

**PHARMAC** 

Pharmaceutical Management Agency

**New Zealand**

# **Pharmaceutical Schedule**



APRIL 2002

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# Introducing PHARMAC

PHARMAC, the Pharmaceutical Management Agency, is a Crown entity established pursuant to the New Zealand Public Health and Disability Act 2000. The primary objective of PHARMAC is to secure for eligible people in need of pharmaceuticals, the best health outcomes that are reasonably achievable from pharmaceutical treatment and from within the amount of funding provided.

The PHARMAC Board consists of up to six members appointed by the Minister of Health. All decisions relating to PHARMAC's operation are made by or under the authority of the Board. In particular, Board members decide on the strategic direction of PHARMAC and may decide which pharmaceuticals should be subsidised and at what levels, and whether or not special conditions or guidelines are to be applied.

## Members of the PHARMAC Board

Richard Waddell	Ross Black	Gregor Coster
Liz Coutts	Karen Guilliland	David Moore

Decisions taken by the PHARMAC Board members, or made under the authority of the Board, incorporate a balanced view of the needs of prescribers and patients. The aim is to achieve long term gains and efficient ways of making pharmaceuticals available to the community.

The functions of PHARMAC are to perform the following, within the amount of funding provided to it, and in accordance with its annual plan and any directions given by the Minister (Section 65 of the Act):

- a) to maintain and manage a pharmaceutical schedule that applies consistently throughout New Zealand, including determining eligibility and criteria for the provision of subsidies;
  - b) to manage incidental matters arising out of (a), including in exceptional circumstances providing for subsidies for the supply of pharmaceuticals not on the pharmaceutical schedule;
  - c) to engage as it sees fit, but within its operational budget, in research to meet its objectives as set out in Section 47(a) of the Act;
  - d) to promote the responsible use of pharmaceuticals;
  - \* e) to manage the purchasing of any or all pharmaceuticals, whether used either in hospital or outside it, on behalf of DHBs;
  - f) any other functions given to PHARMAC by or under any enactment or authorised by the Minister.
- \* this is a new function that PHARMAC is currently taking steps to implement.

## Decision Criteria

PHARMAC updates the Pharmaceutical Schedule at regular intervals to notify prescribers, pharmacists and patients of changes to drug subsidies. In making decisions about amendments to the Pharmaceutical Schedule, PHARMAC is guided by its Operating Policies and Procedures. Pursuant to the Operating Policies and Procedures, PHARMAC takes into account the following criteria when making decisions:

- the health needs of all eligible people within New Zealand; (eligible defined by the Government's then current rules of eligibility)
- the particular health needs of Maori and Pacific peoples;
- the availability and suitability of existing medicines, therapeutic medical devices and related products and related things;
- the clinical benefits and risks of pharmaceuticals;
- the cost-effectiveness of meeting health needs by funding pharmaceuticals rather than using other publicly funded health and disability support services;
- the budgetary impact (in terms of the pharmaceutical budget and the Government's overall health budget) of any changes to the Pharmaceutical Schedule;
- the direct cost to health service users;
- the Government's priorities for health funding, as set out in any objectives notified by the Crown to PHARMAC, or in PHARMAC's Funding Agreement, or elsewhere; and
- such other criteria as PHARMAC thinks fit. PHARMAC will carry out appropriate consultation when it intends to take any such 'other criteria' into account.

The Operating Policies and Procedures also describe the way in which PHARMAC determines the level of subsidy to be paid for each pharmaceutical. Pharmaceuticals may be grouped into therapeutic groups and therapeutic subgroups. Any grouping or subgrouping may differ from the way in which pharmaceuticals are displayed in the Pharmaceutical Schedule.

A copy of PHARMAC's Operating Policies and Procedures is available on the PHARMAC website, or on request.

## PHARMAC and the Pharmaceutical Schedule

PHARMAC manages the national Pharmaceutical Schedule which lists medicines and related products, subsidised by the Government. More than 3000 medicines and related products are subsidised by the Government. Most are available to all eligible people within New Zealand on prescription by a medical doctor. Some are listed with guidelines or conditions such as 'only to be prescribed by specialists' or 'only dispensed by hospital pharmacies', to ensure that medicines are used by those people who are most likely to benefit from them. Pharmaceuticals provided to patients for use while in hospital are not covered by the Schedule.

### The PHARMAC Team

The PHARMAC team has a wide range of expertise in health, medicine, economics, commerce, critical analysis, and policy development and implementation.

Wayne McNee	Chief Executive
Jason Arnold	Analyst
Tracey Barron	Demand Side Manager
Matthew Brougham	Manager, Analysis and Assessment
Mary Chesterfield	Receptionist
Philip Crampton	Manager, Supply Side
Andrew Davies	Tender Analyst
Cristine Della Barca	Manager, Hospital Pharmaceuticals
Sean Dougherty	Analyst
Jan Edwards	Office Manager
Ursula Egan	Schedule Analyst
Simon England	Communications Adviser
Natalie Ganley	Therapeutic Group Intern
John Geering	Database Administrator
David Goldsmith	Therapeutic Group Manager
Katie Harris	Therapeutic Group Assistant
Jan McNee	Schedule Analyst
Peter Moodie	Medical Director
Jessica Nisbet	Receptionist
Hew Norris	Analyst
Jan Quin	Project Manager
Olivia Paterson	Manager, Corporate
Matthew Perkins	Hospital Project Adviser
Dilky Rasiah	Demand Side Manager
Sarah Schmitt	Therapeutic Group Manager
Martin Szuba	Therapeutic Group Manager
Jeanine van Kradenburg	Demand Side Manager
Rachel Wilson	Manager, Demand Side

## PHARMAC's clinical advisors

PHARMAC works closely with the Pharmacology and Therapeutics Advisory Committee (PTAC), an independent expert medical committee which advises PHARMAC on the health needs and clinical benefits of particular medicines.

The committee members are all senior, practising clinicians. The chair of PTAC sits with the PHARMAC Board in an advisory capacity.

PTAC helps decide which medicines are to be subsidised from public monies by making recommendations to PHARMAC. Part of the role of PTAC is to review whether pharmaceuticals already listed on the Schedule should continue to receive Government funds. The resources freed up can be used to subsidise other medicines with a greater therapeutic worth.

### Pharmacology and Therapeutic Advisory Committee (PTAC)

John Hedley	MBChB, FRACP, FACCP, Member Thoracic, Cardiac and Gastroenterology Societies of Australia and New Zealand, Chairman
Robin Briant	MD, FRACP, physician and pharmacologist
Carl Burgess	MD, MRCP (UK), FRACP, pharmacologist
Bruce Foggo	MBChB, Dip Obs, FRNZCGP, general practitioner
Jim Lello	BHB, MBChB, DCH, FRNZCGP, general practitioner
Coleen Lewis	MBChB, general practitioner
Peter Pillans	MBChB, FCP, FRACP, pharmacologist
Tom Thompson	MBChB, FRACP, physician
Paul Tomlinson	MBChB, MD, MRCP, FRACP, BSc, paediatrician

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## Purpose of the Pharmaceutical Schedule

The purpose of the Schedule is to list the medicines and related products that are subsidised by the Government and to show the amount of the subsidy paid to contractors, as well as the manufacturer's price and any access conditions that may apply. The purpose of the Schedule is not to show the final cost to Government of subsidising each pharmaceutical since that will depend upon any rebate and other arrangements PHARMAC has with the supplier.

## Finding Information in the Pharmaceutical Schedule

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

This classification system has several levels, with listings displayed alphabetically (where practical) within each level. Each anatomical section contains a series of therapeutic headings, some of which may contain a further classification level. Where a medicine is used in more than one therapeutic area, they may be cross-referenced, or the listing duplicated.

The therapeutic headings in the Pharmaceutical Schedule do not necessarily correspond to the therapeutic groups and therapeutic subgroups which PHARMAC establishes for the separate purpose of determining the level of subsidy to be paid for each pharmaceutical.

The index located at the back of this book can be used to find page numbers for generic chemical entities, or product brand names.



# Explaining drug entries

The Pharmaceutical Schedule lists pharmaceuticals subsidised by the Government, the amount of that subsidy paid to contractors, the supplier's price and the access conditions that may apply.

## Example

		Subsidy (Manufacturer's Price) \$ Per		Fully Subsidised	Brand or Generic	Manufacturer
<b>CARDIOVASCULAR SYSTEM</b>						
<b>Beta Adrenoceptor Blockers</b>						
<b>Therapeutic heading</b>	<b>BETA ADRENOCEPTOR BLOCKERS</b>					
<i>All oral Beta Adrenoceptor Blockers are exempted from monthly dispensing for patients with angina or arrhythmia</i>						
<b>Presentation (form and strength)</b>	<b>ACEBUTOLOL</b>					
	▲ Cap 100 mg	8.64	100	✓	ACB <sup>MM</sup>	Sole supply product
	▲ Cap 200 mg	14.49	100	✓	ACB <sup>MM</sup>	
	▲ Tab 400 mg	25.12	100	✓	ACB <sup>MM</sup>	
<b>Chemical name</b>	<b>ATENOLOL</b>					
	▲ Tab 50 mg	6.17	100	✓	Global Atenolo <sup>MM</sup>	Interchangeable Multi-source Medicine
				✓	Anselo <sup>MM</sup>	
				✓	Apo-Atenolo <sup>MM</sup>	Brand name
				✓	Loten <sup>MM</sup>	
<b>Three months supply may be dispensed at one time if endorsed "certified exemption" by the prescriber.</b>	▲ Tab 100 mg	(25.24) 12.34	100	✓	Global Atenolo <sup>MM</sup>	Preferred brand product
				✓	Anselo <sup>MM</sup>	
				✓	Apo-Atenolo <sup>MM</sup>	Fully subsidised product
				✓	Loten <sup>MM</sup>	
		(50.50)		✓	Tenormin <sup>MM</sup>	Subsidy paid on a product before mark-ups and GST
	Inj 0.5 mg per ml, 10 ml	33.04	10	✓	Tenormin	
<b>Practitioner's Supply Order (or WSO for Wholesale Supply Order)</b>	<b>Thiazide and Related Diuretics</b>					
	<b>BENDROFLUAZIDE</b>					
	Tab 2.5 mg - Available on a PSO	7.76	500	✓	Neo-Naclex	Quantity the Subsidy applies to
	Tab 5 mg	14.84	500	✓	Neo-Naclex	
	<b>CHLOROTHIAZIDE</b>					
	Tab 500 mg	2.92 (12.23)	100	✓	Chlotride	Manufacturer's Price if different from Subsidy
<b>Safety cap reimbursed</b>	± Oral liq 50 mg per ml - Retail pharmacy-specialist	18.00	25 m(OP)	✓	Biomet	
<b>Conditions of and restrictions on prescribing (including Special Authority where it applies)</b>	Oral liq is: a) Retail pharmacy-specialist; and b) Prescriptions must be written by a paediatrician or paediatric cardiologist; or c) On the recommendation of a paediatrician or paediatric cardiologist.					
‡ safety cap reimbursed ▲ Three months supply may be dispensed at one time if endorsed "certified exemption" by the prescriber.						

Note: This page is provided as an example only. The information contained here is not current.

# Glossary

## Units of Measure

gram .....	g	milligram .....	mg
kilogram .....	kg	millilitre .....	ml
international unit .....	iu	millimole .....	mmol
microgram .....	µg	unit .....	u

## Abbreviations

Ampoule .....	Amp	Linctus .....	Linc
Capsule .....	Cap	Liquid .....	Liq
Cream .....	Crn	Long Acting .....	LA
Dispersible .....	Disp	Ointment .....	Oint
Effervescent .....	Eff	Sachet .....	Sach
Emulsion .....	Emul	Solution .....	Soln
Enteric Coated .....	EC	Suppository .....	Supp
Gelatinous .....	Gel	Tablet .....	Tab
Granules .....	Gran	Tincture .....	Tinc
Injection .....	Inj	Trans Dermal Delivery System .....	TDDS

BSO	Bulk Supply Order.
CBS	Cost Brand Source. There is no set manufacturer's price, and the Government subsidises the product at the price it is obtained by pharmacy.
CE	Compounded Extemporaneously.
CPD	Cost Per Dose. The Funder (as defined in Part I of the General Rules) cost of a standard dose, without mark-ups or fees and excluding GST.
IMM	Interchangeable Multi-source Medicine. The Ministry of Health publishes the list of products tested as being therapeutically equivalent, and which are therefore interchangeable by pharmacists. Such substitutions can only be made if the prescriber has provided the dispensing pharmacist with a signed authority to substitute.
PSO	Practitioner's Supply Order.
WSO	Wholesale Supply Order.
▲	Three months supply may be dispensed at one time if the exempted medicine is endorsed 'certified exemption' by the practitioner.
Unit	The smallest component of a pack on which the subsidy is based. For original pack (OP) products, the smallest unit is the pack itself in the size specified in the 'per' column.
‡	Safety cap required and subsidised for oral liquid formulations, including extemporaneously compounded preparations.
✓	Fully subsidised brand of a given medicine. Brands without the tick are not fully subsidised and may cost the patient a manufacturer's surcharge.
<b>Preferred brand</b>	Preferred brand must be dispensed against generically written prescriptions, or where authority to substitute is provided by the prescriber.
<u>Sole</u>	Only brand of this medicine subsidised.

## Supplier

[HP1]	Available from hospital pharmacies providing an outpatient dispensing service, and selected retail pharmacies in the Northern, Western Bay of Plenty, Wellington, Christchurch or South Canterbury regions that have an exclusive contract to dispense 'Hospital Pharmacy' [HP1] pharmaceuticals.
[HP2]	Available from any retail pharmacy in the Southern region.
[HP3]	Available from hospital pharmacies providing an outpatient dispensing service, and any retail pharmacy in the Northern, Midland, Central (including Nelson and Blenheim) and South Canterbury regions, and selected retail pharmacies in the Christchurch region that have an exclusive contract to dispense 'Hospital Pharmacy' [HP3] pharmaceuticals.
[HP4]	Available from hospital pharmacies and retail pharmacies with a Funder contract to dispense particular medicines.

# Patient costs

## Costs met by the Government

Most of the cost of a subsidised prescription pharmaceutical is met by the Government. The Government pays a subsidy for the medicine to contractors, and a fee covering distribution and pharmacy dispensing services. The subsidy paid to contractors does not necessarily represent the final cost to Government of subsidising a particular medicine. The final cost will depend on the nature of PHARMAC's contractual arrangements with the supplier. Fully subsidised medicines are identified with a ✓ in the product's schedule listing.

### CARBAMAZEPINE

Tab 200 mg

14.53

(19.14)

✓ *Fully subsidised brand  
Higher priced brand*

## Costs met by the patient

Some costs are met by the patient. Generally a patient pays a prescription charge. In addition a patient will sometimes pay a manufacturer's surcharge, after hours service fee and any special packaging fee.

### PRESCRIPTION CHARGE

The only cost a patient should incur for a fully subsidised medicine (✓) is the standard government prescription charge, or the cost of the medicine, whichever is less. The Government prescription charge for a three month course of a particular medicine ranges up to \$15.00 and represents the patient's contribution to the cost of the medicine. The Government pays the rest of the cost.

Maximum prescription charges vary by patient status as set out below. More information about prescription charges is contained in the pamphlet, Community Services Card, available from Work and Income.

Patient's Health Card(s)		Maximum prescription charge
<b>No Card</b>	Adult	\$15
	Child 6 +	\$10
	Child under 6	\$0
	Contraceptives	\$3
<b>Community Services Card (CSC)</b>	No other card	\$3
<b>High Use Health Card (HUHC)</b>	No other card	\$3
<b>Prescription Subsidy Card</b> for families after first 20 prescriptions since previous February* * Except prescriptions with \$0 charge	No other card	\$2
	With HUHC only	\$2
	With CSC	\$0

### MANUFACTURER'S SURCHARGE

Not all medicines are fully subsidised. Although PHARMAC endeavours to fully subsidise at least one medicine in each therapeutic group, manufacturers are able to set their own price to pharmacy. When these prices exceed the subsidy, the pharmacist may recoup the difference from the patient.

To estimate the amount a patient will pay on top of the prescription charge, take the difference between the manufacturer's price and the subsidy, and multiply this by 1.86. The 1.86 factor represents the pharmacy mark-up on the surcharge plus other costs such as GST. Pharmacies charge different mark-ups so this may vary.

$$\text{Manufacturer's surcharge to patient} = (\text{price} - \text{subsidy}) \times 1.86$$

For example, a medicine costing \$11.00 per pack with a \$10.00 subsidy will cost the patient a surcharge of \$1.86 on top of the prescription charge. The most a patient should pay is therefore \$16.86 – being \$15.00 maximum prescription charge, plus \$1.86.

### PHARMAC web site

PHARMAC has set up an interactive schedule on the Internet. It can be used to calculate the cost of a prescribed medicine. This site at <http://www.pharmac.govt.nz> takes into account the quantity of medicine prescribed as well as the patient's age, whether the patient has a community services card, high use health card or prescription subsidy card, the fee for pharmacy services and prescription charges.

Other information about PHARMAC is also available on our website. This includes the Annual Review, Annual Report and Annual Plan, as well as information such as the Pharmaceutical Schedule, Pharmaceutical Schedule Updates, other publications and recent press releases.

# Special Authority Applications

Special Authority is an application process in which a prescriber requests government subsidy for a particular person.

## Subsidy

Once approved, the prescriber and the patient are provided a Special Authority number which must appear on the prescription. Specialists who make an application must communicate the valid authority number to the prescriber who will be writing the prescriptions.

The authority number can provide access to subsidy, additional subsidy, or waive certain restrictions otherwise present on the pharmaceutical.

Some approvals are dependent on the availability of funding.

## Criteria

The criteria for approval of Special Authority applications are included below each pharmaceutical listing. For some Special Authority pharmaceuticals, not all indications listed on the data sheets are subsidised. Criteria for each Special Authority pharmaceutical are updated regularly, based on the decision criteria of PHARMAC.

The appropriateness of the listing of a pharmaceutical in the Special Authority category will also be regularly reviewed. Applications for inclusion of further pharmaceuticals in the Special Authority category will generally be made by a pharmaceutical supplier.

## Applications

Special Authority applications are administered by the Health Benefits (Wanganui). All applications should be sent, in writing, to:

Health Benefits, Private Bag 3015, WANGANUI

Fax: (06) 345 1121 or free fax 0800 100 131

For inquiries, phone Niki Anderson, free phone 0800 CHEM NO (0800 243 666).

*Note:* Health Benefits can only provide information on Special Authority applications to prescribers and pharmacists.

### *Each application must include:*

- name and date of birth of the patient (codes for AIDS patients' applications)
- diagnosis and brief clinical details
- name of the medicine required, the *form and strength* of the medicine
- duration of the course of treatment
- alternative therapies that have been tried.

### *The application must:*

- be signed by the practitioner
- include the practitioner's printed name and address
- show the practitioner's Medical Council registration number
- provide evidence of the criteria as per Special Authority conditions for medicine applied for.

## Exceptional Circumstances application

The purpose of the Exceptional Circumstances scheme is to provide funding for outpatient medication in circumstances where the provision of a funded medication is appropriate, but the funding is not able to be provided through the Pharmaceutical Schedule. In order to qualify for Exceptional Circumstances approval one of the following entry criteria must be met:

- a) The condition must be rare, *or*
- b) The reaction to alternative funded treatment must be unusual, *or*
- c) An unusual combination of circumstances must be present.

Rare and unusual are considered to be in the order of less than 10 people nationally.

Where one of the above entry criteria is met, the application is then further examined under supplementary criteria, assessing suitability of the pharmaceutical, clinical benefit, the cost effectiveness of the treatment, and the patients ability to pay for the treatment. Where these documented criteria are met a fully funded pharmaceutical will be made available.

Exceptional Circumstances funding is only available where the criteria are met, it is not available for financial reasons alone.

Applications should be made on the standard application form available from the address below.

Applications for patients should be directed to:

The Coordinator  
Exceptional Circumstances Panel  
Room 4–28  
Building 13, Greenlane Hospital  
Private Bag  
Auckland 1  
  
Phone (09) 630 9943 Ext. 4949  
or fax (09) 631 0753

## INTRODUCTION

Section A contains the restrictions and other general rules that apply to Subsidies on Pharmaceuticals.

The amounts payable by the Funder to contractors are currently determined by:

- the quantities, forms, and strengths, of subsidised pharmaceuticals dispensed under valid prescription by each contractor;
- the amount of the Subsidy on the Manufacturer's Price payable for each unit of the pharmaceuticals dispensed by each contractor and;
- the contractual arrangements between the contractor and the Funder for the payment of the contractor's dispensing services.

The Pharmaceutical Schedule shows the level of subsidy payable in respect of each pharmaceutical so that the amount payable by the Government to contractors, for each pharmaceutical, can be calculated. The Pharmaceutical Schedule also shows the standard price (exclusive of GST) at which a pharmaceutical is supplied ex-manufacturer to wholesalers if it differs from the subsidy. The manufacturer's surcharge to patients can be estimated using the subsidy and the standard manufacturer's price as set out in this Schedule.

The cost to Government of subsidising each pharmaceutical and the manufacturer's prices may vary, in that suppliers may provide rebates to other stakeholders in the primary health care sector, including dispensers, wholesalers, and the Government. Rebates are not specified in the Pharmaceutical Schedule.

This Schedule is dated the *1<sup>st</sup> day of April 2002* and is to be referred to as the Pharmaceutical Schedule Volume 9 Number 1, 2002; distribution will be from *20<sup>th</sup> April 2002*. This Schedule comes into force on the *1<sup>st</sup> day of April 2002*.

## PART I INTERPRETATION AND DEFINITIONS

1.1 In this Schedule, unless the context otherwise requires:

**"Access Exemption Criteria"** means the criteria under which patients may receive greater than one month's supply of a pharmaceutical subsidised in one Lot. The specifics of these criteria are conveyed in Ministry of Health guidelines, which are issued from time to time. The criteria relate to:

- a) Limited physical mobility;
- b) Distance from a pharmacy;
- c) Relocation of residence;
- d) Extended travel.

**"Act"** means the New Zealand Public Health and Disability Act 2000.

**"Advisory Committee"** means the Pharmaceutical Services Advisory Committee convened by the Ministry of Health under the terms of the Advice Notice issued to Contractors pursuant to Section 88 of the Act.

**"Bulk Supply Order"** means a written order, on a form supplied by the Ministry of Health, or approved by Health Benefits, made by the licensee or manager of a Private Hospital or the matron or other person in charge of an institution approved by the Ministry of Health for the supply of such Pharmaceuticals as are expected to be required for the treatment of persons who are under the medical or dental supervision of such a Private Hospital or institution.

**"Class B Controlled Drug"** means a Class B controlled drug within the meaning of the Misuse of Drugs Act 1975.

**"Contractor"** means a person who is entitled to receive a payment from the Crown or a DHB under a notice issued by the Crown or a DHB under Section 88 of the Act or under a contract with the Ministry of Health or a DHB for the supply of Pharmaceuticals.

**"Controlled Drug"** means a controlled drug within the meaning of the Misuse of Drugs Act 1975 (other than a controlled drug specified in Part VI of the Third Schedule to that Act).

**"Cost, Brand, Source of Supply"** means that the Pharmaceutical is eligible for Subsidy on the basis of the Contractor's annotated purchase price, brand, and source of supply.

**"Dentist"** means a person registered as a dentist under the Dental Act 1988 who holds a current annual practising certificate.

## SECTION A: GENERAL RULES

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“**DHB**” means an organisation established as a District Health Board by or under Section 19 of the Act.

“**Doctor**” means a medical Practitioner registered under the Medical Practitioners Act 1968 who holds a current annual practising certificate.

“**Endorsements**” – unless otherwise specified, endorsements should be either handwritten or computer generated by the doctor prescribing the medication. The endorsement can be written as “certified condition”, or state the condition of the patient, where that condition is specified for the pharmaceutical in Section B of the Pharmaceutical Schedule. Where the doctor writes “certified condition” as the endorsement, he/she is making a declaration that the patient meets the criteria as set out in Section B of the Pharmaceutical Schedule.

“**Funder**” means the body or bodies responsible, pursuant to the Act, for the funding of pharmaceuticals listed on the schedule (which may be one or more DHBs and/or the Ministry of Health) and their successors.

“**GST**” means goods and services tax under the Goods and Services Tax Act 1985.

“**Hospital Pharmacy**” means that the 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 on the Prescription of a Doctor.

“**Hospital Pharmacy-Dermatologist**” means that the 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:

- a) To an Outpatient; and
- b) On a Prescription signed by a Specialist in dermatology

“**Hospital Pharmacy-Specialist**” means that the 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:

- a) To an Outpatient; and
- b) On a Prescription signed by a Specialist; or

if the treatment of an Outpatient with the Pharmaceutical has been recommended by a Specialist, on the Prescription of a Practitioner endorsed with the words “recommended by [name of specialist and year of authorisation]” and signed by the Practitioner.

“As recommended by a Specialist” to be interpreted as:

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

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

“**Hospital Pharmacy-Specialist Prescription**” means that the 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:

- a) To an Outpatient; and
- b) On a Prescription signed by a Specialist.

“**In Combination**” means that the Pharmaceutical is only subsidised when prescribed in combination with another subsidised pharmaceutical as specified in Section B or C of the Pharmaceutical Schedule.

“**Licensed Hospital**” means a place or institution that is:

- a) A licensed hospital within the meaning of Part V of the Hospitals Act 1957; or
- b) Recognised and approved as a hospital for the purposes of Part II of the Hospitals Act 1957.

“**Lot**” means a quantity of a Pharmaceutical supplied in one dispensing.

“**Manufacturer’s Price**” means the standard price at which a Pharmaceutical is supplied to wholesalers (excluding GST), as notified to PHARMAC by the supplier.

“**Maternity hospital**” means that the Pharmaceutical is not eligible for Subsidy unless it is supplied pursuant to a Bulk Supply Order to a maternity hospital licensed under the Hospitals Act 1957.

“**Midwife**” means a person registered as a midwife under the Nurses Act 1977 and subsequent amendments, and who holds a current annual practising certificate.

“**Month**” means a period of 30 consecutive days.

“**Month restriction**” means that no Subsidy is available:

- a) Unless the Pharmaceutical is dispensed on the Prescription of a Practitioner; and
- b) For any quantity of that Pharmaceutical dispensed on the Prescription (whether or not dispensed as a repeat) in excess of a Monthly Lot.

“**Monthly Lot**” means the quantity of a Pharmaceutical required for 30 consecutive days treatment.

“**Not In Combination**” means that no Subsidy is available:

- a) Unless the Pharmaceutical is dispensed on the Prescription of a Practitioner; and
- b) For any Prescription containing the Pharmaceutical in combination with other ingredients unless the particular combination of ingredients is separately specified in Section B or C of the Schedule, and then only to the extent specified.

“**Outpatient**”, in relation to a Pharmaceutical, means a person who, as part of treatment at a hospital or other institution under the control of a DHB, is prescribed the Pharmaceutical for consumption or use in the person’s home.

“**PHARMAC**” means the Pharmaceutical Management Agency established by Section 46 of the Act (PHARMAC).

“**Pharmaceutical**” means a medicine, therapeutic medical device or related product, or thing listed in Sections B to G of the Schedule.

“**Pharmaceutical Benefits**” means the right of:

- a) A person; and
- b) Any member under 16 years of age of that person’s family, to have made by the Government on his or her behalf, subject to any conditions for the time being specified in the Schedule, such payment in respect of any Pharmaceutical supplied to that person or family member under the order of a Practitioner in the course of his or her practice.

“**Practitioner**” means a Doctor, a Dentist, or a Midwife who holds a current annual practising certificate.

“**Practitioner’s Supply Order**” means a written order made by a Practitioner on a form supplied by the Ministry of Health, or approved by Health Benefits, for the supply of Pharmaceuticals to the Practitioner, which the Practitioner requires to ensure medical supplies are available for emergency use, teaching and demonstration purposes, and for provision to certain patient groups where individual prescription is not practicable.

“**Prescription**” means a quantity of a Pharmaceutical prescribed for a named person on a document signed by a Practitioner.

“**Private Hospital**” means a licensed hospital other than one owned or operated by a DHB.

“**Retail Pharmacy-Specialist**” means that the Pharmaceutical is only eligible for Subsidy if it is supplied on a Prescription or Practitioner’s Supply Order signed by a Specialist, or, in the case of treatment recommended by a Specialist, a Prescription or Practitioner’s Supply Order and endorsed with the words “recommended by [name of Specialist and year of authorisation]” and signed by the Practitioner.

“As recommended by a Specialist” to be interpreted as:

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

“**Retail Pharmacy-Specialist Prescription**” means that the Pharmaceutical is only eligible for Subsidy if it is supplied on a Prescription, or Practitioner’s Supply Order, signed by a Specialist.

“**Schedule**” means this Pharmaceutical Schedule and all its sections and appendices.

“**Section B**” of this Pharmaceutical Schedule means the list of Pharmaceuticals eligible for Subsidies included in the Schedule.



## SECTION A: GENERAL RULES

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“**Section C**” of this Pharmaceutical Schedule means the list of extemporaneously compounded preparations and galenicals eligible for Subsidies included in the Schedule.

“**Section D**” of this Pharmaceutical Schedule means the list of special foods eligible for Subsidies included in the Schedule.

“**Section E Part I**” of this Pharmaceutical Schedule means the list of Pharmaceuticals eligible for Subsidies and available on a Practitioner’s Supply Order or a Wholesale Supply Order included in the Schedule.

“**Section E Part II**” of this Pharmaceutical Schedule means the list of remote areas for the purpose of Practitioner’s Supply Orders included in the Schedule.

“**Section F**” of this Pharmaceutical Schedule means the list of medicines eligible for exemption from monthly dispensing included in this schedule.

“**Section G**” of this Pharmaceutical Schedule means the list of medicines eligible for reimbursement of safety caps.

“**Special Authority**” means that the Pharmaceutical is only eligible for Subsidy or additional Subsidy for a particular person if an application meeting the criteria specified in the Schedule has been approved, and the valid Special Authority number is present on the prescription.

“**Specialist**”, in relation to a Prescription, a doctor who holds a current annual practising certificate and who satisfies the criteria set out in paragraphs (a) or (b) or (c) or (d) below.

- (a) (i) The doctor’s name appears in the Vocational Register of medical practitioners in accordance with Section 21 and 22 of the Medical Practitioners Act 1995 and who has written the Prescription in the course of practising in that area of medicine; and
- (ii) The doctor’s vocational branch or sub-branch is one of those listed below: – anaesthetics, cardiothoracic surgery, dermatology, diagnostic radiology, emergency medicine, general surgery, internal medicine, neurosurgery, obstetrics and gynaecology, occupational medicine, ophthalmology, otolaryngology head and neck surgery, orthopaedic surgery, paediatric surgery, paediatrics, pathology, plastic and reconstructive surgery, psychological medicine or psychiatry, public health medicine, radiation oncology, rehabilitation medicine, urology and venereology.
- (b) The doctor is recognised by the Ministry of Health as a specialist for the purposes of this Schedule and receives remuneration from a DHB at a level which that DHB considers appropriate for specialists and who has written that Prescription in the course of practising in that area of medicine.
- (c) The doctor is recognised by the Ministry of Health as a specialist in relation to a particular area of medicine for the purpose of writing Prescriptions and who has written the Prescription in the course of practising in that area of medicine.
- (d) The doctor writes the Prescription on DHB stationery and is appropriately authorised by the relevant DHB to do so.

“**Subsidy**” means the maximum amount that the Government will pay contractors for a pharmaceutical dispensed to a person eligible for Pharmaceutical Benefits and is different from the cost to Government of subsidising that pharmaceutical.

“**Supply Order**” means a Bulk Supply Order, a Practitioner’s Supply Order or a Wholesale Supply Order.

“**Wholesale Supply Order**” means a written order by a Practitioner, on a form supplied by the Ministry of Health for the supply of certain Pharmaceuticals as listed in Section B and Section E Part I of the Schedule.

- 1.2 In addition to the above interpretations and definitions, unless the content requires otherwise, a reference in the Schedule to:

the singular includes the plural; and

any legislation includes a modification and re-enactment of, legislation enacted in substitution for, and a regulation, Order in Council, and other instrument from time to time issued or made under that legislation, where that legislation, regulation, Order in Council or other instrument has an effect on the prescribing, dispensing or subsidising of Pharmaceuticals.

**PART II  
PHARMACEUTICALS SUBSIDY**

- 2.1 Pharmaceuticals eligible for Subsidy include every medicine, therapeutic medical device or related product, or related thing listed in Sections B to G of the Schedule, and every preparation (having an inert base) of any of them, is hereby declared to be a Pharmaceutical for the purposes of the Schedule, subject to:
- 2.1.1 Clauses 2.2 and 2.3 of the Schedule; and
  - 2.1.2 Clauses 3.1 to 4.4 of the Schedule; and
  - 2.1.3 The conditions (if any) specified in Sections B to G of the Schedule;
- 2.2 The following medicines, therapeutic medical devices or related products, or things are not eligible for Subsidy:
- 2.2.1 Substances, or combinations of substances, ordered for any purpose other than:
    - a) Treatment of a patient's medical or dental condition; or
    - b) Pregnancy tests; or
    - c) The prevention of sexually transmitted disease; or
    - d) Contraception.
  - 2.2.2 Substances and combinations of substances packed under pressure in aerosol cans or other similar devices, unless it is specified in Sections B to G of the Schedule that they may be so packed;
  - 2.2.3 Electrode jellies;
  - 2.2.4 Eye drops packed in single-dose units, unless it is specified in Sections B to G of the Schedule that they may be so packed;
  - 2.2.5 Insect repellents and similar preparations;
  - 2.2.6 Oral preparations in long-acting form, unless it is specified in Sections B to G of the Schedule that they may be in such a form;
  - 2.2.7 Substances or combinations of substances in lozenge or similar form, unless it is specified in Sections B to G of the Schedule that they may be in such a form;
  - 2.2.8 Machine-spread plasters;
  - 2.2.9 Preparations prescribed as foods, unless they are specified in Section D of the Schedule;
  - 2.2.10 Substances, combinations of substances, or articles, in the form of proprietary medicines or proprietary articles, unless they are deemed or declared to be Pharmaceuticals elsewhere in the Schedule;
  - 2.2.11 Shampoos, other than extemporaneously prepared medicated shampoos, or shampoos specified in Sections B to G of the Schedule intended for the treatment of a patient's medical condition;
  - 2.2.12 Toilet preparations;
  - 2.2.13 Tooth pastes and powders;
  - 2.2.14 Lubricating jellies and catheter lubricants;
  - 2.2.15 Sterile diluents for nebulising solutions;
  - 2.2.16 Substances in a form intended to enable delivery by transdermal diffusion or osmosis or by the insertion of any solid object or substance into the eye cavity, unless it is specified in Sections B to G of the Schedule that they may be in such a form;
  - 2.2.17 Substances in a form intended for intravenous delivery (other than by injection), unless it is specified in Sections B to G of the Schedule that they may be in such a form;
  - 2.2.18 Substances packed in pre-loaded syringes known as Min-I-Jets, unless it is specified in Sections B to G of the Schedule that they may be so packed;
  - 2.2.19 Pharmaceuticals prescribed as cough mixtures, unless they are specified in Sections B to G of the Schedule otherwise than in combination with other ingredients;
  - 2.2.20 Vitamin preparations in capsule form, unless they are specified in Sections B to G of the Schedule;
  - 2.2.21 Substances prescribed for use as irrigating solutions, unless it is specified in Sections B to G of the Schedule that they may be prescribed for such use.

## SECTION A: GENERAL RULES

- 2.3 No claim by a Contractor for payment in respect of the supply of Pharmaceuticals will be allowed unless the Pharmaceuticals so supplied:
- 2.3.1 Comply with the appropriate standards prescribed by regulations for the time being in force under the Medicines Act 1981; or
  - 2.3.2 In the absence of any such standards, comply with the appropriate standards for the time being prescribed by the British Pharmacopoeia; or
  - 2.3.3 In the absence of the standards prescribed in 2.3.1 and 2.3.2, comply with the appropriate standards for the time being prescribed by the British Pharmaceutical Codex; or
  - 2.3.4 In the absence of the standards prescribed in 2.3.1, 2.3.2 and 2.3.3, are of a grade and quality not lower than those usually applicable to Pharmaceuticals intended to be used for medical purposes.

### PART III PERIOD AND QUANTITY OF SUPPLY

#### 3.1 Doctors' and Midwives' Prescriptions (other than oral contraceptives)

The following provisions apply to all Prescriptions, other than those for an oral contraceptive, written by a Doctor or Midwife:

- 3.1.1 For a Pharmaceutical other than a Class B Controlled Drug, only a quantity sufficient to provide treatment for a period not exceeding three Months will be subsidised.
- 3.1.2 For methylphenidate hydrochloride and dexamphetamine sulphate, only a quantity sufficient to provide treatment for a period not exceeding one Month will be subsidised.
- 3.1.3 For a Class B Controlled Drug other than methylphenidate hydrochloride and dexamphetamine sulphate, only a quantity:
  - a) Sufficient to provide treatment for a period not exceeding 10 days; and
  - b) Which has been dispensed pursuant to a Prescription sufficient to provide treatment for a period not exceeding one Month; will be subsidised.
- 3.1.4 Where a Doctor or Midwife has prescribed a quantity of a Pharmaceutical sufficient to provide treatment for more than one Month, the Pharmaceutical will be subsidised only if it is dispensed 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:
    - (i) The Practitioner endorses the Prescription with the words "certified exemption" written in the *Practitioner's* own handwriting or signed or initialled by the Practitioner; and
    - (ii) Every Pharmaceutical endorsed as "certified exemption" is listed in Section F of the Pharmaceutical Schedule.
  - c) The Pharmaceutical is a contraceptive other than an oral contraceptive.
- 3.1.5 A Pharmaceutical is only eligible for Subsidy if the Prescription under which it has been dispensed was presented to the Contractor:
  - a) For a Class B Controlled Drug, within eight days of the date on which the Prescription was written; or
  - b) For any other Pharmaceutical, within three Months of the date on which the Prescription was written.
- 3.1.6 No subsidy will be paid for any Prescription, or part thereof, that is not fulfilled within:
  - a) In the case of a Prescription for a total supply of from one to three Months, three Months from the date the Pharmaceutical was first dispensed; or
  - b) In any other case, one Month from the date the Pharmaceutical was first dispensed.

Only that part of any Prescription that is dispensed within the time frames specified above is eligible for Subsidy.

- 3.1.7 Subject to Clause 3.1.8, a Pharmaceutical, other than an antibiotic, antidepressant, antipsychotic, or a Class B Controlled Drug which has been:
- a) Prescribed in a quantity sufficient for use for one Month or more, but dispensed by the Contractor in smaller quantities will only be subsidised as if the Pharmaceutical had been dispensed in Monthly Lots; or
  - b) Prescribed in a quantity sufficient for use for less than one Month, but dispensed by the Contractor in quantities smaller than the quantity prescribed, will only be subsidised as if the Pharmaceutical had been dispensed in one Lot; or
  - c) Prescribed in multiple Prescriptions for treatment of a condition for a period of less than one month and for continuous periods that when added together are more than one month, will only be subsidised as if it had been dispensed as a Monthly Lot.
- 3.1.8 If a Pharmaceutical:
- a) Is stable for a limited period only, and the Doctor or Midwife has endorsed the Prescription with the words “unstable medicine” and has specified the maximum quantity that may be dispensed at any one time; or
  - b) Is stable for a limited period only, and the Contractor has endorsed the Prescription with the words “unstable medicine” and has specified the maximum quantity that should be dispensed at any one time in all the circumstances of the particular case; or
  - c) Is prescribed for a patient who, in the opinion of the prescribing Doctor or Midwife, needs close control over access to Pharmaceuticals of that kind, and therefore endorsed the Prescription with the words “close control” and has specified the maximum quantity that may be dispensed at any one time;
- the actual quantity dispensed will be subsidised in accordance with any such specification.

### **3.2 Oral Contraceptives**

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

- 3.2.1 The prescribing Doctor or Midwife must specify on the Prescription the period of treatment for which the Pharmaceutical is to be supplied. This period must not exceed:
- a) Three months if prescribed by a Midwife; or
  - b) Six months if prescribed by a Doctor.
- 3.2.2 Where the period of treatment specified in the Prescription does not exceed three Months, the Pharmaceutical is to be dispensed:
- a) In Lots as specified in the Prescription; or
  - b) Where no Lots are specified, in one Lot sufficient to provide treatment for the period prescribed.
- 3.2.3 Subject to Clause 3.2.4, where the period of treatment specified in the Prescription exceeds three Months, the Pharmaceutical will be subsidised only if it is dispensed:
- a) In the number of Lots as specified in the Prescription, provided that:
    - (i) More than two Lots are specified, and
    - (ii) None of those Lots exceeds three Months’ supply; or
  - b) In two Lots with a maximum of three Months’ supply for each Lot, in any other case.
- 3.2.4 Where the period of treatment exceeds three months, the Contractor may dispense the Pharmaceutical in Lots greater than three Months’ supply to a maximum of the total quantity prescribed if the eligible person or his/her nominated representative endorses the back of the Prescription form with a statement identifying which Access Exemption Criteria apply and signs that statement to this effect.
- 3.2.5 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.
- 3.2.6 An oral contraceptive prescribed by a Midwife is only eligible for Subsidy if the Prescription under which it has been dispensed has been written within the period of post natal care of the eligible person.

## SECTION A: GENERAL RULES

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- 3.2.7 Where a Prescription specifies a period of treatment which exceeds three Months, and a repeat on the Prescription remains unfulfilled:
- a) After four Months from the date the Pharmaceutical was first dispensed, where the first Lot was sufficient to provide treatment for three Months; or
  - b) After six Months from the date the Pharmaceutical was first dispensed, where the first Lot was not sufficient to provide treatment for three Months;
- only the actual quantity supplied by the Contractor within the time limits specified above will be eligible for Subsidy.

### 3.3 Dentists' Prescriptions

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

- 3.3.1 The maximum quantity of a Pharmaceutical that will be subsidised is as follows:
- a) Where the Pharmaceutical is a Controlled Drug, only such quantity as is necessary to provide treatment for a period not exceeding five days; and
  - b) In any other case, only such quantity as is necessary to provide treatment for a period not exceeding five days and, where the Prescription specifies a repeat, one further period not exceeding five days.
- 3.3.2 Notwithstanding Clause 3.3.1, if, in the opinion of the Dentist, an eligible person needs extended treatment with sodium fluoride for up to three Months, the Pharmaceutical will be subsidised for that extended period. A Prescription for any such extended supply of sodium fluoride will be subsidised only if it is dispensed in Monthly Lots, unless the eligible person or his/her nominated representative endorses the back of the Prescription form with a statement identifying which Access Exemption Criterion (criteria) applies and signs that statement to this effect.
- 3.3.3 A Pharmaceutical is only eligible for Subsidy if the Prescription under which it has been dispensed has been presented to the Contractor:
- a) For a Class B Controlled Drug, within eight days of the date on which the Prescription was written; or
  - b) For any other Pharmaceutical, within three Months of the date on which the Prescription was written.
- 3.3.4 No Subsidy will be paid for any Prescription, or part thereof, that is not fulfilled within:
- a) One Month from the date the Pharmaceutical was first dispensed; or
  - b) In the case of sodium fluoride, three Months from the date the Pharmaceutical was first dispensed.
- Only that part of any Prescription that is dispensed within the time frames specified above is eligible for Subsidy.

### 3.4 Original Packs, and Certain Antibiotics

- 3.4.1 Notwithstanding Clauses 3.1 and 3.3 of the Schedule, if a Practitioner prescribes or orders a Pharmaceutical that is packed in a special container from which it is not practicable to dispense lesser amounts, or in a collapsible tube, every reference in those Clauses to an amount or quantity eligible for Subsidy, is deemed to be a reference:
- a) Where an amount by weight or volume of the Pharmaceutical is specified in the Prescription, to the smallest container of the Pharmaceutical, or the smallest number of containers of the Pharmaceutical, sufficient to provide that amount; and
  - b) In every other case, to the amount contained in the smallest container of the Pharmaceutical that is manufactured in, or imported into, New Zealand.
- 3.4.2 If a Pharmaceutical is the liquid oral form of an antibiotic to which a diluent must be added by the Contractor at the time of dispensing 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 Pharmaceutical, Subsidy will only be made for the amount prescribed or ordered by the Practitioner in accordance with either Clause 3.1 or Clause 3.3 of the Schedule, unless the Contractor satisfies the Funder that he or she has not been able to dispense the balance of the pack or packs from which the Pharmaceutical has been dispensed. In such cases all of that pack or those packs is eligible for Subsidy.

**PART IV  
MISCELLANEOUS PROVISIONS****4.1 Bulk Supply Orders**

The following provisions apply to the supply of Pharmaceuticals under Bulk Supply Orders:

- 4.1.1 No Pharmaceutical supplied under a Bulk Supply Order will be subsidised if it is specifically restricted in Section B, C or D of the Schedule.
- 4.1.2 The person who placed the Bulk Supply Order may be called upon by the Ministry of Health to justify the amount ordered.
- 4.1.3 Class B Controlled Drugs will be subsidised only if supplied under Bulk Supply Orders placed by a Private Hospital.
- 4.1.4 Any order for a Class B Controlled Drug or for buprenorphine hydrochloride must be written on a Special Bulk Supply Order Controlled Drug Form supplied by the Ministry of Health.
- 4.1.5 Pharmaceuticals listed in Part I of the First Schedule to the Medicines Regulations 1984 will be subsidised only if supplied under a Bulk Supply Order placed by a Private Hospital and:
  - a) That Private Hospital employs a registered general nurse, within the meaning of the Nurses Act 1977; and
  - b) The Bulk Supply Order is supported by a written requisition signed by a Practitioner.
- 4.1.6 No Subsidy will be paid for any quantity of a Pharmaceutical supplied under a Bulk Supply Order in excess of what is a reasonable monthly allocation for the particular Private Hospital or institution, after taking into account stock on hand.
- 4.1.7 The Ministry of Health may, at any time, by public notification, declare that any Private Hospital, or other approved institution within its particular region, is not entitled to obtain supplies of Pharmaceuticals under Bulk Supply Orders with effect from the date specified in that declaration. Any such notice may in like manner be revoked by the Ministry of Health at any time.

**4.2 Practitioner's Supply Orders**

The following provisions apply to the supply of Pharmaceuticals to Practitioners under a Practitioner's Supply Order:

- 4.2.1 Subject to Clause 4.2.3, a Practitioner may only order under a Practitioner's Supply Order those Pharmaceuticals listed in Section E Part I and only in such quantities as set out in Section E Part I that the Practitioner requires to ensure medical supplies are available for emergency use, teaching and demonstration purposes, and for provision to certain patient groups where individual prescription is not practicable.
- 4.2.2 Any order for a Class B Controlled Drug or for buprenorphine hydrochloride must be written on a Special Practitioner's Supply Order Controlled Drug Form supplied by the Ministry of Health.
- 4.2.3 A Practitioner may order such Pharmaceuticals as he or she expects to be required for personal administration to patients under the Practitioner's care if:
  - a) The Practitioner's normal practice is in the Hauraki Gulf Ward of Auckland City, the Strath Taieri Ward of Dunedin City, or in the specified districts of those wards listed in Section E Part II of the Schedule, or if the Practitioner is a locum for a Practitioner whose normal practice is in such a ward or district; and
  - b) The quantities ordered are reasonable for up to one Month's supply under the conditions normally existing in the practice;
  - c) No Subsidy is available under Clause 4.2.3 for any Pharmaceutical specifically restricted in Section B and C of the Schedule; andthe Practitioner may be called on by the Ministry of Health to justify the amounts of Pharmaceuticals ordered.
- 4.2.4 No Pharmaceutical ordered under a Practitioner's Supply order will be eligible for Subsidy unless the Practitioner's Supply Order is made on a form supplied for that purpose by the Ministry of Health, or approved by Health Benefits and which:
  - a) Is personally signed and dated by the Practitioner; and
  - b) Sets out the Practitioner's address; and
  - c) Sets out the Pharmaceuticals and quantities.

## SECTION A: GENERAL RULES

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

### 4.3 Wholesale Supply Orders

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

- 4.3.1 Notwithstanding anything contained in the Schedule, but subject nevertheless to Subclause 4.3.3 of this Clause, a Practitioner may obtain from a wholesaler or distributor, pursuant to a Wholesale Supply Order made on a form supplied by the Ministry of Health, any Pharmaceutical specified in Section B and Section E Part I of the Schedule as being available on a Wholesale Supply Order.
- 4.3.2 Subject to Clause 4.3.3, Pharmaceuticals supplied to Practitioners under Wholesale Supply Orders will be subsidised at a rate not exceeding the Manufacturer's Price for each such Pharmaceutical as set out in Section B and Section E Part I of the Schedule.
- 4.3.3 No subsidy will be paid for any quantity of a Pharmaceutical supplied to a Practitioner under a Wholesale Supply Order in excess of what is a reasonable monthly allocation for that particular Practitioner, after taking into account stock on hand.
- 4.3.4 The Ministry of Health may, at any time, on the recommendation of an Advisory Committee appointed by the Ministry of Health for that purpose, by public notification, declare that a Practitioner specified in such a notice is not entitled to obtain supplies of Pharmaceuticals under Wholesale Supply Orders until such time as the Ministry of Health notifies otherwise.

### 4.4 Retail Pharmacy and Hospital Pharmacy-Specialist Restriction

The following provisions apply to Prescriptions for Pharmaceuticals eligible to be subsidised as "Retail Pharmacy-Specialist" and "Hospital Pharmacy-Specialist":

#### 4.4.1 Record Keeping

It is expected that a record will be kept by both the General Practitioner and the Specialist of the fact of consultation and enough of the clinical details to justify the recommendation. *This means referral by telephone will need to be followed up by written consultation.*

#### 4.4.2 Expiry

The recommendation expires at the end of two years and can be renewed by a further consultation.

- 4.4.3 The circulation by Specialists of the circumstances under which they are prepared to recommend a particular Pharmaceutical is acceptable as a guide. It must however be followed up by the procedure in Subclauses 4.4.1 and 4.4.2, for the individual Patient.

- 4.4.4 The use of preprinted forms and named lists of Specialists (as circulated by some pharmaceutical companies) is regarded as inappropriate.

- 4.4.5 The Rules for Retail Pharmacy and Hospital Pharmacy-Specialist Restriction will be audited as part of Health Benefits' routine auditing procedures.

### 4.5 Amendment of Schedule

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

### 4.6 Conflict in Provisions

If any rules in Sections B–G of this Schedule conflict with the rules in Section A, the rules in Sections B–G apply.

## SECTION B: ALIMENTARY TRACT AND METABOLISM

### Antacids and Antiflatulents Antidiarrhoeals

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer ✓
<b>ANTACIDS AND ANTIFLATULENTS</b>			
<b>Antacids and Reflux Barrier Agents</b>			
<b>ALGINIC ACID</b>			
Tab 500 mg with magnesium trisil 25 mg, aluminium hydroxide gel, dried 100 mg, and sodium bicarbonate 170 mg - peppermint flavour .....	1.80 (7.81)	60	Gaviscon
Sodium alginate 225 mg and magnesium alginate 87.5 mg per sachet .....	4.50	30	✓ Gaviscon Infant
<b>CALCIUM CARBONATE</b>			
Tab 420 mg and aminoacetic acid 180 mg with or without dimethicone 21 mg .....	30.00 (37.10)	1,000	✓ Titralac Titralac-Sil
<b>POLYSILOXANE</b>			
Tab aluminium hydroxide 250 mg with magnesium trisil 120 mg, magnesium hydroxide 120 mg and polysiloxane 10 mg .....	15.00 (18.70)	500	Gastrogel
<b>SIMETHICONE</b>			
Tab aluminium hydroxide 200 mg with magnesium hydroxide 200 mg and activated simethicone 20 mg .....	4.50 (12.08)	300	Mylanta
Oral liq aluminium hydroxide 200 mg with magnesium hydroxide 200 mg and activated simethicone 20 mg per 5 ml .....	1.50 (3.93)	500 ml	Mylanta P
<b>SODIUM ALGINATE</b>			
Oral liq 500 mg with sodium bicarbonate 267 mg per 10 ml .....	1.50 (7.29)	500 ml	Gaviscon
<b>Phosphate Binding Agents</b>			
<b>ALUMINIUM HYDROXIDE</b>			
Tab 600 mg .....	12.56	100	✓ Alu-Tab
<b>ANTIDIARRHOEALS</b>			
<b>Agents Which Reduce Motility</b>			
<b>CODEINE PHOSPHATE</b>			
Tab 15 mg .....	7.60 (8.20)	100	✓ Douglas PSM
Tab 30 mg .....	10.60 (12.70)	100	✓ Douglas PSM
Tab 60 mg .....	20.10 (22.00) (23.75)	100	Douglas PSM
<b>DIPHENOXYLATE HYDROCHLORIDE WITH ATROPINE SULPHATE</b>			
Tab 2.5 mg with atropine sulphate 25 µg .....	6.68 (9.79)	100	✓ Diastop Lomotil
<b>LOPERAMIDE HYDROCHLORIDE - Available on a PSO</b>			
Cap 2 mg .....	7.50	250	✓ Dicap

‡ safety cap reimbursed

**Preferred Brand**

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



# ALIMENTARY TRACT AND METABOLISM

## Antidiarrhoeals

Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
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### Rectal and Colonic Anti-inflammatories

#### BUDESONIDE - Special Authority

Cap 3 mg .....	153.57	100	✓ Entocort CIR
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#### Special Authority - Retail pharmacy

a) For patients with mild to moderate ileal, ileocaecal or proximal Crohn's disease who:

- also suffer from diabetes or

- have Cushingoid habitus, osteoporosis where there is significant risk of fracture or severe acne following treatment with conventional corticosteroid therapy.

b) Applications to be made by a gastroenterologist, general surgeon or general physician.

c) Approvals are valid for a maximum of three months.

d) Approvals are granted for a maximum of six months treatment with Entocort CIR (which can either be consecutive or intermittent) for any one patient per year.

