

Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 August 2013

Cumulative for May, June, July and August 2013



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Summary of PHARMAC decisions

EFFECTIVE 1 AUGUST 2013

New listings (page 20)

- Prednisone (Apo-Prednisone S29) tab 1 mg – Section 29
- Progesterone (Utrogestan) cap 100 mg – Special Authority – Retail pharmacy
- Oxycodone hydrochloride (Oxycodone BNM) tab controlled-release 10 mg, 20 mg, 40 mg and 80 mg
- Quetiapine (Dr Reddy's Quetiapine) tab 100 mg – 90 tab pack size
- Bupropion hydrochloride (Zyban) tab modified-release 150 mg – new Pharmacode
- Macrogol 400 and propylene glycol (Systane Unit Dose) eye drops 0.4% and propylene glycol 0.3%, 0.4 ml – Special Authority- Retail pharmacy
- Carbomer (Poly-Gel) ophthalmic gel 0.3%, 0.5 g – Special Authority – Retail pharmacy
- Oral Feed 2 kcal/ml (Two Cal HN) liquid (vanilla) 200 ml OP – Special Authority – Retail pharmacy – Higher subsidy with Endorsement

Changes to restrictions, chemical names and presentation (pages 24-27)

- Insulin pump infusion set (steel cannula) – amended restriction
 - Insulin pump infusion set (teflon cannula, angle insertion with insertion device) – amended restriction
 - Insulin pump infusion set (teflon cannula, angle insertion) – amended restriction
 - Insulin pump infusion set (teflon cannula, straight insertion with insertion device) – amended restriction
 - Insulin pump infusion set (teflon cannula, straight insertion) – amended restriction
 - Insulin pump reservoir – amended restriction
 - Perindopril (Coversyl) tab 2 mg and 4 mg – Higher subsidy by Endorsement
 - Diltiazem (Apo-Diltiazem CD) cap long-acting 120 mg, 180 mg 240 mg – removal of brand switch fee payable
 - Hydrocortisone (Solu-Cortef) inj 100 mg vial – change to presentation description
 - Prednisone (Apo-Prednisone and Apo-Prednisone S29) tab 1 mg – reinstate STAT
 - Cephalexin monohydrate - amendment of chemical name to cefalexin monohydrate
 - Neostigmine – amendment of chemical name to neostigmine metilsulfate
 - Alendronate for Osteoporosis – Special Authority note amendment
 - Raloxifene hydrochloride (Evista) tab 60 mg – Special Authority note amendment
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Summary of PHARMAC decisions – effective 1 August 2013 (continued)

- Zoledronic acid (Aclasta) soln for infusion 5 mg in 100 ml – Special Authority note amendment
- Fentanyl citrate – amendment of chemical name to fentanyl
- Mianserin hydrochloride (Tolvon) tab 30 mg – removal of Special Authority
- Olanzapine pamoate monohydrate (Zyprexa Relprevv) inj 210 mg, 300 mg and 405 mg – amendment of chemical name to olanzapine
- Buspirone hydrochloride (Pacific Buspirone) tab 5 mg and 10 mg – removal of Special Authority
- Naltrexone hydrochloride (Naltraccord) tab 50 mg – Special Authority amendment
- Dacarbazine (Hospira) inj 200 mg vial – amendment of presentation description
- Mesna (Uromexitan) inj 100 mg per ml, 4 ml and 10ml ampoule – amendment of presentation description
- Mitomycin C (Arrow) inj 5 mg vial – amendment of presentation description
- Hypromellose (Poly-Tears) – amendment of chemical name to hypromellose with dextran and amended presentation description
- Adult Products High Calorie amended to High Calorie Products

Decreased subsidy (pages 49-50)

- Indapamide (Dapa-Tabs) tab 2.5 mg
- Cefalexin monohydrate (Cephalexin ABM) cap 500 mg
- Clindamycin (Clindamycin ABM) cap hydrochloride 150 mg
- Itraconazole (Itrazole) cap 100 mg
- Interferon beta-1-alpha (Avonex) inj 6 million iu per vial and inj 6 million prefilled syringe, (Avonex Pen) inj 6 million iu per 0.5 ml pen injector
- Naltrexone hydrochloride (Naltraccord) tab 50 mg
- Hypromellose with dextran (Poly-Tears) eye drops 0.3% with dextran 0.1%

Increased subsidy (pages 49-50)

- Warfarin sodium (Marevan) tab 1 mg, 3 mg and 5 mg
 - Perindopril (Coversyl) tab 2 mg and 4 mg (increase alternate subsidy)
 - Nifedipine (Nyefax Retard) tab long-acting 20 mg
 - Hydrocortisone (Solu-Cortef) inj 100 mg vial
 - Zidovudine [AZT] (Retrovir) cap 100 mg and oral liq 10 mg per ml
 - Colchicine (Colgout) tab 500 mcg
 - Dantrolene (Dantrium) cap 25 mg and 50 mg
 - Haloperidol (Serenace) tab 500 mcg, 1.5 mg and 5 mg; oral liq 2 mg per ml and inj 5 mg per ml, 1 ml
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Summary of PHARMAC decisions – effective 1 August 2013 (continued)

- Mercaptopurine (Puri-nethol) tab 50 mg
- Dacarbazine (Hospira) inj 200 mg vial and (Baxter) inj 200 mg for ECP
- Mesna (Uromitexan) tab 400 mg, tab 600 mg, inj 100 mg per ml, 4 ml ampoule, inj 100 mg per ml, 10 ml ampoule, and (Baxter) inj 1 mg for ECP
- Mitomycin C (Arrow) inj 5 mg vial and (Baxter) inj 1 mg for ECP

Pharmacist Prescribers – new designated prescribers

The Pharmacist Prescriber scope of practice was introduced in July 2013. PHARMAC will begin subsidy for Pharmacist Prescriber prescriptions from 1 August 2013.

Pharmacist Prescribers will be able to prescribe from a wide range of medicines (approximately 1,500 items) and a limited number of controlled drugs. The lists of these pharmaceuticals can be accessed on the legislation website www.legislation.govt.nz.

The Pharmacy Council of New Zealand is currently receiving applications from pharmacists for registration as a Pharmacy Prescriber. Once a Pharmacy Prescriber's registration is confirmed, the Pharmacy Council will update its register. If you receive a prescription from a Pharmacist Prescriber that you are not familiar with, please check the scope of practice on the Pharmacy Council website to ensure the pharmacist has the Pharmacist Prescriber scope of practice. www.pharmacycouncil.org.nz/register_search

The Pharmacy Council is expecting no more than 14 applications for Pharmacist Prescribers in the first year.



Pharmacist Prescribers will not be able to apply for Special Authority approvals. However they can prescribe a medicine where a patient already has a Special Authority approval. This applies where the Pharmaceutical Schedule rules permit a subsidy for Pharmacist Prescribers and where they are legally able to prescribe it.

Pharmacist Prescribers will be able to prescribe up to three months' supply for a Community Pharmaceutical, and up to six months' supply for an oral contraceptive. They will also be able to prescribe up to three days' supply for controlled drugs; this includes Class B and Class C controlled drugs.



Risperidone out-of-stock

Currently the Apotex and Dr Reddy's brands of risperidone are out-of-stock. The Ridal brand, supplied by Douglas Pharmaceuticals, remains in stock and Douglas have sufficient stock to supply the market. At this time it is not known when the out-of-stock brands will be back in stock.

Progesterone 100 mg caps – new listing

Progesterone 100 mg caps (Utrogestan) will be fully funded subject to a Special Authority for the prevention of pre-term labour from 1 August 2013.

Chloramphenicol ear drops 0.5%

Pfizer NZ has advised that due to a change in manufacturing supplier, Chloromycetin ear drops (chloramphenicol 0.5% in 5 ml bottle) are no longer available, effective immediately. However, Chlorafast eye drops (chloramphenicol 0.5% in 10 ml bottle) is now funded for use in the ear. Chloromycetin ear drops will remain funded until 1 February 2014 to allow for all current stock in the supply chain to be depleted.

Oxycodone hydrochloride brand change

A new brand of oxycodone hydrochloride controlled-release tablets (Oxydone BNM) will be listed from 1 August 2013. The OxyContin brand will have a subsidy decrease from 1 October 2013 and will be delisted from 1 January 2014. A Brand Switch Fee will be payable on dispensing of Oxydone BNM from 1 January 2014 for 1 month.

Hospital Medicines List

Last month DHB hospitals started using the new Section H, known as the HML (Hospital Medicines List). There is no change for community pharmacies and they should continue to dispense in accordance with the community Pharmaceutical Schedule listings. A hospital pharmacy must dispense according to HML rules, including when dispensing to an outpatient.



NPPA forms downloadable

The NPPA application forms on the PHARMAC website have been upgraded. These forms are now all in a downloadable, electronic format that applicants can complete on their computer desktops using Microsoft Word. The forms provide several new functions and they can be: stored when partially completed for completion at a later time, sent over DHB intranets to other staff for their input, and copies can be saved in the patient file. The forms can also be submitted to PHARMAC over the web along with attachments.

New preservative free eye drops listings

- Systane Unit Dose (macrogol 400 0.4% with propylene glycol 0.3%) 0.4 ml eye drops will be listed fully funded subject to Special Authority and Sole Supply from 1 August 2013.
 - Poly-Gel (carbomer) 0.3% ophthalmic gel, 0.5 g will be listed fully funded and subject to Special Authority and Sole Supply from 1 August 2013.
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New Pharmacode for Zyban

From 1 August 2013, there is a price and subsidy reduction for bupropion hydrochloride (Zyban) modified release tablets. GSK has advised that there will be a new Pharmacode for the stock supplied at the new price. The old Pharmacode will be delisted from 1 August 2013.

Coversyl – temporary higher subsidy by endorsement

Patients receiving a higher subsidy by endorsement for the Coversyl brand of perindopril prior to 1 May 2013 will be able to access this higher subsidy from 1 August 2013. The higher subsidy by endorsement will be available for a 2 month period ending 30 September 2013.

Prednisone 1 mg tablets out-of-stock

Prednisone (Apo-Prednisone) 1 mg tablets, supplied by Apotex, is temporarily out-of-stock due to manufacturing issues. Resupply is expected in August/September 2013. In the meantime, Apotex have sourced Canadian packaged stock which will be supplied under Section 29 of the Medicines Act 1981 and will be listed fully funded from 1 August 2013. The STAT symbol will also be re-instated to prednisone 1 mg tablets. If a Pharmacist considers monthly dispensing is required, they may dispense monthly under Rule 4.2 of the Dispensing Frequency Rule.

Funding of Ticagrelor

Ticagrelor (Brilinta) 90 mg tablets were listed fully funded from 1 July 2013 subject to Special Authority criteria for acute coronary syndromes. Patients who were started on ticagrelor as part of Astra Zeneca's patient familiarisation program (Brilinta Access Program) need to continue accessing treatment through that program and not through the Pharmaceutical Schedule.

News in brief

- A new 90-tab pack size of **Dr Reddy's Quetiapine** tab 100 mg will be funded from 1 August 2013.
- Lucrin Depot (**leuprorelin** inj 3.75 mg and 11.25 mg) will be delisted from 1 February 2014. Lucrin Depot PDS (**leuprorelin** inj 3.75 mg, 11.25 mg and 30 mg prefilled syringe) will remain fully funded.
- The Special Authorities will be removed from **bupirone hydrochloride** and **mianserin hydrochloride** from 1 August 2013.
- The Special Authority approval periods for **naltrexone hydrochloride** will be increased from 3 months to 6 months from 1 August 2013 and there will no longer be any restriction on how many approvals can be granted within a 12-month period.
- The subsidy for **Dantrium** (dantrolene cap 25 mg and 50 mg) will be increased from 1 August 2013 so that it will become fully funded.
- The Batrafen brand of **ciclopirox olamine** nail soln 5% 3 g OP is to be delisted from 1 October 2013.
- From 1 August 2013 the manufacturers price of **Diprosone** and **Diprosone OV** has reduced making it fully funded.

Tender News

Sole Subsidised Supply changes – effective 1 September 2013

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Amiodarone hydrochloride	Inj 50 mg per ml, 3 ml ampoule; 6 inj	Cordarone-X (Sanofi)

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 future implementation 1 September 2013

- Boceprevir (Victrelis) cap 200 mg – new listing – Special Authority
- Desmopressin acetate (Minirin) tab 100 mcg and 200 mcg – new listing – Special Authority
- Imiglucerase – widen Special Authority criteria
- Mesalazine (Pentasa) modified release granules 1 g, 120 g OP – new listing – Special Authority
- Mycophenolate mofetil (Cellcept) cap 250 mg and 500 mg – price and subsidy decrease
- Risedronate (Risedronate Sandoz) tab 35 mg – new listing
- Venlafaxine (Arrow-Venlafaxine XR brand only) tab 37.5 mg, 75 mg, 150 mg and 225 mg – price and subsidy decrease and removal of Special Authority

Sole Subsidised Supply Products – cumulative to August 2013

Generic Name	Presentation	Brand Name	Expiry Date*
Abacavir sulphate	Oral liq 20 mg per ml Tab 300 mg	Ziagen Ziagen	2014
Acarbose	Tab 50 mg and 100 mg	Accarb	2015
Acetazolamide	Tab 250 mg	Diamox	2014
Acetylcysteine	Inj 200 mg per ml, 10 ml	Martindale Acetylcysteine	2015
Allopurinol	Tab 100 mg & 300 mg	Apo-Allopurinol	2014
Amantadine hydrochloride	Cap 100 mg	Symmetrel	2014
Aminophylline	Inj 25 mg per ml, 10 ml	DBL Aminophylline	2014
Amisulpride	Oral liq 100 mg per ml Tab 100 mg, 200 mg & 400 mg	Solian	2016
Amitriptyline	Tab 10 mg Tab 25 mg & 50 mg	Arrow-Amitriptyline Amitrip	2014
Amlodipine	Tab 2.5 mg Tab 5 mg & 10 mg	Apo-Amlodipine Apo-Amlodipine	2014
Amoxicillin	Inj 250 mg, 500 mg & 1 g	Ibiamox	2014
Amoxicillin clavulanate	Grans for oral liq amoxicillin 125 mg with potassium clavulanate 31.25 mg per 5 ml	Augmentin	2015
	Grans for oral liq amoxicillin 250 mg with potassium clavulanate 62.5 mg per 5 ml	Augmentin	
	Tab 500 mg with potassium clavulanate 125 mg	Curam Duo	2014
Aqueous cream	Crm	AFT	2014
Atenolol	Tab 50 mg & 100 mg	Mylan Atenolol	2015
Atorvastatin	Tab 10 mg, 20 mg, 40 mg & 80 mg	Zarator	2015
Atropine sulphate	Inj 600 mcg, 1 ml	AstraZeneca	2015
Azithromycin	Tab 500 mg	Apo-Azithromycin	2015
Baclofen	Tab 10 mg	Pacifen	2016
Bendrofluazide	Tab 2.5 mg & 5 mg	Arrow- Bendrofluazide	2014
Benzathine benzylpenicillin	Inj 1.2 mega u per 2.3 ml	Bicillin LA	2015
Benzylpenicillin sodium (Penicillin G)	Inj 600 mg	Sandoz	2014
Betaxolol hydrochloride	Eye drops 0.5%	Betoptic	2014
	Eye drops 0.25%	Betoptic S	
Bezafibrate	Tab 200 mg	Bezalip	2015
	Tab long-acting 400 mg	Bezalip Retard	
Bicalutamide	Tab 50 mg	Bicalaccord	2014

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

Sole Subsidised Supply Products – cumulative to August 2013

Generic Name	Presentation	Brand Name	Expiry Date*
Blood glucose diagnostic test meter	Meter with 50 lancets, a lancing device and 10 diagnostic test strips	CareSens N CareSens N POP CareSens II	2015
Blood glucose diagnostic test strip	Blood glucose test strips	CareSens CareSens N	2015
Brimonidine tartrate	Eye drops 0.2%	Arrow-Brimonidine	2014
Cabergoline	Tab 0.5 mg	Dostinex	2015
Calamine	Lotn, BP	PSM	2015
Calcitonin	Inj 100 iu per ml, 1 ml	Miacalcic	2014
Calcium carbonate	Tab 1.25 g (500 mg elemental) Tab eff 1.75 g (1 g elemental)	Arrow-Calcium Calsource	2014
Calcium folinate	Tab 15 mg	DBL Leucovorin Calcium	2014
Candesartan	Tab 4 mg, 8 mg, 16 mg & 32 mg	Candestar	2015
Carbomer	Ophthalmic gel 0.3%, 0.5 g	Poly-Gel	2016
Cefazolin sodium	Inj 500 mg & 1 g	AFT	2014
Cefuroxime sodium	Inj 750 mg	Multichem	2014
Cetirizine hydrochloride	Oral liq 1 mg per ml Tab 10 mg	Cetirizine - AFT Zetop	2014
Chloramphenicol	Eye oint 1% Eye drops 0.5%	Chlorsig Chlorafast	2015
Chlorhexidine gluconate	Mouthwash 0.2% Handrub 1% with ethanol 70% Soln 4%	healthE healthE Orion	2015 2014
Ciclopirox olamine	Nail-soln 8%	Apo-Ciclopirox	2015
Ciprofloxacin	Tab 250 mg, 500 mg & 750 mg	Cipflox	2014
Citalopram hydrobromide	Tab 20 mg	Arrow-Citalopram	2014
Clarithromycin	Tab 500 mg Tab 250 mg	Apo-Clarithromycin Apo-Clarithromycin	2014
Clomipramine hydrochloride	Tab 10 mg & 25 mg	Apo-Clomipramine	2015
Clonidine hydrochloride	Tab 150 mcg Inj 150 mcg per ml, 1 ml	Catapres	2015
Clotrimazole	Crn 1%	Clomazol	2014
Codeine phosphate	Tab 15 mg, 30 mg & 60 mg	PSM	2016
Crotamiton	Crn 10%	Itch-Soothe	2015
Cyclizine hydrochloride	Tab 50 mg	Nausicalm	2015
Cyclosporin	Oral liq 100 mg per ml	Neoral	2015
Cyproterone acetate	Tab 50 mg & 100 mg	Siterone	2015
Cyproterone acetate with ethinyloestradiol	Tab 2 mg with ethinyloestradiol 35 mcg and 7 inert tabs	Ginet 84	2014

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Sole Subsidised Supply Products – cumulative to August 2013

