
Zopiclone	Tab 7.5 mg	Apo-Zopiclone	2011

April 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 April 2011

51	METOPROLOL SUCCINATE				
	* Tab long-acting 23.75 mg	2.18	30	✓ Myloc CR	
	* Tab long-acting 47.5 mg	2.74	30	✓ Myloc CR	
	* Tab long-acting 95 mg	4.71	30	✓ Myloc CR	
	* Tab long-acting 190 mg	8.51	30	✓ Myloc CR	
105	ETANERCEPT – Special Authority see SA1060 – Retail pharmacy				
	Inj 50 mg prefilled syringe	1,899.92	4	✓ Enbrel	
126	SUMATRIPTAN				
	Inj 12 mg per ml, 0.5 ml – Retail pharmacy-Specialist	36.00	2 OP	✓ Arrow-Sumatriptan	
	Maximum of 10 inj per prescription				
141	NALTREXONE HYDROCHLORIDE – Special Authority see SA0909 – Retail pharmacy				
	Tab 50 mg	123.00	30	✓ Naltraccord	
142	NICOTINE				
	Nicotine will not be funded Close Control in amounts less than 4 weeks.				
	Lozenge 1 mg	19.94	216	✓ Habitrol	
	Lozenge 2 mg	24.27	216	✓ Habitrol	
	Patch 7 mg	18.13	28	✓ Habitrol	
	Patch 14 mg	18.81	28	✓ Habitrol	
	Patch 21 mg	19.14	28	✓ Habitrol	
150	THALIDOMIDE – PCT only – Specialist – Special Authority see SA0882				
	Only on a controlled drug form				
	Cap 50 mg	504.00	28	✓ Thalomid	
165	IPRATROPIUM BROMIDE				
	Aqueous nasal spray, 0.03%	4.03	15 ml OP	✓ Univent	
171	PHARMACY SERVICES – May only be claimed once per patient				
	* Brand switch fee	0.01	1 fee	✓ BSF m-Captopril	
	The Pharmacode for BSF m-Captopril is 2378647				
	<i>(BSF m-Captopril Brand switch fee to be delisted 1 July 2011)</i>				

Effective 1 March 2011

28	LANSOPRAZOLE				
	* Cap 15 mg	3.27	28	✓ Lanzol Relief	
	* Cap 30 mg	4.34	28	✓ Lanzol Relief	
50	DIGOXIN				
	* Tab 62.5 µg – Up to 30 tab available on a PSO	6.67	240	✓ Lanoxin PG	
82	CEFACLOR MONOHYDRATE				
	Cap 250 mg	24.57	100	✓ Cefaclor Sandoz	

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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New listings – effective 1 March 2011 (continued)

83	CLARITHROMYCIN – Maximum of 500 mg per prescription; can be waived by Special Authority see SA0988 Tab 250 mg	7.75	14	✓ Klacid
94	DARUNAVIR – Special Authority see SA1025 – Retail pharmacy Tab 600 mg	1,190.00	60	✓ Prezista
94	RITONAVIR – Special Authority see SA1025 – Retail pharmacy Tab 100 mg	43.31	30	✓ Norvir
127	ONDANSETRON a) Maximum of 12 tab per prescription; can be waived by Special Authority see SA0887 b) Maximum of 6 tab per dispensing; can be waived by Special Authority see SA0887 c) Not more than one prescription per month; can be waived by Special Authority see SA0887. d) The maximum of 6 tab per dispensing cannot be waived via Access Exemption Criteria. Tab disp 4 mg	1.70	10	✓ Dr Reddy's Ondansetron
	Tab disp 8 mg	2.00	10	✓ Dr Reddy's Ondansetron
171	PHARMACY SERVICES – May only be claimed once per patient * Brand switch fee	0.01	1 fee	✓ BSF Zapril
	The Pharmacode for BSF Zapril is 2378639 (BSF Zapril Brand switch fee to be delisted 1 June 2011)			

Effective 1 February 2011

73	POTASSIUM CITRATE Oral liq 3 mmol per ml – Special Authority see SA1083 – Retail pharmacy.....	30.00	200 ml OP	✓ Biomed
	<p>▶ SA1083 Special Authority for Subsidy Initial application only from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria: Both: 1 The patient has recurrent calcium oxalate urolithiasis; and 2 The patient has had more than two renal calculi in the two years prior to the application. Renewal from any relevant practitioner. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefitting from the treatment.</p>			
77	OESTRADIOL – See prescribing guideline * TDDS 25 µg per day	3.01 (10.86)	8	Estradot
	a) Higher subsidy of \$10.86 per 8 patch with Special Authority see SA1018 b) No more than 2 patch per week c) Only on a prescription			
	* TDDS 100 µg per day	7.05 (16.14)	8	Estradot
	a) Higher subsidy of \$16.14 per 8 patch with Special Authority see SA1018 b) No more than 2 patch per week c) Only on a prescription			

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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New listings – effective 1 February 2011 (continued)

86	LINCOMYCIN – Retail pharmacy-Specialist Inj 300 mg per ml, 2 ml	80.00	5	✓ Lincocin S29
117	FENTANYL a) Only on a controlled drug form b) No patient co-payment payable Transdermal patch 12.5 µg per hour	8.90	5	✓ Mylan Fentanyl Patch
	Transdermal patch 25 µg per hour	9.15	5	✓ Mylan Fentanyl Patch
	Transdermal patch 50 µg per hour	11.50	5	✓ Mylan Fentanyl Patch
	Transdermal patch 75 µg per hour	13.60	5	✓ Mylan Fentanyl Patch
	Transdermal patch 100 µg per hour	14.50	5	✓ Mylan Fentanyl Patch
164	SALBUTAMOL WITH IPRATROPIUM BROMIDE Aerosol inhaler, 100 µg with ipratropium bromide, 20 µg per dose CFC-free	12.19	200 dose OP	✓ Duolin HFA
164	SODIUM CHLORIDE Soln 7%	23.50	90 ml OP	✓ Biomed
165	CAFFEINE CITRATE Oral liq 20 mg per ml (10 mg base per ml).....	14.85	25 ml OP	✓ Biomed
171	PHARMACY SERVICES – May only be claimed once per patient. * Brand switch fee	0.01	1 fee	✓ BSF Apo-Clopidogrel
	The Pharmacode for BSF Apo-Clopidogrel is 2378655 (BSF Apo-Clopidogrel Brand switch fee to be delisted 1 May 2011)			

Effective 1 January 2011

34	LACTULOSE – Only on a prescription * Oral liq 10 g per 15 ml	7.68	1,000 ml	✓ Laevolac
43	SODIUM CHLORIDE Inj 0.9%, 5 ml – Up to 5 inj available on a PSO.....	10.85	50	✓ Multichem
	Inj 0.9%, 10 ml – Up to 5 inj available on a PSO.....	11.50	50	✓ Multichem
98	INFLUENZA VACCINE – Hospital pharmacy [Xpharm] A) is available 1 March until vaccine supplies are exhausted each year for patients who meet the following criteria, as set by the Ministry of Health: a) all people 65 years of age and over; b) people under 65 years of age with: i) the following cardiovascular disease: 1) ischaemic heart disease, 2) congestive heart disease, 3) rheumatic heart disease, 4) congenital heart disease, or 5) cerebo-vascular disease;			

continued...

New listings – effective 1 January 2011 (continued)

continued...

	ii) the following chronic respiratory disease: <ol style="list-style-type: none"> 1) asthma, if on a regular preventative therapy, or 2) other chronic respiratory disease with impaired lung function; 			
	iii) diabetes;			
	iv) chronic renal disease;			
	v) any cancer, excluding basal and squamous skin cancers if not invasive;			
	vi) the following other conditions: <ol style="list-style-type: none"> a) autoimmune disease, b) immune suppression, c) HIV, d) transplant recipients, e) neuromuscular and CNS diseases, f) haemoglobinopathies, or g) children on long term aspirin. 			
	c) people under 65 years of age who are: <ol style="list-style-type: none"> i) pregnant; or ii) morbidly obese 			
	d) children aged over 6 months and under 5 years who are from high deprivation backgrounds The following conditions are excluded from funding: <ol style="list-style-type: none"> a) asthma not requiring regular preventative therapy, b) hypertension and/or dyslipidaemia without evidence of end-organ disease, 			
	B) Doctors are the only Contractors entitled to claim payment from the Funder for the supply of influenza vaccine to patients eligible under the above criteria for subsidised immunisation and they may only do so in respect of the influenza vaccine listed in the Pharmaceutical Schedule.			
	C) Individual DHBs may fund patients over and above the above criteria. The claiming process for these additional patients should be determined between the DHB and Contractor.			
	D) Influenza Vaccine does not fall within the definition Community Pharmaceutical as it is not funded directly from the Pharmaceutical Budget. Pharmacists are unable to claim for the dispensing of influenza vaccine from the Funder.			
	Inj	90.00	10	✓ Fluvax ✓ Fluarix
142	NICOTINE Nicotine will not be funded Close Control in amounts less than 4 weeks of treatment.			
	Gum 2 mg (Classic)	14.97	96	✓ Habitrol
	Gum 4 mg (Classic)	20.02	96	✓ Habitrol
171	PHARMACY SERVICES – May only be claimed once per patient.			
	* Brand switch fee.....	0.01	1 fee	✓ BSF Imuprine
	The Pharmacode for BSF Imuprine is 2377829			
	* Brand switch fee.....	0.01	1 fee	✓ BSF Dapa-Tabs
	The Pharmacode for BSF Dapa-Tabs is 2377837			
	* Brand switch fee.....	0.01	1 fee	✓ BSF Univent
	The Pharmacode for BSF Univent is 2377845			
	* Brand switch fee.....	0.01	1 fee	✓ BSF Arrow Terazosin
	The Pharmacode for BSF Arrow Terazosin is 2377853 (BSF Imuprine to be delisted 1 April 2011) (BSF Dapa-Tabs to be delisted 1 April 2011) (BSF Univent to be delisted 1 April 2011) (BSF Arrow Terazosin to be delisted 1 April 2011)			

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions

Effective 1 April 2011

48	CAPTOPRIL – Brand switch fee payable			
	* Tab 12.5 mg	2.00	100	✓ m-Captopril
	* Tab 25 mg	2.40	100	✓ m-Captopril
	* Tab 50 mg	3.50	100	✓ m-Captopril
86	LINCOMYCIN – Retail pharmacy-Specialist			
	Inj 300 mg per ml, 2 ml	80.00	5	✓ Lincocin S29
101	ADALIMUMAB – Special Authority see SA1059 – 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

Note – this is a change to the renewal criteria for severe chronic plaque psoriasis only. The remainder of the Special Authority criteria remains unchanged.

► SA1059]Special Authority for Subsidy

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 adalimumab treatment; and

2 Either:

2.1 Both:

2.1.1 Patient **had has** "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 has** 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.

105	ETANERCEPT – Special Authority see SA1060 – 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

Note – this is a change to the renewal criteria for severe chronic plaque psoriasis only. The remainder of the Special Authority criteria remains unchanged.

► SA1060]Special Authority for Subsidy

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

continued...

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

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

Changes to Restrictions - effective 1 April 2011 (continued)

continued...

All of the following:

1 Either:

1.1 Applicant is a dermatologist; or

1.2 Applicant is a Practitioner and confirms that a dermatologist has provided a letter, email or fax \ recommending that the patient continues with adalimumab treatment; and

2 Either:

2.1 Both:

2.1.1 Patient **had has** "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 has** 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 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 etanercept treatment.

141 VARENICLINE TARTRATE – Special Authority see SA1054 – Retail pharmacy

Varenicline will not be funded Close Control in amounts less than 2 weeks of treatment.

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

156 EXEMESTANE – Additional subsidy by Special Authority see SA1000 – Retail pharmacy

Tab 25 mg	22.57	30	✓ Aromasin
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► SA1000 Special Authority for Alternate Subsidy

Initial application from any relevant practitioner. Approvals valid for 5 years for applications meeting the following criteria:

All of the following:

1 Patient is a postmenopausal woman; and

2 Patient has hormone receptor positive breast cancer; and

3 Any of the following:

3.1 The patient was receiving funded exemestane prior to 1 February 2010; or

3.2 The patient has advanced breast cancer and a very clear history of intolerance to anastrozole or letrozole;
— or

3.3 The patient has advanced breast cancer and disease has progressed following treatment with anastrozole
— or letrozole.

Renewal from any relevant practitioner. Approvals valid without further renewal unless notified where the treatment remains appropriate and the patient is benefitting from treatment.

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions - effective 1 April 2011 (continued)

179 SECTION D: SPECIAL FOODS EXPLANATORY NOTES

Who can apply for Special Authority?

Initial Applications: Only Specialists from a **relevant specialist or a vocationally registered general practitioner**

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

Reapplications by general practitioners on specialist recommendation must include the name of the specialist and the date the specialist was 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

181 CARBOHYDRATE

CARBOHYDRATE SUPPLEMENT – Special Authority see **SA1090 0942** – Hospital pharmacy [HP3]

Powder	36.50	5,000 g	✓ Morrex Maltodextrin
	182.50	25,000 g	✓ Morrex Maltodextrin
	1.30	400 g OP	
	(5.29)		Polycal
	(12.00)	368 g OP	Moducal

► **SA1090 0942** Special Authority for Subsidy

Initial application — (Cystic fibrosis or renal failure) only from a relevant specialist **or vocationally registered general practitioner**. Approvals valid for 3 years for applications meeting the following criteria:

Either:

- 1 cystic fibrosis; or
- 2 chronic renal failure or continuous ambulatory peritoneal dialysis (CAPD) patient.

Initial application — (Indications other than cystic fibrosis or renal failure) only from a relevant specialist **or vocationally registered general practitioner**. Approvals valid for 1 year for applications meeting the following criteria:

Any of the following:

- 1 cancer in children; or
- 2 cancers affecting alimentary tract where there are malabsorption problems in patients over the age of 20 years; or
- 3 failure to thrive; or
- 4 growth deficiency; or
- 5 bronchopulmonary dysplasia; or
- 6 premature and post premature infant; or
- 7 inborn errors of metabolism.

Renewal — (Cystic fibrosis or renal failure) only from a relevant specialist, **vocationally registered general practitioner** or general practitioner on the recommendation of a relevant specialist **or vocationally registered general practitioner**. Approvals valid for 3 years for applications meeting the following criteria:

Both:

continued...

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

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

Changes to Restrictions - effective 1 April 2011 (continued)

continued...

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
 - 2 General Practitioners must include the name of the **relevant specialist or vocationally registered general practitioner** and date contacted.
- Renewal — (Indications other than cystic fibrosis or renal failure) only from a relevant specialist, **vocationally registered general practitioner** or general practitioner on the recommendation of a relevant specialist or **vocationally registered general practitioner**. Approvals valid for 1 year for applications meeting the following criteria:
- Both:
- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
 - 2 General Practitioners must include the name of the **relevant specialist or vocationally registered general practitioner** and date contacted.