NOTE: The rationale for this restriction is that clinical trials for Entocort CIR use beyond three months demonstrated no improvement in relapse rate.

#### HYDROCORTISONE ACETATE

Rectal foam 10%, CFC-Free .....	19.06	21.1 g OP	✓ Colifoam
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#### MESALAZINE

Tab 400 mg - Retail pharmacy-specialist .....	68.40	100	✓ Asacol
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Tab long-acting 500 mg - Retail pharmacy-specialist .....	85.50	100	✓ Pentasa
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Enema 1 g per 100 ml - Retail pharmacy-specialist .....	8.13	1 OP	✓ Asacol
		1	✓ Pentasa
Suppos 500 mg .....	27.95	20	✓ Asacol

#### OLSALAZINE - Retail pharmacy-specialist

Cap 250 mg .....	45.00	100	✓ Dipentum
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Tab 500 mg .....	85.50	100	✓ Dipentum
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#### PREDNISOLONE SODIUM PHOSPHATE

Enema 20 mg 100 ml .....	17.33	7	✓ Predsol
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#### SODIUM CROMOGLYCATE - Hospital pharmacy [HP3]-specialist

Cap 100 mg .....	81.10	100	✓ Nalcrom
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#### SULPHASALAZINE

Tab 500 mg .....	11.10	100	✓ Salazopyrin
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Tab EC 500 mg .....	12.42	100	✓ Salazopyrin EN
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Suppos 500 mg .....	6.99	10	Salazopyrin
	(7.50)		

Enema 3 g per 100 ml - Retail pharmacy-specialist .....	37.40	7	Salazopyrin
	(43.00)		

# ALIMENTARY TRACT AND METABOLISM

## Antihaemorrhoids

### Antispasmodics and Other Agents Altering Gut Motility

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic ✓ Manufacturer
<b>ANTIHAEMORRHOIDS</b>			
<b>Corticosteroids</b>			
HYDROCORTISONE WITH CINCHOCAINE			
Oint 5 mg with cinchocaine hydrochloride 5 mg per g .....	8.51	30 g OP	✓ <b>Proctosedyl</b>
Suppos 5 mg with cinchocaine hydrochloride 5 mg per g .....	3.77	12	✓ <b>Proctosedyl</b>
<b>Rectal Sclerosants</b>			
OILY PHENOL			
Inj 5%, 5 ml .....	71.71	5	✓ <b>Baxter</b>
<b>Soothing Agents</b>			
ZINC OXIDE			
Oint zinc oxide with balsam peru .....	4.50 (6.05)	50 g OP	
Suppos zinc oxide with balsam peru .....	4.47 (5.92)	12	Anusol
			Anusol
<b>ANTISPASMODICS AND OTHER AGENTS ALTERING GUT MOTILITY</b>			
ATROPINE SULPHATE			
Inj 400 µg, 1 ml - Available on a PSO .....	34.80	50	✓ <b>AstraZeneca</b>
Inj 600 µg, 1 ml - Available on a PSO .....	28.40	50	✓ <b>AstraZeneca</b>
Inj 1200 µg 1 ml- Available on a PSO .....	34.25	50	✓ <b>AstraZeneca</b>
CISAPRIDE - Special Authority - Retail pharmacy			
Tab 5 mg .....	7.50 (8.62)	30	
Tab 10 mg .....	20.00 (23.00)	50	Prepulsid
Oral liq 1 mg per ml .....	9.63 (11.07)	100 ml OP	Prepulsid
Special Authority - Retail pharmacy			
a) Subsidy available for the treatment of:			
i) adults with			
- severe reflux oesophagitis where other treatment, including acid suppression with proton pump inhibitors, has failed; or			
- gastroparesis; or			
ii) patients with malignancy of GI tract causing gastroparesis (or gastric outlet obstruction); or			
iii) children (not including infants from 0 to 3 months of age who were born prematurely) with severe gastro-oesophageal reflux;			
who are not predisposed to heart arrhythmias, do not have a pre-existing QT-prolongation or hepatic failure, and are not using other medications which either inhibit the cytochrome P450 3A4 enzyme system or prolong the QT interval. Refer to the data sheet for details of specific drug interactions.			
b) Doses must not exceed: 40 mg per day for an adult; 20 mg per day for children between 25 and 50 kg; and 0.8 mg/kg/day for children up to 25 kg.			
c) Applications and reapplications may be made by any medical practitioner and must specify that the diagnosis has been made or confirmed by the relevant specialist, general physician, general surgeon, or paediatrician. Reapplication criteria are the same as the original application criteria.			
d) Approvals are valid for 1 year.			

‡ safety cap reimbursed

**Preferred Brand**

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

# ALIMENTARY TRACT AND METABOLISM

## Antispasmodics and Other Agents Altering Gut Motility

### Antiulcerants

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
<b>DICYCLOMINE HYDROCHLORIDE</b>				
Tab 10 mg - Available on a PSO .....	4.81	100	✓	<b>Merbentyl</b>
Tab long-acting 40 mg .....	13.00	100	✓	<b>Merbentyl Dospan</b>
<b>DOMPERIDONE - Special Authority available</b>				
Tab 10 mg .....	3.90 (7.99)	100		Motilium
Additional subsidy by Special Authority:				
a) Approval to fully fund domperidone is available for the control of nausea and vomiting in the treatment of terminal care patients;				
b) Prescriptions with a valid Special Authority (CHEM) number will be reimbursed the manufacturer's price identified in the Pharmaceutical Schedule.				
c) Approvals valid for 6 months;				
d) Dispensed by retail pharmacy.				
<b>HYOSCINE N-BUTYLBROMIDE</b>				
Tab 10 mg .....	6.83 (10.85)	100		Buscopan
Inj 20 mg, 1 ml - Available on a PSO .....	6.15	5	✓	<b>Buscopan</b>
<b>MEBEVERINE HYDROCHLORIDE - Retail pharmacy-specialist</b>				
Tab 135 mg .....	10.72 (12.00)	90		Colofac
<b>METOCLOPRAMIDE HYDROCHLORIDE</b>				
Tab 10 mg .....	3.00 (5.00)	100	✓	<b>Metamide</b> Maxolon
‡ Oral liq 5 mg per 5 ml .....	2.74 (4.40)	100 ml		Maxolon
Inj 5 mg per ml, 2 ml - Available on a PSO .....	6.00	10	✓	<b>Pharmacia</b>

## ANTIULCERANTS

### Antisecretory and Cytoprotective

<b>MISOPROSTOL - Retail pharmacy-specialist</b>				
Tab 200 µg .....	52.70	120	✓	<b>Cytotec</b>

### Helicobacter Pylori Eradication

<b>OMEPRAZOLE, AMOXYCILLIN AND CLARITHROMYCIN</b>				
Omeprazole cap 20 mg x 14, amoxicillin cap 500 mg x 28, clarithromycin tab 500 mg x 14 .....	58.00	1 OP	✓	<b>Klacid Hp7</b> ✓ <b>Losec Hp7 OAC</b>
<b>OMEPRAZOLE, AMOXYCILLIN AND METRONIDAZOLE</b>				
Omeprazole cap 40 mg x 7, amoxicillin cap 500 mg x 21, metronidazole tab 400 mg x 21 .....	58.00	1 OP	✓	<b>Helicosec</b>

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer ✓
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**H2 Antagonists**

**CIMETIDINE**

a) Only on a prescription.

b) Not as an effervescent or dispersible tab.

Tab 200 mg .....	6.00	120	✓ Apo-Cimetidine <sup>IMM</sup>
Tab 400 mg .....	6.00 (19.66)	60	✓ Apo-Cimetidine <sup>IMM</sup> Cytine <sup>IMM</sup>
Tab 800 mg .....	6.00 (19.66)	30	✓ Apo-Cimetidine <sup>IMM</sup> Cytine <sup>IMM</sup>

**FAMOTIDINE - Only on a prescription.**

Tab 20 mg .....	3.38 (4.50) (32.76)	60	✓ Apo-Famotidine <sup>IMM</sup> ✓ Famox <sup>IMM</sup> Pepzan <sup>IMM</sup> Pepcidine <sup>IMM</sup>
Tab 40 mg .....	3.38 (4.50) (32.76)	30	✓ Apo-Famotidine <sup>IMM</sup> ✓ Famox <sup>IMM</sup> Pepzan <sup>IMM</sup> Pepcidine <sup>IMM</sup>

**RANITIDINE HYDROCHLORIDE - Only on a prescription.**

Tab 150 mg .....	3.50	60	✓ Apo-Ranitidine <sup>IMM</sup> ✓ Zanidin <sup>IMM</sup> ✓ Zantac <sup>IMM</sup>
Tab 300 mg .....	3.50	30	✓ Apo-Ranitidine <sup>IMM</sup> ✓ Zanidin <sup>IMM</sup> ✓ Zantac <sup>IMM</sup>
Inj 25 mg per ml, 2ml .....	8.75	5	✓ Zantac
Oral liq 150 mg per 10 ml - Subsidy by endorsement .....	20.04	300 ml	✓ Zantac

Subsidy by endorsement

Oral liquid is subsidised only for patients:

- with oesophageal stricture, or
- in terminal care, or
- who are either too young or too old to swallow conventional tablets and the prescription is endorsed accordingly.

Note: the cost of treatment with ranitidine oral liquid is more than 10 times higher than that of ranitidine tablets.

Following the derestriction of access PHARMAC will be monitoring expenditure on ranitidine oral liquid more closely and may, subject to consultation and PHARMAC Board approval, restrict access again if the expenditure was to grow substantially.

*(Zanidin tab 150 mg and tab 300 mg to be delisted 1 September 2002)*

‡ safety cap reimbursed

**Preferred Brand**

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

# ALIMENTARY TRACT AND METABOLISM

## Ant ulcerants

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
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### Proton Pump Inhibitors

LANSOPRAZOLE - Special Authority

Cap 30 mg .....	27.48 (56.40)	30		Zoton
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Special Authority - Retail pharmacy: (Lansoprazole)

a) Duodenal ulcer proven by endoscopy or barium meal and after failure of:

- Two alternative courses of H. pylori eradication therapy (if H. pylori positive); and
  - H<sub>2</sub> antagonist therapy for 8 weeks;
- and where a second endoscopy/barium meal has demonstrated non healing duodenal ulcer.

b) Gastric ulcer proven by endoscopy and after failure of:

- Two alternative courses of H. pylori eradication therapy (if H. pylori positive); and
  - H<sub>2</sub> antagonist therapy for 12 weeks;
- and where a second endoscopy has demonstrated non healing gastric ulcer and excluded malignancy.

c) Gastro-oesophageal reflux disease (GORD) proven by endoscopy:

- Grade 0 GORD (normal endoscopy) after positive 24 hour pH monitoring test and failure of H<sub>2</sub> antagonist therapy for four weeks with multiple daily dosing; or
- Grades 1 and 2 GORD after failure of H<sub>2</sub> antagonist therapy for four weeks with multiple daily dosing; or
- Grades 3 and 4 GORD

d) Hypergastrinaemia:

- proven Zollinger Ellison syndrome; or
- non Zollinger Ellison hypersecretory states confirmed by acid secretion studies.

e) Initial application and first prescription to be written by a gastroenterologist, general surgeon or general physician.

f) Subsequent prescriptions may also be written by a general practitioner.

g) Approvals are valid for 3 years and do not lapse if treatment is intermittent during this time.

h) Approvals may be renewed by a gastroenterologist, general surgeon, general physician or general practitioner.

Note: Patients should receive lifestyle counselling on conservative measures before commencement of pharmacological therapy.

OMEPRAZOLE

Cap 10 mg .....	17.37	30	✓	Losec
Cap 20 mg .....	24.81	30	✓	Losec
Cap 40 mg .....	44.66	30	✓	Losec
Inj 40 mg .....	19.23	1	✓	Losec

PANTOPRAZOLE

Tab 20 mg .....	22.00	30	✓	Somac
Tab 40 mg .....	28.00	30	✓	Somac

### Site Protective Agents

BISMUTH SUBNITRATE

Tab 300 mg with frangula bark 25 mg, magnesium carbonate 400 mg and sodium bicarbonate 200 mg .....	13.50	120	✓	Roter
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SUCRALFATE

Tab 1 g .....	35.50 (43.89)	120		Carafate
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TRIPOTASSIUM DICITRATOBISMUTHATE

Tab 120 mg .....	38.00	112	✓	De-nol
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	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer ✓
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**DIABETES**

**Hyperglycaemic Agents**

GLUCAGON HYDROCHLORIDE - Available on PSO

Inj 1 mg syringe kit .....	27.00	1	✓ Glucagen Hypokit
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**Insulin – Short-acting Preparations**

INSULIN NEUTRAL

▲ Inj human 100 u per ml, 3 ml .....	42.66	5	✓ Actrapid Penfill ✓ Humulin R
▲ Inj human 100 u per ml .....	25.26	10 ml OP	✓ Actrapid ✓ Humulin R

INSULIN ANIMAL - Special Authority

▲ Inj animal 100 u per ml, 10 ml .....	25.26	10 ml OP	✓ Actrapid ✓ Velosulin
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Special Authority - Retail pharmacy:  
- Specialist must make application

**Insulin – Intermediate and Long-acting Preparations**

INSULIN ISOPHANE

▲ Inj human 100 u per ml, 3 ml .....	29.86	5	✓ Humulin N
▲ Inj human 100 u per ml, 3 ml .....	42.66	5	✓ Protaphane Penfill
▲ Inj human inj 100 u per ml .....	17.68	10 ml OP	✓ Humulin N
▲ Inj human inj 100 u per ml .....	25.26	10 ml OP	✓ Protaphane

INSULIN ISOPHANE WITH INSULIN NEUTRAL

▲ Inj human with neutral insulin 100 u per ml, 3 ml .....	42.66	5	✓ Humulin 70/30 ✓ Humulin 80/20 ✓ PenMix 10 ✓ PenMix 20 ✓ PenMix 30 ✓ PenMix 40 ✓ PenMix 50
▲ Inj human with neutral insulin 100 u per ml .....	25.26	10 ml OP	✓ Humulin 70/30 ✓ Humulin 80/20 ✓ Mixtard 30 ✓ Mixtard 50

INSULIN ZINC SUSPENSION

▲ Inj human 100 u per ml .....	25.26	10 ml OP	✓ Humulin L ✓ Monotard
▲ Inj crystalline human 100 u per ml .....	25.26	10 ml OP	✓ Humulin U ✓ Ultratard

INSULIN ANIMAL - Special Authority

▲ Inj animal 100 u per ml, 10 ml .....	25.26	10 ml OP	✓ Insulatard ✓ Protaphane ✓ Mixtard 30
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Special Authority - Retail pharmacy:  
- Specialist must make application

‡ safety cap reimbursed  
**Preferred Brand**

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

# ALIMENTARY TRACT AND METABOLISM

## Diabetes

Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
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### Insulin – Rapid acting insulin analogues

INSULIN LISPRO - Special Authority available

▲ Inj 100 u per ml, 3 ml .....	59.52	5	✓ Humalog
▲ Inj 100 u per ml, 10 ml .....	34.92	10 ml OP	✓ Humalog

Humalog is subsidised when:

- 1) Humalog is prescribed on the same prescription as Humulin N; or
- 2) Humalog is prescribed with Humulin N but is on a different prescription and the prescription is endorsed accordingly; or
- 3) A Special Authority has been approved.

For 1, 2 and 3 first prescription to be written by a specialist (diabetologist, general physician or paediatrician).

Subsequent prescriptions can be written by any medical practitioner.

Special Authority (for use other than use with Humulin N) - Retail Pharmacy

Subsidised for:

- a) use alone (monotherapy) where the patient is unable to use any other insulins including those on insulin pump treatment;
- b) use with Humulin 70/30, Humulin 80/20, where a reasonable trial of Humulin N has been undertaken and it is not effective or not well tolerated;
- c) use with insulins (aside from insulin zinc suspension) other than Humulin 70/30, Humulin 80/20, or Humulin N where a reasonable trial of one or more of these Humulin insulins has been undertaken and it is/are ineffective or not well tolerated;
- d) use with Humulin L or Humulin U where use with Humulin N is not appropriate;
- e) use with other insulin zinc suspensions other than Humulin L, Humulin U where a reasonable trial of one or both of these insulins has been undertaken and it is/are ineffective or not well tolerated;
- f) application and first prescription to be made/written by a specialist (diabetologist, general physician or paediatrician);
- g) subsequent prescriptions can be written by any medical practitioner;
- h) approvals valid for patient's lifetime.

Note: "Reasonable trial", "unable to use", "not or ineffective", "not well tolerated", and "not appropriate" are not defined in the Pharmaceutical Schedule and we ask clinicians to use their clinical judgement in interpreting these terms.

### Alpha glucosidase inhibitors

ACARBOSE - Special Authority

Tab 50 mg .....	22.00	90	✓ Glucobay
Tab 100 mg .....	31.00	90	✓ Glucobay

Special Authority-retail pharmacy

- a) Subsidised for patients who
  - require but are not able to tolerate metformin therapy; or
  - require metformin but in whom metformin is contraindicated; or
  - have not responded to or tolerated the maximum dose of metformin appropriate for that patient.
- b) Applications must be made by a specialist (as defined in the Pharmaceutical Schedule).
- c) Prescriptions may be written by any medical practitioner.
- d) Approvals valid for 2 years.

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic ✓ Manufacturer
<b>Oral Hypoglycaemic Agents</b>			
<b>GLIBENCLAMIDE</b>			
Tab 2.5 mg .....	2.20	100	✓ <u>Gliben</u>
Tab 5 mg .....	2.75	100	✓ <u>Gliben</u>
<b>GLICLAZIDE</b>			
Tab 80 mg .....	15.76	100	✓ <u>Diamicron</u>
<b>GLIPIZIDE</b>			
Tab 5 mg .....	5.49	90	✓ <u>Glipid</u>
<b>METFORMIN HYDROCHLORIDE</b>			
Tab 500 mg .....	13.89	500	✓ <u>Metomin</u>
Tab 850 mg .....	11.65	250	✓ <u>Metomin</u>
<b>TOLBUTAMIDE</b>			
Tab 500 mg .....	6.78	100	✓ <u>Diatol</u>

## DIABETES MANAGEMENT

### Glucose/Urine Testing

<b>COPPER</b>			
a) Not on a bulk supply order			
Tab, diagnostic .....	3.35 (7.80)	24 OP	Clinitest
<b>GLUCOSE OXIDASE - Not on a bulk supply order</b>			
Urine diagnostic test with peroxidase .....	8.26 (9.09)	100 strip OP	Clinistix
Urine diagnostic test with peroxidase .....	8.21 (9.66)	100 strip OP	Diastix
Urine diagnostic test .....	4.11 (7.00)	50 strip OP	Diabur 5000

### Glucose &/or Ketones/Urine Testing

<b>SODIUM NITROPRUSSIDE - Not on a bulk supply order</b>			
Urine diagnostic strips, buffered .....	3.39 (6.00)	50 strip OP	Ketur-Test
Urine diagnostic strips, buffered .....	6.79 (8.43)	100 strip OP	Ketostix
<b>GLUCOSE OXIDASE - Not on a bulk supply order</b>			
Urine diagnostic test with peroxidase, sodium nitroprusside and aminoacetic acid .....	4.53 (8.00)	50 stick OP	Keto-Diabur 5000
Urine diagnostic test with peroxidase, potassium iodide, sodium nitroprusside and aminoacetic acid .....	9.06 (11.47)	100 strip OP	Keto-Diastix

‡ safety cap reimbursed

Preferred Brand

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



# ALIMENTARY TRACT AND METABOLISM

## Diabetes Management

Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
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### Glucose/Blood Testing

#### GLUCOSE OXIDASE

Blood diagnostic test with peroxidase .....	27.85	50 test OP	<ul style="list-style-type: none"> <li>✓ <b>Advantage II</b></li> <li>✓ <b>Glucocard</b></li> <li>✓ <b>Glucometer Esprit</b></li> </ul>
	(29.90)		Accutrend
	(36.11)		BM-Test 1-44
			Glucostix
			Glucofilm
			Glucometer Elite
Blood diagnostic test with peroxidase .....	55.70	100 test OP	✓ <b>Precision Plus</b>

*(Glucostix and Glucofilm 50 test OP to be delisted 1 June 2002)*

### Insulin Syringes and Needles

Subsidy is available for disposable insulin syringes, needles, and pen needles if prescribed on the same form as the one used for the supply of insulin or when prescribed for an insulin patient and the prescription is endorsed accordingly.

#### Disposable supplies

INSULIN SYRINGES, disposable with attached needle

a) Maximum of 50 plastic syringes with attached needles per prescription.

▲ Syringe 0.3 ml with 29 g x 12.7 mm needle .....	19.90	100	✓ <b>B-D Ultra Fine</b>
▲ Syringe 0.3 ml with 30 g x 8 mm needle .....	19.90	100	✓ <b>B-D Ultra Fine II</b>
▲ Syringe 0.5 ml with 29 g x 12.7 mm needle .....	19.90	100	✓ <b>B-D Ultra Fine</b>
▲ Syringe 0.5 ml with 30 g x 8 mm needle .....	19.90	100	✓ <b>B-D Ultra Fine II</b>
▲ Syringe 1 ml with 29 g x 12.7 mm needle .....	19.90	100	✓ <b>B-D Ultra Fine</b>
▲ Syringe 1 ml with 30 g x 8 mm needle .....	19.90	100	✓ <b>B-D Ultra Fine II</b>

INSULIN PEN NEEDLES

a) Maximum 30 pen needles per prescription.

▲ 29 g x 12.7 mm .....	4.91	30	✓ <b>B-D Micro-Fine</b>
▲ 31 g x 8 mm .....	4.91	30	✓ <b>B-D Micro-Fine</b>

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic ✓ Manufacturer
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**DIGESTIVES INCLUDING ENZYMES**

**PANCREATIC ENZYME**

Tab EC 1,900 BP u lipase, 1,700 BP u amylase, 110 BP u protease .....	32.46	300	<b>✓ Pancrex V</b>
Tab EC 5,600 BP u lipase, 5,000 BP u amylase, 330 BP u protease .....	58.44	300	<b>✓ Pancrex V Forte</b>
Cap 8,000 BP u lipase, 9,000 BP u amylase, 430 BP u protease .....	67.26	300	<b>✓ Pancrex V</b>
Tab EC 7,400 FIP u lipase, 7,000 FIP u amylase, 420 FIP u protease - Retail pharmacy-specialist .....	17.97 (22.71)	100	Combizym
Tab EC 13,500 FIP u lipase, 13,000 FIP u amylase, 760 FIP u protease - Retail pharmacy-specialist .....	29.32 (37.05)	100	Combizym Compositum
Cap 8,000 USP u lipase, 30,000 USP u amylase, 30,000 USP u protease - Retail pharmacy-specialist .....	85.00	250	<b>✓ Cotazym ECS</b>
Cap EC 10,000 BP u lipase, 9,000 BP u amylase and 210 BP u protease - Retail pharmacy-specialist .....	38.66	100	<b>✓ Creon 10000</b>
Cap EC 25,000 BP u lipase, 18,000 BP u amylase, 1,000 BP u protease - Retail pharmacy-specialist .....	94.38	100	<b>✓ Creon Forte</b>
Cap EC 5,000 BP u lipase, 3,000 BP u amylase, 350 BP u protease - Retail pharmacy-specialist .....	50.00	250	<b>✓ Pancrease</b>
Cap EC 25,000 BP u lipase, 22,500 BP u amylase, 1,250 BP u protease - Retail pharmacy-specialist .....	94.40	100	<b>✓ Panzytrat</b>

*(Combizym Compositum to be delisted 1 October 2002)*

**URSODEOXYCHOLIC ACID - Special Authority**

Cap 300 mg .....	298.54	100	<b>✓ Actigall</b>
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Special Authority - Retail pharmacy

- a) For the treatment of primary biliary cirrhosis as confirmed by antimitochondrial antibody titre (AMA) > 1:80, raised cholestatic liver enzymes +/- raised serum IgM. If AMA is negative a typical biopsy result is considered diagnostic. Please note that liver biopsy is not usually required for diagnosis but is helpful to stage the disease.
- b) Exclusion/Exit criteria:
  - Actigall is not an appropriate therapy for patients requiring a liver transplant (bilirubin > 170 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.
- c) Applications to be made by a gastroenterologist.
- d) Prescriptions to be written by a gastroenterologist.
- e) Initial approvals valid for six months.
- f) Re-approvals valid for two years.

# ALIMENTARY TRACT AND METABOLISM

## Laxatives

Subsidy  
(Manufacturer's Price)  
\$

Fully  
Subsidised  
Per

Brand or  
Generic  
Manufacturer

### LAXATIVES

#### Bulk-forming Agents

##### MUCILAGINOUS LAXATIVES - Only on a prescription

Sugar Free .....	4.84	275 g OP	
	(7.00)		Mucilax
Dry .....	5.28	300 g OP	✓ Mucilax <sup>IMM</sup>
Dry .....	5.72	325 g OP	✓ Konsyl D
Dry .....	2.64	150 g OP	
	(4.75)		Isogel
Dry .....	7.92	450 g OP	
	(11.85)		Isogel
Dry - original flavour, regular texture only .....	5.91	336 g OP	
	(11.95)		Metamucil <sup>IMM</sup>
Dry .....	8.80	500 g OP	
	(14.90)		Normacol

##### MUCILAGINOUS LAXATIVES WITH STIMULANTS

Dry .....	4.40	250 g OP	
	(9.00)		Granocol
Dry .....	3.52	200 g OP	
	(7.50)		Normacol Plus
Dry .....	8.80	500 g OP	
	(14.90)		Normacol Plus

#### Faecal Softeners

##### DOCUSATE SODIUM - Only on a prescription

Tab 50 mg .....	3.22	100	
	(4.25)		Coloxyl
Tab 120 mg .....	3.95	100	
	(4.80)		Coloxyl
Oral drops 10% .....	3.30	30 ml OP	
	(3.95)		Coloxyl
Enema conc 18% .....	4.46	100 ml OP	
	(5.25)		Coloxyl

##### DOCUSATE SODIUM WITH BISACODYL

Suppos 100 mg with bisacodyl 10 mg .....	22.00	50	
	(24.95)		Coloxyl

##### DOCUSATE SODIUM WITH SENNOSIDES

Tab 50 mg with total sennosides 8 mg .....	3.64	90	
	(5.90)		Coloxyl with Senna

#### Osmotic Laxatives

##### GLYCEROL - Only on a prescription

Suppos 2.55 g .....	3.12	12	✓ Fleet Glycerin Suppositories
Suppos 3.6 g .....	5.15	20	✓ PSM

##### LACTULOSE - Only on a prescription

Oral liq 10 g per 15 ml .....	3.88	500 ml	✓ Lactulose (Pacific)
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	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer ✓
<b>MAGNESIUM HYDROXIDE</b>			
Tab - Only when prescribed for a dialysis patient .....	10.15	72	✓ <b>Phillips Milk of Magnesia</b>
<b>SODIUM ACID PHOSPHATE - Only on a prescription</b>			
Enema 16% with sodium phosphate 8% .....	2.50	1	✓ <b>Fleet Phosphate Enema</b>
<b>SODIUM CITRATE WITH SODIUM LAURYL SULPHOACETATE - Only on a prescription</b>			
Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml .....	8.21	12	✓ <b>MicroLax</b>
<b>Stimulant Laxatives</b>			
<b>BISACODYL - Only on a prescription</b>			
Tab 5 mg .....	8.82	200	✓ <b>Dulcolax</b>
Suppos 5 mg .....	2.35 (3.00)	6	Dulcolax
Suppos 10 mg .....	3.96	12	✓ <b>Fleet</b>
<b>DANTHRON WITH POLOXAMER - Only on a prescription</b>			
Note: Danthron with poloxamer is only approved for the prevention or treatment of constipation in the terminally ill. Studies in rats have associated use of danthron with tumours.			
Oral liq 25 mg with poloxamer 200 mg per 5 ml .....	5.00	300 ml	✓ <b>Conthram</b>
Oral liq 75 mg with poloxamer 1 g per 5 ml .....	7.50	300 ml	✓ <b>Conthram Forte</b>
<b>SENNA - Only on a prescription</b>			
Tab, standardised .....	2.17 (5.49)	100	Senokot

**METABOLIC DISORDER AGENTS****Gaucher's Disease**

<b>IMGLUCERASE - Special Authority - Hospital pharmacy [HP4]</b>			
Inj 40 iu per ml, 200 iu vial .....	1,606.00	1	✓ <b>Cerezyme</b>
Special Authority approved by the Gaucher treatment panel.			
a) Subject to a budgetary cap. Applications will be considered and approved subject to funding availability. Application details may be obtained from:			

The Coordinator	Phone: 09 630 9871
Gaucher Treatment Panel	Facsimile: 09 631 0753
Room 4-28, Building 13	Email: MurrayS@adhb.govt.nz
Greenlane Hospital	
Private Bag, Auckland	

**MOUTH AND THROAT****Agents Used in Mouth Ulceration**

<b>BENZYDAMINE HYDROCHLORIDE - Retail pharmacy-specialist prescription</b>			
Soln 0.15% .....	3.60 (6.60)	200 ml	Difflam
Soln 0.15% .....	9.00 (13.79)	500 ml	Difflam
<b>CHLORHEXIDINE</b>			
Mouthwash 0.2% .....	2.75	200 ml OP	✓ <b>Orion</b>

‡ safety cap reimbursed

**Preferred Brand**

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

# ALIMENTARY TRACT AND METABOLISM

## Mouth and Throat

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
<b>CHOLINE SALICYLATE WITH CETALKONIUM CHLORIDE</b>				
Adhesive gel 8.7% with cetalkonium chloride 0.01% .....	2.06 (3.79)	15 g OP		Bonjela
<b>SODIUM CARBOXYMETHYLCELLULOSE</b>				
With pectin and gelatin paste .....	1.52 (3.60)	5 g OP		Orabase
With pectin and gelatin paste .....	4.55 (7.90)	15 g OP		Orabase
With pectin and gelatin paste .....	17.20	56 g OP	✓	<b>Stomahesive</b>
With pectin and gelatin paste .....	21.81 (25.90)	80 g OP		Orabase
With pectin and gelatin powder .....	8.48 (10.95)	28 g OP		Stomahesive
<b>TRIAMCINOLONE ACETONIDE</b>				
0.1% in Dental Paste USP .....	4.90 (8.08)	5 g OP	✓	<b>Oracort</b> Kenalog in Orabase

### Oropharyngeal Anti-Infectives

<b>AMPHOTERICIN B</b>				
Lozenges 10 mg .....	4.51 (5.86)	20		Fungilin
<b>MICONAZOLE</b>				
Oral gel 20 mg per g .....	8.95	40 g OP	✓	<b>Daktarin</b>
<b>NYSTATIN</b>				
Oral liq 100,000 u per ml .....	4.90 (5.98)	24 ml OP	✓	<b>Nilstat</b> Mycostatin
Pastilles 100,000 u .....	6.30 (8.20)	28 OP		Mycostatin

### Other Oral Agents

<b>ALLOPURINOL</b>				
Mouthwash 500 mg per 500 ml .....	CE	500 ml	✓	
a) maximum 500 ml per prescription (refer page 168)				
<b>FOLINIC ACID - Hospital pharmacy [HP3]-specialist</b>				
Mouthwash 15 mg per 500 ml .....	CE	500 ml	✓	
a) maximum 500 ml per prescription (refer page 168)				
<b>HYDROGEN PEROXIDE</b>				
Soln 10 vol .....	3.75	500 ml	✓	<b>PSM</b>
a) maximum 200 ml per prescription				
<b>MOUTHWASH</b>				
Tab .....	14.25 (23.45)	500		Solucol
<i>(Solucol tab to be delisted 1 June 2002)</i>				
<b>PILOCARPINE</b>				
Oral liq (refer page 168) .....	CE	500 ml	✓	
<b>SODIUM FLUORIDE</b>				
Tab 1.1 mg .....	3.00	100	✓	<b>PSM</b>
<b>THYMOL GLYCERIN</b>				
Compound, BPC .....	7.30 (8.90)	500 ml		PSM

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
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**Saliva Substitutes**

SALIVA SUBSTITUTE			
Oral liq .....	CE	500 ml	✓
a) maximum 500 ml per prescription (refer page 168)			

**VITAMINS**

**Vitamin A**

VITAMIN A WITH VITAMIN D			
Cap 4500 iu with Vitamin D 450 iu .....	14.46 (17.90)	500	Halibut-liver Oil
VITAMIN A WITH VITAMINS D AND C			
Soln 1000 u with Vitamin D 400 u and ascorbic acid 30 mg per 10 drops .....	4.38 (4.55)	10 ml OP	Vitadol C

**Vitamin B Group**

HYDROXOCOBALAMIN			
Inj 1 mg per ml, 1 ml .....	2.80 (8.40)	3	Neo-Cytamen
PYRIDOXINE HYDROCHLORIDE			
a) Only on a prescription not exceeding a strength of 100 mg per dose.			
Tab 25 mg .....	3.06 (4.66)	90	✓ <b>Healtheries</b> Apo-Pyridoxine
Tab 50 mg .....	12.59 (17.63)	500	Apo-Pyridoxine
Tab 100 mg .....	26.92 (39.10)	500	Apo-Pyridoxine
THIAMINE HYDROCHLORIDE – only on a prescription			
Tab 10 mg .....	3.36 (4.59)	100	Apo-Thiamine
Tab 25 mg .....	3.85 (5.21)	100	Apo-Thiamine
Tab 50 mg .....	4.18 (5.62)	100	Apo-Thiamine
VITAMIN B COMPLEX			
Tab, strong, BPC .....	12.10	500	✓ <b>Apo-B-Complex</b>

‡ safety cap reimbursed  
**Preferred Brand**

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

# ALIMENTARY TRACT AND METABOLISM

## Vitamins

Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
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### Vitamin C

#### ASCORBIC ACID

Only on a prescription not exceeding a strength of 100 mg per dose

Tab 50 mg .....	2.60 (3.25)	100	
Tab 100 mg .....	2.60 (3.45)	100	Apo-Ascorbic Acid Apo-Ascorbic Acid

#### ASCORBIC ACID AND SODIUM ASCORBATE

Only on a prescription not exceeding a strength of 100 mg per dose

Tab 100 mg .....	2.60	100	✓ <b>Healtheries Vitamin C</b>
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### Vitamin D

#### ALFACALCIDOL - Retail pharmacy-specialist

Cap 0.25 µg .....	26.32	100	✓ <b>One-Alpha</b>
Cap 1 µg .....	87.98	100	✓ <b>One-Alpha</b>
Oral drops 2 µg per ml .....	60.68	20 ml OP	✓ <b>One-Alpha</b>

#### CALCIFEROL

Tab 1.25 mg (50,000 iu) .....	12.65	12	✓ <b>PSM</b>
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a) Maximum 12 tablets per prescription

#### CALCITRIOL

Cap 0.25 µg - Retail pharmacy-specialist .....	52.63	100	✓ <b>Rocaltrol</b>
Cap 0.5 µg - Retail pharmacy-specialist .....	87.98	100	✓ <b>Rocaltrol</b>
Oral liq 1 µg per ml - Special Authority .....	39.40	10 ml OP	✓ <b>Rocaltrol solution</b>

Special Authority - Hospital pharmacy [HP3]

- a) Oral liquid for patients with oesophageal stricture who are unable to take capsules. General Practitioner or appropriate specialist may make application.
- b) Oral liquid for infants and children with liver disease or short gut syndrome, who require vitamin supplementation but are unable to swallow capsules. Paediatricians may make application.

### Vitamin E

#### ALPHA TOCOPHERYL ACETATE - Special Authority

Water solubilised soln 156 iu/ml, with calibrated dropper .....	13.50	50 ml OP	✓ <b>Micelle E</b>
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Special Authority - Hospital pharmacy [HP3]

- a) Cystic fibrosis patients; or
- b) Infants and children with liver disease or short gut syndrome who require vitamin supplementation
- c) Specialist must make application - paediatricians, respiratory physicians.

### Vitamin K

Refer to BLOOD, Antifibrinolytics, page 41

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
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**Multivitamin Preparations**

<b>VITAMINS</b>			
Tab (BPC cap strength) .....	15.60	1000	✓ <b>Healtheries Multi-vitamin tablets</b>
	(25.00)		Apo-Multivitamin Multivite Six

(Apo-Multivitamin, Multivite Six to be delisted 1 May 2002)

**MINERALS**

**Calcium**

<b>CALCIUM CARBONATE</b>			
Tab 1.25 g .....	4.50	100	✓ <b>Osteo~500</b>
Tab 1.5 g .....	3.20	60	✓ <b>Osteo~600</b>
<b>CALCIUM CHLORIDE</b>			
Inj 10%, 10 ml .....	10.45	5	✓ <b>Baxter</b>
<b>CALCIUM GLUCONATE</b>			
Inj 10%, 10 ml .....	99.50	50	✓ <b>Baxter</b>
<b>CALCIUM LACTATE-GLUCONATE</b>			
Tab 1 g .....	10.52	30	✓ <b>Calcium-Sandoz 1000</b>

**Fluoride**

<b>SODIUM FLUORIDE</b>			
Tab 1.1 mg .....	3.00	100	✓ <b>PSM</b>

**Iron**

Refer to BLOOD, Iron Therapy, page 39

**Magnesium**

<b>MAGNESIUM HYDROXIDE</b>			
a) Not subsidised as a laxative			✓
Oral liq (Refer page 168) .....	CE		
<b>MAGNESIUM SULPHATE</b>			
Inj 49.3% .....	161.40	50	✓ <b>Baxter</b>

**Zinc**

<b>ZINC SULPHATE</b>			
Cap 220 mg .....	5.56	100	Zincaps
	(8.02)		

‡ safety cap reimbursed

**Preferred Brand**

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



# BLOOD AND BLOOD FORMING ORGANS

## Antianaemics

Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
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### ANTIANAEMICS

#### Hypoplastic and Haemolytic

##### ERYTHROPOIETIN ALPHA - Special Authority

Inj human recombinant 1,000 u, pre-filled syringe .....	76.02 (162.90)	6	Eprex
Inj human recombinant 2,000 u pre-filled syringe .....	152.04 (325.80)	6	Eprex
Inj human recombinant 3,000 u pre-filled syringe .....	228.06 (455.34)	6	Eprex
Inj human recombinant 4,000 u pre-filled syringe .....	304.08 (572.40)	6	Eprex
Inj human recombinant 10,000 u pre-filled syringe .....	760.20 (1322.82)	6	Eprex

##### ERYTHROPOIETIN BETA- Special Authority

Inj 1,000 u, pre-filled syringe .....	76.02	6	✓ <b>Recormon</b>
Inj 2,000 u pre-filled syringe .....	152.04	6	✓ <b>Recormon</b>
Inj 3,000 u pre-filled syringe .....	228.06	6	✓ <b>Recormon</b>
Inj 4,000 u pre-filled syringe .....	304.08	6	✓ <b>Recormon</b>
Inj 5,000 u pre-filled syringe .....	380.10	6	✓ <b>Recormon</b>
Inj 10,000 u pre-filled syringe .....	760.20	6	✓ <b>Recormon</b>

##### Special Authority - Hospital pharmacy [HP3]

- a) Erythropoietin alpha and beta are indicated in the treatment of anaemia associated with chronic renal failure.
- b) Erythropoietin alpha and beta are to be given only to patients with the anaemia of end-stage renal failure (other treatable causes of anaemia being excluded) who have been on haemodialysis or continuous ambulatory peritoneal dialysis (CAPD) for at least three months, who are not under evaluation for, or awaiting, a live donor kidney transplant and who meet one or more of the following criteria:
1. Anephric patients
  2. Patients who are dependent on regular blood transfusion (1 unit each 4–8 weeks) to maintain haemoglobin > 60 g per litre
  3. Patients as in 2 who cannot be transfused because of severe transfusion reactions
  4. Transfusion induced haemosiderosis (clinical manifestations, serum ferritin > 1,500 ug per ltr)
  5. Patients with haemoglobin < 70 g per litre (mean of at least 4 haemoglobin concentrations over 4 months)
  6. Patients with haemoglobin < 90 g per litre who have heart failure (low cardiac output, LV ejection fraction < 40%) or persistent angina.
- c) Specialist must make application – renal physicians.

#### Iron Therapy

FERROUS GLUCONATE ‡ Oral liq 300 mg per 5 ml .....	4.37	100 ml	✓ <b>Fergon</b>
FERROUS GLUCONATE WITH ASCORBIC ACID Tab 170 mg with ascorbic acid 40 mg .....	12.04	500	✓ <b>Healtheries Iron with Vitamin C</b>
FERROUS SULPHATE Tab long-acting 325 mg .....	5.06 (13.55)	150	Ferro-Gradumet

**BLOOD AND BLOOD FORMING ORGANS**  
**Antianaemics**  
**Antifibrinolytics, Haemostatics and Local Sclerosants**

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic ✓ Manufacturer
<b>FERROUS SULPHATE WITH FOLIC ACID</b>			
Tab long-acting 325 mg with folic acid 350 µg .....	9.02 (16.20)	150	Ferrograd-Folic
<b>IRON POLYMALTOSE</b>			
Inj 50 mg per ml, 2 ml .....	38.97	5	✓ <b>Ferrum H</b>
<b>Megaloblastic</b>			
<b>FOLIC ACID</b>			
Tab 0.8 mg .....	15.00	1,000	✓ <b>Apo-Folic Acid</b>
Tab 5 mg .....	6.62	500	✓ <b>Apo-Folic Acid</b>
Oral liq 50 µg per ml - Retail pharmacy-specialist .....	18.50	25 ml OP	✓ <b>Biomed</b>
Oral liq is:			
a) Retail pharmacy specialist; and			
b) Prescriptions must be written by a paediatrician or paediatric cardiologist; or			
c) On the recommendation of a paediatrician or paediatric cardiologist.			
Inj 15 mg per ml, 1 ml .....	11.00 (23.75)	5	Abbott
<b>HYDROXOCOBALAMIN</b>			
Inj 1 mg per ml, 1 ml .....	2.80 (8.40)	3	Neo-Cytamen

**ANTIFIBRINOLYTICS, HAEMOSTATICS AND LOCAL SCLEROSANTS**

<b>APROTININ - Hospital pharmacy [HP3]-specialist</b>			
Inj 10,000 µg per ml 50 ml .....	63.60	1	✓ <b>Trasylol</b>
<b>SODIUM TETRADECYL SULPHATE</b>			
Inj 0.5% 2 ml .....	23.20 (39.58)	5	Fibro-vein
Inj 1% 2 ml .....	25.00 (42.59)	5	Fibro-vein
Inj 3% 2 ml .....	28.50 (48.62)	5	Fibro-vein
<b>TRANEXAMIC ACID</b>			
Tab 500 mg .....	52.02	100	✓ <b>Cyklokapron</b>

**Vitamin K**

<b>MENADIONE SODIUM BISULPHITE</b>			
Tab 10 mg .....	4.75	100	✓ <b>K-Thrombin</b>
<b>PHYTOMENADIONE</b>			
Tab 10 mg .....	5.60	10	✓ <b>Konaktion</b>
Inj 2 mg per 0.2 ml - Available on a PSO .....	8.00	5	✓ <b>KonaktionMM</b>
Inj 10 mg per ml, 1 ml - Available on a PSO .....	9.21	5	✓ <b>KonaktionMM</b>

‡ safety cap reimbursed

**Preferred Brand**

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

# BLOOD AND BLOOD FORMING ORGANS

## Antithrombotic Agents

Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
	✓	

### ANTITHROMBOTIC AGENTS

#### Antiplatelet Agents

##### ASPIRIN

Tab 300 mg - Available on a PSO .....	21.60	1000	✓ <b>PSM</b>
Tab, soluble 300 mg .....	21.60	1000	
	(26.64)		Solprin <sup>IMM</sup>
	(90.42)		Disprin <sup>IMM</sup>
	(102.50)		Aspro Clear <sup>IMM</sup>

##### DIPYRIDAMOLE

Tab 25 mg - Special Authority available .....	0.21	100	
	(9.95)		Persantin
Tab long-acting 150 mg - Special Authority available .....	0.78	60	
	(22.39)		Pytazen SR <sup>IMM</sup>
Cap long-acting 150 mg - Special Authority available .....	0.78	60	
	(22.39)		Persantin PL <sup>IMM</sup>

Additional Subsidy by Special Authority:

- a) Approval to fully fund dipyridamole tablets, long-acting tablets and capsules is available in the following circumstances:
- Patients with prosthetic heart valves – as an adjunct to oral anticoagulation for prophylaxis of thromboembolism (applications only from cardiothoracic surgeons, cardiologists and general physicians);
  - Patients after coronary artery vein bypass graft – as an adjunct to aspirin or as monotherapy for patients who are aspirin intolerant as defined below (applications only from cardiothoracic surgeons, cardiologists and general physicians); or
  - Patients who continue to have transient ischaemic episodes despite aspirin therapy or have transient ischaemic episodes and are aspirin intolerant as defined below (applications only from neurologists, neurosurgeons, cardiologists, vascular surgeons and general physicians);
- b) Approvals are valid indefinitely;
- c) Aspirin intolerant patients are defined as those with aspirin induced asthma, urticaria, or anaphylaxis, or those with significant aspirin induced bleeding, excluding bruising;
- d) Prescriptions with a valid Special Authority (CHEM) number will be reimbursed the manufacturer's price identified in the Pharmaceutical Schedule.

#### Heparin and Antagonist Preparations

##### HEPARINISED SALINE

Inj 10 iu per ml, 5 ml .....	23.00	50	✓ <b>Pharmacia</b> AstraZeneca Baxter
	(24.23)		
Inj 100 iu per ml, 5 ml .....	96.50	50	✓ <b>Baxter</b>

(Baxter inj 10 iu per ml, 5 ml to be delisted 1 September 2002)

(Pharmacia inj 10 iu per ml, 5 ml to be delisted 1 October 2002)

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
<b>HEPARIN SODIUM</b>				
Inj 1,000 iu per ml, 5 ml .....	66.80	50	✓	<b>Baxter</b>
	(79.65)		✓	<b>Multiparin</b>
				Monoparin
Inj 1,000 iu per ml, 35 ml .....	7.25	1	✓	<b>Baxter</b>
Inj 5,000 iu per ml, 1 ml .....	9.60	5	✓	<b>Baxter</b>
Inj 5,000 iu per ml, 5 ml .....	138.65	50	✓	<b>Baxter</b>
	(153.35)			Multiparin
Inj 25,000 iu per ml, 0.2 ml - Hospital pharmacy [HP3]-specialist ....	7.50	5	✓	<b>Baxter</b>
			✓	<b>Monoparin</b>
Inj 25,000 iu per ml, 5 ml - Hospital pharmacy [HP3]-specialist ...	117.28	10		Multiparin
	(143.18)			
<b>PROTAMINE SULPHATE</b>				
Inj 10 mg per ml, 5 ml .....	22.40	10		
	(39.70)			Artex

### Oral Anticoagulants

#### WARFARIN SODIUM

▲ Tab 1 mg .....	3.46	50	✓	<b>Coumadin</b>
▲ Tab 1 mg .....	5.69	100	✓	<b>Marevan</b>
▲ Tab 2 mg .....	4.31	50	✓	<b>Coumadin</b>
▲ Tab 2.5 mg .....	4.71	50	✓	<b>Coumadin</b>
▲ Tab 3 mg .....	8.00	100	✓	<b>Marevan</b>
▲ Tab 5 mg .....	5.93	50	✓	<b>Coumadin</b>
▲ Tab 5 mg .....	9.64	100	✓	<b>Marevan</b>

Note: Marevan and Coumadin are not interchangeable.  
*(Coumadin tab 2.5 mg to be delisted 1 May 2002)*

# BLOOD AND BLOOD FORMING ORGANS

## Fluids and Electrolytes

Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
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### FLUIDS AND ELECTROLYTES

#### Intravenous Administration

DEXTROSE - Available on a PSO

Inj 50% 10 ml .....	5.28 (8.25)	5	
			Baxter

POTASSIUM CHLORIDE

Inj 75 mg per ml, 10 ml .....	30.16 (34.55)	50	✓ <b>Pharmacia</b> AstraZeneca
Inj 150 mg per ml, 10 ml .....	30.50	50	✓ <b>AstraZeneca</b> ✓ <b>Pharmacia</b>

SODIUM BICARBONATE

Inj 8.4%, 10 ml .....	100.60	50	✓ <b>Baxter</b>
Inj 8.4%, 100 ml .....	10.80	1	✓ <b>Baxter</b>

SODIUM CHLORIDE

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

Inj 0.9% - Available on a PSO .....	3.06	500 ml	✓ <b>Baxter</b>
Inj 0.9% - Available on a PSO .....	4.06	1,000 ml	✓ <b>Baxter</b>
Inj 0.9%, 5 ml - Available on a PSO .....	16.00	50	✓ <b>Pharmacia</b>
Inj 0.9%, 10 ml - Available on a PSO .....	21.55	50	✓ <b>Pharmacia</b>
Inj 0.9%, 20 ml .....	23.58	30	✓ <b>Pharmacia</b>
Inj 20%, 10 ml .....	149.88	50	✓ <b>Baxter</b>

TOTAL PARENTERAL NUTRITION (TPN) - Special Authority ..... CBS

Special Authority - Hospital pharmacy [HP1]

a) Approved where application has specialist support and also underlying condition is serious. Also require:

- quantity used by patient on a weekly volume intravenously
- amount of nutrition patient is able to receive orally
- exact formula of TPN
- who has paid for TPN so far
- complete medical history of patient including details of previous therapies
- place of manufacture.

b) Specialist must make application.

WATER

a) On a prescription or Practitioner's Supply Order only when on the same form as an injection listed in the Pharmaceutical Schedule requiring a solvent or diluent, or

b) On a bulk supply order, or

c) When used in the extemporaneous compounding of eye drops.

Purified for inj 2 ml .....	2.19	5	✓ <b>Baxter</b>
Purified for inj 5 ml .....	15.00	50	✓ <b>Pharmacia</b>
Purified for inj 10 ml .....	20.00	50	✓ <b>Pharmacia</b>
Purified for inj 20 ml .....	21.00	30	✓ <b>Pharmacia</b>

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic ✓ Manufacturer
<b>Oral Administration</b>			
CALCIUM POLYSTYRENE SULPHONATE - Retail pharmacy-specialist			
Powder .....	141.54	300 g	✓ <b>Calcium Resonium</b>
COMPOUND ELECTROLYTES			
Powder for soln for oral use 5 g - Available on a PSO .....	5.52 (8.17)	10	✓ <b>Gastrolyte (Natural)</b> Gastrolyte (Fruit) Gastrolyte (Orange)
Soln for oral use (eg Darrow's and Hartmann's) - Special Authority .. CBS			✓
Special Authority - Hospital pharmacy [HP1]			
a) Only those extemporaneously prepared			
b) Specialist must make application.			
<i>(Soln for oral use to be delisted 1 May 2002)</i>			
DEXTROSE WITH ELECTROLYTES			
Soln with electrolytes .....	3.44 (3.89)	500 ml OP	✓ <b>Plasma-Lyte Oral</b> Pedialyte
Soln with electrolytes .....	6.66 (7.39)	945 ml OP	Pedialyte Fruit
POTASSIUM BICARBONATE - Retail pharmacy-specialist			
Tab 315 mg with sodium acid phosphate 1.937 g and sodium bicarbonate 350 mg, effervescent .....	75.00	100	✓ <b>Phosphate-Sandoz</b>
POTASSIUM CHLORIDE			
Tab 548 mg (14 m eq) with chloride 285 mg (8 m eq) eff .....	5.26 (10.77)	60	Chlorvescent
Tab long-acting 600 mg .....	12.31 (15.39) (16.93)	500	✓ <b>K-SR</b> Slow K Span K
SODIUM POLYSTYRENE SULPHONATE - Retail pharmacy-specialist			
Powder .....	89.10	450 g	✓ <b>Resonium-A</b>

## LIPID MODIFYING AGENTS

### Fibrates

BEZAFIBRATE			
Tab 200 mg .....	10.00	90	✓ <b>Bezalip</b>
Tab long-acting 400 mg .....	8.00	30	✓ <b>Bezalip Retard</b>
GEMFIBROZIL			
Cap 300 mg .....	9.58	100	✓ <b>Gemizol</b>

### Other lipid modifying agents

ACIPIMOX - Retail pharmacy-specialist			
Cap 250 mg .....	18.75	30	✓ <b>Olbetam</b>
NICOTINIC ACID			
Tab 25 mg .....	13.27	500	✓ <b>Apo-Nicotinic Acid</b>
Tab 50 mg .....	4.79	100	✓ <b>Apo-Nicotinic Acid</b>
Tab 100 mg .....	6.97	100	✓ <b>Apo-Nicotinic Acid</b>
Tab 500 mg .....	16.15	100	✓ <b>Apo-Nicotinic Acid</b>

‡ safety cap reimbursed

**Preferred Brand**

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

# BLOOD AND BLOOD FORMING ORGANS

## Lipid Modifying Agents

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
<b>Resins</b>				
<b>CHOLESTYRAMINE WITH ASPARTAME</b>				
Sachets 4 g with aspartame .....	23.10 (33.00)	60		Questran Light
<b>COLESTIPOL HYDROCHLORIDE</b>				
Sachets 5 g .....	11.55	30	✓	<b>Colestid</b>
<b>HMG CoA Reductase Inhibitors (Statins)</b>				
<b>ATORVASTATIN</b>				
Tab 10 mg .....	28.40	30	✓	<b>Lipitor</b>
Tab 20 mg .....	41.39	30	✓	<b>Lipitor</b>
Tab 40 mg .....	57.40	30	✓	<b>Lipitor</b>
See prescribing guideline below				
<b>FLUVASTATIN</b>				
Cap 20 mg .....	6.38 (23.10)	30	✓	<b>Lescol<sup>IMM</sup></b> Vastin <sup>IMM</sup>
Cap 40 mg .....	7.51 (27.00)	30	✓	<b>Lescol<sup>IMM</sup></b> Vastin <sup>IMM</sup>
See prescribing guideline below				
<b>PRAVASTATIN - Additional subsidy by Special Authority</b>				
Tab 10 mg .....	7.90 (35.30)	30		Lipostat
Tab 20 mg .....	15.96 (50.00)	30		Lipostat
See prescribing guideline below				
Additional subsidy by Special Authority (pravastatin):				
a) Special Authority (SPEC) numbers approved prior to 1 June 1998 will provide full subsidy;				
b) No new approvals will be granted after 1 June 1998;				
c) Approvals valid for two years.				
<i>(Lipostat tab 10 mg and tab 20 mg to be delisted 1 June 2002)</i>				
<b>SIMVASTATIN</b>				
Tab 5 mg .....	9.30	30	✓	<b>Zocor</b>
Tab 10 mg .....	11.10	30	✓	<b>Lipex</b>
Tab 20 mg .....	13.50	30	✓	<b>Zocor</b>
Tab 40 mg .....	24.00	30	✓	<b>Lipex</b>
			✓	<b>Zocor</b>
See prescribing guideline below				

### Prescribing Guideline

Treatment with HMG CoA Reductase Inhibitors (statins) is recommended for patients with dyslipidaemia and an absolute 5 year cardiovascular risk of 15% or greater.