Generic Name	Presentation	Brand Name	Expiry Date*
Desmopressin	Nasal spray 10 mcg per dose	Desmopressin-PH&T	2014
Dexamethasone	Tab 1 mg & 4 mg Eye oint 0.1%	Douglas Maxidex	2015 2014
Dexamethasone with neomycin and polymyxin b sulphate	Eye oint 0.1% with neomycin sulphate 0.35% and polymyxin B sulphate 6,000 u per g Eye drops 0.1% with neomycin sulphate 0.35% and polymyxin B sulphate 6,000 u per ml	Maxitrol Maxitrol	2014
Dexamphetamine sulphate	Tab 5 mg	PSM	2015
Dextrose	Inj 50%, 10 ml	Biomed	2014
Diclofenac sodium	Tab EC 25 mg & 50 mg Tab long-acting 75 mg & 100 mg Inj 25 mg per ml, 3 ml Eye drops 1 mg per ml Suppos 12.5 mg, 25 mg, 50 mg & 100 mg	Apo-Diclo Diclax SR Voltaren Voltaren Ophtha Voltaren	2015 2014
Diltiazem hydrochloride	Cap long-acting 120 mg, 180 mg & 240 mg Tab 30 mg & 60 mg	Apo-Diltiazem CD Dilzem	2015
Dipyridamole	Tab long-acting 150 mg	Pytazen SR	2014
Docusate sodium	Cap 50 mg Cap 120 mg	Laxofast 50 Laxofast 120	2014
Domperidone	Tab 10 mg	Prokinex	2015
Doxazosin mesylate	Tab 2 mg & 4 mg	Apo-Doxazosin	2014
Doxycycline hydrochloride	Tab 100 mg	Doxine	2014
Emulsifying ointment	Oint BP	AFT	2014
Enalapril	Tab 5 mg, 10 mg & 20 mg	m-Enalapril	2015
Enoxaparin sodium	Inj 20 mg, 40 mg, 60 mg, 80 mg, 100 mg, 120 mg & 150 mg	Clexane	2015
Entacapone	Tab 200 mg	Entapone	2015
Ergometrine maleate	Inj 500 mcg per ml, 1 ml	DBL Ergometrine	2014
Etidronate disodium	Tab 200 mg	Arrow-Etidronate	2015
Ethinylestradiol	Tab 10 mcg	NZ Medical and Scientific	2015
Ethinylestradiol with levonorgestrel	Tab 20 mcg with levonorgestrel 100 mcg & 7 inert tab Tab 30 mcg with levonorgestrel 150 mcg & 7 inert tab	Ava 20 ED Ava 30 ED	2014
Exemestane	Tab 25 mg	Aromasin	2014
Felodipine	Tab long-acting 5 mg & 10 mg Tab long-acting 2.5 mg	Plendil ER Plendil ER	2015

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Sole Subsidised Supply Products – cumulative to August 2013

Generic Name	Presentation	Brand Name	Expiry Date*
Fentanyl	Inj 50 mcg per ml, 2 ml & 10 ml	Boucher and Muir	2015
Filgrastim	Inj 300 mcg per 0.5 ml Inj 480 mcg per 0.5 ml	Zarzio Zarzio	31/12/15
Finasteride	Tab 5 mg	Rex Medical	2014
Flucloxacillin sodium	Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml Cap 250 mg & 500 mg Inj 250 mg, 500 mg & 1 g	AFT Staphlex Flucloxin	2015 2014
Fluconazole	Cap 50 mg, 150 mg & 200 mg	Ozole	2014
Fluorometholone	Eye drops 0.1%	Flucon	2015
Fluorouracil sodium	Crn 5%	Efudix	2015
Fluticasone propionate	Metered aqueous nasal spray, 50 mcg per dose	Flixonase Hayfever & Allergy	2015
Furosemide	Tab 500 mg Tab 40 mg	Urex Forte Diurin 40	2015
Gentamicin sulphate	Inj 40 mg per ml, 2 ml	Pfizer	2015
Gliclazide	Tab 80 mg	Apo-Gliclazide	2014
Glipizide	Tab 5 mg	Minidiab	2015
Glycerol	Suppos 3.6 g	PSM	2015
Glyceryl trinitrate	Aerosol spray 400 mcg per dose TDDS 5 mg & 10 mg Tab 600 mcg	Glytrin Nitroderm TTS Lycinate	2014
Hydrocortisone	Tab 5 mg & 20 mg Crn 1% Powder	Douglas Pharmacy Health ABM	2015 2014
Hydrocortisone acetate	Rectal foam 10%, CFC-Free (14 applications)	Colifoam	2015
Hydrocortisone butyrate	Lipocream 0.1% Milky emul 0.1% Oint 0.1% Scalp lotn 0.1%	Locoid Lipocream Locoid Crelo Locoid Locoid	2015
Hydrocortisone with wool fat and mineral oil	Lotn 1% with wool fat hydrous 3% and mineral oil	DP Lotn HC	2014
Hydroxocobalamin	Inj 1 mg per ml, 1 ml	ABM Hydroxocobalamin	2015
Hydroxychloroquine sulphate	Tab 200 mg	Plaquenil	2015
Hyoscine N-butylbromide	Inj 20 mg, 1 ml Tab 10 mg	Buscopan Gastrosoothe	2014
Ibuprofen	Tab 200 mg Tab long-acting 800 mg	Arrowcare Brufen SR	2014
Imiquimod	Crn 5%	Aldara	2014

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Sole Subsidised Supply Products – cumulative to August 2013

Generic Name	Presentation	Brand Name	Expiry Date*
Iron polymaltose	Inj 50 mg per ml, 2 ml	Ferrum H	2014
Isoniazid	Tab 100 mg	PSM	2015
Isosorbide mononitrate	Tab 20 mg Tab long-acting 40 mg	Ismo 20 Corangin	2014
Isotretinoin	Cap 10 mg & 20 mg	Oratane	2015
Ketoconazole	Shampoo 2%	Sebizole	2014
Lamivudine	Tab 100 mg	Zetlam	2014
Lansoprazole	Cap 15 mg & 30 mg	Solox	2015
Latanoprost	Eye drops 50 mcg per ml	Hysite	2015
Letrozole	Tab 2.5 mg	Letraccord	2015
Levonorgestrel	Subdermal implant (2 x 75 mg rods)	Jadelle	31/12/13
Lignocaine hydrochloride	Viscous soln 2%	Xylocaine Viscous	2014
Lisinopril	Tab 5 mg, 10 mg & 20 mg	Arrow-Lisinopril	2015
Lithium carbonate	Tab 250 mg & 400 mg Cap 250 mg	Lithicarb FC Douglas	2015 2014
Lodoxamide trometamol	Eye drops 0.1%	Lomide	2014
Losartan	Tab 12.5 mg, 25 mg, 50 mg & 100 mg	Lostaar	2014
Losartan with hydrochlorothiazide	Tab 50 mg with hydrochlorothiazide 12.5 mg	Arrow-Losartan & Hydrochlorothiazide	2014
Macrogol 400 and propylene glycol	Eye drops 0.4% and propylene glycol 0.3%, 0.4 ml	Systane Unit Dose	2016
Mask for spacer device	Size 2	EZ-fit Paediatric Mask	2015
Mebendazole	Tab 100 mg	De-Worm	2014
Mebeverine hydrochloride	Tab 135 mg	Colofac	2014
Megestrol acetate	Tab 160 mg	Apo-Megestrol	2015
Methylprednisolone	Tab 4 mg & 100 mg	Medrol	2015
Methylprednisolone acetate	Inj 40 mg per ml	Depo-Medrol	2015
Methylprednisolone acetate with lignocaine	Inj 40 mg per ml with lignocaine 1 ml	Depo-Medrol with Lidocaine	2015
Mesalazine	Enema 1 g per 100 ml Suppos 500 mg	Pentasa Asacol	2015 2014
Metformin hydrochloride	Tab immediate-release 500 mg & 850 mg	Apotex	2015
Methadone hydrochloride	Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml	Biodone Biodone Forte Biodone Extra Forte	2015

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Sole Subsidised Supply Products – cumulative to August 2013

Generic Name	Presentation	Brand Name	Expiry Date*
Methylprednisolone sodium succinate	Inj 40 mg per ml, 1 ml; 62.5 mg per ml, 2 ml; 500 mg & 1 g	Solu-Medrol	2015
Metoclopramide hydrochloride	Inj 5 mg per ml, 2 ml Tab 10 mg	Pfizer Metamide	2014
Metoprolol succinate	Tab long-acting 23.75 mg, 47.5 mg, 95 mg & 190 mg	Metoprolol-AFT CR	2015
Metoprolol tartrate	Inj 1 mg per ml, 5 ml Tab 50 mg & 100 mg Tab long-acting 200 mg	Lopresor Lopresor Slow-Lopresor	2015
Miconazole	Oral gel 20 mg per g	Decozol	2015
Miconazole nitrate	Crn 2%	Multichem	2014
Mirtazapine	Tab 30 mg & 45 mg	Avanza	2015
Moclobemide	Tab 150 mg & 300 mg	Apo-Moclobemide	2015
Mometasone furoate	Crn 0.1% Oint 0.1%	m-Mometasone	2015
Morphine hydrochloride	Oral liq 1 mg per ml, 2 mg per ml, 5 mg per ml & 10 mg per ml	RA-Morph	2015
Morphine sulphate	Inj 5 mg per ml, 1 ml Inj 10 mg per ml, 1 ml Inj 15 mg per ml, 1 ml Inj 30 mg per ml, 1 ml	DBL Morphine Sulphate DBL Morphine Sulphate DBL Morphine Sulphate DBL Morphine Sulphate	2014
Naphazoline hydrochloride	Eye drops 0.1%	Naphcon Forte	2014
Nadolol	Tab 40 mg & 80 mg	Apo-Nadolol	2015
Naproxen	Tab 250 mg Tab 500 mg	Noflam 250 Noflam 500	2015
Neostigmine	Inj 2.5 mg per ml, 1 ml	AstraZeneca	2014
Nevirapine	Tab 200 mg	Nevirapine Alphapharm	2015
Nicotine	Gum 2 mg & 4 mg (classic, fruit, mint) Lozenge 1 mg & 2 mg Patch 7 mg, 14 mg & 21 mg	Habitrol Habitrol Habitrol	2014
Nicotinic acid	Tab 50 mg & 500 mg	Apo-Nicotinic Acid	2014
Norethisterone	Tab 350 mcg Tab 5 mg	Noriday 28 Primolut N	2015 2014
Norfloxacin	Tab 400 mg	Arrow-Norfloxacin	2014
Nortriptyline hydrochloride	Tab 10 mg & 25 mg	Norpress	2016
Nystatin	Oral liq 100,000 u per ml	Nilstat	2014

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

Sole Subsidised Supply Products – cumulative to August 2013

Generic Name	Presentation	Brand Name	Expiry Date*
Octreotide (somatostatin analogue)	Inj 50 mcg per ml, 1 ml Inj 100 mcg per ml, 1 ml Inj 500 mcg per ml, 1 ml	Octreotide Max Rx	2014
Oil in water emulsion	Crm	healthE Fatty Cream	2015
Omeprazole	Cap 10 mg, 20 mg & 40 mg Powder Inj 40 mg	Omezol Relief Midwest Dr Reddy's Omeprazole	2014
Oxazepam	Tab 10 mg & 15 mg	Ox-Pam	2014
Oxybutynin	Oral liq 5 mg per ml Tab 5 mg	Apo-Oxybutynin	2016
Oxycodone hydrochloride	Inj 50 mg per ml, 1 ml Inj 10 mg per ml, 1 ml & 2 ml	OxyNorm Oxycodone Orion	2015
Oxytocin	Inj 5 iu with ergometrine maleate 500 mcg per ml, 1 ml	Syntometrine	2015
Pamidronate disodium	Inj 3 mg per ml, 10 ml; 6 mg per ml, 10 ml & 9 mg per ml, 10 ml	Pamidronate BNM	2014
Pantoprazole	Inj 40 mg	Pantocid IV	2014
Paracetamol	Suppos 500 mg Tab 500 mg Oral liq 120 mg per 5 ml Oral liq 250 mg per 5 ml	Paracare Parafast Ethics Paracetamol Paracare Double Strength	2015 2014
Paracetamol with codeine	Tab paracetamol 500 mg with codeine phosphate 8 mg	Paracetamol + Codeine (Relieve)	2014
Peak flow meter	Low range & normal range	Breath-Alert	2015
Pergolide	Tab 0.25 mg & 1 mg	Permax	2014
Permethrin	Crm 5% Lotn 5%	Lyderm A-Scabies	2014
Pethidine hydrochloride	Tab 50 mg & 100 mg Inj 50 mg per ml, 1 ml Inj 50 mg per ml, 2 ml	PSM DBL Pethidine Hydrochloride DBL Pethidine Hydrochloride	2015 2014
Phenobarbitone	Tab 15 mg & 30 mg	PSM	2015
Pioglitazone	Tab 15 mg, 30 mg & 45 mg	Pizaccord	2015
Pizotifen	Tab 500 mcg	Sandomigran	2015
Poloxamer	Oral drops 10%	Coloxyl	2014
Potassium chloride	Tab long-acting 600 mg	Span-K	2015
Pravastatin	Tab 20 mg & 40 mg	Cholvastin	2014
Procaine penicillin	Inj 1.5 mega u	Cilicaine	2014
Promethazine hydrochloride	Oral liq 5 mg per 5 ml Tab 10 mg & 25 mg	Allersoothe Allersoothe	2015

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

Sole Subsidised Supply Products – cumulative to August 2013

Generic Name	Presentation	Brand Name	Expiry Date*
Pyridostigmine bromide	Tab 60 mg	Mestinon	2014
Pyridoxine hydrochloride	Tab 25 mg Tab 50 mg	PyridoxADE Apo-Pyridoxine	2014
Quinapril	Tab 5 mg, 10 mg & 20 mg	Arrow-Quinapril	2015
Quinapril with hydrochlorothiazide	Tab 10 mg with hydrochlorothiazide 12.5 mg Tab 20 mg with hydrochlorothiazide 12.5 mg	Accuretic 10 Accuretic 20	2015
Ranitidine hydrochloride	Oral liq 150 mg per 10 ml Tab 150 mg & 300 mg	Peptisoothe Arrow-Ranitidine	2014
Ritonavir	Tab 100 mg	Norvir	2015
Rizatriptan	Tab orodispersible 10 mg	Rizamelt	2014
Roxithromycin	Tab 150 mg & 300 mg	Arrow-Roxithromycin	2015
Salbutamol	Nebuliser soln, 1 mg per ml & 2 mg per ml, 2.5 ml	Asthalin	2015
Salbutamol with ipratropium bromide	Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml	Duolin	2015
Sildenafil	Tab 25 mg, 50 mg & 100 mg	Silagra	2014
Simvastatin	Tab 10 mg Tab 20 mg Tab 40 mg Tab 80 mg	Arrow-Simva 10mg Arrow-Simva 20mg Arrow-Simva 40mg Arrow-Simva 80mg	2014
Sodium hyaluronate	Eye drops 1 mg per ml, 10 ml OP	Hyo-Fresh	2016
Spacer device	800 ml 230 ml (single patient)	Volumatic Space Chamber Plus	2015
Tamoxifen citrate	Tab 20 mg	Genox	2014
Tar with triethanolamine lauryl sulphate and fluorescein	Soln 2.3% with triethanolamine lauryl sulphate and fluorescein sodium, 500 ml & 1,000 ml	Pinetarsol	2014
Temazepam	Tab 10 mg	Normison	2014
Terbinafine	Tab 250 mg	Dr Reddy's Terbinafine	2014
Testosterone cypionate	Inj long-acting 100 mg per ml, 10 ml	Depo-Testosterone	2014
Testosterone undecanoate	Cap 40 mg	Andriol Testocaps	2015
Tetracosactrin	Inj 250 mcg Inj 1 mg per ml, 1 ml	Synacthen Synacthen Depot	2014
Timolol maleate	Eye drops 0.25% & 0.5%	Arrow-Timolol	2014
Tobramycin	Eye drops 0.3% Eye oint 0.3% Inj 40 mg per ml, 2 ml	Tobrex Tobrex DBL Tobramycin	2014

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

Sole Subsidised Supply Products – cumulative to August 2013

Generic Name	Presentation	Brand Name	Expiry Date*
Tolcapone	Tab 100 mg	Tasmar	2014
Tramadol hydrochloride	Cap 50 mg	Arrow-Tramadol	2014
Triamcinolone acetonide	Inj 10 mg per ml, 1 ml Inj 40 mg per ml, 1 ml Crm 0.02% Oint 0.02% 0.1% in Dental Paste USP	Kenacort-A Kenacort-A40 Aristocort Aristocort Oracort	2014
Tropicamide	Eye drops 0.5% & 1%	Mydracyl	2014
Ursodeoxycholic acid	Cap 250 mg	Ursosan	2014
Vancomycin hydrochloride	Inj 500 mg	Mylan	2014
Verapamil hydrochloride	Tab 40 mg & 80 mg	Isoptin	2014
Zidovudine [AZT] with lamivudine	Tab 300 mg with lamivudine 150 mg	Alphapharm	2014
Zinc and castor oil	Oint BP	Multichem	2014
Zinc sulphate	Caps 137.4 mg (50 mg elemental)	Zincaps	2014

August changes are in bold type

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings

Effective 1 August 2013

82	PREDNISONE * Tab 1 mg	2.13	100	✓ Apo-Prednisone S29 S29
84	PROGESTERONE – Special Authority see SA1392 – Retail pharmacy Cap 100 mg	16.50	30	✓ Utrogestan
	▶ SA1392 Special Authority for Subsidy Initial application from an obstetrician or gynaecologist. Approvals valid for 12 months for applications meeting the following criteria: Both: 1. For the prevention of pre-term labour*; and 2. Either 2.1. The patient has a short cervix on ultrasound (defined as < 25 mm at 16 to 28 weeks) or 2.2. The patient has a history of pre-term birth at less than 28 weeks. 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).			
122	OXYCODONE HYDROCHLORIDE a) Only on a controlled drug form b) See prescribing guideline c) No patient co-payment payable d) Safety medicine; prescriber may determine dispensing frequency			
	Tab controlled-release 10 mg	6.75	20	✓ Oxydone BNM
	Tab controlled-release 20 mg	11.50	20	✓ Oxydone BNM
	Tab controlled-release 40 mg	18.50	20	✓ Oxydone BNM
	Tab controlled-release 80 mg	34.00	20	✓ Oxydone BNM
134	QUETIAPINE – Safety medicine; prescriber may determine dispensing frequency Tab 100 mg	21.00	90	✓ Dr Reddy's Quetiapine
145	BUPROPION HYDROCHLORIDE Tab modified-release 150 mg	4.97	30	✓ Zyban
	Note – This Zyban has a new price and Pharmacode (2439743)			
185	MACROGOL 400 AND PROPYLENE GLYCOL – Special Authority see SA1388 – Retail pharmacy Eye drops 0.4% and propylene glycol 0.3%, 0.4 ml	4.30	24	✓ Systane Unit Dose
185	CARBOMER – Special Authority see SA1388 – Retail pharmacy Ophthalmic gel 0.3%, 0.5 g	8.25	30	✓ Poly-Gel
208	ORAL FEED 2 KCAL/ML – Special Authority see SA1195 – Hospital pharmacy [HP3] Additional subsidy by endorsement is available for patients being bolus fed through a feeding tube, or who have severe epidermolysis bullosa. The prescription must be endorsed accordingly. Liquid (vanilla) – Higher subsidy of \$1.90 per 200 ml with Endorsement	0.96 (1.90)	200 ml OP	Two Cal HN

Patients pay a manufacturer's surcharge when
the Manufacturer's Price is greater than the Subsidy
20