181 CARBOHYDRATE AND FAT

CARBOHYDRATE AND FAT SUPPLEMENT – Special Authority see **SA1091 0584** – Hospital pharmacy [HP3]
Powder (neutral) 60.31 400 g OP ✓ **Duocal Super Soluble Powder**

➔ **SA1091 0584** Special Authority for Subsidy

Initial application — (Cystic fibrosis) only from a relevant specialist or **vocationally registered general practitioner**. Approvals valid for 3 years for applications meeting the following criteria:

Both:

- 1 infant aged four years or under; and
- 2 cystic fibrosis.

Initial application — (Indications other than cystic fibrosis) only from a relevant specialist or **vocationally registered general practitioner**. Approvals valid for 1 year for applications meeting the following criteria:

Both:

- 1 infant aged four years or under; and
- 2 Any of the following:
 - 2.1 cancer in children; or
 - 2.2 failure to thrive; or
 - 2.3 growth deficiency; or
 - 2.4 bronchopulmonary dysplasia; or
 - 2.5 premature and post premature infants.

Renewal —(Cystic fibrosis) only from a relevant specialist, **vocationally registered general practitioner** or general practitioner on the recommendation of a relevant specialist or **vocationally registered general practitioner**. Approvals valid for 3 years for applications meeting the following criteria:

Both:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 General Practitioners must include the name of the **relevant specialist or vocationally registered general practitioner** and date contacted.

Renewal —(Indications other than cystic fibrosis) only from a relevant specialist, **vocationally registered general practitioner** or general practitioner on the recommendation of a relevant specialist or **vocationally registered general practitioner**. Approvals valid for 1 year for applications meeting the following criteria:

Both:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 General Practitioners must include the name of the **relevant specialist or vocationally registered general practitioner** and date contacted.

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions - effective 1 April 2011 (continued)

182	FAT FAT SUPPLEMENT – Special Authority see SA1092 0899 – Hospital pharmacy [HP3]			
	Emulsion (neutral)	12.30	200 ml OP	✓ Calogen
		30.75	500 ml OP	✓ Calogen
	Emulsion (strawberry)	12.30	200 ml OP	✓ Calogen
	Oil	28.73	250 ml OP	✓ Liquigen
		30.00	500 ml OP	✓ MCT oil (Nutricia)

► **SA1092 0899** Special Authority for Subsidy

Initial application — (Inborn errors of metabolism) only from a relevant specialist **or vocationally registered general practitioner**. Approvals valid for 3 years where the patient has inborn errors of metabolism.

Initial application — (Indications other than inborn errors of metabolism) only from a relevant specialist **or vocationally registered general practitioner**. Approvals valid for 1 year for applications meeting the following criteria:

Any of the following:

- 1 failure to thrive where other high calorie products are inappropriate or inadequate; or
- 2 growth deficiency; or
- 3 bronchopulmonary dysplasia; or
- 4 fat malabsorption; or
- 5 lymphangiectasia; or
- 6 short bowel syndrome; or
- 7 infants with necrotising enterocolitis; or
- 8 biliary atresia.

Renewal — (Inborn errors of metabolism) only from a relevant specialist, **vocationally registered general practitioner** or general practitioner on the recommendation of a relevant specialist **or vocationally registered general practitioner**. Approvals valid for 3 years for applications meeting the following criteria:

Both:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 General Practitioners must include the name of the **relevant specialist or vocationally registered general practitioner** and date contacted.

Renewal — (Indications other than inborn errors of metabolism) only from a relevant specialist, **vocationally registered general practitioner** or general practitioner on the recommendation of a relevant specialist **or vocationally registered general practitioner**. Approvals valid for 1 year for applications meeting the following criteria:

Both:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 General Practitioners must include the name of the **relevant specialist or vocationally registered general practitioner** and date contacted.

183	PROTEIN PROTEIN SUPPLEMENT – Special Authority see SA1093 0582 – Hospital pharmacy [HP3]			
	Powder	7.90	225 g OP	✓ Protifar
		8.95	227 g OP	✓ Resource
				Beneprotein
	Powder (vanilla)	12.90	275 g OP	✓ Promod

► **SA1093 0582** Special Authority for Subsidy

Initial application only from a relevant specialist **or vocationally registered general practitioner**. Approvals valid for 1 year for applications meeting the following criteria:

Either:

- 1 protein losing enteropathy; or
- 2 high protein needs (eg burns).

continued...

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

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

Changes to Restrictions - effective 1 April 2011 (continued)

continued...

Renewal only from a relevant specialist, **vocationally registered general practitioner** or general practitioner on the recommendation of a relevant specialist or **vocationally registered general practitioner**. Approvals valid for 1 year for applications meeting the following criteria:

Both:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 General Practitioners must include the name of the **relevant specialist or vocationally registered general practitioner** and date contacted.

183 ORAL SUPPLEMENTS

These products are to be used only as supplements to a person's dietary needs. Subsidy for up to 500 ml a day. Amounts prescribed in excess of this amount must be paid for by the patient.

▶ SA0583 Special Authority for Subsidy

Initial application — (Cystic fibrosis) only from a relevant specialist. Approvals valid for 3 years where the patient has cystic fibrosis.

Initial application — (Indications other than cystic fibrosis) only from a relevant specialist. Approvals valid for 1 year for applications meeting the following criteria:

Any of the following:

- 1—cancer in children; or
- 2— inflammatory bowel disease; or
- 3—cancers affecting alimentary tract where there are malabsorption problems in patients over the age of 20 years; or
- 4—malnutrition requiring nutritional support.

Renewal — (Cystic fibrosis) only from a relevant specialist or general practitioner on the recommendation of a relevant specialist.

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

Both:

- 1—The treatment remains appropriate and the patient is benefiting from treatment; and
- 2—General Practitioners must include the name of the specialist and date contacted.

Renewal — (Indications other than cystic fibrosis) only from a relevant specialist or general practitioner on the recommendation of a relevant specialist. Approvals valid for 1 year for applications meeting the following criteria:

Both:

- 1—The treatment remains appropriate and the patient is benefiting from treatment; and
- 2—General Practitioners must include the name of the specialist and date contacted.

184 RESPIRATORY PRODUCTS

CORD ORAL FEED 1.5KCAL/ML – Special Authority see SA1094 0588 – Hospital pharmacy [HP3]

Liquid 1.66 237 ml OP ✓ Pulmocare

▶ SA1094 0588 Special Authority for Subsidy

Initial application only from a relevant specialist or **vocationally registered general practitioner**. Approvals valid for 1 year for applications where the patient has **CORD and hypercapnia** meeting the following criteria:

Both:

- 1—CORD patients who have hypercapnia; and
- 2—Either:
 - 2.1 The product is to be used as a supplement (maximum 500 ml per day); or
 - 2.2 The product is to be used as a complete diet.

Renewal only from a relevant specialist, **vocationally registered general practitioner** or general practitioner on the recommendation of a relevant specialist or **vocationally registered general practitioner**. Approvals valid for 1 year for applications meeting the following criteria:

Both All of the following:

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

continued...

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions - effective 1 April 2011 (continued)

continued...

2 Either:

2:1 The product is to be used as a supplement (maximum 500 ml per day); or

2:2 The product is to be used as a complete diet; and

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

184 DIABETIC PRODUCTS

DIABETIC ENTERAL FEED 1KCAL/ML – Special Authority see **SA1095 0594** – Hospital pharmacy [HP3]

Liquid	7.50	1,000 ml OP	✓ Diasip RTH ✓ Glucerna Select RTH
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ORAL FEED 1KCAL/ML – Special Authority see **SA1095 0594** – Hospital pharmacy [HP3]

Liquid (strawberry)	1.50	200 ml OP	✓ Diasip
Liquid (vanilla)	1.50	200 ml OP	✓ Diasip
	1.88	250 ml OP	✓ Glucerna Select
	1.78	237 ml OP	
	(2.10)		Resource Diabetic

► **SA1095 0594** Special Authority for Subsidy

Initial application only from a relevant specialist **or vocationally registered general practitioner**. Approvals valid for 1 year for **where the patient has applications meeting the following criteria:**

Both:

1 Type I **or** II diabetes **who and is suffering weight loss and malnutrition that requires nutritional support, supplementation; and**

2 Either:

2:1 The product is to be used as a supplement (maximum 500 ml per day); or

2:2 The product is to be used as a complete diet.

Renewal only from a relevant specialist, **vocationally registered general practitioner** or general practitioner on the recommendation of a relevant specialist **or vocationally registered general practitioner**. Approvals valid for 1 year for applications meeting the following criteria:

Both **All of the following:**

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

2 Either:

2:1 The product is to be used as a supplement (maximum 500 ml per day); or

2:2 The product is to be used as a complete diet; and

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

185 FAT MODIFIED PRODUCTS

FAT MODIFIED FEED – Special Authority see **SA1096 0615** – Hospital pharmacy [HP3]

Powder	60.48	400 g OP	✓ Monogen
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► **SA1096 0615** Special Authority for Subsidy

Initial application only from a relevant specialist **or vocationally registered general practitioner**. Approvals valid for 1 year for applications meeting the following criteria:

Both:

1 The product is to be used as a complete diet; and

2 Either:

2:1 Patient has metabolic disorders of fat metabolism; or

2:2 Patient has chylothorax.

Renewal only from a relevant specialist, **vocationally registered general practitioner** or general practitioner on the recommendation of a relevant specialist **or vocationally registered general practitioner**. Approvals valid for 1 year for applications meeting the following criteria:

Both:

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

continued...

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

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

Changes to Restrictions - effective 1 April 2011 (continued)

continued...

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

185 HIGH PROTEIN PRODUCTS

ORAL FEED 1KCAL/ML – Special Authority see **SA1097 0589** – Hospital pharmacy [HP3]

Liquid 1.90 200 ml OP ✓ **Fortimel Regular**

➔ **SA1097 0589** Special Authority for Subsidy

Initial application only from a relevant specialist **or vocationally registered general practitioner**. Approvals valid for 1 year for applications meeting the following criteria:

Both All of the following:

- 1 Anorexia and weight loss; and
- 2 Either:
 - 2.1 decompensating liver disease without encephalopathy; or
 - 2.2 protein losing gastro-enteropathy; ~~and~~
- 3 ~~Either:~~
 - 3.1 ~~The product is to be used as a supplement (maximum 500 ml per day); or~~
 - 3.2 ~~The product is to be used as a complete diet.~~

Renewal only from a relevant specialist, **vocationally registered general practitioner** or general practitioner on the recommendation of a relevant specialist **or vocationally registered general practitioner**. Approvals valid for 1 year for applications meeting the following criteria:

Both All of the following:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 ~~Either:~~
 - 2.1 ~~The product is to be used as a supplement (maximum 500 ml per day); or~~
 - 2.2 ~~The product is to be used as a complete diet; and~~
- 3 ~~General Practitioners must include the name of the relevant specialist or vocationally registered general practitioner and date contacted.~~

185 PAEDIATRIC PRODUCTS FOR CHILDREN AWAITING LIVER TRANSPLANT

ENTERAL/ORAL FEED 1KCAL/ML – Special Authority see **SA1098 0607** – Hospital pharmacy [HP3]

Powder 78.97 400 g OP ✓ **Generaid Plus**

➔ **SA1098 0607** Special Authority for Subsidy

Initial application only from a paediatrician **relevant specialist or vocationally registered general practitioner**.

Approvals valid for 3 years for applications **where the patient is a** meeting the following criteria:

Both:

- 1 child (up to 18 years) who is awaiting liver transplant; ~~and~~
- 2 ~~Either:~~
 - 2.1 ~~The product is to be used as a supplement (maximum 500 ml per day); or~~
 - 2.2 ~~The product is to be used as a complete diet.~~

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

Approvals valid for 3 years **where** for applications meeting the following criteria:

Both:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 ~~Either:~~
 - 2.1 ~~The product is to be used as a supplement (maximum 500 ml per day); or~~
 - 2.2 ~~The product is to be used as a complete diet.~~
- 3 ~~General Practitioners must include the name of the relevant specialist or vocationally registered general practitioner and date contacted.~~

▲ 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

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Generic Mnfr
✓ fully subsidised

Changes to Restrictions - effective 1 April 2011 (continued)

186	PAEDIATRIC PRODUCTS FOR CHILDREN WITH CHRONIC RENAL FAILURE ENTERAL/ORAL FEED 1KCAL/ML – Special Authority see SA1099 0606 – Hospital pharmacy [HP3] Liquid 54.00 400 g OP ✓ Kindergen
	<p>▶ SA1099 0606 Special Authority for Subsidy Initial application only from a paediatrician relevant specialist or vocationally registered general practitioner. Approvals valid for 3 years for applications where the patient is a meeting the following criteria: Both: 1–child (up to 18 years) with chronic renal failure; and 2– Either: 2.1 The product is to be used as a supplement; or 2.2 The product is to be used as a complete diet.</p> <p>Renewal only from a paediatrician relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a relevant specialist or vocationally registered general practitioner. Approvals valid for 3 years where for applications meeting the following criteria: Both: 1 The treatment remains appropriate and the patient is benefiting from treatment; and 2 Either: 2.1 The product is to be used as a supplement; or 2.2 The product is to be used as a complete diet. 3–General Practitioners must include the name of the relevant specialist or vocationally registered general practitioner and date contacted.</p>
186	PAEDIATRIC PRODUCTS PAEDIATRIC ENTERAL FEED 1.5KCAL/ML – Special Authority see SA1100 0896 – Hospital pharmacy [HP3] Liquid 6.00 500 ml OP ✓ Nutrini Energy RTH
	<p>PAEDIATRIC ENTERAL FEED 1KCAL/ML – Special Authority see SA1100 0896 – Hospital pharmacy [HP3] Liquid 2.68 500 ml OP ✓ Nutrini RTH ✓ Pediasure RTH</p> <p>PAEDIATRIC ORAL FEED 1.5KCAL/ML – Special Authority see SA1100 0896 – Hospital pharmacy [HP3] Liquid (strawberry) 1.60 200 ml OP ✓ NutriniDrink Liquid (vanilla) 1.60 200 ml OP ✓ NutriniDrink</p> <p>PAEDIATRIC ORAL FEED 1KCAL/ML – Special Authority see SA1100 0896 – Hospital pharmacy [HP3] Liquid (chocolate) 1.07 200 ml OP ✓ Pediasure Liquid (strawberry) 1.07 200 ml OP ✓ Pediasure Liquid (vanilla) 1.07 200 ml OP ✓ Pediasure 1.27 237 ml OP ✓ Pediasure</p> <p>PAEDIATRIC ORAL FEED WITH FIBRE 1.5KCAL/ML – Special Authority see SA1100 0896 – 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</p> <p>▶ SA1100 0896 Special Authority for Subsidy Initial application only from a relevant specialist or vocationally registered general practitioner. Approvals valid for 1 year for applications meeting the following criteria: Both All of the following: 1 Infant aged one to eight years; and 2 Any of the following:</p>

continued...

Patients pay a manufacturer's surcharge when
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S29 Unapproved medicine supplied under Section 29
‡ safety cap reimbursed **Sole Subsidised Supply**

Changes to Restrictions - effective 1 April 2011 (continued)

continued...