For New Zealand Cardiovascular Group statement refer pages 47–49.

For Cardiovascular Risk Charts, refer pages 50–51.

Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
	✓	

**New Zealand Cardiovascular Guideline Group statement.**

"The 1996 Heart Foundation guidelines for the Assessment and Management of Dyslipidaemia are currently being revised. An evidence-based guideline on the Assessment and Management of Cardiovascular Risk will be developed in 2002.

The Cardiovascular Guideline Group has written an interim consensus statement for the management of dyslipidaemia. The Heart Foundation cardiovascular risk tables should be used to determine risk. Certain groups are classified to be at very high risk (>20%) and should be treated as such:

- Patients who have had a previous cardiovascular event (angina, MI, angioplasty, coronary artery bypass grafts, TIA, ischaemic stroke and peripheral vascular disease)
- Patients with genetic lipid disorders
- Patients with diabetes and associated microalbuminuria, proteinuria, renal disease or other cardiovascular risk factors."

**Management of cardiovascular risk – an interim consensus statement for the management of dyslipidaemia.**

The National Heart Foundation, New Zealand Guidelines Group and Stroke Foundation have established a cardiovascular guideline group to provide interim recommendations for the management of dyslipidaemia until a more comprehensive guideline for the management of cardiovascular risk is completed in December 2002.

**Defining Risk**

The benefit of improving a patient's lipid profile depends primarily on the patient's absolute risk of cardiovascular disease. Each patient's absolute risk is determined by the synergistic effect of all risk factors.

**STEP 1 – Who should have their lipids measured?**

- 1) It is desirable for all adults to know their cardiovascular risk. Lipid measurements should be part of an overall CVD risk assessment.
- 2) It is strongly recommended that those with:
  - a personal history of CVD – coronary heart disease, cerebrovascular disease or peripheral vascular disease
  - possible genetic lipid disorders
  - diabetes mellitus and impaired glucose tolerance
  - other CVD risk factors
 should have their lipids measured
- 3) Lipid measurements in children is recommended only when there is a strong family history of a genetic lipid disorder

**Which lipids should be measured?**

- Total cholesterol
- LDL cholesterol (fasting)
- HDL cholesterol
- Triglycerides (fasting)

A single lipid profile may be suitable to classify level of risk. However it is essential to establish an accurate baseline if intensive dietary or drug treatment is considered. This requires a minimum of two tests within 1–2 weeks, one of these tests should be fasting.

**STEP 2 – Assessment of Risk**

Certain groups are classified clinically to be at very high risk (>20% over 5 years) without the use of the risk factor charts:

- Patients who have had a previous cardiovascular event (angina, MI, angioplasty, coronary artery bypass grafts, TIA, ischaemic stroke or peripheral vascular disease)
- Patients with genetic lipid disorders
- Patients with diabetes and associated microalbuminuria, proteinuria, renal disease or other cardiovascular risk factors.

‡ safety cap reimbursed

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



# BLOOD AND BLOOD FORMING ORGANS

## Lipid Modifying Agents

Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
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The Heart Foundation cardiovascular risk factor tables should be used to assess risk in all other patients.

Certain factors confer additional risk and move the patient up one risk category:

- A strong family history of clinically proven coronary heart disease or ischaemic stroke in a first degree relative (males < 55 years, females < 65 years)
- Maori or Pacific peoples

### STEP 3 – Management of cardiovascular risk

- In high (15–20% risk over 5 years) and very high risk patients (>20% risk over 5 years) the aim is to reduce the patient's level of risk to less than 15% over five years taking into account the reduction of all modifiable risk factors.
- The minimal goal of treatment should be to reduce risk by at least one risk category/colour

### STEP 4 – Treatment of dyslipidaemia

#### Optimum levels

- Total cholesterol < 4 mmol/l
- LDL cholesterol < 2.5 mmol/l
- HDL cholesterol > 1 mmol/l
- TC: HDL ratio < 4.5
- Triglycerides < 2 mmol/l

The effort put into achieving these optimum levels should be related to the pre-treatment level of risk. The higher the level of risk the greater the effort made to achieve these targets.

#### Recognise secondary causes of lipid abnormalities

- These are: Diabetes, obesity, insulin resistance, medication, liver disorders, thyroid disorders, and renal disease.
- A rise in cholesterol is to be expected in pregnancy. A cholesterol level should not be measured at this time.

#### Lifestyle interventions

- Individualised dietary counselling and other lifestyle changes are integral to treatment. Dietary therapy is additive to drug therapy and may further reduce cardiovascular risk. A cardioprotective dietary pattern not only reduces LDL-cholesterol, it improves the lipid profile, lowers blood pressure, improves glycaemic control and reduces the risk of clotting.
- Patients classified clinically at very high risk (>20% over five years) should begin statin treatment concurrently with intensive dietary treatment.
- All other patients should try lifestyle interventions for 6–12 weeks prior to consideration of drug treatment.
- Increasing physical activity and smoking cessation, if relevant, should be part of the treatment plan.

#### Pharmacological treatment

- Priority for drug treatment is given to those at higher absolute risk because treatment in this group gives greater benefit and is more cost effective. The treatment of choice needs to be based on the complete lipid profile, including total, LDL and HDL cholesterol and triglycerides.
- Statins are appropriate if the main abnormality is a raised total cholesterol or LDL cholesterol
- Fibrates are appropriate if low HDL and high triglycerides are a prominent feature
- Hypertension and diabetes should be well controlled

#### At what threshold should we initiate drug treatment?

#### After an acute CVD event

- Patients presenting with an acute CVD event (MI or ischaemic stroke) with total cholesterol >4.0 mmol/l or LDL cholesterol >2.5 mmol/l should begin treatment with a statin or other appropriate medication concurrently with intensive dietary treatment.

Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
		✓

**Patients classified clinically to be at very high risk (>20%) defined in Step 2**

- Patients at very high risk (>20% risk over 5 years) classified clinically with a total cholesterol >4.0 mmol/l or LDL cholesterol >2.5 mmol/l should be considered for treatment with a statin or other appropriate medication begun concurrently with intensive dietary treatment.

**Patients at high (15–20%) and very high risk (>20%) using risk tables**

- Patients at high risk (>15% over 5 years) or very high (>20% over 5 years) whose risk has been assessed using the risk tables and with a total cholesterol >5.5 mmol/l or LDL cholesterol >4.0 mmol/l should receive 6–12 weeks of dietary intervention prior to being considered for treatment with a statin, or other appropriate medication. Dietary intervention should be continued indefinitely.

**Patients at moderate risk (10–15%)**

- Clinical judgement is required for patients at moderate risk (10–15% risk over 5 years). In general these patients should be treated with lifestyle intervention and dietary advice.

**Patients with diabetes**

- Patients with diabetes who have high triglycerides and low HDL as part of the metabolic syndrome should be considered for treatments known to improve this lipid profile – diet, physical activity, fish oils and drug treatment including fibrates.
- Patients with diabetes at very high risk (>20% over 5 years) with an elevated total cholesterol or LDL cholesterol should be considered for statin therapy.

**Older people**

- There should be no restriction on access to drug treatment for older people with dyslipidaemias. See thresholds for drug treatment.

**Duration of treatment**

- Lifelong use of a cardioprotective diet and/or medication is required.

This statement is to be regarded as a practical guide to aid decision-making and not as a strict protocol. It is intended to inform, not replace, clinical judgement, which must ultimately determine the appropriate treatment for each individual.

References are available from:

[http://www.nzgg.org.nz/working\\_groups/cardiovascular.cfm](http://www.nzgg.org.nz/working_groups/cardiovascular.cfm)

The risk tables can be downloaded from:

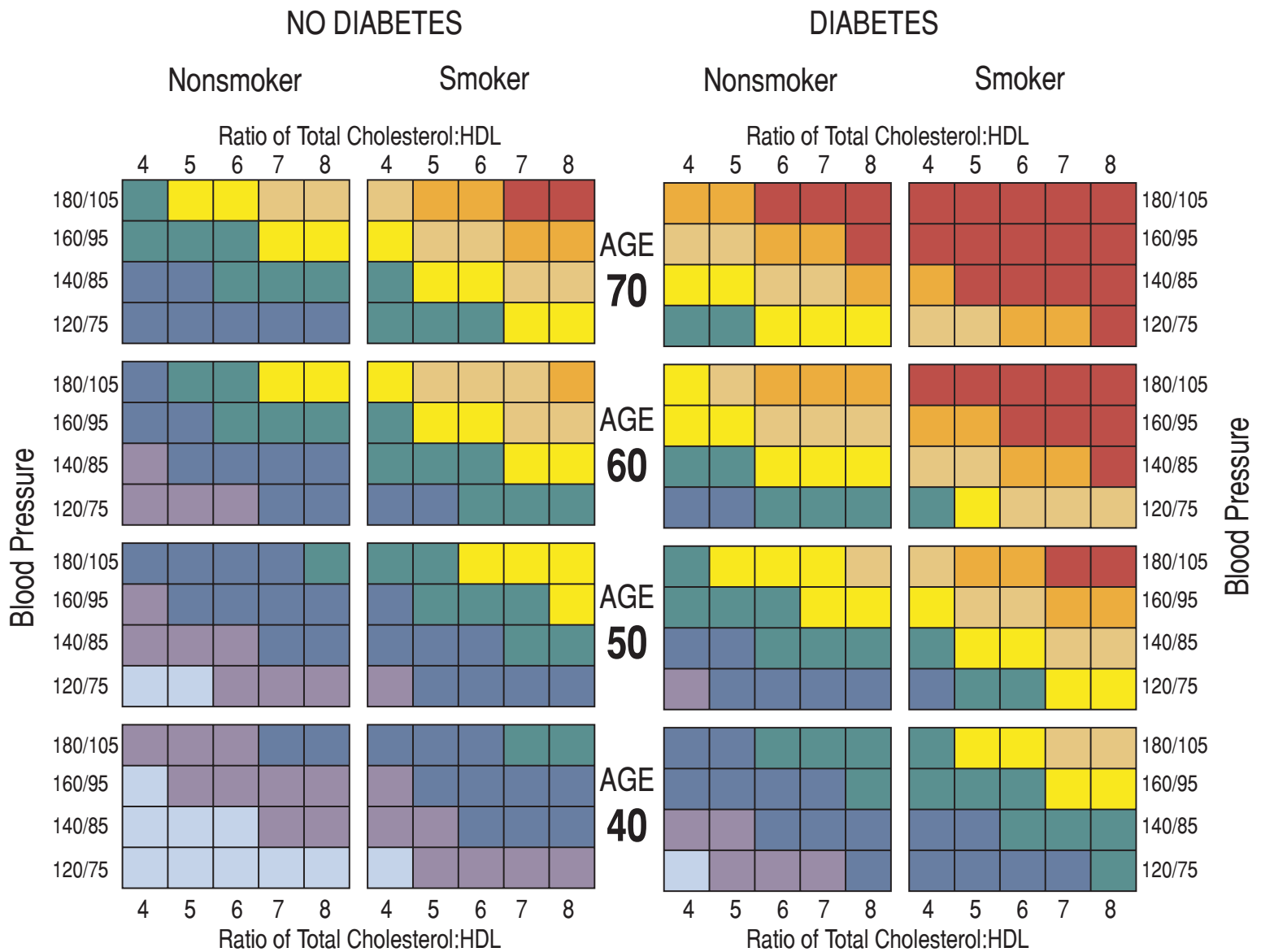
[http://www.nzgg.org.nz/library/gl\\_complete/bloodpressure/table1.cfm](http://www.nzgg.org.nz/library/gl_complete/bloodpressure/table1.cfm)

*Members of the Cardiovascular Guideline Group advising on the management of cardiovascular risk are:*

Associate Professor Bruce Arroll	Dr Michael Crooke
Mr Euan Grigor	Professor Rod Jackson
Professor Jim Mann ( <i>Chair</i> )	Dr Stewart Mann
Associate Professor Richard Milne	Dr Ate Moala
Dr Diana North	Dr Tania Riddell
Mr David Roberts	Professor Russell Scott
Professor Harvey White	

# CARDIOVASCULAR DISEASE: BASELINE RISK AND TREATMENT BENEFITS

## Risk level women



	<b>RISK LEVEL</b> 5 year CVD risk (non fatal and fatal)	<b>BENEFIT (1)</b> CVD events prevented per 100 treated for 5 years #	<b>BENEFIT (2)</b> Number needed to treat for 5 years to prevent 1 event #
Very High	Red >30%	>10 per 100	<10
	Orange 25–30%	9 per 100	11
	Light Orange 20–25%	7.5 per 100	13
High	Yellow 15–20%	6 per 100	16
Moderate	Green 10–15%	4 per 100	25
	Blue 5–10%	2.5 per 100	40
Mild	Purple 2.5–5%	1.25 per 100	80
	Light Blue <2.5%	<0.8 per 100	>120

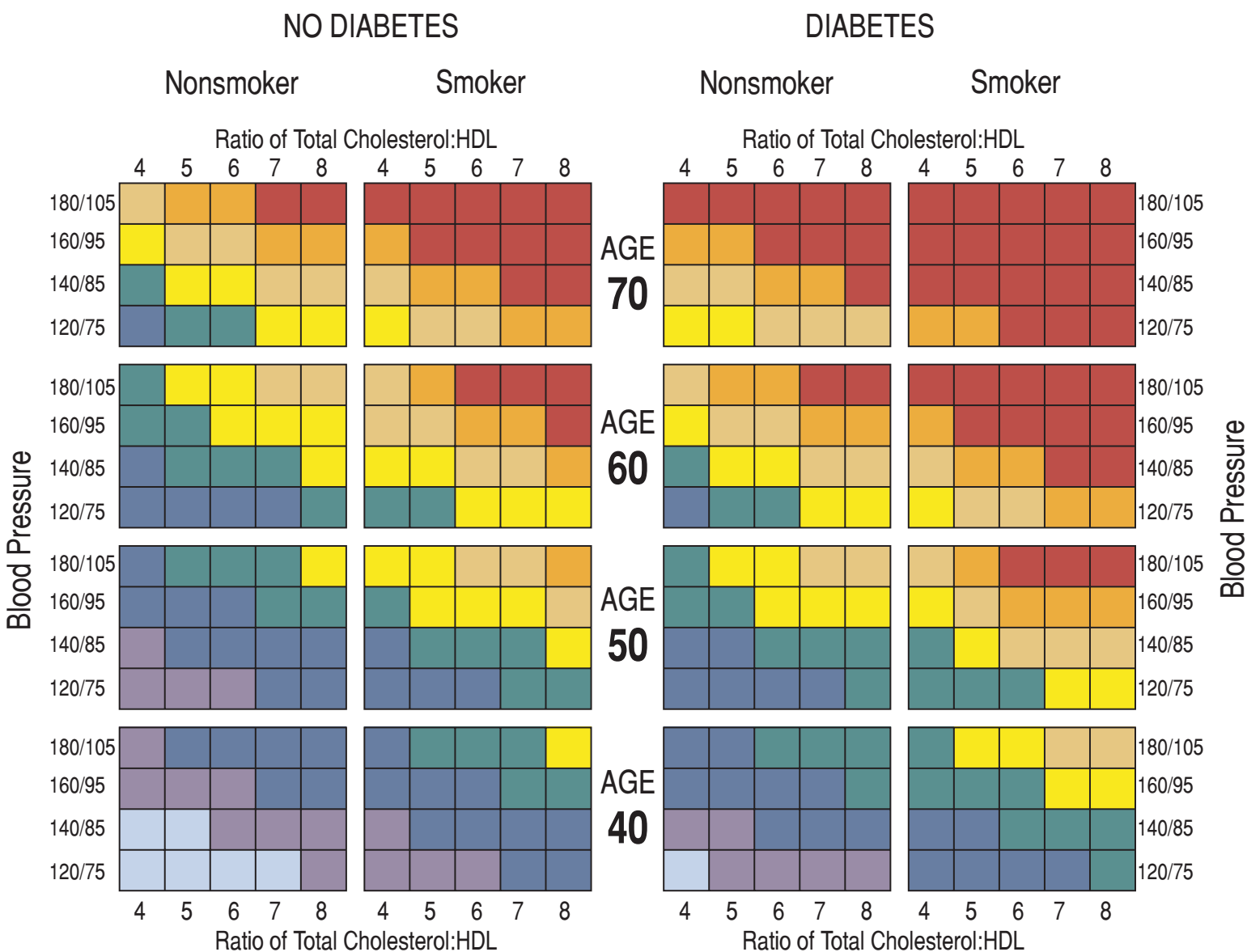
### Notes:

- If BP consistently >170/100 antihypertensive medication may be required irrespective of other risk factors.
- If total cholesterol, or total cholesterol : HDL ratio > 8, the person is classified at least as high risk.
- For age > 75 the absolute risk of CVD is > 15% in nearly all individuals.
- Other important CVD risk factors not included in the risk tables are family history of CVD, physical inactivity, obesity and left ventricular hypertrophy. The presence of these factors should influence treatment decisions for patients at borderline treatment levels.

#Based on a 20% reduction in total cholesterol, or a reduction in blood pressure of 10–15 mmHg systolic or 5–8 mmHg diastolic, which reduces the risk of cardiovascular disease by about one-third over five years.

# CARDIOVASCULAR DISEASE: BASELINE RISK AND TREATMENT BENEFITS

## Risk level men



The 1996 Heart Foundation guidelines for the Assessment and Management of Dyslipidaemia are currently being revised. An evidence-based guideline on the Assessment and Management of Cardiovascular Risk will be developed in 2002.

### Patients defined clinically at very high risk (>20%)

- Patients who have had a previous cardiovascular event (angina, MI, angioplasty, coronary artery bypass grafts, TIA, ischaemic stroke and peripheral vascular disease)
- Patients with genetic lipid disorders
- Patients with diabetes and associated micro-albuminuria, proteinuria, renal disease or other cardiovascular risk factors.

**The Heart Foundation cardiovascular risk factors tables should be used to assess risk in all other patients.**

### How to use the tables:

- Identify the table relating to the person's sex, diabetic status, smoking status and age (age shown is the mean for that category, e.g. age 60 = 55-65 years).
- Within the table find the cell nearest to the person's blood pressure and the total cholesterol:HDL ratio.
- Compare cell with the risk level key and categorize risk for treatment decisions.

### Certain factors confer additional risk and move the patient up one risk category:

- A strong family history of clinically proven coronary heart disease or ischaemic stroke in a first degree relative (males < 55 years, females < 65 years)
- Maori or Pacific peoples

# CARDIOVASCULAR SYSTEM

## Adrenergic Neurone Blockers

## Alpha Adrenoceptor Blockers

## Agents Affecting the Renin-Angiotensin System

Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
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### ADRENERGIC NEURONE BLOCKERS

#### GUANETHIDINE SULPHATE

Inj 10 mg per ml, 1 ml .....	12.80	5	
	(25.00)		Ismelin

### ALPHA ADRENOCEPTOR BLOCKERS

#### DOXAZOSIN MESYLATE

Tab 2 mg .....	17.59	250	✓ <u>Dosan</u>
Tab 4 mg .....	25.99	250	✓ <u>Dosan</u>

#### PHENOXYBENZAMINE HYDROCHLORIDE

Cap 10 mg .....	26.05	100	✓ <u>Dibenyline</u>
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#### PHEHOTOLAMINE MESYLATE

Inj 10 mg per ml, 1 ml .....	17.97	5	
	(27.50)		Regitine

#### PRAZOSIN HYDROCHLORIDE

Tab 0.5 mg .....	3.97	100	✓ <u>Hyprosin</u>
Tab 1 mg .....	2.99	100	✓ <u>Hyprosin</u>
Tab 2 mg .....	4.49	100	✓ <u>Hyprosin</u>
Tab 5 mg .....	7.49	100	✓ <u>Hyprosin</u>

#### TERAZOSIN HYDROCHLORIDE

Tab 7 x 1 mg and 7 x 2 mg .....	4.34	14 OP	✓ <u>Hytrin BPH Starter Pack</u>
Tab 2 mg .....	11.20	28	✓ <u>Hytrin BPH</u>
Tab 5 mg .....	18.20	28	✓ <u>Hytrin BPH</u>

### AGENTS AFFECTING THE RENIN-ANGIOTENSIN SYSTEM

#### ACE Inhibitors

Perindopril and trandolapril 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%."

# CARDIOVASCULAR SYSTEM

## Agents Affecting the Renin-Angiotensin System

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic ✓ Manufacturer
<b>CAPTOPRIL</b>			
Tab 12.5 mg .....	10.96	500	✓ <b>Captohexal</b>
Tab 25 mg .....	15.53	500	✓ <b>Captohexal</b>
Tab 50 mg .....	28.04	500	✓ <b>Captohexal</b>
‡ Oral liq 5 mg per ml - (restricted to children under seven years of age) ...	44.38	95 ml OP	✓ <b>Capoten</b>
‡ Oral liq 5 mg per ml - (restricted to children under seven years of age) ...	44.38	100 ml OP	✓ <b>Capoten</b>
<i>(Capoten oral liq 5 mg per ml, 100 ml OP to be delisted 1 August 2002)</i>			
<b>CILAZAPRIL</b>			
Tab 0.5 mg .....	2.20	30	✓ <b>Inhibace</b>
Tab 2.5 mg .....	5.85	30	✓ <b>Inhibace</b>
Tab 5 mg .....	9.20	30	✓ <b>Inhibace</b>
<b>ENALAPRIL</b>			
Tab 5 mg .....	15.34	500	✓ <b>Enahexal</b>
Tab 10 mg .....	22.09	500	✓ <b>Enahexal</b>
Tab 20 mg .....	32.49	500	✓ <b>Enahexal</b>
<b>LISINOPRIL</b>			
Tab 5 mg .....	4.91 (12.28)	30	✓ <b>Prinivil<sup>IMM</sup></b> Zestril <sup>IMM</sup>
Tab 10 mg .....	7.14 (17.86)	30	✓ <b>Prinivil<sup>IMM</sup></b> Zestril <sup>IMM</sup>
Tab 20 mg .....	10.10 (25.27)	30	✓ <b>Prinivil<sup>IMM</sup></b> Zestril <sup>IMM</sup>
<b>PERINDOPRIL</b>			
Tab 2 mg .....	3.00 (18.50)	30	Coversyl
Tab 4 mg .....	4.05 (25.00)	30	Coversyl
<b>QUINAPRIL</b>			
Tab 5 mg .....	3.14	30	✓ <b>Accupril</b>
Tab 10 mg .....	5.02	30	✓ <b>Accupril</b>
Tab 20 mg .....	9.55	30	✓ <b>Accupril</b>
<b>TRANDOLAPRIL</b>			
Cap 0.5 mg .....	1.87 (11.43)	28	Gopten <sup>IMM</sup> Odrik <sup>IMM</sup>
Cap 1 mg .....	3.06 (18.67)	28	Gopten <sup>IMM</sup> Odrik <sup>IMM</sup>
Cap 2 mg .....	4.43 (27.00)	28	Gopten <sup>IMM</sup> Odrik <sup>IMM</sup>

‡ safety cap reimbursed  
**Preferred Brand**

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

# CARDIOVASCULAR SYSTEM

## Agents Affecting the Renin-Angiotensin System

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
<b>ACE Inhibitors with Diuretics</b>				
CILAZAPRIL WITH HYDROCHLOROTHIAZIDE				
Tab 5 mg with hydrochlorothiazide 12.5 mg .....	8.75	28	✓	<b>Inhibace Plus</b>
ENALAPRIL WITH HYDROCHLOROTHIAZIDE				
Tab 20 mg with hydrochlorothiazide 12.5 mg .....	3.32 (8.70)	30		Co-Renitec
LISINOPRIL WITH HYDROCHLOROTHIAZIDE				
Tab 20 mg with hydrochlorothiazide 12.5 mg .....	10.70 (38.04)	30		Prinzide Zestoretic
QUINAPRIL WITH HYDROCHLOROTHIAZIDE				
Tab 10 mg with hydrochlorothiazide 12.5 mg .....	5.62	30	✓	<b>Accuretic 10</b>
Tab 20 mg with hydrochlorothiazide 12.5 mg .....	10.15	30	✓	<b>Accuretic 20</b>

### Angiotensin II Antagonists

#### CANDESARTAN - Special Authority

Tab 4 mg .....	22.19	28	✓	<b>Atacand</b>
Tab 8 mg .....	26.42	28	✓	<b>Atacand</b>
Tab 16 mg .....	32.23	28	✓	<b>Atacand</b>

#### Special Authority - Retail Pharmacy

- Subsidy is available for patients with raised blood pressure who meet the following conditions:
  - use of beta blocker or diuretic by the patient is contraindicated; or not well tolerated; or insufficient to control blood pressure adequately at appropriate doses; and
  - use of an ACE inhibitor by the patient is contraindicated; or not well tolerated; or insufficient to control blood pressure adequately at appropriate doses.
- Applications can be made by a relevant specialist or general practitioner. Subsequent prescriptions can be written by any medical practitioner.
- Approvals are valid for two years.
- Dispensed by retail pharmacy.

#### LOSARTAN - Special Authority

Tab 12.5 mg .....	26.04	30	✓	<b>Cozaar</b>
Tab 50 mg .....	34.72	30	✓	<b>Cozaar</b>

#### Special Authority - Retail Pharmacy

- Patients with congestive heart failure who have been treated with and cannot tolerate two ACE inhibitors due to persistent cough that resolves on cessation and recurs on re-challenge with ACE inhibitor.
- Patients who have experienced angioedema on an ACE inhibitor at any time in the past or patients who have experienced angioedema (even if not using an ACE inhibitor) in the last 2 years.
- Applications can be made by a cardiologist and subsequent prescriptions can be written by any medical practitioner.
- Approvals are valid indefinitely.
- Dispensed by retail pharmacy.

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic ✓ Manufacturer
<b>ANTIARRHYTHMICS</b>			
AMIODARONE HYDROCHLORIDE - Retail pharmacy-specialist			
▲ Tab 100 mg .....	18.65	30	✓ Aratac ✓ Cordarone-X
▲ Tab 200 mg .....	30.52	30	✓ Aratac ✓ Cordarone-X
Inj 50 mg per ml, 3 ml .....	60.84	10	✓ Cordarone-X
DIGOXIN			
Tab 62.5 µg - Available on a PSO .....	6.51	250	✓ Lanoxin PG
Tab 250 µg - Available on a PSO .....	9.96	250	✓ Lanoxin
‡ Oral liq 50 µg per ml .....	8.11	60 ml	✓ Lanoxin
Inj 25 µg per ml, 2 ml .....	24.64	5	✓ Lanoxin
Inj 250 µg per ml, 2 ml .....	8.55	5	✓ Lanoxin
<i>(Lanoxin inj 250 µg per ml, 2 ml to be delisted 1 September 2002)</i>			
DISOPYRAMIDE PHOSPHATE			
▲ Cap 100 mg .....	15.00 (19.73)	100	Rythmodan
▲ Cap 150 mg .....	23.83	100	✓ Rythmodan
▲ Tab long-acting 250 mg .....	71.60 (86.64)	100	Rythmodan Retard
FLECAINIDE ACETATE - Retail pharmacy-specialist			
▲ Tab 50 mg .....	42.82	60	✓ Tambacor
▲ Tab 100 mg .....	75.63	60	✓ Tambacor
▲ Cap long-acting 100 mg .....	42.82	30	✓ Tambacor CR
▲ Cap long-acting 200 mg .....	75.63	30	✓ Tambacor CR
Inj 10 mg per ml 15 ml .....	49.02	5	✓ Tambacor
LIGNOCAINE HYDROCHLORIDE - Only on a PSO			
Inj twin pack 100 mg per 5 ml .....	8.50	2	✓ Xylocard
a) Subsidised only on a PSO for patients with ventricular arrhythmia and PSO is endorsed accordingly.			
MEXILETINE HYDROCHLORIDE			
▲ Cap 50 mg .....	22.52	100	✓ Mexitil
▲ Cap 200 mg .....	53.05	100	✓ Mexitil
▲ Cap long-acting 360 mg .....	39.07	50	✓ Mexitil PL
PROPAPENONE HYDROCHLORIDE - Retail pharmacy-specialist			
▲ Tab 150 mg .....	40.90	50	✓ Rytmonorm
▲ Tab 300 mg .....	73.00	50	✓ Rytmonorm

‡ safety cap reimbursed  
**Preferred Brand**

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



# CARDIOVASCULAR SYSTEM

## Antihypertensives

### Beta Adrenoceptor Blockers

Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic ✓ Manufacturer
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#### ANTIHYPOTENSIVES

MIDODRINE - Special Authority

Tab 2.5 mg .....	53.00	100	✓ <b>Gutron</b>
Tab 5 mg .....	79.00	100	✓ <b>Gutron</b>

Special Authority - Hospital pharmacy [HP3]

- a) Subsidy is available for patients with disabling orthostatic hypotension who meet the following conditions:
- have had a trial of fludrocortisone (unless contra-indicated) with unsatisfactory results; and
  - are using appropriate non pharmacological treatments such as support hose, increased salt intake, exercise, and elevation of head and trunk at night; and
  - in whom orthostatic hypotension is not due to drugs.
- b) Treatment should be started with small doses and titrated upwards as necessary. Hypertension should be avoided, and the usual target is a standing systolic blood pressure of 90 mmHg.
- c) Applications and reapplications by general physicians, neurologists and geriatricians.
- d) Prescriptions may be written by relevant specialists (as above) or general practitioners.

#### BETA ADRENOCEPTOR BLOCKERS

All oral Beta Adrenoceptor Blockers are exempted from monthly dispensing for patients with angina or arrhythmia.

ACEBUTOLOL

▲ Cap 100 mg .....	9.50	100	✓ <b>ACB</b>
▲ Cap 200 mg .....	15.94	100	✓ <b>ACB</b>
▲ Tab 400 mg .....	27.63	100	✓ <b>ACB</b>

ATENOLOL

▲ Tab 50 mg .....	10.36	500	✓ <b>Loten</b>
▲ Tab 100 mg .....	16.99	500	✓ <b>Loten</b>

CARVEDILOL - Special Authority

Tab 6.25 mg .....	28.00	30	✓ <b>Dilatrend</b>
Tab 12.5 mg .....	36.00	30	✓ <b>Dilatrend</b>
Tab 25 mg .....	45.00	30	✓ <b>Dilatrend</b>

Special Authority - Retail pharmacy

- a) Approved where patients are already on an ACE inhibitor or Angiotensin II Antagonist with;
1. Symptomatic heart failure NYHA functional class II-III who have been treated with metoprolol and are intolerant to metoprolol or have demonstrated a sub-optimal response to metoprolol; or
  2. Symptomatic heart failure NYHA functional class III-IV or left ventricular systolic dysfunction with an ejection fraction of less than 35% .
- b) Approvals valid indefinitely.
- c) Applications to be made by a general practitioner or relevant specialist.
- d) Prescriptions for all patients can be written by either a general practitioner or the relevant specialist.
- Note: Where possible treatment should be initiated by or on the recommendation of a specialist.

CELIPROLOL

▲ Tab 200 mg .....	21.49	180	✓ <b>Celol</b>
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LABETALOL

▲ Tab 50 mg .....	7.87	100	✓ <b>Hybloc</b>
▲ Tab 100 mg .....	9.63	100	✓ <b>Hybloc</b>
▲ Tab 200 mg .....	16.79	100	✓ <b>Hybloc</b>
▲ Tab 400 mg .....	31.31	100	✓ <b>Hybloc</b>
Inj 5 mg per ml, 20 ml .....	59.06	5	

(88.60)

Trandate

**CARDIOVASCULAR SYSTEM**  
**Beta Adrenoceptor Blockers**  
**Beta Adrenoceptor Blockers with Diuretics**

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic ✓ Manufacturer
<b>All oral Beta Adrenoceptor Blockers are exempted from monthly dispensing for patients with angina or arrhythmia.</b>			
<b>METOPROLOL SUCCINATE</b>			
▲ Tab long-acting 23.75 mg .....	3.61	30	✓ <b>Betaloc CR</b>
▲ Tab long-acting 47.5 mg .....	4.50	30	✓ <b>Betaloc CR</b>
▲ Tab long-acting 95 mg .....	7.40	30	✓ <b>Betaloc CR</b>
▲ Tab long-acting 190 mg .....	12.50	30	✓ <b>Betaloc CR</b>
<b>METOPROLOL TARTRATE</b>			
▲ Tab 50 mg .....	15.00	100	
	(16.50)		Lopresor
▲ Tab 100 mg .....	10.90	30	✓ <b>Lopresor</b>
▲ Tab long-acting 200 mg .....	24.32	30	✓ <b>Slow-Lopresor</b>
Inj 1 mg per ml, 5 ml .....	24.08	5	
	(27.22)		Betaloc
<b>NADOLOL</b>			
▲ Tab 40 mg .....	16.63	100	✓ <b>Apo-Nadolol</b>
▲ Tab 80 mg .....	24.66	100	✓ <b>Apo-Nadolol</b>
<b>OXPRENOLOL</b>			
▲ Tab 40 mg .....	5.95	100	✓ <b>Captol 40</b>
▲ Tab 80 mg .....	9.86	100	✓ <b>Captol 80</b>
▲ Tab long-acting 160 mg .....	30.58	100	
	(42.00)		Slow Trasicor
<b>PINDOLOL</b>			
▲ Tab 5 mg .....	4.90	100	✓ <b>Pindol</b>
▲ Tab 10 mg .....	9.35	100	✓ <b>Apo-Pindolol</b>
			✓ <b>Pindol</b>
▲ Tab 15 mg .....	13.75	100	✓ <b>Apo-Pindolol</b>
			✓ <b>Pindol</b>
<b>PROPRANOLOL</b>			
▲ Tab 10 mg .....	2.22	100	✓ <b>Cardinol</b>
▲ Tab 40 mg .....	2.78	100	✓ <b>Cardinol</b>
▲ Cap long-acting 160 mg .....	12.83	100	✓ <b>Cardinol LA</b>
<b>SOTALOL</b>			
▲ Tab 80 mg .....	6.00	60	✓ <b>Apo-Sotalol</b>
			✓ <b>Pacific</b>
▲ Tab 160 mg .....	10.45	60	✓ <b>Apo-Sotalol</b>
			✓ <b>Pacific</b>
Inj 10 mg per ml, 4 ml .....	31.80	5	✓ <b>Sotacor</b>
<b>TIMOLOL</b>			
▲ Tab 10 mg .....	11.22	100	✓ <b>Apo-Timolol</b>
			✓ <b>Hypermol</b>

**BETA ADRENOCEPTOR BLOCKERS WITH DIURETICS**

<b>PINDOLOL WITH CLOPAMIDE</b>			
Tab 10 mg with clopamide 5 mg .....	3.15	30	
	(7.10)		Viskaldix

‡ safety cap reimbursed  
**Preferred Brand**

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

# CARDIOVASCULAR SYSTEM

## Calcium Channel Blockers

Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic ✓ Manufacturer
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### CALCIUM CHANNEL BLOCKERS

#### Dihydropyridine Calcium Channel Blockers (DHP CCBs)

AMLODIPINE - Special Authority available - see below			
Tab 5 mg .....	4.17	30	
	(22.82)		Norvasc
Tab 10 mg .....	13.12	30	
	(34.85)		Norvasc
FELODIPINE			
Tab long-acting 2.5 mg .....	10.39	90	✓ <b>Felo 2.5 ER</b>
			✓ <b>Plendil ER<sup>IMM</sup></b>
Tab long-acting 5 mg .....	14.08	90	✓ <b>Felo 5 ER</b>
	24.33		✓ <b>Plendil ER<sup>IMM</sup></b>
Tab long-acting 10 mg .....	21.04	90	✓ <b>Felo 10 ER</b>
			✓ <b>Plendil ER<sup>IMM</sup></b>
NIFEDIPINE - Special Authority available			
Tab long-acting 10 mg .....	5.25	60	
	(17.72)		Adalat 10
			Adalat Retard
Tab long-acting 20 mg .....	6.95	100	✓ <b>Nyefax Retard</b>
Tab long-acting 30 mg .....	4.17	30	
	(19.90)		Adalat Oros
Tab long-acting 60 mg .....	13.12	30	
	(29.50)		Adalat Oros

Additional subsidy by Special Authority – Retail pharmacy - for:

- Nifedipine tab long-acting 30 mg x 30 (Adalat Oros) up to \$19.90
- Nifedipine tab long-acting 60 mg x 30 (Adalat Oros) up to \$29.50
- Amlodipine 5 mg x 30 (Norvasc) up to \$19.90
- Amlodipine 10 mg x 30 (Norvasc) up to \$29.50

Is available for patients who:

- a) have angina that is not controlled by other anginal medications (including felodipine); or
- b) were taking amlodipine or Adalat Oros for the treatment of angina prior to 1 June 1999; or
- c) are receiving maximal antihypertensive therapy, require a DHP CCB, and cannot tolerate felodipine.
- d) Applications can be made and prescriptions can be written by a relevant specialist or GP.
- e) Approvals are valid for two years.
- f) Dispensed by retail pharmacy.

*(Adalat Retard tab long-acting 10 mg to be delisted 1 September 2002)*

**CARDIOVASCULAR SYSTEM**  
**Calcium Channel Blockers**  
**Cardiac Glycosides**  
**Centrally Acting Agents**

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic ✓ Manufacturer
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**Other Calcium Channel Blockers**

**DILTIAZEM HYDROCHLORIDE**

Tab 30 mg .....	4.50	100	✓ <b>Dilzem</b>
Tab 60 mg .....	8.50	100	✓ <b>Dilzem</b>
Cap long-acting 90 mg .....	7.65	60	✓ <b>Dilzem SR</b>
Cap long-acting 120 mg (once per day) .....	5.10	30	✓ <b>Cardizem CD</b>
Cap long-acting 120 mg (twice per day) .....	18.00	100	✓ <b>Dilzem SR</b>
Tab long-acting 180 mg .....	7.65	30	✓ <b>Dilzem LA</b>
Cap long-acting 180 mg .....	7.65	30	✓ <b>Cardizem CD</b>
Tab long-acting 240 mg .....	10.20	30	✓ <b>Dilzem LA</b>
Cap long-acting 240 mg .....	10.20	30	✓ <b>Cardizem CD</b>

**PERHEXILINE MALEATE - Special Authority**

Tab 100 mg .....	39.85 (44.60)	100	Pexsig
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Special Authority - Hospital pharmacy [HP3]

- a) Approvals will only be given for patients who have refractory angina, and who are already on maximal anti-anginal therapy.
- b) Specialist must make application - cardiologists, general physicians.
- c) Prescriptions can be written either by a specialist or general practitioner with the name of the recommending specialist endorsed on the prescription.

**VERAPAMIL HYDROCHLORIDE**

Tab 40 mg .....	5.00	100	✓ <b>Verpamil</b>
Tab 80 mg .....	6.50	100	✓ <b>Verpamil</b>
Tab 120 mg .....	25.32	100	✓ <b>Civicor</b>
Tab long-acting 120 mg .....	25.32	100	✓ <b>Verpamil</b> ✓ <b>Isoptin SR</b> ✓ <b>Verpamil SR</b>
Cap long-acting 120 mg .....	25.32	100	✓ <b>Civicor Retard</b>
Tab long-acting 240 mg .....	29.50	250	✓ <b>Verpamil SR</b>
Inj 2.5 mg per ml, 2 ml - Available on a PSO .....	7.55	5	✓ <b>Isoptin</b>

**CARDIAC GLYCOSIDES**

**DIGOXIN**

Tab 62.5 µg - Available on a PSO .....	6.51	250	✓ <b>Lanoxin PG</b>
Tab 250 µg - Available on a PSO .....	9.91	250	✓ <b>Lanoxin</b>
‡ Oral liq 50 µg per ml .....	8.11	60 ml	✓ <b>Lanoxin</b>
Inj 25 µg per ml, 2 ml .....	24.64	5	✓ <b>Lanoxin</b>
Inj 250 µg per ml, 2 ml .....	8.55	5	✓ <b>Lanoxin</b>

**CENTRALLY ACTING AGENTS**

**CLONIDINE**

Tab 150 µg .....	31.48	100	✓ <b>Catapres</b>
TDSS 2.5 mg, 100 µg per day .....	19.30	4	✓ <b>Catapres-TTS-1</b>
TDSS 5 mg, 200 µg per day .....	28.80	4	✓ <b>Catapres-TTS-2</b>
TDSS 7.5 mg, 300 µg per day .....	37.10	4	✓ <b>Catapres-TTS-3</b>

- a) All transdermal patches are only on a prescription.

Inj 150 µg per ml, 1 ml .....	13.00	5	✓ <b>Catapres</b>
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‡ safety cap reimbursed  
**Preferred Brand**

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

# CARDIOVASCULAR SYSTEM

## Centrally Acting Agents

### Diuretics

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic ✓ Manufacturer
<b>METHYLDOPA</b>			
Tab 125 mg .....	6.39	100	✓ <b>Prodopa</b>
Tab 250 mg .....	9.30	100	✓ <b>Prodopa</b>
Tab 500 mg .....	15.99	100	✓ <b>Prodopa</b>
<b>METHYLDOPA WITH HYDROCHLOROTHIAZIDE</b>			
Tab 250 mg with hydrochlorothiazide 15 mg .....	24.80	100	✓ <b>Hydromet</b>

## DIURETICS

### Loop Diuretics

<b>BUMETANIDE</b>			
Tab 1 mg .....	13.63	100	✓ <b>Burinex</b>
Inj 500 µg per ml, 4 ml .....	7.95	5	✓ <b>Burinex</b>
<b>FRUSEMIDE</b>			
Tab 40 mg - Available on a PSO .....	10.99	1,000	✓ <b>Diurin 40</b>
Tab 500 mg - Retail pharmacy-specialist .....	11.20	100	✓ <b>Diurin</b>
‡ Oral liq 10 mg per ml .....	9.69	30 ml OP	✓ <b>Lasix</b>
Inj 10 mg per ml, 2 ml - Available on a PSO .....	36.50 (44.00)	50	✓ <b>Baxter</b> Lasix
Infusion 10 mg per ml, 25 ml - Retail pharmacy-specialist .....	43.76	5	✓ <b>Lasix</b>

### Potassium Sparing Diuretics

<b>AMILORIDE</b>			
Tab 5 mg .....	11.00	100	✓ <b>Midamor</b>
‡ Oral liq 1 mg per ml - Retail pharmacy-specialist .....	23.00	25 ml OP	✓ <b>Biomed</b>
<b>SPIRONOLACTONE</b>			
Tab 25 mg .....	5.60	100	✓ <b>Spirotone</b>
Tab 100 mg .....	18.50	100	✓ <b>Spirotone</b>
‡ Oral liq 5 mg per ml - Retail pharmacy-specialist .....	23.50	25 ml OP	✓ <b>Biomed</b>
Oral liquids (both Amiloride and Spironolactone):			
a) Retail pharmacy-specialist; and			
b) Prescriptions must be written by a paediatrician or paediatric cardiologist; or			
c) On the recommendation of a paediatrician or paediatric cardiologist.			

### Potassium Sparing Combination Diuretics

<b>AMILORIDE WITH FRUSEMIDE</b>			
Tab 5 mg with frusemide 40 mg .....	5.00 (6.66)	30	Frumil
<b>AMILORIDE WITH HYDROCHLOROTHIAZIDE</b>			
Tab 5 mg with hydrochlorothiazide 50 mg .....	11.95	500	✓ <b>Amizide</b>
<b>TRIAMTERENE WITH HYDROCHLOROTHIAZIDE</b>			
Tab 50 mg with hydrochlorothiazide 25 mg .....	3.60	100	✓ <b>Triamizide</b>

### Thiazide and Related Diuretics

<b>BENDROFLUAZIDE</b>			
Tab 2.5 mg - Available on a PSO .....	13.50	500	✓ <b>Neo-Naclax</b>
Tab 5 mg .....	21.50	500	✓ <b>Neo-Naclax</b>

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer ✓
<b>CHLOROTHIAZIDE</b>			
‡ Oral liq 50 mg per ml - Retail pharmacy-specialist .....	19.80	25 ml OP	✓ <b>Biomed</b>
Oral liq is:			
a) Retail pharmacy-specialist; and			
b) Prescriptions must be written by a paediatrician or paediatric cardiologist; or			
c) On the recommendation of a paediatrician or paediatric cardiologist.			
<b>CHLORTHALIDONE</b>			
Tab 25 mg .....	6.70	50	✓ <b>Hygroton</b>
<b>CYCLOPENTHIAZIDE</b>			
Tab 0.5 mg .....	2.50	28	✓ <b>Navidrex</b>
<b>INDAPAMIDE</b>			
Tab 2.5 mg .....	1.18	30	✓ <b>Naplin</b>

**NITRATES**

<b>GLYCERYL TRINITRATE</b>			
▲ Tab 600 µg - Available on a PSO .....	3.27	100	✓ <b>Anginine</b>
▲ Oral pump spray 400 µg per dose .....	7.28	200 dose OP	
	(9.40)		Nitrolingual Pumpspray
▲ TDDS 5 mg .....	17.50	30	✓ <b>Nitroderm TTS</b>
▲ TDDS 10 mg .....	23.27	30	✓ <b>Nitroderm TTS</b>
<b>ISOSORBIDE DINITRATE</b>			
▲ Tab 10 mg .....	4.13	100	✓ <b>Coronex</b>
▲ Tab 30 mg .....	11.00	100	✓ <b>Coronex</b>
<b>ISOSORBIDE MONONITRATE</b>			
▲ Tab 20 mg .....	18.00	100	✓ <b>Ismo 20</b>
▲ Tab long-acting 40 mg .....	14.84	30	✓ <b>Corangin</b>
▲ Tab long-acting 60 mg .....	1.95	30	✓ <b>Duride</b>

**SMOKING CESSATION**

<b>NICOTINE</b>			
Patch 5 mg .....	9.54	7	✓ <b>Nicotrol</b>
Patch 10 mg .....	9.63	7	✓ <b>Nicotrol</b>
Patch 15 mg .....	9.71	7	✓ <b>Nicotrol</b>
Gum 2 mg (Fruit, Mint) .....	13.02	96	✓ <b>Nicotinell</b>
Gum 4 mg (Fruit, Mint) .....	17.41	96	✓ <b>Nicotinell</b>

Nicotine patches and gum are only available/subsidised on presentation of a Quitline Exchange Card

‡ safety cap reimbursed  
**Preferred Brand**

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

**CARDIOVASCULAR SYSTEM****Sympathomimetics****Vasodilators**

Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic ✓ Manufacturer
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**SYMPATHOMIMETICS****ADRENALINE**

Inj 1 in 1,000, 1 ml - Available on a PSO .....	4.95	5	✓ <b>Baxter</b>
Inj 1 in 10,000, 10 ml - Available on a PSO .....	125.00	50	✓ <b>Baxter</b>

**ISOPRENALINE HYDROCHLORIDE**

Inj 200 µg per ml, 1 ml .....	36.80	25	
	(135.00)		Isuprel

**METARAMINOL TARTRATE**

Inj 10 mg per ml, 1 ml .....	21.00	5	✓ <b>Aramine</b>
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**VASODILATORS****AMYL NITRITE**

Ampoule, 0.3 ml crushable .....	62.92	12	
	(73.40)		Baxter

**HYDRALAZINE**

Inj 20 mg per ml, 1 ml .....	30.50	5	
	(42.00)		Apresoline

**OXYPENTIFYLLINE - Special Authority**

Tab 400 mg .....	66.50	90	✓ <b>Trental 400</b>
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Special Authority - Hospital pharmacy [HP3]

Approvals granted for:

- a) Chronic post-thrombotic venous stasis ulcers of more than 4 months duration where other interventions have failed;  
or  
b) Sudden hearing loss – ENT specialist only.

Subsidy Fully Brand or  
(Manufacturer's Price) Subsidised Generic  
\$ Per ✓ Manufacturer

**ANTIAACNE PREPARATIONS**

For systemic antibacterials, refer to INFECTIONS, Antibacterials, page 91  
ISOTRETINOIN - Hospital pharmacy [HP3]-dermatologist

Cap 10 mg .....	39.00	60	✓ Oratane
Cap 10 mg .....	140.00	100	✓ Roaccutane
Cap 20 mg .....	57.00	60	✓ Oratane
Cap 20 mg .....	220.00	100	✓ Roaccutane

**ANTIBACTERIALS TOPICAL**

For systemic antibacterials, refer to INFECTIONS, Antibacterials, page 91

FRAMYCETIN SULPHATE WITH GRAMICIDIN - Only on a prescription

Oint 1.5% with gramicidin 0.005% .....	6.60	15 g OP	
	(9.20)		Soframycin

FUSIDIC ACID

a) Only on a prescription;

b) Maximum 15 g per prescription.

Crn 2% .....	6.60	15 g OP	✓ Fucidin
Oint 2% .....	6.60	15 g OP	✓ Fucidin
Gel 2% .....	6.60	15 g OP	✓ Fucidin

MUPIROCIIN - Only on a prescription

Oint 2% .....	6.60	15 g OP	
	(8.24)		Bactroban

POLYNOXYLIN

Gel .....	3.50	15 g OP	
	(5.87)		Ponoxylan

SILVER SULPHADIAZINE - Only on a PSO

Crn 1% with chlorhexidine digluconate 0.2% .....	8.45	50 g OP	
	(11.30)		Silvazine
Crn 1% with chlorhexidine digluconate 0.2% .....	10.80	100 g OP	
	(14.64)		Silvazine
Crn 1% with chlorhexidine digluconate 0.2% .....	32.40	500 g OP	
	(45.88)		Silvazine

**ANTIFUNGALS TOPICAL**

For systemic antifungals, refer to INFECTIONS, Antifungals, page 98

AMOROLFINE

Nail soln 5% .....	37.86	5 ml OP	
	(60.07)		Loceryl

CICLOPIROXOLAMINE

Crn 1% .....	1.00	20 g OP	
	(9.63)		Batrafen
Soln 1% .....	4.36	20 ml OP	
	(9.08)		Batrafen
Nail soln 8% .....	37.81	3.5 ml OP	✓ Batrafen

‡ safety cap reimbursed  
**Preferred Brand**

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



# DERMATOLOGICALS

## Antifungals Topical

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic ✓ Manufacturer
<b>CLOTRIMAZOLE</b>			
Crmm 1% .....	1.00 (1.83)	15 g OP	AFT
Crmm 1% .....	1.00 (4.60)	20 g OP	✓ <b>Clocreme<sup>IMM</sup></b> Canesten <sup>IMM</sup>
Soln 1% .....	4.36 (7.35)	20 ml OP	Canesten <sup>IMM</sup>
<b>ECONAZOLE NITRATE</b>			
Crmm 1% .....	1.00 (5.77)	15 g OP	✓ <b>Ecreme</b> Pevaryl
Crmm 1% .....	1.00 (9.60)	30 g OP	Pevaryl
Foaming soln 1%, 10 ml sachets	9.89 (11.30)	3	Pevaryl
Soln 1% .....	4.36 (6.70)	10 ml OP	Pevaryl
Soln 1% .....	4.36 (10.22)	30 ml OP	Pevaryl
<b>KETOCONAZOLE</b>			
Crmm 2% .....	1.00 (10.00)	15 g OP	Nizoral
Shampoo 2% .....	5.25	100 ml OP	✓ <b>Sebizole</b>
Shampoo subsidised:			
a) Only on a prescription;			
b) Maximum 100 ml per prescription.			
<b>MICONAZOLE NITRATE</b>			
Crmm 2% .....	1.00 (1.83)	15 g OP	AFT
Crmm 2% .....	1.00	20 g OP	✓ <b>Micreme</b>
Lotn 2% .....	4.36 (9.88)	30 ml OP	Daktarin
Tincture 2% .....	4.36 (11.33)	30 ml OP	Daktarin
<b>NYSTATIN</b>			
Crmm 100,000 u per g .....	1.00 (4.10) (4.64)	15 g OP	Nilstat Mycostatin
Oint 100,000 u per g .....	1.00 (4.10) (4.91)	15 g OP	Nilstat Mycostatin
Paste 100,000 u per g, 30 g .....	1.00 (7.30)	30 g OP	Mycostatin
<b>TIOCONAZOLE</b>			
Crmm 1% .....	1.00 (8.60)	30 g OP	Trosyd
Lotn 1% .....	4.36 (8.70)	30 ml OP	Trosyd

(Trosyd crm 1% and lotn 1% to be delisted 1 July 2002)

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic ✓ Manufacturer
<b>TOLCICLATE</b>			
Crn 1% .....	1.00 (5.76)	30 g OP	Tolmicen
<b>TOLNAFTATE</b>			
Crn 1% .....	1.00 (8.35)	20 g OP	Tinaderm
Soln 1% .....	4.36 (6.67)	10 ml OP	Tinaderm

### ANTIPRURITIC PREPARATIONS

<b>CALAMINE</b>			
Crn, aqueous, BP .....	17.10 (21.75)	500 g	PSM
Lotn, BP .....	21.60 (24.50)	2,000 ml	PSM
<b>CROTAMITON</b>			
Crn 10% .....	4.26 (4.45)	20 g OP	Eurax
Lotn 10% .....	7.56 (7.70)	50 ml	Eurax
<b>MENTHOL</b>			
Crystals .....	8.05 (10.60)	25 g	PSM David Craig

a) Only in combination with aqueous cream, 10% urea cream, wool fat with mineral oil lotion, 1% hydrocortisone with wool fat and mineral oil lotion, and glycerol, paraffin and cetyl alcohol lotion;

b) With or without phenol liquefied.