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 July 2013

41	ASCORBIC ACID a) No more than 100 mg per dose b) Only on a prescription * Tab 100 mg	13.80	500	✓ Cvite
41	VITAMIN B COMPLEX * Tab, strong, BPC	4.70	500	✓ Bplex
42	VITAMINS * Tab (BPC cap strength)	8.00	1,000	✓ Mvite
45	TICAGRELOR – Special Authority see SA1382 – Retail pharmacy * Tab 90 mg	90.00	56	✓ Brilinta
<p>▶ SA1382 Special Authority for Subsidy Initial application (acute coronary syndrome) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria: Both: 1 Patient has recently been diagnosed with an ST-elevation or a non-ST-elevation acute coronary syndrome; and 2 Fibrinolytic therapy has not been given in the last 24 hours and is not planned. Renewal (subsequent acute coronary syndrome) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria: Both: 1 Patient has recently been diagnosed with an ST-elevation or a non-ST-elevation acute coronary syndrome; and 2 Fibrinolytic therapy has not been given in the last 24 hours and is not planned.</p>				
48	PEGFILGRASTIM – Special Authority see SA1384 – Retail pharmacy Inj 6 mg per 0.6 ml syringe.....	1,080.00	1	✓ Neulastim
<p>▶ SA1384 Special Authority for Subsidy Initial application only from a relevant specialist, vocationally registered general practitioner or medical practitioner on the recommendation of a relevant specialist. Approvals valid without further renewal unless notified where used for prevention of neutropenia in patients undergoing high risk chemotherapy for cancer (febrile neutropenia risk \geq 20%*).* *Febrile neutropenia risk \geq 20% after taking into account other risk factors as defined by the European Organisation for Research and Treatment of Cancer (EORTC) guidelines.</p>				
58	AMILORIDE HYDROCHLORIDE * Tab 5 mg	17.50	100	✓ Apo-Amiloride
69	CETOMACROGOL WITH GLYCEROL Crn 90% with glycerol 10%.....	4.50	500 g OP	✓ Pharmacy Health Sorbolene with Glycerin
119	LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE Inj 1%, 5 ml ampoule – Up to 25 inj available on a PSO..... Inj 1%, 20 ml ampoule – Up to 5 inj available on a PSO.....	8.75 2.40	25 1	✓ Lidocaine-Claris ✓ Lidocaine-Claris

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings - effective 1 July 2013 (continued)

140	PHENOBARBITONE SODIUM – Special Authority see SA1386 – Retail pharmacy Inj 200 mg per ml, 1 ml ampoule	46.20	10	✓ Martindale S29
	<p>▶ SA1386 Special Authority for Subsidy Initial application from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria: Both: 1 For the treatment of terminal agitation that is unresponsive to other agents; and 2 The applicant is part of a multidisciplinary team working in palliative care.</p>			
166	ADALIMUMAB – Special Authority see SA1371 – Retail pharmacy Inj 20 mg per 0.4 ml prefilled syringe	1,799.92	2	✓ Humira
185	SODIUM HYALURONATE – Special Authority see SA1388 – Retail pharmacy Eye drops 1 mg per ml	22.00	10 ml OP	✓ Hylo-Fresh
	<p>Note: Hylo-Fresh has a 6 month expiry after opening. The Pharmacy Handbook restriction allowing one bottle per month is not relevant and therefore only the prescribed dosage to the nearest OP may be claimed.</p>			
185	PRESERVATIVE FREE OCULAR LUBRICANTS ▶ SA1388 – Special Authority for Subsidy Initial application from any relevant practitioner. Approvals valid for 12 months for patients meeting the following criteria: Both: 1 Confirmed diagnosis by slit lamp of severe secretory dry eye; and 2 Either: 2.1 Patient is using eye drops more than four times daily on a regular basis; or 2.2 Patient has had a confirmed allergic reaction to preservative in eye drop. Renewal from any relevant practitioner. Approvals valid for 24 months where the patient continues to require lubricating eye drops and has benefited from treatment.			
185	RETINOL PALMITATE Eye oint 138 mcg per g	3.80	5 g OP	✓ VitA-POS
186	PHARMACY SERVICES – May only be claimed once per patient. * Brand switch fee	4.33	1 fee	✓ BSF Arrow-Quinapril
	<p>The Pharmacode for BSF Arrow-Quinapril is 2441497.</p>			
198	FAT SUPPLEMENT – Special Authority see SA1374 – Hospital pharmacy [HP3] Oil, 250 ml	114.92	4 OP	✓ Liquigen
202	RENAL ORAL FEED 2 KCAL/ML – Special Authority see SA1101 – Hospital pharmacy [HP3] Liquid (apricot), 125 ml	11.52	4 OP	✓ Renilon 7.5
	Liquid (caramel), 125 ml	11.52	4 OP	✓ Renilon 7.5

Effective 1 June 2013

39	MACROGOL 3350 – Special Authority see SA0891 – Retail pharmacy Powder 13.125 g, sachets - Maximum of 60 sach per prescription	18.14	30	✓ Movicol
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Patients pay a manufacturer's surcharge when
the Manufacturer's Price is greater than the Subsidy
22

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 June 2013 (continued)

62	BOSENTAN – Special Authority see SA0967 – Retail pharmacy Tab 62.5 mg 2,000.00	60	✓ pms-Bosentan
	Tab 125 mg 2,000.00	60	✓ pms-Bosentan
211	AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA1108 – Hospital pharmacy [HP3] Powder (unflavoured), 29 g 330.12	30	✓ PKU Anamix Junior
213	HIGH FAT LOW CARBOHYDRATE FORMULA – Special Authority see SA1197 – Retail pharmacy Powder (unflavoured) 35.50	300 g OP	✓ KetoCal 4:1

New Listings - effective 6 May 2013

72	MALATHION WITH PERMETHRIN AND PIPERONYL BUTOXIDE Spray 0.25% with permethrin 0.5% and piperonyl butoxide 2% 11.95	90 g OP	✓ Para Plus
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Effective 1 May 2013

52	PERINDOPRIL * Tab 2 mg 3.75	30	✓ Apo-Perindopril
	* Tab 4 mg 4.80	30	✓ Apo-Perindopril
57	CLONIDINE HYDROCHLORIDE * Tab 25 mcg 15.09	112	✓ Clonidine BNM
58	METOLAZONE – Special Authority see SA1323 – Retail pharmacy Tab 5 mg CBS	50	✓ Zaroxolyn \$29
61	HYDRALAZINE HYDROCHLORIDE – Special Authority see SA1321 – Retail pharmacy * Tab 25 mg CBS	56	✓ Onelink \$29
119	LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE Inj 2%, 5 ml – Up to 5 inj available on a PSO 6.90	25	✓ Lidocaine-Clarix
	Inj 2%, 20 ml – Up to 5 inj available on a PSO 2.40	1	✓ Lidocaine-Clarix
186	PHARMACY SERVICES – May only be claimed once per patient Brand switch fee 4.33	1 fee	✓ BSF Apo-Diltiazem CD
	The Pharmacode for BSF Apo-Diltiazem CD is 2437775		

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

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

Changes to Restrictions, Chemical Names and Presentations Effective 1 August 2013

- 33 INSULIN PUMP INFUSION SET (STEEL CANNULA) – Special Authority SA1240 – Retail pharmacy
a) Maximum of 3 dev per prescription
b) Only on a prescription
c) ~~Maximum of 1 prescription per 90 days.~~
dc) Maximum of 13 Note: One additional pack of infusion sets will be funded per year (~~Maximum of 13 pack per annum~~).
- 34 INSULIN PUMP INFUSION SET (TEFLON CANNULA, ANGLE INSERTION WITH INSERTION DEVICE)
– Special Authority SA1240 – Retail pharmacy
a) Maximum of 3 dev per prescription
b) Only on a prescription
c) ~~Maximum of 1 prescription per 90 days.~~
dc) Maximum of 13 Note: One additional pack of infusion sets will be funded per year (~~Maximum of 13 pack per annum~~).
- 35 INSULIN PUMP INFUSION SET (TEFLON CANNULA, ANGLE INSERTION) – Special Authority SA1240
– Retail pharmacy
a) Maximum of 3 dev per prescription
b) Only on a prescription
c) ~~Maximum of 1 prescription per 90 days.~~
dc) Maximum of 13 Note: One additional pack of infusion sets will be funded per year (~~Maximum of 13 pack per annum~~).
- 36 INSULIN PUMP INFUSION SET (TEFLON CANNULA, STRAIGHT INSERTION WITH INSERTION DEVICE)
– Special Authority SA1240 – Retail pharmacy
a) Maximum of 3 dev per prescription
b) Only on a prescription
dc) Maximum of 13 Note: One additional pack of infusion sets will be funded per year (~~Maximum of 13 pack per annum~~);
d) Maximum of 1 prescription per 90 days.
- 37 INSULIN PUMP INFUSION SET (TEFLON CANNULA, STRAIGHT INSERTION) – Special Authority SA1240
– Retail pharmacy
a) Maximum of 3 dev per prescription
b) Only on a prescription
dc) Maximum of 13 Note: One additional pack of infusion sets will be funded per year (~~Maximum of 13 pack per annum~~);
d) Maximum of 1 prescription per 90 days.
- 37 INSULIN PUMP RESERVOIR – Special Authority SA1240 – Retail pharmacy
a) Maximum of 3 dev per prescription
b) Only on a prescription
c) ~~Maximum of 1 prescription per 90 days.~~
dc) Maximum of 13 Note: One additional packs of reservoir sets will be funded per year (~~Maximum of 13 pack per annum~~).

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Restrictions - effective 1 August 2013 (continued)

52	PERINDOPRIL From 1 August 2013 to 30 September 2013 the Coversyl brand of perindopril will be funded by Endorsement to the level of the ex-manufacturer price listed in the Schedule for patients who were previously accessing the higher subsidy by endorsement for perindopril prior to 1 May 2013. * Tab 2 mg – Higher subsidy of \$18.50 per 30 tab with Endorsement 3.75 30 (18.50) Coversyl * Tab 4 mg – Higher subsidy of \$25.00 per 30 tab with Endorsement 4.80 30 (25.00) Coversyl		
57	DILTIAZEM HYDROCHLORIDE * Cap long-acting 120 mg – brand switch fee payable 31.83 500 ✓ Apo-Diltiazem CD * Cap long-acting 180 mg – brand switch fee payable 47.67 500 ✓ Apo-Diltiazem CD * Cap long-acting 240 mg – brand switch fee payable 63.58 500 ✓ Apo-Diltiazem CD		
81	HYDROCORTISONE (change to presentation description) * Inj 50 mg per ml, 2 ml Inj 100 mg vial 4.99 1 ✓ Solu-Cortef		
82	PREDNISONE (addition of STAT) * Tab 1 mg 2.13 100 ✓ Apo-Prednisone S29 * Tab 1 mg 10.68 500 ✓ Apo-Prednisone Note: the removal of the stat symbol will be temporary due to a potential out of stock		
89	CEPHALEXIN CEFALEXIN MONOHYDRATE Cap 500 mg 5.70 20 ✓ Cephalexin ABM Grans for oral liq 125 mg per 5 ml 8.50 100 ml ✓ Cefalexin Sandoz Grans for oral liq 250 mg per 5 ml 11.50 100 ml ✓ Cefalexin Sandoz		
109	NEOSTIGMINE METILSULFATE Inj 2.5 mg per ml, 1 ml ampoule 140.00 50 ✓ AstraZeneca		
111	ALENDRONATE FOR OSTEOPOROSIS (amendment to Special Authority Note) ▶ SA1039 Special Authority for Subsidy b) Evidence used by the National Institute for Health and Clinical Excellence (NICE) guidance indicates suggests that patients aged 75 years and over who have a history of significant osteoporotic fracture demonstrated radiologically are very likely to have a T-Score ≤ -2.5 and, therefore, do not require BMD measurement for treatment with bisphosphonates		
113	RALOXIFENE HYDROCHLORIDE – Special Authority see SA1138 – Retail pharmacy (amendment to Special Authority Note) * Tab 60 mg 53.76 28 ✓ Evista ▶ SA1138 Special Authority for Subsidy b) Evidence used by the UK National Institute for Health and Clinical Excellence (NICE) in developing its guidance indicates suggests that patients aged 75 years and over who have a history of significant osteoporotic fracture demonstrated radiologically are very likely to have a T-Score ≤ -2.5 and, therefore, do not require BMD measurement for raloxifene funding.		

▲ 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 August 2013 (continued)

114	ZOLEDRONIC ACID – Special Authority see SA1187 – Retail pharmacy (amendment to Special Authority Note) Soln for infusion 5 mg in 100 ml	600.00	100 ml	✓ Aclasta
<p>▶ SA1187 Special Authority for Subsidy</p> <p>b) Evidence used by the National Institute for Health and Clinical Excellence (NICE) guidance indicates suggests that patients aged 75 years and over who have a history of significant osteoporotic fracture demonstrated radiologically are very likely to have a T-Score ≤ -2.5 and, therefore, do not require BMD measurement for treatment with bisphosphonates.</p>				
121	FENTANYL GITRATE			
<p>a) Only on a controlled drug form</p> <p>b) No patient co-payment payable</p> <p>c) Safety medicine; prescriber may determine dispensing frequency</p>				
	Inj 50 mcg per ml, 2 ml	4.50	10	✓ Boucher and Muir
	Inj 50 mcg per ml, 10 ml	11.77	10	✓ Boucher and Muir
123	MIANSERIN HYDROCHLORIDE – Special Authority see SA1048 – Retail pharmacy (removal of Special Authority) Tab 30 mg	24.86	30	✓ Tolvon
<p>▶ SA1048 Special Authority for Subsidy</p> <p>Initial application from any relevant practitioner. Approvals valid for 2 years for applications meeting the following criteria:</p> <p>Either:</p> <p>1 Both:</p> <p>1.1 Depression; and</p> <p>1.2 Either:</p> <p>1.2.1 Co-existent bladder-neck obstruction; or</p> <p>1.2.2 Cardiovascular disease; or</p> <p>2 Both:</p> <p>2.1 The patient has a severe major depressive episode; and</p> <p>2.2 Either:</p> <p>2.2.1 The patient must have had a trial of two different antidepressants and was unable to tolerate the treatments or failed to respond to an adequate dose over an adequate period of time (usually at least four weeks); or</p> <p>2.2.2 Both:</p> <p>2.2.2.1 The patient is currently a hospital in-patient as a result of an acute depressive episode; and</p> <p>2.2.2.2 The patient must have had a trial of one other antidepressant and either could not tolerate it or failed to respond to an adequate dose over an adequate period of time.</p> <p>Renewal from any relevant practitioner. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.</p>				
135	OLANZAPINE PAMOATE MONOHYDRATE – Special Authority see SA1146 – Retail pharmacy (amendment of chemical name) Safety medicine; prescriber may determine dispensing frequency			
	Inj 210 mg	280.00	1	✓ Zyprexa Relprev
	Inj 300 mg	460.00	1	✓ Zyprexa Relprev
	Inj 405 mg	560.00	1	✓ Zyprexa Relprev

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Restrictions - effective 1 August 2013 (continued)

137	BUSPIRONE HYDROCHLORIDE – Special Authority see SA0863 – Retail pharmacy (removal of Special Authority)			
	Tab 5 mg	28.00	100	✓ Pacific Buspirone
	Tab 10 mg	17.00	100	✓ Pacific Buspirone

▶ SA0863 Special Authority for Subsidy

Initial application from any relevant practitioner. Approvals valid for 2 years for applications meeting the following criteria:

Both:

- 1 For use only as an anxiolytic; and
- 2 Other agents are contraindicated or have failed.

Renewal from any relevant practitioner. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.

145	NALTREXONE HYDROCHLORIDE – Special Authority see SA13970909 – Retail pharmacy (amendment to Special Authority)			
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	Tab 50 mg	76.00	30	✓ Naltracord
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▶ SA13970909 Special Authority for Subsidy

Special Authority for Subsidy

Initial application from any medical practitioner. Approvals valid for 3 6 months for applications meeting the following criteria:

Both:

- 1 Patient is currently enrolled in a recognised comprehensive treatment programme for alcohol dependence; and
- 2 Applicant works in or with a community Alcohol and Drug Service contracted to one of the District Health Boards or accredited against the New Zealand Alcohol and Other Drug Sector Standard or the National Mental Health Sector Standard.

Renewal from any medical practitioner. Approvals valid for 3 6 months for applications meeting the following criteria:

Both:

- 1 Compliance with the medication (prescriber determined); and
- 2 Any of the following:
 - 2.1 Patient is still unstable and requires further treatment; or
 - 2.2 Patient achieved significant improvement but requires further treatment; or
 - 2.3 Patient is well controlled but requires maintenance therapy.

The patient must not have had more than 1 prior approval in the last 12 months.

151	DACARBAZINE – PCT only – Specialist (change to presentation description)			
	Inj 200 mg vial	51.84	1	✓ Hospira
152	MESNA – PCT only – Specialist (change to presentation description)			
	Inj 100 mg per ml, 4 ml ampoule.....	148.05	15	✓ Uromitexan
	Inj 100 mg per ml, 10 ml ampoule.....	339.90	15	✓ Uromitexan
152	MITOMYCIN C – PCT only – Specialist (change to presentation description)			
	Inj 5 mg vial	79.75	1	✓ Arrow
185	HYPROMELLOSE WITH DEXTRAN (change to presentation description)			
	* Eye drops 0.3% with dextran 0.1%	2.30	15 ml OP	✓ Poly-Tears

208	ADULT PRODUCTS HIGH CALORIE HIGH CALORIE PRODUCTS			
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▶ SA1195 Special Authority for Subsidy

▲ 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 July 2013

29	<p>BLOOD KETONE DIAGNOSTIC TEST METER</p> <p>a) Meter funded for the purposes of blood ketone diagnostics only. Patient has had one or more episodes of ketoacidosis and is at risk of future episodes. Only one meter per patient will be subsidised every 5 years.</p> <p>b) Up to 1 dev available on a PSO.</p>	40.00	1	✓ Freestyle Optium
29	<p>KETONE BLOOD BETA-KETONE ELECTRODES</p> <p>a) Maximum of 20 strip per prescription.</p> <p>b) Up to 10 test available on a PSO.</p>	15.50	10 strip OP	✓ Freestyle Optium Ketone
29	<p>BLOOD GLUCOSE DIAGNOSTIC TEST METER – Subsidy by endorsement</p> <p>a) Maximum of 1 pack per prescription.</p> <p>b) Up to 1 dev available on a PSO.</p> <p>c) A diagnostic blood glucose test meter is subsidised for a patient who:</p> <ol style="list-style-type: none"> i is receiving insulin or sulphonylurea therapy; or ii is pregnant and has diabetes; or iii is on home TPN at risk of hypoglycaemia or hyperglycaemia; or iv has a genetic or an acquired disorder of glucose homeostasis excluding type 1 or type 2 diabetes and metabolic syndrome. <p>d) CareSens N brand: Brand switch fee payable (Pharmacode 2423138) – see page 186 for details</p> <p>e) CareSens N POP brand: Brand switch fee payable (Pharmacode 2423154) – see page 186 for details</p> <p>f) CareSens II brand: Brand switch fee payable (Pharmacode 2423146) – see page 186 for details</p> <p>g) No patient co-payment payable</p> <p>Only one CareSens meter per patient. No further prescriptions will be subsidised for patients who already have a CareSens meter. For the avoidance of doubt patients who have previously received a funded meter, other than CareSens, are eligible for a CareSens meter. The prescription must be endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of insulin or sulphonylureas.</p> <p>Meter with 50 lancets, a lancing device and 10 diagnostic test strips – Note differing brand requirements</p>	20.00	1 OP	✓ CareSens II ✓ CareSens N ✓ CareSens N POP
Note: Only 1 meter available per PSO				
30	<p>BLOOD GLUCOSE DIAGNOSTIC TEST STRIP</p> <p>a) Up to 50 test available on a PSO.</p> <p>b) The number of test strips available on a prescription is restricted to 50 unless:</p> <ol style="list-style-type: none"> 1) Prescribed with insulin or a sulphonylurea but are on a different prescription and 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; or 4) Prescribed for a patient on home TPN at risk of hypoglycaemia or hyperglycaemia and endorsed accordingly; or 5) Prescribed for a patient with a genetic or an acquired disorder of glucose homeostasis excluding type 1 or type 2 diabetes and metabolic syndrome and endorsed accordingly. <p>Blood glucose test strips</p> <p>– Note differing brand requirements below</p>	10.56	50 test OP	✓ CareSens ✓ CareSens N

continued...