- 2.1 any condition causing malabsorption; or
- 2.2 failure to thrive; or
- 2.3 increased nutritional requirements; and
- 3—Either:
 - 3.1 The product is to be used as a supplement (maximum 500 ml per day); or
 - 3.2 The product is to be used as a complete diet.

Renewal only from a relevant specialist, **vocationally registered general practitioner** or general practitioner on the recommendation of a relevant specialist **or vocationally registered general practitioner**. Approvals valid for 1 year for applications meeting the following criteria:

Both All of the following:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 **Either:**
 - 2.1 The product is to be used as a supplement (maximum 500 ml per day); or
 - 2.2 The product is to be used as a complete diet; and
- 3—General Practitioners must include the name of the **relevant specialist or vocationally registered general practitioner** and date contacted.

187 RENAL PRODUCTS

ENTERAL FEED 2KCAL/ML – Special Authority see **SA1101 0587** – Hospital pharmacy [HP3]

Liquid	6.08	500 ml OP	✓ Nutrison Concentrated
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RENAL ORAL FEED 2KCAL/ML – Special Authority see **SA1101 0587** – Hospital pharmacy [HP3]

Liquid	2.43	200 ml OP	✓ Nepro (strawberry)
	2.88	237 ml OP	✓ Nepro (vanilla)
	(3.31)		NovaSource Renal
Liquid (apricot)	2.88	125 ml OP	✓ Renilon 7.5
Liquid (caramel)	2.88	125 ml OP	✓ Renilon 7.5

▶ **SA1101 0587** Special Authority for Subsidy

Initial application only from a relevant specialist **or vocationally registered general practitioner**. Approvals valid for 3 years for **where the patient has applications meeting the following criteria:**

Both:

- 1—acute or chronic renal failure; and
- 2—**Either:**
 - 2.1 The product is to be used as a supplement (maximum 500 ml per day); or
 - 2.2 The product is to be used as a complete diet.

Renewal only from a relevant specialist, **vocationally registered general practitioner** or general practitioner on the recommendation of a relevant specialist **or vocationally registered general practitioner**. Approvals valid for 3 years for applications meeting the following criteria:

Both All of the following:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 **Either:**
 - 2.1 The product is to be used as a supplement (maximum 500 ml per day); or
 - 2.2 The product is to be used as a complete diet; and
- 3—General Practitioners must include the name of the **relevant specialist or vocationally registered general practitioner** and date contacted.

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Changes to Restrictions - effective 1 April 2011 (continued)

188 SPECIALISED AND ELEMENTAL PRODUCTS

ENTERAL/ORAL ELEMENTAL FEED 1KCAL/ML – Special Authority see **SA1102 0592** – Hospital pharmacy [HP3]

Powder	4.40	79 g OP	✓Vital HN
	7.50	76 g OP	✓Alitraq

ORAL ELEMENTAL FEED 0.8KCAL/ML – Special Authority see **SA1102 0592** – Hospital pharmacy [HP3]

Liquid (grapefruit)	9.50	250 ml OP	✓Elemental 028 Extra
Liquid (pineapple & orange)	9.50	250 ml OP	✓Elemental 028 Extra
Liquid (summer fruit)	9.50	250 ml OP	✓Elemental 028 Extra

ORAL ELEMENTAL FEED 1KCAL/ML – Special Authority see **SA1102 0592** – Hospital pharmacy [HP3]

Powder (unflavoured)	4.50	80.4 g OP	✓Vivonex TEN
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SEMI-ELEMENTAL ENTERAL FEED 1KCAL/ML – Special Authority see **SA1102 0592** – Hospital pharmacy [HP3]

Liquid	12.04	1,000 ml OP	✓Peptisorb
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► **SA1102 0592** Special Authority for Subsidy

Initial application only from a relevant specialist or **vocationally registered general practitioner**. Approvals valid for 1 year for applications meeting the following criteria:

Both:

1—Any of the following:

- 1-1 malabsorption; or
- 1-2 short bowel syndrome; or
- 1-3 enterocutaneous fistulas; or
- 1-4 pancreatitis; and

2—Either:

- 2-1 The product is to be used as a supplement (maximum 500 ml per day); or
- 2-2 The product is to be used as a complete diet.

Notes: Each of these products is highly specialised and would be prescribed only by an expert for a specific disorder. The alternative is hospitalisation.

Elemental 028 Extra is more expensive than other products listed in this section and should only be used where the alternatives have been tried first and/or are unsuitable.

Renewal only from a relevant specialist, **vocationally registered general practitioner** or general practitioner on the recommendation of a relevant specialist or **vocationally registered general practitioner**. Approvals valid for 1 year for applications meeting the following criteria:

Both All of the following:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 Either:
 - 2-1 The product is to be used as a supplement (maximum 500 ml per day); or
 - 2-2 The product is to be used as a complete diet; and
- 3 General Practitioners must include the name of the **relevant specialist or vocationally registered general practitioner** and date contacted.

188 UNDYALISED END STAGE RENAL FAILURE

RENAL ORAL FEED 1KCAL/ML – Special Authority see **SA1103 0586** – Hospital pharmacy [HP3]

Liquid	3.80	237 ml OP	✓Suplena
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► **SA1103 0586** Special Authority for Subsidy

Initial application only from a gastroenterologist or renal physician **relevant specialist or vocationally registered general practitioner**. Approvals valid for 3 years for where the patient has applications meeting the following criteria:

Both:

- 1 undialysed end stage renal patients; and

continued...

Changes to Restrictions - effective 1 April 2011 (continued)

continued...

2— Either:

- 2.1 The product is to be used as a supplement (maximum 500 ml per day); or
- 2.2 The product is to be used as a complete diet.

Note: Where possible, the requirements for oral supplementation should be established in conjunction with assessment by a dietician.

Renewal only from a relevant specialist, **vocationally registered general practitioner** or general practitioner on the recommendation of a relevant specialist or **vocationally registered general practitioner**. Approvals valid for 3 years for applications meeting the following criteria:

Both All of the following:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 Either:
 - 2.1 The product is to be used as a supplement (maximum 500 ml per day); or
 - 2.2 The product is to be used as a complete diet; and
- 3 General Practitioners must include the name of the **relevant specialist or vocationally registered general practitioner** and date contacted.

189 ADULT PRODUCTS STANDARD

► SA0702 Special Authority for Subsidy

Initial application — (Oral feed for cystic fibrosis patient) only from a relevant specialist. Approvals valid for 3 years for applications meeting the following criteria:

Both:

- 1 Cystic fibrosis; and
- 2— Either:
 - 2.1 The product is to be used as a supplement; or
 - 2.2 The product is to be used as a complete diet.

Initial application — (Oral feed for indications other than cystic fibrosis) only from a relevant specialist. Approvals valid for 1 year for applications meeting the following criteria:

Both:

- 1— Any of the following:
 - 1.1 any condition causing malabsorption; or
 - 1.2 failure to thrive; or
 - 1.3 increased nutritional requirements; and
- 2— Either:
 - 2.1 The product is to be used as a supplement; or
 - 2.2 The product is to be used as a complete diet.

Renewal — (Oral feed cystic fibrosis patient) only from a relevant specialist or general practitioner on the recommendation of a relevant specialist. Approvals valid for 3 years for applications meeting the following criteria:

All of the following:

- 1— The treatment remains appropriate and the patient is benefiting from treatment; and
- 2— Either:
 - 2.1 The product is to be used as a supplement; or
 - 2.2 The product is to be used as a complete diet; and
- 3— General Practitioners must include the name of the specialist and date contacted.

Initial application — (Enteral feed) only from a relevant specialist. Approvals valid for 1 year for applications meeting the following criteria:

Both:

- 1— Any of the following:
 - 1.1 enteral feeding; or
 - 1.2 nasogastric; or
 - 1.3 nasoduodenal; or

continued...

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

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

Check your Schedule for full details
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Subsidy
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✓ fully subsidised

Changes to Restrictions - effective 1 April 2011 (continued)

continued...

- 1.4 nasojejunal; or
- 1.5 gastrostomy/jejunostomy; and
- 2— Either:
 - 2.1 The product is to be used as a supplement; or
 - 2.2 The product is to be used as a complete diet.

Renewal — (Enteral feed or Oral feed for indications other than cystic fibrosis) only from a relevant specialist or general practitioner on the recommendation of a relevant specialist. Approvals valid for 1 year for applications meeting the following criteria:

All of the following:

- 1— The treatment remains appropriate and the patient is benefiting from treatment; and
- 2— Either:
 - 2.1 The product is to be used as a supplement; or
 - 2.2 The product is to be used as a complete diet; and
- 3— General Practitioners must include the name of the specialist and date contacted.

Notes: This group of products can be used either as a supplement or as a complete diet.

If a product is being used as a supplement, the limit is 500 ml per day.

Cystic fibrosis patients are exempt the 500 ml per day volume restriction when using Ensure Plus, Fortisip or Resource Plus as a supplement.

189	STANDARD SUPPLEMENTS			
	ORAL FEED 1KCAL/ML – Special Authority see SA1104 0583– Hospital pharmacy [HP3]			
	Powder (chocolate)	4.22	400 g OP	✓ Ensure
		9.50	900 g OP	✓ Ensure
		10.22		✓ Sustagen Hospital Formula
	Powder (strawberry)	4.22	400 g OP	✓ Ensure
	Powder (vanilla)	4.22	400 g OP	✓ Ensure
		9.50	900 g OP	✓ Ensure
		10.22		✓ Sustagen Hospital Formula
	ENTERAL FEED 1KCAL/ML – Special Authority see SA1104 0702 – Hospital pharmacy [HP3]			
	Liquid	1.24	250 ml OP	✓ Isosource Standard ✓ Osmolite
		2.65	500 ml OP	✓ Nutrison Standard RTH
		5.29	1,000 ml OP	✓ Nutrison Standard RTH ✓ Isosource Standard RTH
		2.65	500 ml OP	✓ Osmolite RTH
		5.29	1,000 ml OP	✓ Osmolite RTH
	ENTERAL FEED WITH FIBRE 1 KCAL/ML – Special Authority see SA1104 0702 – Hospital pharmacy [HP3]			
	Liquid	1.32	237 ml OP	✓ Jevity
		2.65	500 ml OP	✓ Nutrison Multi Fibre
		5.29	1,000 ml OP	✓ Nutrison Multi Fibre
		2.65	500 ml OP	✓ Jevity RTH
		5.29	1,000 ml OP	✓ Jevity RTH

continued...

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

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

Changes to Restrictions - effective 1 April 2011 (continued)

continued...

ENTERAL FEED WITH FIBRE 1.5KCAL/ML – Special Authority see SA1104 0702 – Hospital pharmacy [HP3]			
Liquid	1.75	250 ml OP	✓ Ensure Plus HN
	7.00	1,000 ml OP	✓ Ensure Plus RTH
			✓ Nutrison Energy Multi Fibre
ORAL FEED 1.5KCAL/ML – Special Authority see SA1104 0702 – Hospital pharmacy [HP3]			
Liquid (banana)	0.72	200 ml OP	
	(1.26)		Fortisip
	(1.45)		Ensure Plus
Liquid (chocolate)	0.72	200 ml OP	
	(1.26)		Fortisip
	(1.45)		Ensure Plus
	0.85	237 ml OP	
	(1.33)		Ensure Plus
Liquid (coffee latte)	0.85	237 ml OP	
	(1.33)		Ensure Plus
Liquid (fruit of the forest)	0.72	200 ml OP	
	(1.45)		Ensure Plus
Liquid (strawberry)	0.72	200 ml OP	
	(1.26)		Fortisip
	(1.45)		Ensure Plus
	0.85	237 ml OP	
	(1.33)		Ensure Plus
Liquid (toffee)	0.72	200 ml OP	
	(1.26)		Fortisip
Liquid (tropical fruit)	0.72	200 ml OP	
	(1.26)		Fortisip
Liquid (vanilla)	0.72	200 ml OP	
	(1.26)		Fortisip
	(1.45)		Ensure Plus
	0.85	237 ml OP	
	(1.33)		Ensure Plus

Note: Repeats for Fortisip and Ensure Plus, 237 ml OP, will be fully subsidised where the initial dispensing was before 1 April 2011. Repeats for Ensure Plus, 200 ml OP, will be subsidised to the same subsidy level as prior to 1 April 2011

ORAL FEED WITH FIBRE 1.5 KCAL/ML – Special Authority see SA1104 0702 – Hospital pharmacy [HP3]			
Liquid (chocolate)	0.72	200 ml OP	
	(1.26)		Fortisip Multi Fibre
Liquid (strawberry)	0.72	200 ml OP	
	(1.26)		Fortisip Multi Fibre
Liquid (vanilla)	0.72	200 ml OP	
	(1.26)		Fortisip Multi Fibre

Note: Repeats for Fortisip Multi Fibre will be fully subsidised where the initial dispensing was before 1 April 2011.

▶ **SA1104** Special Authority for Subsidy

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

All of the following:

- 1 The patient is under 18 years of age; and**
- 2 Any of the following:**
 - 2.1 The patient has a condition causing malabsorption; or**
 - 2.2 The patient has failure to thrive; or**

continued...

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions - effective 1 April 2011 (continued)

continued...

- 2.3** The patient has increased nutritional requirements; and
3 A nutrition goal has been set (eg reach a specific weight or BMI).

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

Both:

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

Initial application – (Adults) only from a relevant specialist or vocationally registered general practitioner. Approvals valid for 3 months for applications meeting the following criteria:

All of the following:

- 1** Any of the following:
Patient is Malnourished
1.1 Patient has a body mass index (BMI) of less than 18.5 kg/m²; or
1.2 Patient has unintentional weight loss greater than 10% within the last 3-6 months; or
1.3 Patient has a BMI of less than 20 kg/m² and unintentional weight loss greater than 5% within the last 3-6 months; and
2 Any of the following:
First-line dietary measures
Patient has not responded to first-line dietary measures over a 4 week period by:
2.1 increasing their food intake frequency (eg snacks between meals); or,
2.2 using high-energy foods (e.g. milkshakes, full fat milk, butter, cream, cheese, sugar etc); or,
2.3 using over the counter supplements (e.g. complan) and,
3 A nutrition goal has been set (e.g. to reach a specific weight or BMI)

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

Both:

- 1** All of the following:
1.1 A nutrition goal has been set (eg reach a specific weight or BMI); and,
1.2 Any of the following:
Patient is Malnourished
1.2.1 Patient has a body mass index (BMI) of less than 18.5 kg/m²; or
1.2.2 Patient has unintentional weight loss greater than 10% within the last 3-6 months; or
1.2.3 Patient has a BMI of less than 20 kg/m² and unintentional weight loss greater than 5% within the last 3-6 months; and
2 General Practitioners must include the name of the relevant specialist or vocationally registered general practitioner and date contacted.

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

All of the following:

- 1** The patient has had up to a 30 day supply of a 1.0 or a 1.5 kcal/ml Standard Oral Supplement; and,
2 A nutrition goal has been set (eg reach a specific weight or BMI); and,
3 Any of the following:
Patient is Malnourished
3.1 Patient has a body mass index (BMI) of less than 18.5 kg/m²; or

continued...

Changes to Restrictions - effective 1 April 2011 (continued)

continued...