<b>PHENOL</b>			
Liquified .....	21.20 (29.70) (37.00)	500 ml	PSM David Craig

a) Only in combination with aqueous cream, 10% urea cream, wool fat with mineral oil lotion, 1% hydrocortisone with wool fat and mineral oil lotion, and glycerol, paraffin and cetyl alcohol lotion;

b) With or without menthol crystals.

# DERMATOLOGICALS

## Corticosteroids Topical

Subsidy (Manufacturer's Price)	Fully Subsidised	Brand or Generic Manufacturer
\$	Per	✓

### CORTICOSTEROIDS - TOPICAL

For systemic corticosteroids, refer to CORTICOSTEROIDS AND RELATED AGENTS, page 83

#### Corticosteroids - Plain

##### BETAMETHASONE DIPROPIONATE

Crm 0.05% .....	2.96 (6.10)	15 g OP	
Crm 0.05% .....	8.97 (16.20)	50 g OP	Diprosone
Crm 0.05% in propylene glycol base .....	4.33 (12.20)	30 g OP	Diprosone
Oint 0.05% .....	2.96 (5.75)	15 g OP	Diprolene
Oint 0.05% .....	8.97 (15.10)	50 g OP	Diprosone
Oint 0.05% in propylene glycol base .....	4.33 (12.20)	30 g OP	Diprosone
			Diprosone OV Diprolene

*(Diprolene oint in propylene glycol base, 30 g OP to be delisted 1 October 2002)*

##### BETAMETHASONE VALERATE

Crm 0.1% .....	2.25 (5.38)	30 g OP	✓ <b>Beta Cream</b> Bivate <sup>IMM</sup>
Crm 0.1% .....	7.50	100 g OP	✓ <b>Beta Cream</b>
Oint 0.1% .....	2.25 (5.38) (5.91)	30 g OP	✓ <b>Beta Ointment</b> Bivate <sup>IMM</sup> Betnovate <sup>IMM</sup>
Oint 0.1% .....	7.50	100 g OP	✓ <b>Beta Ointment</b>
Lotn 0.1% .....	10.05	50 ml OP	✓ <b>Betnovate</b>

*(Bivate crm 0.1% to be delisted 1 June 2002)*

*(Betnovate oint 0.1% to be delisted 1 August 2002)*

##### CLOBETASOL PROPIONATE

Crm 0.05% .....	1.20	30 g OP	✓ <b>Dermol</b>
Oint 0.05% .....	1.20	30 g OP	✓ <b>Dermol</b>

##### CLOBETASONE BUTYRATE

Crm 0.05% .....	5.38 (5.91)	30 g OP	Eumovate
Crm 0.05% .....	16.13 (18.33)	100 g OP	Eumovate
Oint 0.05% .....	5.38 (5.91)	30 g OP	Eumovate
Oint 0.05% .....	16.13 (18.33)	100 g OP	Eumovate

##### DIFLUCORTOLONE VALERATE

Crm 0.1% .....	8.97 (11.50)	50 g OP	Nerisone
Fatty Oint 0.1% .....	8.97 (11.50)	50 g OP	Nerisone
Oint 0.1% .....	8.97 (11.50)	50 g OP	Nerisone

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic ✓ Manufacturer
<b>FLUOCINOLONE ACETONIDE</b>			
Crmm 0.025% .....	5.38	30 g OP	✓ <b>Synalar</b>
Oint 0.025% .....	5.38	30 g OP	✓ <b>Synalar</b>
<b>HYDROCORTISONE - Only on a prescription</b>			
Crmm 1% .....	0.37 (5.25)	15 g OP	Egocort
Crmm 1% .....	2.44 (2.86)	100 g	✓ <b>Lemnis Fatty Cream HC</b> Douglas PSM
Powder .....	47.87 (59.23) (69.00)	25 g	✓ <b>Douglas</b> ✓ <b>Pharmacia</b> Apo-Hydrocortisone PSM
a) Up to 5%;			
b) In a dermatological base (not proprietary Topical Corticosteroid - Plain); (refer page 164)			
c) With or without other dermatological galenicals.			
<i>(Douglas hydrocortisone powder to be delisted 1 October 2002)</i>			
<b>HYDROCORTISONE WITH WOOL FAT AND MINERAL OIL - Only on the prescription of a doctor</b>			
Lotn 1% with wool fat hydrous 3% and mineral oil .....	2.86 (4.77)	100 ml	BK Lotn HC
Lotn 1% with wool fat hydrous 3% and mineral oil .....	5.92	250 ml	✓ <b>DP Lotn HC</b>
<i>(BK Lotn HC to be delisted 1 June 2002)</i>			
<b>HYDROCORTISONE BUTYRATE</b>			
Crmm 0.1% .....	5.00	30 g OP	✓ <b>Locoid</b>
Crmm 0.1% .....	15.00	100 g OP	✓ <b>Locoid</b>
Oint 0.1% .....	15.00	100 g OP	✓ <b>Locoid</b>
Lipocream 0.1% .....	5.00	30 g OP	✓ <b>Locoid Lipocream</b>
Lipocream 0.1% .....	15.00	100 g OP	✓ <b>Locoid Lipocream</b>
Milky emulsion 0.1% .....	5.00	30 g OP	✓ <b>Locoid Crelo</b>
Milky emulsion 0.1% .....	15.00	100 g OP	✓ <b>Locoid Crelo</b>
<b>METHYLPREDNISOLONE ACEPONATE</b>			
Crmm 0.1% .....	4.95	15 g OP	✓ <b>Advantan</b>
Oint 0.1% .....	4.95	15 g OP	✓ <b>Advantan</b>
<b>MOMETASONE FUROATE</b>			
Crmm 0.1% .....	4.95	15 g OP	✓ <b>Elocon</b>
Crmm 0.1% .....	13.52	45 g OP	✓ <b>Elocon</b>
Oint 0.1% .....	4.95	15 g OP	✓ <b>Elocon</b>
Oint 0.1% .....	13.52	45 g OP	✓ <b>Elocon</b>
Lotn 0.1% .....	10.00	50 ml OP	✓ <b>Elocon</b>
<b>TRIAMCINOLONE ACETONIDE</b>			
Crmm 0.02% .....	6.45 (7.34)	100 g OP	Aristocort
Oint 0.02% .....	6.45 (7.34)	100 g OP	Aristocort

**DERMATOLOGICALS****Corticosteroids Topical****Disinfecting and Cleansing Agents**

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic ✓ Manufacturer
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**Corticosteroids - Combination**

<b>BETAMETHASONE DIPROPIONATE WITH CLOTRIMAZOLE</b>			
Crn 0.05% with clotrimazole 1% .....	4.90 (7.95)	15 g OP	Lotricomb
<b>BETAMETHASONE DIPROPIONATE WITH SALICYLIC ACID</b>			
Oint 0.05% with salicylic acid 3% .....	8.10 (10.95)	30 g OP	Diprosalic
Lotn 0.05% with salicylic acid 2% .....	9.74 (13.80)	50 ml OP	Diprosalic
<b>BETAMETHASONE VALERATE WITH CLIOQUINOL - Only on a prescription</b>			
Crn 0.1% with clioquinol 3% .....	4.90	15 g OP	✓ <b>Betnovate-C</b>
Oint 0.1% with clioquinol 3% .....	4.90	15 g OP	✓ <b>Betnovate-C</b>
<b>BETAMETHASONE VALERATE WITH FUSIDIC ACID</b>			
a) Only on a prescription;			
b) Maximum 15 g per prescription.			
Crn 0.1% with fusidic acid 2% .....	4.90 (6.98)	15 g OP	Fucicort
<b>DIFLUCORTOLONE VALERATE WITH CHLORQUINALDOL - Only on a prescription</b>			
Crn 0.1% with chlorquinaldol 1% .....	4.90 (6.08)	15 g OP	Nerisone C
<b>HYDROCORTISONE WITH MICONAZOLE - Only on a prescription</b>			
Crn 1% with miconazole nitrate 2% .....	1.32	15 g OP	✓ <b>Micreme H</b>
<b>HYDROCORTISONE WITH NATAMYCIN AND NEOMYCIN - Only on a prescription</b>			
Crn 1% with natamycin 1% and neomycin sulphate 0.5% .....	4.90 (6.09)	15 g OP	Pimafucort
Oint 1% with natamycin 1% and neomycin sulphate 0.5% .....	4.90 (6.09)	15 g OP	Pimafucort
<b>HYDROCORTISONE BUTYRATE WITH CHLORQUINALDOL - Only on a prescription</b>			
Crn 0.1% with chlorquinaldol 3% .....	4.90 (6.10)	15 g OP	Locoid C
<b>TRIAMCINOLONE ACETONIDE WITH GRAMICIDIN, NEOMYCIN AND NYSTATIN - Only on a prescription</b>			
Crn 1 mg with nystatin 100,000 u, neomycin sulphate 2.5 mg and gramicidin 250 µg per g .....	4.90 (6.09)	15 g OP	Kenacomb
Oint 1 mg with nystatin 100,000 u, neomycin sulphate 2.5 mg and gramicidin 250 µg per g .....	4.90 (6.09)	15 g OP	Kenacomb

**DISINFECTING AND CLEANSING AGENTS**

<b>CHLORHEXIDINE GLUCONATE</b>			
a) Only if prescribed for a dialysis patient and the prescription is endorsed accordingly; and			
b) Maximum of 500 ml per month.			
Soln 4% .....	9.34	500 ml	✓ <b>Orion</b>
Handrub 0.5% with ethanol 70% .....	5.70	500 ml	✓ <b>Microshield Handrub</b>
<b>SODIUM HYPOCHLORITE</b>			
Soln .....	2.71	2,500 ml	✓ <b>Janola</b>
a) only if prescribed for a dialysis patient and the prescription is endorsed accordingly.			

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic ✓ Manufacturer
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## DUSTING POWDERS

### DIPHEMANIL METHYLSULPHATE

- a) Subsidised only if prescribed for an amputee with an artificial limb, or for a paraplegic patient; and  
 b) On a prescription endorsed accordingly.

Powder 2% .....	6.81 (10.70)	50 g OP	
			Prantal

## BARRIER CREAMS AND EMOLLIENTS

### Barrier Creams

<b>ZINC</b>			
Cream BP .....	6.55 (8.90)	500 g	
			PSM
Ointment BP .....	6.55 (8.90)	500 g	PSM
<b>ZINC AND CASTOR OIL</b>			
Ointment BP .....	6.55 (7.45) (42.25)	500 g	✓ Douglas ✓ IPW ✓ PSM Sigma Orion

### Emollients

AQUEOUS CREAM .....	2.97	500 g	✓ <b>David Craig</b>
<b>CETOMACROGOL</b>			
Cream BP .....	2.80 (4.35)	500 g	PSM IPW
EMULSIFYING OINTMENT BP .....	4.18	500 g	✓ <b>David Craig</b>
<b>GLYCEROL WITH PARAFFIN AND CETYL ALCOHOL - Only on the prescription of a doctor</b>			
Lotn 5% with paraffin liq 5% and cetyl alcohol 2% .....	1.40 (7.72)	250 ml	QV
<b>HYDROCORTISONE WITH WOOL FAT AND MINERAL OIL, refer to CORTICOSTEROIDS - PLAIN, page 66</b>			
OILY CREAM BP .....	2.80 (9.96) (14.00)	500 g	David Craig PSM
<b>OIL IN WATER EMULSION</b>			
Crm .....	2.80	500 g	✓ <b>Lemnis Fatty Cream</b>
<b>UREA</b>			
Crm 10% .....	2.96 (3.09) (6.10)	100 g OP	✓ <b>Nutraplus</b> Aquacare HP Calmurid

## DERMATOLOGICALS

### Barrier Creams and Emollients

### Minor Skin Infections

### Parasiticial Preparations

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
WOOL FAT WITH MINERAL OIL - Only on the prescription of a doctor			
Lotn hydrous 3% with mineral oil .....	0.70 (4.78)	125 ml OP	BK Lotion
Lotn hydrous 3% with mineral oil .....	1.12 (5.00)	200 ml OP	Alpha-Keri Lotion
Lotn hydrous 3% with mineral oil .....	1.40 (2.18)	250 ml OP	DP Lotion Hydroderm Lotion BK Lotion
Lotn hydrous 3% with mineral oil .....	2.10 (9.38)	375 ml OP	Alpha-Keri Lotion
Lotn hydrous 3% with mineral oil .....	5.60 (8.70)	1,000 ml	DP Lotion Hydroderm Lotion Alpha-Keri Lotion BK Lotion
	(18.43)		
	(20.37)		

### Other Dermatological Bases

#### PARAFFIN

White soft .....	26.52 (31.60)	2,000 g	✓IPW PSM
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a) Only in combination with a dermatological galenical or as a diluent for a proprietary Topical Corticosteroid - Plain.

### MINOR SKIN INFECTIONS

#### POVIDONE IODINE

Antiseptic soln 10% .....	6.42	500 ml	✓Betadine <sup>IMM</sup> ✓Biocil ✓Viodine <sup>IMM</sup>
Alcohol skin preparation 10% .....	8.13 (9.89)	500 ml	✓Betadine Skin Prep Viodine
Oint 10% - Only on a prescription, maximum 100 g per prescription ..	2.88	25 g OP	✓Biocil ✓Betadine <sup>IMM</sup>
Oint 10% .....	6.87 (7.25)	100 g OP	Betadine <sup>IMM</sup>

### PARASITICIAL PREPARATIONS

#### GAMMA BENZENE HEXACHLORIDE

Crn 1% .....	3.20 (4.00)	50 g OP	Benhex
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#### MALATHION

Liq 0.5% .....	4.50	50 ml OP	✓Derbac-M
Liq 0.5% .....	11.00	200 ml	✓Derbac-M

#### MALDISON

Crn shampoo 1% .....	2.86 (5.27)	40 g OP	Prioderin
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**DERMATOLOGICALS**  
**Parasiticial Preparations**  
**Psoriasis and Eczema Preparations**

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
<b>PERMETHRIN</b>				
Crm 5% .....	4.50 (10.00)	30 g OP		Lyderm
Lotn 5% .....	4.50 (7.00)	50 ml OP		Quellada-P

- a) Should be strictly reserved for use as second line therapy in:
- patients unable to tolerate the other medications, such as infants, young children and patients with allergies or eczema;
  - cases of scabies which are resistant to gamma benzene hexachloride and resistant to malathion.
- b) Verification of drug resistance is dependent on the persistence of the condition after treatment. In order to establish whether there is drug resistance, the following criteria should be fulfilled:
- a definite diagnosis of scabies should be made;
  - it should be ascertained that the medication was administered properly;
  - the possibility of reinfestation should have been excluded.

**PSORIASIS AND ECZEMA PREPARATIONS**

<b>ACITRETIN - Hospital pharmacy [HP3]-dermatologist</b>				
Cap 10 mg .....	94.75	100	✓	<b>Neotigason</b>
Cap 25 mg .....	203.70	100	✓	<b>Neotigason</b>

<b>CALCIPOTRIOL</b>				
Crm 50 µg per g .....	23.62	30 g OP	✓	<b>Daivonex</b>
Oint 50 µg per g .....	23.62	30 g OP	✓	<b>Daivonex</b>
Crm 50 µg per g .....	65.87	100 g OP	✓	<b>Daivonex</b>
Oint 50 µg per g .....	65.87	100 g OP	✓	<b>Daivonex</b>
Soln 50 µg per ml .....	23.65	30 ml OP	✓	<b>Daivonex</b>
Soln 50 µg per ml .....	39.52	60 ml OP	✓	<b>Daivonex</b>

<b>COAL TAR</b>				
Soln gel 7.5% .....	7.75 (8.71)	100 g OP		Psorigel

<b>COAL TAR</b>				
Soln BP .....	32.45	500 ml (39.35) (45.95)		David Craig PSM

- a) Up to 10%;
- b) Only in combination with a dermatological base or proprietary Topical Corticosteroid - Plain; (refer page 164)
- c) With or without other dermatological galenicals.

<b>COAL TAR WITH ALLANTOIN, MENTHOL, PHENOL AND SULPHUR</b>				
Soln 5% with sulphur 0.5%, menthol 0.75%, phenol 0.5% and allantoin 2.5% crm .....	3.43 (3.95)	30g OP		Egopsoryl TA
Soln 5% with sulphur 0.5%, menthol 0.75%, phenol 0.5% and allantoin 2.5% crm .....	6.59 (7.62)	75 g OP		Egopsoryl TA

‡ safety cap reimbursed  
**Preferred Brand**

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



# DERMATOLOGICALS

## Psoriasis and Eczema Preparations

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
<b>CYCLOSPORIN A - Special Authority</b>			
Cap 25 mg .....	85.00	50	✓ <b>Neoral</b>
Cap 50 mg .....	169.34	50	✓ <b>Neoral</b>
Cap 100 mg .....	338.69	50	✓ <b>Neoral</b>
Oral liq 100 mg per ml .....	377.38	50 ml	✓ <b>Neoral</b>
<b>Special Authority - Hospital pharmacy [HP3]</b>			
a) Organ transplant – specialist must make application.			
b) Bone marrow transplant – specialist must make application.			
c) Graft v host disease – specialist must make application.			
d) Psoriasis			
- after other systemic and topical therapy has failed (statement as to what else has been tried is necessary)			
- specialist must make application – dermatologists only.			
e) Severe atopic dermatitis			
- that is not responsive to topical therapy, oral antihistamines and other commonly used orthodox therapies;			
- specialist must make application and reapplication – dermatologists only.			
f) Endogenous uveitis – specialist must make application.			
g) Nephrotic Syndrome			
- Corticosteroid dependent patients who have failed on cytotoxic therapy			
- specialist must make application.			
h) Severe rheumatoid arthritis (see Guidelines on page 141)			
- unless contraindicated, patients must have had a trial of, and be either unresponsive to or unable to tolerate, both sulphasalazine and methotrexate; and			
- patients must have two serum creatinine test results within the normal range within the three months prior to initiation of therapy.			
- Rheumatologists must make application and write prescriptions.			
i) Approvals are valid for two years except where approved for a) where approvals are valid indefinitely or e) where approvals are valid for six months.			
<b>METHOXSALLEN - Retail pharmacy-specialist</b>			
Cap 10 mg .....	11.66	25	✓ <b>Oxsoralen</b>
<b>POTASSIUM PERMANGANATE</b>			
Crystals .....	0.89 (3.45)	25 g	PSM

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic ✓ Manufacturer
<b>SALICYLIC ACID</b>			
Powder .....	34.32 (38.40)	500 g	✓ <b>David Craig</b> PSM
a) Only in combination with a dermatological base or proprietary Topical Corticosteroid - Plain; (refer page 164)			
b) With or without other dermatological galenicals.			
<b>SULPHUR</b>			
Precipitated .....	7.92 (9.25)	100 g	PSM
a) Only in combination with a dermatological base or proprietary Topical Corticosteroid - Plain; (refer page 164)			
b) With or without other dermatological galenicals.			
<b>TAR WITH CADE OIL</b>			
Bath emulsion 7.5% coal tar, 2.5% cade oil, 7.5% compound .....	9.70 (20.15)	350 ml	Polytar Emollient
<b>TAR WITH TRIETHANOLAMINE LAURYL SULPHATE AND FLUORESCEIN</b> - Only on the prescription of a doctor			
Soln 2.3% with triethanolamine lauryl sulphate and fluorescein sodium .....	2.30 (2.42)	100 ml OP	Pinetarsol
Soln 2.3% with triethanolamine lauryl sulphate and fluorescein sodium .....	4.22 (4.43)	200 ml OP	Pinetarsol Pinetarsol Shower Pack
Soln 2.3% with triethanolamine lauryl sulphate and fluorescein sodium .....	2.10	500 ml OP	✓ <b>Pinetarsol</b>
Soln 2.3% with triethanolamine lauryl sulphate and fluorescein sodium .....	4.20	1,000 ml	✓ <b>Pinetarsol</b>

## SCALP PREPARATIONS

<b>BETAMETHASONE DIPROPIONATE</b>			
Scalp lotn 0.05% .....	12.29 (22.24)	100 ml OP	Diprosone
Scalp lotn propylene glycol base 0.05% .....	8.00 (11.40)	30 ml OP	Diprolene
<i>(Diprolene scalp lotn to be delisted 1 June 2002)</i>			
<b>BETAMETHASONE VALERATE</b>			
Scalp app 0.1% .....	3.25	100 ml OP	✓ <b>Beta Scalp</b>
Scalp app 0.1% .....	8.13	250 ml OP	✓ <b>Beta Scalp</b>
<b>CLOBETASOL PROPIONATE</b>			
Scalp app 0.05% .....	3.99	30 ml OP	✓ <b>Dermol</b>
<b>FLUOCINOLONE ACETONIDE</b>			
Gel 0.02% .....	5.23	30 g OP	✓ <b>Synalar Gel</b>
<b>HYDROCORTISONE BUTYRATE</b>			
Scalp lotn 0.1% .....	7.16	100 ml OP	✓ <b>Locoid</b>
Scalp lotn 0.1% .....	17.90	250 ml OP	✓ <b>Locoid</b>
<b>KETOCONAZOLE</b>			
Shampoo 2% .....	5.25	100 ml OP	✓ <b>Sebizole</b>
Shampoo subsidised:			
a) Only on a prescription;			
b) Maximum 100 ml per prescription.			

# DERMATOLOGICALS

## Sunscreens

### Wart and Corn Preparations

Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
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## SUNSCREENS

SUNSCREENS, PROPRIETARY - Retail pharmacy-specialist

Crm .....	1.74 (5.82)	50 g OP	
Crm .....	3.48 (6.56)	100 g OP	Aquasun 30+
Crm .....	3.39 (5.89)	100 g OP	Elizabeth Arden Suncare
Oint .....	5.00 (12.00)	14 g OP	Hamilton Sunscreen
Lotn .....	4.80 (7.68)	125 ml OP	R V Paque
Lotn .....	4.80 (8.58)	300 ml OP	Le Tan SPF 15+ Aquasun 30+ Aquabloc 30+
Lotn .....	4.80 (8.59)	300 ml OP	Le Tan SPF 15+

(Elizabeth Arden Suncare crm to be delisted 1 September 2002)

## WART AND CORN PREPARATIONS

### FORMALDEHYDE

Soln 37% .....	8.50	500 ml	✓ PSM
a) 10% solution subsidised for treatment of plantar's warts;			
b) Solution is reusable for multiple treatments;			
c) Maximum 2,000 ml per dispensing;			
d) Maximum 6,000 ml per prescription;			
e) Not available on BSO or to rural doctors on PSO.			

### PODOPHYLLIN

Paint 20% .....	CE	20 ml	✓
a) Maximum 20 ml per prescription (refer page 168).			

### PODOPHYLLOTOXIN

Soln 0.5 % .....	32.00	3.5 ml OP	✓ Condyline
a) Only on a prescription;			
b) Maximum 3.5 ml per prescription.			

### SALICYLIC ACID

a) Maximum 20 g or 20 ml per prescription (refer page 168).			
Oint 20% .....	CE	20 g	✓
Oint 40% .....	CE	20 g	✓
Oint 60% .....	CE	20 g	✓
Soln 20% .....	CE	20 ml	✓
Soln 40% .....	CE	20 ml	✓

Subsidy (Manufacturer's Price) \$ Per Fully Subsidised ✓ Brand or Generic Manufacturer

**OTHER SKIN PREPARATIONS**

**Antineoplastics**

FLUOROURACIL SODIUM - Retail pharmacy-specialist  
Crm 5% ..... 23.89 20 g OP ✓ **Efudix**

**Topical Analgesia**

ASPIRIN & CHLOROFORM  
Application (refer page 168) ..... CE ✓

**Wound Management Products**

HYDROGEN PEROXIDE  
Soln 20 vol ..... 3.13 500 ml  
(4.80) PSM  
a) Maximum 500 ml per prescription.  
MAGNESIUM SULPHATE  
Paste ..... 18.60 500 g  
(22.10) PSM

‡ safety cap reimbursed  
**Preferred Brand**

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

# GENITO URINARY SYSTEM

## Contraceptives – Non-hormonal

Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic ✓ Manufacturer
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### CONTRACEPTIVES – NON-HORMONAL

#### Condoms

CONDOMS WITH SPERMICIDE - Available on a PSO .....	28.56	144	<ul style="list-style-type: none"> <li>✓ <b>Durex Extra Confidence</b></li> <li>✓ <b>Lifestyles Spermicidal</b></li> <li>✓ <b>Shield Gold</b> Durex Extra Safe</li> </ul>
	(94.68)		
<i>(Durex Extra Safe to be delisted 1 August 2002)</i>			
CONDOMS WITHOUT SPERMICIDE - Available on a PSO .....	18.50	144	<ul style="list-style-type: none"> <li>✓ <b>Durex Confidence</b></li> <li>✓ <b>Gold Knight</b></li> <li>✓ <b>Sagami Silver De Luxe</b></li> <li>✓ <b>Shield Blue</b></li> <li>✓ <b>Lifestyles Flared</b> R3 Superfeucht</li> </ul>
	(68.40)		
CONDOMS EXTRA STRENGTH - Available on a PSO .....	21.00	144	<ul style="list-style-type: none"> <li>✓ <b>Sagami Sustaining</b></li> </ul>

#### Spermicidal Agents

DI-ISOBUTYLPHENOXYPOLYETHOXY-ETHANOL - Available on a PSO Jelly 1% .....	5.81	75 g OP	Ortho-Gynol
	(7.80)		
NONOXYNOL 9 - Available on a PSO Pessary .....	6.76	12 OP	✓ <b>Rendells Plus</b>
APPLICATOR - when ordered with spermicide .....	4.10	each	Ortho
	(4.34)		

#### Contraceptive Devices

CERVICAL CAP - Only on a WSO .....	6.71	1 OP	<ul style="list-style-type: none"> <li>✓ <b>Dumas Vault</b></li> <li>✓ <b>Vimule</b></li> <li>✓ <b>Prentif</b></li> </ul>
DIAPHRAGM - Available on a PSO .....	30.23	1 OP	Ortho All-flex
	(42.90)		Ortho Coil
INTRA-UTERINE DEVICE - Only on a WSO .....	39.50	1 OP	<ul style="list-style-type: none"> <li>✓ <b>Multiload Cu 375</b></li> <li>✓ <b>Multiload Cu 375SL</b></li> <li>✓ <b>Nova-T</b></li> </ul>

Subsidy (Manufacturer's Price) \$ Fully Subsidised Per Brand or Generic Manufacturer ✓

**CONTRACEPTIVES – HORMONAL**

Additional subsidy by Special Authority is available to reimburse the manufacturer's price identified on the Pharmaceutical Schedule as at 1 November 1999.

- a) Additional subsidy to fund Mercilon, Marvelon, Minulet and Femodene is available for all new applications submitted after 1 November 1999 for women who are either:
  - on a Social Welfare benefit; or
  - have an income no greater than the benefit; AND
  - have tried at least one of the fully funded options and have been unable to tolerate it.
- b) The approval numbers of Special Authorities approved after 1 November 1999 are interchangeable between Mercilon, Marvelon, Minulet and Femodene.
- c) The additional subsidy will fund Mercilon, Marvelon, Minulet and Femodene up to the manufacturer's price for each of these products as identified on the Schedule at 1 November 1999.
- d) Special Authorities approved before 1 November 1999 remain valid until the expiry date and can be renewed providing that women are still either:
  - on a Social Welfare benefit; or
  - have an income no greater than the benefit.
- e) The approval numbers of Special Authorities approved before 1 November 1999 are interchangeable for products within the combined oral contraceptives and progestogen-only contraceptives groups, except Loette, Melodene & Microgynon 20 ED.
- f) Approvals are valid for two years.
- g) Dispensed by retail pharmacy.

**Combined Oral Contraceptives**

Additional subsidy by Special Authority – refer above.

ETHINYLOESTRADIOL WITH DESOGESTREL - Available on a PSO

Tab 20 µg with desogestrel 150 µg .....	3.15	21	
	(4.60)		Mercilon 21
Tab 20 µg with desogestrel 150 µg and 7 inert tab .....	3.15	28	
	(4.60)		Mercilon 28
Tab 30 µg with desogestrel 150 µg .....	3.15	21	
	(4.60)		Marvelon 21
Tab 30 µg with desogestrel 150 µg and 7 inert tab .....	3.15	28	
	(4.60)		Marvelon 28

ETHINYLOESTRADIOL WITH GESTODENE - Available on a PSO

Tab 20 µg with gestodene 75 µg and 7 inert tab .....	3.15	28	
(Special Authority does not apply)	(6.00)		Melodene
Tab 30 µg with gestodene 75 µg .....	3.15	21	
	(4.83)		Femodene 21
			Minulet 21
Tab 30 µg with gestodene 75 µg and 7 inert tab .....	3.15	28	
	(4.83)		Femodene 28
			Minulet 28

(Minulet 21 tab to be delisted 1 October 2002)

# GENITO URINARY SYSTEM

## Contraceptives – Hormonal

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
<b>ETHINYLOESTRADIOL WITH LEVONORGESTREL - Available on a PSO</b>				
Tab 20 µg with levonorgestrel 100 µg and 7 inert tab (Special Authority does not apply) .....	3.15 (5.50)	28		Loette Microgynon 20 ED
Tab 30 µg with levonorgestrel 150 µg .....	3.15 (4.83)	21		Microgynon 30 Nordette 21
Tab 30 µg with levonorgestrel 150 µg and 7 inert tab .....	3.15 (4.83)	28	✓ ✓	<b>Leven ED</b> <b>Monofeme</b> Microgynon 30 ED Nordette 28
Tab ethinyloestradiol 30 µg with levonorgestrel 50 µg (6) and tab ethinyloestradiol 40 µg with levonorgestrel 75 µg (5) and tab ethinyloestradiol 30 µg with levonorgestrel 125 µg (10) .....	3.15 (4.83)	21		Triphasil 21
Tab ethinyloestradiol 30 µg with levonorgestrel 50 µg (6) and tab ethinyloestradiol 40 µg with levonorgestrel 75 µg (5) and tab ethinyloestradiol 30 µg with levonorgestrel 125 µg (10) and 7 inert tab .....	3.15 (4.83)	28	✓ ✓	<b>Trifeme</b> <b>Triquilar ED</b> Triphasil 28
Tab ethinyloestradiol 50 µg with levonorgestrel 50 µg (11) and tab ethinyloestradiol 50 µg with levonorgestrel 125 µg (10) and 7 inert tab .....	3.15 (4.60)	28		Biphasil 28
Tab 50 µg with levonorgestrel 125 µg and 7 inert tab .....	3.15	28	✓	<b>Microgynon 50 ED</b>
Tab 50 µg with levonorgestrel 250 µg .....	3.15 (4.60)	21		Nordioli 21
Tab 50 µg with levonorgestrel 250 µg and 7 inert tab .....	3.15 (4.60)	28		Nordioli 28
<i>(Triphasil 21 to be delisted 1 June 2002)</i>				
<i>(Nordette 21 tab to be delisted 1 October 2002)</i>				
<b>ETHINYLOESTRADIOL WITH NORETHISTERONE - Available on a PSO</b>				
Tab 35 µg with norethisterone 500 µg .....	3.15 (4.84)	21		Brevinor 21
Tab 35 µg with norethisterone 500 µg and 7 inert tab .....	3.15 (4.84)	28	✓	<b>Norimin</b> Brevinor 28
Tab ethinyloestradiol 35 µg with norethisterone 500 µg (7) and tab ethinyloestradiol 35 µg with norethisterone 1 mg (9) and tab ethinyloestradiol 35 µg with norethisterone 500 µg (5) and 7 inert tab .....	3.15 (4.60)	28		Synphasic 28
Tab 35 µg with norethisterone 1 mg .....	3.15 (4.84)	21		Brevinor 1/21
Tab 35 µg with norethisterone 1 mg and 7 inert tab .....	3.15 (4.84)	28		Brevinor 1/28
<b>ETHINYLOESTRADIOL WITH NORGESTREL - Available on a PSO</b>				
Tab 50 µg with norgestrel 500 µg .....	3.15 (4.73)	21		Ovral

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic ✓ Manufacturer
<b>NORETHISTERONE WITH MESTRANOL - Available on a PSO</b>			
Tab 1 mg with mestranol 50 µg .....	3.15 (4.60)	21	
Tab 1mg with mestranol 50 µg and 7 inert tab .....	3.15 (4.60)	28	Norinyl-1/21  Norinyl-1/28

### Progestogen-only Contraceptives

Additional subsidy by Special Authority – refer page 77 (e).

**ETHYNODIOL DIACETATE - Available on a PSO**

Tab 500 µg ..... 3.15 28 ✓ **Femulen**

**LEVONORGESTREL - Available on a PSO**

Tab 30 µg ..... 2.90 28  
 (4.60) Microlut  
 Microval

**MEDROXYPROGESTERONE ACETATE - Available on a PSO**

Inj 150 mg per ml, 1 ml syringe ..... 8.47 each ✓ **Depo-Provera**

**NORETHISTERONE - Available on a PSO**

Tab 350 µg ..... 2.90 28  
 (4.33) Noriday 28

### Emergency Contraceptives

**LEVONORGESTREL - Available on a PSO**

Tab 750 µg ..... 4.50 2 ✓ **Postinor-2**

a) Maximum of 4 tablets per prescription.

### ANTIANDROGEN ORAL CONTRACEPTIVES

**CYPROTERONE ACETATE WITH ETHINYLOESTRADIOL**

Tab 2 mg with ethinyloestradiol 35 µg and 7 inert tabs ..... 3.15 28 ✓ **Estelle 35**

a) Prescribers may code prescriptions “contraceptive” (code “O”) when used as indicated for contraception. The period of supply and prescription charge will be as per other contraceptives, as follows:

- \$3.00 prescription charge (patient co-payment) will apply;
- prescription may be written for up to six months supply; and
- pharmacists may dispense up to three months supply.

b) Prescriptions coded in any other way are subject to the non-contraceptive prescription charges, and the non-contraceptive period of supply, ie. Prescriptions may be written for up to three months supply, and dispensed monthly.



# GENITO URINARY SYSTEM

## Gynaecological Anti-infectives

### Impotence Treatment

#### Myometrial and Vaginal Hormone Preparations

Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
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## GYNAECOLOGICAL ANTI-INFECTIVES

### ACETIC ACID WITH HYDROXYQUINOLINE AND RICINOLEIC ACID

Jelly with acetic acid 0.94%, hydroxyquinoline sulphate 0.025% and ricinoleic acid 0.75% with applicator .....	8.43 (11.32)	100 g OP	
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Aci-Jel

### CLOTRIMAZOLE

Pessaries 100 mg with applicator(s) .....	1.93	6	✓ <b>Clotrihexal</b>
Pessaries 500 mg with applicator .....	1.93	each	✓ <b>Clotrihexal</b>
Vaginal crm 1% with applicator(s) .....	1.89	35 g OP	✓ <b>Clocreme</b>
Vaginal crm 2% with applicators .....	4.20	25 g OP	✓ <b>Clotrimaderm 2%</b>

### ECONAZOLE NITRATE

Pessaries 150 mg with applicators .....	2.75 (9.71)	3	
Vaginal crm 1% with applicators .....	2.75 (8.97)	40 g OP	

Gyno-Pevaryl

Gyno-Pevaryl

### MICONAZOLE NITRATE

Vaginal crm 2% with applicator .....	2.75	40 g OP	✓ <b>Micreme</b>
Vaginal crm 2% with applicator .....	2.75 (4.38)	45 g OP	

Micozole

### NYSTATIN

Vaginal crm 100,000 u per 5 g with applicator .....	4.40 (4.66)	75 g OP	
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Nilstat

### TIOCONAZOLE

Pessaries 100 mg with applicator .....	2.75 (9.20)	3	
Vaginal oint 6.5% with applicator .....	2.75 (8.92)	4.6 g OP	

Gyno-Trosyd

Gyno-Trosyd

## IMPOTENCE TREATMENT

### PAPAVERINE HYDROCHLORIDE

Inj 12 mg per ml, 10 ml .....	68.00	5	✓ <b>Baxter</b>
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## MYOMETRIAL AND VAGINAL HORMONE PREPARATIONS

### ERGOMETRINE MALEATE

Inj 500 µg per ml, 1 ml - Available on a PSO .....	11.60 (15.65)	5	Baxter
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### GEMEPROST - Special Authority

Pessaries 1 mg .....	258.14	5	✓ <b>Cervagem</b>
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### Special Authority - Hospital pharmacy [HP1]

a) Termination of advanced pregnancy i.e. beyond 12 weeks. Only for Epsom Day Unit in Auckland.

b) Specialist must make application.

**GENITO URINARY SYSTEM**  
**Myometrial and Vaginal Hormone Preparations**  
**Pregnancy Tests - HCG Urine**  
**Urinary Agents & Urinary Tract Infections**

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic ✓ Manufacturer
<b>OESTRIOL</b>			
Pessaries 500 µg .....	7.25	15	✓ <b>Ovestin</b>
Crn 1 mg per g with applicator .....	7.00	15 g OP	✓ <b>Ovestin</b>
<b>ESTROGENS</b>			
Conjugated, equine vaginal crn 625 µg per g with applicator .....	6.49	42 g OP	✓ <b>Premarin</b>
<i>(Premarin crn to be delisted 1 June 2002)</i>			
<b>OXYTOCIN - Available on a PSO</b>			
Inj 5 iu per ml, 1 ml .....	4.00	5	
	(5.20)		Syntocinon
Inj 10 iu per ml, 1 ml .....	5.00	5	
	(6.50)		Syntocinon
Inj 5 iu with ergometrine maleate 500 µg per ml, 1 ml .....	6.80	5	
	(8.84)		Syntometrine

**PREGNANCY TESTS - HCG URINE**

<b>PREGNANCY TEST - HCG URINE - Only on a WSO</b>			
25 .....	43.75	25 tests	✓ <b>MDS Quick Card</b> ✓ <b>MDS Quick Stick</b>

**URINARY AGENTS**

**Alpha Adrenoceptor Blockers**

<b>PHENOXYBENZAMINE HYDROCHLORIDE</b>			
Cap 10 mg .....	26.05	100	✓ <b>Dibenyline</b>
<b>TERAZOSIN HYDROCHLORIDE</b>			
Tab 7 x 1 mg and 7 x 2 mg .....	4.34	14 OP	✓ <b>Hytrin BPH Starter Pack</b>
Tab 2 mg .....	11.20	28	✓ <b>Hytrin BPH</b>
Tab 5 mg .....	18.20	28	✓ <b>Hytrin BPH</b>

**Other urinary agents**

<b>OXYBUTYNIN</b>			
Tab 5 mg .....	9.38	100	✓ <b>Apo-Oxybutynin</b>
Oral liq 5 mg per 5 ml .....	22.26	473 ml OP	✓ <b>Apo-Oxybutynin</b>
<b>SODIUM CITRO-TARTRATE</b>			
Grans effervescent 4 g sachets .....	3.20	25	
	(3.90)		Citravescent
	(4.33)		Ural

**URINARY TRACT INFECTIONS**

Refer also to INFECTIONS, Antibacterials, page 91 and INFECTIONS, Urinary Tract Infections, page 108.

‡ safety cap reimbursed  
**Preferred Brand**

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

# HORMONE PREPARATIONS - SYSTEMIC excluding Contraceptive Hormones

## Anabolic Agents Calcium Homeostasis

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
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### ANABOLIC AGENTS

NANDROLONE DECANOATE - Retail pharmacy-specialist

Inj 50 mg per ml, 1 ml .....	21.15	1	✓ <b>Deca-Durabolin Orgajet</b>
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### CALCIUM HOMEOSTASIS

#### Alendronate for Osteoporosis

ALENDRONATE - Special Authority

Tab 10 mg .....	57.00	30	✓ <b>Fosamax</b>
Tab 70 mg .....	53.20	4	✓ <b>Fosamax</b>

Special Authority – Retail pharmacy

a) Treatment of severe osteoporosis for patients meeting the following criteria:

- 1) history of one previous significant osteoporotic fracture demonstrated radiologically; and
- 2) documented bone mass density (BMD)  $\geq$  3.0 standard deviations below the mean normal value in young adults (i.e. T-Score  $\leq$  -3.0).

b) Application to be made by endocrinologist, rheumatologist, geriatrician, general physician, or gynaecologist.

c) Approvals are valid indefinitely.

d) Special Authority numbers for alendronate 10 mg and 70 mg can be interchangeable.

Note: In line with the Australian guidelines for funding alendronate, a vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

#### Alendronate for Pagets Disease

ALENDRONATE - Special Authority

Tab 40 mg .....	133.00	30	✓ <b>Fosamax</b>
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Special Authority – Retail pharmacy

a) Treatment of Paget's disease for patients meeting one of the following criteria:

- bone or articular pain
- bone deformity
- bone, articular or neurological complications
- asymptomatic disease, but risk of complications due to site (base of skull, spine, long bones of lower limbs)
- preparation for orthopaedic surgery.

b) Relevant specialist must make application and reapplication.

c) Approvals are valid for 6 months.

#### Other Treatments

CALCITONIN - Hospital pharmacy [HP3]-specialist

Inj 100 iu per ml, 1 ml .....	100.00	5	✓ <b>Miacalcic</b>
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ETIDRONATE DISODIUM - Retail pharmacy-specialist

Tab 200 mg .....	110.00	100	✓ <b>Etidrate</b>
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# HORMONE PREPARATIONS - SYSTEMIC excluding Contraceptive Hormones

## Calcium Homeostasis Corticosteroids and Related Agents for Systemic Use

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic ✓ Manufacturer
<b>PAMIDRONATE DISODIUM - Special Authority</b>			
Inj 3 mg per ml, 5 ml .....	51.19	1	✓ <b>Baxter</b>
Inj 3 mg per ml, 10 ml .....	102.38 (157.50)	1	✓ <b>Baxter</b> Aredia
Inj 6 mg per ml, 10 ml .....	204.75	1	✓ <b>Baxter</b>
<b>Special Authority - Hospital pharmacy [HP3]</b>			
a) Paget's disease.			
b) Tumour-induced hypercalcaemia, only patients under hospice care.			
c) Tumour-induced osteolysis without hypercalcaemia, only patients under hospice care.			
d) Specialist must make application.			
<b>CORTICOSTEROIDS AND RELATED AGENTS FOR SYSTEMIC USE</b>			
<b>BETAMETHASONE SODIUM PHOSPHATE</b>			
▲ Tab 500 µg - Available on a PSO .....	11.86	100	✓ <b>Betnesol</b>
<b>BETAMETHASONE SODIUM PHOSPHATE WITH BETAMETHASONE ACETATE</b>			
Inj 3.9 mg with betamethasone acetate 3 mg per ml, 1 ml .....	19.20 (28.00)	5	Celestone Chronodose
<b>CORTISONE ACETATE</b>			
▲ Tab 5 mg .....	8.09 (12.65)	100	Douglas
▲ Tab 25 mg .....	18.68 (25.00)	100	Douglas
<b>DEXAMETHASONE - Retail pharmacy-specialist</b>			
▲ Tab 1 mg - Available on a PSO .....	16.08	100	✓ <b>Douglas</b>
▲ Tab 4 mg - Available on a PSO .....	61.89	100	✓ <b>Douglas</b>
Oral liq 1 mg per ml .....	35.00	25 ml OP	✓ <b>Biomed</b>
Oral liq prescriptions:			
a) Must be written by a paediatrician or paediatric cardiologist; or			
b) On the recommendation of a paediatrician or paediatric cardiologist.			
<b>DEXAMETHASONE SODIUM PHOSPHATE - Available on a PSO or BSO</b>			
Inj 4 mg per ml, 1 ml .....	22.60	5	✓ <b>Baxter</b>
Inj 4 mg per ml, 2 ml .....	32.60	5	✓ <b>Baxter</b>
<b>FLUDROCORTISONE ACETATE</b>			
▲ Tab 100 µg .....	7.62	100	✓ <b>Florinef</b>
<b>HYDROCORTISONE</b>			
▲ Tab 5 mg .....	8.83	100	✓ <b>Douglas</b>
▲ Tab 20 mg .....	16.43	100	✓ <b>Douglas</b>
Inj 50 mg per ml, 2 ml - Only on a PSO .....	3.72	1	✓ <b>Solu-Cortef</b>
Inj 125 mg per ml, 2 ml - Only on a PSO .....	7.85	1	✓ <b>Solu-Cortef</b>
Inj 125 mg per ml, 4 ml - Only on a PSO .....	13.28	1	✓ <b>Solu-Cortef</b>
<b>METHYLPREDNISOLONE - Retail pharmacy-specialist</b>			
▲ Tab 4 mg .....	48.55	100	✓ <b>Medrol</b>
▲ Tab 100 mg .....	166.67	20	✓ <b>Medrol</b>
Inj 40 mg per ml, 1 ml .....	152.00	25	✓ <b>Solu-Medrol</b>
Inj 62.5 mg per ml, 2 ml .....	414.44	25	✓ <b>Solu-Medrol</b>
Inj 500 mg .....	45.00	1	✓ <b>Solu-Medrol</b>
			✓ <b>Baxter</b>
Inj 1 g .....	80.00	1	✓ <b>Solu-Medrol</b> ✓ <b>Baxter</b>

‡ safety cap reimbursed

**Preferred Brand**

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

**HORMONE PREPARATIONS - SYSTEMIC excluding Contraceptive Hormones**  
**Corticosteroids and Related Agents for Systemic Use**  
**Corticosteroids - Injectables**  
**Sex Hormones Non Contraceptive**

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic ✓ Manufacturer
<b>PREDNISOLONE SODIUM PHOSPHATE - Available on a PSO</b>			
Oral liq 5 mg per ml .....	9.95	30 ml OP	✓ <b>Redipred</b>
a) Restricted to children under 12 years of age.			
<b>PREDNISON</b>			
▲ Tab 1 mg .....	10.30	500	✓ <b>Apo-Prednisone</b>
▲ Tab 2.5 mg .....	11.53	500	✓ <b>Apo-Prednisone</b>
▲ Tab 5 mg - Available on a PSO .....	12.22	500	✓ <b>Apo-Prednisone</b>
▲ Tab 20 mg .....	7.30	100	✓ <b>Apo-Prednisone</b>
<b>TETRACOSACTRIN</b>			
Inj 250 µg .....	147.65	10	✓ <b>Synacthen</b>
Inj 1 mg per ml, 1 ml .....	22.40	1	✓ <b>Synacthen Depot</b>

**CORTICOSTEROIDS - INJECTABLES**

Refer to MUSCULO-SKELETAL, CORTICOSTEROIDS - INJECTABLES, page 112

**SEX HORMONES NON CONTRACEPTIVE**

**Androgen Agonists and Antagonists**

<b>CYPROTERONE ACETATE - Hospital pharmacy [HP3]-specialist prescription</b>			
Tab 50 mg .....	84.75	50	✓ <b>Siterone</b>
Inj 100 mg per ml, 3 ml .....	196.82	3	✓ <b>Androcur Depot</b>
<b>SPIRONOLACTONE</b>			
Tab 25 mg .....	5.60	100	✓ <b>Spirotone</b>
Tab 100 mg .....	18.50	100	✓ <b>Spirotone</b>
<b>TESTOSTERONE CYPIONATE - Retail pharmacy-specialist</b>			
Inj long-acting 100 mg per ml, 10 ml .....	57.39 (61.41)	1	Depo-Testosterone
<b>TESTOSTERONE ENANTHATE - Retail pharmacy-specialist</b>			
Inj long-acting 250 mg - prefilled syringe .....	60.00	3	✓ <b>Primoteston</b>
<b>TESTOSTERONE ESTERS - Retail pharmacy-specialist</b>			
Inj 250 mg per ml, 1 ml .....	12.98	1	✓ <b>Sustanon 250 Orgaject</b>
<b>TESTOSTERONE UNDECANOATE - Retail pharmacy-specialist</b>			
Cap 40 mg .....	60.71	60	✓ <b>Panteston</b>

# HORMONE PREPARATIONS - SYSTEMIC excluding Contraceptive Hormones

## Hormone Replacement Therapy - Systemic

Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic ✓ Manufacturer
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### HORMONE REPLACEMENT THERAPY - SYSTEMIC

Additional subsidy by Special Authority (TDDS only):

- a) Approval for additional subsidy for transdermal delivery (TDDS) of HRT is available for patients who have either:
  - acute or significant liver disease – a declaration must be provided from a gastroenterologist or general physician stating that oral oestrogens are contraindicated due to liver disease; or
  - oestrogen induced hypertension requiring antihypertensive therapy – documented evidence must be provided that raised blood pressure levels or inability to control blood pressure adequately occurred post oral oestrogens; or
  - hypertriglyceridaemia – documented evidence must be provided that triglyceride levels increased to at least 2 x normal triglyceride levels post oral oestrogens;
- b) Prescriptions with a valid Special Authority (CHEM) number will be reimbursed the level of the lowest priced TDDS product within the specified dose group;
- c) Applications to be written by general practitioner, obstetrician and gynaecologist, or general physician;
- d) Approvals valid for five years;
- e) Approvals for subsidy on Estraderm TTS25 remain valid until their expiry date;
- f) Dispensed by retail pharmacy.

### Oestrogens

#### Low Dose

##### OESTRADIOL

TDDS 25 µg per day .....	3.01	8	
	(10.86)		Estraderm TTS 25

- a) Only on a prescription;
- b) Maximum of 2 patches per week;
- c) Additional subsidy by Special Authority available to fully fund to the level of the lowest priced TDDS brand within the low dose oestrogens.

##### OESTROGENS

Conjugated, equine tab 300 µg .....	3.01	28	✓ <b>Premarin</b>
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#### Medium/Low Dose

##### OESTRADIOL

Tab 1 mg .....	4.12	28 OP	
	(6.50)		Estrofem

##### OESTRADIOL VALERATE

Tab 1 mg .....	4.12	28	✓ <b>Progynova</b>
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# HORMONE PREPARATIONS - SYSTEMIC excluding Contraceptive Hormones

## Hormone Replacement Therapy - Systemic

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic ✓ Manufacturer
<b>Medium Dose</b>			
<b>OESTRADIOL</b>			
TDDS 50 µg per day .....	4.12 (13.18)	8	Estraderm TTS 50
a) Only on a prescription;			
b) Maximum of 2 patches per week;			
c) Additional subsidy by Special Authority available to fully fund to the level of the lowest priced TDDS brand within the medium dose oestrogens.			
TDDS 3.9 mg per day (releases 50 µg of oestradiol per day) .....	4.12 (11.53) (11.73)	4	Climara 50 Femtran 50
a) Only on a prescription;			
b) Maximum of 1 patch per week;			
c) Additional subsidy by Special Authority available to fully fund to the level of the lowest priced TDDS brand within the medium dose oestrogens.			
<b>OESTROGENS</b>			
Conjugated, equine tab 625 µg .....	4.12	28	✓ <b>Premarin</b>
<b>Medium/High Dose</b>			
<b>OESTRADIOL</b>			
Tab 2 mg .....	7.00	28 OP	✓ <b>Estrofem</b>
<b>OESTRADIOL VALERATE</b>			
Tab 2 mg .....	7.00	28	✓ <b>Progynova</b>
<b>High Dose</b>			
<b>OESTRADIOL</b>			
TDDS 100 µg per day .....	7.05 (16.14)	8	Estraderm TTS 100
a) Only on a prescription;			
b) Maximum of 2 patches per week;			
c) Additional subsidy by Special Authority available to fully fund to the level of the lowest priced TDDS brand within the high dose oestrogens.			
TDDS 7.8 mg per day (releases 100 µg of oestradiol per day) .....	7.05 (14.33) (14.53)	4	Climara100 Femtran 100
a) Only on a prescription;			
b) Maximum of 1 patch per week;			
c) Additional subsidy by Special Authority available to fully fund to the level of the lowest priced TDDS brand within the high dose oestrogens.			
<b>OESTROGENS</b>			
Conjugated, equine tab 1.25 mg .....	7.05	28	✓ <b>Premarin</b>

# HORMONE PREPARATIONS - SYSTEMIC EXCLUDING CONTRACEPTIVE HORMONES

## Hormone Replacement Therapy - Systemic

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic ✓ Manufacturer
<b>Progestogens</b>			
<b>Low Dose</b>			
MEDROXYPROGESTERONE ACETATE			
Tab 2.5 mg .....	4.13	30	✓ Provera
<b>Medium Dose</b>			
MEDROXYPROGESTERONE ACETATE			
Tab 5 mg .....	27.49	100	✓ Provera
<b>High Dose</b>			
MEDROXYPROGESTERONE ACETATE			
Tab 10 mg .....	15.14	30	✓ Provera
<b>Progestogen and oestrogen combined preparations</b>			
OESTRADIOL WITH LEVONORGESTREL			
Tab 2 mg with 75 µg levonorgestrel (12) and 2 mg oestradiol tab (16) ..	7.00	28	✓ Nuvelle
OESTRADIOL WITH NORETHISTERONE			
Tab 1 mg with 0.5 mg norethisterone acetate .....	7.00 (11.45)	28 OP	
Tab 2 mg with 1 mg norethisterone acetate .....	7.00 (11.45)	28 OP	Kliovance ✓ Cliane <sup>IMM</sup> Kliogest <sup>IMM</sup>
Tab 2 mg with 1 mg norethisterone acetate (10) and 2 mg oestradiol tab (12) and 1 mg oestradiol tab (6) .....	7.00 (10.00)	28 OP	Trisequens
TDDS 50 µg (10) and 1 mg norethisterone tab (12) .....	7.00 (17.75)	1 OP	Estrapak
<ul style="list-style-type: none"> <li>a) Only on a prescription;</li> <li>b) Maximum of 1 pack (10 patches and 12 tablets) per month;</li> <li>c) Additional subsidy by Special Authority available to fully fund to the level of the lowest priced TDDS brand within the medium dose oestrogens.</li> </ul>			
OESTROGENS WITH MEDROXYPROGESTERONE			
Tab 625 µg conjugated equine with 2.5 mg medroxyprogesterone acetate tab (28) .....	7.00 (11.45)	28 OP	Premia 2.5 Continuous
Tab 625 µg conjugated equine with 5 mg medroxyprogesterone acetate tab (28) .....	7.00 (11.45)	28 OP	Premia 5 Continuous
Tab 625 µg conjugated equine (14), 625 µg conjugated equine 5 mg with medroxyprogesterone acetate tab (14) .....	7.00 (10.45)	28 OP	Premia 5
Tab 625 µg conjugated equine (28) and 5 mg medroxyprogesterone acetate tab (28) .....	7.00 (11.00)	56 OP	Menoprem Continuous
Tab 625 µg conjugated equine (28) and 10 mg medroxyprogesterone acetate tab (14) .....	7.00 (10.00)	42 OP	Menoprem
OESTROGENS WITH NORGESTREL			
Tab 625 µg conjugated equine (28) and 150 µg norgestrel tab (12) .	7.00 (7.75)	40 OP	Prempak-C
Tab 1.25 mg conjugated equine (28) and 150 µg norgestrel tab (12)	7.00 (7.75)	40 OP	Prempak-C

‡ safety cap reimbursed

**Preferred Brand**

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



# HORMONE PREPARATIONS - SYSTEMIC excluding Contraceptive Hormones

Other Oestrogen Preparations  
Other Progestogen Preparations  
Thyroid and Antithyroid Agents

Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
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## OTHER OESTROGEN PREPARATIONS

### ETHINYLOESTRADIOL

Tab 10 µg .....	16.52 (17.60)	100	
			Paines and Byrne

### OESTRADIOL

Implant 50 mg .....	22.50	1	✓ Organon
Implant 100 mg .....	48.85	1	✓ Organon

### OESTRIOL

Tab 2 mg .....	7.00	30	✓ Ovestin
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## OTHER PROGESTOGEN PREPARATIONS

### DYDROGESTERONE

Tab 10 mg .....	15.40 (16.75)	28	
			Duphaston

### MEDROXYPROGESTERONE ACETATE - Retail pharmacy-specialist

Tab 100 mg .....	130.33	100	✓ Provera
Tab 200 mg .....	156.11	60	✓ Provera
Tab 500 mg .....	211.68	56	✓ Farlutal

### NORETHISTERONE - Available on a PSO

Tab 5 mg .....	27.50	100	✓ Primolut N
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### PROGESTERONE

Inj 25 mg per ml, 1 ml .....	23.29	10	✓ Gestone
Inj 50 mg per ml, 2 ml .....	35.97 (44.85)	10	
			Gestone

## THYROID AND ANTITHYROID AGENTS

### CARBIMAZOLE

Tab 5 mg .....	3.13	100	✓ Neo-Mercazole
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### LIOTHYRONINE

Tab 20 µg .....	30.77	100	✓ Tertroxin
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### THYROXINE

Tab 50 µg .....	34.00	1000	✓ Eltroxin
Tab 100 µg .....	38.00	1000	✓ Eltroxin

‡ Safety caps reimbursed for extemporaneously compounded oral liquid preparations.