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 July 2013 (continued)

continued...

	28.75		✓ Accu-Chek Performa ✓ Freestyle Optium
a) Accu-Chek Performa brand: Special Authority see SA1294 – Retail pharmacy			
b) Freestyle Optium brand: Special Authority see SA1291 – Retail pharmacy			
Note: Accu-Chek Performa and Freestyle Optium are not available on a PSO			

38	URSODEOXYCHOLIC ACID – Special Authority see SA1383 ††88 – Retail pharmacy Cap 250 mg – For ursodeoxycholic acid oral liquid formulation refer, page 188.....	71.50	100	✓ Ursosan
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▶ **SA1383** ~~††88~~ Special Authority for Subsidy

Initial application – (Alagille syndrome or progressive familial intrahepatic cholestasis) - from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Either:

1. Patient has been diagnosed with Alagille syndrome; or
2. Patient has progressive familial intrahepatic cholestasis.

Initial application – (Chronic severe drug induced cholestatic liver injury) - from any relevant practitioner.

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

All of the following:

1. Patient has chronic severe drug induced cholestatic liver injury; and
2. Cholestatic liver injury not due to Total Parenteral Nutrition (TPN) use in adults; and
3. Treatment with ursodeoxycholic acid may prevent hospital admission or reduce duration of stay.

Initial application – (Cirrhosis) - from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:

Both:

1. Primary biliary cirrhosis confirmed by antimitochondrial antibody titre (AMA) > 1:80, and raised cholestatic liver enzymes with or without raised serum IgM or, if AMA is negative, by liver biopsy; and
2. Patient not requiring a liver transplant (bilirubin > 170 100 umol/l; decompensated cirrhosis).

Initial application – (Pregnancy/Cirrhosis) - from any relevant practitioner. Approvals valid for 6 months where the

Either:

patient diagnosed with cholestasis of pregnancy; or

1. Both:

- 1.1. Primary biliary cirrhosis confirmed by antimitochondrial antibody titre (AMA) > 1:80, and raised cholestatic liver enzymes with or without raised serum IgM or, if AMA is negative, by liver biopsy; and
- 1.2. Patient not requiring a liver transplant (bilirubin > 170 100 umol/l; decompensated cirrhosis)

Note: Liver biopsy is not usually required for diagnosis but is helpful to stage the disease.

Initial application – (Haematological transplant) - from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:

Both:

1. Patient at risk of veno-occlusive disease or has hepatic impairment and is undergoing conditioning treatment prior to allogenic stem cell or bone marrow transplantation; and
2. Treatment for up to 13 weeks.

Initial application – (Total parenteral nutrition induced cholestasis) from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:

Both:

1. Paediatric patient has developed abnormal liver function as indicated on testing which is likely to be induced by Total Parenteral Nutrition (TPN); and
2. Liver function has not improved with modifying the TPN composition.

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
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions - effective 1 July 2013 (continued)

continued...

Renewal (Chronic severe drug induced cholestatic liver injury) from any relevant practitioner. Approvals valid for 6 months where the patient continues to benefit from treatment.

Renewal – (Pregnancy/cirrhosis) - from any relevant practitioner. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.

Renewal - (Total parenteral nutrition induced cholestasis) from any relevant practitioner. Approvals valid for 6 months where a paediatric patient continues to require TPN and who is benefiting from treatment, defined as a sustained improvement in bilirubin levels.

Note: Ursodeoxycholic acid is not an appropriate therapy for patients requiring a liver transplant (bilirubin > 470 100 µmol/l; decompensated cirrhosis). These patients should be referred to an appropriate transplant centre. Treatment failure – doubling of serum bilirubin levels, absence of a significant decrease in ALP or ALT and AST, development of varices, ascites or encephalopathy, marked worsening of pruritus or fatigue, histological progression by two stages, or to cirrhosis, need for transplantation.

38	MUCILAGINOUS LAXATIVES ISPAGHULA (PSYLLIUM) HUSK – Only on a prescription * Dry Powder for oral soln.....	5.51	500 g OP	✓ Konsyl-D
47	PROTAMINE SULPHATE * Inj 10 mg per ml, 5 ml	22.40	10	
		(101.61)		Artex S29
52	QUINAPRIL – Brand switch fee payable (Pharmacode 2441497) * Tab 5 mg	3.44	90	✓ Arrow-Quinapril 5
	* Tab 10 mg	4.64	90	✓ Arrow-Quinapril 10
	* Tab 20 mg	6.34	90	✓ Arrow-Quinapril 20
78	CYPROTERONE ACETATE WITH ETHINYLOESTRADIOL * Tab 2 mg with ethinyloestradiol 35 mcg and 7 inert tabs – Up to 84 tab available on a PSO	3.89	84	✓ Ginet 84
80	SOLIFENACIN SUCCINATE – Special Authority see SA0998 – Retail pharmacy Tab 5 mg	56.50	30	✓ Vesicare
	Tab 10 mg	56.50	30	✓ Vesicare
	▶ SA0998 Special Authority for Subsidy Initial application from any relevant practitioner. Approvals valid without further renewal, unless notified, where the patient has overactive bladder and a documented intolerance of, or is non-responsive to oxybutynin.			
80	TOLTERODINE – Special Authority see SA1272 – Retail pharmacy Tab 1 mg	14.56	56	✓ Arrow-Tolterodine
	Tab 2 mg	14.56	56	✓ Arrow-Tolterodine
	▶ SA1272 Special Authority for Subsidy Initial application from any relevant practitioner. Approvals valid without further renewal, unless notified, where the patient has overactive bladder and a documented intolerance of, or is non-responsive to oxybutynin.			
82	PREDNISONE Tab 1 mg	10.68	500	✓ Apo-Prednisone
	Note: the removal of the stat symbol will be temporary due to a potential out of stock			
85	PROPYLTHIOURACIL – Special Authority see SA1199 – Retail pharmacy Tab 50 mg	35.00	100	✓ PTU S29
	Note: Propylthiouracil is not recommended for patients under the age of 18 years unless the patient is pregnant and other treatments are contraindicated.			

Patients pay a manufacturer's surcharge when the Manufacturer's Price is greater than the Subsidy
30

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 July 2013 (continued)

86	CABERGOLINE Tab 0.5 mg – Maximum of 2 tab per prescription; can be waived by Special Authority see SA1370 4034	6.25	2	✓ Dostinex
		25.00	8	✓ Dostinex
	➔ SA1370 4034 Special Authority for Waiver of Rule			
	Initial application only from an obstetrician, endocrinologist or any relevant practitioner . Approvals valid without further renewal unless notified for applications meeting the following criteria where the patient has: 1) pathological hyperprolactinemia; or 2) acromegaly* .			
	Renewal (for patients who have previously been funded under Special Authority form SA1031) only from an obstetrician, endocrinologist or gynaecologist any relevant practitioner . Approvals valid without further renewal unless notified where the patient has previously held a Special Authority which has expired and the treatment remains appropriate and the patient is benefiting from treatment.			
	Indication marked with * is an Unapproved Indication.			
86	DANAZOL – Retail pharmacy Specialist			
	Cap 100 mg	68.33	100	✓ Azol
	Cap 200 mg	97.83	100	✓ Azol
88	CEFAZOLIN SODIUM – Subsidy by endorsement Only if prescribed for dialysis or cystic fibrosis patient cellulitis in accordance with a DHB approved protocol and the prescription is endorsed accordingly.			
	Inj 500 mg	3.99	5	✓ AFT
	Inj 1 g	3.99	5	✓ AFT
88	CEFTRIAXONE SODIUM – Subsidy by endorsement a) Up to 5 inj available on a PSO b) Subsidised only if prescribed for a dialysis or cystic fibrosis patient, or the treatment of confirmed epifloxacin-resistant gonorrhoea, or the treatment of pelvic inflammatory disease , 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	2.70	1	✓ Veracol
	Inj 1 g	10.49	5	✓ Aspen Ceftriaxone
91	MINOCYCLINE HYDROCHLORIDE * Tab 50 mg – Additional subsidy by Special Authority see SA1355 – Retail pharmacy	5.79	60	
		(12.05)		Mino-tabs
	➔ SA1355 Special Authority for Manufacturers Price			
	Initial application from any relevant practitioner. Approvals valid without further renewal unless notified where the patient has rosacea.			
92	GENTAMICIN SULPHATE Inj 10 mg per ml, 1 ml – Subsidy by endorsement	8.56	5	✓ Mayne
	Only if prescribed for a dialysis or cystic fibrosis patient or for prophylaxis of endocarditis or complicated urinary tract infection , and the prescription is endorsed accordingly.			
	Inj 10 mg per ml, 2 ml – Subsidy by endorsement	175.10	25	✓ APP Pharmaceuticals
	S29			
	Only if prescribed for a dialysis or cystic fibrosis patient or for prophylaxis of endocarditis or complicated urinary tract infection , and the prescription is endorsed accordingly.			
	Inj 40 mg per ml, 2 ml – Subsidy by endorsement	6.50	10	✓ Pfizer
	Only if prescribed for a dialysis or cystic fibrosis patient or for prophylaxis of endocarditis or complicated urinary tract infection , and the prescription is endorsed accordingly.			

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

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

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Changes to Restrictions - effective 1 July 2013 (continued)

92	<p>MOXIFLOXACIN – Special Authority see SA1358 †065 – Retail pharmacy No patient co-payment payable Tab 400 mg 52.00 5 ✓ Avelox</p> <p>➔ SA1358 †065 Special Authority for Subsidy Initial application - (Mycoplasma genitalium) from any relevant practitioner. Approvals valid for 1 month for applications meeting the following criteria: All of the following: 1. Has nucleic acid amplification test (NAAT) confirmed <i>Mycoplasma genitalium</i>*; and 2. Has tried and failed to clear infection using azithromycin; and 3. Treatment is only for 7 days. Initial application - (Penetrating eye injury) only from an ophthalmologist. Approvals valid for 1 month where the patient requires prophylaxis following a penetrating eye injury and treatment is for 5 days only. 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).</p>
93	<p>VANCOMYCIN HYDROCHLORIDE – Subsidy by endorsement Only if prescribed for a dialysis or cystic fibrosis patient or in the treatment of pseudomembranous colitis or for prophylaxis of endocarditis or for treatment of <i>Clostridium difficile</i> following metronidazole failure and the prescription is endorsed accordingly. Inj 500 mg 3.58 1 ✓ Mylan</p>
94	<p>FLUCONAZOLE Powder for oral suspension 10 mg per ml – Special Authority see SA1359 †148 – Retail pharmacy 34.56 35 ml ✓ Diflucan</p> <p>➔ SA1359 †148 Special Authority for Subsidy Initial application – (Systemic candidiasis) from any relevant practitioner. Approvals valid for 6 weeks for applications meeting the following criteria: Both: 1. Patient requires prophylaxis for, or treatment of systemic candidiasis; and 2. Patient is unable to swallow capsules. Initial application – (Immunocompromised) from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria: All of the following: 1. Patient is immunocompromised; and 2. Patient is at moderate to high risk of invasive fungal infection; and 3. Patient is unable to swallow capsules. Renewal – (Systemic candidiasis) from any relevant practitioner. Approvals valid for 6 weeks for applications meeting the following criteria: Both: 1. Patient requires prophylaxis for, or treatment of systemic candidiasis; and 2. Patient is unable to swallow capsules. Renewal – (Immunocompromised) from any relevant practitioner. Approvals valid for 6 month for applications meeting the following criteria: All of the following: 1. Patient remains immunocompromised; and 2. Patient remains at moderate to high risk of invasive fungal infection; and 3. Patient is unable to swallow capsules.</p>

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 July 2013 (continued)

98	LAMIVUDINE – Special Authority see SA1360 0832 – Retail pharmacy		
	Tab 100 mg	32.50	28 ✓ Zetlam
	Oral liq 5 mg per ml	90.00	240 ml ✓ Zeffix

▶ SA1360 0832 Special Authority for Subsidy

Initial application only from a gastroenterologist, infectious disease specialist, paediatrician or general physician **or on the recommendation of a gastroenterologist, infectious disease specialist, paediatrician or general physician**. Approvals valid for 1 year for applications meeting the following criteria:

Any of the following:

1-1 All of the following:

1.1.1 HBeAg positive for more than 6 months; and

1.1.2 HBeAg positive or HBV DNA positive defined as $> 100,000$ copies per ml by quantitative PCR at a reference laboratory; and

1.1.3 ALT greater than twice upper limit of normal or bridging fibrosis or cirrhosis (Metavir stage 3 or 4 or equivalent) on liver histology or clinical/radiological evidence of cirrhosis; or

21 HBV DNA positive cirrhosis prior to liver transplantation; or

32 HBeAg positive and have had a liver, kidney, heart, lung or bone marrow transplant; or

43 Hepatitis B virus naïve patient who has received a liver transplant from an anti-HBc (Hepatitis B core antibody) positive donor; or

4 Hepatitis B surface antigen (HbsAg) **positive** patient who is receiving chemotherapy for a malignancy, or high dose steroids (at least 20mg/day for at least 7 days) or who has received such treatment within the previous two months; or

5 Hepatitis B surface antigen positive patient who is receiving anti tumour necrosis factor treatment; or

6 Hepatitis B core antibody (anti-HBc) positive patient who is receiving rituximab plus high dose steroids (e.g. R-CHOP).

2- All of the following:

2.1. No continuing alcohol abuse or intravenous drug use; and

2.2. Not coinfected with HCV or HDV; and

2.3. Neither ALT nor AST greater than 10 times upper limit of normal; and

2.4. No history of hypersensitivity to lamivudine; and

2.5. No previous lamivudine therapy with genotypically proven lamivudine resistance.

Renewal only from a gastroenterologist, infectious disease specialist, paediatrician or general physician **or on the recommendation of a gastroenterologist, infectious disease specialist, paediatrician or general physician**.

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

Any of the following:

Renewal for patients who have maintained continuous treatment and response to lamivudine

1. All of the following:

1.1. Have maintained continuous treatment with lamivudine; and

1.2. Most recent test result shows continuing biochemical response (normal ALT); and

1.3. HBV DNA $< 100,000$ copies per ml by quantitative PCR at a reference laboratory.

Renewal when given in combination with adefovir dipivoxil for patients with cirrhosis and resistance to lamivudine

2. All of the following

2.1. lamivudine to be used in combination with adefovir dipivoxil; and

2.2. patient is cirrhotic; and

Documented resistance to lamivudine, defined as:

2.3. patient has raised serum ALT ($> 1 \times$ ULN); and

2.4. patient has HBV DNA greater than 100,000 copies per mL, or viral load = 10 fold over nadir; and

2.5. detection of M204I or M204V mutation.

Renewal when given in combination with adefovir dipivoxil for patients with resistance to adefovir dipivoxil

3. All of the following

3.1. lamivudine to be used in combination with adefovir dipivoxil; and

Documented resistance to adefovir, defined as:

continued...

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

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

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Changes to Restrictions - effective 1 July 2013 (continued)

continued...

- 3.2. patient has raised serum ALT (> 1 x ULN); and
- 3.3. patient has HBV DNA greater than 100,000 copies per mL, or viral load = 10 fold over nadir; and
- 3.4. detection of N236T or A181T/V mutation

98 ENTECAVIR – Special Authority see **SA1361 0977** – Retail pharmacy
Tab 0.5 mg 400.00 30 ✓ **Baraclude**

► **SA1361 0977** Special Authority for Subsidy

Initial application only from a gastroenterologist or infectious disease specialist. Approvals valid without further renewal unless notified for applications meeting the following criteria:

All of the following:

- 1 Patient has confirmed Hepatitis B infection (HBsAg positive for more than 6 months); and
- 2 Patient is Hepatitis B nucleoside analogue treatment-naïve; and
- 3 Entecavir dose 0.5 mg/day; and
- 4 Either:
 - 4.1 ALT greater than upper limit of normal; or
 - 4.2 Bridging fibrosis (**Metavir stage 3 or greater or moderate fibrosis**) or cirrhosis on liver histology; and
- 5 Either:
 - 5.1 HBeAg positive; or
 - 5.2 patient has ≥ 2,000 IU HBV DNA units per ml and fibrosis (Metavir stage 2 or greater) on liver histology; and
- 6 No continuing alcohol abuse or intravenous drug use; and
- 7 Not co-infected with HCV, HIV or HDV; and
- 8 Neither ALT nor AST greater than 10 times upper limit of normal; and
- 9 No history of hypersensitivity to entecavir; and
- 10 No previous documented lamivudine resistance (either clinical or genotypic).

Notes:

- Entecavir should be continued for 6 months following documentation of complete HBeAg seroconversion (defined as loss of HBeAg plus appearance of anti-HBe plus loss of serum HBV DNA) for patients who were HBeAg positive prior to commencing this agent. This period of consolidation therapy should be extended to 12 months in patients with advanced fibrosis (Metavir Stage F3 or F4).
- Entecavir should be taken on an empty stomach to improve absorption

100 TENOFOVIR DISOPROXIL FUMARATE – Subsidy by endorsement; can be waived by Special Authority see **SA1362 1047**

Endorsement for treatment of HIV/AIDS: Prescription is deemed to be endorsed if tenofovir disoproxil fumarate is co-prescribed with another anti-retroviral subsidised under Special Authority **SA1364 1025** and the prescription is annotated accordingly by the Pharmacist or endorsed by the prescriber.

Note: Tenofovir disoproxil fumarate prescribed under endorsement for the treatment of HIV/AIDS is included in the count of up to 4 subsidised antiretrovirals for the purposes of Special Authority **SA1364 1025**.

Tab 300 mg 531.00 30 ✓ **Viread**

► **SA1362 1047** Special Authority for Waiver of Rule

Initial application - (Chronic Hepatitis B) Only from a gastroenterologist, infectious disease specialist or general physician. Approvals valid without further renewal, unless notified, for applications meeting the following criteria:

Any of the following

1. Patient has confirmed Hepatitis B infection (HBsAg positive for more than 6 months); and
 - 1.1. All of the following
 - 1.1.1. Patient has had previous lamivudine, adefovir or entecavir therapy; and
 - 1.1.2. HBV DNA greater than 20,000 IU/mL or increased = 10 fold over nadir; and
 - 1.1.3. Any of the following:
 - 1.1.3.1. Lamivudine resistance - detection of M204I/V mutation; or
 - 1.1.3.2. Adefovir resistance - detection of A181T/V or N236T mutation; or

continued...