3.2 Patient has unintentional weight loss greater than 10% within the last 3-6 months; or

3.3 Patient has a BMI of less than 20 kg/m² and unintentional weight loss greater than 5% within the last 3-6 months; and

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

The patient has any of the following:

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

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

Both:

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

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

The patient has any of the following:

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

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

Both:

- 1 The patient has any of the following:**
 - 1.1 Is being fed via a tube or a tube is to be inserted for the purpose of feeding (not nasogastric tube - refer to specific medical condition criteria);**
 - 1.2 Cystic Fibrosis; or**
 - 1.3 Liver disease; or**
 - 1.4 Chronic Renal failure; or**
 - 1.5 Inflammatory bowel disease; or**
 - 1.6 Chronic obstructive pulmonary disease with hypercapnia; or**
 - 1.7 Short bowel syndrome; or**
 - 1.8 Bowel fistula; or**

continued...

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions - effective 1 April 2011 (continued)

continued...

1.9 Severe chronic neurological conditions

2 General Practitioners must include the name of the relevant specialist or vocationally registered general practitioner and date contacted

191 ADULT PRODUCTS HIGH CALORIE

ORAL FEED 2KCAL/ML – Special Authority see **SA1105 0585** – Hospital pharmacy [HP3]

Liquid (vanilla) 1.14 237 ml OP
(2.25) Two Cal HN

Note – Repeats for Two Cal HN will be fully subsidised where the initial dispensing was before 1 April 2011.

► **SA1105 0585** Special Authority for Subsidy

Initial application — (Cystic fibrosis) only from a relevant specialist **or vocationally registered general practitioner**. Approvals valid for 3 years for applications meeting the following criteria:

All of the following:

- 1 Cystic fibrosis; and
- 2 other lower calorie products have been tried; and
- 3 patient has substantially increased metabolic requirements; and
- 4 ~~Either:~~
 - 4.1 ~~The product is to be used as a supplement; or~~
 - 4.2 ~~The product is to be used as a complete diet.~~

Initial application — (Indications other than cystic fibrosis) only from a relevant specialist **or vocationally registered general practitioner**. Approvals valid for 1 year for applications meeting the following criteria:

All of the following:

- 1 Any of the following:
 - 1.1 any condition causing malabsorption; or
 - 1.2 failure to thrive; or
 - 1.3 increased nutritional requirements; and
- 2 other lower calorie products have been tried; and
- 3 patient has substantially increased metabolic requirements; and
- 4 ~~Either:~~
 - 4.1 ~~The product is to be used as a supplement; or~~
 - 4.2 ~~The product is to be used as a complete diet.~~

Renewal — (Cystic fibrosis) only from a relevant specialist, **vocationally registered general practitioner** or general practitioner on the recommendation of a relevant specialist **or vocationally registered general practitioner**. Approvals valid for 3 years for applications meeting the following criteria:

Both All of the following:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 General Practitioners must include the name of the **relevant specialist or vocationally registered general practitioner** and date contacted; and
- 3 ~~Either:~~
 - 3.1 ~~The product is to be used as a supplement; or~~
 - 3.2 ~~The product is to be used as a complete diet.~~

Renewal — (Indications other than cystic fibrosis) only from a relevant specialist, **vocationally registered general practitioner** or general practitioner on the recommendation of a relevant specialist **or vocationally registered general practitioner**. Approvals valid for 1 year for applications meeting the following criteria:

Both All of the following:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 General Practitioners must include the name of the **relevant specialist or vocationally registered general practitioner** and date contacted; and
- 3 ~~Either:~~
 - 3.1 ~~The product is to be used as a supplement; or~~
 - 3.2 ~~The product is to be used as a complete diet.~~

continued...

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

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

Check your Schedule for full details
Schedule page ref

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✓ fully subsidised

Changes to Restrictions - effective 1 April 2011 (continued)

continued...

Notes: This product can be used either as a supplement or as a complete diet.
If it is being used as a supplement, the limit is 500 ml per day.

192	FOOD THICKENERS FOOD THICKENER – Special Authority see SA1106 0595 – Hospital pharmacy [HP3] Powder	7.25	380 g OP	✓ Karicare Food Thickener
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▶ **SA1106 0595** Special Authority for Subsidy

Initial application only from a relevant specialist **or vocationally registered general practitioner**. Approvals valid for 1 year where the patient has motor neurone disease with swallowing disorder.

Renewal only from a relevant specialist, **vocationally registered general practitioner** or general practitioner on the recommendation of a relevant specialist **or vocationally registered general practitioner**. Approvals valid for 1 year for applications meeting the following criteria:

Both:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 General Practitioners must include the name of the **relevant specialist or vocationally registered general practitioner** and date contacted.

192 GLUTEN FREE FOODS

The funding of gluten free foods is no longer being actively managed by PHARMAC from 1 April 2011. This means that we are no longer considering the listing of new products, or making subsidy, or other changes to the existing listings. As a result we anticipate that the range of funded items will reduce over time.

Management of Coeliac disease with a gluten free diet is necessary for good outcomes. A range of gluten-free options are available through retail outlets.

▶ **SA1107 0722** Special Authority for Subsidy

Initial application only from a relevant specialist **or vocationally registered general practitioner**. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Either:

- 1 Gluten enteropathy has been diagnosed by biopsy; or
- 2 Patient suffers from dermatitis herpetiformis.

GLUTEN FREE BAKING MIX – Special Authority see **SA1107 0722** – Hospital pharmacy [HP3]

Powder	2.81	1,000 g OP	
	(5.15)		Healtheries Simple Baking Mix

GLUTEN FREE BREAD MIX – Special Authority see **SA1107 0722** – Hospital pharmacy [HP3]

Powder	3.93	1,000 g OP	
	(7.32)		NZB Low Gluten Bread Mix
	4.77		
	(8.71)		Bakels Gluten Free Health Bread Mix
	3.51		
	(10.87)		Horleys Bread Mix

GLUTEN FREE FLOUR – Special Authority see **SA1107 0722** – Hospital pharmacy [HP3]

Powder	5.62	2,000 g OP	
	(18.10)		Horleys Flour

GLUTEN FREE PASTA – Special Authority see **SA1107 0722** – Hospital pharmacy [HP3]

Buckwheat Spirals	2.00	250 g OP	
	(3.11)		Orgran
Corn and Vegetable Shells	2.00	250 g OP	
	(2.92)		Orgran

continued...

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Restrictions - effective 1 April 2011 (continued)

continued...

Corn and Vegetable Spirals	2.00 (2.92)	250 g OP	Orgran
Rice and Corn Lasagne Sheets	1.60 (3.82)	200 g OP	Orgran
Rice and Corn Macaroni	2.00 (2.92)	250 g OP	Orgran
Rice and Corn Penne	2.00 (2.92)	250 g OP	Orgran
Rice and Maize Pasta Spirals	2.00 (2.92)	250 g OP	Orgran
Rice and Millet Spirals	2.00 (3.11)	250 g OP	Orgran
Rice and corn spaghetti noodles	2.00 (2.92)	375 g OP	Orgran
Vegetable and Rice Spirals	2.00 (2.92)	250 g OP	Orgran
Italian long style spaghetti	2.00 (3.11)	220 g OP	Orgran

193 FOODS AND SUPPLEMENTS FOR INBORN ERRORS OF METABOLISM

► SA1108 Special Authority for Subsidy

Initial application only from a relevant specialist or vocationally registered general practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Any of the following:

- 1 Dietary management of homocystinuria; or
- 2 Dietary management of maple syrup urine disease; or
- 3 Dietary management of phenylketonuria (PKU); or
- 4 For use as a supplement to the Ketogenic diet in patients diagnosed with epilepsy.

Supplements For Homocystinuria

AMINOACID FORMULA WITHOUT METHIONINE – Special Authority see SA1108 0732 – Hospital pharmacy [HP3]

See prescribing guideline

Powder	461.94	500 g OP	✓XMET Maxamum
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Supplements For MSUD

AMINOACID FORMULA WITHOUT VALINE, LEUCINE AND ISOLEUCINE – Special Authority see SA1108 0732 – Hospital pharmacy [HP3]

See prescribing guideline

Powder	300.54 437.22	500 g OP	✓MSUD Maxamaid ✓MSUD Maxamum
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Foods and Supplements For PKU

AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA1108 0733 – Hospital pharmacy [HP3]

See prescribing guideline

Tabs	99.00	75 OP	✓Phlexy 10
Sachets (pineapple/vanilla) 29 g	330.10	30 OP	✓Minaphlex
Sachets (tropical)	324.00	30	✓Phlexy 10
Infant formula	174.72	400 g OP	✓PKU Anamix Infant ✓XP Analog LCP
Powder (orange)	221.00 320.00	500 g OP	✓XP Maxamaid ✓XP Maxamum

continued...

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

‡ safety cap reimbursed

Sole Subsidised Supply

Check your Schedule for full details
Schedule page ref

Subsidy
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Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions - effective 1 April 2011 (continued)

continued...

Powder (unflavoured)	221.00	500 g OP	✓XP Maxamaid
	320.00		✓XP Maxamum
Liquid (berry)	15.65	62.5 ml OP	✓Lophlex LQ
	31.20	125 ml OP	✓Lophlex LQ
	15.65	62.5 ml OP	✓PKU Lophlex LQ
	31.20	125 ml OP	✓PKU Lophlex LQ
Liquid (citrus)	15.65	62.5 ml OP	✓Lophlex LQ
	31.20	125 ml OP	✓Lophlex LQ
	15.65	62.5 ml OP	✓PKU Lophlex LQ
	31.20	125 ml OP	✓PKU Lophlex LQ
Liquid (forest berries)	30.00	250 ml OP	✓Easiphen Liquid
Liquid (orange)	15.65	62.5 ml OP	✓Lophlex LQ
	31.20	125 ml OP	✓Lophlex LQ
	15.65	62.5 ml OP	✓PKU Lophlex LQ
	31.20	125 ml OP	✓PKU Lophlex LQ
Liquid (tropical)	30.00	250 ml OP	✓Easiphen

LOW PROTEIN PHENYL-FREE BAKING MIX – Special Authority see **SA1108 0733** – Hospital pharmacy [HP3]

See prescribing guideline

Powder	8.22	500 g OP	✓Loprofin Mix
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LOW PROTEIN PHENYL-FREE PASTA – Special Authority see **SA1108 0733** – Hospital pharmacy [HP3]

See prescribing guideline

Animal shapes	11.91	500 g OP	✓Loprofin
Lasagne	5.95	250 g OP	✓Loprofin
Low protein rice pasta	11.91	500 g OP	✓Loprofin
Macaroni	5.95	250 g OP	✓Loprofin
Penne	11.91	500 g OP	✓Loprofin
Spaghetti	11.91	500 g OP	✓Loprofin
Spirals	11.91	500 g OP	✓Loprofin

Multivitamin And Mineral Supplements

AMINOACID FORMULA WITH MINERALS WITHOUT PHENYLALANINE – Special Authority see **SA1108 0962** –

Retail pharmacy

See prescribing guideline-

Powder	23.38	100 g OP	✓Metabolic Mineral Mixture
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193 FOODS AND SUPPLEMENTS FOR INBORN ERRORS OF METABOLISM – OTHER

► **SA0732** Special Authority for Subsidy

Initial application only from a relevant specialist. Approvals valid for 3 years for applications meeting the following criteria:

Either:

- 1— dietary management of homocystinuria; or
- 2— dietary management of maple syrup urine disease.

Renewal only from a relevant specialist or general practitioner on the recommendation of a relevant specialist.

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

Both:

- 1— The treatment remains appropriate and the patient is benefiting from treatment; and
- 2— General Practitioners must include the name of the specialist and date contacted.

Prescribing Guideline

It can cost up to \$70,000 a year to keep an adult on protein supplements. Because protein substitutes are so expensive and because they are only effective in controlling PKU if a restricted diet is followed, adults with PKU

continued...

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

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

Check your Schedule for full details
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Changes to Restrictions - effective 1 April 2011 (continued)

continued...

will be required to demonstrate they are following the prescribed diet by regular blood testing. The requirement for testing applies to those aged over 16 years.

Failure to follow an appropriate diet results in high blood phenylalanine levels.

The subsidy for these products reflects the philosophy that the patient incurs no additional financial burden for purchasing specialised more expensive products.

194 FOODS AND SUPPLEMENTS FOR INBORN ERRORS OF METABOLISM – PKU Prescribing Guideline

It can cost up to \$70,000 a year to keep an adult on protein supplements. Because protein substitutes are so expensive and because they are only effective in controlling PKU if a restricted diet is followed, adults with PKU will be required to demonstrate they are following the prescribed diet by regular blood testing. The requirement for testing applies to those aged over 16 years.

Failure to follow an appropriate diet results in high blood phenylalanine levels.

The subsidy for these products reflects the philosophy that the patient incurs no additional financial burden for purchasing specialised more expensive products.

194 FOODS AND SUPPLEMENTS FOR PKU

► SA0733 Special Authority for Subsidy

Initial application — (Patient aged over 16) only from a relevant specialist. Approvals valid for 1 year for applications meeting the following criteria:

Both:

1— dietary management of PKU; and

2— The patient's blood phenylalanine level is < 900 mmol/litre (average of tests over last 12 months).

Initial application — (Patient aged 16 or under) only from a relevant specialist. Approvals valid for 3 years where the patient requires dietary management of PKU.

Renewal — (Patient aged over 16) only from a relevant specialist. Approvals valid for 1 year where blood phenylalanine level < 900 mmol/litre (average of tests over last 12 months).

Renewal — (Patient aged 16 or under) only from a relevant specialist or general practitioner on the recommendation of a relevant specialist. Approvals valid for 3 years for applications meeting the following criteria:

Both:

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

2— General Practitioners must include the name of the specialist and date contacted.

196 Multivitamin And Mineral Supplements

► SA0962 Special Authority for Subsidy

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

Any of the following:

1— Dietary management of phenylketonuria (PKU); or

2— For use as a supplement to the ketogenic diet in patients diagnosed with epilepsy; or

3— Patient has had a previous approval for metabolic mineral mixture.

196 FOR PREMATURE INFANTS

PREMATURE BIRTH FORMULA – Special Authority see SA1109 – Hospital pharmacy [HP3]

Liquid 0.75 100 ml OP ✓ S26LBW Gold RTF

► SA1109 0602 Special Authority for Subsidy

Initial application only from a relevant specialist or vocationally registered general practitioner. Approvals valid for 6 months where the patient is infant weighing less than 1.5 kg at birth.

Changes to Restrictions - effective 1 April 2011 (continued)

- 196 FOR WILLIAMS SYNDROME
LOW CALCIUM INFANT FORMULA – Special Authority see **SA1110 0604** – Hospital pharmacy [HP3]
Powder 44.40 400 g OP ✓ **Locasol**

➔ **SA1110 0604** Special Authority for Subsidy

Initial application only from a relevant specialist **or vocationally registered general practitioner**. Approvals valid for 1 year where the patient is an infant suffering from Williams Syndrome and associated hypercalcaemia.