# HORMONE PREPARATIONS - SYSTEMIC excluding Contraceptive Hormones Trophic Hormones

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic ✓ Manufacturer
<b>TROPIC HORMONES</b>			
<b>GROWTH HORMONE BIOSYNTHETIC HUMAN - Special Authority</b>			
Inj 4 iu per syringe .....	87.30	1	✓ Humatrope ✓ Saizen
Inj 10 iu per vial .....	218.25	1	✓ Saizen
Inj 12 iu per vial .....	291.00	1	✓ Norditropin
Inj 24 iu per vial .....	523.80	1	✓ Saizen
Cartridge 12 iu per vial .....	291.00	1	✓ Norditropin Penset 12
Cartridge 16 iu per vial .....	388.00	1	✓ Genotropin
Cartridge 24 iu per vial .....	523.80	1	✓ Saizen
	582.00		✓ Norditropin Penset 24
Cartridge 36 iu per vial .....	873.00	1	✓ Genotropin
Special Authority - Hospital pharmacy [HP1]			
a) Subject to a budgetary cap. Applications will be considered and approved subject to funding availability.			
b) Subject to a contract negotiated with the growth hormone committee.			
<b>GnRH Analogues</b>			
<b>BUSERELIN ACETATE - Special Authority</b>			
Inj 1 mg per ml, 5.5 ml .....	195.00	2	
	(235.95)		Suprefact
<b>GOSERELIN ACETATE - Special Authority</b>			
Inj 3.6 mg .....	277.00	1	✓ Zoladex
Inj 10.8 mg - Subsidised only for treatment of prostate cancer. ....	739.60	1	✓ Zoladex
<b>LEUPRORELIN - Special Authority</b>			
Inj 3.75 mg Subsidised only for treatment of prostate cancer, endometriosis and precocious puberty .....	277.00	1	✓ Lucrin
Inj 11.25 mg Subsidised only for treatment of prostate cancer .....	739.60	1	✓ Lucrin
<b>NAFARELIN ACETATE - Special Authority</b>			
Nasal soln 2 mg per ml .....	277.00	10 ml OP	✓ Synarel
<b>TRIPTORELIN - Special Authority</b>			
Inj 3.75 mg .....	277.00	1	✓ Decapeptyl CR
Special Authority (all GnRH Analogues) - Hospital pharmacy [HP3]			
a) Breast cancer – pre-menopausal women unwilling or unable to undergo surgical or radiation oophorectomy.			
b) Prostate cancer – for advanced prostatic cancer when orchidectomy is contraindicated, or where the patient strongly opposes orchidectomy. Not to be prescribed with an anti-androgen except for a period of three weeks, if necessary, when GnRH analogue therapy is initiated.			
- specialist must make application – oncologists, urologists and endocrinologists only.			
c) Endometriosis – only after 6 months treatment of one or more of the following agents (medroxyprogesterone acetate or danazol or dimetrisole) has been tried and has either proven ineffective or the patient has failed to tolerate the treatment for 6 months.			
1) The maximum treatment period for a GnRH analogue is:			
- 3 months treatment to assess whether surgery is appropriate			
- 3 months treatment for infertile patients after surgery			
- 6 months treatment for patients with symptoms of endometriosis. After the first 3 months patients should be assessed to determine whether there has been a satisfactory response to the first 3 months treatment.			
continued...			

‡ safety cap reimbursed

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

**HORMONE PREPARATIONS - SYSTEMIC excluding Contraceptive Hormones****Trophic Hormones  
Vasopressin Agonists  
Other Endocrine Agents**

Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
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...continued

2) Specialist must make application - gynaecologists only.

d) Precocious puberty – only for patients affected by gonadotropin dependent precocious puberty.

1) Specialist must make application and reapplication – paediatricians and endocrinologists only.

2) Applications are valid for 12 months.

*(Decapeptyl inj 3.75 mg to be delisted 1 October 2002)***VASOPRESSIN AGONISTS****DESMOPRESSIN**

Inj 4 µg per ml, 1 ml - Special Authority .....	67.18	10	✓ <b>Minirin</b>
▲ Nasal spray 10 µg per dose 50 dose - Retail pharmacy-specialist .	78.06	5 ml OP	✓ <b>Minirin</b>
▲ Nasal drops 100 µg per ml - Retail pharmacy-specialist .....	39.03	2.5 ml OP	✓ <b>Minirin</b>

Special Authority - Hospital pharmacy [HP3]

a) Only for patients who cannot use the nasal spray and nasal drops.

b) Specialist must make application.

**VASOPRESSIN**

Inj 20 u per ml, 1 ml .....	143.11	5	✓ <b>Pitressin</b>
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*(Pitressin inj 20 u per ml, 1 ml to be delisted 1 September 2002)***OTHER ENDOCRINE AGENTS****BROMOCRIPTINE MESYLATE**

Tab 2.5 mg .....	10.84	30	✓ <b>Alpha-Bromocriptine</b>
Tab 10 mg .....	134.74	100	✓ <b>Alpha-Bromocriptine</b>

**CABERGOLINE**

a) Restriction of two tablets per prescription.

b) Special Authority available to waive the above quantity restriction.

Tab 0.5 mg .....	23.34	2	✓ <b>Dostinex</b>
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Special Authority - Retail pharmacy:

a) Restriction of two tablets per prescription to be waived for patients with pathological hyperprolactinemia.

b) Application can be made by obstetricians, gynaecologists and endocrinologists.

c) Approvals valid for two years.

d) Prescriptions can be written by either the applying specialist or the patient's general practitioner.

**CLOMIPHENE CITRATE - Retail pharmacy-specialist**

Subsidised only on a prescription for a female patient.

Tab 50 mg .....	2.99	5	✓ <b>Phenate</b>
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**DANAZOL - Retail pharmacy-specialist**

Cap 100 mg .....	21.11	30	✓ <b>D-Zol</b> ✓ <b>Danocrine</b>
Cap 200 mg .....	34.85	30	✓ <b>D-Zol</b> ✓ <b>Danocrine</b>

**GESTRINONE - Retail pharmacy-specialist**

Cap 2.5 mg .....	101.87	8	✓ <b>Dimetrioze</b>
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**METYPAPONE - Hospital pharmacy [HP3]-specialist**

Cap 250 mg .....	180.90	50	✓ <b>Metopirone</b>
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	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer ✓
<b>ANTHELMINTICS</b>			
MEBENDAZOLE - Only on a prescription			
Tab 100 mg .....	3.79 (6.80) (7.59)	6	
Oral liq 100 mg per 5 ml .....	2.18 (7.17)	15 ml	Mindol Vermox  Vermox
PYRANTEL EMBONATE			
Tab 125 mg .....	5.31 (7.00)	18	
Tab 250 mg .....	3.76 (4.95)	6	Combantrin
Oral liq 50 mg per ml .....	2.52 (4.45)	15 ml	Combantrin Combantrin

**ANTIBACTERIALS**

For topical antibacterials, refer to DERMATOLOGICALS, page 63, and SENSORY ORGANS page 157.

**Cephalosporins and Cephamycins**

CEFACLOR MONOHYDRATE			
Cap 250 mg .....	35.50	100	✓ Clorotir
Grans for oral liq 125 mg per 5 ml .....	4.78	100 ml	✓ Clorotir
CEFAMANDOLE NAFATE - Hospital pharmacy [HP3]-specialist			
a) Subsidised only if prescribed for a dialysis or cystic fibrosis patient; and			
b) The prescription is endorsed accordingly.			
Inj 500 mg .....	3.60 (4.30)	1	
Inj 1 g .....	7.20	1	Mandol ✓ Baxter ✓ Mandol
CEFOXITIN SODIUM - Hospital pharmacy [HP3]-specialist			
a) Subsidised only if prescribed for a dialysis or cystic fibrosis patient; and			
b) The prescription is endorsed accordingly.			
Inj 1 g .....	46.25 (57.80)	5	✓ Baxter Mefoxin
CEFTRIAXONE SODIUM - Hospital pharmacy [HP3]-specialist			
a) Subsidised only if prescribed for a dialysis or cystic fibrosis patient; and			
b) The prescription is endorsed accordingly.			
Inj 250 mg .....	47.62	5	✓ Rocephin IV
Inj 500 mg .....	88.01	5	✓ Rocephin
Inj 1 g .....	169.66	5	✓ Rocephin IM or IV
CEFUROXIME AXETIL			
a) Only if prescribed for prophylaxis of endocarditis; and			
b) The prescription is endorsed accordingly.			
Tab 250 mg .....	98.75	50	✓ Zinnat

‡ safety cap reimbursed  
**Preferred Brand**

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

# INFECTIONS - AGENTS FOR SYSTEMIC USE

## Antibacterials

Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
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### CEFUROXIME SODIUM

a) Hospital pharmacy [HP3]

- Maximum of 750 mg per prescription; or

b) Hospital pharmacy [HP3]-specialist

- Only if prescribed for a dialysis or cystic fibrosis patient; and

- The prescription is endorsed accordingly.

Inj 250 mg .....	20.97 (27.00)	10	✓ <b>Baxter</b> Zinacef
Inj 750 mg .....	61.67	10	✓ <b>Baxter</b> ✓ <b>Zinacef</b>
Inj 1.5 g .....	123.55	10	✓ <b>Baxter</b> ✓ <b>Zinacef</b>

*(Zinacef inj 250 mg to be delisted 1 July 2002)*

### CEPHALEXIN MONOHYDRATE - Hospital pharmacy [HP3]

Cap 250 mg .....	34.57	100	✓ <b>Keflex</b>
Tab 500 mg .....	68.14	100	✓ <b>Keflex</b>
Grans for oral liq 125 mg per 5 ml .....	8.24	100 ml	✓ <b>Keflex</b>
Grans for oral liq 250 mg per 5 ml .....	11.48	100 ml	✓ <b>Keflex</b>

### CEPHALOTHIN SODIUM - Hospital pharmacy [HP3]

a) Only if prescribed for a dialysis or cystic fibrosis patient; and

b) The prescription is endorsed accordingly.

Inj 1 g .....	6.90	1	✓ <b>Keflin</b>
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### CEPHAZOLIN SODIUM - Hospital pharmacy [HP3]

a) Only if prescribed for a dialysis or cystic fibrosis patient; and

b) The prescription is endorsed accordingly.

Inj 500 mg .....	16.90 (24.15)	5	✓ <b>Baxter</b> Kefzol
Inj 1 g .....	34.68 (49.55)	5	✓ <b>Baxter</b> Kefzol

### CEPHRADINE - Hospital pharmacy [HP3]

Cap 250 mg .....	11.17	24	✓ <b>Velosef</b>
Cap 500 mg .....	22.05	24	✓ <b>Velosef</b>
Inj 500 mg .....	16.78	5	✓ <b>Velosef</b>
Inj 1 g .....	31.59	5	✓ <b>Velosef</b>

Injections (both 500 mg and 1 g) subsidised:

a) Only if prescribed for a dialysis or cystic fibrosis patient; and

b) The prescription is endorsed accordingly.

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic ✓ Manufacturer
<b>Macrolides</b>			
<b>AZITHROMYCIN</b>			
Tab 500 mg .....	15.53	2 tab OP	✓ <b>Zithromax</b>
a) Subsidised only if prescribed for patients with uncomplicated urethritis or cervicitis due to chlamydia trachomatis and their sexual contacts and prescription is endorsed "certified condition".			
b) Maximum one pack (two 500 mg tablets) per prescription.			
<b>CLARITHROMYCIN</b>			
a) Maximum of 500 mg per prescription; or			
Tab 250 mg .....	1.88	2	✓ <b>Klacid</b>
b) More than 500 mg per prescription.			
Tab 250 mg – Special Authority available .....	2.99 (9.40)	10	Klacid
Additional subsidy by Special Authority:			
Approval to fully fund clarithromycin tablets is available as follows:			
a) General Practitioners and appropriate specialists may apply for eradication of <i>Helicobacter pylori</i> in patients with proven infection and endoscopically proven peptic ulcer disease: <ul style="list-style-type: none"> <li>• Approvals valid for six months.</li> <li>• Maximum two prescriptions (two courses) per patient.</li> </ul>			
b) Respiratory physicians or infectious disease specialists may apply for patients with either: <ul style="list-style-type: none"> <li>• <i>Mycobacterium Avium</i> Intracellulare Complex infections in patients with AIDS; or</li> <li>• Atypical and drug-resistant mycobacterial infections; or</li> <li>• Prophylaxis against disseminated <i>Mycobacterium Avium</i> Intracellulare Complex infections in patients with both HIV infection and a CD4 count of 50 or less.</li> <li>• Approvals valid for two years.</li> </ul>			
c) Prescriptions with a valid Special Authority (CHEM) number will be reimbursed at the manufacturer's price identified in the Pharmaceutical Schedule;			
d) Dispensed by retail pharmacy.			
Oral liq 125 mg per 5 ml - Special Authority .....	23.12	70 ml	✓ <b>Klacid</b>
Special Authority - Hospital pharmacy [HP3]			
Approvals to fund clarithromycin oral liquid will be granted as follows:			
a) General Practitioners and appropriate specialists may apply for eradication of <i>Helicobacter pylori</i> in patients with proven infection and endoscopically proven peptic ulcer disease: <ul style="list-style-type: none"> <li>• Approvals valid for six months only.</li> <li>• Maximum two prescriptions (two courses) per patient.</li> </ul>			
b) Respiratory physicians or infectious disease specialists may apply for patients with either: <ul style="list-style-type: none"> <li>• <i>Mycobacterium Avium</i> Intracellulare Complex infections in patients with AIDS; or</li> <li>• Atypical and drug-resistant mycobacterial infections; or</li> <li>• prophylaxis against disseminated <i>Mycobacterium Avium</i> Intracellulare Complex infections in patients with both HIV infection and a CD4 count of 50 or less.</li> </ul>			
c) Approvals are valid for two years.			
<b>ERYTHROMYCIN - Available on a PSO</b>			
Cap 250 mg .....	14.95 (22.29)	100	Eryc
<b>ERYTHROMYCIN ESTOLATE</b>			
Tab 500 mg .....	2.99	10	✓ <b>Eromycin</b>

‡ safety cap reimbursed

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

# INFECTIONS - AGENTS FOR SYSTEMIC USE

## Antibacterials

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
<b>ERYTHROMYCIN ETHYL SUCCINATE</b>				
Tab 400 mg - Available on a PSO .....	14.99	100	✓	<b>E-Mycin</b>
Grans for oral liq 200 mg per 5 ml - Available on a PSO .....	2.75	100 ml	✓	<b>E-Mycin</b>
Grans for oral liq 400 mg per 5 ml - Available on a PSO .....	4.99	100 ml	✓	<b>E-Mycin</b>
Inj 50 mg per ml, 2ml .....	9.91	5	✓	<b>ERA</b>
<i>(ERA inj 300 mg per ml, 2 ml to be delisted 1 June 2002)</i>				
<b>ERYTHROMYCIN LACTOBIONATE</b>				
Inj 300 mg .....	5.34	1	✓	<b>Baxter</b>
	(6.22)			<b>ERA</b>
Inj 1 g .....	10.57	1	✓	<b>Baxter</b>
			✓	<b>ERA</b>
<i>(ERA inj 300 mg to be delisted 1 June 2002)</i>				
<b>ERYTHROMYCIN STEARATE</b>				
Tab 250 mg - Available on a PSO .....	14.95	100		<b>ERA</b>
	(22.29)			
Tab 500 mg .....	29.90	100		<b>ERA</b>
	(44.58)			
<b>ROXITHROMYCIN</b>				
Tab 150 mg .....	2.99	10	✓	<b>Romicin</b>
Tab 300 mg .....	2.99	5	✓	<b>Romicin</b>
<b>Penicillins</b>				
<b>AMOXYCILLIN</b>				
Cap 250 mg - Available on a PSO .....	19.25	500	✓	<b>Ospamox</b>
Cap 500 mg .....	6.30	100	✓	<b>Ospamox</b>
Grans for oral liq 125 mg per 5 ml - Available on a PSO .....	1.08	100 ml	✓	<b>Ospamox</b>
Grans for oral liq 250 mg per 5 ml - Available on a PSO .....	1.38	100 ml	✓	<b>Ospamox</b>
Sachets 3 g .....	6.72	2		<b>Amoxil</b>
	(7.40)			
Drops 125 mg per 1.25 ml .....	3.17	20 ml OP	✓	<b>Amoxil</b>
Drops 125 mg per 1.25 ml .....	4.75	30 ml OP	✓	<b>Ospamox</b>
Inj 250 mg .....	8.43	5	✓	<b>Ibiamox</b>
Inj 500 mg .....	11.06	5	✓	<b>Ibiamox</b>
Inj 1 g - Available on a PSO .....	15.66	5	✓	<b>Ibiamox</b>
<i>(Amoxil sachets 3 g to be delisted 1 September 2002)</i>				

# INFECTIONS - AGENTS FOR SYSTEMIC USE

## Antibacterials

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic ✓ Manufacturer
<b>AMOXYCILLIN CLAVULANATE - Available on a PSO</b>			
Tab amoxicillin 500 mg with potassium clavulanate 125 mg .....	32.47	100	✓ <b>Synermox</b>
Grans for oral liq amoxicillin 125 mg with potassium clavulanate 31.25 mg per 5 ml .....	2.92	100 ml	✓ <b>Synermox</b>
Grans for oral liq amoxicillin 250 mg with potassium clavulanate 62.5 mg per 5 ml .....	4.95	100 ml	✓ <b>Synermox</b>
<b>BENZATHINE PENICILLIN</b>			
Inj 1.2 mega u per 2 ml - Available on a PSO .....	11.20	1	✓ <b>Bicillin</b>
<b>BENZYL PENICILLIN SODIUM (PENICILLIN G)</b>			
Inj 1 mega u - Available on a PSO .....	1.38	1	✓ <b>Benpen<sup>IMM</sup></b> ✓ <b>Novartis<sup>IMM</sup></b>
<b>DICLOXACILLIN</b>			
Cap 250 mg .....	2.47 (4.14)	24	Dicloclil
Cap 500 mg .....	3.83 (8.24)	24	Dicloclil
Grans for oral liq 125 mg per 5 ml .....	3.55 (3.60)	100 ml	Dicloclil
Inj 500 mg .....	1.36 (1.58)	1	Dicloclil
Inj 1 g .....	2.04 (2.70)	1	Dicloclil
<b>FLUCLOXACILLIN MAGNESIUM - Available on a PSO</b>			
Grans for oral liq 125 mg per 5 ml .....	3.55	100 ml	✓ <b>Floxapen</b>
Grans for oral liq 250 mg per 5 ml .....	6.00	100 ml	✓ <b>Floxapen</b>
<b>FLUCLOXACILLIN SODIUM</b>			
Cap 250 mg - Available on a PSO .....	10.29	100	✓ <b>Staphlex</b>
Cap 500 mg .....	39.90	250	✓ <b>Staphlex</b>
Inj 250 mg .....	1.01	1	✓ <b>Flucloxin</b>
Inj 500 mg .....	1.36	1	✓ <b>Flucloxin</b>
Inj 1 g - Available on a PSO .....	2.04	1	✓ <b>Flucloxin</b>
<b>PHENOXYMETHYLPENICILLIN (PENICILLIN V)</b>			
Cap potassium salt 250 mg - Available on a PSO .....	2.02	25	✓ <b>Cilicaine VK</b>
Cap potassium salt 500 mg .....	3.89	25	✓ <b>Cilicaine VK</b>
Grans for oral liq benzathine 125 mg per 5 ml - Available on a PSO ....	1.79	100 ml	✓ <b>AFT</b>
Grans for oral liq benzathine 250 mg per 5 ml - Available on a PSO ....	1.99	100 ml	✓ <b>AFT</b>
<b>PROCAINE PENICILLIN - Available on a PSO</b>			
Inj 1.5 mega u .....	47.60	5	✓ <b>Cilicaine</b>



# INFECTIONS - AGENTS FOR SYSTEMIC USE

## Antibacterials

Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
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### Tetracyclines

DOXYCYCLINE HYDROCHLORIDE - Available on a PSO

Tab 50 mg .....	2.90 (6.00)	30	
Tab 100 mg .....	8.68	250	✓ <b>Doxy-50</b> ✓ <b>Doxine</b>

MINOCYCLINE HYDROCHLORIDE

Tab 50 mg .....	5.79 (12.05)	60	Mino-tabs
Cap 100 mg .....	19.32 (37.34)	100	Minomycin

### Other Antibiotics

For Topical Antibiotics, refer also to DERMATOLOGICALS, Anti-Acne Preparations, page 63

CHLORAMPHENICOL - Retail pharmacy-specialist

Cap 250 mg .....	6.06	16	✓ <b>Chloromycetin</b>
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CIPROFLOXACIN - Retail pharmacy-specialist

Tab 250 mg .....	24.08	14	✓ <b>Ciproxin</b>
Tab 500 mg .....	43.34	14	✓ <b>Ciproxin</b>
Tab 750 mg .....	69.08	14	✓ <b>Ciproxin</b>

CLINDAMYCIN

- Maximum of 450 mg per prescription; or
- Retail pharmacy-specialist.

Cap hydrochloride 150 mg .....	11.42	16	✓ <b>Dalacin C</b>
Inj phosphate 150 mg per ml, 4 ml .....	14.28 (21.10)	1	Dalacin C

COLISTIN SULPHOMETHATE - Hospital pharmacy [HP3]-specialist

- Only if prescribed for a dialysis or cystic fibrosis patient; and
- The prescription is endorsed accordingly.

Inj 150 mg .....	30.34	1	✓ <b>Colymycin-M</b>
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CO-TRIMOXAZOLE

Tab trimethoprim 80 mg and sulphamethoxazole 400 mg (Available on a PSO) .....	22.79	500	✓ <b>Apo-Sulfatrim</b>
Tab trimethoprim 160 mg and sulphamethoxazole 800 mg .....	11.33	50	✓ <b>Apo-Sulfatrim DS</b>
Oral liq sugar-free trimethoprim 40 mg and sulphamethoxazole 200 mg per 5 ml (Available on a PSO) .....	1.59	100 ml	✓ <b>Trisul</b>

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic ✓ Manufacturer
<b>FUSIDIC ACID - Hospital pharmacy [HP3]-specialist</b>			
Tab 250 mg .....	34.50	12	✓ <b>Fucidin</b>
Oral liq 250 mg per 5 ml .....	50.15	90 ml	✓ <b>Fucidin</b>
Inj 500 mg sodium fusidate per 10 ml .....	12.87	1	
	(16.95)		Fucidin
Injection 500 mg subsidised:			
a) Only if prescribed for a dialysis or cystic fibrosis patient; and			
b) The prescription is endorsed accordingly.			
<b>GENTAMICIN SULPHATE - Hospital pharmacy [HP3]</b>			
a) Only if prescribed for a dialysis or cystic fibrosis patient or for prophylaxis of endocarditis and;			
b) The prescription is endorsed accordingly.			
Inj 10 mg per ml, 1 ml .....	6.00	5	✓ <b>Baxter</b>
Inj 10 mg per ml, 2 ml .....	16.00	5	✓ <b>Baxter</b>
Inj 40 mg per ml, 2 ml .....	5.00	5	✓ <b>Baxter</b> ✓ <b>Pharmacia</b>
<b>NEOMYCIN SULPHATE - Hospital pharmacy [HP3]</b>			
Tab 500 mg .....	9.95	25	✓ <b>Neosulf</b>
<b>TOBRAMYCIN - Hospital pharmacy [HP3]</b>			
a) Only if prescribed for a dialysis or a cystic fibrosis patient; and			
b) The prescription is endorsed accordingly.			
Inj 40 mg per ml, 2 ml .....	24.75	5	✓ <b>Baxter</b>
	(38.10)		Nebcin
<b>TRIMETHOPRIM</b>			
Tab 100 mg .....	16.65	100	✓ <b>Triprim</b>
Tab 300 mg - Available on a PSO .....	6.50	50	✓ <b>TMP</b>
<b>VANCOMYCIN HYDROCHLORIDE - Hospital pharmacy [HP3]</b>			
a) Only if prescribed for a dialysis or cystic fibrosis patient or in the treatment of pseudomembranous colitis or for prophylaxis of endocarditis; and			
b) The prescription is endorsed accordingly.			
Cap 125 mg .....	148.00	20	✓ <b>Vancocin</b>
Cap 250 mg .....	296.00	20	✓ <b>Vancocin</b>
Inj 50 mg per ml, 10 ml .....	72.00	10	✓ <b>Vancocin</b>

# INFECTIONS - AGENTS FOR SYSTEMIC USE

## Antifungals Antimalarials Antitrichomonal Agents

Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
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### ANTIFUNGALS

For topical antifungals refer to DERMATOLOGICALS page 63, GENITO URINARY, page 80

FLUCONAZOLE - Hospital pharmacy [HP2] & [HP3]-specialist			
Cap 50 mg .....	156.88	28	✓ Diflucan
Cap 150 mg .....	16.81	1	✓ Diflucan
Cap 200 mg .....	627.59	28	✓ Diflucan
FLUCYTOSINE - Hospital pharmacy [HP2] & [HP3]-specialist			
Tab 500 mg .....	256.15	100	✓ Alcobon
ITRACONAZOLE - Hospital pharmacy [HP2] & [HP3]-specialist			
Cap 100 mg .....	37.09	15	✓ Sporanox
KETOCONAZOLE - Retail pharmacy-specialist			
Tab 200 mg .....	38.12	30	✓ Nizoral
NYSTATIN			
Tab and cap 500,000 u .....	23.28	100	✓ Mycostatin ✓ Nilstat
Oral liq 100,000 u per ml .....	4.90 (5.98)	24 ml OP	✓ Nilstat Mycostatin
Oral powder 5,980 u per mg (for reconstitution) .....	76.80	36 g OP	✓ Nilstat
TERBINAFINE - Hospital pharmacy [HP2] & [HP3]-specialist			
Tab 250 mg .....	58.10	14	✓ Lamisil

### ANTIMALARIALS

CHLOROQUINE			
Tab sulphate 200 mg .....	4.75 (6.96)	28	Nivaquine
Oral liq sulphate 68 mg per 5 ml .....	9.69 (13.43)	100 ml	Nivaquine
HYDROXYCHLOROQUINE SULPHATE			
Tab 200 mg .....	28.26	100	✓ Plaquenil

### ANTITRICHOMONAL AGENTS

METRONIDAZOLE			
Tab 200 mg - Available on a PSO .....	8.99	100	✓ Trichozone
Tab 400 mg .....	16.99	100	✓ Trichozone
Oral liq benzoate 200 mg per 5 ml .....	17.81 (23.60)	100 ml	Flagyl-S
Suppos 1 g .....	27.53	10	✓ Flagyl
Suppos 500 mg .....	20.23	10	✓ Flagyl
ORNIDAZOLE			
Tab 500 mg .....	12.38	10	✓ Tiberall
TINIDAZOLE			
Tab 500 mg .....	41.67	40	✓ Dyazole

# INFECTIONS - AGENTS FOR SYSTEMIC USE

## Antituberculotics and Antileprotics

### Antivirals

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic ✓ Manufacturer
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## ANTITUBERCULOTICS AND ANTILEPTICS

Note: Effective 1 February 1999 there is no co-payment charge for all pharmaceuticals listed in the the Antituberculotics and Antileptics group.

<b>CLOFAZIMINE</b>			
Cap 50 mg .....	18.00	100	✓ <b>Lamprene</b>
<b>ETHAMBUTOL - Retail pharmacy-specialist</b>			
Tab 100 mg .....	20.80	100	✓ <b>Myambutol</b>
Tab 400 mg .....	40.80	100	✓ <b>Myambutol</b>
	(51.70)		Apo-Ethambutol
<b>ISONIAZID - Retail pharmacy-specialist</b>			
Tab 100 mg .....	21.00	100	✓ <b>PSM</b>
Tab 100 mg with rifampicin 150 mg .....	90.04	100	✓ <b>Rifinah</b>
Tab 150 mg with rifampicin 300 mg .....	179.57	100	✓ <b>Rifinah</b>
<b>PYRAZINAMIDE - Retail pharmacy-specialist</b>			
Tab 500 mg .....	44.69	100	✓ <b>Zinamide</b>
<b>RIFABUTIN - Hospital pharmacy [HP3]-specialist</b>			
Cap 150 mg .....	189.50	30	✓ <b>Mycobutin</b>
<b>RIFAMPICIN - Retail pharmacy-specialist</b>			
Cap 150 mg .....	58.66	100	✓ <b>Rifadin</b>
Cap 300 mg .....	122.36	100	✓ <b>Rifadin</b>
Tab 600 mg .....	114.40	30	✓ <b>Rifadin</b>
Oral liq 100 mg per 5 ml .....	12.66	60 ml	✓ <b>Rifadin</b>

## ANTIVIRALS

### Hepatitis B Treatment

<b>LAMIVUDINE - Special Authority</b>			
Tab 100 mg .....	143.00	28	✓ <b>Zeffix</b>
Oral liq 5 mg per ml .....	90.00	240 ml	✓ <b>Zeffix</b>

Special Authority-Retail pharmacy

a) Applications may be made for patients who meet any of the inclusion criteria numbered i) to iii) as set out below and who do not meet any of the exclusion criteria numbered i) to vii) as set out below:

Inclusion criteria – on first application

- i) - HBsAg positive for more than 6 months AND
    - HBeAg positive or HBV DNA positive defined as >0.6 pg/ml by quantitative PCR at reference laboratory; AND
    - ALT greater than twice upper limit of normal or stage 3 or 4 fibrosis on liver histology or clinical/radiological evidence of cirrhosis; or
  - ii) HBV DNA positive cirrhosis prior to liver transplantation; or
  - iii) HBsAg positive and have had a liver, kidney, heart, lung or bone marrow transplant.
- continued...*

‡ safety cap reimbursed  
**Preferred Brand**

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

Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
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...continued

Exclusion criteria – on first application

- i) continuing alcohol abuse and/or continuing intravenous drug use;
  - ii) coinfecting with HCV, HDV, or HIV;
  - iii) ALT or AST greater than 10 times upper limit of normal;
  - iv) known or suspected hepatocellular carcinoma (AFP > 100 or liver mass on imaging) unless awaiting liver transplantation or other curative treatment;
  - v) pregnant or breast feeding;
  - vi) history of hypersensitivity to lamivudine;
  - vii) previous lamivudine therapy with breakthrough (presumed YMDD mutant).
- b) Approvals for first applications are valid for one year.
- c) Reapplications to maintain continuous treatment beyond one year may be made for all patients who have maintained continuous treatment with lamivudine except for those meeting any of the following two exclusion criteria:

Exclusion criteria – on reapplication

- i) most recent tests show no biochemical response (elevated ALT) AND
    - HBeAg positive or HBV DNA positive defined as >0.6 pg/ml by quantitative PCR at reference laboratory; or
  - ii) most recent tests show biochemical response (ALT normal) BUT
    - the patient has already had three years of access to treatment with lamivudine, AND
    - there is no evidence of cirrhosis.
- d) Approvals for reapplications are valid for two years.
- e) Reapplications may not be made for:
- i) those patients relapsing after completion of three years lamivudine therapy,
  - ii) those who had no response to previous course of lamivudine,
  - iii) those who are still on therapy but have lost response (i.e. ALT returned to baseline and DNA positive again).
- f) Applications and reapplications may be made by Gastroenterologists, Infectious Diseases Specialists, General Physicians, and Paediatricians.

Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
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## HERPES TREATMENT

Refer also to SENSORY, Eye Preparations, Anti-infective, page 157.

### First episode genital herpes

#### ACICLOVIR

Tab 200 mg .....	15.45	100	✓ <b>Apo-Aciclovir</b>
Tab dispersible 200 mg .....	12.50	25	✓ <b>Acicvir</b>

a) Maximum of 25 tablets per prescription – Waiver by Special Authority.

b) Dispersible tablets are subsidised only for patients who are unable to swallow tablets and the prescription is endorsed accordingly.

Special Authority - Retail pharmacy:

a) Waiver of restriction of 25 tablets per prescription for children post liver transplant.

b) Special Authority applications can be made by paediatricians and paediatric surgeons, with approvals granted for one year.

c) Prescriptions can be written by either the applying specialist or the patient's general practitioner.

### Recurrent episodes of genital herpes

#### ACICLOVIR

Tab 400 mg .....	44.20	250	✓ <b>Alpha-Aciclovir</b>
Tab dispersible 400 mg .....	28.50	56	✓ <b>Acicvir</b>

a) Dispersible tablets are subsidised only for patients who are unable to swallow tablets and the prescription is endorsed accordingly.

### Acute herpes zoster

#### ACICLOVIR

Tab 800 mg .....	34.98	100	✓ <b>Alpha-Aciclovir</b>
Tab dispersible 800 mg .....	29.50	35	✓ <b>Acicvir</b>

a) Maximum of 35 tablets per prescription.

b) Dispersible tablets are subsidised only for patients who are unable to swallow tablets and the prescription is endorsed accordingly.

For guidelines on prescribing aciclovir, refer to HERPES TREATMENT GUIDELINES on pages 101–105.

### Herpes Treatment Guidelines

Effective, consistent management of herpes from prescribing to these guidelines will improve patient outcomes.

The guidelines on the following four pages are for the prescribing of aciclovir.

#### The guidelines aim to:

- improve patient care and clinical outcome through faster, more accessible treatment
- protect patients' wider wellbeing by reinforcing the psychosocial aspects of treatment
- improve the consistency and breadth of medical management of genital herpes in New Zealand.

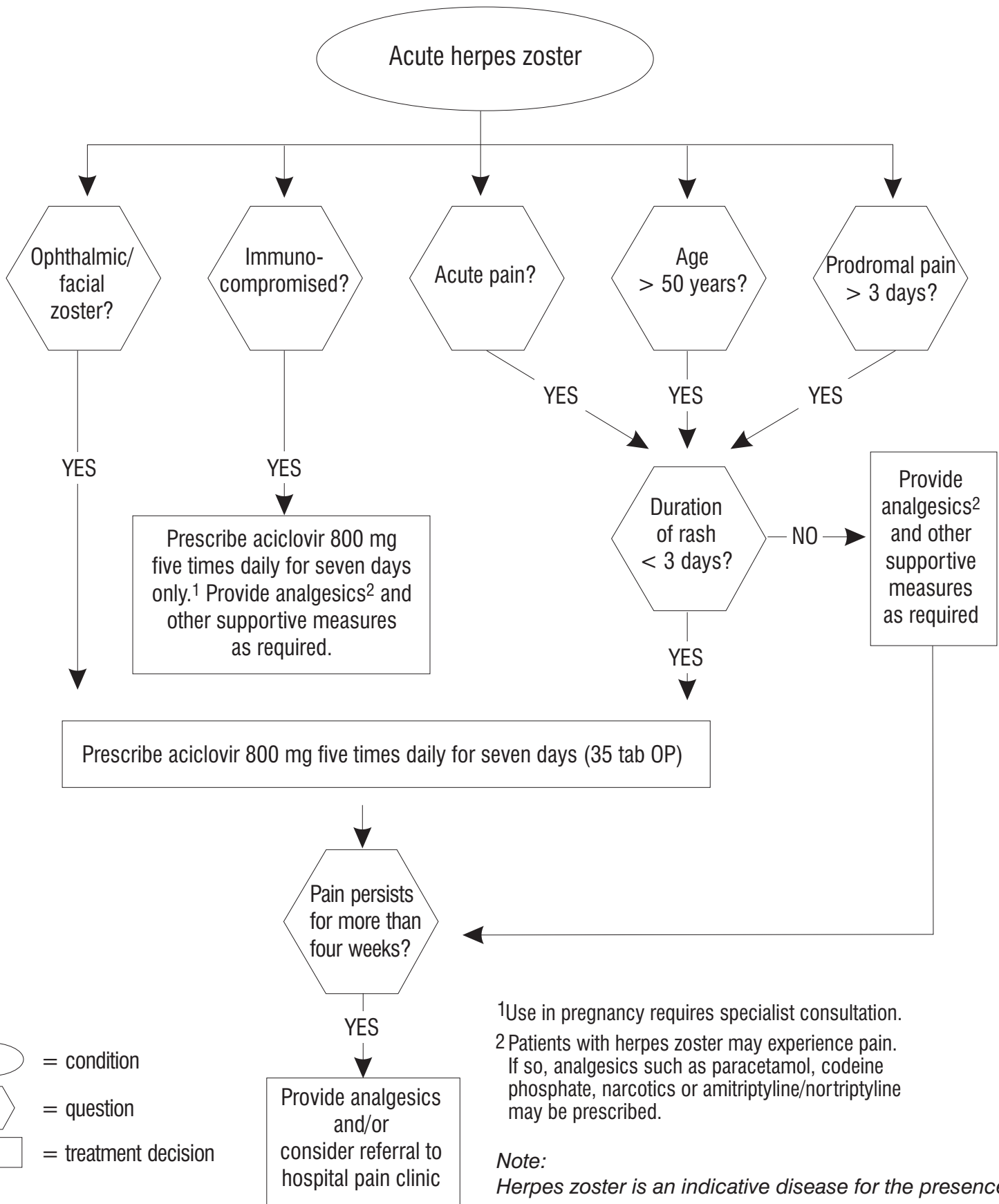
#### The guidelines are:

- integral to ensuring a consistent, effective treatment regimen
- the result of consultation with clinicians and patient representatives
- set out in line with the recommended international algorithm format for treatment.

The guidelines are endorsed by the Herpes Foundation's professional advisory board whose members represent venereology, NZDS, RNZCGP, RNZCOG, psychotherapy and nursing.

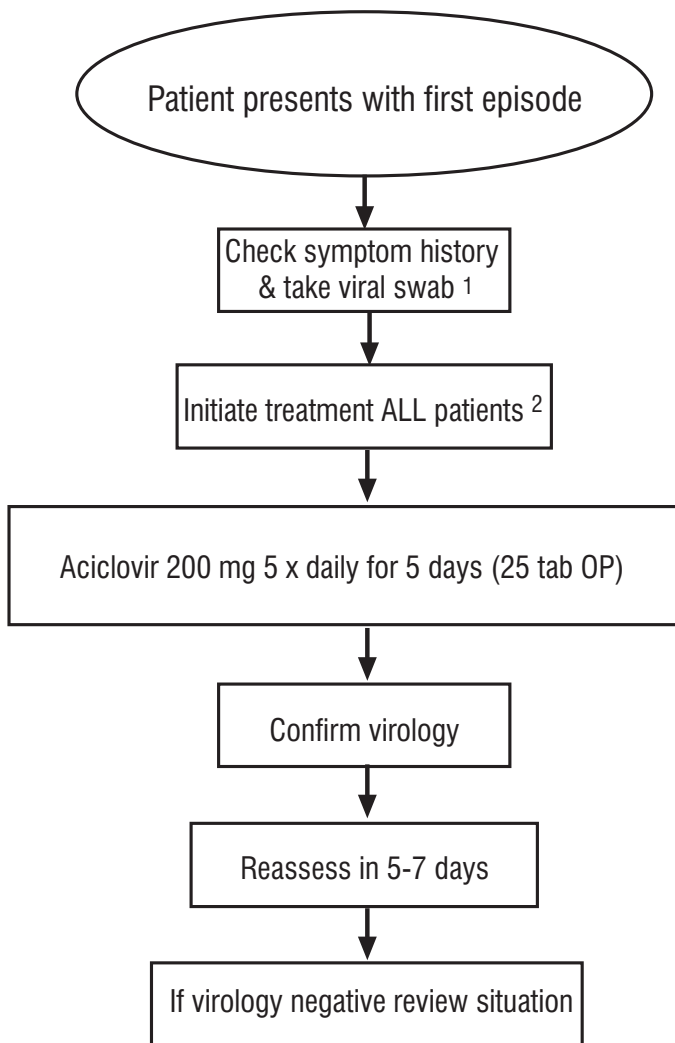
Herpes Foundation Helpline: Toll free 0508 11 12 13  
Auckland Branch Herpes Foundation: 09 360 1966

Acute treatment = 35 tablets of aciclovir 800 mg tablets  
Retail pharmacy - general practitioner

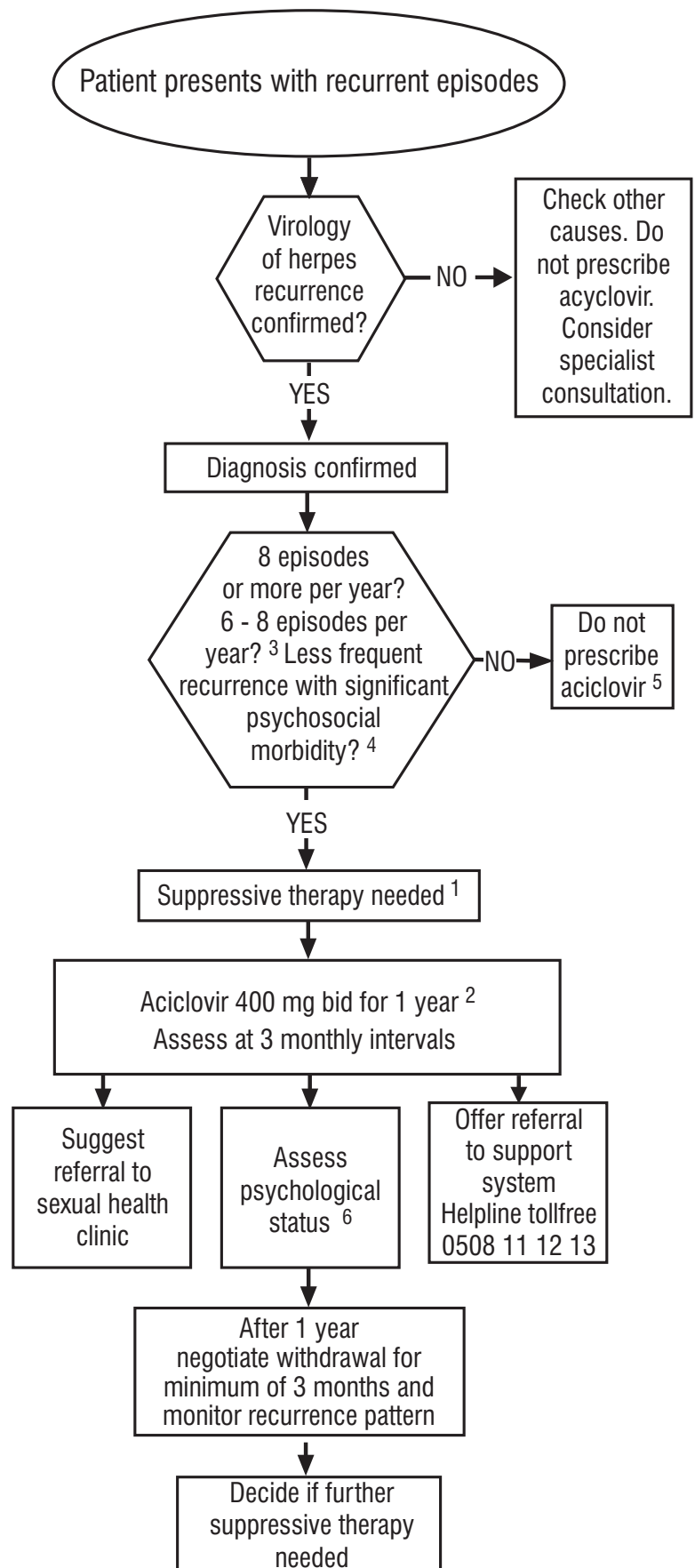


# When to use aciclovir tablets in treating genital herpes

## 1. First episode



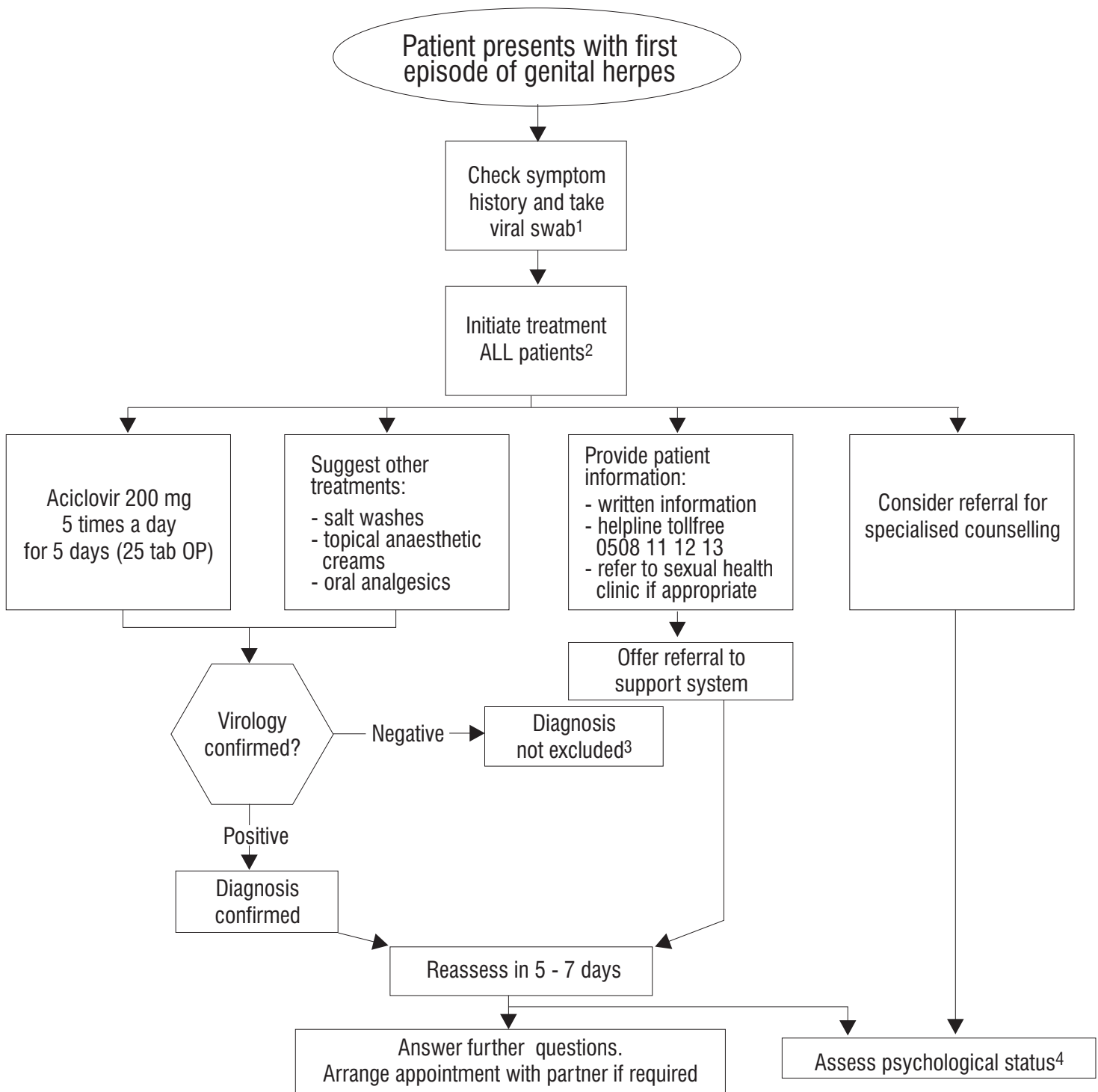
## 2. Recurrent episodes



- 1 In cases of immuno-compromised patients or herpes proctitis refer to specialist.
- 2 Use in pregnancy requires specialist consultation.
- 3 Important to assess the duration and severity of recurrences and associated psychological or psychosocial morbidity. Allow sufficient time to assess pattern of at least 6 recurrences per year.
- 4 Consider suppressive therapy in conjunction with other management.
- 5 Patients presenting with infrequent episodes not associated with significant psychosocial morbidity should be offered patient education and alternative therapy such as stress management and counselling.
- 6 Assess anxiety, isolation, relationship crises, depression, sleep disorders and self esteem.



Acute treatment = 25 tablets of aciclovir 200 mg tablets  
Retail pharmacy - general practitioner



1 In cases of immuno-compromised patients or herpes proctitis refer to specialist.

2 Use in pregnancy requires specialist consultation.

3 Recommend early presentation for viral swab if recurrence.

4 Assess anxiety, isolation, relationship crises, depression, sleep disorders and self esteem.

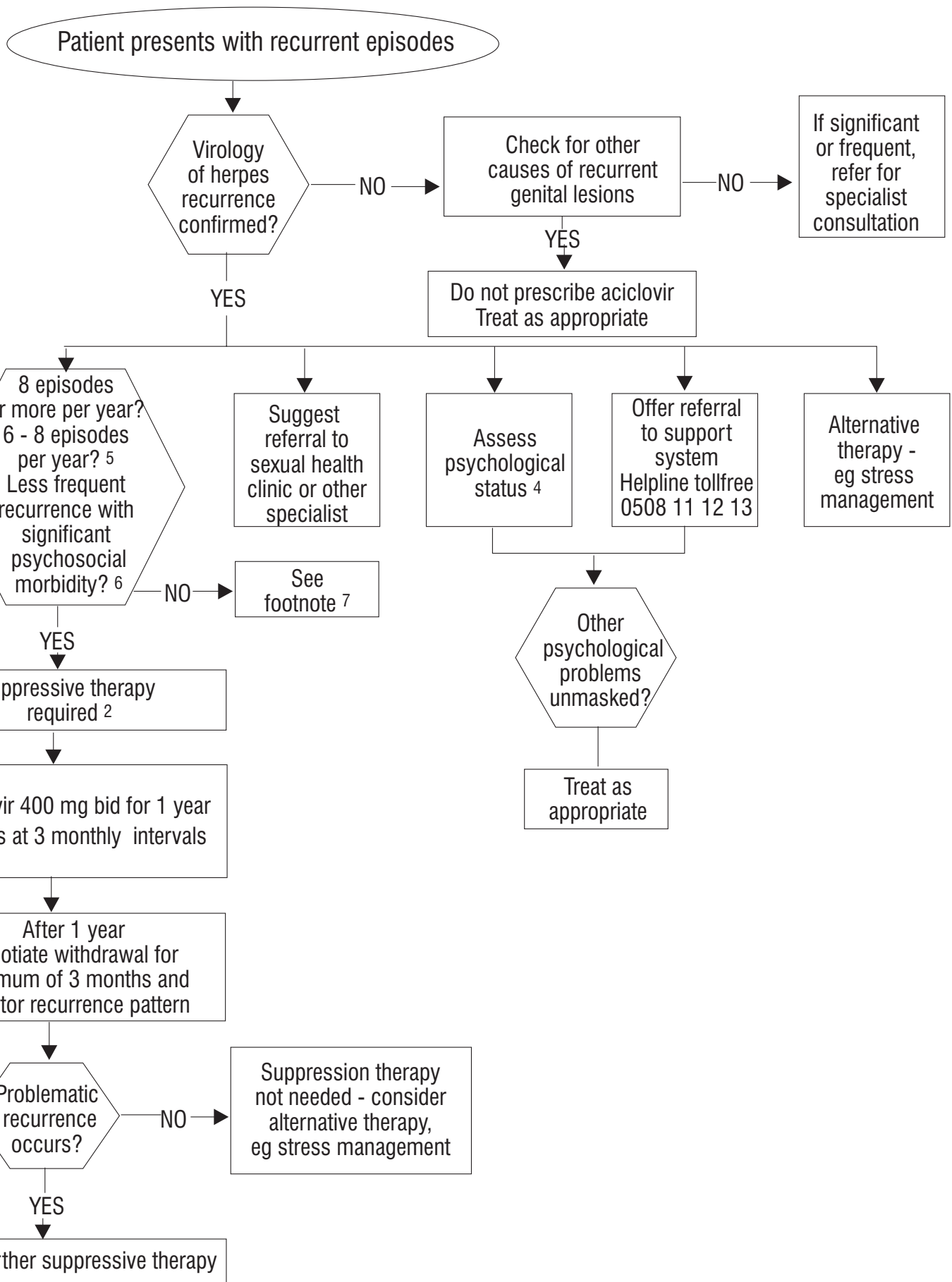
5 Important to assess the duration and severity of recurrences and associated psychological or psychosocial morbidity. Allow sufficient time to assess pattern of at least 6 recurrences per year.