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

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

Check your Schedule for full details
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Changes to Restrictions - effective 1 July 2013 (continued)

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1.1.3.3. Entecavir resistance - detection of relevant mutations including I169T, L180M
T184S/A/I/L/G/C/M, S202C/G/I, M204V or M250I/V mutation; **or**

2. Patient is either listed or has undergone liver transplantation for HBV; **or**

3. **Patient has decompensated cirrhosis with a Mayo score >20.**

Initial application - (Pregnant, **active hepatitis B**) only from a gastroenterologist, infectious disease physician or general physician. Approvals valid for **12 months** ~~4 months~~ for applications meeting the following criteria:

Both:

1 **Patient is HBsAg positive and pregnant; and**

2 ~~Either:~~

2.1 HBV DNA > 20,000 IU/mL and ALT > ULN; ~~or~~

2.2 HBV DNA > 100 million IU/mL and ALT normal.

Renewal - (Subsequent Pregnancy **or breastfeeding, active hepatitis B**) only from a gastroenterologist, infectious disease specialist or general physician. Approvals valid for **12 months** ~~4 months~~ for applications meeting the following criteria:

Both:

1 Patient is HBsAg positive and pregnant or breastfeeding; and

2 ~~Either:~~

2.1 HBV DNA > 20,000 IU/mL and ALT > ULN; or

2.2 HBV DNA > 100 million IU/mL and ALT normal.

Initial application - (Pregnant, **prevention of vertical transmission**) only from a gastroenterologist, infectious disease specialist or general physician. Approvals valid for **6 months** ~~4 months~~ for applications meeting the following criteria:

Both:

1 Patient is HBsAg positive and pregnant; and

2 ~~Either:~~

2.1 HBV DNA > 20,000 IU/mL and ALT > ULN; or

2.2 HBV DNA > 100 **20** million IU/mL and ALT normal.

Renewal - (Subsequent pregnancy, prevention of vertical transmission) only from a gastroenterologist, infectious disease specialist or general physician. Approvals valid for 6 months ~~4 months~~ for applications meeting the following criteria:

Both:

1 Patient is HBsAg positive and pregnant; and

2 ~~Either:~~

2.1 HBV DNA > 20,000 IU/mL and ALT > ULN; or

2.2 HBV DNA > 100 **20** million IU/mL and ALT normal.

100 VALACICLOVIR – Special Authority see **SA1363 0957** – Retail pharmacy
Tab 500 mg 102.72 30 ✓ **Valtrex**

▶ **SA1363 0957** Special Authority for Subsidy

Initial application – (recurrent genital herpes) from any medical practitioner. Approvals valid for 12 months where the patient has genital herpes with 2 or more breakthrough episodes in any 6 month period while treated with aciclovir 400 mg twice daily.

Renewal – (recurrent genital herpes) from any medical practitioner. Approvals valid for 12 months where the treatment remains appropriate and the patient is benefiting from treatment.

Initial application – (ophthalmic zoster) from any medical practitioner. Approvals valid without further renewal unless notified where the patient has previous history of ophthalmic zoster and the patient is at risk of vision impairment.

Initial application – (CMV prophylaxis) from any medical practitioner. Approvals valid for 3 months where the patient has undergone organ transplantation.

continued...

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

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

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Changes to Restrictions - effective 1 July 2013 (continued)

continued...

Initial application – (immunocompromised patients) from any medical practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

All of the following:

- 1 Patients is immunocompromised; and**
- 2 Patient has herpes zoster; and**
- 3 Valaciclovir is to be given for a maximum of 7 days per course.**

102 ANTIRETROVIRALS

► **SA1364** ~~1025~~ Special Authority for Subsidy

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

Both:

- 1 Confirmed HIV infection; and
- 2 Any of the following:
 - 2.1 Symptomatic patient; or
 - 2.2 Patient aged 12 months and under; or
 - 2.3 Both:
 - 2.3.1 Patient aged 1 to 5 years; and
 - 2.3.2 Any of the following:
 - 2.3.2.1 CD4 counts < 1000 cells/mm³; or
 - 2.3.2.2 CD4 counts < 0.25 × total lymphocyte count; or
 - 2.3.2.3 Viral load counts > 100000 copies per ml; or
- 2.4 Both:
 - 2.4.1 Patient aged 6 years and over; and
 - 2.4.2 CD4 counts < ~~350~~**500** cells/mm³.

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

Subsidies for a combination of up to four antiretroviral medications. The combination of a protease inhibitor and low-dose ritonavir given as a booster (either as part of a combination product or separately) will be counted as one protease inhibitor for the purpose of accessing funding to antiretrovirals.

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

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

Either:

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

Notes: Tenofovir disoproxil fumarate prescribed under endorsement for HIV/AIDS is included in the count of up to 4 subsidised antiretrovirals. Subsidies for a combination of up to four antiretroviral medications. The combination of a protease inhibitor and low-dose ritonavir given as a booster (either as part of a combination product or separately) will be counted as one protease inhibitor for the purpose of accessing funding to antiretrovirals. Some antiretrovirals are unapproved or contraindicated for this indication. Practitioners prescribing these medications should exercise their own skill, judgement, expertise and discretion, and make their own prescribing decisions with respect to the use of a Pharmaceutical for an indication for which it is not approved or contraindicated.

Initial application – (post-exposure prophylaxis following non-occupational exposure to HIV) only from a named specialist.

Approvals valid for 4 weeks for applications meeting the following criteria:

Both:

- 1 Treatment course to be initiated within 72 hours post exposure; and
- 2 Either:

continued...

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

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

Changes to Restrictions - effective 1 July 2013 (continued)

continued...

2.1 Patient has had unprotected receptive anal intercourse with a known HIV positive person; or

2.2 Patient has shared intravenous injecting equipment with a known HIV positive person; or

2.3 Patient has had non-consensual intercourse and the clinician considers that the risk assessment indicates prophylaxis is required

Notes: Tenofovir disoproxil fumarate prescribed under endorsement for HIV/AIDS is included in the count of up to 4 subsidised antiretrovirals. Subsidies for a combination of up to four antiretroviral medications. The combination of a protease inhibitor and low-dose ritonavir given as a booster (either as part of a combination product or separately) will be counted as one protease inhibitor for the purpose of accessing funding to antiretrovirals.

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

Both:

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

2 Either:

2.1 Patient has had unprotected receptive anal intercourse with a known HIV positive person; or

2.2 Patient has shared intravenous injecting equipment with a known HIV positive person; or

2.3 Patient has had non-consensual intercourse and the clinician considers that the risk assessment indicates prophylaxis is required

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

Notes: Tenofovir disoproxil fumarate prescribed under endorsement for HIV/AIDS is included in the count of up to 4 subsidised antiretrovirals. Subsidies for a combination of up to four antiretroviral medications. The combination of a protease inhibitor and low-dose ritonavir given as a booster (either as part of a combination product or separately) will be counted as one protease inhibitor for the purpose of accessing funding to antiretrovirals.

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

105 Guidelines for the use of interferon in the treatment of hepatitis C:

Physicians considering treatment of patients with hepatitis C should discuss cases with a gastroenterologist or an infectious disease physician. All subjects undergoing treatment require careful monitoring for side effects. Patients should be otherwise fit.

Hepatocellular carcinoma should be excluded by ultrasound examination and alpha-fetoprotein level.

Criteria for Treatment

a) Diagnosis

- Anti-HCV positive on at least two occasions with a positive PCR for HCV-RNA and preferably confirmed by a supplementary RIBA test; or

- PCR-RNA positive for HCV on at least 2 occasions if antibody negative; or

- Anti-HCV positive on at least two occasions with a positive supplementary RIBA test with a negative PCR for HCV RNA but with a liver biopsy consistent with 2(b) following.

b) Establishing Active Chronic Liver Disease

~~- Confirmed HCV infection and serum ALT/AST levels measured on at least three occasions over six months averaging $> 1.5 \times$ upper limit of normal. (ALT is the preferable enzyme); or~~

~~- Liver biopsy showing significant inflammatory activity (active hepatitis) with or without cirrhosis. This is not a necessary requirement for those patients with coagulopathy. (Some patients have active disease on histology with normal transaminase enzymes).~~

Exclusion Criteria

a) Autoimmune liver disease. (Interferon may exacerbate autoimmune liver disease as well as other autoimmune diseases such as thyroid disease).

b) Pregnancy.

c) Neutropenia ($< 2.0 \times 10^9$) and/or thrombocytopenia.

d) Continuing alcohol abuse and/or continuing intravenous drug users.

continued...

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

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

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Changes to Restrictions - effective 1 July 2013 (continued)

continued...

Dosage

The current recommended dosage is 3 million units of interferon alpha-2a or interferon alpha-2b administered subcutaneously three times a week for 52 weeks (twelve months).

Exit Criteria

The patient's response to interferon treatment should be reviewed at either three or four months. Interferon treatment should be discontinued in patients who do not show a substantial reduction (50%) in their mean pre-treatment ALT level at this stage.

107	PEGYLATED INTERFERON ALPHA-2A – Special Authority see SA1365 ††34 – Retail pharmacy			
	See prescribing guideline			
	Inj 135 mcg prefilled syringe	362.00	1	✓ Pegasys
		1,448.00	4	✓ Pegasys
	Inj 180 mcg prefilled syringe	450.00	1	✓ Pegasys
		1,800.00	4	✓ Pegasys
	Inj 135 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 112	1,799.68	1 OP	✓ Pegasys RBV Combination Pack
	Inj 135 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 168.....	1,975.00	1 OP	✓ Pegasys RBV Combination Pack
	Inj 180 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 112.....	2,059.84	1 OP	✓ Pegasys RBV Combination Pack
	Inj 180 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 168	2,190.00	1 OP	✓ Pegasys RBV Combination Pack

▶ SA1365 ††34 Special Authority for Subsidy

Initial application – (chronic hepatitis C - genotype 1, 4, 5 or 6 infection or co-infection with HIV or genotype 2 or 3 post liver transplant) from any specialist. Approvals valid for 18 months for applications meeting the following criteria:

Both:

1 Any of the following: Either:

- 1.1 Patient has chronic hepatitis C, genotype 1, 4, 5 or 6 infection; or
- 1.2 Patient has chronic hepatitis C and is co-infected with HIV; and or

1.3 Patient has chronic hepatitis C genotype 2 or 3 and has received a liver transplant; and

2 Maximum of 48 weeks therapy.

Notes:

- Consider stopping treatment if there is absence of a virological response (defined as at least a 2-log reduction in viral load) following 12 weeks of treatment since this is predictive of treatment failure.
- Consider reducing treatment to 24 weeks if serum HCV RNA level at Week 4 is undetectable by sensitive PCR assay (less than 50 IU/ml) AND Baseline serum HCV RNA is less than 400,000 IU/ml

Initial application – (chronic hepatitis C - genotype 2 or 3 infection without co-infection with HIV) from any specialist.

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

Both:

- 1 Patient has chronic hepatitis C, genotype 2 or 3 infection; and
- 2 Maximum of 6 months therapy.

Initial application – (Hepatitis B) only from a gastroenterologist, infectious disease specialist or general physician.

Approvals valid for 18 months for applications meeting the following criteria:

All of the following:

continued...

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Changes to Restrictions - effective 1 July 2013 (continued)

continued...

- 1 Patient has confirmed Hepatitis B infection (HBsAg positive for more than 6 months); and
- 2 Patient is Hepatitis B treatment-naive; and
- 3 ALT > 2 times Upper Limit of Normal; and
- 4 HBV DNA < 10 log₁₀ IU/ml; and
- 5 Either:
 - 5.1 HBeAg positive; or
 - 5.2 serum HBV DNA ≥ 2,000 units/ml and significant fibrosis (≥ Metavir Stage F2 or **moderate fibrosis**); and
- 6 Compensated liver disease; and
- 7 No continuing alcohol abuse or intravenous drug use; and
- 8 Not co-infected with HCV, HIV or HDV; and
- 9 Neither ALT nor AST > 10 times upper limit of normal; and
- 10 No history of hypersensitivity or contraindications to pegylated interferon; and
- 11 Maximum of 48 weeks therapy.

Notes:

- Approved dose is 180 mcg once weekly.
- The recommended dose of Pegylated Interferon-alpha 2a is 180 mcg once weekly.
- In patients with renal insufficiency (calculated creatinine clearance less than 50ml/min), Pegylated Interferon-alpha 2a dose should be reduced to 135 mcg once weekly.
- In patients with neutropaenia and thrombocytopenia, dose should be reduced in accordance with the datasheet guidelines.
- Pegylated Interferon-alpha 2a is not approved for use in children.

119	LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE Inj 1%, 5 ml ampoule – Up to 25 inj available on a PSO.....	35.60 6.90	50 25	✓ Xylocaine ✓ Lidocaine-Clarix
130	SUMATRIPTAN Inj 12 mg per ml, 0.5 ml cartridge – Maximum of 10 inj per prescription	13.80	2 OP	✓ Arrow-Sumatriptan
131	HYOSCINE (SCOPOLAMINE) – Special Authority see SA1387 0939 – Retail pharmacy Patch 1.5 mg	11.95	2	✓ Scopoderm TTS

➔ **SA1387 0939** Special Authority for Subsidy

Initial application from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria:

All of the following:

Either:

- 1 Control of intractable nausea, vomiting, or inability to swallow saliva in the treatment of malignancy or chronic disease **where the patient cannot tolerate or does not adequately respond to oral anti-nausea agents; or and**
 - 2 **Control of clozapine-induced hypersalivation where trials of at least two other alternative treatments have proven ineffective.**
- 2—Patient cannot tolerate or does not adequately respond to oral anti-nausea agents; and
3—The applicant must specify the underlying malignancy or chronic disease.

Renewal from any relevant practitioner. Approvals valid for 1 year where the treatment remains appropriate and the patient is benefiting from treatment.

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

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

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166	ADALIMUMAB – Special Authority see SA1371 ††56 – Retail pharmacy			
	Inj 20 mg per 0.4 ml prefilled syringe	1,799.92	2	✓ Humira
	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: Only the new criteria is listed below existing criteria remains unchanged.

► SA1371 ~~††56~~ Special Authority for Subsidy

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

Either:

1 Both:

1.1 The patient has had an initial Special Authority approval for etanercept for juvenile idiopathic arthritis (JIA); and

1.2 Either:

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

1.2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for etanercept for juvenile idiopathic arthritis; or

2 All of the following:

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

2.2 Patient diagnosed with JIA; and

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

2.4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate (at a dose of 10-20 mg/m² weekly or at the maximum tolerated dose) in combination with either oral corticosteroids (prednisone 0.25 mg/kg or at the maximum tolerated dose) or a full trial of serial intra-articular corticosteroid injections; and

2.5 Both:

2.5.1 Either:

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

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

2.5.2 Physician's global assessment indicating severe disease.

Initial application – (fistulising Crohn's disease) only from a gastroenterologist. Approvals valid for 6 months for applications meeting the following criteria:

1 Patient has confirmed Crohn's disease; and

2 Either

2.1 Patient has one or more complex externally draining enterocutaneous fistula(e); or

2.2 Patient has one or more rectovaginal fistula(e); and

3 A Baseline Fistula Assessment has been completed and is no more than 1 month old at the time of application; and

4 The patient will be assessed for response to treatment after 4 months' adalimumab treatment (see Note).

Note: a maximum of 4 months' adalimumab will be subsidised on an initial Special Authority approval for fistulising Crohn's disease.

Renewal – (juvenile idiopathic arthritis) only from a named specialist, rheumatologist or Practitioner on the recommendation of a named specialist or rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

1 Either:

1.1 Applicant is a named specialist or rheumatologist; or

continued...

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Changes to Restrictions - effective 1 July 2013 (continued)

continued...

- 1.2 Applicant is a Practitioner and confirms that a named specialist or rheumatologist has provided a letter, email or fax recommending that the patient continues with adalimumab treatment; and
- 2 Subsidised as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
- 3 Either:
 - 3.1 Following 3 to 4 months' initial treatment, the patient has at least a 50% decrease in active joint count and an improvement in physician's global assessment from baseline; or
 - 3.2 On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement inactive joint count and continued improvement in physician's global assessment from baseline.

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

- 1 **Either:**
 - 1.1 Applicant is a gastroenterologist; or
 - 1.2 Applicant is a Practitioner and confirms that a gastroenterologist has provided a letter, email or fax recommending that the patient continues with adalimumab treatment; and
- 2 **Either:**
 - 2.1 The number of open draining fistulae have decreased from baseline by at least 50%; or
 - 2.2 There has been a marked reduction in drainage of all fistula(e) from baseline as demonstrated by a reduction in the Fistula Assessment score, together with less induration and patient-reported pain.

175	BEE VENOM ALLERGY TREATMENT – Special Authority see SA1368 0053 – Retail pharmacy			
	Maintenance kit - 6 vials 120 mcg freeze dried venom, 6 diluent 1.8 ml	285.00	1 OP	✓ Albay
	Treatment kit - Inj 1 vial 550 mcg freeze dried venom, 1 diluent 9 ml, 3 diluent 1.8 ml.....	285.00	1 OP	✓ Albay

➔ **SA1368 0053** Special Authority for Subsidy

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

Both:

- 1 RAST or skin test positive; and
- 2 Patient has had severe generalised reaction to the sensitising agent.

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

175	WASP VENOM ALLERGY TREATMENT – Special Authority see SA1367 0053 – Retail pharmacy			
	Treatment kit (Paper wasp venom) - 1 vial 550 mcg freeze dried polister venom, 1 diluent 9 ml, 1 diluent 1.8 ml	285.00	1 OP	✓ Albay
	Treatment kit (Yellow jacket venom) - 1 vial 550 mcg freeze dried vespula venom, 1 diluent 9 ml, 1 diluent 1.8 ml	285.00	1 OP	✓ Albay

➔ **SA1367 0053** Special Authority for Subsidy

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

Both:

- 1 RAST or skin test positive; and
- 2 Patient has had severe generalised reaction to the sensitising agent.

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

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

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

Changes to Restrictions - effective 1 July 2013 (continued)

196 CARBOHYDRATE

▶ **SA1373** ~~1091~~ Special Authority for Subsidy

Initial application – (Cystic fibrosis or **kidney disease renal failure**) only from a dietitian, 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 **kidney disease renal failure** or continuous ambulatory peritoneal dialysis (CAPD) patient

Initial application – (Indications other than cystic fibrosis or renal failure) only from a dietitian, 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 **faltering growth in an infant/child; or**
~~failure to thrive; or~~
~~growth deficiency; or~~
- 4 bronchopulmonary dysplasia; or
- 5 premature and post premature infant; or
- 6 inborn errors of metabolism; or
- 7 **for use as a component in a modular formula.**

196 CARBOHYDRATE AND FAT

▶ **SA1376** ~~1091~~ Special Authority for Subsidy

Initial application – (Cystic fibrosis) only from a dietitian, relevant specialist or vocationally registered general practitioner.

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

Both:

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

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

Both:

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

197 FAT

▶ **SA1374** ~~1092~~ Special Authority for Subsidy

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

Any of the following:

- 1 **faltering growth in an infant/child; or**
~~failure to thrive where other high calorie products are inappropriate or inadequate; or~~
~~growth deficiency; or~~

continued...

Changes to Restrictions - effective 1 July 2013 (continued)

continued...