Renewal only from a relevant specialist, **vocationally registered general practitioner** or general practitioner on the recommendation of a relevant specialist **or vocationally registered general practitioner**. Approvals valid for 1 year for applications meeting the following criteria:

Both:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 General Practitioners must include the name of the **relevant specialist or vocationally registered general practitioner** and date contacted.

- 196 FOR GASTROINTESTINAL AND OTHER MALABSORPTIVE PROBLEMS

➔ **SA0603** Special Authority for Subsidy

Initial application only from a relevant specialist. Approvals valid for 1 year where the patient is infant suffering from malabsorption and other gastrointestinal problems.

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

Both:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 General Practitioners must include the name of the specialist and date contacted.

Neocate should be used only as a last resort when the infant is unable to absorb any of the below formulae. The objective with each of the formulae prescribed is to get the infant off them as soon as possible. This may take six months, it may take three years. Because of this, variation on age limit is not regarded as appropriate. These formulae will be available only from a hospital pharmacy. Vivonex Pediatric may be a suitable and less expensive alternative for many children that would otherwise be eligible for a subsidy for Neocate and should, therefore, be tried first in these cases. The subsidy for these products reflects the philosophy that the patient incurs no additional financial burden for purchasing specialised more expensive products.

- 197 **AMINO ACID FORMULA** – Special Authority see **SA1111** – Hospital pharmacy [HP3]

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

➔ **SA1111** Special Authority for Subsidy

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

Any of the following:

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

continued...

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

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

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Generic Mnfr
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Changes to Restrictions - effective 1 April 2011 (continued)

continued...

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

- 1 **Assessment as to whether the infant can be transitioned to a cows milk protein formula or an extensively hydrolysed formula.**
- 2 **General Practitioners must include the name of the relevant specialist or vocationally registered general practitioner and 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**

► **SA1112** Special Authority for Subsidy

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

Any of the following:

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

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

- 1 **Assessment as to whether the infant can be transitioned to a cows milk protein formula has been undertaken, and**
- 2 **General Practitioners must include the name of the relevant specialist or vocationally registered general practitioner and date contacted.**

Effective 1 March 2011

31 **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 × 50 and lancets × 5 19.10 **50 test OP †OP** ✓ **On Call Advanced**
19.60 ✓ **CareSens**

Note – pack size change from 1 OP to 50 test OP. The pharmacodes for these packs have also changed.

35 **IMIGLUCERASE** – Special Authority see SA0473 – Retail pharmacy
Inj 40 iu per ml, 400 iu vial 2,144.00 1 ✓ **Cerezyme** ~~S29~~

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions - effective 1 March 2011 (continued)

48	CILAZAPRIL – Brand switch fee payable			
	* Tab 0.5 mg	0.95	30	✓ Zapril
	* Tab 2.5 mg	2.06	30	✓ Zapril
	* Tab 5 mg	3.28	30	✓ Zapril

56	SILDENAFIL – Special Authority see SA1086 0968 – Retail pharmacy			
	Tab 25 mg	52.00	4	✓ Viagra
	Tab 50 mg	59.50	4	✓ Viagra
	Tab 100 mg	68.00	4	✓ Viagra

Note – Change to criteria. Application details may be obtained from PHARMAC's website <http://www.pharmac.govt.nz> or The Coordinator, PAH Panel.

- 98 **INFLUENZA VACCINE – Hospital pharmacy [Xpharm]**
- A) is available 1 March until vaccine supplies are exhausted each year for patients who meet the following criteria, as set by the Ministry of Health:
- a) all people 65 years of age and over;
 - b) people under 65 years of age with:
 - i) the following cardiovascular disease:
 - 1) ischaemic heart disease,
 - 2) congestive heart disease,
 - 3) rheumatic heart disease,
 - 4) congenital heart disease, or
 - 5) cerebo-vascular disease;
 - ii) the following chronic respiratory disease:
 - 1) asthma, if on a regular preventative therapy, or
 - 2) other chronic respiratory disease with impaired lung function;
 - iii) diabetes;
 - iv) chronic renal disease;
 - v) any cancer, excluding basal and squamous skin cancers if not invasive;
 - vi) the following other conditions:
 - a) autoimmune disease,
 - b) immune suppression,
 - c) HIV,
 - d) transplant recipients,
 - e) neuromuscular and CNS diseases,
 - f) haemoglobinopathies, or
 - g) children on long term aspirin, or
 - h) pregnancy.**
 - ~~c) people under 65 years of age who are:

 - i) pregnant; or
 - ii) morbidly obese~~
 - ~~d) children aged over 6 months and under 5 years who are from high deprivation backgrounds~~
- The following conditions are excluded from funding:
- a) asthma not requiring regular preventative therapy,
 - b) hypertension and/or dyslipidaemia without evidence of end-organ disease,
- B) Doctors are the only Contractors entitled to claim payment from the Funder for the supply of influenza vaccine to patients eligible under the above criteria for subsidised immunisation and they may only do so in respect of the influenza vaccine listed in the Pharmaceutical Schedule.
- C) Individual DHBs may fund patients over and above the above criteria. The claiming process for these additional patients should be determined between the DHB and Contractor.

continued...

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions - effective 1 March 2011 (continued)

continued...

	D) Influenza Vaccine does not fall within the definition Community Pharmaceutical as it is not funded directly from the Pharmaceutical Budget. Pharmacists are unable to claim for the dispensing of influenza vaccine from the Funder.			
	Inj	90.00	10	✓ Fluvax ✓ Fluairix
141	VARENICLINE TARTRATE – Special Authority see SA1054 – Retail pharmacy Tab 0.5 mg × 11 and 1 mg × 14		60.48	25 OP †OP ✓ Champix
	Note – pack size change from 1 OP to 25 tab OP. The pharmacode for this pack has also changed.			
145	GEMCITABINE HYDROCHLORIDE – PCT only – Specialist – Special Authority see SA1087 ††2			
	Inj 1 g	62.50	1	✓ Gemcitabine Ebewe
		349.20		✓ Gemzar
	Inj 200 mg	12.50	1	✓ Gemcitabine Ebewe
		78.00		✓ Gemzar
	Inj 1 mg for ECP	0.07	1 mg	✓ Baxter

▶ SA1087 ††2 Special Authority for Subsidy

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

All of the following:

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

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

Both:

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

Note: Indications marked with a * are Unapproved Indications.

Initial application — (Cholangiocarcinoma) 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 locally advanced or metastatic, cholangiocarcinoma*; and
- 2 Gemcitabine to be given for a maximum of 8 treatment cycles.

Notes: Cholangiocarcinoma encompasses epithelial tumours of the hepatobiliary tree, including tumours of bile ducts, ampulla of vater and gallbladder. Indications marked with a * are Unapproved Indications.

Initial application — (Pancreatic 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:

Either

- 1 Both:
 - 1.1 The patient has macroscopically resected (R0) pancreatic carcinoma*; and
 - 1.2 Adjuvant gemcitabine to be administered for a maximum of 6 cycles; or
- 2 Both:

continued...

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Restrictions - effective 1 March 2011 (continued)

continued...

2.1 The patient has advanced pancreatic carcinoma; and

2.2 The patient is gemcitabine treatment naïve.

Note: Indications marked with a * are Unapproved Indications.

Renewal - (Pancreatic 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:

All of the following:

- 1 The patient has received gemcitabine for advanced pancreatic carcinoma; and**
- 2 The patient has not received gemcitabine for adjuvant treatment pancreatic carcinoma; and**
- 3 The patient requires continued therapy.**

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

Any of the following:

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

Note: Indications marked with a * are Unapproved Indications.

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

Either:

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

Effective 23 February 2011

27	CLARITHROMYCIN Tab 500 mg – Subsidy by endorsement23.30	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 23 February 2011 and the prescription is 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 amoxicillin or metronidazole.		
	Note: Where clarithromycin 250 mg tablets have been prescribed, the subsidy will only apply for the 500 mg tablets if the prescription meets the restrictions for clarithromycin 250 mg tablets.		

Effective 1 February 2011

41	CLOPIDOGREL – Brand switch fee payable Tab 75 mg5.05	28	✓ Apo-Clopidogrel
		90	✓ Apo-Clopidogrel
117	FENTANYL —Special Authority see SA0935—Retail pharmacy a) Only on a controlled drug form b) No patient co-payment payable Transdermal patch, matrix 25 µg per hour – Special Authority see SA1080 – Retail pharmacy55.23	5	✓ Durogesic

continued...

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Restrictions - effective 1 February 2011 (continued)

continued...

Transdermal patch, matrix 50 µg per hour – Special Authority see SA1080 – Retail pharmacy	100.52	5	✓ Durogesic
Transdermal patch, matrix 75 µg per hour – Special Authority see SA1080 – Retail pharmacy	139.18	5	✓ Durogesic
Transdermal patch, matrix 100 µg per hour – Special Authority see SA1080 – Retail pharmacy	171.22	5	✓ Durogesic

▶ **SA1080** ~~0935~~ Special Authority for Subsidy

Notes: Subsidy for patients pre-approved by PHARMAC on 1 February 2011. Approvals valid for 6 months. No new approvals will be granted from 1 February 2011.

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

Both:

1— Patient is terminally ill and is opioid-responsive; and

2— Either:

2.1 is unable to take oral medication; or

2.2 is intolerant to morphine, or morphine is contraindicated.

Renewal from any relevant practitioner. Approvals valid for 3 months where the treatment remains appropriate and the patient is benefiting from treatment.

132 Risperidone – Special Authority see SA0926 – Retail pharmacy			
Inj Microspheres for injection 25 mg per 2 ml	175.00	1	✓ Risperdal Consta
Inj Microspheres for injection 37.5 mg per 2 ml	230.00	1	✓ Risperdal Consta
Inj Microspheres for injection 50 mg per 2 ml	280.00	1	✓ Risperdal Consta

▶ **SA0926** Special Authority for Subsidy

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

All of the following:

- 1 The patient has schizophrenia or other psychotic disorder; and
- 2 Has tried but failed to comply with treatment using oral atypical antipsychotic agents; and
- 3 Has been admitted to hospital or treated in respite care, or intensive outpatient or home-based treatment for 30 days or more in last 12 months.

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

Either:

1 Both:

1.1 The patient has had less than 12 months treatment with risperidone **depot injection microspheres**; and

1.2 There is no clinical reason to discontinue treatment; or

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

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

Effective 1 January 2011

47 TERAZOSIN HYDROCHLORIDE – Brand switch fee payable			
* Tab 1 mg	1.50	28	✓ Arrow
* Tab 2 mg	0.80	28	✓ Arrow
* Tab 5 mg	1.00	28	✓ Arrow

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Restrictions - effective 1 January 2011 (continued)

54	INDAPAMIDE – Brand switch fee payable * Tab 2.5 mg	2.95	90	✓ Dapa-Tabs
86	MOXIFLOXACIN – Special Authority see SA1065 – Retail pharmacy – No patient co-payment payable Tab 400 mg	52.00	5	✓ Avelox
<p>▶ SA1065] Special Authority for Subsidy Initial application only from a respiratory specialist or infectious disease specialist. Approvals valid for 1 year for applications meeting the following criteria: Either: 1 Both: 1.1 Active tuberculosis*; and 1.2 Any of the following: 1.2.1 Documented resistance to one or more first-line medications; or 1.2.2 Suspected resistance to one or more first-line medications (tuberculosis assumed to be contracted in an area with known resistance), as part of regimen containing other second-line agents; or 1.2.3 Impaired visual acuity (considered to preclude ethambutol use); or 1.2.4 Significant pre-existing liver disease or hepatotoxicity from tuberculosis medications; or 1.2.5 Significant documented intolerance and/or side effects following a reasonable trial of first-line medications; or 2 Mycobacterium avium-intracellulare complex not responding to other therapy or where such therapy is contraindicated.*. Note: Indications marked with * are Unapproved Indications (refer to Section A: General Rules, Part I (Interpretations and Definitions) and Part IV (Miscellaneous Provisions) rule 4.6). Renewal only from a respiratory specialist or infectious disease specialist. Approvals valid for 1 year where the treatment remains appropriate and the patient is benefiting from treatment.</p>				
87	DAPSONE – No patient co-payment payable Tab 25 mg	95.00	100	✓ Dapsone -\$29
	Tab 100 mg	110.00	100	✓ Dapsone -\$29
115	BROMOCRIPTINE MESYLATE * Cap 5 mg	60.43	100	✓ Apo-Bromocriptine -\$29
123	GABAPENTIN – Special Authority see SA1071 1009 – Retail pharmacy ▲ Cap 100 mg	7.16	100	✓ Nupentin
	▲ Cap 300 mg	11.50	100	✓ Nupentin
	▲ Cap 400 mg	14.75	100	✓ Nupentin
<p>▶ SA1071 1009] Special Authority for Subsidy Initial application — (Epilepsy — new patients) from any relevant practitioner. Approvals valid for 15 months for applications meeting the following criteria: Either: 1 Seizures are not adequately controlled with optimal treatment with other antiepilepsy agents; or 2 Seizures are controlled adequately but the patient has experienced unacceptable side effects from optimal treatment with other antiepilepsy agents. Note: "Optimal treatment with other antiepilepsy agents" is defined as treatment with other antiepilepsy agents which are indicated and clinically appropriate for the patient, given in adequate doses for the patient's age, weight, and other features affecting the pharmacokinetics of the drug with good evidence of compliance.</p>				

continued...

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

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

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 January 2011 (continued)

continued...

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

Either:

- 1 Patient has demonstrated a significant and sustained improvement in seizure rate or severity and/or quality of life from gabapentin; or
- 2 Seizures are not adequately controlled with optimal treatment with other antiepilepsy agents, or seizures are controlled adequately but the patient has experienced unacceptable side effects from optimal treatment with other antiepilepsy agents.

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

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

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

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

Either:

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

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

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

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

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

Either:

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

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

125 VIGABATRIN — Special Authority see SA1072 ††† — Retail pharmacy
▲ Tab 500 mg 119.30 100 ✓ Sabril

► SA1072 ††† Special Authority for Subsidy

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

Both:

1 Either:

1.1 Patient has infantile spasms; or

1.2 Both:

1.2.1 Patient has epilepsy; and

1.2.2 Either:

continued...

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Restrictions - effective 1 January 2011 (continued)

continued...

- 1.2.2.1 Seizures are not adequately controlled with optimal treatment with other antiepilepsy agents; or
- 1.2.2.2 Seizures are controlled adequately but the patient has experienced unacceptable side effects from optimal treatment with other antiepilepsy agents; and

2 Either:

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

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

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

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

Either:

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

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

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

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

Both:

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

2 Either:

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

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

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

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

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

137 DEXAMPHETAMINE SULPHATE – Special Authority see **SA1073 0907** – Retail pharmacy

Only on a controlled drug form

Tab 5 mg 16.50 100 ✓ **PSM**

▶ **SA1073 0907** Special Authority for Subsidy

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

All of the following:

1 ADHD (Attention Deficit and Hyperactivity Disorder) patients aged 5 years or over; and

2 Diagnosed according to DSM-IV or ICD 10 criteria; and

3 Either:

3.1 Applicant is a paediatrician or psychiatrist; or

3.2 Both:

continued...

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions - effective 1 January 2011 (continued)

continued...