6 Consider suppressive therapy in conjunction with other management.

7 Patients presenting with infrequent episodes not associated with significant psychosocial morbidity should be offered patient education and alternative therapy such as stress management and counselling.

Suppressive treatment = 56 tablets of aciclovir 400 mg tablets per month

Retail pharmacy - general practitioner



Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
		✓

### ANTIRETROVIRALS

Special Authority - Hospital pharmacy [HP1]

#### Treatment of confirmed HIV/AIDS:

- Patients aged 6 years and over - subsidies for a combination of up to three anti-retroviral medications, but including a maximum of two protease inhibitors, will be granted for patients who meet one or more of the following criteria:
  - Symptomatic patients with HIV/AIDS regardless of CD4 count;
  - Asymptomatic HIV-positive patients with CD4 counts < 500 cells/mm<sup>3</sup>; or
  - Asymptomatic HIV-positive patients with viral load counts > 10,000 copies per ml (or equivalent value on the Chiron test).
- Patients aged under 6 years – subsidies for a combination of up to three anti-retroviral medications, but including a maximum of two protease inhibitors, will be granted for patients who meet one or more of the following criteria:
  - Symptomatic patients with HIV/AIDS regardless of CD4 count;
  - Asymptomatic HIV-positive patients aged 12 months and under;
  - Asymptomatic HIV-positive patients aged 1 to 5 years with CD4 counts < 1,000 cells/mm<sup>3</sup>;
  - Asymptomatic HIV-positive patients aged 1 to 5 years with CD4 counts < 25% of total white cell count; or
  - Asymptomatic HIV-positive patients with viral load counts > 10,000 copies per ml (or equivalent value on the Chiron test).
- Combinations including ritonavir plus indinavir or saquinavir will be counted as one protease inhibitor for the purpose of accessing funding to anti-retrovirals.
- Applications, first prescriptions, and re-applications must be written by a specialist in internal medicine experienced in the treatment of patients with HIV as approved and named by the Ministry of Health (approved specialists).
- Applications must state which medications are to be prescribed.
- Changes to the combination of medications prescribed may be made by the approved specialists without re-application but only upon notifying HB of the new combination to be prescribed.
- Prescriptions other than the first prescription for those patients approved to use these medications can be written either by the specialist or any general practitioner with an endorsement of the name of the recommending specialist.
- Approvals to treat patients under this Special Authority are valid indefinitely.

#### Prophylaxis

- Subsidies for a combination of up to three anti-retroviral medications, but including a maximum of two protease inhibitors, will be granted for persons suffering percutaneous exposure to blood known to be HIV positive.
- Applications, prescriptions, and re-applications made under this criterion must be written by a specialist in internal medicine experienced in the treatment of patients with HIV as approved and named by the Ministry of Health (approved specialists).
- Applications must state which medications are to be prescribed.
- Approvals to treat patients under this criterion are valid for 6 weeks.

#### Prevention of maternal foetal transmission

- Zidovudine will be subsidised for the prevention of maternal foetal transmission and for treatment of the newborn for up to six weeks.
- Applications, first prescriptions, and re-applications made under this criterion must be written by a specialist in internal medicine experienced in the treatment of patients with HIV as approved and named by the Ministry of Health (approved specialists).

*continued...*

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic ✓ Manufacturer
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...continued

- c) Prescriptions, other than the first prescription, made under this criterion can be written either by the specialist or any general practitioner with an endorsement of the name of the recommending specialist.
- d) Prescriptions made under this criterion can be written for three months but must be collected on a monthly basis.
- e) Approvals to treat patients under this criterion are valid for one year.

**Non-nucleoside reverse transcriptase inhibitors**

Special Authority – anti-retrovirals refer page 106

EFAVIRENZ - Special Authority

Cap 50 mg .....	158.33	30	✓ Stocrin
Cap 100 mg .....	158.33	30	✓ Stocrin
Cap 200 mg .....	474.99	90	✓ Stocrin

NEVIRAPINE - Special Authority

Tab 200 mg .....	319.80	60	✓ Viramune
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**Nucleoside reverse transcriptase inhibitors**

Special Authority – anti-retrovirals refer page 106

ABACAVIR SULPHATE - Special Authority

Tab 300 mg .....	458.00	60	✓ Ziagen
Oral liq 20 mg per ml .....	100.00	240 ml OP	✓ Ziagen

DIDANOSINE (ddl) - Special Authority

Tab 25 mg reduced mass .....	46.02	60	✓ Videx
Tab 100 mg reduced mass .....	184.08	60	✓ Videx

LAMIVUDINE - Special Authority

Tab 150 mg .....	307.20	60	✓ 3TC
Oral liq 10 mg per ml .....	100.00	240 ml OP	✓ 3TC

STAVUDINE (d4T) - Special Authority

Cap 20 mg .....	317.10	60	✓ Zerit
Cap 30 mg .....	377.80	60	✓ Zerit
Cap 40 mg .....	503.80	60	✓ Zerit
Powder for oral soln 1 mg per ml .....	100.76	200 ml OP	✓ Zerit

ZALCITABINE (ddC) - Special Authority

Tab 750 µg .....	344.50	100	✓ Hivid
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ZIDOVUDINE (AZT) - Special Authority

Cap 100 mg .....	290.00	100	✓ Retrovir
Oral soln .....	58.00	200 ml OP	✓ Retrovir

ZIDOVUDINE (AZT) with LAMIVUDINE - Special Authority

Tab 300 mg with lamivudine 150 mg .....	667.20	60	✓ Combivir
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Note: Combivir counts as two anti-retroviral medications for the purposes of the anti-retroviral Special Authority

‡ safety cap reimbursed

**Preferred Brand**

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

# INFECTIONS - AGENTS FOR SYSTEMIC USE

## Antiretrovirals

### Urinary Tract Infections

Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
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### Protease inhibitors

Special Authority – anti-retrovirals refer page 106

INDINAVIR - Special Authority

Cap 200 mg .....	519.75	360	✓ <b>Crixivan</b>
Cap 400 mg .....	519.75	180	✓ <b>Crixivan</b>

NELFINAVIR - Special Authority

Tab 250 mg .....	600.00	270	✓ <b>Viracept</b>
Powder 50 mg per g .....	55.44	144 g OP	✓ <b>Viracept</b>

RITONAVIR - Special Authority

Cap 100 mg .....	242.55	168	✓ <b>Norvir</b>
Oral liq 80 mg per ml .....	277.28	240 ml OP	✓ <b>Norvir</b>

SAQUINAVIR - Special Authority

Cap 200 mg .....	271.00	180	✓ <b>Fortovase</b>
	519.75	270	✓ <b>Invirase</b>

### URINARY TRACT INFECTIONS

HEXAMINE HIPPURATE

Tab 1 g .....	18.40	100	
	(31.43)		Hiprex

NITROFURANTOIN

Tab 50 mg .....	13.25	100	✓ <b>Nifuran</b>
Tab 100 mg .....	23.15	100	✓ <b>Nifuran</b>
Oral liq 25 mg per 5 ml .....	12.50	200 ml	✓ <b>Furadantin</b>

NORFLOXACIN

a) Maximum of 6 tablets per prescription; or

b) Retail pharmacy-specialist.

Tab 400 mg .....	5.52	6	✓ <b>Noroxin</b>
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TRIMETHOPRIM

Tab 100 mg .....	16.65	100	✓ <b>Triprim</b>
Tab 300 mg - Available on a PSO .....	6.50	50	✓ <b>TMP</b>

**MUSCULO-SKELETAL SYSTEM**  
**Anticholinesterases**  
**Anti-inflammatory Non Steroidal Drugs (NSAIDs)**

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic ✓ Manufacturer
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**ANTICHOLINESTERASES**

<b>NEOSTIGMINE</b>			
Inj 2.5 mg per ml, 1 ml .....	23.80	50	
	(26.20)		AstraZeneca
<b>PHYSOSTIGMINE SALICYLATE</b>			
Inj 500 µg per ml, 2 ml .....	55.20	5	✓ <b>Baxter</b>
<b>PYRIDOSTIGMINE BROMIDE</b>			
▲ Tab 60 mg .....	28.60	100	✓ <b>Mestinon</b>

**ANTI-INFLAMMATORY NON STEROIDAL DRUGS (NSAIDs)**

Additional subsidy by Special Authority:

- a) Approval to fully fund NSAIDs is available for patients with inflammatory arthritis (including osteoarthritis with an inflammatory component) who have been stabilised and are well controlled on a particular NSAID medication;
- b) Prescriptions with a valid Special Authority (CHEM) number will be reimbursed the manufacturer's price identified in the Pharmaceutical Schedule;
- c) Applications can be made by any medical practitioner;
- d) Approvals valid for 2 years;
- e) The approval numbers are interchangeable for products within this therapeutic group;
- f) Dispensed by retail pharmacy.

DICLOFENAC SODIUM - Special Authority available, refer above

Tab EC 25 mg .....	3.55	100	✓ <b>Diclax<sup>IMM</sup></b> ✓ <b>Flameril<sup>IMM</sup></b> Apo-Diclofenac <sup>IMM</sup> Voltaren <sup>IMM</sup>
	(7.40) (8.14)		
Tab EC 50 mg .....	5.03	100	✓ <b>Apo-Diclofenac<sup>IMM</sup></b> Diclax <sup>IMM</sup>
	7.48 (14.54)		✓ <b>Flameril<sup>IMM</sup></b> Voltaren <sup>IMM</sup>
Tab 50 mg dispersible .....	1.50	20	Voltaren D
	(3.67)		
Tab long-acting 75 mg .....	2.02	30	✓ <b>Apo-Diclo SR</b> ✓ <b>Diclax SR<sup>IMM</sup></b>
	2.37 (5.88)		✓ <b>Flameril Retard<sup>IMM</sup></b> Voltaren SR <sup>IMM</sup>
Tab long-acting 100 mg .....	3.01	30	✓ <b>Apo-Diclo SR</b> ✓ <b>Diclax SR<sup>IMM</sup></b>
	4.99 (9.14)		✓ <b>Flameril Retard<sup>IMM</sup></b> Voltaren SR <sup>IMM</sup>
Cap long-acting 100 mg .....	3.01	30	Anfenax SR
	(11.87)		
Suppos 12.5 mg .....	1.32	10	✓ <b>Voltaren</b>
Suppos 25 mg .....	1.85	10	✓ <b>Voltaren</b>
Suppos 50 mg - Available on a PSO .....	3.20	10	✓ <b>Voltaren</b>
Suppos 100 mg .....	5.30	10	✓ <b>Voltaren</b>
Inj 25 mg per ml, 3 ml - Available on a PSO .....	12.00	5	✓ <b>Voltaren</b>

(Diclax tab EC 25 mg and tab EC 50 mg to be delisted 1 October 2002)

‡ safety cap reimbursed

**Preferred Brand**

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

# MUSCULO-SKELETAL SYSTEM

## Anti-inflammatory Non Steroidal Drugs (NSAIDs)

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
<b>IBUPROFEN - Special Authority available, refer to page 109</b>				
Tab 200 mg .....	45.94	1584	✓	<b>Panafen</b>
Tab 400 mg .....	3.55	100		
	(15.20)			Brufen
Tab 600 mg .....	2.66	50		
	(11.40)			Brufen
Tab long-acting 800 mg .....	3.01	60		
	(11.87)			Brufen Retard
‡ Oral liq 100 mg per 5 ml .....	5.79	200 ml	✓	<b>Brufen</b>
<b>KETOPROFEN - Special Authority available, refer to page 109</b>				
Cap 50 mg .....	5.32	100		
	(9.78)			Orudis
Tab EC 100 mg .....	6.72	100		
	(16.20)			Oruvail EC
Cap 100 mg .....	6.72	100		
	(17.82)			Orudis
Cap long-acting 100 mg .....	6.72	100		
	(17.82)			Oruvail 100
Cap long-acting 200 mg .....	13.44	100		
	(32.40)			Kefen SR <sup>IMM</sup>
	(35.64)			Oruvail 200 <sup>IMM</sup>
Suppos 100 mg .....	4.71	10		
	(5.18)			Oruvail
<b>MEFENAMIC ACID - Special Authority available, refer to page 109</b>				
Cap 250 mg .....	2.50	100		
	(18.33)			Ponstan
<b>NAPROXEN - Special Authority available, refer to page 109</b>				
Tab 250 mg .....	30.00	500	✓	<b>Naprosyn<sup>IMM</sup></b>
	(36.08)			<b>Noflam<sup>IMM</sup></b>
				Naxen <sup>IMM</sup>
Tab EC 250 mg .....	8.66	120	✓	<b>Naprosyn Enteric</b>
Tab 500 mg .....	12.00	100	✓	<b>Naprosyn<sup>IMM</sup></b>
	(14.66)			<b>Noflam<sup>IMM</sup></b>
				Naxen <sup>IMM</sup>
Tab EC 500 mg .....	8.80	60	✓	<b>Naprosyn Enteric<sup>IMM</sup></b>
				<b>Noflam EC<sup>IMM</sup></b>
Tab long-acting 750 mg .....	18.52	90	✓	<b>Naprosyn SR 750</b>
Tab long-acting 1000 mg .....	21.10	90	✓	<b>Naprosyn SR 1000</b>
‡ Oral liq 125 mg per 5 ml .....	7.90	240 ml	✓	<b>Naprosyn</b>
<i>(Noflam tab 250 mg and tab 500 mg, and Noflam EC tab 500 mg to be delisted 1 June 2002)</i>				
<i>(Naxen tab 250 mg and tab 500 mg to be delisted 1 October 2002)</i>				

**MUSCULO-SKELETAL SYSTEM**  
**Anti-inflammatory Non Steroidal Drugs (NSAIDs)**  
**Antirheumatoid Agents**

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic ✓ Manufacturer
<b>NAPROXEN SODIUM</b> - Special Authority available, refer to page 109			
Tab 275 mg .....	6.40	100	✓ <b>Synflex</b> ✓ <b>Noflam-N</b>
Tab 550 mg .....	12.80	100	✓ <b>Synflex</b> ✓ <b>Noflam-N</b>
<i>(Noflam-N tab 275 mg and tab 550 mg to be delisted 1 June 2002)</i>			
<b>SULINDAC</b> - Special Authority available, refer to page 109			
Tab 100 mg .....	5.32 (8.88) (16.76)	100	Daclin <sup>IMM</sup> Clinorij <sup>IMM</sup>
Tab 200 mg .....	6.72 (16.20) (18.70) (31.74)	100	Daclin <sup>IMM</sup> Saldac <sup>IMM</sup> Clinorij <sup>IMM</sup>
<b>TENOXCAM</b> - Special Authority available, refer to page 109			
Tab 20 mg .....	23.75	100	✓ <b>Tilcotil</b>
Suppos 20 mg .....	5.30	10	✓ <b>Tilcotil</b>
Inj 10 mg per ml, 2 ml vial - Available on a PSO .....	10.00	5	✓ <b>Tilcotil</b>
<b>TIAPROFENIC ACID</b> - Special Authority available, refer to page 109			
Tab 200 mg .....	2.24 (9.08)	50	Surgam
Tab 300 mg .....	3.36 (13.26)	50	Surgam
Cap long-acting 300 mg .....	3.77 (14.47)	56	Surgam SA

**NSAIDs Other**

<b>INDOMETHACIN</b>			
Cap 25 mg .....	3.98	100	✓ <b>Rheumacin</b>
Cap 50 mg .....	6.50	100	✓ <b>Rheumacin</b>
Cap long-acting 75 mg .....	10.30	100	✓ <b>Rheumacin SR</b>
Suppos 100 mg .....	6.49	30	✓ <b>Arthrexin</b>
<b>PIROXICAM</b>			
Tab dispersible 10 mg .....	2.90	50	✓ <b>Piram-D</b>
Tab dispersible 20 mg .....	5.18	100	✓ <b>Piram-D</b>

**ANTIRHEUMATOID AGENTS**

<b>AURANOFIN</b> - Retail pharmacy-specialist			
Tab 3 mg .....	68.99 (70.97)	60	Ridaura
<b>HYDROXYCHLOROQUINE SULPHATE</b>			
Tab 200 mg .....	28.26	100	✓ <b>Plaquenil</b>
<b>PENICILLAMINE</b> - Retail pharmacy-specialist			
Tab 125 mg .....	56.30 (61.93)	100	D-Penammine
Tab 250 mg .....	89.98 (98.98)	100	D-Penammine

‡ safety cap reimbursed

**Preferred Brand**

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



# MUSCULO-SKELETAL SYSTEM

## Antirheumatoid Agents

### Corticosteroids – Injectables

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
<b>SODIUM AUROTHIOMALATE - Retail pharmacy-specialist</b>				
Inj 10 mg per 0.5 ml .....	69.88	10	✓	<b>Myocrisin</b>
Inj 20 mg per 0.5 ml .....	102.88	10	✓	<b>Myocrisin</b>
Inj 50 mg per 0.5 ml .....	197.48	10	✓	<b>Myocrisin</b>
<b>CORTICOSTEROIDS - INJECTABLES</b>				
<b>BETAMETHASONE SODIUM PHOSPHATE WITH BETAMETHASONE ACETATE</b>				
Inj 3.9 mg with betamethasone acetate 3 mg per ml, 1 ml .....	19.20 (28.00)	5		Celestone Chronodose
<b>METHYLPREDNISOLONE ACETATE</b>				
Inj 40 mg per ml, 1 ml .....	6.03	1	✓	<b>Depo-Medrol</b>
<b>METHYLPREDNISOLONE ACETATE WITH LIGNOCAINE</b>				
Inj 40 mg per ml with lignocaine 1 ml .....	6.03	1	✓	<b>Depo-Medrol with lidocaine</b>
<b>METHYLPREDNISOLONE SODIUM SUCCINATE - Retail pharmacy-specialist</b>				
Inj 40 mg per ml, 1 ml .....	152.00	25	✓	<b>Solu-Medrol</b>
Inj 62.5 mg per ml, 2 ml .....	414.44	25	✓	<b>Solu-Medrol</b>
Inj 500 mg .....	45.00	1	✓	<b>Solu-Medrol</b>
			✓	<b>Baxter</b>
Inj 1 g .....	80.00	1	✓	<b>Solu-Medrol</b>
			✓	<b>Baxter</b>
<b>TRIAMCINOLONE ACETONIDE</b>				
Inj 10 mg per ml, 1 ml .....	13.47	5	✓	<b>Kenacort-A</b>
Inj 10 mg per ml, 5 ml .....	12.50	1	✓	<b>Kenacort-A</b>
Inj 40 mg per ml, 1 ml .....	34.05	5	✓	<b>Kenacort-A40</b>
Inj 40 mg per ml, 5 ml .....	28.41	1	✓	<b>Kenacort-A40</b>

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
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**ENZYMES**

<b>HYALURONIDASE</b>			
Inj 1,500 iu per ml .....	18.32 (104.45)	10	Hyalase

**HYPERURICAEMIA AND ANTIGOUT**

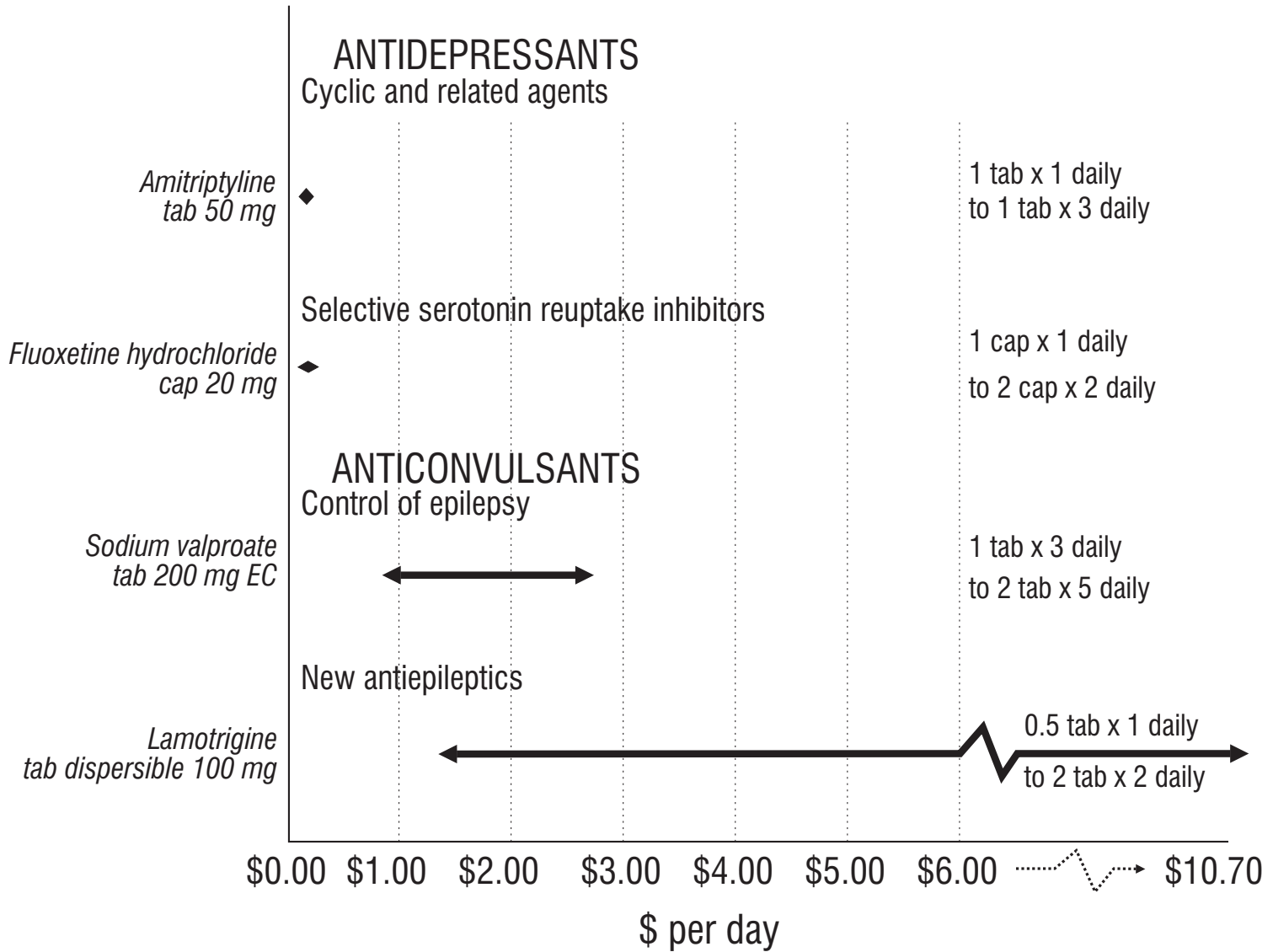
<b>ALLOPURINOL</b>			
Tab 100 mg .....	13.26	500	✓ <b>Progout</b>
Tab 300 mg .....	27.00	500	✓ <b>Progout</b>
<b>COLCHICINE</b>			
Tab 600 µg .....	6.85 (16.50)	100	Abbott

**MUSCLE RELAXANTS**

<b>BACLOFEN - Retail pharmacy-specialist</b>			
Tab 10 mg .....	4.19	100	✓ <b>Pacifen</b>
<b>DANTROLENE SODIUM - Retail pharmacy-specialist</b>			
Cap 25 mg .....	32.96	100	✓ <b>Dantrium</b>
Cap 50 mg .....	51.70	100	✓ <b>Dantrium</b>
<b>ORPHENADRINE CITRATE</b>			
Tab 100 mg .....	18.54	100	✓ <b>Norflex</b>
Inj 30 mg per ml, 2ml .....	9.60 (20.50)	3	Norflex
<b>QUININE SULPHATE</b>			
Tab 200 mg .....	6.20	100	✓ <b>Q 200</b>
Tab 300 mg .....	33.30	500	✓ <b>Q 300</b>

‡ Safety caps reimbursed for extemporaneously compounded oral liquid preparations of quinine sulphate.

## COST PER DAY OF SELECTED NERVOUS SYSTEM AGENTS



Based on current subsidies as published in this volume of the Schedule, excluding GST, mark-ups, or rebates.

The dose range was derived from Ministry of Health data sheets based on treating the most common indications for an average adult.

Dosages displayed do not suggest relativities between doses, therapeutic groups, or subgroups.

Please see listings for full details on any conditions, restrictions, or manufacturer's surcharge that may apply.

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
<b>ANAESTHETICS</b>			
<b>Local</b>			
BUPIVACAINE HYDROCHLORIDE - Special Authority			
Inj 0.5%, 4 ml .....	23.32 (24.49)	5	
			Marcaïn Isobaric
Inj 0.5%, 8% glucose, 4 ml .....	27.41 (28.78)	5	
			Marcaïn Heavy
Special Authority - Hospital pharmacy [HP3]			
a) For use in the terminally ill in pain management when standard therapy has failed.			
b) Specialist must make application.			
LIGNOCAINE HYDROCHLORIDE - Available on a PSO			
Inj 0.5% polyamp, 5 ml vial .....	56.79	50	✓ <b>Xylocaine</b>
Inj 1% 20 ml vial .....	23.70 (26.16)	5	Xylocaine
Inj 1% 50 ml vial .....	35.20 (38.80)	5	Xylocaine
a) Only if prescribed on prescription for a dialysis patient or child with rheumatic fever or on a PSO for emergency use.			
LIGNOCAINE WITH PRILOCAINE HYDROCHLORIDE - Special Authority			
Crn 2.5% with prilocaine hydrochloride 2.5% .....	46.02	30 g OP	✓ <b>Emla</b>
Crn 2.5% with prilocaine hydrochloride 2.5% 5 g .....	47.55	5	✓ <b>Emla</b>
Special Authority - Hospital pharmacy [HP3]			
a) Approvals granted only for children receiving frequent parenteral injections (ie intradermal, subcutaneous, intravenous or intramuscular) requiring a 21 gauge or larger bore needle.			
b) Specialist must make application.			

## ANALGESICS

Refer also to MUSCULO-SKELETAL, Anti-inflammatory, NSAIDs, page 109.

### Antipyretics and Non-Opioid Analgesics

ASPIRIN			
Tab 300 mg - Available on a PSO .....	21.60	1000	✓ <b>PSM</b>
Tab, soluble 300 mg .....	21.60 (26.64)	1000	
	(90.42)		Solprin <sup>IMM</sup>
	(102.50)		Disprin <sup>IMM</sup>
			Aspro Clear <sup>IMM</sup>
Tab 300 mg, EC .....	7.25	100	✓ <b>Aspec 300</b>
Tab 650 mg, EC .....	6.88	100	✓ <b>Ecotrin</b>
NEFOPAM HYDROCHLORIDE			
Tab 30 mg .....	25.99	100	✓ <b>Acupan</b>
Inj 20 mg per ml, 1 ml .....	9.10 (72.50)	5	Acupan

‡ safety cap reimbursed

**Preferred Brand**

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

# NERVOUS SYSTEM

## Analgesics

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
<b>PARACETAMOL</b>			
Tab 500 mg - Available on a PSO .....	15.84	1440	✓ <b>Panadol</b>
‡ Oral liq 120 mg per 5 ml - Available on a PSO .....	8.10	1,000 ml	✓ <b>Paracare Junior Suspension</b> PSM Paracetamol Elixir Paediatric Douglas Pamol
	(9.15)		
	(14.36)		
‡ Oral liq 250 mg per 5 ml .....	8.10	1,000 ml	✓ <b>Paracare Double Strength Suspension</b> Douglas Pamol
	(9.15)		
	(18.44)		
Suppos 125 mg .....	3.36	20	Panadol
	(5.09)		
Suppos 250 mg .....	6.20	20	
	(9.38)		Panadol
Suppos 500 mg .....	22.50	50	✓ <b>PSM</b>

### Antipyretics with Codeine

<b>PARACETAMOL WITH CODEINE</b>			
Tab paracetamol 500 mg with codeine phosphate 8 mg .....	48.96	1440	✓ <b>Panadeine</b>

### Opioid Analgesics

<b>BUPRENORPHINE HYDROCHLORIDE - Only on a controlled drug form</b>			
Inj 0.3 mg per ml, 1 ml .....	7.42	5	Temgesic
	(8.53)		
<b>CODEINE PHOSPHATE</b>			
Tab 15 mg .....	7.60	100	✓ <b>Douglas PSM</b>
	(8.20)		
Tab 30 mg .....	10.60	100	✓ <b>Douglas PSM</b>
	(12.70)		
Tab 60 mg .....	20.10	100	Douglas PSM
	(22.00)		
	(23.75)		
<b>DEXTROMORAMIDE ACID TARTRATE - Only on a controlled drug form</b>			
Tab 5 mg .....	6.18	10	✓ <b>Palfium</b>
<i>(Palfium tab 5 mg to be delisted 1 October 2002)</i>			
<b>DEXTROPROPOXYPHENE</b>			
Cap napsylate 100 mg .....	8.96	100	Doloxene
	(11.83)		
<b>DEXTROPROPOXYPHENE WITH PARACETAMOL</b>			
Tab napsylate 50 mg with paracetamol 325 mg .....	14.50	500	Paradex
	(20.50)		
Cap hydrochloride 32.5 mg with paracetamol 325 mg .....	19.91	500	Capadex
	(24.50)		
<b>DIHYDROCODEINE TARTRATE</b>			
Tab long-acting 60 mg .....	35.70	60	✓ <b>DHC Continus</b>

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
<b>METHADONE HYDROCHLORIDE</b>			
a) Only on a controlled drug form.			
b) Extemporaneously compounded methadone will only be reimbursed at the rate of the cheapest form available (methadone powder, not methadone tablets).			
Tab 5 mg .....	6.08	10	✓ <b>Pallidone</b>
			✓ <b>PSM</b>
‡ Oral liq 2 mg per ml .....	6.20	200 ml	✓ <b>PSM Methaforte<sup>MM</sup></b>
	(10.80)		Biodone <sup>MM</sup>
‡ Oral liq 5 mg per ml .....	6.50	200 ml	✓ <b>GlaxoWellcome</b>
			✓ <b>PSM Methaforte</b>
	(9.95)		Biodone Forte
‡ Oral liq 10 mg per ml .....	9.00	200 ml	✓ <b>PSM Methaforte</b>
	(19.90)		Biodone Extra Forte
Inj 10 mg per ml, 1 ml .....	18.95	5	✓ <b>Baxter</b>
‡ Oral liq (refer page 168) .....	CE		✓
<b>MORPHINE HYDROCHLORIDE - Only on a controlled drug form</b>			
‡ Oral liq 1 mg per ml .....	9.60	200 ml	✓ <b>RA-Morph</b>
‡ Oral liq 2 mg per ml .....	10.20	200 ml	✓ <b>RA-Morph</b>
‡ Oral liq 5 mg per ml .....	11.50	200 ml	✓ <b>RA-Morph</b>
‡ Oral liq 10 mg per ml .....	15.00	200 ml	✓ <b>RA-Morph</b>
<b>MORPHINE SULPHATE - Only on a controlled drug form</b>			
Tab immediate release 10 mg .....	3.21	10	✓ <b>Sevredol</b>
Cap long-acting 10 mg .....	4.00	10	✓ <b>Kapanol</b>
Tab long-acting 10 mg .....	4.00	10	✓ <b>MST Continus</b>
			✓ <b>LA-Morph</b>
Tab immediate release 20 mg .....	6.42	10	✓ <b>Sevredol</b>
Cap long-acting 20 mg .....	8.00	10	✓ <b>Kapanol</b>
Tab long-acting 30 mg .....	12.00	10	✓ <b>MST Continus</b>
			✓ <b>LA-Morph</b>
Cap long-acting 50 mg .....	16.00	10	✓ <b>Kapanol</b>
Tab long-acting 60 mg .....	16.75	10	✓ <b>MST Continus</b>
			✓ <b>LA-Morph</b>
Tab long-acting 100 mg .....	25.50	10	✓ <b>MST Continus</b>
			✓ <b>LA-Morph</b>
Cap long-acting 100 mg .....	25.50	10	✓ <b>Kapanol</b>
Tab long-acting 200 mg .....	44.96	10	✓ <b>MST Continus</b>
Suppos 5 mg .....	17.74	12	✓ <b>RMS</b>
Suppos 10 mg .....	19.14	12	✓ <b>RMS</b>
Suppos 20 mg .....	20.31	12	✓ <b>RMS</b>
Suppos 30 mg .....	31.39	12	✓ <b>RMS</b>
Inj 2 mg per ml, 1 ml - Available on a PSO .....	7.23	5	✓ <b>Baxter</b>
Inj 5 mg per ml, 1 ml - Available on a PSO .....	5.17	5	✓ <b>Baxter</b>
Inj 10 mg per ml, 1 ml - Available on a PSO .....	4.75	5	✓ <b>Baxter</b>
			✓ <b>AstraZeneca</b>
Inj 10 mg per ml, 5 ml - Available on a PSO .....	75.00	50	✓ <b>Baxter</b>
Inj 15 mg per ml, 1 ml - Available on a PSO .....	4.70	5	✓ <b>Baxter</b>
			✓ <b>AstraZeneca</b>
Inj 30 mg per ml, 1 ml - Available on a PSO .....	5.16	5	✓ <b>Baxter</b>
			✓ <b>AstraZeneca</b>

‡ safety cap reimbursed

**Preferred Brand**

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

# NERVOUS SYSTEM

## Analgesics

## Antidepressants

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
<b>MORPHINE TARTRATE - Only on a controlled drug form</b>				
Inj 80 mg per ml, 1.5 ml .....	20.20	5	✓	<b>Baxter</b>
Inj 80 mg per ml, 5 ml .....	67.37	5	✓	<b>Baxter</b>
<b>OXYCODONE PECTINATE - Only on a controlled drug form</b>				
Suppos 30 mg .....	11.66 (17.10)	12		Proladone
<b>PETHIDINE HYDROCHLORIDE - Only on a controlled drug form</b>				
Tab 50 mg .....	4.50	10	✓	<b>PSM</b>
			✓	<b>Douglas</b>
Tab 100 mg .....	6.50	10	✓	<b>PSM</b>
			✓	<b>Douglas</b>
Inj 50 mg per ml, 1 ml - Available on a PSO .....	3.40	5	✓	<b>Baxter</b>
Inj 50 mg per ml, 1.5 ml - Available on a PSO .....	4.35	5	✓	<b>Baxter</b>
Inj 50 mg per ml, 2 ml - Available on a PSO .....	3.80	5	✓	<b>Baxter</b>

## ANTIDEPRESSANTS

### Cyclic and Related Agents

<b>AMITRIPTYLINE</b>				
Tab 10 mg .....	2.49	100	✓	<b>Amitrip</b>
Tab 25 mg .....	2.59	100	✓	<b>Amitrip</b>
Tab 50 mg .....	6.98	100	✓	<b>Amitrip</b>
<b>AMOXAPINE</b>				
Tab 25 mg .....	17.50	100	✓	<b>Asendin</b>
Tab 50 mg .....	26.00	100	✓	<b>Asendin</b>
<b>CLOMIPRAMINE HYDROCHLORIDE - Retail pharmacy-specialist</b>				
Tab 10 mg .....	17.50	100	✓	<b>Anafranil</b>
Tab 25 mg .....	27.50	500	✓	<b>Clopress</b>
<b>DESIPRAMINE HYDROCHLORIDE - Hospital pharmacy [HP3]</b>				
Tab 25 mg .....	32.32 (36.62)	50		Pertofran
<b>DOTHIEPIN HYDROCHLORIDE</b>				
Cap 25 mg .....	4.50	100	✓	<b>Dopress</b>
Tab 75 mg .....	8.75	100	✓	<b>Dopress</b>
<b>DOXEPIN HYDROCHLORIDE</b>				
Cap 10 mg .....	4.99	100	✓	<b>Anten</b>
Cap 25 mg .....	4.19	100	✓	<b>Anten</b>
Cap 50 mg .....	6.99	100	✓	<b>Anten</b>
Cap 75 mg .....	10.99	100	✓	<b>Anten</b>
<b>IMIPRAMINE HYDROCHLORIDE</b>				
Tab 10 mg .....	4.98	50	✓	<b>Tofranil</b>
Tab 25 mg .....	8.00	50	✓	<b>Tofranil</b>
<b>MAPROTILINE HYDROCHLORIDE - Retail pharmacy-specialist</b>				
Tab 25 mg .....	33.88 (38.18)	100		Ludiomil
Tab 75 mg .....	28.46 (32.76)	30		Ludiomil

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
<b>MIANSERIN - Special Authority</b>				
Tab 30 mg .....	29.25	30	✓	Tolvon
<b>Special Authority - Hospital pharmacy [HP3]</b>				
a) Approval granted for treating depression only in those patients:				
- who have failed trials with other antidepressants and who have been maintained on mianserin prior to December 1993; or				
- with co-existent bladder neck obstruction or cardiovascular disease.				
b) Specialist must make application – psychiatrists only.				
c) Note: prescriptions must be written by a psychiatrist (need not be original applicant).				
<b>NORTRIPTYLINE HYDROCHLORIDE</b>				
Tab 10 mg .....	2.40	50	✓	Allegron
Tab 25 mg .....	9.37	100	✓	Allegron Norpress
<b>TRIMIPRAMINE MALEATE</b>				
Tab 25 mg .....	3.96 (6.58)	50		Surmontil
Cap 25 mg .....	7.91	100	✓	Tripress
Cap 50 mg .....	7.92 (11.50)	50	✓	Tripress Surmontil

**Monoamine-Oxidase Inhibitors (MAOIs) - Non Selective**

<b>PHENELZINE SULPHATE</b>				
Tab 15 mg .....	14.90	50	✓	Nardil
<b>TRANLYCPROMINE SULPHATE</b>				
Tab 10 mg .....	22.94	50	✓	Parnate

**Monoamine-Oxidase Type A Inhibitors**

Additional subsidy by endorsement for:

- Moclobemide tab 150 mg x 100 (Aurorix) up to \$32.90
- Moclobemide tab 300 mg x 60 (Aurorix) up to \$39.48
- Nefazodone tab 100 mg x 56 (Serzone) up to \$20.16
- Nefazodone tab 200 mg x 56 (Serzone) up to \$40.32
- Citalopram tab 20 mg x 28 (Cipramil) up to \$31.45
- Paroxetine hydrochloride tab 20 mg x 30 (Aropax) up to \$35.02

is available for patients who:

- were taking moclobemide or nefazodone on 1 December 1999 or citalopram on 1 February 2000; or paroxetine hydrochloride on 1 February 2001; or
- have previously responded to treatment with moclobemide or nefazodone or citalopram or paroxetine hydrochloride; or
- have had a trial of fluoxetine and have to discontinue due to:
  - inability to tolerate the drug due to side effects; or
  - failed to respond to an adequate dose and duration of treatment; or
- have contraindications to fluoxetine (eg pre-existing significant levels of nausea, breastfeeding, potential drug interactions);

The prescription must be endorsed accordingly. We recommend that the words used to indicate eligibility are “certified condition” however these particular words are not a requirement.

‡ safety cap reimbursed  
**Preferred Brand**

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



# NERVOUS SYSTEM

## Antidepressants

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
MOCLOBEMIDE - Retail pharmacy-specialist. Additional subsidy by endorsement available (refer to page 119).			
Tab 150 mg .....	2.57 (32.90)	100	Aurorix
Tab 300 mg .....	2.24 (39.48)	60	Aurorix

### Selective Serotonin Reuptake Inhibitors

Additional subsidy by endorsement for:

- Moclobemide tab 150 mg x 100 (Aurorix) up to \$32.90
- Moclobemide tab 300 mg x 60 (Aurorix) up to \$39.48
- Nefazodone tab 100 mg x 56 (Serzone) up to \$20.16
- Nefazodone tab 200 mg x 56 (Serzone) up to \$40.32
- Citalopram tab 20 mg x 28 (Cipramil) up to \$31.45
- Paroxetine hydrochloride tab 20 mg x 30 (Aropax) up to \$35.02

is available for patients who:

- were taking moclobemide or nefazodone on 1 December 1999 or citalopram on 1 February 2000; or paroxetine hydrochloride on 1 February 2001; or
- have previously responded to treatment with moclobemide or nefazodone or citalopram or paroxetine hydrochloride; or
- have had a trial of fluoxetine and have to discontinue due to:
  - inability to tolerate the drug due to side effects; or
  - failed to respond to an adequate dose and duration of treatment; or
- have contraindications to fluoxetine (eg pre-existing significant levels of nausea, breastfeeding, potential drug interactions);

The prescription must be endorsed accordingly. We recommend that the words used to indicate eligibility are "certified condition" however these particular words are not a requirement.

CITALOPRAM HYDROBROMIDE - Additional subsidy by endorsement available

Tab 20 mg .....	1.58 (31.45)	28	Cipramil
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FLUOXETINE HYDROCHLORIDE

Cap 20 mg .....	5.25	90	✓ <b>Fluox</b>
Tab dispersible 20 mg, scored .....	16.80 (33.60)	30	Lovan Prozac 20

a) Fluoxetine hydrochloride tab dispersible 20 mg restricted to a maximum daily dose of 10 mg.

b) Tablets can be combined with capsules to facilitate incremental 10 mg doses.

NEFAZODONE - Retail Pharmacy-specialist. Additional subsidy by endorsement available.

Tab 100 mg .....	1.42 (20.16)	56	Serzone
Tab 200 mg .....	1.86 (40.32)	56	Serzone

⊛

The heading used here (Selective Serotonin Reuptake Inhibitors) corresponds to the name of the therapeutic subgroup established by PHARMAC for subsidy purposes (see page 5). PHARMAC has decided that, whether or not nefazodone is a Selective Serotonin Reuptake Inhibitor (a subject on which clinical opinion differs), it has the same or similar therapeutic effect as fluoxetine hydrochloride and paroxetine hydrochloride. Nefazodone is listed under this heading on that basis.

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
PAROXETINE HYDROCHLORIDE - Additional subsidy by endorsement available (Refer to page 120.)			
Tab 20 mg .....	1.90 (35.02)	30	Aropax

**Other Antidepressants**

LITHIUM CARBONATE			
Tab 250 mg .....	5.29	100	✓ Lithicarb
Cap 250 mg .....	6.38	100	✓ Douglas
Tab 400 mg .....	9.17	100	✓ Lithicarb
Tab long-acting 400 mg .....	12.15	100	✓ Priadel

**ANTIEPILEPSY DRUGS**

**Agents for Control of Status Epilepticus**

CLONAZEPAM			
Inj 1 mg per ml, 1 ml .....	9.36	5	✓ Rivotril
DIAZEPAM			
Rectal tubes 5 mg - Available on a PSO .....	26.50	5	✓ Stesolid
Rectal tubes 10 mg - Available on a PSO .....	32.38	5	✓ Stesolid
Inj 5 mg per ml, 2 ml - Only on a PSO .....	8.32 (15.41)	5	✓ Baxter Diazemuls
a) Injection subsidised only on a PSO and PSO is endorsed "not for anaesthetic procedures".			
PARALDEHYDE			
Inj 5 ml .....	58.00	5	✓ Baxter
PHENOBARBITONE SODIUM			
Inj 200 mg per ml, 1 ml .....	73.92	10	✓ Gardenal Sodium
PHENYTOIN SODIUM - Available on a PSO			
Inj 50 mg per ml, 2 ml .....	69.24	5	✓ Baxter
Inj 50 mg per ml, 5 ml .....	77.27	5	✓ Baxter

**Control of Epilepsy**

ACETAZOLAMIDE			
▲ Tab 250 mg .....	8.75 (10.52)	100	Diamox
Sodium inj 500 mg .....	13.95	1	✓ Diamox
CARBAMAZEPINE			
▲ Tab 200 mg .....	14.53	100	✓ Tegretol
▲ Tab long-acting 200 mg .....	16.98	100	✓ Teril
▲ Tab 400 mg .....	34.58	100	✓ Tegretol CR
			✓ Tegretol
			✓ Teril
▲ Tab long-acting 400 mg .....	39.17	100	✓ Tegretol CR
▲+ Oral liq 100 mg per 5 ml .....	26.37	250 ml	✓ Tegretol

‡ safety cap reimbursed  
**Preferred Brand**

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

# NERVOUS SYSTEM

## Antiepilepsy Drugs

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
<b>CLOBAZAM - Retail pharmacy-specialist</b>				
▲ Tab 10 mg .....	8.29	50	✓	<b>Frisium</b>
‡ Safety caps reimbursed for extemporaneously compounded oral liquid preparations.				
<b>CLONAZEPAM</b>				
▲ Tab 500 µg .....	9.85	100	✓	<b>Rivotril</b>
▲ Tab 2 mg .....	18.58	100	✓	<b>Rivotril</b>
▲± Oral drops 2.5 mg per ml .....	7.38	10 ml OP	✓	<b>Rivotril</b>
<b>ETHOSUXIMIDE</b>				
▲ Cap 250 mg .....	32.90	200	✓	<b>Zarontin</b>
▲± Oral liq 250 mg per 5 ml .....	14.95	250 ml	✓	<b>Zarontin</b>
<b>PHENOBARBITONE</b>				
▲ Tab 15 mg .....	23.68	500	✓	<b>PSM</b>
▲ Tab 30 mg .....	24.59	500	✓	<b>PSM</b>
<b>PHENYTOIN SODIUM</b>				
▲ Cap 30 mg .....	15.50	200	✓	<b>Dilantin</b>
▲ Tab 50 mg .....	15.63	200	✓	<b>Dilantin Infatab</b>
▲ Cap 100 mg .....	14.69	200	✓	<b>Dilantin</b>
▲± Oral liq 30 mg per 5 ml .....	11.19	500 ml	✓	<b>Dilantin</b>
▲± Oral liq 100 mg per 5 ml .....	15.83	500 ml	✓	<b>Dilantin Forte</b>
<b>PRIMIDONE</b>				
▲ Tab 250 mg .....	17.25	100	✓	<b>Apo-Primidone</b>
<b>SODIUM VALPROATE</b>				
▲ Tab 100 mg .....	13.65	100	✓	<b>Epilim Crushable</b>
▲ Tab 200 mg EC .....	27.44	100	✓	<b>Epilim</b>
▲ Tab 500 mg EC .....	52.24	100	✓	<b>Epilim</b>
▲± Oral liq 200 mg per 5 ml .....	20.48	300 ml	✓	<b>Epilim S/F Liquid</b>
			✓	<b>Epilim Syrup</b>
Inj 100 mg per ml, 4 ml .....	41.50	1	✓	<b>Epilim IV</b>

### New antiepilepsy drugs

<b>GABAPENTIN - Special Authority</b>				
▲ Cap 100 mg .....	42.08	100	✓	<b>Neurontin</b>
▲ Cap 300 mg .....	126.23	100	✓	<b>Neurontin</b>
▲ Cap 400 mg .....	168.30	100	✓	<b>Neurontin</b>
<b>LAMOTRIGINE - Special Authority</b>				
▲ Tab 5 mg .....	9.64	30	✓	<b>Lamictal</b>
▲ Tab 25 mg dispersible .....	51.07	56	✓	<b>Lamictal</b>
▲ Tab 50 mg dispersible .....	86.82	56	✓	<b>Lamictal</b>
▲ Tab 100 mg dispersible .....	149.81	56	✓	<b>Lamictal</b>
<b>TOPIRAMATE - Special Authority</b>				
▲ Sprinkle cap 15 mg .....	41.20	60	✓	<b>Topamax</b>
▲ Sprinkle cap 25 mg .....	51.50	60	✓	<b>Topamax</b>
▲ Tab 25 mg .....	51.50	60	✓	<b>Topamax</b>
▲ Tab 50 mg .....	87.54	60	✓	<b>Topamax</b>
▲ Tab 100 mg .....	148.83	60	✓	<b>Topamax</b>
▲ Tab 200 mg .....	256.82	60	✓	<b>Topamax</b>

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer ✓
<b>VIGABATRIN - Special Authority</b>			
▲ Tab 500 mg .....	143.16	120	✓ <b>Sabril</b>
<b>Special Authority - Retail Pharmacy</b>			
a) Subsidies for the new anti-epilepsy drugs (NAED), gabapentin, lamotrigine, topiramate and vigabatrin (which may be used in conjunction with older anti-epilepsy drug treatment), will be granted for patients in any one of the following groups:			
1) patients who were on NAED therapy before 1 September 2000 and who met the previous criteria for access to a subsidy for a NAED.			
2) patients whose seizures are not adequately controlled with optimal older anti-epilepsy drug treatment.			
3) patients whose seizures are controlled adequately with but who experience unacceptable side effects from older anti-epilepsy drug treatment.			
b) Approval entitles patients to a subsidy for one NAED. Dual NAED therapy will be subsidised for patients:			
1) who were already stabilised on two NAEDs on or before 31 July 2000; or			
2) for whom a second NAED has been added to therapy with one NAED provided an attempt to withdraw one NAED has been made and was unsuccessful.			
c) Further application may be made in writing for temporary approval for three agents for patients on dual therapy who are switching from vigabatrin to another NAED. Applications must contain information regarding current therapy, the proposed additional agent, and the agent to be withdrawn. Approvals would be valid for a maximum six month period, under the existing Special Authority number.			
d) "Optimal older anti-epilepsy drug therapy" is defined as treatment with those older anti-epilepsy drugs which are indicated and clinically appropriate for the patient, given singly and in combination in adequate doses for the patient's age, weight, and other features affecting the pharmacokinetics of the drug with good evidence of compliance.			
e) Initial approvals are valid for 15 months. Re-approvals and initial approvals for patients who were on NAED therapy on or before 31 July 2000 are valid for 18 months.			
f) Re-applications will be approved only for patients who have been prescribed adequate doses of gabapentin, lamotrigine, topiramate and vigabatrin and tolerated and demonstrated a significant and sustained improvement in seizure rate, seizure severity and/or quality of life to them. (As a guideline, clinical trials have referred to a notional 50% reduction in seizure frequency as an indicator of success with anti-convulsant therapy and have assessed quality of life from the patient's perspective).			
g) Special Authority applications and reapplications must be made by a neurologist or paediatric neurologist. Applications from a general physician or paediatrician will be accepted if access to neurology or paediatric neurology services is limited in the locality in which they practice.			
h) Applications must be made on a PHARMAC approved form.			
i) Prescriptions for NAEDs may be written by any medical practitioner.			

## ANTIMIGRAINE PREPARATIONS

### Acute Migraine Treatment

Refer also to MUSCULO-SKELETAL, Anti-inflammatory NSAIDS, page 109

#### ERGOTAMINE TARTRATE WITH CAFFEINE

Tab 1 mg with caffeine 100 mg .....	24.20 (31.00)	100	Cafergot
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#### ERGOTAMINE TARTRATE WITH DIPHENHYDRAMINE

Cap 1 mg with caffeine citrate 100 mg and diphenhydramine hydrochloride 25 mg .....	8.81	50	✓ <b>Ergodyl</b>
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# NERVOUS SYSTEM

## Antimigraine Preparations Antinausea and Vertigo Agents

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
<b>METOCLOPRAMIDE HYDROCHLORIDE WITH PARACETAMOL</b>				
Tab 5 mg with paracetamol 500 mg .....	7.00	60	✓	<b>Paramax</b>
<b>SUMATRIPTAN</b>				
Tab 50 mg .....	34.00	4	✓	<b>Imigran</b>
Tab 100 mg .....	32.00	2	✓	<b>Imigran</b>
Inj 12 mg per ml, 0.5 ml - Hospital pharmacy [HP2] & [HP3]-specialist .....	80.00	2 inj OP	✓	<b>Imigran</b>

a) Injection subsidised only if not more than 6 inj per prescription.

### Prophylaxis of Migraine

Refer also to Cardiovascular System, Beta Adrenoceptor Blockers, page 56

<b>CLONIDINE HYDROCHLORIDE</b>				
Tab 25 µg .....	17.26	100	✓	<b>Dixarit</b>
<b>PIZOTIFEN</b>				
Tab 500 µg .....	21.10 (24.10)	100		Sandomigran

### ANTINAUSEA AND VERTIGO AGENTS

Refer also to ALIMENTARY TRACT, Antispasmodics, page 25

<b>BETAHISTINE DIHYDROCHLORIDE - Retail pharmacy-specialist</b>				
Tab 16 mg .....	17.49	100	✓	<b>Vergo</b>
<b>CYCLIZINE HYDROCHLORIDE - Special Authority available</b>				
Tab 50 mg .....	1.26 (4.05)	10		Marzine

Additional subsidy by Special Authority:

- Approval to fully fund cyclizine hydrochloride is available for the control of nausea and vomiting in the treatment of terminal care patients;
- Prescriptions with a valid Special Authority (CHEM) number will be reimbursed the manufacturer's price identified in the Pharmaceutical Schedule;
- Approvals valid for 6 months;
- Dispensed by retail pharmacy.