- 2 bronchopulmonary dysplasia; or
- 3 fat malabsorption; or
- 4 lymphangiectasia; or
- 5 short bowel syndrome; or
- 6 infants with necrotising enterocolitis; or
- 7 biliary atresia; or
- 8 for use in a ketogenic diet; or**
- 9 chyle leak; or**
- 10 acites; or**
- 11 for use as a component in a modular formula.**

198 PROTEIN

▶ ~~SA1375~~ ~~1092~~ Special Authority for Subsidy

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

Either:

Any of the following:

- 1 protein losing enteropathy; or
- 2 high protein needs (eg burns); or
- 3 for use as a component in a modular formula.**

198 RESPIRATORY PRODUCTS

▶ ~~SA1094~~ Special Authority for Subsidy

Initial application only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 1 year where the patient has CORD and hypercapnia, **defined as a CO2 value exceeding 55 mmHg.**

199 FAT MODIFIED PRODUCTS

▶ ~~SA1381~~ ~~1096~~ Special Authority for Subsidy

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

Either:

Any of the following:

- 1 Patient has metabolic disorders of fat metabolism; or
- 2 Patient has ~~chyloltherax~~ **a chyle leak; or**
- 3 Modified as a modular feed for adults.**

199 HIGH PROTEIN PRODUCTS

▶ ~~SA1378~~ ~~1097~~ Special Authority for Subsidy

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

Both:

- 1 Anorexia and weight loss; and
- 2 Either:
 - 2.1 decompensating liver disease without encephalopathy; or
 - 2.2 protein losing gastro-enteropathy

Either:

- 1 decompensating liver disease without encephalopathy; or**
- 2 protein losing gastro-enteropathy.**

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

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

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Changes to Restrictions - effective 1 July 2013 (continued)

200 PAEDIATRIC PRODUCTS

▶ ~~SA1379~~ ~~1224~~ Special Authority for Subsidy

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

Both:

- 1 Child is aged one to ten years; and
- 2 Any of the following:
 - 2.1 the child is being fed via a tube or a tube is to be inserted for the purposes of feeding; or
 - 2.2 any condition causing malabsorption; or
failure to thrive; or
 - 2.3 **faltering growth in an infant/child; or**
 - 2.4 increased nutritional requirements; or
 - 2.5 **the child is being transitioned from TPN or tube feeding to oral feeding.**

200 PAEDIATRIC PRODUCTS FOR CHILDREN WITH CHRONIC RENAL FAILURE

▶ ~~SA1099~~ Special Authority for Subsidy

Initial application only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 3 years where the patient is a child (up to 18 years) with **acute or chronic kidney disease renal failure.**

201 RENAL PRODUCTS

▶ ~~SA1101~~ Special Authority for Subsidy

Initial application only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 3 years where the patient has acute or chronic **renal failure kidney disease.**

202 SPECIALISED AND ELEMENTAL PRODUCTS

▶ ~~SA1377~~ ~~1102~~ Special Authority for Subsidy

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

Any of the following:

- 1 malabsorption; or
- 2 short bowel syndrome; or
- 3 enterocutaneous fistulas; or
pancreatitis.
- 4 **eosinophilic oesophagitis; or**
- 5 **inflammatory bowel disease; or**
- 6 **patients with multiple food allergies requiring enteral feeding.**

203 RENAL ORAL FEED ~~1~~ **KCAL/ML 2** **KCAL/ML** – Special Authority see SA1101 – Hospital pharmacy [HP3]

Liquid..... 3.80 237 ml OP ✓ **Suplena**

208 ADULT PRODUCTS HIGH CALORIE

▶ ~~SA1195~~ Special Authority for Subsidy

Note: Only the criteria that have been amended are shown.

Initial application — (Indications other than cystic fibrosis) only from a dietitian, 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
failure to thrive; or
 - 1.2 **faltering growth in an infant/child; or**
 - 1.3 increased nutritional requirements; or
 - 1.4 fluid restricted; and
- 2 other lower calorie products have been tried; and
- 3 patient has substantially increased metabolic requirements or is fluid restricted.

continued...

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

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

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Changes to Restrictions - effective 1 July 2013 (continued)

212	EXTENSIVELY HYDROLYSED FORMULA – Special Authority see SA1380 4220 – Hospital pharmacy [HP3] Powder	15.21	450 g OP	✓ Pepti Junior Gold Karicare Aptamil
<p>▶ SA1380 4220 Special Authority for Subsidy Initial application only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 6 months for applications meeting the following criteria: Any of the following:</p> <ol style="list-style-type: none"> 1 Both: <ol style="list-style-type: none"> 1.1 Cows milk formula is inappropriate due to severe intolerance or allergy to its protein content; and 1.2 Either: <ol style="list-style-type: none"> 1.2.1 Soy milk formula has been trialled without resolution of symptoms; or 1.2.2 Soy milk formula is considered clinically inappropriate or contraindicated; or 2 Severe malabsorption; or 3 Short bowel syndrome; or 4 Intractable diarrhea; or 5 Biliary atresia; or 6 Cholestatic liver diseases causing malsorption; or Chylous ascite; or Chylothorax; or 7 Cystic fibrosis; or 8 Proven fat malabsorption; or 9 Severe intestinal motility disorders causing significant malabsorption; or 10 Intestinal failure. 				

Effective 1 June 2013

29	ACARBOSE – Brand switch fee payable (Pharmacode 2433257) – see page 177 for details- * Tab 50 mg	9.82	90	✓ Accarb
	* Tab 100 mg	15.83	90	✓ Accarb
58	METOLAZONE – Special Authority see SA1323 – Retail pharmacy Tab 5 mg	CBS	50 1	✓ Zaroxolyn ^{\$29} ✓ Metolazone ^{\$29}
<p>▶ SA1323 Special Authority for Subsidy Initial application from any relevant practitioner. Approvals valid without further renewal unless notified where used for applications meeting the following criteria: the treatment of patients with refractory heart failure who are intolerant or have not responded to loop diuretics and/or loop-thiazide combination therapy. Either: 1) For the treatment of heart failure in patients who are intolerant or have not responded to ACE inhibitors and/or angiotensin receptor blockers; or 2) For the treatment of heart failure, in patients in whom treatment with ACE inhibitors and/or angiotensin receptor blockers is not tolerated due to renal impairment.</p>				
72	ETHINYLLOESTRADIOL WITH LEVONORGESTREL * Tab 20 mcg with levonorgestrel 100 mcg and 7 inert tab – Up to 84 tab available on a PSO – Brand switch fee payable (Pharmacode 2427958) – see page 177 for details	2.95	84	✓ Ava 20 ED
98	LAMIVUDINE – Special Authority see SA0832 – Retail pharmacy – Brand switch fee payable (Pharmacode 2433257) – see page 177 for details Tab 100 mg	32.50	28	✓ Zetlam

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

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

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Changes to Restrictions - effective 1 June 2013 (continued)

118	ENTACAPONE – Brand switch fee payable (Pharmacode 2433240) – see page 177 for details ▲ Tab 200 mg.....	47.92	100	✓ Entapone
131	METOCLOPRAMIDE HYDROCHLORIDE * Tab 10 mg – For metoclopramide oral liquid formulation refer, page 188	3.95	100	✓ Metamide
182	CHLORAMPHENICOL Eye drops 0.5%	1.20	10 ml OP	✓ Chlorafast
	Funded for use in the ear* Indications marked with* are Unapproved Indications.			
182	EYE PREPARATIONS Eye preparations are only funded for use in the eye, unless explicitly stated otherwise . The exception is pilocarpine eye drops 1%, 2% and 4% which are subsidised for oral use pursuant to the Standard Formulae:			
184	PILOCARPINE Eye drops 4% - Subsidised for oral use pursuant to the Standard Formulae	7.99	15 ml OP	✓ Isopto Carpine

Effective 1 May 2013

52	PERINDOPRIL Perindopril will be funded to the level of the ex-manufacturer price listed in the Schedule for patients who were taking these ACE inhibitors for the treatment of congestive heart failure prior to 1 June 1998. The prescription must be endorsed accordingly. We recommend that the words used to indicate eligibility are "certified condition" or an appropriate description of the patient such as "congestive heart failure", "CHF", "congestive cardiac failure" or "CCF". Definition of Congestive Heart Failure At the request of some prescribers the PTAC Cardiovascular subcommittee has provided a definition of congestive heart failure for the purposes of the funding of the manufacturer's surcharge: "Clinicians should use their clinical judgement. Existing patients would be eligible for the funding of the surcharge if the patient shows signs and symptoms of congestive heart failure, and requires or has in the past required concomitant treatment with a diuretic. The definition could also be considered to include patients post myocardial infarction with an ejection fraction of less than 40%." * Tab 2 mg – Higher subsidy of \$18.50 per 30 tab with Endorsement.....	3.75 (18.50)	30	✓ Apo-Perindopril Coversyl
	* Tab 4 mg – Higher subsidy of \$25.00 per 30 tab with Endorsement.....	4.80 (25.00)	30	✓ Apo-Perindopril Coversyl

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

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

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Changes to Restrictions - effective 1 May 2013 (continued)

52	<p>TRANDOLAPRIL</p> <p>Higher subsidy by endorsement is available Trandolapril will be funded to the level of the ex-manufacturer price listed in the Schedule for patients who were taking these ACE inhibitors trandolapril for the treatment of congestive heart failure prior to 1 June 1998. The prescription must be endorsed accordingly. We recommend that the words used to indicate eligibility are "certified condition" or an appropriate description of the patient such as "congestive heart failure", "CHF", "congestive cardiac failure" or "CCF". Definition of Congestive Heart Failure At the request of some prescribers the PTAC Cardiovascular subcommittee has provided a definition of congestive heart failure for the purposes of the funding of the manufacturer's surcharge: "Clinicians should use their clinical judgement. Existing patients would be eligible for the funding of the surcharge if the patient shows signs and symptoms of congestive heart failure, and requires or has in the past required concomitant treatment with a diuretic. The definition could also be considered to include patients post myocardial infarction with an ejection fraction of less than 40%." For the purposes of this endorsement, congestive heart failure includes patients post myocardial infarction with an ejection fraction of less than 40%. Patients who started on trandolapril after 1 June 1998 are not eligible for full subsidy by endorsement.</p> <p>* Cap 1 mg – Higher subsidy of \$18.67 per 28 cap with Endorsement..... 3.06 28 (18.67) Gopten</p> <p>* Cap 2 mg – Higher subsidy of \$27.00 per 28 cap with Endorsement..... 4.43 28 (27.00) Gopten</p>			
57	<p>DILTIAZEM HYDROCHLORIDE</p> <p>* Cap long-acting 120 mg – Brand switch fee payable (Pharmacode 2437775)..... 31.83 500 ✓ Apo-Diltiazem CD</p> <p>* Cap long-acting 180 mg – Brand switch fee payable (Pharmacode 2437775)..... 47.67 500 ✓ Apo-Diltiazem CD</p> <p>* Cap long-acting 240 mg – Brand switch fee payable (Pharmacode 2437775)..... 63.58 500 ✓ Apo-Diltiazem CD</p>			
91	<p>CIPROFLOXACIN – Subsidy by endorsement</p> <p>1) Subsidised only if:</p> <p>a) Patient has:</p> <p>i) microbiologically confirmed and clinically significant pseudomonas infection; or</p> <p>ii) prostatitis; or</p> <p>iii) pyelonephritis; or</p> <p>iv) gonorrhoea;</p> <p>b) Prescription or PSO is written by, or on the recommendation of, an infectious disease physician or a clinical microbiologist; and</p> <p>2) The prescription or PSO is endorsed accordingly.</p> <p>Recommended for patients with the any of the following:</p> <p>i) microbiologically confirmed and clinically significant pseudomonas infection; or</p> <p>ii) prostatitis; or</p> <p>iii) pyelonephritis; or</p> <p>iv) gonorrhoea; or</p> <p>Tab 250 mg – Up to 5 tab available on a PSO 2.20 28 ✓ Cipflox</p> <p>Tab 500 mg – Up to 5 tab available on a PSO 3.00 28 ✓ Cipflox</p> <p>10.71 100 ✓ Cipflox</p> <p>Tab 750 mg 5.15 28 ✓ Cipflox</p> <p>5.52 30 ✓ Ciprofloxacin Rex</p>			

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions - effective 1 May 2013 (continued)

92	CLINDAMYCIN Cap hydrochloride 150 mg – Maximum of 4 cap per prescription; can be waived by endorsement – Retail pharmacy-Specialist....9.90	16	✓ Clindamycin ABM
	Specialist must be an infectious disease physician or a clinical microbiologist Inj phosphate 150 mg per ml, 4 ml – Retail pharmacy-Specialist...160.00	10	✓ Dalacin C
	Prescriptions must be written by, or on the recommendation of, an infectious disease physician or a clinical microbiologist.		
94	ITRACONAZOLE Cap 100 mg – Subsidy by endorsement4.25	15	✓ Itrazole
	Funded for tinea vesicolor where topical treatment has not been successful and diagnosis has been confirmed by mycology, or for tinea unguium where terbinafine has not been successful in eradication or the patient is intolerant to terbinafine and diagnosis has been confirmed by mycology and the prescription is endorsed accordingly. Can be waived by endorsement - Retail pharmacy - Specialist. Specialist must be an infectious disease physician, clinical microbiologist, clinical immunologist or dermatologist.		
96	ISONIAZID – Retail pharmacy-Specialist a) No patient co-payment payable b) Prescriptions must be written by, or on the recommendation of, an internal medicine physician, paediatrician , clinical microbiologist, dermatologist or public health physician		
	* Tab 100 mg	100	✓ PSM
	* Tab 100 mg with rifampicin 150 mg	100	✓ Rifinah
	* Tab 150 mg with rifampicin 300 mg	100	✓ Rifinah
119	LIGNOCAINE HYDROCHLORIDE LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE Viscous soln 2%.....55.00	200 ml	✓ Xylocaine Viscous
	Inj 1%, 5 ml – Up to 5 inj available on a PSO	50	✓ Xylocaine
	Inj 2%, 5 ml – Up to 5 inj available on a PSO	50	✓ Xylocaine
	6.90	25	✓ Lidocaine-Claris
	Inj 1%, 20 ml – Up to 5 inj available on a PSO.....	5	✓ Xylocaine
	Inj 2%, 20 ml – Up to 5 inj available on a PSO.....	5	✓ Xylocaine
	2.40	1	✓ Lidocaine-Claris

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 August 2013

48	WARFARIN SODIUM (↑ subsidy) Note: Marevan and Coumadin are not interchangeable.			
	* Tab 1 mg	6.86	100	✓ Marevan
	* Tab 3 mg	9.70	100	✓ Marevan
	* Tab 5 mg	11.75	100	✓ Marevan
52	PERINDOPRIL (↑ alternate subsidy) From 1 August 2013 to 30 September 2013 the Coversyl brand of perindopril will be funded by Endorsement to the level of the ex-manufacturer price listed in the Schedule for patients who were previously accessing the higher subsidy by endorsement for perindopril prior to 1 May 2013.			
	* Tab 2 mg – Higher subsidy of \$18.50 per 30 tab with endorsement	3.75 (18.50)	30	Coversyl
	* Tab 4 mg – Higher subsidy of \$25.00 per 30 tab with endorsement	4.80 (25.00)	30	Coversyl
56	NIFEDIPINE (↑ subsidy)			
	* Tab long-acting 20 mg	9.59	100	✓ Nyefax Retard
59	INDAPAMIDE (↓ subsidy)			
	* Tab 2.5 mg	2.25	90	✓ Dapa-Tabs
67	BETAMETHASONE DIPROPIONATE (↓ price)			
	Crm 0.05%	2.96	15 g OP	✓ Diprosone
		8.97	50 g OP	✓ Diprosone
	Crm 0.05% in propylene glycol base	4.33	30 g OP	✓ Diprosone OV
	Oint 0.05%	2.96	15 g OP	✓ Diprosone
		8.97	50 g OP	✓ Diprosone
	Oint 0.05% in propylene glycol base	4.33	30 g OP	✓ Diprosone OV
81	HYDROCORTISONE (↑ subsidy)			
	* Inj 100 mg vial	4.99	1	✓ Solu-Cortef
	a) Up to 5 inj available on a PSO			
	b) Only on a PSO			
89	CEFALEXIN MONOHYDRATE (↓ subsidy)			
	Cap 500 mg	5.70	20	✓ Cephalexin ABM
92	CLINDAMYCIN (↓ subsidy)			
	Cap hydrochloride 150 mg – Maximum of 4 cap per prescription; can be waived by endorsement			
	– Retail pharmacy - Specialist	5.80	16	✓ Clindamycin ABM
94	ITRACONAZOLE (↓ subsidy)			
	Cap 100 mg – Subsidy by endorsement	2.99	15	✓ Itrazole
	Funded for tinea vesicolor where topical treatment has not been successful and diagnosis has been confirmed by mycology, or for tinea unguium where terbinafine has not been successful in eradication or the patient is intolerant to terbinafine and diagnosis has been confirmed by mycology and the prescription is endorsed accordingly. Can be waived by endorsement - Retail pharmacy - Specialist Specialist must be an infectious disease physician, clinical microbiologist or dermatologist.			

▲ 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 Subsidy and Manufacturer's Price - effective 1 August 2013 (continued)

104	ZIDOVUDINE [AZT] – Special Authority see SA1364 – Retail pharmacy († subsidy)		
	Cap 100 mg	152.25	100 ✓ Retrovir
	Oral liq 10 mg per ml	30.45	200 ml OP ✓ Retrovir
116	COLCHICINE († subsidy)		
	* Tab 500 mcg	10.08	100 ✓ Colgout
117	DANTROLENE († subsidy)		
	* Cap 25 mg	65.00	100 ✓ Dantrium
	* Cap 50 mg	77.00	100 ✓ Dantrium
133	HALOPERIDOL – Safety medicine; prescriber may determine dispensing frequency († subsidy)		
	Tab 500 mcg – Up to 30 tab available on a PSO	6.23	100 ✓ Serenace
	Tab 1.5 mg – Up to 30 tab available on a PSO	9.43	100 ✓ Serenace
	Tab 5 mg – Up to 30 tab available on a PSO	29.72	100 ✓ Serenace
	Oral liq 2 mg per ml – Up to 200 ml available on a PSO	23.84	100 ml ✓ Serenace
	Inj 5 mg per ml, 1 ml – Up to 5 inj available on a PSO	21.55	10 ✓ Serenace
139	INTERFERON BETA-1-ALPHA – Special Authority see SA1062 (‡ subsidy)		
	Inj 6 million iu prefilled syringe	1,320.87	4 ✓ Avonex
	Inj 6 million iu per 0.5 ml pen injector	1,320.87	4 ✓ Avonex Pen
	Inj 6 million iu per vial	1,320.87	4 ✓ Avonex
145	NALTREXONE HYDROCHLORIDE – Special Authority see SA1397 – Retail pharmacy (‡ subsidy)		
	Tab 50 mg	76.00	30 ✓ Naltraccord
149	MERCAPTOPYRINE – PCT – Retail pharmacy-Specialist († subsidy)		
	Tab 50 mg	49.41	25 ✓ Puri-nethol
151	DACARBAZINE – PCT only – Specialist († subsidy)		
	Inj 200 mg vial	51.84	1 ✓ Hospira
	Inj 200 mg for ECP	51.84	200 mg OP ✓ Baxter
152	MESNA – PCT only – Specialist († subsidy)		
	Tab 400 mg	227.50	50 ✓ Uromitexan
	Tab 600 mg	339.50	50 ✓ Uromitexan
	Inj 100 mg per ml, 4 ml ampoule	148.05	15 ✓ Uromitexan
	Inj 100 mg per ml, 10 ml ampoule	339.90	15 ✓ Uromitexan
	Inj 1 mg for ECP	2.47	100 mg ✓ Baxter
152	MITOMYCIN C – PCT only – Specialist († subsidy)		
	Inj 5 mg vial	79.75	1 ✓ Arrow
	Inj 1 mg for ECP	16.43	1 mg ✓ Baxter
185	HYPROMELLOSE WITH DEXTRAN (‡ subsidy)		
	* Eye drops 0.3% with dextran 0.1%	2.30	15 ml OP ✓ Poly-Tears