- 3.2.1 Applicant is a medical practitioner and confirms that a relevant specialist has been consulted within the last 2 years and has recommended treatment for the patient; and
- 3.2.2 Provide name of the recommending specialist.

Initial application — (ADHD in patients 5 or over — patient has had an approval for dexamphetamine for ADHD prior to 1 April 2008) only from a paediatrician, psychiatrist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 24 months for applications meeting the following criteria:

Both:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 Either:

2.1 Applicant is a paediatrician or psychiatrist; or

2.2 Both:

2.2.1 Applicant is a medical practitioner and confirms that a relevant specialist has been consulted within the last 2 years and has recommended treatment for the patient; and

2.2.2 Provide name of the recommending specialist.

Initial application — (ADHD in patients under 5 — new patients) only from a paediatrician or psychiatrist.

Approvals valid for 12 months for applications meeting the following criteria:

Both:

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

Initial application — (ADHD in patients under 5 — patient has had an approval for dexamphetamine for ADHD in patients under 5 prior to 1 April 2008) only from a paediatrician or psychiatrist. Approvals valid for 12 months where the treatment remains appropriate and the patient is benefiting from treatment.

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

Initial application — (Narcolepsy — patient has had an approval for dexamphetamine for narcolepsy prior to 1 April 2008) only from a neurologist or respiratory specialist. Approvals valid for 24 months where the treatment remains appropriate and the patient is benefiting from treatment.

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

Both:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 Either:

2.1 Applicant is a paediatrician or psychiatrist; or

2.2 Both:

2.2.1 Applicant is a medical practitioner and confirms that a relevant specialist has been consulted within the last 2 years and has recommended treatment for the patient; and

2.2.2 Provide name of the recommending specialist.

Note: If the patient had an approval for dexamphetamine for ADHD prior to 1 April 2008 the applicant is required to submit a fresh initial application in the first instance, not a renewal application. Please phone the Contact Centre on 0800 243 666 for clarification if needed.

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

Note: If the patient had an approval for dexamphetamine for ADHD in patients under 5 prior to 1 April 2008 the applicant is required to submit a fresh initial application in the first instance, not a renewal application. Please phone the Contact Centre on 0800 243 666 for clarification if needed.

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

Note: If the patient had an approval for dexamphetamine for narcolepsy prior to 1 April 2008 the applicant is required to submit a fresh initial application in the first instance, not a renewal application. Please phone the Contact Centre on 0800 243 666 for clarification if needed.

Changes to Restrictions - effective 1 January 2011 (continued)

138	METHYLPHENIDATE HYDROCHLORIDE – Special Authority see SA1074 0908 – Retail pharmacy			
	Only on a controlled drug form			
	Tab immediate-release 5 mg	3.20	30	✓ Rubifen
	Tab immediate-release 10 mg	3.00	30	✓ Ritalin
				✓ Rubifen
	Tab immediate-release 20 mg	7.85	30	✓ Rubifen
	Tab sustained-release 20 mg	10.95	30	✓ Rubifen SR
		50.00	100	✓ Ritalin SR

➔ **SA1074 0908** Special Authority for Subsidy

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

All of the following:

- 1 ADHD (Attention Deficit and Hyperactivity Disorder) patients aged 5 years or over; and
- 2 Diagnosed according to DSM-IV or ICD 10 criteria; and
- 3 Either:

3.1 Applicant is a paediatrician or psychiatrist; or

3.2 Both:

- 3.2.1 Applicant is a medical practitioner and confirms that a relevant specialist has been consulted within the last 2 years and has recommended treatment for the patient; and
- 3.2.2 Provide name of the recommending specialist.

~~Initial application — (ADHD in patients 5 or over—patient has had an approval for methylphenidate for ADHD prior to 1 April 2008) only from a paediatrician, psychiatrist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 24 months for applications meeting the following criteria:~~

~~Both:~~

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

~~2 Either:~~

~~2.1 Applicant is a paediatrician or psychiatrist; or~~

~~2.2 Both:~~

~~2.2.1 Applicant is a medical practitioner and confirms that a relevant specialist has been consulted within the last 2 years and has recommended treatment for the patient; and~~

~~2.2.2 Provide name of the recommending specialist.~~

Initial application — (ADHD in patients under 5—~~new patients~~) only from a paediatrician or psychiatrist.

Approvals valid for 12 months for applications meeting the following criteria:

Both:

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

~~Initial application — (ADHD in patients under 5—patient has had an approval for methylphenidate for ADHD in patients under 5 prior to 1 April 2008) only from a paediatrician or psychiatrist. Approvals valid for 12 months where the treatment remains appropriate and the patient is benefiting from treatment.~~

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

~~Initial application — (Narcolepsy—patient has had an approval for methylphenidate for narcolepsy prior to 1 April 2008) only from a neurologist or respiratory specialist. Approvals valid for 24 months where the treatment remains appropriate and the patient is benefiting from treatment.~~

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

Both:

continued...

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions - effective 1 January 2011 (continued)

continued...

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

Note: If the patient had an approval for methylphenidate for ADHD prior to 1 April 2008 the applicant is required to submit a fresh initial application in the first instance, not a renewal application. Please phone the Contact Centre on 0800 243 666 for clarification if needed.

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

Note: If the patient had an approval for methylphenidate for ADHD in patients under 5 prior to 1 April 2008 the applicant is required to submit a fresh initial application in the first instance, not a renewal application. Please phone the Contact Centre on 0800 243 666 for clarification if needed.

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

Note: If the patient had an approval for methylphenidate for narcolepsy prior to 1 April 2008 the applicant is required to submit a fresh initial application in the first instance, not a renewal application. Please phone the Contact Centre on 0800 243 666 for clarification if needed.

142 NICOTINE

Nicotine will not be funded Close Control in amounts less than 4 weeks of treatment.

- a) Maximum of 768 piece per prescription
- b) Maximum of 384 piece per dispensing
- c) For the avoidance of doubt Nicotine will not be funded Close Control in amounts less than 4 weeks.
- d) The maximum of 384 piece per dispensing cannot be waived via Access Exemption Criteria:

Gum 2 mg (Classic)	14.97	96	✓ Habitrol
Gum 2 mg (Fruit)	14.97	96 0P	✓ Habitrol
Gum 2 mg (Mint)	14.97	96 0P	✓ Habitrol
Gum 4 mg (Classic)	20.02	96	✓ Habitrol
Gum 4 mg (Fruit)	20.02	96 0P	✓ Habitrol
Gum 4 mg (Mint)	20.02	96 0P	✓ Habitrol

142 NICOTINE

Nicotine will not be funded Close Control in amounts less than 4 weeks of treatment.

- a) Maximum of 432 loz per prescription
- b) Maximum of 216 loz per dispensing
- c) For the avoidance of doubt Nicotine will not be funded Close Control in amounts less than 4 weeks.
- d) The maximum of 216 loz per dispensing cannot be waived via Access Exemption Criteria:

Lozenge 1 mg	11.08	36 0P	✓ Habitrol
Lozenge 2 mg	11.08	36 0P	✓ Habitrol

142 NICOTINE

Nicotine will not be funded Close Control in amounts less than 4 weeks of treatment.

- a) Maximum of 56 patch per prescription
- b) Maximum of 28 patch per dispensing
- c) For the avoidance of doubt Nicotine will not be funded Close Control in amounts less than 4 weeks.
- d) The maximum of 28 patch per dispensing cannot be waived via Access Exemption Criteria:

Patch 7 mg	10.53	7 0P	✓ Habitrol
Patch 14 mg	11.63	7 0P	✓ Habitrol
Patch 21 mg	12.32	7 0P	✓ Habitrol

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Restrictions - effective 1 January 2011 (continued)

149	MITOMYCIN C – PCT only – Specialist Inj 5 mg	72.75	1	✓ Arrow S29
150	TRETINOIN Cap 10 mg – PCT – Retail pharmacy-Specialist	435.90	100	✓ Vesanoid
156	AZATHIOPRINE – Retail pharmacy-Specialist * Tab 50 mg – Brand switch fee payable	18.45	100	✓ Imuprine
163	IPRATROPIUM BROMIDE Nebuliser soln, 250 µg per ml, 1 ml – Up to 40 neb available on a PSO – Brand switch fee payable	3.79	20	✓ Univent
	Nebuliser soln, 250 µg per ml, 2 ml – Up to 40 neb available			
	on a PSO – Brand switch fee payable	4.06	20	✓ Univent
172	<p>EXTEMPORANEOUSLY COMPOUNDED PRODUCTS & GALENICALS</p> <p>Dermatological base: The products listed in the Barrier creams and Emollients section and the Topical Corticosteroids-Plain section of the Pharmaceutical Schedule are classified as dermatological bases for the purposes of extemporaneous compounding and are the bases to which the dermatological galenicals can be added. Also the dermatological bases in the Barrier Creams and Emollients section of the Pharmaceutical Schedule can be used for diluting proprietary Topical Corticosteroid-Plain preparations.</p> <p>The following products are dermatological bases:</p> <ul style="list-style-type: none"> • Aqueous cream • Cetomacrogol cream BP • Collo-dion flexible • Emulsifying ointment BP • Glycerol with paraffin and cetyl alcohol lotion • Hydrocortisone with wool fat and mineral oil lotion • Oil in water emulsion • Oily cream • Urea cream 10% • White soft paraffin • Wool fat with mineral oil lotion • Zinc cream BP • Zinc and castor oil ointment BP • Proprietary Topical Corticosteroid-Plain 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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
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Changes to Subsidy and Manufacturer's Price

Effective 1 April 2011

47	DOXAZOSIN MESYLATE (↓ subsidy)				
	* Tab 2 mg	8.23	500	✓ Apo-Doxazosin	
	* Tab 4 mg	12.40	500	✓ Apo-Doxazosin	
52	SOTALOL (↑ subsidy)				
	* Inj 10 mg per ml, 4 ml	65.39	5	✓ Sotacor	
55	ISOSORBIDE MONONITRATE (↓ subsidy)				
	* Tab 20 mg	17.10	100	✓ Ismo 20	
	* Tab long-acting 40 mg	7.50	30	✓ Corangin	
75	FLUDROCORTISONE ACETATE (↑ subsidy)				
	* Tab 100 µg	14.32	100	✓ Florinef	
119	AMITRIPTYLINE (↓ subsidy)				
	Tab 25 mg	1.85	100	✓ Amitrip	
	Tab 50 mg	3.60	100	✓ Amitrip	
123	ETHOSUXIMIDE (↑ subsidy)				
	*‡ Oral liq 250 mg per 5 ml	13.60	200 ml	✓ Zarontin	
127	METOCLOPRAMIDE HYDROCHLORIDE (↓ subsidy)				
	* Tab 10 mg	3.95	100	✓ Metamide	
143	BUSULPHAN (↑ subsidy)				
	Tab 2 mg	59.50	100	✓ Myleran	
156	EXEMESTANE (↓ subsidy)				
	Tab 25 mg	22.57	30	✓ Aromasin	
156	TAMOXIFEN CITRATE (↓ subsidy)				
	* Tab 20 mg	8.75	100	✓ Genox	
166	CHLORAMPHENICOL (↑ subsidy)				
	Ear drops 0.5%	2.20	5 ml OP	✓ Chloromycetin	
166	TRIAMCINOLONE ACETONIDE WITH GRAMICIDIN, NEOMYCIN AND NYSTATIN (↑ subsidy)				
	Ear drops 1 mg with nystatin 100,000 u, neomycin sulphate 2.5 mg and gramicidin 250 µg per g	5.16	7.5 ml OP	✓ Kenacomb	

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 April 2011 (continued)

191	ORAL FEED 1.5KCAL/ML – Special Authority see SA1104 – Hospital pharmacy [HP3] (↓ subsidy)		
	Liquid (banana)	0.72 (1.26) (1.45)	200 ml OP Fortisip Ensure Plus
	Liquid (chocolate)	0.72 (1.26) (1.45)	200 ml OP Fortisip Ensure Plus
	Liquid (coffee latte)	0.85 (1.33)	237 ml OP Ensure Plus
	Liquid (fruit of the forest)	0.72 (1.45)	200 ml OP Ensure Plus
	Liquid (strawberry)	0.72 (1.26) (1.45)	200 ml OP Fortisip Ensure Plus
	Liquid (toffee)	0.85 (1.33)	237 ml OP Ensure Plus
	Liquid (tropical fruit)	0.72 (1.26)	200 ml OP Fortisip
	Liquid (vanilla)	0.72 (1.26) (1.45)	200 ml OP Fortisip Ensure Plus
		0.85 (1.33)	237 ml OP Ensure Plus

Note: Repeats for Fortisip and Ensure Plus, 237 ml OP, will be fully subsidised where the initial dispensing was before 1 April 2011. Repeats for Ensure Plus, 200 ml OP, will be subsidised to the same subsidy level as prior to 1 April 2011

191	ORAL FEED WITH FIBRE 1.5 KCAL/ML – Special Authority see SA1104 – Hospital pharmacy [HP3] (↓ subsidy)		
	Liquid (chocolate)	0.72 (1.26)	200 ml OP Fortisip Multi Fibre
	Liquid (strawberry)	0.72 (1.26)	200 ml OP Fortisip Multi Fibre
	Liquid (vanilla)	0.72 (1.26)	200 ml OP Fortisip Multi Fibre

Note: Repeats for Fortisip Multi Fibre will be fully subsidised where the initial dispensing was before 1 April 2011.

192	ORAL FEED 2KCAL/ML – Special Authority see SA1105 – Hospital pharmacy [HP3] (↓ subsidy)		
	Liquid (vanilla)	1.14 (2.25)	237 ml OP Two Cal HN

Note: Repeats for Two Cal HN will be fully subsidised where the initial dispensing was before 1 April 2011.