<b>CYCLIZINE LACTATE</b>				
Inj 50 mg per ml, 1 ml .....	14.58	5	✓	<b>Valoid</b>
<b>DIMENHYDRINATE</b>				
Tab 50 mg .....	0.59 (3.07)	10		Dramamine
<b>DOMPERIDONE - Special Authority available</b>				
Tab 10 mg .....	3.90 (7.99)	100		Motilium

Additional subsidy by Special Authority:

- Approval to fully fund domperidone is available for the control of nausea and vomiting in the treatment of terminal care patients;
- Prescriptions with a valid Special Authority (CHEM) number will be reimbursed the manufacturer's price identified in the Pharmaceutical Schedule.
- Approvals valid for 6 months;
- Dispensed by retail pharmacy.

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
<b>HYOSCINE HYDROBROMIDE</b>			
Inj 400 µg per ml, 1 ml .....	6.00	5	✓ <b>Baxter</b>
<b>HYOSCINE (SCOPOLAMINE) - Special Authority</b>			
Patches, 1.5 mg .....	9.56 (12.40)	2	Scopoderm TTS
Special Authority - Hospital pharmacy [HP3]			
a) Approvals can be granted for the control of nausea in the treatment of malignant disease.			
b) Approvals only for 6 months.			
<b>METOCLOPRAMIDE HYDROCHLORIDE</b>			
Tab 10 mg .....	3.00 (5.00)	100	✓ <b>Metamide</b> Maxolon
‡ Oral liq 5 mg per 5 ml .....	2.74 (4.40)	100 ml	Maxolon
Inj 5 mg per ml, 2 ml - Available on a PSO .....	6.00	10	✓ <b>Pharmacia</b>
<b>ONDANSETRON - Hospital pharmacy [HP3]-specialist</b>			
a) Not to exceed 6 tablets per prescription; and			
b) Not more than one prescription per month.			
Tab 4 mg .....	107.50	10	✓ <b>Zofran</b>
Tab 8 mg .....	309.60	20	✓ <b>Zofran</b>
<b>PROCHLORPERAZINE</b>			
Tab 3 mg buccal .....	5.97 (14.42)	50	Buccastem
Tab 5 mg - Available on a PSO .....	13.49	500	✓ <b>Antinaus</b>
Suppos 5 mg .....	9.52 (13.62)	5	Sternetil
Suppos 25 mg .....	12.54 (17.94)	5	Sternetil
Inj 12.5 mg per ml, 1 ml - Available on a PSO .....	14.91 (19.39)	10	Sternetil
<b>PROMETHAZINE THEOCLATE</b>			
Tab 25 mg .....	1.20 (5.15)	10	Avomine
<b>TROPISETRON - Hospital pharmacy [HP3]-specialist</b>			
Cap 5 mg .....	154.82	5	✓ <b>Navoban</b>
a) Not to exceed 3 capsules per prescription; and			
b) Not more than one prescription per month.			

‡ safety cap reimbursed  
**Preferred Brand**

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

# NERVOUS SYSTEM

## AntiParkinson Agents

Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
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### ANTIPARKINSON AGENTS

#### Dopamine Agonists and Related Agents

AMANTADINE HYDROCHLORIDE - Retail pharmacy-specialist

▲ Cap 100 mg .....	57.82 (63.00)	60		
				Symmetrel

A POMORPHINE HYDROCHLORIDE - Special Authority

▲ Inj 10 mg .....	50.43	5	✓	Apomine
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Special Authority - Hospital pharmacy [HP3]

a) A declaration is required to demonstrate that the patient:

- has idiopathic Parkinson's disease; and
- has responded to L-dopa; and
- has resistance to conventional treatment of severe motor fluctuations, or severe "off" period disability, or severe "off" period dystonic cramps.

b) A declaration is required that the patient does not have dementia and/or neuropsychiatric disorders.

c) Neurologists or Physician for the Elderly (FRACP) must make application.

d) Neurologists or Physician for the Elderly (FRACP) must write prescription.

e) Approvals valid for two years.

BROMOCRIPTINE MESYLATE

▲ Tab 2.5 mg .....	10.84	30	✓	Alpha-Bromocriptine
▲ Tab 10 mg .....	134.74	100	✓	Alpha-Bromocriptine

LEVODOPA WITH BENSERAZIDE

▲ Cap 50 mg with benserazide 12.5 mg .....	14.00	100	✓	Madopar 62.5
▲ Tab dispersible 50 mg with benserazide 12.5 mg .....	14.00	100	✓	Madopar Dispersible
▲ Cap 100 mg with benserazide 25 mg .....	25.00	100	✓	Madopar 125
▲ Cap long acting 100 mg with benserazide 25 mg - Retail pharmacy-specialist .....	25.00	100	✓	Madopar HBS
▲ Cap 200 mg with benserazide 50 mg .....	40.00	100	✓	Madopar

LEVODOPA WITH CARBIDOPA

▲ Tab 100 mg with carbidopa 25 mg .....	20.00	100	✓	Sindopa <sup>IMM</sup>
			✓	Sinemet <sup>IMM</sup>
			✓	Sinemet
▲ Tab 250 mg with carbidopa 25 mg .....	57.50	100		
▲ Tab long-acting 200 mg with carbidopa 50 mg - Retail pharmacy-specialist .....	70.00	100	✓	Sinemet CR

LISURIDE HYDROGEN MALEATE

▲ Tab 200 µg .....	27.50 (30.00)	30		Dopergin
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PERGOLIDE - Retail pharmacy-specialist

▲ Tab 0.25 mg .....	74.75	100	✓	Permax
▲ Tab 1 mg .....	299.00	100	✓	Permax

SELEGILINE HYDROCHLORIDE - Retail pharmacy-specialist

▲ Tab 5 mg .....	8.90	100	✓	Selgene
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	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer ✓
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**TOLCAPONE - Retail pharmacy-specialist prescription**

▲ Tab 100 mg .....	171.67	100	✓ Tasmar
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a) Specialist must be either a neurologist, geriatrician or general physician.

**Anticholinergics**

**BENZTROPINE MESYLATE**

Tab 2 mg .....	5.60	100	✓ Cogentin
Inj 1 mg per ml, 2 ml - Only on a PSO .....	7.27	1	✓ Cogentin

**ORPHENADRINE HYDROCHLORIDE**

Tab 50 mg .....	31.93	250	✓ Disipal
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**PROCYCLIDINE HYDROCHLORIDE**

Tab 5 mg .....	7.40	100	✓ Kemadrin
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**ANTIPSYCHOTICS**

**Guidelines for the use of atypical anti-psychotic agents**

Diagnosis: Schizophrenia and related psychoses when positive symptoms (delusions, hallucinations and thought disorder) are prominent and/or disabling or when both positive symptoms and negative symptoms (flattened affect, emotional and social withdrawal and poverty of speech) are present.

Treatment: Before initiating atypical anti-psychotic therapy, physicians should consider whether the patient is likely to respond to and/or tolerate conventional anti-psychotic therapy and, where appropriate, trial one or more conventional agents prior to use of an atypical agent.

**General**

**CHLORPROMAZINE HYDROCHLORIDE - Available on a PSO**

Tab 10 mg .....	11.24	100	✓ Largactil
Tab 25 mg .....	11.84	100	✓ Largactil
Tab 100 mg .....	27.83	100	✓ Largactil
‡ Oral liq 100 mg per 5 ml .....	13.64	100 ml	✓ Largactil Forte
Inj 25 mg per ml, 2 ml .....	23.33	10	✓ Largactil

**CLOZAPINE - Hospital pharmacy [HP4]-specialist prescription**

Tab 25 mg .....	55.00	50	✓ Clozaril
Tab 25 mg .....	88.00	100	✓ Clopine
Tab 100 mg .....	135.00	50	✓ Clozaril
Tab 100 mg .....	216.00	100	✓ Clopine

**Note:** Prescribing and dispensing of clozapine is subject to Ministry of Health restrictions including the requirement for blood monitoring.

**HALOPERIDOL**

Tab 500 µg - Available on a PSO .....	4.80	100	✓ Serenace
Tab 1.5 mg - Available on a PSO .....	3.76	50	✓ Serenace
Tab 5 mg - Available on a PSO .....	23.88	100	✓ Serenace
Oral liq 2 mg per ml - Available on a PSO .....	17.85	100 ml	✓ Serenace
Inj 5 mg per ml, 1 ml - Available on a PSO .....	14.58	10	✓ Serenace

**LITHIUM CARBONATE**

Tab 250 mg .....	5.29	100	✓ Lithicarb
Cap 250 mg .....	6.38	100	✓ Douglas
Tab 400 mg .....	9.17	100	✓ Lithicarb
Tab long-acting 400 mg .....	12.15	100	✓ Priadel

‡ safety cap reimbursed

**Preferred Brand**

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



# NERVOUS SYSTEM

## Antipsychotics

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
<b>METHOTRIMEPAZINE</b>				
Tab 25 mg .....	15.39	100	✓	<b>Nozinan</b>
Tab 100 mg .....	39.96	100	✓	<b>Nozinan</b>
Inj 25 mg per ml, 1 ml .....	66.98	10	✓	<b>Nozinan</b>
<b>OLANZAPINE - Special Authority</b>				
Tab 2.5 mg .....	60.80	30	✓	<b>Zyprexa</b>
Tab 5 mg .....	120.49	30	✓	<b>Zyprexa</b>
Tab 10 mg .....	243.44	30	✓	<b>Zyprexa</b>

### Special Authority – Retail pharmacy

a) Subject to a budgetary cap. Applications will be considered and approved subject to funding availability.

b) Subsidised for:

- (i) patients presenting with first episode schizophrenia or related psychoses; and
- (ii) patients suffering from schizophrenia and related psychoses who are likely to benefit from anti-psychotic treatment after trial of an effective dose of risperidone that has been discontinued either because of:
  - recurrent acute dystonias; or
  - excessive Parkinson-like symptoms; or
  - hyperprolactinaemia; or
  - inadequate clinical response after four weeks.

c) Initial application and application for renewal of Special Authority to be made by a psychiatrist.

d) First prescription to be written by a psychiatrist or psychiatric registrar.

e) Subsequent prescriptions may be written by a General Practitioner.

f) Discontinued treatment should be notified to Health Benefits if possible.

g) Approvals valid for two years.

### PERICYAZINE

Tab 2.5 mg .....	11.35	100	✓	<b>Neulactil</b>
Tab 10 mg .....	40.41	100	✓	<b>Neulactil</b>

### PIMOZIDE - Retail pharmacy-specialist

Tab 2 mg .....	14.72	50	✓	<b>Orap</b>
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### QUETIAPINE - Special Authority

Tab 25 mg .....	55.00	60	✓	<b>Seroquel</b>
Tab 100 mg .....	110.00	60	✓	<b>Seroquel</b>
Tab 150 mg .....	159.00	60	✓	<b>Seroquel</b>
Tab 200 mg .....	210.00	60	✓	<b>Seroquel</b>

### Special Authority - Retail pharmacy

a) Not subject to limited patient numbers.

b) Subsidised for:

- i) patients presenting with first episode schizophrenia or related psychoses; and
- ii) patients suffering from schizophrenia and related psychoses who are likely to benefit from anti-psychotic treatment after trial of an effective dose of risperidone that has been discontinued because of unacceptable side effects or inadequate response.

c) Initial application and application for renewal of Special Authority to be made by a psychiatrist.

d) First prescription to be written by a psychiatrist or psychiatric registrar.

e) Subsequent prescriptions may be written by a General Practitioner.

f) Approvals valid for two years

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
<b>RISPERIDONE - Retail pharmacy-specialist</b>				
Tab 1 mg .....	91.84	60	✓	<b>Risperdal</b>
Tab 2 mg .....	183.66	60	✓	<b>Risperdal</b>
Tab 3 mg .....	275.56	60	✓	<b>Risperdal</b>
Tab 4 mg .....	367.30	60	✓	<b>Risperdal</b>
Oral liq 1 mg per ml .....	45.92	30 ml	✓	<b>Risperdal</b>
<b>THIORIDAZINE HYDROCHLORIDE</b>				
Tab 10 mg .....	6.38	90	✓	<b>Aldazine</b>
			✓	<b>Melleril</b>
Tab 25 mg .....	7.35	90	✓	<b>Aldazine</b>
	(7.75)			Melleril
Tab 50 mg .....	10.16	90	✓	<b>Aldazine</b>
	(10.69)			Melleril
Tab 100 mg .....	16.64	90	✓	<b>Aldazine</b>
	(22.04)			Melleril
Tab long-acting 200 mg .....	45.00	100		Melleril Retard
	(70.00)			
‡ Oral liq 1% .....	25.99	500 ml	✓	<b>Melleril</b>
<b>THIOTHIXENE</b>				
Tab 2 mg .....	11.22	100	✓	<b>Thixit</b>
Tab 10 mg .....	32.50	100	✓	<b>Thixit</b>
<b>TRIFLUOPERAZINE HYDROCHLORIDE</b>				
Tab 1 mg .....	9.83	100		
	(10.22)			Stelazine
Tab 2 mg .....	13.63	100		
	(15.61)			Stelazine
Tab 5 mg .....	15.79	100		
	(17.77)			Stelazine
Cap long-acting 15 mg .....	33.05	50		
	(35.03)			Stelazine Spansules
‡ Oral liq 1 mg per ml .....	74.80	1,000 ml	✓	<b>Stelazine</b>

**Depot Injections**

<b>FLUPENTHIXOL DECANOATE - Retail pharmacy-specialist</b>				
Inj 20 mg per ml, 1 ml - Available on a PSO .....	13.14	5	✓	<b>Fluanxol</b>
Inj 20 mg per ml, 2 ml - Available on a PSO .....	20.90	5	✓	<b>Fluanxol</b>
Inj 100 mg per ml, 1 ml - Available on a PSO .....	40.87	5	✓	<b>Fluanxol</b>
<b>FLUPHENAZINE DECANOATE - Retail pharmacy-specialist</b>				
Inj 12.5 mg per 0.5 ml, 0.5 ml - Available on a PSO .....	29.00	5	✓	<b>Baxter</b>
Inj 25 mg per ml, 1 ml - Available on a PSO .....	48.75	5	✓	<b>Baxter</b>
Inj 25 mg per ml, 2 ml - Available on a PSO .....	97.50	5	✓	<b>Baxter</b>
Inj 100 mg per ml, 1 ml - Available on a PSO .....	168.00	5	✓	<b>Baxter</b>
<b>HALOPERIDOL DECANOATE - Retail pharmacy-specialist</b>				
Inj 50 mg per ml, 1 ml - Available on a PSO .....	28.39	5	✓	<b>Haldol</b>
Inj 100 mg per ml, 1 ml - Available on a PSO .....	55.90	5	✓	<b>Haldol Concentrate</b>
<b>PIPOTHIAZINE PALMITATE - Retail pharmacy-specialist</b>				
Inj 50 mg per ml, 1 ml - Available on a PSO .....	162.25	10	✓	<b>Piportil</b>
Inj 50 mg per ml, 2 ml - Available on a PSO .....	321.20	10	✓	<b>Piportil</b>

‡ safety cap reimbursed

**Preferred Brand**

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

# NERVOUS SYSTEM

## Anxiolytics

Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
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### ANXIOLYTICS

#### ALPRAZOLAM

a) Retail pharmacy-specialist

b) Month restriction

Tab 250 µg .....	4.77 (7.21)	100	Xanax
Tab 500 µg .....	9.54 (14.45)	100	Xanax
Tab 1 mg .....	19.08 (28.90)	100	Xanax

‡ Safety caps reimbursed for extemporaneously compounded oral liquid preparations.

#### BUSPIRONE HYDROCHLORIDE - Special Authority

Tab 5 mg .....	35.74	100	✓ <b>Biron</b>
Tab 10 mg .....	64.73 (96.46)	100	✓ <b>Biron<sup>IMM</sup></b> Buspar <sup>IMM</sup>

Special Authority - Hospital pharmacy [HP3]

a) For subsidisation only as an anxiolytic where other agents are contraindicated or have failed.

b) Month restriction.

c) Specialist must make application – psychiatrists/geriatricians/respiratory physicians.

#### CHLORDIAZEPOXIDE HYDROCHLORIDE - Month restriction

Cap 5 mg .....	4.77 (5.35)	100	Nova-Pam
Cap 10 mg .....	4.95 (5.54)	100	Nova-Pam

‡ Safety caps reimbursed for extemporaneously compounded oral liquid preparations.

#### CLOBAZAM - Retail pharmacy-specialist

Tab 10 mg .....	8.29	50	✓ <b>Frisium</b>
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‡ Safety caps reimbursed for extemporaneously compounded oral liquid preparations.

#### DIAZEPAM - Month restriction

Tab 2 mg .....	5.42	500	✓ <b>D-Pam</b>
Tab 5 mg .....	3.99	250	✓ <b>Pro-Pam</b>
Tab 10 mg .....	2.50	100	✓ <b>Pro-Pam</b>

‡ Safety caps reimbursed for extemporaneously compounded oral liquid preparations.

(D-Pam tab 2 mg to be delisted 1 June 2002)

#### LORAZEPAM - Month restriction

Tab 1 mg .....	4.10	250	✓ <b>Lorapam</b>
Tab 2.5 mg .....	4.20	100	✓ <b>Lorapam</b>

‡ Safety caps reimbursed for extemporaneously compounded oral liquid preparations.

#### OXAZEPAM - Month restriction

Tab 10 mg .....	1.98 (4.90)	100	Ox-Pam
Tab 15 mg .....	2.45 (6.90)	100	Ox-Pam

‡ Safety caps reimbursed for extemporaneously compounded oral liquid preparations.

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
<b>SEDATIVES AND HYPNOTICS</b>			
<b>CHLORMETHIAZOLE EDISYLATE</b>			
Cap 192 mg - Month restriction .....	10.52 (11.91)	50	
Oral liq 250 mg per 5 ml .....	16.88 (21.83)	300 ml	Hemineurin Hemineurin
<i>(Hemineurin oral liq 250 mg per 5 ml to be delisted 1 September 2002)</i>			
<b>LORMETAZEPAM - Month restriction</b>			
Tab 1 mg .....	3.11 (11.37)	30	Noctamid
‡ Safety caps reimbursed for extemporaneously compounded oral liquid preparations.			
<b>MIDAZOLAM</b>			
Tab 7.5 mg - Month restriction .....	10.38 (12.00)	100	
Inj 1 mg per ml, 5 ml - Special Authority .....	11.30 (14.32)	5	Hypnovel ✓ <b>Baxter</b> Hypnovel
Inj 5 mg per ml, 3 ml - Special Authority .....	24.25 (30.65)	5	✓ <b>Baxter</b> Hypnovel
‡ Safety caps reimbursed for extemporaneously compounded oral liquid preparations.			
Special Authority - Hospital pharmacy [HP3]			
a) For terminally ill patients.			
b) Specialist must make application.			
<b>NITRAZEPAM - Month restriction</b>			
Tab 5 mg .....	2.00 (3.50) (4.05)	100	Insoma Nitrados
‡ Safety caps reimbursed for extemporaneously compounded oral liquid preparations.			
<b>TEMAZEPAM - Month restriction</b>			
Cap 10 mg .....	3.16	100	✓ <b>Euhypnos</b>
Cap 20 mg .....	5.25	100	✓ <b>Somapam</b>
‡ Safety caps reimbursed for extemporaneously compounded oral liquid preparations.			
<b>TRIAZOLAM - Month restriction</b>			
Tab 125 µg .....	2.76	100	✓ <b>Halcion</b>
Tab 250 µg .....	5.20	100	✓ <b>Halcion</b>
‡ Safety caps reimbursed for extemporaneously compounded oral liquid preparations.			
<b>ZOPICLONE - Month restriction</b>			
Tab 7.5 mg .....	2.80	30	✓ <b>Zo-Tab</b>

‡ safety cap reimbursed  
**Preferred Brand**

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

# NERVOUS SYSTEM

## Other CNS Agents

Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
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### OTHER CNS AGENTS

DEXAMPHETAMINE SULPHATE - Special Authority - as for methylphenidate hydrochloride below

Tab 5 mg .....	190.00	1,000	✓ PSM
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METHYLPHENIDATE HYDROCHLORIDE - Special Authority

Tab 10 mg .....	6.88	30	✓ Rubifen
Tab long-acting 20 mg .....	75.00	100	✓ Ritalin SR

Special Authority - Retail pharmacy, Controlled Drug Form

a) Subsidised only for:

- Narcolepsy; and
- ADHD (Attention Deficient and Hyperactivity Disorder) where diagnosed according to DSM-IV or ICD 10 criteria;

b) Applications and reapplications for:

- ADHD patients under 5 years of age must be made by a Child & Adolescent Psychiatrist or Paediatrician;
- ADHD patients aged 5 years or more must be made by an Adult Psychiatrist, Child & Adolescent Psychiatrist, Paediatrician or GP on the recommendation of such a specialist. GP applications must specify that specialist recommendation has been obtained (the steps required for "specialist recommendation" are found in the front of the Pharmaceutical Schedule in section A under the headings hospital pharmacy-specialist and retail pharmacy-specialist);
- Narcolepsy must be made by a Neurologist or medical practitioner vocationally registered in Internal medicine specialising in Respiratory medicine;

c) The first prescription should be written by:

- a Child & Adolescent Psychiatrist or Paediatrician (in the case of ADHD patients under 5 years of age only);
- a Neurologist or medical practitioner vocationally registered in Internal medicine specialising in Respiratory medicine (in the case of patients with narcolepsy);

d) For subsidy purposes, all prescriptions require annotation of the Special Authority number. Where a prescription is written by a GP on the recommendation of a specialist, annotation of the specialist endorsement is not required to be on the prescription form. A Special Authority number for methylphenidate can be used for both the 10 mg tablet and the 20 mg slow release tablet.

e) Approvals valid for:

- 12 months for ADHD patients under 5 years of age;
- 24 months for ADHD aged 5 years or over and for narcoleptic patients.

DISULFIRAM

Tab 200 mg .....	24.30	100	✓ Antabuse
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TETRABENAZINE

Tab 25 mg .....	161.00	112	✓ Xenazine 25
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	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic ✓ Manufacturer
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**CHEMOTHERAPEUTIC AGENTS**

**Alkylating Agents**

BUSULPHAN - Retail pharmacy-specialist			
Tab 2 mg .....	47.89	100	✓ Myleran
CHLORAMBUCIL- Retail pharmacy-specialist			
Tab 2 mg .....	22.35	25	✓ Leukeran FC
Tab 5 mg .....	33.18	25	✓ Leukeran
<i>(Leukeran tab 2 mg and tab 5 mg to be delisted 1 August 2002)</i>			
CYCLOPHOSPHAMIDE - Retail pharmacy-specialist			
Tab 50 mg .....	26.00	50	✓ Cycloblastin
Inj 500 mg .....	141.60	12	✓ Cytoxan
Inj 1 g .....	127.80	6	✓ Cytoxan
MELPHALAN - Retail pharmacy-specialist			
Tab 2 mg .....	31.31	25	✓ Alkeran
Tab 5 mg .....	50.70	25	✓ Alkeran
<i>(Alkeran tab 5 mg to be delisted 1 October 2002)</i>			
THIOTEPA - Retail pharmacy-specialist			
Inj 15 mg .....	14.65	each	✓ Lederle

**Antimetabolites**

CALCIUM FOLINATE - Hospital pharmacy [HP1] or [HP3]-specialist			
Tab 15 mg [HP3] .....	38.90	10	✓ Baxter
	(55.60)		Leucovorin
Inj 3 mg per ml, 1 ml [HP1] .....	17.10	5	✓ Leucovorin Calcium
Inj 15 mg [HP1] .....	57.20	5	✓ Leucovorin Calcium
Inj 50 mg [HP1] .....	29.95	each	✓ Baxter
	(48.50)		Leucovorin
CYTARABINE - Retail pharmacy-specialist			
Inj 100 mg .....	80.00	5	✓ Baxter
			✓ Pharmacia
Inj 500 mg .....	67.00	each	✓ Baxter
Inj 1 g .....	118.00	each	✓ Baxter
			✓ Pharmacia
Inj 2 g .....	150.00	each	✓ Pharmacia
FLUOROURACIL SODIUM - Retail pharmacy-specialist			
Crn 5% .....	23.89	20 g OP	✓ Efudix
Inj 250 mg per 10 ml .....	18.24	5	✓ Baxter
Inj 500 mg per 10 ml .....	28.75	5	✓ Baxter
Inj 500 mg per 20 ml .....	55.60	10	✓ Baxter
MERCAPTOPYRINE - Retail pharmacy-specialist			
Tab 10 mg .....	40.73	100	✓ Purinethol
Tab 50 mg .....	47.06	25	✓ Purinethol
<i>(Purinethol tab 10 mg to be delisted 1 October 2002)</i>			

‡ safety cap reimbursed  
**Preferred Brand**

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

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# ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

## Chemotherapeutic Agents

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
<b>METHOTREXATE - Hospital pharmacy [HP1] &amp; [HP3]-specialist</b>			
Tab 2.5 mg [HP3] .....	20.50	100	✓ <b>Baxter</b> ✓ <b>Methoblastin</b> Ledertrexate
	(26.67)		
Tab 10 mg [HP3] .....	82.00	100	✓ <b>Methoblastin</b>
Inj 5 mg per 2 ml vial [HP1] .....	23.65	5	✓ <b>Baxter</b>
Inj 20 mg per 2 ml vial [HP1] .....	28.55	5	✓ <b>Baxter</b>
Inj 50 mg per 2 ml vial [HP1] .....	46.10	5	✓ <b>Baxter</b>
Inj 100 mg per 4 ml vial [HP1] .....	92.50	5	✓ <b>Baxter</b>
Inj 5 g per 50 ml vial [HP1] .....	900.24	each	✓ <b>Baxter</b>
Inj 500 mg, 20 ml vial [HP1] .....	80.25	each	✓ <b>Baxter</b>
	(82.66)		Pharmacia
Inj 1 g per 10 ml vial [HP1] .....	72.90	each	✓ <b>Baxter</b>
<b>THIOGUANINE - Hospital pharmacy [HP3]-specialist</b>			
Tab 40 mg .....	97.16	25	✓ <b>Lanvis</b>

### Other Cytotoxic Agents

<b>ETOPOSIDE - Hospital pharmacy [HP1] &amp; [HP3]-specialist</b>			
Cap 50 mg [HP3] .....	413.00	20	✓ <b>Vepesid</b>
Cap 100 mg [HP3] .....	413.00	10	✓ <b>Vepesid</b>
Inj 20 mg per ml, 5 ml [HP1] .....	61.22	each	✓ <b>Vepesid</b> ✓ <b>Baxter</b>
<b>HYDROXYUREA - Retail pharmacy-specialist</b>			
Cap 500 mg .....	38.50	100	✓ <b>Hydrea</b>
<b>VINBLASTINE SULPHATE - Retail pharmacy-specialist</b>			
Inj 10 mg .....	137.50	5	✓ <b>Baxter</b>
<b>VINCRISTINE SULPHATE - Retail pharmacy-specialist</b>			
Inj 1 mg per ml, 1 ml .....	133.00	5	✓ <b>Baxter</b>
Inj 1 mg per ml, 2 ml .....	266.20	5	✓ <b>Baxter</b>

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic ✓ Manufacturer
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**ENDOCRINE THERAPY**

GnRH ANALOGUES - refer to HORMONE PREPARATIONS, Tropic Hormones, page 89.

AMINOGLUTETHIMIDE - Retail pharmacy-specialist

Tab 250 mg .....	244.10	100	✓ <b>Cytadren</b>
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ANASTROZOLE - Special Authority available

Tab 1 mg .....	136.70 (224.00)	28	Arimidex
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Additional subsidy by Special Authority - Retail pharmacy:

a) Approval to fully subsidise anastrozole tablets is available for patients being treated for advanced breast cancer who are refractory to tamoxifen and who are unable to tolerate any one of the following:

- aminoglutethimide;
- megestrol acetate; or
- medroxyprogesterone acetate.

b) Prescriptions with a valid Special Authority (CHEM) number will be reimbursed the manufacturer's price identified in the Pharmaceutical Schedule.

c) Relevant specialists must make application.

d) Approvals are valid for three years.

e) Dispensed by retail pharmacy.

FLUTAMIDE

Tab 250 mg - Hospital pharmacy [HP3]-specialist .....	69.00	100	✓ <b>Flutamin</b>
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LETROZOLE - Special Authority available

Tab 2.5 mg .....	146.46 (230.70)	30	Femara
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Additional subsidy by Special Authority - Retail pharmacy:

a) Approval to fully subsidise letrozole tablets is available for patients being treated for advanced breast cancer who are refractory to tamoxifen and who are unable to tolerate any one of the following:

- aminoglutethimide;
- megestrol acetate; or
- medroxyprogesterone acetate.

b) Prescriptions with a valid Special Authority (CHEM) number will be reimbursed the manufacturer's price identified in the Pharmaceutical Schedule.

c) Relevant specialists must make application.

d) Approvals are valid for three years.

e) Dispensed by retail pharmacy.

MEGESTROL ACETATE - Retail pharmacy-specialist

Tab 160 mg .....	90.00	30	✓ <b>Megace</b>
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‡ safety cap reimbursed

**Preferred Brand**

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



# ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

## Endocrine Therapy Immunosuppressants

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
<b>OCTREOTIDE (somatostatin analogue) - Special Authority</b>			
Inj 50 µg per ml, 1 ml .....	43.50	5	✓ Sandostatin
Inj 100 µg per ml, 1 ml .....	81.00	5	✓ Sandostatin
Inj 500 µg per ml, 1 ml .....	399.00	5	✓ Sandostatin
LAR inj 10 mg .....	1772.50	1	✓ Sandostatin LAR
LAR inj 20 mg .....	2358.75	1	✓ Sandostatin LAR
LAR inj 30 mg .....	2951.25	1	✓ Sandostatin LAR

### Special Authority - Hospital pharmacy [HP3]

- Acromegaly – in patients who have failed surgery, radiotherapy, bromocriptine and other oral therapies.
- VIPomas and Glucagonomas – for patients who are seriously ill in order to improve their clinical state prior to definitive surgery.
- Gastrinoma – for those who have failed surgery, or in metastatic disease after H<sub>2</sub> antagonists (or proton pump inhibitors) have failed.
- Insulinomas – where surgery is contraindicated or where surgery has failed.
- For pre-operative control of hypoglycaemia and for maintenance therapy.
- Carcinoid syndrome (diagnosed by tissue pathology and/or urinary 5HIAA analysis) – for treatment of disabling symptoms not controlled by maximal medical therapy.
- The use of octreotide in patients with fistulae, oesophageal varices, miscellaneous diarrhoea and hypotension will not be funded as a Special Authority item.
- Specialist must make application.
- Special Authority numbers for Sandostatin and Sandostatin LAR can be interchangeable.

### TAMOXIFEN CITRATE

Tab 10 mg .....	2.60	30	✓ Genox
Tab 20 mg .....	2.99	30	✓ Genox

## IMMUNOSUPPRESSANTS

### Cytotoxic Immunosuppressants

#### AZATHIOPRINE - Retail pharmacy-specialist

Tab 50 mg .....	25.00	100	✓ Thioprine <sup>IMM</sup> ✓ Azamun <sup>IMM</sup> Imuran <sup>IMM</sup>
	(34.90)		
Inj 50 mg .....	46.33	each	Imuran
	(47.72)		

#### MYCOPHENOLATE MOFETIL - Special Authority

Cap 250 mg .....	206.67	100	✓ Cellcept
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### Special Authority - Hospital pharmacy [HP3]

- Renal transplant recipients only.
- Nephrologists and transplant surgeons must make application.
- Approvals valid for 12 months (no reapplications available except as provided below).
- Re-application available for re-grafts only.

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic ✓ Manufacturer
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**Immune Modulators**

**INTERFERON ALPHA-2A - Special Authority**

Inj 3 m iu prefilled syringe .....	31.32	1	✓ <b>Roferon-A</b>
Inj 4.5 m iu prefilled syringe .....	46.98	1	✓ <b>Roferon-A</b>
Inj 6 m iu prefilled syringe .....	62.64	1	✓ <b>Roferon-A</b>
Inj 9 m iu prefilled syringe .....	93.96	1	✓ <b>Roferon-A</b>

Special Authority - Hospital pharmacy [HP3]

a) Chronic myelogenous leukaemia, hairy cell leukaemia, cutaneous T cell lymphoma, essential thrombocythaemia, multiple myeloma, chronic hepatitis C (12 month approval only), chronic active hepatitis B, basal cell carcinoma.

b) Approvals for basal cell carcinoma:

- only for basal cell carcinoma unable to be treated surgically or by radiotherapy;
- applications only from radiation oncologists, plastic surgeons and dermatologists – applications from dermatologists will only be accepted with evidence from either a plastic surgeon or oncologist that the patient was unsuitable for surgery;
- maximum reimbursable dosage 15 million iu/week.

c) Specialist must make application.

d) No further approvals for:

- renal cell carcinoma
- malignant melanoma.

Note: Patients with existing approvals can continue to have therapy.

**INTERFERON ALPHA-2B - Special Authority**

Inj 3 m iu, 0.5 ml single dose vial .....	156.60	5	✓ <b>Intron-A</b>
Inj 5 m iu, 0.5 ml single dose vial .....	261.00	5	✓ <b>Intron-A</b>
Inj 10 m iu solution .....	522.00	5	✓ <b>Intron-A</b>
Inj 18 m iu, 3 ml multidose vial .....	187.92	1	✓ <b>Intron-A</b>
Inj 18 m iu, 1.2 ml multidose pen .....	187.92	1	✓ <b>Intron-A</b>
Inj 25 m iu solution .....	1,305.00	5	✓ <b>Intron-A</b>
Inj 30 m iu, 1.2 ml multidose pen .....	313.20	1	✓ <b>Intron-A</b>
Inj 60 m iu, 1.2 ml multidose pen .....	626.40	1	✓ <b>Intron-A</b>

Special Authority - Hospital pharmacy [HP3]

a) Hairy cell leukaemia, chronic active hepatitis B, chronic hepatitis C (12 month approval only), chronic myelogenous leukaemia, multiple myeloma, basal cell carcinoma.

b) Approvals for basal cell carcinoma

- only for basal cell carcinoma unable to be treated surgically or by radiotherapy;
- applications only from radiation oncologists, plastic surgeons and dermatologists – applications from dermatologists will only be accepted with evidence from either a plastic surgeon or oncologist that the patient was unsuitable for surgery;
- maximum reimbursable dosage 15 m iu per week.

c) Specialist must make application.

d) No further approvals for malignant melanoma. (Note: Patients with existing approvals can continue to have therapy.)

# ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

## Immunosuppressants

Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
	✓	

### 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 x 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 x 10<sup>9</sup>) and/or thrombocytopenia.
- d) Continuing alcohol abuse and/or continuing intravenous drug users.

### 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.

#### INTERFERON ALPHA-N - Special Authority

Inj 3 m iu per ml, 1 ml .....	31.32	1	
	(36.26)		Wellferon

#### Special Authority - Hospital pharmacy [HP3]

- a) Hairy cell leukaemia, chronic active hepatitis B.
- b) Specialist must make application.

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic ✓ Manufacturer
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**Multiple Sclerosis Treatment**

INTERFERON BETA-1-ALPHA - Access by application Inj 6 million iu per vial .....	1,297.65	4	✓ <b>Avonex</b>
INTERFERON BETA-1-BETA - Access by application Inj 8 million iu per 1 ml .....	1,392.13	15	✓ <b>Betaferon</b>

Access by application

- a) Budget managed by appointed clinicians on the Multiple Sclerosis Treatments Assessment Committee (MSTAC).
- b) Applications will be considered by MSTAC at its regular meetings and approved subject to eligibility according to the Entry and Stopping criteria (below).
- c) Applications to be made on the approved forms which are available from the co-ordinator for MSTAC:
  - The Co-ordinator Phone: 09 630 9871
  - Multiple Sclerosis Treatment Committee Facsimile: 09 631 0753
  - Room 4–28, Building 13 Email: MurrayS@adhb.govt.nz
  - Greenlane Hospital
  - Private Bag, AUCKLAND
- d) Completed application forms must be sent to the co-ordinator for MSTAC and will be considered by MSTAC at the next practicable opportunity.
- e) Notification of MSTAC's decision will be sent to the patient, the applying clinician and the patient's GP (if specified).
- f) These agents will NOT be subsidised if dispensed from a community or hospital pharmacy. Regular supplies will be distributed to all approved patients or their clinicians by courier.
- g) Prescribers must fax quarterly prescriptions for approved patients to the MSTAC co-ordinator.
- h) Only prescriptions for 6 million iu of interferon beta-1-alpha per week or 8 million iu of interferon beta-1-beta every other day will be subsidised.
- i) Appeals against MSTAC's decision and/or the processing of any application may be lodged with the MSTAC co-ordinator. Concerns that cannot be or have not been adequately addressed by MSTAC will be forwarded to a separate Appeal Committee if necessary.
- j) Entry and Stopping criteria

**Entry Criteria**

- Diagnosis of multiple sclerosis (MS) must be confirmed by a neurologist. Diagnosis should as a rule include MRI confirmation. For patients diagnosed before MRI was widely utilised in New Zealand, confirmation of diagnosis via clinical assessment and laboratory/ancillary data must be provided; and
- patients must have active relapsing MS (confirmed by MR scan where necessary) with or without underlying progression; and
- patients must have experienced at least two significant relapses of MS in the previous 12 months. Each relapse must:
  - be confirmed by a neurologist or general physician;
  - be associated with new symptom(s)/sign(s) of MS or exacerbation of previously experienced symptom(s)/sign(s);
  - last at least one week;
  - follow a period of stability of at least one month;
  - be severe enough to change EDSS or Kurtzke functional systems score by at least 1 point;
  - be distinguishable from the effects of general fatigue; and
  - not be associated with a fever (T > 37.5 °C); and

*continued...*

‡ safety cap reimbursed  
**Preferred Brand**

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

# ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

## Immunosuppressants

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Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic ✓ Manufacturer
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continued...

- applications must be made not less than four weeks after the date of the onset of the last known relapse; and
- patients must have an EDSS score of between 3.0 and 6.5 inclusive; and
- patients must have no previous history of lack of response to beta-interferon (see criteria for stopping beta-interferon).
- Applications must be submitted to the Multiple Sclerosis Treatment Assessment Committee (MSTAC) by the patient's neurologist or a general physician; and
- patients must agree (via informed consent) to co-operate if as a result of their meeting the stopping criteria, funding is withdrawn. Patients must agree to the collection of clinical data relating to their MS and use of those data by PHARMAC; and
- patients must agree to allow clinical data to be collected and reviewed by the MSTAC annually for each year in which they receive funding for beta-interferon.

### Stopping Criteria

- Confirmed progression of disability that is sustained for three months after a minimum of one year of treatment. Progression of disability is defined as either a loss of 1 EDSS point on the Kurtzke scale or an increase in EDSS score to 7.0 or more; or
- stable or increasing (relative to 12 months preceding commencement of treatment) relapse rate over 12 months of treatment; or
- pregnancy and/or lactation; or
- intolerance to both interferon beta-1-alpha and interferon beta-1-beta; or
- non-compliance with treatment, including refusal to undergo annual assessment and/or for the results of the assessment to be submitted to MSTAC; or
- patients may, subject to conclusions drawn from published evidence available at the time, be excluded if they develop a high titre of neutralising anti-bodies to beta-interferon.

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic ✓ Manufacturer
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**Other Immunosuppressants**

<b>CYCLOSPORIN A - Special Authority</b>			
Cap 25 mg .....	85.00	50	✓ <b>Neoral</b>
Cap 50 mg .....	169.34	50	✓ <b>Neoral</b>
Cap 100 mg .....	338.69	50	✓ <b>Neoral</b>
Oral liq 100 mg per ml .....	377.38	50 ml	✓ <b>Neoral</b>

**Special Authority - Hospital pharmacy [HP3]**

- a) Organ transplant – specialist must make application.
- b) Bone marrow transplant – specialist must make application.
- c) Graft v host disease – specialist must make application.
- d) Psoriasis
  - after other systemic and topical therapy has failed (statement as to what else has been tried is necessary)
  - specialist must make application – dermatologists only.
- e) Severe atopic dermatitis
  - that is not responsive to topical therapy, oral antihistamines and other commonly used orthodox therapies;
  - specialist must make application and reapplication – dermatologists only.
- f) Endogenous uveitis – specialist must make application.
- g) Nephrotic Syndrome
  - Corticosteroid dependent patients who have failed on cytotoxic therapy
  - specialist must make application.
- h) Severe rheumatoid arthritis (see Guidelines)
  - unless contraindicated, patients must have had a trial of, and be either unresponsive to or unable to tolerate, both sulphasalazine and methotrexate; and
  - patients must have two serum creatinine test results within the normal range within the three months prior to initiation of therapy.
  - Rheumatologists must make application and write prescriptions.
- i) Approvals are valid for two years except where approved for a) where approvals are valid indefinitely or e) where approvals are valid for six months.

**Guidelines for use of cyclosporin A in rheumatoid arthritis**

**Monitoring:**

All patients require frequent monitoring for creatinine levels and blood pressure:

- fortnightly, in the first three months of therapy and then monthly, if results are stable;
- if dose is increased or there is a rise in serum creatinine or blood pressure, then more frequent monitoring is required.

Cyclosporin A is contraindicated in patients with the following conditions:

- current or past malignancy;
- uncontrolled hypertension;
- renal dysfunction (abnormal serum creatinine for age and sex);
- immunodeficiency and neutropenia;
- abnormally low white blood cell count or platelet count; or
- liver function tests more than twice the upper limit of normal.

Caution in use:

- age above 65 years;
- controlled hypertension;
- use of anti-epileptic medication;

*continued...*

‡ safety cap reimbursed  
**Preferred Brand**

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

# ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

## Immunosuppressants

Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic ✓ Manufacturer
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### Guidelines continued

- use of ketoconazole, fluconazole, trimethoprim, erythromycin, verapamil, and diltiazem;
- concurrent or previous use of alkylating agents such as cyclophosphamide;
- use of any experimental drug within the past three months;
- premalignant conditions such as leukoplakia, monoclonal paraproteinaemia, myelodysplastic syndrome and dysplastic naevi;
- active infection may necessitate temporary discontinuation;
- pregnancy and lactation.

Therapy should be discontinued if there has been no improvement after 6 months with the patient on the maximum tolerated dose.

For further information please consult the data sheet.

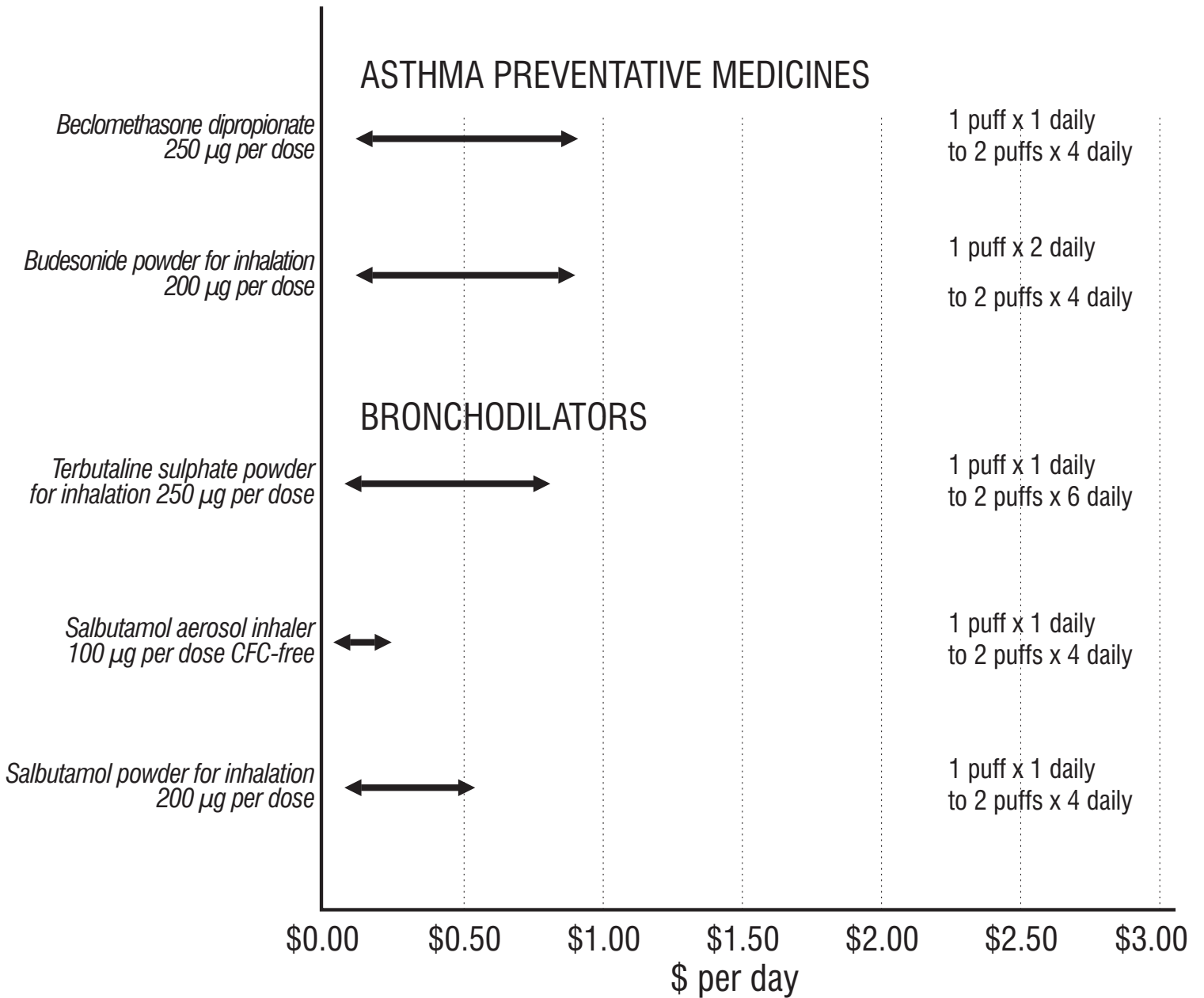
### TACROLIMUS - Special Authority

Cap 1 mg .....	504.00	100	✓ Prograf
Cap 5 mg .....	1,260.00	50	✓ Prograf

### Special Authority - Hospital Pharmacy [HP3]

- Liver transplant recipients.
- Renal transplant recipients – as rescue therapy only.
- Specialists must make application.
- Approvals are valid indefinitely.

## COST PER DAY OF SELECTED RESPIRATORY SYSTEM AGENTS



Based on current subsidies as published in this volume of the Schedule, excluding GST, mark-ups, or rebates.

The dose range was derived from Ministry of Health data sheets based on treating the most common indications for an average adult.

Dosages displayed do not suggest relativities between doses, therapeutic groups, or subgroups.

Please see listings for full details on any conditions, restrictions, or manufacturer's surcharge that may apply.



# RESPIRATORY SYSTEM AND ALLERGIES

## Antiallergy Preparations Antihistamines

Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
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### ANTIALLERGY PREPARATIONS

#### ADRENALINE

Inj 1 in 1,000, 1 ml - Available on a PSO .....	4.95	5	✓ <b>Baxter</b>
Inj 1 in 10,000, 10 ml - Available on a PSO .....	125.00	50	✓ <b>Baxter</b>

#### BEE VENOM ALLERGY TREATMENT - Special Authority

Treatment kit - 1 vial 550 µg freeze dried venom, 1 diluent 9 ml, 3 diluent 1.8 ml .....	154.30	1 OP	✓ <b>Albay</b>
Maintenance kit - 6 vials 120 µg freeze dried venom, 6 diluent 1.8 ml .....	154.30	1 OP	✓ <b>Albay</b>

#### WASP VENOM ALLERGY TREATMENT - Special Authority

Treatment kit (Yellow jacket venom) - 1 vial 550 µg freeze dried vespula venom, 1 diluent 9 ml, 1 diluent 1.8 ml .....	154.30	1 OP	✓ <b>Albay</b>
Treatment kit (Paper wasp venom) - 1 vial 550 µg freeze dried polister venom, 1 diluent 9 ml, 1 diluent 1.8 ml .....	154.30	1 OP	✓ <b>Albay</b>

#### Special Authority - Hospital pharmacy [HP3]

- a) RAST or skin test positive and the patient has had a severe generalised reaction to the sensitising agent.  
b) Specialist must make application.

#### ALLERGY TREATMENT SET

Extract of inhaled allergens .....	CBS		✓ <b>Allpyral</b>
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### ANTIHISTAMINES

#### AZATADINE MALEATE

Tab 1 mg .....	6.94 (15.65)	50	Zadine
‡ Oral liq 500 µg per 5 ml .....	2.27 (10.29)	100 ml	Zadine

#### CETIRIZINE HYDROCHLORIDE

Tab 10 mg .....	13.05 (26.00)	30	Zyrtec
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#### CHLORPHENIRAMINE MALEATE

Cap long-acting 8 mg .....	8.38 (17.41)	100	Histafen
Cap long-acting 12 mg .....	13.94 (21.81)	100	Histafen
‡ Oral liq 2 mg per 5 ml .....	3.74 (7.26)	500 ml	Histafen

#### CYPROHEPTADINE HYDROCHLORIDE

Tab 4 mg .....	6.27	100	✓ <b>Periactin</b>
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# RESPIRATORY SYSTEM AND ALLERGIES

## Antihistamines

	Subsidy (Manufacturer's Price) \$	Per	Fully Subsidised ✓	Brand or Generic Manufacturer
<b>DEXTROCHLORPHENIRAMINE MALEATE</b>				
Tab 2 mg .....	2.52 (8.82)	50		Polaramine
Tab long-acting 6 mg .....	6.75 (13.86)	50		Polaramine Repetab
‡ Oral liq 2 mg per 5 ml .....	1.77 (9.35)	100 ml		Polaramine
<b>FEXOFENADINE HYDROCHLORIDE</b>				
Tab 60 mg .....	4.34 (9.40)	20		Telfast
Tab 120 mg .....	14.22 (26.80)	30		Telfast
<b>KETOTIFEN</b>				
Oral liq 1 mg per 5 ml .....	3.99	200 ml	✓	<b>Asmafen</b>
<b>LORATIDINE</b>				
Tab 10 mg .....	4.90 (28.72)	30	✓	<b>Lora-tabs</b> Claratyne
Oral liq 1 mg per ml .....	4.00 (8.95)	100 ml		Claratyne
<i>(Claratyne tab 10 mg to be delisted 1 July 2002)</i>				
<b>PHENIRAMINE MALEATE</b>				
Tab long-acting 75 mg .....	3.56 (10.59)	50		Avil Retard
<b>PROMETHAZINE HYDROCHLORIDE</b>				
Tab 10 mg .....	2.37 (5.67)	50		Phenergan
Tab 25 mg .....	4.74 (8.69)	50		Phenergan
‡ Oral liq 5 mg per 5 ml .....	3.53 (6.12)	100 ml		Phenergan
Inj 25 mg per ml, 1 ml - Available on a PSO .....	12.68 (16.73)	10		Phenergan
Inj 25 mg per ml, 2 ml - Available on a PSO .....	7.75	5	✓	<b>Baxter</b>
<b>TRIMEPRAZINE TARTRATE</b>				
‡ Oral liq 30 mg per 5 ml .....	2.79 (6.66)	100 ml		Vallergan Forte

‡ safety cap reimbursed  
**Preferred Brand**

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

# RESPIRATORY SYSTEM AND ALLERGIES

## Asthma Preventative Medicines

Subsidy (Manufacturer's Price) \$	Per	Cost per dose \$	Brand or Generic Manufacturer
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### ASTHMA PREVENTATIVE MEDICINES

#### Inhaled corticosteroids - metered dose inhalers

##### Low dose

BECLOMETHASONE DIPROPIONATE				
Aerosol inhaler, 50 µg per dose .....	8.54	200 dose OP	0.04	✓ <b>Becotide Junior<sup>IMM</sup></b> Atamide Junior <sup>IMM</sup>
	(17.08)			
<i>(Atamide Junior aerosol inhaler 50 µg per dose to be delisted 1 June 2002)</i>				

FLUTICASONE				
Aerosol inhaler, 25 µg per dose .....	8.67	120 dose OP	0.07	✓ <b>Flixotide</b>

##### Medium dose

BECLOMETHASONE DIPROPIONATE				
Aerosol inhaler, 100 µg per dose .....	12.50	200 dose OP	0.06	✓ <b>Becotide 100<sup>IMM</sup></b> ✓ <b>Respocort 100<sup>IMM</sup></b> Atamide <sup>IMM</sup>
	(25.00)			
<i>(Atamide aerosol inhaler 100 µg per dose to be delisted 1 June 2002)</i>				

FLUTICASONE				
Aerosol inhaler, 50 µg per dose CFC-free .....	10.03	120 dose OP	0.08	✓ <b>Flixotide</b>

##### High dose

BECLOMETHASONE DIPROPIONATE				
Aerosol inhaler, 250 µg per dose .....	22.67	200 dose OP	0.11	✓ <b>Becloforte<sup>IMM</sup></b> ✓ <b>Respocort 250</b> Atamide Forte <sup>IMM</sup>
	(45.33)			
<i>(Atamide Forte aerosol inhaler 250 µg per dose to be delisted 1 June 2002)</i>				

BUDESONIDE				
Aerosol inhaler, 200 µg per dose .....	18.14	200 dose OP	0.09	Pulmicort
	(36.26)			
<i>(Pulmicort aerosol inhaler, 200 µg per dose to be delisted 1 May 2002)</i>				

FLUTICASONE				
Aerosol inhaler, 125 µg per dose CFC-free .....	22.79	120 dose OP	0.19	✓ <b>Flixotide</b>

##### Very high dose

FLUTICASONE				
Aerosol inhaler, 250 µg per dose CFC-free .....	41.95	120 dose OP	0.35	✓ <b>Flixotide</b>

#### Inhaled corticosteroids - metered dose inhalers with spacers

##### Medium dose

BECLOMETHASONE DIPROPIONATE				
Aerosol inhaler, 100 µg per dose .....	25.00	200 dose OP	0.13	✓ <b>Respocort 100-S</b>

##### High dose

BECLOMETHASONE DIPROPIONATE				
Aerosol inhaler, 250 µg per dose .....	45.33	200 dose OP	0.23	✓ <b>Respocort Forte-S</b>

	Subsidy (Manufacturer's Price) \$	Per	Cost per dose \$	Brand or Generic Manufacturer
<b>Inhaled corticosteroids - breath activated devices</b>				
<b>Medium dose</b>				
BECLOMETHASONE DIPROPIONATE				
Aerosol inhaler, 100 µg per dose, breath activated .....	13.00 (17.00)	200 dose OP	0.07	Respocort 100 Autohaler
Powder for inhalation, 100 µg per dose, 8 doses per disk .....	7.80 (10.20)	15 disks	0.07	Becodisk Junior
BUDESONIDE				
Powder for inhalation, 100 µg per dose .....	13.00	200 dose OP	0.07	✔ <b>Pulmicort Turbuhaler</b>
FLUTICASONE				
Powder for inhalation, 50 µg per dose, 4 doses per disk .....	3.90 (8.67)	15 disks	0.07	Flixotide
Powder for inhalation, 50 µg per dose, breath activated .....	3.90 (8.67)	60 dose OP	0.07	Flixotide Accuhaler
<i>(Flixotide powder for inhalation, 50 µg per dose, to be delisted 1 July 2002)</i>				
<b>High dose</b>				
BECLOMETHASONE DIPROPIONATE				
Aerosol inhaler, 250 µg per dose, breath activated .....	28.13	200 dose OP	0.14	✔ <b>Respocort Forte Autohaler</b>
Powder for inhalation, 200 µg per dose, 8 doses per disk .....	13.50 (18.90)	15 disks	0.11	Becodisk 200
BUDESONIDE				
Powder for inhalation, 200 µg per dose .....	22.50	200 dose OP	0.11	✔ <b>Pulmicort Turbuhaler</b>
FLUTICASONE				
Powder for inhalation, 100 µg per dose, 4 doses per disk .....	6.75 (13.87)	15 disks	0.11	Flixotide
Powder for inhalation, breath activated, 100 µg per dose, .....	6.75 (13.87)	60 dose OP	0.11	Flixotide Accuhaler
<b>Very high dose</b>				
BECLOMETHASONE DIPROPIONATE				
Powder for inhalation, 400 µg per dose, 8 doses per disk .....	23.13 (29.40)	15 disks	0.19	Becodisk Forte
BUDESONIDE				
Powder for inhalation, 400 µg per dose .....	38.55	200 dose OP	0.19	✔ <b>Pulmicort Turbuhaler</b>
FLUTICASONE				
Powder for inhalation, 250 µg per dose, 4 doses per disk .....	14.46 (24.51)	15 disks	0.24	Flixotide
Powder for inhalation, breath activated, 250 µg per dose .....	14.46 (24.51)	60 dose OP	0.24	Flixotide Accuhaler
<b>Extremely high dose</b>				
FLUTICASONE				
Powder for inhalation, 500 µg per dose, 4 doses per disk .....	28.92 (45.11)	15 disks	0.48	Flixotide

‡ safety cap reimbursed  
**Preferred Brand**

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

# RESPIRATORY SYSTEM AND ALLERGIES

## Asthma Preventative Medicines Bronchodilators

Subsidy (Manufacturer's Price) \$	Per	Cost per dose \$	Brand or Generic Manufacturer
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### Inhaled corticosteroids - nebuliser solution

#### BUDESONIDE

Note: The cost of nebuliser therapy greatly exceeds other inhaled forms. Steroid nebulising solution can cause cataract formation.