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 July 2013

28	INSULIN LISPRO WITH INSULIN LISPRO PROTAMINE (↓ subsidy) ▲ Inj lispro 25% with insulin lispro protamine 75% 100 u per ml, 3 ml.....	42.66	5	✓ Humalog Mix 25
	▲ Inj lispro 50% with insulin lispro protamine 50% 100 u per ml, 3 ml	42.66	5	✓ Humalog Mix 50
38	ISPAGUHULA (PHYLLIUM) HUSK – Only on a prescription (↓ subsidy) * Powder for oral soln	5.51	500 g OP	✓ Konsyl-D
39	SODIUM CITRATE WITH SODIUM LAURYL SULPHOACETATE – Only on a prescription (↓ subsidy) Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml.....	19.95	50	✓ Micolette
51	TERAZOSIN (↓ subsidy) * Tab 1 mg	0.50	28	✓ Arrow
	* Tab 2 mg	0.45	28	✓ Arrow
	* Tab 5 mg	0.68	28	✓ Arrow
51	CILAZAPRIL (↓ subsidy) * Tab 0.5 mg	2.00	90	✓ Zapril
	* Tab 2.5 mg	4.31	90	✓ Zapril
	* Tab 5 mg	6.98	90	✓ Zapril
57	CLONIDINE HYDROCHLORIDE (↓ subsidy) * Tab 25 mcg	13.47	100	✓ Dixarit
58	SPIRONOLACTONE (↓ subsidy) * Tab 25 mg	3.65	100	✓ Spirotone
	* Tab 100 mg	11.80	100	✓ Spirotone
60	EZETIMIBE – Special Authority see SA1045 – Retail pharmacy (↓ subsidy) Tab 10 mg	34.43	30	✓ Ezetrol
60	EZETIMIBE WITH SIMVASTATIN – Special Authority see SA1046 – Retail pharmacy (↓ subsidy) Tab 10 mg with simvastatin 10 mg.....	36.68	30	✓ Vytorin
	Tab 10 mg with simvastatin 20 mg.....	38.70	30	✓ Vytorin
	Tab 10 mg with simvastatin 40 mg.....	41.40	30	✓ Vytorin
	Tab 10 mg with simvastatin 80 mg.....	45.45	30	✓ Vytorin
65	FUSIDIC ACID (↑ subsidy) Oint 2%	3.45	15 g OP	✓ Foban
	a) Maximum of 15 g per prescription			
	b) Only on a prescription			
	c) Not in combination			
78	LEVONORGESTREL (↓ subsidy) * Tab 750 mcg.....	3.50	2	✓ Next Choice
78	MEDROXYPROGESTERONE ACETATE (↓ subsidy) * Inj 150 mg per ml, 1 ml syringe – Up to 5 inj available on a PSO	7.00	1	✓ Depo-Provera

▲ 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 Subsidy and Manufacturer's Price - effective 1 July 2013 (continued)

92	CLINDAMYCIN (↓ subsidy) Inj phosphate 150 mg per ml, 4 ml – Retail pharmacy-Specialist	100.00	10	✓ Dalacin C
99	ACICLOVIR (↓ subsidy) * Tab dispersible 200 mg	1.78	25	✓ Lovir
	* Tab dispersible 400 mg	5.98	56	✓ Lovir
	* Tab dispersible 800 mg	6.64	35	✓ Lovir
119	TETRABENAZINE (↓ subsidy) Tab 25 mg	118.00	112	✓ Motetis
119	LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE (↓ subsidy) Inj 2%, 5 ml – Up to 5 inj available on a PSO.....	13.80	50	✓ Xylocaine
	Inj 2%, 20 ml – Up to 5 inj available on a PSO.....	12.00	5	✓ Xylocaine
120	DIHYDROCODEINE TARTRATE (↓ subsidy) Tab long-acting 60 mg	13.64	60	✓ DHC Continus
122	MORPHINE SULPHATE (↓ subsidy) a) Only on a controlled drug form b) No patient co-payment payable c) Safety medicine; prescriber may determine dispensing frequency			
	Tab long-acting 10 mg	1.95	10	✓ Arrow-Morphine LA
	Tab long-acting 30 mg	2.98	10	✓ Arrow-Morphine LA
	Tab long-acting 60 mg	5.75	10	✓ Arrow-Morphine LA
	Tab long-acting 100 mg	6.45	10	✓ Arrow-Morphine LA
122	MORPHINE TARTRATE (↑ subsidy) a) Only on a controlled drug form b) No patient co-payment payable c) Safety medicine; prescriber may determine dispensing frequency			
	Inj 80 mg per ml, 1.5 ml	35.60	5	✓ Hospira
	Inj 80 mg per ml, 5 ml	107.67	5	✓ Hospira
124	SERTRALINE (↓ subsidy) * Tab 50 mg	3.64	90	✓ Arrow-Sertraline
	* Tab 100 mg	6.28	90	✓ Arrow-Sertraline
125	VENLAFAXINE – Special Authority see SA1061 – Retail pharmacy (↓ subsidy)			
	Tab 37.5 mg	7.84	28	✓ Arrow-Venlafaxine XR
	Tab 75 mg	13.94	28	✓ Arrow-Venlafaxine XR
	Tab 150 mg	17.08	28	✓ Arrow-Venlafaxine XR
	Tab 225 mg	27.14	28	✓ Arrow-Venlafaxine XR
	Cap 37.5 mg	8.71	28	✓ Efexor XR
	Cap 75 mg	17.42	28	✓ Efexor XR
	Cap 150 mg	21.35	28	✓ Efexor XR

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 July 2013 (continued)

130	SUMATRIPTAN (↓ subsidy)			
	Tab 50 mg	1.19	4	✓ Arrow-Sumatriptan
		29.80	100	✓ Arrow-Sumatriptan
	Tab 100 mg	1.10	2	✓ Arrow-Sumatriptan
		54.80	100	✓ Arrow-Sumatriptan
	Inj 12 mg per ml, 0.5 ml cartridge			
	– Maximum of 10 inj per prescription	13.80	2 OP	✓ Arrow-Sumatriptan
140	NITRAZEPAM – Safety medicine; prescriber may determine dispensing frequency (↑ subsidy)			
	Tab 5 mg	4.98	100	✓ Nitrados
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
145	NALTREXONE HYDROCHLORIDE – Special Authority see SA0909 – Retail pharmacy (↓ subsidy)			
	Tab 50 mg	79.00	30	✓ Naltraccord
149	METHOTREXATE (↓ subsidy)			
	* Inj 25 mg per ml, 2 ml – PCT – Retail pharmacy-Specialist	20.20	5	✓ Hospira
	* Inj 25 mg per ml, 20 ml – PCT – Retail pharmacy-Specialist	27.78	1	✓ Hospira
151	DOCETAXEL – PCT only – Specialist (↓ subsidy)			
	Inj 20 mg per ml, 1 ml	48.75	1	✓ Taxotere
	Inj 20 mg per ml, 4 ml	195.00	1	✓ Taxotere
	Inj 1 mg for ECP	2.63	1 mg	✓ Baxter
153	TEMOZOLOMIDE – Special Authority see SA1063 – Retail pharmacy (↓ subsidy)			
	Cap 5 mg	8.00	5	✓ Temaccord
	Cap 20 mg	36.00	5	✓ Temaccord
	Cap 100 mg	175.00	5	✓ Temaccord
	Cap 250 mg	410.00	5	✓ Temaccord
154	VINCRIStINE SULPHATE (↓ subsidy)			
	Inj 1 mg per ml, 1 ml – PCT			
	– Retail pharmacy-Specialist	64.80	5	✓ Hospira
	Inj 1 mg per ml, 2 ml – PCT			
	– Retail pharmacy-Specialist	69.60	5	✓ Hospira
	Inj 1 mg for ECP – PCT only – Specialist	9.45	1 mg	✓ Baxter
166	BACILLUS CALMETTE-GUERIN (BCG) VACCINE – PCT only – Specialist (↓ subsidy)			
	Subsidised only for bladder cancer.			
	Inj 2-8 × 100 million CFU	149.37	1	✓ OncoTICE
178	IPRATROPIUM BROMIDE (↓ subsidy)			
	Nebuliser soln, 250 mcg per ml, 1 ml			
	– Up to 40 neb available on a PSO	3.26	20	✓ Univent
	Nebuliser soln, 250 mcg per ml, 2 ml			
	– Up to 40 neb available on PSO	3.37	20	✓ Univent

▲ 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 Subsidy and Manufacturer's Price - effective 1 June 2013

53	AMIODARONE HYDROCHLORIDE (↓ subsidy) Inj 50 mg per ml, 3 ml ampoule – Up to 6 inj available on a PSO.....	22.80	6	✓ Cordarone-X
72	MALATHION WITH PERMETHRIN AND PIPERONYL BUTOXIDE (↓ subsidy) Spray 0.25% with permethrin 0.5% and piperonyl butoxide 2%.....	11.15	90 g OP	✓ Para Plus
87	METYRAPONE (↑ subsidy) Cap 250 mg – Retail pharmacy-Specialist	520.00	50	✓ Metopirone
88	PRAZIQUANTEL (↑ subsidy) Tab 600 mg	68.00	8	✓ Biltricide
193	METHYLCELLULOSE (↑ subsidy) Powder	36.95	100 g	✓ MidWest

Effective 1 May 2013

52	PERINDOPRIL (↑ subsidy) Tab 2 mg	3.75 (18.50)	30	Coversyl
	Tab 4 mg	4.80 (25.00)	30	Coversyl
66	CALAMINE (↑ price) a) Only on a prescription b) Not in combination Crm, aqueous, BP	1.77 (3.80)	100 g	Home Essential
78	LEVONORGESTREL (↓ subsidy) * Tab 1.5 mg	3.50	1	✓ Postinor-1
	a) Maximum of 2 tab per prescription b) Up to 5 tab available on a PSO			
120	CODEINE PHOSPHATE (↓ subsidy) – Safety medicine; prescriber may determine dispensing frequency Tab 15 mg	4.75	100	✓ PSM
	Tab 30 mg	5.80	100	✓ PSM
	Tab 60 mg	12.50	100	✓ PSM
132	AMISULPRIDE (↓ subsidy) – Safety medicine; prescriber may determine dispensing frequency Tab 100 mg	6.22	30	✓ Solian
	Tab 200 mg	21.92	60	✓ Solian
	Tab 400 mg	44.52	60	✓ Solian
	Oral liq 100 mg per ml	52.50	60 ml	✓ Solian

Changes to General Rules

Effective 1 August 2013

- 14 **"Pharmacist Prescriber" means a person registered with the Pharmacy Council of New Zealand, who holds a current annual practising certificate under the HPCA Act 2003, and is approved by the Pharmacy Council of New Zealand to prescribe specified prescription medicines relating to his/her scope of practice.**
- 14 **"Practitioner"** means a Doctor, a Dentist, a Dietitian, a Midwife, a Nurse Prescriber ~~or an~~ **Optometrist or a Pharmacist Prescriber** as those terms are defined in the Pharmaceutical Schedule.
- 16 **3.1 Doctors', Dentists', Dietitians', Midwives', Nurse Prescribers', ~~and~~ Optometrists' and Pharmacist Prescribers' Prescriptions (other than oral contraceptives)**
The following provisions apply to all Prescriptions, other than those for an oral contraceptive, written by a Doctor, Dentist, Dietitian, Midwife, Nurse Prescriber, ~~or~~ **Optometrist or Pharmacist Prescriber** unless specifically excluded:
- 3.1.1 For a Community Pharmaceutical other than a Class B Controlled Drug, only a quantity sufficient to provide treatment for a period not exceeding three Months will be subsidised.
- 3.1.2 For methylphenidate hydrochloride and dexamphetamine sulphate (except for Dentist prescriptions), only a quantity sufficient to provide treatment for a period not exceeding one Month will be subsidised.
- 3.1.3 For a Class B Controlled Drug:
- a) other than Dentist prescriptions and methylphenidate hydrochloride and dexamphetamine sulphate, only a quantity:
 - i) sufficient to provide treatment for a period not exceeding 10 days; and
 - ii) which has been dispensed pursuant to a Prescription sufficient to provide treatment for a period not exceeding one Month, will be subsidised.
 - b) for a Dentist prescription only such quantity as is necessary to provide treatment for a period not exceeding five days will be subsidised.
- 3.1.4 Subject to clauses 3.1.3 and 3.1.7, for a Doctor, Dentist, Dietitian, Midwife or Nurse Prescriber and 3.1.7 for an Optometrist, where a practitioner has prescribed a quantity of a Community Pharmaceutical sufficient to provide treatment for:
- a) one Month or less than one Month, but dispensed by the Contractor in quantities smaller than the quantity prescribed, the Community Pharmaceutical will only be subsidised as if that Community Pharmaceutical had been dispensed in a Monthly Lot;
 - b) more than one Month, the Community Pharmaceutical will be subsidised only if it is dispensed:
 - i) in a 90 Day Lot, where the Community Pharmaceutical is a Pharmaceutical covered by Section F Part I of the Pharmaceutical Schedule; or
 - ii) if the Community Pharmaceutical is not a Pharmaceutical referred to in Section F Part I of the Pharmaceutical Schedule, in Monthly Lots, unless:
 - A) the eligible person or his/her nominated representative endorses the back of the Prescription form with a statement identifying which Access Exemption Criterion (Criteria) applies and signs that statement to this effect; or
 - B) both:
 - 1) the Practitioner endorses the Community Pharmaceutical on the Prescription with the words "certified exemption" written in the Practitioner's own handwriting, or signed or initialled by the Practitioner; and
 - 2) every Community Pharmaceutical endorsed as "certified exemption" is covered by Section F Part II of the Pharmaceutical Schedule.

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

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

Changes to General Rules – effective 1 August 2013 (continued)

- 17 3.2 Oral Contraceptives
The following provisions apply to all Prescriptions written by a Doctor, Midwife, or Nurse Prescriber **or Pharmacist Prescriber** for an oral contraceptive:
- 3.2.1 The prescribing Doctor, Midwife, or Nurse Prescriber **or Pharmacist Prescriber** must specify on the Prescription the period of treatment for which the Community Pharmaceutical is to be supplied. This period must not exceed six Months.
- 3.2.2 Where the period of treatment specified in the Prescription does not exceed six Months, the Community Pharmaceutical is to be dispensed:
- a) in Lots as specified in the Prescription if the Community Pharmaceutical is under the Dispensing Frequency Rule; or
 - b) where no Lots are specified, in one Lot sufficient to provide treatment for the period prescribed.
- 3.2.3 An oral contraceptive is only eligible for Subsidy if the Prescription under which it has been dispensed was presented to the Contractor within three Months of the date on which it was written.
- 3.2.4 Where a Community Pharmaceutical on a Prescription is under the Dispensing Frequency Rule and a repeat on the Prescription remains unfulfilled after six Months from the date the Community Pharmaceutical was first dispensed only the actual quantity supplied by the Contractor within this time limit will be eligible for Subsidy.
- 19 **3.6 Pharmacist Prescribers' Prescriptions**
The following apply to every prescription written by a Pharmacist Prescriber
- 3.6.1 Prescriptions written by a Pharmacist Prescriber for a Community Pharmaceutical will only be subsidised where they are for either:**
- a) a Community Pharmaceutical classified as a Prescription Medicine and which a Pharmacist Prescriber is permitted under regulations to prescribe; or
 - b) any other Community Pharmaceutical that is a Restricted Medicine (Pharmacist Only Medicine), a Pharmacy Only Medicine or a General Sales Medicine.
- 3.6.2 Any Pharmacist Prescribers' prescriptions 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).**

Effective 1 July 2013

- 11 "Assessed Pharmaceuticals" means the list of Pharmaceuticals set out in Section H Part III of the Schedule, that have been or are being assessed by PHARMAG.
- 12 "Optional Pharmaceuticals" means the list of National Contract Pharmaceuticals set out in Section H Part III of the Schedule.
- 12 "Hospital Pharmaceuticals" means National Contract Pharmaceuticals, DV Pharmaceuticals, Discretionary Community Supply Pharmaceuticals and Assessed Pharmaceuticals. **the list of Pharmaceuticals set out in Section H Part II of the Schedule which includes some National Contract Pharmaceuticals.**
- 12 "Community Pharmaceutical" means a Pharmaceutical listed in Section A to G and Section I of the Pharmaceutical Schedule that is subsidised by the Funder from the Pharmaceutical Budget for use in the community.
- 12 "Discretionary Community Supply Pharmaceutical" means the list of Pharmaceuticals set out in Section H Part IV of the Schedule, which may be funded by a DHB Hospital from its own budget for use in the community.
- 12 "Hospital Pharmaceuticals in the Community (HPC)" means the pathway under the Named Patient Pharmaceutical Assessment policy to allow District Health Board hospitals to fund a medicine for a patient in the community if this is more affordable for the DHB than paying for the treatment that would otherwise need to be provided.

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 General Rules – effective 1 July 2013 (continued)

- 14 “Practitioner” means a Doctor, a Dentist, a Dietitian, a Midwife, a Nurse Prescriber **or** an Optometrist ~~or a Pharmacist~~ as those terms are defined in the Pharmaceutical Schedule.
- 16 “Unlisted Pharmaceutical” means a Pharmaceutical that is within the scope of a Hospital Pharmaceutical, but is not listed in Section H Part II.
- 19 3.6 Pharmacists’ prescriptions
The following apply to every prescription written by a Pharmacist:
- 3.6.1 Prescriptions written by a Pharmacist for a Community Pharmaceutical will only be subsidised where they are for the CareSens, CareSens N and CareSens N POP blood glucose diagnostic meters and annotated appropriately.
 - 3.6.2 The prescribing and dispensing of blood glucose diagnostic meters by Pharmacists must be in accordance with regulations 41 and 42 of the Medicines Regulations 1984.

Effective 1 May 2013

- 18 3.3 Original Packs, Certain Antibiotics and Unapproved Medicines
- 3.3.2 If a Community Pharmaceutical is either:
- a) the liquid oral form of an antibiotic to which a diluent must be added by the Contractor at the time of dispensing; or
 - b) an unapproved medicine supplied under Section 29 of the Medicines Act 1981 **excluding any medicine listed as Cost, Brand, Source of Supply**, and it is prescribed or ordered by a Practitioner in an amount that does not coincide with the amount contained in one or more standard packs of that Community Pharmaceutical, Subsidy will be paid for the amount prescribed or ordered by the Practitioner in accordance with either clause 3.1 or clause 3.3 of the Schedule, and for the balance of any pack or packs from which the Community Pharmaceutical has been dispensed. At the time of dispensing the Contractor must keep a record of the quantity discarded. To ensure wastage is reduced, the Contractor should reduce the amount dispensed to make it equal to the quantity contained in a whole pack where:
 - a) the difference the amount dispensed and the amount prescribed by the Practitioner is less than 10% (eg; if a prescription is for 105 mls then a 100 ml pack would be dispensed); and
 - b) in the reasonable opinion of the Contractor the difference would not affect the efficacy of the course of treatment prescribed by the Practitioner.