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
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Changes to Subsidy and Manufacturer's Price - effective 1 April 2011 (continued)

195	LOW PROTEIN BAKING MIX – Special Authority see SA1108 – Hospital pharmacy [HP3] († subsidy)			
	Powder	8.22	500 g OP	✓ Loprofin Mix
	LOW PROTEIN PASTA – Special Authority see SA1108 – Hospital pharmacy [HP3] († subsidy)			
	Animal shapes	11.91	500 g OP	✓ Loprofin
	Lasagne	5.95	250 g OP	✓ Loprofin
	Low protein rice pasta	11.91	500 g OP	✓ Loprofin
	Macaroni	5.95	250 g OP	✓ Loprofin
	Penne	11.91	500 g OP	✓ Loprofin
	Spaghetti	11.91	500 g OP	✓ Loprofin
	Spirals	11.91	500 g OP	✓ Loprofin
197	EXTENSIVELY HYDROLYSED FORMULA – Special Authority see SA1112 – Hospital pharmacy [HP3] († subsidy)			
	Powder	15.21	450 g OP	✓ Pepti Junior Gold
		19.01		✓ Pepti Junior
197	AMINO ACID FORMULA – Special Authority see SA1111 – Hospital pharmacy [HP3] († subsidy)			
	Powder	6.00	48.5 g OP	✓ Vivonex Pediatric
	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
197	AMINO ACID FORMULA – Special Authority see SA1111 – Hospital pharmacy [HP3] (‡ subsidy)			
	Powder	56.00	400 g OP	✓ Neocate
				✓ Neocate LCP

Effective 1 March 2011

34	LACTULOSE – Only on a prescription (‡ price)			
	* Oral liq 10 g per 15 ml	6.65	1,000 ml	✓ Duphalac
43	POTASSIUM CHLORIDE († subsidy)			
	* Inj 75 mg per ml, 10 ml	55.00	50	✓ AstraZeneca
99	NEOSTIGMINE († subsidy)			
	Inj 2.5 mg per ml, 1 ml	150.00	50	✓ AstraZeneca
113	HYALURONIDASE († price)			
	Inj 1,500 iu per ml	18.32	10	
		(254.92)		Hyalase
129	LITHIUM CARBONATE († subsidy)			
	Tab long-acting 400 mg	18.50	100	✓ Priadel

Effective 1 February 2011

34	LACTULOSE – Only on a prescription († price)			
	* Oral liq 10 g per 15 ml	6.65	1,000 ml	
		(7.68)		Duphalac

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Subsidy and Manufacturer's Price - effective 1 February 2011 (continued)

45	EZETIMIBE – Special Authority see SA1045 – Retail pharmacy (↓ subsidy) Tab 10 mg	45.90	30	✓ Ezetrol
46	EZETIMIBE WITH SIMVASTATIN – Special Authority see SA1046 – Retail pharmacy (↓ subsidy) Tab 10 mg with simvastatin 10 mg	48.90	30	✓ Vytorin
	Tab 10 mg with simvastatin 20 mg	51.60	30	✓ Vytorin
	Tab 10 mg with simvastatin 40 mg	55.20	30	✓ Vytorin
	Tab 10 mg with simvastatin 80 mg	60.60	30	✓ Vytorin
80	GOSERELIN ACETATE (↓ subsidy) Inj 3.6 mg	166.20	1	✓ Zoladex
	Inj 10.8 mg	443.76	1	✓ Zoladex
87	ITRACONAZOLE – Retail pharmacy-Specialist (↓ subsidy) Cap 100 mg	4.25 (23.70)	15	Sporanox
127	ONDANSETRON (↓ subsidy) a) Maximum of 12 tab per prescription; can be waived by Special Authority see SA0887 b) Maximum of 6 tab per dispensing; can be waived by Special Authority see SA0887 c) Not more than one prescription per month; can be waived by Special Authority see SA0887. d) The maximum of 6 tab per dispensing cannot be waived via Access Exemption Criteria. Tab 4 mg	1.70 (17.18)	10	Zofran
	Tab 8 mg	3.40 (33.89)	20	Zofran

Effective 1 January 2011

37	VITAMINS (↓ subsidy) * Tab (BPC cap strength)	8.00 (14.80)	1,000	Healtheries Multi- vitamin tablets
48	CAPTOPRIL (↓ subsidy) * Tab 12.5 mg	10.00 (10.40)	500	Apo-Captopril
	* Tab 25 mg	12.00 (13.40)	500	Apo-Captopril
	* Tab 50 mg	17.50 (19.00)	500	Apo-Captopril
94	RALTEGRAVIR POTASSIUM – Special Authority see SA1025 – Retail pharmacy (↓ subsidy) Tab 400 mg	1,090.00	60	✓ Isentress
147	METHOTREXATE (↑ subsidy) * Inj 1 mg for ECP – PCT only – Specialist	0.10	1 mg	✓ Baxter

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

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Generic Mnfr
✓ fully subsidised

Changes to General Rules

Effective 1 March 2011

14 "Diabetes Nurse Prescriber" means a registered nurse practising in diabetes health who has authority to prescribe specified diabetes medicines in accordance with regulations made under the Medicines Act 1981, and who is practicing in an approved DHB demonstration site.

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

21 3.6 Diabetes Nurse Prescribers' Prescriptions

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

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

- a) A Community Pharmaceutical classified as a Prescription Medicine or a Restricted Medicine and which Diabetes Nurse Prescribers is permitted under regulations to prescribe; or
- b) any other Community Pharmaceutical listed below, being an item that has been identified as being able to be prescribed by a Diabetes Nurse Prescriber, but which is not classified as a Prescription Medicine or a Restricted Medicine:
aspirin, blood glucose diagnostic test meter, blood glucose diagnostic test strip, glucagon hydrochloride inj 1 mg syringe kit, insulin pen needles, insulin syringes disposable with attached needle, ketone blood beta-ketone electrodes test strip, nicotine, sodium nitroprusside test strip,

3.6.2 Any Diabetes Nurse Prescribers' prescription for a medication requiring a Special Authority will only be subsidised if it is for a repeat prescription (ie after the initial prescription with Special Authority approval was dispensed).

Note: A list of Diabetes Nurse Prescribers will be published periodically in the Update of the Pharmaceutical Schedule for the duration of an initial pilot scheme. After this period there will be no approved DHB demonstration sites and hence no Diabetes Nurse Prescribers.

Changes to Brand Name

Effective 1 March 2011

99	IBUPROFEN				
	* Tab long-acting 800 mg	9.12	30	✓	Brufen SR Retard

Changes to Sole Subsidised Supply

Effective 1 April 2011

For the list of new Sole Subsidised Supply products effective 1 April 2011 refer to the bold entries in the cumulative Sole Subsidised Supply table pages 12-21.

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Delisted Items

Effective 1 April 2011

37	VITAMINS * Tab (BPC cap strength)	8.00 (14.80)	1,000		Healthieries Multivitamin tablets
43	SODIUM CHLORIDE Inj 0.9%, 5 ml – Up to 5 inj available on a PSO	11.50	50	✓ AstraZeneca	
	Inj 0.9%, 10 ml – Up to 5 inj available on a PSO	11.50	50	✓ AstraZeneca	
44	WATER 1) On a prescription or Practitioner's Supply Order only when on the same form as an injection listed in the Pharmaceutical Schedule requiring a solvent or diluent; or 2) On a bulk supply order; or 3) When used in the extemporaneous compounding of eye drops. Purified for inj, 5 ml – Up to 5 inj available on a PSO	10.51	50	✓ AstraZeneca	
	Purified for inj, 10 ml – Up to 5 inj available on a PSO	11.32	50	✓ AstraZeneca	
48	CAPTOPRIL * Tab 12.5 mg	10.00 (10.40)	500		Apo-Captopril
	* Tab 25 mg	12.00 (13.40)	500		Apo-Captopril
	* Tab 50 mg	17.50 (19.00)	500		Apo-Captopril
54	AMILORIDE WITH HYDROCHLOROTHIAZIDE * Tab 5 mg with hydrochlorothiazide 50 mg.....	13.00	500	✓ Amizide	
100	PIROXICAM * Tab dispersible 10 mg	3.25	50	✓ Piram-D	
	* Tab dispersible 20 mg	5.50	100	✓ Piram-D	
119	PETHIDINE HYDROCHLORIDE a) Only on a controlled drug form b) No patient co-payment payable Inj 50 mg per ml, 1.5 ml – Up to 5 inj available on a PSO	4.35	5	✓ Mayne	
171	PHARMACY SERVICES – May only be claimed once per patient. * Brand switch fee.....	0.01	1 fee	✓ BSF Imuprine	
	The Pharmacode for BSF Imuprine is 2377829				
	* Brand switch fee.....	0.01	1 fee	✓ BSF Dapa-Tabs	
	The Pharmacode for BSF Dapa-Tabs is 2377837				
	* Brand switch fee.....	0.01	1 fee	✓ BSF Univent	
	The Pharmacode for BSF Univent is 2377845				
	* Brand switch fee.....	0.01	1 fee	✓ BSF Arrow Terazosin	
	The Pharmacode for BSF Arrow Terazosin is 2377853				
197	GOATS MILK INFANT FORMULA – Special Authority see SA0604 – Retail pharmacy Powder	9.42 (22.75)	900 g OP		Karicare Goats Milk Infant Formula

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
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Delisted Items - effective 1 April 2011 (continued)

198	LACTOSE FREE INFANT FORMULA – Special Authority see SA0604 – Retail pharmacy Powder	5.66 (17.95)	900 g OP		Delact
198	SOYA INFANT FORMULA – Special Authority see SA0604 – Retail pharmacy Powder	6.34 (19.57)	900 g OP		S26 Soy
198	INFANT SOY FORMULA – Special Authority see SA0757 – Retail pharmacy Powder	7.27 (16.35)	900 g		Karicare Soy All Ages

Effective 1 March 2011

48	CILAZAPRIL * Tab 0.5 mg	0.95 (2.20)	30		Inhibace
	* Tab 2.5 mg	1.92 (4.10)	28		Inhibace
	* Tab 5 mg	3.06 (6.01)	28		Inhibace
61	HYDROCORTISONE BUTYRATE WITH CHLORQUINALDOL – Only on a prescription Crm 0.1% with chlorquinaldol 3%	3.49	15 g OP	✓	Locoid C
72	METHYLERGOMETRINE Inj 200 µg per ml, 1 ml – Up to 10 inj available on a PSO	9.28	10	✓	Hospira S29
84	AMOXYCILLIN Cap 250 mg – Up to 30 cap available on a PSO	16.18 (17.30)	500		Apo-Amoxi
	Cap 500 mg	26.50 (27.25)	500		Apo-Amoxi
127	CYCLIZINE LACTATE Inj 50 mg per ml, 1 ml	14.95	5	✓	Valoid (AFT)
166	CHLORAMPHENICOL Eye drops 0.5%	1.28 (2.40)	10 ml OP		Chlorsig

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$

Per

Brand or
Generic Mnfr
✓ fully subsidised

Delisted Items - effective 1 February 2011

33	MUCILAGINOUS LAXATIVES – Only on a prescription * Dry	3.91 (5.72) 4.58 (6.69) 5.42 (12.71) 6.02 (16.49)	325 g OP 380 g OP 450 g OP 500 g OP		
	* Dry-original flavour, regular texture only	4.05 (12.38)	336 g OP		Konsyl-D Mucilax Isogel Normacol Metamucil
	Note – Konsyl-D 500 g pack remains listed fully subsidised.				
36	VITAMIN B COMPLEX * Tab, strong, BPC	4.70 (12.10)	500		Apo-B-Complex
41	CLOPIDOGREL Tab 75 mg	5.06 5.06 (73.38)	28 28	✓	Arrow-Clopidogrel Plavix
54	FUROSEMIDE * Inj 10 mg per ml, 2 ml – Up to 5 inj available on a PSO	13.00 (29.50)	50		Mayne
80	CLOMIPHENE CITRATE Tab 50 mg	2.50	5	✓	Phenate
82	CEFTRIAZONE SODIUM – Subsidy by endorsement a) Up to 5 inj available on a PSO b) Subsidised only if prescribed for a dialysis or cystic fibrosis patient, or the treatment of confirmed ciprofloxacin-resistant gonorrhoea, or the treatment of suspected meningitis in patients who have a known allergy to penicillin, and the prescription or PSO is endorsed accordingly. Inj 500 mg	2.57 (3.99)	1		AFT
100	INDOMETHACIN * Cap long-acting 75 mg	13.30	100	✓	Rheumacin SR
167	SODIUM CROMOGLYCATE Eye drops 2%	2.36 (3.95)	10 ml OP		Cromolux
171	PHARMACY SERVICES – May only be claimed once per patient. * Brand switch fee..... The Pharmacode for BSF Arrow-Enalapril is 2375613	0.01	1 fee	✓	BSF Arrow-Enalapril
184	ORAL FEED 1KCAL/ML – Special Authority see SA0594 – Hospital pharmacy [HP3] Liquid (strawberry)	1.78	237 ml OP	✓	Resource Diabetic
191	ORAL FEED 1.5KCAL/ML – Special Authority see SA0702 – Hospital pharmacy [HP3] Liquid (strawberry)	1.33	237 ml OP	✓	Resource Plus

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

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Check your Schedule for full details
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Delisted Items - effective 1 January 2011

25	SODIUM ALGINATE * Oral liq 500 mg with sodium bicarbonate 267 mg per 10 ml (aniseed)	1.50 (8.64)	500 ml	Gaviscon
27	ZINC OXIDE Oint zinc oxide with balsam peru	4.50 (6.67)	50 g OP	Anusol
	Suppos zinc oxide with balsam peru	4.47 (6.49)	12	Anusol
34	SODIUM CITRATE WITH SODIUM LAURYL SULPHOACETATE – Only on a prescription Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml	6.00 (7.30)	12	MicroLax
36	ASCORBIC ACID a) No more than 100 mg per dose b) Only on a prescription * Tab 100 mg	13.80 (17.25)	500	Apo-Ascorbic Acid
37	MULTIVITAMINS – Special Authority see SA1036 – Retail pharmacy Powder	36.00	100 g OP	✓ Paediatric Seravit
	Note – Paediatric Seravit powder 200 g OP remains subsidised.			
47	TERAZOSIN HYDROCHLORIDE * Tab 1 mg	1.50 (2.50)	28	Apo-Terazosin
	* Tab 7 × 1 mg and 7 × 2 mg	0.74	14 OP	✓ Hytrin Starter Pack
	* Tab 2 mg	14.29 (23.30)	500	Apo-Terazosin
	* Tab 5 mg	17.86 (29.00)	500	Apo-Terazosin
54	INDAPAMIDE * Tab 2.5 mg	3.25	100	✓ Napamide
58	CICLOPIROXOLAMINE a) Only on a prescription b) Not in combination Crm 1%	1.00 (12.82)	20 g OP	Batrafen
62	DIPHEMANIL METHYLSULPHATE – Subsidy by endorsement Only if prescribed for an amputee with an artificial limb, or for a paraplegic patient and the prescription endorsed accordingly. Powder 2%	6.81 (13.54)	50 g OP	Prantal

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Delisted Items - effective 1 January 2011 (continued)

62	GLYCEROL WITH PARAFFIN AND CETYL ALCOHOL – Only on a prescription * Lotn 5% with paraffin liq 5% and cetyl alcohol 2%	1.40 (8.10)	250 ml	QV
62	SODIUM HYPOCHLORITE – Subsidy by endorsement Only if prescribed for a dialysis patient and the prescription is endorsed accordingly. * Soln	2.71	2,500 ml	✓ Janola
62	ZINC Crm BP	6.55 (12.00)	500 g	PSM
63	OILY CREAM * Crm BP	2.80 (13.60) (15.40)	500 g	David Craig PSM
64	MALATHION Liq 0.5%	3.79 (4.99)	200 ml OP	Derbac-M
66	TAR WITH CADE OIL Bath emul 7.5% coal tar, 2.5% cade oil, 7.5% compound	9.70 (29.60)	350 ml	Polytar Emollient
67	HYDROGEN PEROXIDE * Soln 20 vol – Maximum of 500 ml per prescription	0.63 (2.35) 3.13 (7.00)	100 ml 500 ml	PSM PSM
68	APPLICATOR When ordered with a spermicide. * Applicator – Up to 1 dev available on a PSO	4.34	1	✓ Ortho
68	NONOXYNOL-9 Jelly 2% – Up to 108 g available on a PSO	10.95	108 g OP	✓ Gynol II
69	DIAPHRAGM – Up to 1 dev available on a PSO One of each size is permitted on a PSO.			
	* 55 mm	42.90	1	✓ Ortho Coil
	* 60 mm	42.90	1	✓ Ortho All-flex
	* 65 mm	42.90	1	✓ Ortho Coil
	* 70 mm	42.90	1	✓ Ortho Coil
	* 75 mm	42.90	1	✓ Ortho Coil
	* 80 mm	42.90	1	✓ Ortho Coil
	* 85 mm	42.90	1	✓ Ortho All-flex
	* 90 mm	42.90	1	✓ Ortho Coil
				✓ Ortho All-flex
				✓ Ortho Coil

▲ 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 January 2011 (continued)

82	CEFTRIAOXONE SODIUM – Subsidy by endorsement a) Up to 5 inj available on a PSO b) Subsidised only if prescribed for a dialysis or cystic fibrosis patient, or the treatment of confirmed ciprofloxacin-resistant gonorrhoea, or the treatment of suspected meningitis in patients who have a known allergy to penicillin, and the prescription or PSO is endorsed accordingly. Inj 1 g	2.10 (5.40)	1		AFT
98	INFLUENZA VACCINE – Hospital pharmacy [Xpharm] Inj	9.00 90.00	1 10	✓ Fluvax ✓ Influvac ✓ Vaxigrip	
142	NICOTINE a) Maximum of 768 piece per prescription b) Maximum of 384 piece per dispensing c) For the avoidance of doubt Nicotine will not be funded Close Control in amounts less than 4 weeks. d) The maximum of 384 piece per dispensing cannot be waived via Access Exemption Criteria. Gum 2 mg (Fruit)	23.41	96 OP	✓ Nicotinell	
	Gum 2 mg (Mint)	23.41	96 OP	✓ Nicotinell	
	Gum 4 mg (Fruit)	23.41	96 OP	✓ Nicotinell	
	Gum 4 mg (Mint)	23.41	96 OP	✓ Nicotinell	
156	AZATHIOPRINE – Retail pharmacy-Specialist * Tab 50 mg	18.45 (34.90)	100	✓ Azamun Imuran	
163	IPRATROPIUM BROMIDE Nebuliser soln, 250 µg per ml, 1 ml – Up to 40 neb available on a PSO..... Nebuliser soln, 250 µg per ml, 2 ml – Up to 40 neb available on a PSO.....	3.79 4.06	20 20	✓ Ipratropium Steri-Neb ✓ Ipratropium Steri-Neb	
186	PAEDIATRIC ENTERAL FEED 1.5KCAL/ML – Special Authority see SA0896 – Hospital pharmacy [HP3] Liquid	1.60	200 ml OP	✓ Nutrini Energy RTH	Note – Nutrini Energy RTH liquid 500 ml OP remains subsidised.
186	PAEDIATRIC ENTERAL FEED 1KCAL/ML – Special Authority see SA0896 – Hospital pharmacy [HP3] Liquid	1.07	200 ml OP	✓ Nutrini RTH	Note – Nutrini RTH liquid 500 ml OP remains subsidised.
190	ENTERAL FEED WITH FIBRE 1.5KCAL/ML – Special Authority see SA0702 – Hospital pharmacy [HP3] Liquid	1.75	250 ml OP	✓ Isosource 1.5	
191	ORAL FEED 1.5KCAL/ML – Special Authority see SA0702 – Hospital pharmacy [HP3] Liquid (chocolate)	1.33	237 ml OP	✓ Resource Plus	
196	AMINOACID FORMULA WITH MINERALS WITHOUT PHENYLALANINE – Special Authority see SA0962 – Retail pharmacy – See prescribing guideline Powder	58.44	250 g OP	✓ Metabolic Mineral Mixture	Note – Metabolic Mineral Mixture powder 100 g OP remains subsidised.

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Items to be Delisted

Effective 1 May 2011

87	ITRACONAZOLE – Retail pharmacy-Specialist Cap 100 mg	4.25 (23.70)	15	Sporanox
127	ONDANSETRON a) Maximum of 12 tab per prescription; can be waived by Special Authority see SA0887 b) Maximum of 6 tab per dispensing; can be waived by Special Authority see SA0887 c) Not more than one prescription per month; can be waived by Special Authority see SA0887. d) The maximum of 6 tab per dispensing cannot be waived via Access Exemption Criteria. Tab 4 mg	1.70 (17.18)	10	Zofran
	Tab 8 mg	3.40 (33.89)	20	Zofran
171	PHARMACY SERVICES – May only be claimed once per patient. * Brand switch fee	0.01	1 fee	✓ BSF Apo-Clopidogrel
	The Pharmacode for BSF Apo-Clopidogrel is 2378655			

Effective 1 June 2011

34	LACTULOSE – Only on a prescription * Oral liq 10 g per 15 ml	6.65	1, 000 ml	✓ Duphalac
171	PHARMACY SERVICES – May only be claimed once per patient * Brand switch fee.....	0.01	1 fee	✓ BSF Zapril
	The Pharmacode for BSF Zapril is 2378639			

Effective 1 July 2011

64	POVIDONE IODINE Antiseptic soln 10%	51.06	4,500 ml	✓ Betadine
116	LIGNOCAINE HYDROCHLORIDE Inj 0.5%, 5 ml – Up to 5 inj available on a PSO	44.10	50	✓ Xylocaine
118	MORPHINE SULPHATE a) Only on a controlled drug form b) No patient co-payment payable Cap long-acting 200 mg	17.00	10	✓ m-Eslon
142	NICOTINE Nicotine will not be funded Close Control in amounts less than 4 weeks of treatment. Lozenge 1 mg	11.08	36	✓ Habitrol
	Lozenge 2 mg	11.08	36	✓ Habitrol
	Patch 7 mg	10.53	7	✓ Habitrol
	Patch 14 mg	11.63	7	✓ Habitrol
	Patch 21 mg	12.32	7	✓ Habitrol

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Items to be delisted - effective 1 July 2011 (continued)

171	PHARMACY SERVICES – May only be claimed once per patient * Brand switch fee0.01 The Pharmacode for BSF m-Captopril is 2378647	1 fee	✓ BSF m-Captopril
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Items to be delisted - effective 1 August 2011

36	PYRIDOXINE HYDROCHLORIDE a) No more than 100 mg per dose b) Only on a prescription * Tab 25 mg – No patient co-payment payable3.06	90	✓ Healtheries
50	MEXILETINE HYDROCHLORIDE ▲ Cap 50 mg23.52 ▲ Cap 200 mg55.05	100 100	✓ Mexitil ✓ Mexitil
66	SUNSCREENS, PROPRIETARY – Subsidy by endorsement Only if prescribed for a patient with severe photosensitivity secondary to a defined clinical condition and the prescription is endorsed accordingly. Crm1.28 (5.50)	50 g OP	Aquasun Oil Free Faces SPF30+
94	STAVUDINE [D4T] – Special Authority see SA1025 – Retail pharmacy Cap 20 mg317.10 Powder for oral soln 1 mg per ml100.76	60 200 ml OP	✓ Zerit ✓ Zerit
117	FENTANYL a) Only on a controlled drug form b) No patient co-payment payable Transdermal patch, matrix 25 µg per hour – Special Authority see SA1080 – Retail pharmacy55.23 Transdermal patch, matrix 50 µg per hour – Special Authority see SA1080 – Retail pharmacy100.52 Transdermal patch, matrix 75 µg per hour – Special Authority see SA1080 – Retail pharmacy139.18 Transdermal patch, matrix 100 µg per hour – Special Authority see SA1080 – Retail pharmacy171.22	5 5 5 5	✓ Durogesic ✓ Durogesic ✓ Durogesic ✓ Durogesic
149	MITOMYCIN C – PCT only – Specialist Inj 2 mg283.00 Inj 10 mg808.00 Note – Arrow mitomycin C inj 5 mg remains subsidised.	10 5	✓ Mitomycin-C S29 ✓ Mitomycin-C S29

Effective 1 September 2011

41	CLOPIDOGREL Tab 75 mg5.05	28	✓ Apo-Clopidogrel
50	DIGOXIN * Tab 62.5 µg – Up to 30 tab available on a PSO6.94	250	✓ Lanoxin PG

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Items to be delisted - effective 1 September 2011 (continued)

65	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 172			
	2) With or without other dermatological galenicals.			
83	CLARITHROMYCIN – Maximum of 500 mg per prescription; can be waived by Special Authority SA0988 Tab 250 mg	5.53	10	✓ Klacid
94	RITONAVIR – Special Authority see SA1025 – Retail pharmacy Cap 100 mg	121.27	84	✓ Norvir
100	NAPROXEN SODIUM * Tab 275 mg	5.69	120	✓ Sonafam
145	CLADRIBINE – PCT only – Specialist Inj 2 mg per ml, 5 ml	873.00	1	✓ Litak S29
178	METHYL HYDROXYBENZOATE Powder	10.00	25 g	✓ ABM
178	SODIUM BICARBONATE Powder BP – Only in combination.....	9.80 (11.99)	500 g	✓ ABM Biomed
	Only in extemporaneously compounded omeprazole suspension.			

Effective 1 October 2011

100	NAPROXEN SODIUM * Tab 550 mg	9.95	100	✓ Synflex
142	NICOTINE Nicotine will not be funded Close Control in amounts less than 4 weeks of treatment.			
	Gum 2 mg (Fruit).....	14.97	96	✓ Habitrol
	Gum 2 mg (Mint).....	14.97	96	✓ Habitrol
	Gum 2 mg (Classic)	14.97	96	✓ Habitrol
	Gum 4 mg (Fruit).....	20.02	96	✓ Habitrol
	Gum 4 mg (Mint).....	20.02	96	✓ Habitrol
	Gum 4 mg (Classic)	20.02	96	✓ Habitrol
150	THALIDOMIDE – PCT only – Specialist – Special Authority see SA0882 Only on a controlled drug form Cap 50 mg	490.00	28	✓ Thalidomide Pharmion

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

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

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

Section H changes to Part II

Effective 1 April 2011

17	AMITRIPTYLINE (↓ price)			
	Tab 25 mg – 1% DV Jun-11 to 2014	1.85	100	Amitrip
	Tab 50 mg – 1% DV Jun-11 to 2014	3.60	100	Amitrip
17	AMPHOTERICIN B			
	Lozenges 10 mg	5.86	20	Fungilin
21	BUSULPHAN			
	Tab 2 mg	59.50	100	Myleran
28	DOPAMINE HYDROCHLORIDE (brand name change)			
	Inj 40 mg per ml, 5 ml – 1% DV Feb-11 to 2012	82.08	10	Martindale Max-Health
28	DOXAZOSIN MESYLATE (↓ price)			
	Tab 2 mg – 1% DV Jun-11 to 2014	8.23	500	Apo-Doxazosin
	Tab 4 mg – 1% DV Jun-11 to 2014	12.40	500	Apo-Doxazosin
30	EXEMESTANE (↓ price)			
	Tab 25 mg – 1% DV Jun-11 to 2014	22.57	30	Aromasin
31	FLUDROCORTISONE ACETATE (↑ price)			
	Tab 100 µg	14.32	100	Florinef
38	ISOSORBIDE MONONITRATE			
	Tab 20 mg – 1% DV Jun-11 to 2014 (↓ price)	17.10	100	Ismo-20
	Tab long-acting 40 mg – 1% DV Jun-11 to 2014 (new listing) ...	7.50	30	Corangin
43	METOCLOPRAMIDE HYDROCHLORIDE (↓ price)			
	Tab 10 mg – 1% DV Jun-11 to 2014	3.95	100	Metamide
43	METOPROLOL SUCCINATE			
	Tab long-acting 23.75 mg	2.18	30	Myloc CR
	Tab long-acting 47.5 mg	2.74	30	Myloc CR
	Tab long-acting 95 mg	4.71	30	Myloc CR
	Tab long-acting 190 mg	8.51	30	Myloc CR
45	NALTREXONE HYDROCHLORIDE			
	Tab 50 mg – 1% DV Jun-11 to 2013	123.00	30	Naltraccord
	Note: ReVia Tab 50 mg to be delisted 1 June 2011			
45	NICOTINE			
	Lozenge 1 mg – 5% DV Jul-11 to 2014	19.94	216	Habitrol
	Lozenge 2 mg – 5% DV Jul-11 to 2014	24.27	216	Habitrol
	Patch 7 mg – 5% DV Jul-11 to 2014	18.13	28	Habitrol
	Patch 14 mg – 5% DV Jul-11 to 2014	18.81	28	Habitrol
	Patch 21 mg – 5% DV Jul-11 to 2014	19.14	28	Habitrol
	Note: Habitrol patch 7 mg, 14 mg, and 21 mg, 7 patch pack size, and lozenge 1 mg and 2 mg, 36 lozenge pack size, to be delisted 1 July 2011.			

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

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

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

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

46	NICOTINE			
	Gum 2 mg (Fruit).....	14.97	96	Habitrol
	Gum 2 mg (Mint).....	14.97	96	Habitrol
	Gum 2 mg (Classic)	14.97	96	Habitrol
	Gum 4 mg (Fruit).....	20.02	96	Habitrol
	Gum 4 mg (Mint).....	20.02	96	Habitrol
	Gum 4 mg (Classic)	20.02	96	Habitrol
	Note: Habitrol 2 mg and 4 mg Classic, Mint and Fruit to be delisted 1 October 2011.			
56	SOTALOL			
	Inj 10 mg per ml, 4 ml	65.39	5	Sotacor
58	SUMATRIPTAN			
	Inj 12 mg per ml, 0.5 ml – 1% DV Jun-11 to 2013	36.00	2 OP	Arrow-Sumatriptan
58	TAMOXIFEN CITRATE (↓ price)			
	Tab 20 mg – 1% DV Jun-11 to 2014	8.75	100	Genox
	Note: Tamoxifen Sandoz tab 20 mg to be delisted 1 June 2011			
59	THALIDOMIDE			
	Cap 50 mg	504.00	28	Thalomid
62	TRIAMCINOLONE ACETONIDE WITH GRAMICIDIN, NEOMYCIN AND NYSTATIN (↑ price)			
	Ear drops 1 mg with nystatin 100,000 u, neomycin sulphate 2.5 mg and gramicidin 250 µg per g	5.16	7.5 ml	Kenacomb
62	ZOLEDRONIC ACID			
	Soln for infusion 5 mg in 100 ml.....	600.00	100 ml	Aclasta

Section H changes to Part III

Effective 1 April 2011

SPECIAL FOOD SUPPLEMENT

Oral supplement 1kcal/ml, powder, 900 g	Sustagen Hospital Formula
Oral supplement 1kcal/ml, powder, 400 g	Ensure
Oral supplement 1kcal/ml, powder, 900 g	Ensure
Oral feed 1.5kcal/ml liquid, 200 ml	Ensure Plus
Oral feed 1.5kcal/ml liquid, 237 ml.....	Ensure Plus
Oral feed 1.5kcal/ml liquid, 200 ml	Fortisip
Oral feed with fibre 1.5kcal/ml liquid, 200 ml.....	Fortisip Multi Fibre

For use in community/non-hospitalised patients for 10 days prior to hospitalisation and 30 days following discharge

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