Note: For the purposes of audit and compliance it is an act of fraud to claim wastage and then use the wastage amount for any subsequent 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

Changes to General Rules – effective 1 April 2013

- 13 “Hospital Pharmacy-Specialist” means that the Community Pharmaceutical is not eligible for Subsidy unless it is supplied by a hospital or pharmacy contracted to the Funder to dispense as a hospital pharmacy to an Outpatient either:
- a) on a Prescription signed by a Specialist, or
 - b) where the treatment with the Community Pharmaceutical has been recommended by a Specialist, on the Prescription of a practitioner which is either:
 - i) endorsed with the words “recommended by [name of specialist and year of authorisation]” and signed by the Practitioner, or
 - ii) endorsed with the word ‘protocol’ which means “initiated in accordance with DHB hospital approved protocol”,**
 - iii) annotated by the dispensing pharmacist, following verbal confirmation from the Practitioner of the name of the Specialist and date of recommendation, with the words “recommended by [name of specialist and date of authorisation], confirmed by [practitioner]”. Where the Contractor has an electronic record of such an Endorsement or Annotation from a previous prescription for the same Community Pharmaceutical written by a prescriber for the same patient, they may annotate the prescription accordingly.
- “As recommended by a Specialist” to be interpreted as **either**:
- 1)
 - a) follows a substantive consultation with an appropriate Specialist;
 - b) the consultation to relate to the Patient for whom the Prescription is written;
 - c) consultation to mean communication by referral, telephone, letter, facsimile or email;
 - d) except in emergencies consultation to precede annotation of the Prescription; and
 - e) both the specialist and the General Practitioner must keep a written record of the consultation; **or**
 - 2) **treatment with the Community Pharmaceutical has been initiated in accordance with a DHB hospital approved protocol**
- 15 “Retail Pharmacy-Specialist” means that the Community Pharmaceutical is only eligible for Subsidy if it is either:
- a) supplied on a Prescription or Practitioner’s Supply Order signed by a Specialist, or,
 - b) in the case of treatment recommended by a Specialist, supplied on a Prescription or Practitioner’s Supply Order and either:
 - i) endorsed with the words “recommended by [name of Specialist and year of authorisation]” and signed by the Practitioner, or
 - ii) endorsed with the word ‘protocol’ which means “initiated in accordance with DHB hospital approved protocol”, or**
 - iii) Annotated by the dispensing pharmacist, following verbal confirmation from the Practitioner of the name of the Specialist and date of recommendation, with the words “recommended by [name of specialist and year of authorisation], confirmed by [practitioner]”. Where the Contractor has an electronic record of such an Endorsement or Annotation from a previous prescription for the same Community Pharmaceutical written by a prescriber for the same patient, they may annotate the prescription accordingly.
- “As recommended by a Specialist” to be interpreted as **either**:
- 1)
 - a) follows a substantive consultation with an appropriate Specialist;
 - b) the consultation to relate to the Patient for whom the Prescription is written;
 - c) consultation to mean communication by referral, telephone, letter, facsimile or email;
 - d) except in emergencies consultation to precede annotation of the Prescription; and
 - e) both the Specialist and the General Practitioner must keep a written record of consultation; **or**
 - 2) **treatment with the Community Pharmaceutical has been initiated in accordance with a DHB hospital approved protocol.**

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Brand Name

Effective 1 August 2013

149	MERCAPTOPURINE – PCT – Retail pharmacy-Specialist Tab 50 mg	49.41	25	✓ Purinethol Puri-nethol
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Effective 1 July 2013

209	FOOD THICKENER – Special Authority see SA1106 – Hospital pharmacy [HP3] Powder	7.25	380 g OP	✓ Aptamil Feed Thickener Feed Thickener Karicare Aptamil
212	EXTENSIVELY HYDROLYSED FORMULA – Special Authority see SA1380 – Hospital pharmacy [HP3] Powder	15.21	450 g OP	✓ Gold Pepti Junior Pepti Junior Gold Karicare Aptamil

Effective 1 June 2013

209	FOOD THICKENER – Special Authority see SA1106 – Hospital pharmacy [HP3] Powder	7.25	380 g OP	✓ Karicare Food Thickener Aptamil Feed Thickener
212	EXTENSIVELY HYDROLYSED FORMULA – Special Authority see SA1380 – Hospital pharmacy [HP3] Powder	15.21	450 g OP	✓ Pepti Junior Gold Aptamil Gold Pepti Junior

Effective 1 May 2013

85	LEVOTHYROXINE Tab 50 mcg	1.71	28	✓ Goldshield Mercury Pharma
	‡ Safety cap for extemporaneously compounded oral liquid preparations. Tab 100 mcg.....	1.78	28	✓ Goldshield Mercury Pharma
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			

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

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

Changes to Section I

Effective 1 May 2013

224	INFLUENZA VACCINE – Hospital pharmacy [Xpharm] Inj	90.00	10	✓ Fluarix ✓ Fluvax
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A) is available each year for patients who meet the following criteria, as set by PHARMAC:

- a) all people 65 years of age and over;
- b) people under 65 years of age **with who**:
 - i) **have** 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) **have** the following chronic respiratory disease:
 - 1) asthma, if on a regular preventative therapy, or
 - 2) other chronic respiratory disease with impaired lung function;
 - ~~iii) are children aged four and under who have been hospitalised for respiratory illness or have a history of significant respiratory illness.~~
 - ~~iii) **have** diabetes;~~
 - ~~iv) **have** chronic renal disease;~~
 - ~~v) **have** any cancer, excluding basal and squamous skin cancers if not invasive;~~
 - ~~vi) **have any of the following other conditions**:

 - a) autoimmune disease,
 - b) immune suppression,
 - c) HIV,
 - d) transplant recipients,
 - e) neuromuscular and CNS diseases,
 - f) haemoglobinopathies, or
 - g) **are** children on long term aspirin; **or**~~
 - ~~vii) **are pregnancy pregnant**.~~
- c) people under 18 years of age living within the boundaries of the Canterbury District Health Board
- d) are children aged four and under who have been hospitalised for respiratory illness or have a history of significant respiratory illness**

Unless meeting other the criteria above, the following conditions are excluded from funding:

- a) asthma not requiring regular preventative therapy,
- b) hypertension and/or dyslipidaemia without evidence of end-organ disease.

B) Doctors are the only Contractors entitled to claim payment from the Funder for the supply of influenza vaccine to patients eligible under the above criteria for subsidised immunisation and they may only do so in respect of the influenza vaccine listed in the Pharmaceutical Schedule.

C) Individual DHBs may fund patients over and above the above criteria. The claiming process for these additional patients should be determined between the DHB and Contractor.

D) Stock of the seasonal influenza vaccine is typically available from February until late July with suppliers being required to ensure supply until at least 30 June. Exact start and end dates for each season will be notified each year.

Changes to Section E

Effective 1 July 2013

214	BLOOD GLUCOSE DIAGNOSTIC TEST METER ✓Meter 1
214	BLOOD KETONE DIAGNOSTIC TEST METER ✓Meter 1
214	BLOOD GLUCOSE DIAGNOSTIC TEST STRIP ✓Test strip 50 strip
214	CYPROTERONE ACETATE WITH ETHINYLLOESTRADIOL ✓Tab 2 mg with ethinylloestradiol 35 mcg and 7 inert tabs 84
216	KETONE BLOOD BETA-KETONE ELECTRODES ✓Test strip 10 strip
216	LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE ✓Inj 1%, 5 ml 25 5

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$

Per

Brand or
Generic Mnfr
✓ fully subsidised

Delisted Items

Effective 1 August 2013

103	ETRAVIRINE – Special Authority see SA1364 – Retail pharmacy Tab 100 mg	770.00	120	✓Intelence
145	BUPROPION HYDROCHLORIDE Tab modified-release 150 mg	65.00	30	✓Zyban
Note – This is the old Pharmacode for Zyban				
178	SALBUTAMOL ‡ Oral liq 2 mg per 5 ml	1.20	90 ml	✓Broncolin ^{S29}
		1.99	150 ml	✓Ventolin
186	PHARMACY SERVICES - May only be claimed once per patient * Brand switch fee.....	4.33	1 fee	✓BSF Apo-Diltiazem CD
200	ENTERAL/ORAL FEED 1KCAL/ML – Special Authority see SA1098 – Hospital pharmacy [HP3] Powder	78.97	400 g OP	✓Generaid Plus

Effective 1 July 2013

27	PANTOPRAZOLE * Inj 40 mg	6.50	1	✓Pantocid IV
49	DEXTROSE WITH ELECTROLYTES Soln with electrolytes.....	6.60	1,000 ml OP	✓Pedialyte – Fruit
		6.75		✓Pedialyte – Plain
52	QUINAPRIL * Tab 5 mg	1.15	30	✓Accupril
	* Tab 10 mg	1.55	30	✓Accupril
	* Tab 20 mg	2.11	30	✓Accupril
55	PROPRANOLOL * Tab 10 mg	3.55	100	✓Cardinol
66	CALAMINE a) Only on a prescription b) Not in combination Crm, aqueous, BP	1.77	100 g	Home Essential
		(3.80)		
81	METHYLPREDNISOLONE SODIUM SUCCINATE – Retail pharmacy-Specialist Inj 500 mg	18.00	1	✓Solu-Medrol
118	LEVODOPA WITH CARBIDOPA * Tab 100 mg with carbidopa 25 mg – For levodopa with carbidopa oral liquid formulation refer, page 188	20.00	100	✓Sinemet
	* Tab long-acting 200 mg with carbidopa 50 mg	47.50	100	✓Sinemet CR
	* Tab 250 mg with carbidopa 25 mg	40.00	100	✓Sinemet
Note – new presentations of Sinemet and Sinemet CR were listed 1 January 2013.				

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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Delisted Items - effective 1 July 2013 (continued)

127	GABAPENTIN			
	Cap 100 mg	7.16	100	✓Nupentin
	Cap 300 mg	11.50	100	✓Nupentin
	Note – the Nupentin capsules in the blister pack are delisted. The Nupentin capsules in bottles will remain listed as fully funded.			
186	PHARMACY SERVICES			
	Brand switch fee.....	4.33	1 fee	✓BSF Alphapharm ✓BSF Nevirapine Alphapharm ✓BSF Carezens II ✓BSF Carezens N ✓BSF Carezens N POP
212	AMINO ACID FORMULA – Special Authority see SA1219 below – Hospital pharmacy [HP3]			
	Powder	53.00	400 g OP	✓Neocate

Effective 1 June 2013

53	AMIODARONE HYDROCHLORIDE			
	Inj 50 mg per ml, 3 ml ampoule – Up to 6 inj available on a PSO.....	60.84	10	✓Cordarone-X
59	BEZAFIBRATE			
	*Tab 200 mg	9.70	90	✓Fibalip
104	STAVUDINE [D4T] – Special Authority see SA1025 – Retail pharmacy			
	Cap 30 mg	377.80	60	✓Zerit
109	DICLOFENAC SODIUM			
	*Tab EC 25 mg.....	1.63	50	✓Diclofenac Sandoz
	*Tab EC 50 mg	1.60	50	Diclofenac Sandoz
		(2.13)		
130	DOMPERIDONE			
	*Tab 10 mg – For domperidone oral liquid formulation refer, page 188.....	3.25	100	Motilium
		(11.99)		
176	PROMETHAZINE HYDROCHLORIDE			
	*‡ Oral liq 5 mg per 5 ml	2.79	100 ml	Promethazine Winthrop Elixir
		(3.10)		
186	PHARMACY SERVICES			
	*Brand switch fee	4.33	1 fee	✓BSF Accarb ✓BSF Ava 20 ED ✓BSF Entapone ✓BSF Zetlam

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Delisted Items - effective 1 May 2013

24	CALCIUM CARBONATE WITH AMINOACETIC ACID * Tab 420 mg with aminoacetic acid 180 mg – Higher subsidy of \$6.30 per 100 tab with Endorsement	3.00 (6.30)	100	Titralac
Additional subsidy by endorsement is available for pregnant women. The prescription must be endorsed accordingly.				
40	MICONAZOLE Oral gel 20 mg per g	4.95 (8.70)	40 g OP	Daktarin
47	RIVAROXABAN – Special Authority see SA1066 – Retail pharmacy Tab 10 mg	306.00	30	✓Xarelto
57	DILTIAZEM HYDROCHLORIDE Cap long-acting 120 mg	1.91 (4.34)		Cardizem CD
	Cap long-acting 180 mg	2.86 (6.50)		Cardizem CD
	Cap long-acting 240 mg	3.81 (8.67)		Cardizem CD
63	SILDENAFIL – Special Authority see SA1293 – Retail pharmacy Tab 25 mg	39.00	4	✓Viagra
	Tab 50 mg	43.50	4	✓Viagra
	Tab 100 mg – For sildenafil oral liquid formulation refer, page 179	47.00	4	✓Viagra
72	CALCIPOTRIOL Oint 50 mcg per g	20.20	30 g OP	✓Daivonex
	Soln 50 mcg per ml	33.79	60 ml OP	✓Daivonex
89	AZITHROMYCIN – Maximum of 5 days treatment per prescription; can be waived by endorsement For Endorsement, patient has either: i) Received a lung transplant and requires treatment or prophylaxis for bronchiolitis obliterans syndrome *; or ii) Cystic fibrosis and has chronic infection with Pseudomonas aeruginosa or Pseudomonas related gram negative organisms * Indications marked with * are Unapproved Indications Tab 500 mg – Up to 8 tab available on a PSO	1.25	2 OP	✓Arrow-Azithromycin
113	PAMIDRONATE DISODIUM Inj 3 mg per ml, 10 ml	16.00 (37.50)	1	Pamisol
	Inj 6 mg per ml, 10 ml	32.00 (75.00)	1	Pamisol
	Inj 9 mg per ml, 10 ml	48.00 (112.50)	1	Pamisol
185	TYLOXAPOL * Eye drops 0.25%	8.63	15 ml OP	✓Enuclene
212	AMINO ACID FORMULA – Special Authority see SA1219 – Hospital pharmacy [HP3] Powder (tropical)	53.00	400 g OP	✓Neocate Advance

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 2013

198	FAT SUPPLEMENT – Special Authority see SA1374 – Hospital pharmacy [HP3] Oil	28.73	250 ml OP	✓ Liquigen
206	ENTERAL FEED 1KCAL/ML – Special Authority see SA1228 – Hospital pharmacy [HP3] Liquid.....	2.65	500 ml OP	✓ Nutrison Standard RTH
206	ENTERAL FEED WITH FIBRE 1 KCAL/ML – Special Authority see SA1228 – Hospital pharmacy [HP3] Liquid	2.65	500 ml OP	✓ Nutrison Multi Fibre

Effective 1 October 2013

45	SODIUM TETRADECYL SULPHATE * Inj 0.5% 2 ml	23.20 (51.00)	5	Fibro-vein
	* Inj 1% 2 ml	25.00 (55.00)	5	Fibro-vein
57	CLONIDINE HYDROCHLORIDE * Tab 25 mcg.....	13.47	100	✓ Dixarit
65	CICLOPIROX OLAMINE a) Only on a prescription b) Not in combination Nail soln 8%	19.85	3 g OP	✓ Batrafen
78	LEVONORGESTREL * Tab 750 mcg.....	3.50	2	✓ Next Choice
88	CEFOXITIN SODIUM – Retail pharmacy-Specialist – Subsidy by endorsement Only if prescribed for dialysis or cystic fibrosis patient and the prescription is endorsed accordingly. Inj 1 g.....	55.00	5	✓ Mayne
89	CEFUROXIME SODIUM Inj 250 mg – Maximum of 3 inj per prescription; can be waived by endorsement	20.97	10	✓ Mayne
	Waiver by endorsement must state that the prescription is for dialysis or cystic fibrosis patient. Inj 1.5 g – Retail pharmacy-Specialist – Subsidy by endorsement	2.65 4.04	1	✓ Mylan Zinacef
	Only if prescribed for dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.			
92	FUSIDIC ACID Inj 500 mg sodium fusidate per 10 ml – Retail pharmacy- Specialist – Subsidy by endorsement.....	12.87 (17.80)	1	Fucidin
	Only if prescribed for a dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.			

▲ 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 October 2013 (continued)

130	SUMATRIPTAN Tab 50 mg 1.19 Tab 100 mg 1.10	4 2	✓ Arrow-Sumatriptan ✓ Arrow-Sumatriptan
184	HOMATROPINE HYDROBROMIDE * Eye drops 2% 7.18	15 ml OP	✓ Isopto Homatropine
186	PHARMACY SERVICES * Brand switch fee 4.33	1 fee	✓ BSF Arrow-Quinapril

Effective 1 November 2013

181	SODIUM CROMOGLYCATE Nasal spray, 4% 15.85	22 ml OP	✓ Rex
211	AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA1108 – Hospital pharmacy [HP3] Sachets (topical) 324.00	30	✓ Phlexy 10

Effective 1 December 2013

31	INSULIN SYRINGES, DISPOSABLE WITH ATTACHED NEEDLE – Maximum of 100 dev per prescription * Syringe 0.3 ml with 31 g × 8 mm needle 13.00	100	✓ ABM
75	CONDOMS * 53 mm extra strength – Up to 144 dev available on a PSO 1.11 13.36	12 144	✓ Gold Knight ✓ Gold Knight
193	METHYLCELLULOSE Powder 14.00	100 g	✓ ABM

Effective 1 January 2014

41	ASCORBIC ACID a) No more than 100 mg per dose b) Only on a prescription * Tab 100 mg 13.80	500	✓ Vitala-C
41	VITAMIN B COMPLEX * Tab, strong, BPC 4.70	500	✓ B-PlexADE
42	VITAMINS * Tab (BPC cap strength) 8.00	1,000	✓ MultiADE
74	MAGNESIUM SULPHATE * Paste 2.98 (4.90)	80 g	PSM

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 January 2014 (continued)

83	OESTROGENS – See prescribing guideline			
	Conjugated, equine tab 300 mcg	3.01	28	
		(11.48)		Premarin
	Conjugated, equine tab 625 mcg	4.12	28	
		(11.48)		Premarin
	Note: The old Pharmacodes are being delisted; Pharmacodes 2427478 and 2427486 will remain fully funded.			
90	AMOXYCILLIN			
	Drops 125 mg per 1.25 ml	4.00	30 ml OP	✓ Ospamox Paediatric Drops
92	LINCOMYCIN – Retail pharmacy-Specialist			
	Prescriptions must be written by, or on the recommendation of, an infectious disease physician or a clinical microbiologist			
	Inj 300 mg per ml, 2 ml	80.00	5	✓ Lincocin
126	GABAPENTIN – Special Authority see SA1071 – Retail pharmacy			
	▲ Cap 400 mg	14.75	100	✓ Nupentin
	Note: This is the blister pack presentation only. The Nupentin capsules in the bottle will remain fully funded.			

Effective 1 February 2014

24	DIPHENOXYLATE HYDROCHLORIDE WITH ATROPINE SULPHATE			
	* Tab 2.5 mg with atropine sulphate 25 mcg	3.90	100	✓ Diastop
42	CALCITRIOL			
	* Oral liq 1 mcg per ml	39.40	10 ml OP	✓ Rocaltrol solution
86	LEUPRORELIN			
	Inj 3.75 mg	221.60	1	✓ Lucrin Depot
	Inj 11.25 mg	591.68	1	✓ Lucrin Depot
106	INTERFERON ALPHA-2A – PCT – Retail pharmacy-Specialist			
	a) See prescribing guideline			
	b) Prescriptions must be written by, or on the recommendation of, an internal medicine physician or ophthalmologist			
	Inj 6 m iu prefilled syringe	62.64	1	✓ Roferon-A
	Inj 9 m iu prefilled syringe	93.96	1	✓ Roferon-A
134	QUETIAPINE – Safety medicine; prescriber may determine dispensing frequency			
	Tab 100 mg	14.00	60	✓ Dr Reddy's Quetiapine
151	DOCETAXEL – PCT only – Specialist			
	Inj 20 mg	48.75	1	✓ Docetaxel Ebewe
	Inj 80 mg	195.00	1	✓ Docetaxel Ebewe
182	CHLORAMPHENICOL			
	Ear drops 0.5%	2.20	5 ml OP	✓ Chloromycetin
	Note – Chloramphenicol eye drops 0.5% are subsidised for use in the ear.			

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Items to be Delisted - effective 1 February 2014 (continued)

208	<p>ORAL FEED 2 KCAL/ML – Special Authority see SA1195 – Hospital pharmacy [HP3] Additional subsidy by endorsement is available for patients being bolus fed through a feeding tube, or who have severe epidermolysis bullosa. The prescription must be endorsed accordingly. Liquid (vanilla) – Higher subsidy of \$2.25 per 237 ml with endorsement</p>	<p>1.14 237 ml OP (2.25)</p>	<p>Two Cal HN</p>
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