Nebuliser soln, 500 µg per ml, 2 ml - Special Authority	124.00	30	4.13	✓Pulmicort
Special Authority - Hospital pharmacy [HP3]				

a) Only for children under 2 years of age or children with major physical or intellectual disabilities who lack the necessary coordination to use aerosols with a spacer device.

b) Specialist must make application – paediatrician/respiratory physician.

### Nedocromil

#### NEDOCROMIL

Aerosol inhaler, 2 mg per dose CFC-free	23.20	112 dose OP	0.21	✓Tilade
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### Sodium cromoglycate

#### SODIUM CROMOGLYCAT

Aerosol inhaler, 5 mg per dose CFC-free	23.20	112 dose OP	0.21	✓Vicrom
Powder for inhalation, 20 mg per dose	16.31	50	0.33	✓Intal Spincaps
Nebuliser soln, 10 mg per ml, 2 ml	30.60	60	0.51	✓Intal

## BRONCHODILATORS

### Inhaled beta-adrenoceptor agonists - metered dose inhalers

#### Low dose

#### SALBUTAMOL - Available on a PSO

Aerosol inhaler, 100 µg per dose CFC-free	3.72	200 dose OP	0.02	Airomir <sup>IMM</sup>
	(6.00)			
Aerosol inhaler, 100 µg per dose CFC-free	6.00	200 dose OP	0.03	✓Ventolin
Aerosol inhaler, 100 µg per dose	3.72	200 dose OP	0.02	✓Asmol <sup>IMM</sup>

#### TERBUTALINE SULPHATE

Aerosol inhaler, 250 µg per dose	7.44	400 dose OP	0.02	✓Bricanyl Aerosol
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#### High dose

#### SALBUTAMOL - Available on a PSO

Aerosol inhaler, 200 µg per dose	3.72	100 dose OP	0.04	Ventolin Forte
	(6.00)			

	Subsidy (Manufacturer's Price) \$ Per	Cost per dose \$	Brand or Generic Manufacturer
<b>Fenoterol</b>			
FENOTEROL HYDROBROMIDE - Special Authority			
Aerosol inhaler, 100 µg per dose .....	6.00	200 dose OP	0.03 ✓Berotec
Aerosol inhaler, 200 µg per dose .....	15.00	300 dose OP	0.05
	(18.00)		Berotec

Special Authority - Retail pharmacy:

a) Approval for subsidy will be granted if:

- the patient has been on the product prior to 1 August 1990 (when it was removed from the Pharmaceutical Schedule)
- alternatives (salbutamol & terbutaline) have been tried
- the patient has asthma or chronic obstructive airways disease (COAD).

b) The dose must be provided on the application.

### Inhaled beta-adrenoceptor agonists - breath activated devices

#### Medium dose

SALBUTAMOL - Available on a PSO

Aerosol inhaler, 100 µg per dose, breath activated .....	21.22	400 dose OP	0.05	✓Respolin Autohaler
Powder for inhalation, 50 µg per dose, breath activated .....	10.61	200 dose OP	0.05	✓Salbutamol Turbuhaler

#### High dose

SALBUTAMOL

Powder for inhalation, 200 µg per dose, 8 doses per disk .....	8.12	15 disks	0.07	✓Ventodisk
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TERBUTALINE SULPHATE

Powder for inhalation, 250 µg per dose, breath activated .....	13.54	200 dose OP	0.07	✓Bricanyl Turbuhaler
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### Inhaled beta-adrenoceptor agonists - long acting

#### Metered dose inhalers

SALMETEROL - Special Authority (See page 150)

Aerosol inhaler, 25 µg per dose .....	33.75	120 dose OP	0.28	✓Serevent
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#### Breath activated devices

EFORMOTEROL FUMARATE

Powder for inhalation, 6 µg per dose, breath activated - Subsidy by endorsement .....	21.50	60 dose OP	0.36	✓Oxis Turbuhaler
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Subsidy is available for patients with poorly controlled asthma where:

- a) at least three months of 750 µg or more daily of inhaled beclomethasone or budesonide (or 400 µg of fluticasone) for adults has been used; or
- b) at least three months of 400 µg or more daily of inhaled beclomethasone or budesonide (or 200 µg of fluticasone) for children 12 years or older has been used;

The prescription must be endorsed accordingly. We recommend that the words used to indicate eligibility are "poor control with ICS" or "certified condition".

# RESPIRATORY SYSTEM AND ALLERGIES

## Bronchodilators

	Subsidy (Manufacturer's Price) \$ Per	Cost per dose \$	Brand or Generic Manufacturer
<b>BUDESONIDE WITH EFORMOTEROL - Special Authority</b>			
Powder for inhalation 100 µg with eformoterol fumarate 6 µg .....	74.10	120 dose OP	✓Symbicort Turbuhaler 100/6
Powder for inhalation 200 µg with eformoterol fumarate 6 µg .....	90.80	120 dose OP	✓Symbicort Turbuhaler 200/6
<b>EFORMOTEROL FUMARATE - Special Authority</b>			
Powder for inhalation, 12 µg per dose, and monodose device .....	35.80	60 doses	0.60 ✓Foradil
Powder for inhalation, 12 µg per dose, breath activated .....	35.80	60 dose OP	0.60 ✓Oxis Turbuhaler
<b>SALMETEROL - Special Authority</b>			
Powder for inhalation, 50 µg per dose, 4 doses per disk .....	35.80	15 disks	0.60 ✓Serevent
Powder for inhalation, 50 µg per dose, breath activated .....	35.80	60 dose OP	0.60 ✓Serevent Accuhaler

Special Authority - Retail pharmacy for eformoterol fumarate (12 µg per dose), eformoterol fumarate with budesonide and salmeterol .

- Special Authority criteria either under point I (in its entirety), or point II (in its entirety), or point III (in its entirety) must apply before patients have access to subsidy.
- Special Authority approvals (CHEM numbers) are interchangeable among all presentations of inhaled long-acting beta agonists and eformoterol fumarate with budesonide.
- Applications for Special Authority to be made by general practitioners or an appropriate specialist.
- Approvals valid for two years.
- Patients are to be reviewed at least at six months to assess compliance and effectiveness of therapy.
- Applications to be made on a PHARMAC approved form.
- The re-application criteria under each point below (I, II or III) are:
  - compliance (prescriber determined) with medication; and
  - improved asthma symptom control.
- Children who turn 12, and are stabilised on an inhaled LABA, are not required to try Oxis Turbuhaler 6 µg in order to have continued access to their original inhaled LABA.

I. Serevent MDI, Serevent Diskhaler, Serevent Accuhaler, Foradil, Oxis Turbuhaler 12 µg<sup>1</sup>, Symbicort Turbuhaler  
Subsidy is available for:

- children with poorly controlled asthma under the age of 12 who required at least three months of 400 µg or more daily inhaled beclomethasone or budesonide (or 200 µg or more of fluticasone); or
- adults with poorly controlled asthma who required at least three months of 1500 µg or more daily of inhaled beclomethasone or budesonide (or 750 µg or more of fluticasone).

<sup>1</sup> Note that as of 1 October 2001 only Serevent MDI, Serevent Diskhaler, Serevent Accuhaler, Foradil and Symbicort Turbuhaler 100/6 and 200/6 are approved by Medsafe for the use in paediatric patients under the age of 12 years. Please refer to the relevant data sheets for details.

II. Serevent MDI, Serevent Diskhaler, Serevent Accuhaler

Subsidy is available for patients with poorly controlled asthma aged 12 years and over, under the following criteria:

- at least three months of 750 µg or more daily of inhaled beclomethasone or budesonide (or 400 µg of fluticasone) for adults, or 400 µg or more daily inhaled beclomethasone or budesonide (or 200 µg of fluticasone) for children 12 years or older has been used; and
- patients either:
  - are hypersensitive to eformoterol; or
  - have developed a product related adverse event that resolved on cessation and recurred on re-challenge with Oxis Turbuhaler 6 µg; or
  - after a six week trial of Oxis Turbuhaler 6 µg (with doses of 12–24 µg daily) failed to show evidence of improved asthma control.

continued...

	Subsidy (Manufacturer's Price) \$ Per	Cost per dose \$	Brand or Generic Manufacturer
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III. Serevent MDI and spacer (with or without mask)

Subsidy is available in rare circumstances for patients with poorly controlled asthma aged 12 years and over, under the following criteria:

- have documented serious mental or physical<sup>‡</sup> disability who are incapable of being taught to use the appropriate breath activated device; and
- at least three months of 750 µg or more daily of inhaled beclomethasone or budesonide (or 400 µg of fluticasone) for adults, or 400 µg or more daily inhaled beclomethasone or budesonide (or 200 µg of fluticasone) for children 12 years or older has been used;
- ii) Applications must be made on a PHARMAC approved form, which contains a free text box for "Turbuhaler failures" where the nature of the documented serious mental or physical disability is to be recorded.

<sup>‡</sup>Hand grips for the Turbuhaler are available free of charge from AstraZeneca for patients with problems with manual dexterity.

**Inhaled beta-adrenoceptor agonists - nebuliser solutions**

**Low dose**

SALBUTAMOL - Available on a PSO			
Nebuliser soln, 1 mg per ml, 2.5 ml .....	4.83	20	0.24 (per 2.5 ml) ✓ <b>Ventolin Nebules</b>

**High dose**

SALBUTAMOL - Available on a PSO			
Nebuliser soln, 2 mg per ml, 2.5 ml .....	5.10	20	0.26 (per 2.5 ml) ✓ <b>Ventolin Nebules</b>

**Very high dose**

TERBUTALINE SULPHATE			
Nebuliser soln, 10 mg per ml .....	16.02	50 ml OP	0.32 (per ml) ✓ <b>Bricanyl</b>

**Inhaled anticholinergic agents - metered dose inhalers**

**Low dose**

IPRATROPIUM BROMIDE			
Aerosol inhaler, 20 µg per dose .....	13.50	200 dose OP	0.07 ✓ <b>Atrovent</b>

**High dose**

IPRATROPIUM BROMIDE			
Aerosol inhaler, 40 µg per dose .....	14.95	200 dose OP	0.07 ✓ <b>Atrovent Forte</b>



# RESPIRATORY SYSTEM AND ALLERGIES

## Bronchodilators

Subsidy (Manufacturer's Price) \$	Per	Cost per dose \$	Brand or Generic Manufacturer
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### Inhaled anticholinergic agents - nebuliser solutions

#### Low dose

IPRATROPIUM BROMIDE - Available on a PSO

Nebuliser soln, 250 µg per 1 ml, 1 ml .....	7.80	20	0.39 (per 1 ml)	✓Ipra 250 ✓Steri-Nebs
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#### High dose

IPRATROPIUM BROMIDE - Available on a PSO

Nebuliser soln, 500 µg per 2 ml, 2 ml .....	11.20	20	0.56 (per 2 ml)	✓Ipra 500 ✓Steri-Nebs
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### Inhaled beta-adrenoceptor agonist and anticholinergic agents - metered dose inhalers

FENOTEROL HYDROBROMIDE WITH IPRATROPIUM BROMIDE - Special Authority

Aerosol inhaler, 100 µg with ipratropium bromide, 40 µg per dose .....	13.50 (18.00)	200 dose OP	0.07	Duovent Inhaler
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Special Authority - Retail pharmacy:

a) Approval for subsidy will be granted if:

- the patient has been on the product prior to 1 August 1990 (when it was removed from the Pharmaceutical Schedule)
- alternatives (salbutamol & terbutaline) have been tried
- the patient has asthma or chronic obstructive airways disease (COAD).

b) The dose must be provided on the application.

SALBUTAMOL WITH IPRATROPIUM BROMIDE

Aerosol inhaler, 100 µg with ipratropium bromide, 20 µg per dose .....	12.19	200 dose OP	0.06	✓Combivent
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### Inhaled beta-adrenoceptor agonist and anticholinergic agents - nebuliser solution

#### Fenoterol

FENOTEROL HYDROBROMIDE WITH IPRATROPIUM BROMIDE - Special Authority

Nebuliser soln, 1.25 mg with ipratropium bromide, 500 µg per 4 ml .....	11.25 (15.00)	20	0.56 (per 4 ml)	Duovent Respules
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Special Authority - Retail pharmacy:

a) Approval for subsidy will be granted if:

- the patient has been on the product prior to 1 August 1990 (when it was removed from the Pharmaceutical Schedule)
- alternatives (salbutamol & terbutaline) have been tried
- the patient has asthma or chronic obstructive airways disease (COAD).

b) The dose must be provided on the application.

(Duovent Respules to be delisted 1 July 2002)

	Subsidy (Manufacturer's Price) \$	Per	Cost per dose \$	Brand or Generic Manufacturer
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### Salbutamol

SALBUTAMOL WITH IPRATROPIUM BROMIDE - Available on a PSO

Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per 2.5 ml vial, 2.5 ml .....	10.45 (11.20)	20	0.56 (per 2.5 ml)	✔ <b>Duolin</b> Combivent Respules
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(Combivent Respules to be delisted 1 May 2002)

### Beta-adrenoceptor agonists - long-acting tablets

#### Low dose

BAMBUTEROL HYDROCHLORIDE Tab 10 mg .....	39.93	100	0.40	✔ <b>Bambec</b>
SALBUTAMOL Tab long-acting 4 mg .....	11.18	56	0.20	✔ <b>Volmax</b>

#### High dose

SALBUTAMOL Tab long-acting 8 mg .....	15.30	56	0.27	✔ <b>Volmax</b>
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### Beta-adrenoceptor agonists - oral liquids

BAMBUTEROL HYDROCHLORIDE Oral liq 1 mg per ml .....	15.50	300 ml	0.26 (per 5 ml)	✔ <b>Bambec</b>
SALBUTAMOL ‡ Oral liq 2 mg per 5 ml .....	7.32	300 ml	0.12 (per 5 ml)	✔ <b>Ventolin</b>

### Beta-adrenoceptor agonists - injection

SALBUTAMOL Inj 500 µg per ml, 1 ml - Available on a PSO .....	12.90	5	-	✔ <b>Ventolin</b>
Infusion 1 mg per ml, 5 ml .....	118.38 (130.21)	10	-	Ventolin
TERBUTALINE SULPHATE Inj 500 µg per ml, 1 ml .....	10.21	5	-	✔ <b>Bricanyl</b>

### Theophylline derivatives

AMINOPHYLLINE ‡ Oral liq 25 mg per ml - Retail pharmacy-specialist .....	6.75	25 ml OP	-	✔ <b>Biomed</b>
Oral liquid is:				
a) Retail pharmacy-specialist; and				
b) Prescriptions must be written by a paediatrician or paediatric cardiologist; or				
c) On the recommendation of a paediatrician or paediatric cardiologist.				
Inj 25 mg per ml, 10 ml - Available on a PSO .....	11.95	5	-	✔ <b>Baxter</b>

‡ safety cap reimbursed  
**Preferred Brand**

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

# RESPIRATORY SYSTEM AND ALLERGIES

## Bronchodilators Cough preparations Cystic Fibrosis

	Subsidy (Manufacturer's Price) \$	Per	Cost per dose \$	Brand or Generic Manufacturer
<b>THEOPHYLLINE</b>				
Tab long-acting 125 mg .....	11.95	100	0.12	✓Nuelin-SR
Tab long-acting 175 mg .....	16.14	100	0.16	✓Nuelin-SR
Tab long-acting 200 mg .....	11.00	100	0.11	
	(12.00)			Theo-Dur
Tab long-acting 250 mg .....	21.51	100	0.22	✓Nuelin-SR
Tab long-acting 300 mg .....	14.07	100	0.14	✓Theo-Dur
Cap long-acting 300 mg .....	25.28	100	0.25	
	(42.00)			Nuelin-24
Tab long-acting 350 mg .....	29.28	100	0.29	✓Nuelin-SR
Tab long-acting 500 mg .....	40.80	100	0.41	✓Nuelin-SR
‡ Oral liq 80 mg per 15 ml .....	4.06	500 ml	0.12	
	(7.83)		(per 15 ml)	Nuelin

(Nuelin-24 cap long-acting 300 mg to be delisted 1 June 2002)

(Nuelin-SR tab long-acting 125 mg to be delisted 1 October 2002)

## COUGH PREPARATIONS

### CODEINE PHOSPHATE

‡ Linctus diabetic 15 mg per 5 ml (refer page 168) .....	CE	✓
‡ Linctus paediatric 3 mg per 5 ml (refer page 168) .....	CE	✓

METHADONE HYDROCHLORIDE - Refer to Opioid Analgesics page 116

### PHOLCODINE

‡ Linctus BP .....	11.00	2,000 ml	-	
	(22.00)			Douglas
‡ Linctus strong BP .....	13.00	2,000 ml	-	
	(27.50)			Douglas

## CYSTIC FIBROSIS

### DORNASE ALFA - Special Authority

Nebuliser soln, 2.5 mg per 2.5 ml ampoule .....	294.30	6	-	✓Pulmozyme
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Special Authority - Hospital pharmacy [HP1]

a) Dornase alfa will be subsidised for patients meeting the treatment guidelines and who are approved by the Cystic Fibrosis DN'ase Advisory Panel. Application details may be obtained from:

The Co-ordinator	Phone: 09 630 9871
Cystic Fibrosis DN'ase Advisory Panel	Facsimile: 09 631 0753
Room 4-28, Building 13	Email: MurrayS@adhb.govt.nz
Greenlane Hospital	
Private Bag	
AUCKLAND 1	

b) Prescriptions for patients approved for treatment must be written by respiratory physicians or paediatricians who have experience and expertise in treating cystic fibrosis.

# RESPIRATORY SYSTEM AND ALLERGIES

## Nasal Preparations Respiratory Devices

	Subsidy (Manufacturer's Price) \$	Cost per dose Per \$	Brand or Generic Manufacturer	
<b>NASAL PREPARATIONS</b>				
<b>Allergy Prophylactics</b>				
<b>BECLOMETHASONE DIPROPIONATE</b>				
Metered aqueous nasal spray, 50 µg per dose .....	2.40	200 dose OP	0.01	✓ <b>Alanasé Aqueous</b>
Metered aqueous nasal spray, 100 µg per dose .....	2.60	200 dose OP	0.01	✓ <b>Alanasé Aqueous</b>
<b>BUDESONIDE</b>				
Metered aqueous nasal spray, 50 µg per dose .....	2.60	200 dose OP	0.01	✓ <b>Butacort Aqueous</b>
Metered aqueous nasal spray, 100 µg per dose .....	2.95	200 dose OP	0.02	✓ <b>Butacort Aqueous</b>
<b>IPRATROPIUM BROMIDE</b>				
Aqueous nasal spray, 0.03% .....	12.82	15 ml OP	-	✓ <b>Atrovent Nasal Aqueous</b>
<b>SODIUM CROMOGLYCATE</b>				
Nasal spray, 4% .....	16.08 (21.18)	22 ml OP	-	Rynacrom Forte

<b>RESPIRATORY DEVICES</b>				
<b>PEAK FLOW METERS - Only on a WSO</b>				
Low range - maximum 10 per WSO .....	17.00	1 OP	-	✓ <b>Air-O-Breath Pocketpeak</b> ✓ <b>Breath-Alert</b> ✓ <b>Mini Wright</b> ✓ <b>Personal Best</b> ✓ <b>Vitalograph Assess</b>
Normal range - maximum 10 per WSO .....	17.00 (22.73)	1 OP	-	✓ <b>Air-O-Breath Pocketpeak</b> ✓ <b>Breath-Alert</b> ✓ <b>Mini Wright</b> ✓ <b>Personal Best</b> ✓ <b>Vitalograph</b>
<i>(Mini Wright peak flow meter normal range to be delisted 1 June 2002)</i>				
<b>SPACER DEVICES AND MASKS- Only on a WSO</b>				
Spacer device - maximum 5 per WSO .....	12.50	OP	-	✓ <b>Space Chamber</b>
Spacer device - maximum 5 per WSO .....	16.60	1 OP	-	✓ <b>Breath-A-Tech (with mask)</b>
Mask, size 2 - maximum 5 per WSO .....	4.10	OP	-	✓ <b>Foremount Child's Silicone Mask</b>
a) Spacer devices and masks also available to paediatricians employed by a DHB on a wholesale supply order signed by the paediatrician. Limited to one pack of 20 per order. Orders via a hospital pharmacy.				
b) Only available for children aged six years and under.				
c) For Space Chamber and Foremount Child's Silicone Mask wholesale supply order must indicate clearly if either the spacer device, the mask, or both are required.				
d) Distributed by Airflow Products. Forward orders to:				
Airflow Products	Telephone: 04 499 1240	or 0800 AIR FLOW		
PO Box 1485, Wellington	Facsimile: 04 499 1245	or 0800 323 270		
<i>(Breath-A-Tech [with mask] to be delisted 1 October 2002)</i>				

‡ safety cap reimbursed  
**Preferred Brand**

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

# SENSORY ORGANS

## Ear Preparations

Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
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### EAR PREPARATIONS

#### ACETIC ACID WITH 1, 2-PROPANEDIOL DIACETATE AND BENZETHONIUM

Ear drops 2% with 1, 2- propanediol diacetate 3% and benzethonium chloride 0.02% .....	5.83	35 ml OP	✓ <b>Vosol</b>
Ear drops 2% with 1, 2- propanediol diacetate 3% and benzethonium chloride 0.02% and hydrocortisone 1% (refer page 168) .....	CE		✓

#### BETAMETHASONE SODIUM PHOSPHATE

Ear/Eye drops 0.1% .....	4.50	5 ml OP	✓ <b>Betnesol</b>
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#### BETAMETHASONE SODIUM PHOSPHATE WITH NEOMYCIN

Ear/Eye drops 0.1% with neomycin sulphate 0.5% .....	4.50	5 ml OP	✓ <b>Betnesol-N</b>
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#### CHLORAMPHENICOL

Ear drops 0.5% .....	1.87	5 ml OP	✓ <b>Chloromycetin</b>
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#### COLISTIN SULPHATE WITH NEOMYCIN AND HYDROCORTISONE

Ear drops 3 mg with neomycin sulphate 3.3 mg and hydrocortisone acetate 10 mg per ml .....	9.00	5 ml OP	✓ <b>Colymycin-S Otic</b>
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#### DEXAMETHASONE WITH FRAMYCETIN AND GRAMICIDIN

Ear/Eye drops 500 µg with framycetin sulphate 5 mg and gramicidin 50 µg per ml .....	4.50 (6.66)	8 ml OP	Sofradex
Ear/Eye oint 0.5 mg with framycetin sulphate 5 mg and gramicidin 50 µg per g .....	4.50 (6.66)	5 g OP	Sofradex

#### FLUMETASONE PIVALATE

Ear drops 0.02% with clioquinol 1% .....	4.46 (4.65)	7.5 ml OP	Locorten-Vioform
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#### FRAMYCETIN SULPHATE

Ear/Eye drops 0.5% .....	4.13 (6.22)	8 ml OP	Soframycin
Ear/Eye oint 0.5% .....	3.65 (5.64)	5g OP	Soframycin

#### OXPENTIFYLLINE - Special Authority

Tab 400 mg .....	66.50	90	✓ <b>Trental 400</b>
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#### Special Authority - Hospital pharmacy [HP3]

#### Approvals granted for:

- chronic post-thrombotic venous stasis ulcers of more than 4 months duration where other interventions have failed; or
- sudden hearing loss – ENT specialist only.

#### TRIAMCINOLONE ACETONIDE WITH GRAMICIDIN, NEOMYCIN AND NYSTATIN

Ear drops 1 mg with nystatin 100,000 u, neomycin sulphate 2.5 mg and gramicidin 250 µg per g .....	3.67	7.5 ml OP	✓ <b>Kenacomb</b>
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	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic ✓ Manufacturer
<b>EYE PREPARATIONS</b>			
<b>Anti-Infective Preparations</b>			
See also Corticosteroids & Other Anti-Inflammatory Preparations, page 158			
ACICLOVIR - Retail pharmacy-specialist			
Eye oint 3% .....	29.54 (30.71)	4.5 g OP	Zovirax
CHLORAMPHENICOL			
Eye drops 0.5% .....	1.10	10 ml OP	✓ <b>Isopto-Fenicol</b>
Eye oint 1% .....	1.85	4 g OP	✓ <b>Chlorsig</b>
CIPROFLOXACIN - Retail pharmacy-specialist prescription			
Eye drops 0.3% .....	12.43	5 ml OP	✓ <b>Ciloxan</b>
a) Specialist must be an ophthalmologist.			
b) For treatment of bacterial keratitis or severe bacterial conjunctivitis resistant to chloramphenicol.			
DIBROMOPROPAMIDINE ISETHIONATE			
Eye oint 0.15% .....	2.97 (6.00)	5 g OP	Brolene
FRAMYCETIN SULPHATE			
Ear/Eye drops 0.5% .....	4.13 (6.22)	8 ml OP	Soframycin
Ear/Eye oint 0.5% .....	3.65 (5.64)	5 g OP	Soframycin
FUSIDIC ACID			
Eye drops 1% .....	4.50 (6.60)	5 g OP	Fucithalmic
GENTAMICIN SULPHATE - Retail pharmacy-specialist			
Eye drops 0.3% .....	11.40	5 ml OP	✓ <b>Genoptic</b>
PROPAMIDINE ISETHIONATE			
Eye drops 0.1% .....	2.97 (6.00)	10 ml OP	Brolene
SULPHACETAMIDE SODIUM			
Eye drops 10% .....	4.13 (4.41)	15 ml OP	✓ <b>Acetopt</b> Bleph 10
TOBRAMYCIN - Retail pharmacy-specialist			
Eye drops 0.3% .....	11.48	5 ml OP	✓ <b>Tobrex</b>
Eye oint 0.3% .....	10.45	3.5 g OP	✓ <b>Tobrex</b>

# SENSORY ORGANS

## Eye Preparations

Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
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### Corticosteroids and Other Anti-Inflammatory Preparations

BETAMETHASONE SODIUM PHOSPHATE - Retail pharmacy-specialist when used in the treatment of eye conditions		
Ear/Eye drops 0.1% .....	4.50 5 ml OP	✓ <b>Betnesol</b>
BETAMETHASONE SODIUM PHOSPHATE WITH NEOMYCIN - Retail pharmacy-specialist when used in the treatment of eye conditions		
Ear/Eye drops 0.1% with neomycin sulphate 0.5% .....	4.50 5 ml OP	✓ <b>Betnesol-N</b>
DEXAMETHASONE - Retail pharmacy-specialist		
Eye drops 0.1% .....	4.50 5 ml OP	
	(8.80)	Maxidex
Eye oint 0.1% .....	5.86 3.5 g OP	✓ <b>Maxidex</b>
DEXAMETHASONE WITH FRAMYCETIN AND GRAMICIDIN - Retail pharmacy-specialist when used in the treatment of eye conditions		
Ear/Eye drops 500 µg with framycetin sulphate 5 mg and gramicidin		
50 µg per ml .....	4.50 8 ml OP	
	(6.66)	Sofradex
Ear/Eye oint 0.5 mg with framycetin sulphate 5 mg and gramicidin		
50 µg per g .....	4.50 5 g OP	
	(6.66)	Sofradex
DEXAMETHASONE WITH NEOMYCIN AND POLYMYXIN B SULPHATE - Retail pharmacy-specialist		
Eye drops 0.1% with neomycin sulphate 0.35% and polymyxin B sulphate 6,000 u per ml .....		
	4.50 5 ml OP	✓ <b>Maxitrol</b>
Eye oint 0.1% with neomycin sulphate 0.35% and polymyxin B sulphate 6,000 u per g .....		
	5.39 3.5 g OP	✓ <b>Maxitrol</b>
DICLOFENAC SODIUM - Retail pharmacy-specialist		
Eye drops 1 mg per ml .....	13.80 5 ml OP	✓ <b>Voltaren Ophtha</b>
FLUOROMETHOLONE - Retail pharmacy-specialist		
Eye drops 0.1% .....	4.50 5 ml OP	✓ <b>Flucon</b> ✓ <b>FML</b>
LEVOCABASTINE		
Eye drops 0.5 mg per ml .....	8.71 4 ml OP	
	(11.26)	Livostin
LODOXAMIDE TROMETAMOL		
Eye drops 0.1% .....	8.71 10 ml OP	✓ <b>Lomide</b>
PREDNISOLONE ACETATE - Retail pharmacy-specialist		
Eye drops 0.12% .....	4.50 5 ml OP	
	(7.53)	Pred Mild
Eye drops 1% .....	4.50 5 ml OP	
	(9.44)	Pred Forte
PREDNISOLONE ACETATE WITH PHENYLEPHRINE AND SULPHACETAMIDE - Retail pharmacy-specialist		
Eye drops 0.2% with sulphacetamide sodium 10% and phenylephrine hydrochloride 0.12% .....		
	8.60 5 ml OP	
	(9.14)	Blephamide
<i>(Blephamide eye drops to be delisted 1 September 2002)</i>		
SODIUM CROMOGLYCAT		
Eye drops 2% .....	8.71 10 ml OP	✓ <b>Opticrom</b>

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
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**Glaucoma Preparations**

ACETAZOLAMIDE

▲ Tab 250 mg .....	8.75 (10.52)	100	Diamox
▲ Sodium inj 500 mg .....	13.95	1	✓ <b>Diamox</b>

BETAXOLOL HYDROCHLORIDE - Retail pharmacy-specialist

▲ Eye drops 0.25% .....	13.18	5 ml OP	✓ <b>Betoptic S</b>
▲ Eye drops 0.5% .....	15.08	5 ml OP	✓ <b>Betoptic</b>

BRIMONIDINE TARTRATE - Retail pharmacy-specialist

▲ Eye drops 0.2% .....	14.00	5 ml OP	✓ <b>Alphagan</b>
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Guideline

Alphagan is subsidised for use as either monotherapy or as an adjunctive agent for the treatment of glaucoma. Alphagan should not be prescribed for a person in whom less expensive first line agents for the treatment of glaucoma are not contraindicated unless:

- a) that person has previously trialled all other such subsidised agents (except dorzolamide hydrochloride); and
- b) those trials have indicated that that person does not respond adequately to or does not tolerate treatment with those other agents.

CARBACHOL - Retail pharmacy-specialist

▲ Eye drops 1.5% .....	6.82 (8.83)	15 ml OP	Isopto Carbachol
▲ Eye drops 3% .....	6.99 (8.99)	15 ml OP	Isopto Carbachol

DIPIVEFRIN HYDROCHLORIDE - Retail pharmacy-specialist

▲ Eye drops 0.1% .....	5.90	10 ml OP	✓ <b>Dipoquin</b>
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# SENSORY ORGANS

## Eye Preparations

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer ✓
<b>DORZOLAMIDE HYDROCHLORIDE - Retail pharmacy-specialist</b>			
▲ Eye drops 2% .....	13.95	5 ml OP	✓ <b>Trusopt</b>
See prescribing guidelines below.			
<b>DORZOLAMIDE HYDROCHLORIDE WITH TIMOLOL MALEATE - Retail pharmacy-specialist</b>			
▲ Eye drops 2% with timolol maleate 0.5% .....	23.95	5 ml OP	✓ <b>Cosopt</b>
<b>Prescribing Guidelines</b>			
Both Trusopt and Cosopt are subsidised for use as either monotherapy or as an adjunctive agent for the treatment of glaucoma.			
Trusopt and Cosopt should not be prescribed for a person in whom less expensive first line agents for the treatment of glaucoma are not contraindicated unless:			
i) that person has previously trialled all other such subsidised agents (except brimonidine tartrate); and			
ii) those trials have indicated that that person does not respond adequately to treatment with those other agents.			
<b>LATANOPROST - Special Authority</b>			
▲ Eye drops 50 µg per ml, 2.5 ml .....	34.54	2.5 ml OP	✓ <b>Xalatan</b>
<b>Special Authority - Retail pharmacy:</b>			
a) Subsidised when used as monotherapy for the treatment of:			
- patients with primary open-angle glaucoma who cannot tolerate or in whom beta-blockers, pilocarpine and dorzolamide are contraindicated; or			
- patients with primary open-angle glaucoma in whom a reduction in intraocular pressure of 15% or more is not achieved or maintained using dorzolamide either alone or in combination with a beta-blocker; or			
- patients in whom there is progressive visual field loss and/or optic nerve damage persists after treatment with dorzolamide either alone or in combination with a beta-blocker.			
b) Subsidised for adjunctive use for the treatment of patients who have met criterion (a) and in whom latanoprost monotherapy has been ineffective in controlling intraocular pressure. An adjunctive agent may be added without a further Special Authority application.			
c) Initial applications and re-applications valid for two years.			
d) Re-applications must indicate whether the patient is using monotherapy or adjunctive therapy.			
e) Specialist application and reapplication – ophthalmologist only.			
f) Subsequent prescriptions can be written by any medical practitioner.			
<b>LEVOBUNOLOL - Retail pharmacy-specialist</b>			
▲ Eye drops 0.25% .....	8.00	5 ml OP	✓ <b>Betagan</b>
▲ Eye drops 0.5% .....	8.20	5 ml OP	✓ <b>Alcon-Levobunolol</b>
<b>PILOCARPINE</b>			
▲ Eye drops 0.5% .....	2.67	15 ml OP	✓ <b>Pilopt</b>
▲ Eye drops 1% .....	2.86	15 ml OP	✓ <b>Pilopt</b>
▲ Eye drops 2% .....	3.66	15 ml OP	✓ <b>Pilopt</b>
▲ Eye drops 3% .....	4.64	15 ml OP	✓ <b>Pilopt</b>
▲ Eye drops 4% .....	5.36	15 ml OP	✓ <b>Pilopt</b>
▲ Eye drops 6% .....	7.64	15 ml OP	✓ <b>Pilopt</b>
▲ Eye drops 2%, single dose - Special Authority .....	31.95	20	
	(32.72)		Minims

Special Authority - Hospital pharmacy [HP3]

- a) Minims for a general practice are considered to be “tools of trade” and are not approved as Special Authority items.
- b) Approvals are granted only for an individual patient who has to use an unpreserved solution due to an allergy to the preservative or who wears soft contact lenses.

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
<b>TIMOLOL MALEATE - Retail pharmacy-specialist</b>			
▲ Eye drops 0.25%, gel forming .....	8.00	2.5 ml OP	✓ <b>Timoptol XE</b>
▲ Eye drops 0.25% .....	2.93	5 ml OP	✓ <b>Apo-Timop</b>
▲ Eye drops 0.5%, gel forming .....	8.50	2.5 ml OP	✓ <b>Timoptol XE</b>
▲ Eye drops 0.5% .....	3.14	5 ml OP	✓ <b>Apo-Timop</b>
<b>TIMOLOL MALEATE WITH PILOCARPINE - Retail pharmacy-specialist</b>			
▲ Eye drops 0.5% with pilocarpine 2% .....	13.95	5 ml OP	✓ <b>Timpilo 2</b>
▲ Eye drops 0.5% with pilocarpine 4% .....	13.95	5 ml OP	✓ <b>Timpilo 4</b>

**Mydriatics and Cycloplegics**

<b>ATROPINE SULPHATE</b>			
Eye drops 0.5% .....	4.02	15 ml OP	✓ <b>Atropt</b>
Eye drops 1% .....	4.02	15 ml OP	✓ <b>Atropt</b>
<b>CYCLOPENTOLATE HYDROCHLORIDE</b>			
Eye drops 1% .....	8.76	15 ml OP	✓ <b>Cyclogyl</b>
<b>HOMATROPINE HYDROBROMIDE</b>			
Eye drops 2% .....	7.18 (9.17)	15 ml OP	Isopto Homatropine
Eye drops 5% .....	8.73 (10.73)	15 ml OP	Isopto Homatropine
<b>HYOSCINE HYDROBROMIDE</b>			
Eye drops 0.25% .....	6.79	15 ml OP	✓ <b>Isopto Hyoscine</b>
<b>TROPICAMIDE</b>			
Eye drops 0.5% .....	7.15	15 ml OP	✓ <b>Mydriacyl</b>
Eye drops 1% .....	8.66	15 ml OP	✓ <b>Mydriacyl</b>

‡ safety cap reimbursed  
**Preferred Brand**

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

# SENSORY ORGANS

## Eye Preparations

Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer
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### Preparations for Tear Deficiency

ACETYLCYSTEINE - Special Authority		
Eye drops (refer page 168) .....	CE	
Special Authority - Hospital pharmacy [HP1]		
a) Filamentary keratitis.		
b) Specialist must make application.		
HYPROMELLOSE		
Eye drops 0.3% .....	2.86	15 ml OP
		✓Tears Naturale
		✓Poly-Tears
Eye drops 0.5% .....	1.79	15 ml OP
		✓Methopt
Eye drops 1% .....	1.91	15 ml OP
		✓Methopt Forte
POLYVINYL ALCOHOL		
Eye drops 1.4% .....	3.62	15 ml OP
		✓Liquifilm Tears
Eye drops 3% .....	3.88	15 ml OP
		✓Liquifilm Forte
POLYVINYL ALCOHOL WITH POVIDONE		
Eye drops 1.4% with povidone 0.6% .....	3.62	15 ml OP
		✓Tears Plus
TYLOXAPOL		
Eye drops 0.25% .....	8.63	15 ml OP
		✓Enuclene

### Other Eye Preparations

NAPHAZOLINE HYDROCHLORIDE		
Eye drops 0.1% .....	4.20 (4.74)	15 ml OP
		Albalon Naphcon Forte
PARAFFIN LIQUID WITH SOFT WHITE PARAFFIN		
Eye oint with soft white paraffin .....	3.63	3.5 g OP
		✓Lacri-Lube
PARAFFIN LIQUID WITH WOOL FAT LIQUID		
Eye oint 3% with wool fat liq 3% .....	3.63	3.5 g OP
		✓Poly-Visc
PHENYLEPHRINE HYDROCHLORIDE		
Eye drops 0.12% .....	3.25 (4.18)	15 ml OP
		✓Isopto Frin Prefrin
PHENYLEPHRINE HYDROCHLORIDE WITH ZINC SULPHATE		
0.12% with zinc sulphate 0.25% eye drops .....	4.51	15 ml OP
		✓Zincfrin

**VARIOUS**  
**Agents Used in the Treatment of Poisonings**  
**Detection of Substances in Urine**

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic ✓ Manufacturer
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**AGENTS USED IN THE TREATMENT OF POISONINGS**

Refer also to MUSCULO-SKELETAL, Anticholinesterases, page 109

<b>AMYL NITRITE</b>			
Ampoule, 0.3 ml crushable .....	62.92 (73.40)	12	Baxter
<b>CHARCOAL</b>			
Tab 300 mg .....	7.13	100	✓ Red Seal
Oral liq 50 g per 300 ml – Only on a PSO .....	20.00	300 ml OP	✓ Carbosorb
<b>DEFERRIOXAMINE MESYLATE - Hospital pharmacy [HP3]</b>			
Inj 500 mg per 10 ml vial .....	130.00	10	✓ Desferal
<b>IPECACUANHA</b>			
Tincture .....	41.20 (43.40)	500 ml	PSM
<b>NALOXONE HYDROCHLORIDE - Only on a PSO</b>			
Inj 20 µg per ml, 2 ml .....	29.95	5	✓ Baxter ✓ Narcan Neonatal
Inj 400 µg per ml, 1 ml .....	29.95	5	✓ Narcan ✓ Baxter
<b>PENICILLAMINE - Retail pharmacy-specialist</b>			
Tab 125 mg .....	56.30 (61.93)	100	D-Penaminate
Tab 250 mg .....	89.98 (98.98)	100	D-Penaminate
<b>SODIUM CALCIUM EDETATE</b>			
Inj 200 mg per ml, 5 ml .....	53.31 (55.99)	6	Calcium Disodium Versenate

**DETECTION OF SUBSTANCES IN URINE**

<b>ORTHO-TOLIDINE</b>			
Compound diagnostic sticks .....	7.50 (8.25)	50 stick OP	Hemastix
<b>TETRABROMOPHENOL</b>			
Blue diagnostic strips .....	7.02 (13.92)	100 strip OP	Albustix

‡ safety cap reimbursed  
**Preferred Brand**

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

## SECTION C

# EXTEMPORANEOUSLY COMPOUNDED PREPARATIONS & GALENICALS

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## INTRODUCTION

The following extemporaneously compounded products are eligible for subsidy:

- The “Standard Formulae”.
- Oral liquid mixtures for patients unable to swallow subsidised solid dose oral formulations.
- The preparation of syringe drivers when prescribed by a general practitioner.
- Dermatological preparations;
  - One or more subsidised dermatological galenical(s) in a subsidised dermatological base.
  - Dilution of proprietary Topical Corticosteroid-Plain preparations with a dermatological base (Retail pharmacy-specialist).
  - Phenol liquefied and/or menthol crystals only in the following bases:
    - Aqueous cream BP
    - Urea cream 10% (Aquacare HP, Nutraplus and Calmurid)
    - Wool fat with mineral oil lotion (Alpha Keri, BK, DP and Hydroderm)
    - Hydrocortisone 1% with wool fat and mineral oil lotion (BK lotn HC and DP lotn HC)
    - Glycerol, paraffin and cetyl alcohol lotion (QV).

## Glossary

**Dermatological base:** The products listed in the Barrier creams and Emollients section and the Topical Corticosteroids-Plain section of the Pharmaceutical Schedule are classified as dermatological bases for the purposes of extemporaneous compounding and are the bases to which the dermatological galenicals can be added. Also the dermatological bases in the Barrier Creams and Emollients section of the Pharmaceutical Schedule can be used for diluting proprietary Topical Corticosteroid-Plain preparations.

The following products are dermatological bases:

- Aqueous cream
- Cetomacrogol cream BP
- Emulsifying ointment BP
- Glycerol with paraffin and cetyl alcohol lotion
- Hydrocortisone with wool fat and mineral oil lotion
- Oil in water emulsion
- Oily cream
- Urea cream 10%
- White soft paraffin
- Wool fat with mineral oil lotion
- Zinc cream BP
- Zinc ointment BP
- Zinc and castor oil ointment BP
- Proprietary Topical Corticosteroid-Plain preparations

**Dermatological galenical:** Dermatological galenicals will only be subsidised when added to a dermatological base. More than one dermatological galenical can be added to a dermatological base.

The following are dermatological galenicals:

- Coal tar solution BP – up to 10%
- Hydrocortisone powder – up to 5%
- Salicylic acid powder
- Sulphur precipitated powder

**Standard formulae:** Standard formulae are a list of formulae for ECPs that are subsidised. They are listed under the appropriate therapeutic heading in Section B of the Pharmaceutical Schedule and also in Section C.

## Explanatory notes

### Oral liquid mixtures

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

Subsidy for extemporaneously compounded oral liquid mixtures is based on:

Solid dose form	qs
Preservative	qs
Suspending agent	qs
Water	to 100%

Prescribers may prescribe or pharmacists may add extra non-subsidised ingredients such as flavouring and colouring agents, but these extra ingredients will not be reimbursed. The subsidised ingredients in the formula will be reimbursed and a compounding fee paid.

The majority of extemporaneously compounded oral liquid mixtures should contain a preservative and suspending agent. Methylcellulose 3% is considered a suitable suspending agent and compound hydroxybenzoate solution or methyl hydroxybenzoate 10% solution are considered to be suitable preservatives. Usually 1 ml of these preservative solutions is added to 100 ml of oral liquid mixture.

Some solid oral dose forms are not appropriate for compounding into oral liquid mixtures and should therefore not be used/considered for extemporaneously compounded oral liquid mixtures. This includes long-acting solid dose formulations, enteric coated tablets or capsules, sugar coated tablets, hard gelatin capsules and chemotherapeutic agents.

The following practices will not be subsidised:

- Mixing one or more proprietary oral liquids (eg an antihistamine with pholcodine linctus).
- Extemporaneously compounding an oral liquid with more than one solid dose chemical.
- Mixing more than one extemporaneously compounded oral liquid mixture.
- Mixing one or more extemporaneously compounded oral liquid mixtures with one or more proprietary oral liquids.
- The addition of a chemical/powder/agent/solution to a proprietary oral liquid or extemporaneously compounded oral mixture.

### Standard formulae

A list of standard formulae is contained in this section. All ingredients associated with a standard formula will be subsidised and an appropriate compounding fee paid.

Prescribers may prescribe or pharmacists may add extra non-subsidised ingredients, but these extra ingredients will not be reimbursed. The subsidised ingredients in the formula will be reimbursed and a compounding fee paid.

### Dermatological Preparations

Proprietary topical corticosteroid preparations may be diluted with a dermatological base (see page 164) from the Barrier Creams and Emollients section of the Pharmaceutical Schedule (Retail pharmacy-Specialist). Dilution of proprietary topical corticosteroid preparations should only be prescribed for withdrawing patients off higher strength proprietary topical corticosteroid products where there is no suitable proprietary product of a lower strength available or an extemporaneously compounded product with up to 5% hydrocortisone is not appropriate. (In general proprietary topical corticosteroid preparations should not be diluted because dilution effects can be unpredictable and may not be linear, and usually there is no stability data available for diluted products).

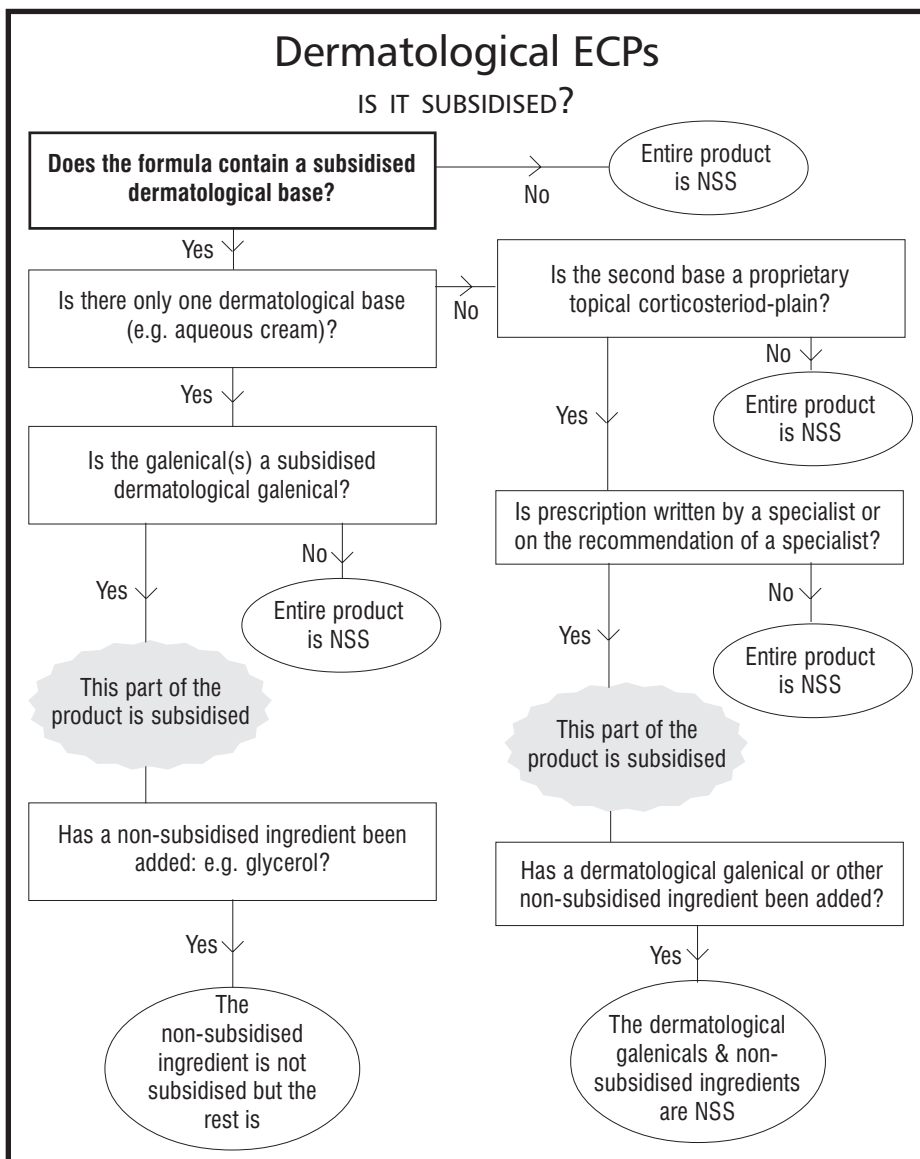
One or more dermatological galenicals may be added to a dermatological base (including proprietary topical corticosteroid preparations). Prescribers may prescribe or pharmacists may add extra non-subsidised ingredients, but these extra ingredients will not be reimbursed. The subsidised ingredients in the formula will be reimbursed and a compounding fee paid.

The addition of dermatological galenicals to diluted proprietary Topical Corticosteroids-Plain will not be subsidised.

The flow diagram on page 167 may assist you in deciding whether or not a dermatological ECP is subsidised.

## Dermatological ECPs

IS IT SUBSIDISED?





**Standard Formulae**

**ACETYLCYSTEINE EYE DROPS**

Acetylcysteine inj 200 mg per ml, 10 ml	qs
Suitable eye drop base	qs

**ALLOPURINOL MOUTHWASH**

Allopurinol 100 mg tab	5 tabs
Methylcellulose	2.0 g
Preservative	qs
Water	to 500 ml

(Preservative should be used if quantity supplied is for more than 5 days. Maximum 500 ml per prescription.)

**ASPIRIN & CHLOROFORM APPLICATION**

Aspirin Soluble tabs 300 mg	12 tabs
Chloroform	to 100 ml

**CODEINE LINCTUS PAEDIATRIC (3 mg per 5 ml)**

Codeine phosphate	60 mg
Glycerol	40 ml
Preservative	qs
Water	to 100 ml

**CODEINE LINCTUS DIABETIC (15 mg per 5 ml)**

Codeine phosphate	300 mg
Glycerol	40 ml
Preservative	qs
Water	to 100 ml

**FOLINIC MOUTHWASH**

Folinic acid 15 mg tab	1 tab
Preservative	qs
Water	to 500 ml

(Preservative should be used if quantity supplied is for more than 5 days. Maximum 500 ml per prescription.)

**MAGNESIUM HYDROXIDE MIXTURE**

Magnesium hydroxide paste	275 g
Methyl hydroxybenzoate	1.5 g
Water	770 ml

**METHADONE MIXTURE**

Methadone powder	qs
Glycerol	qs
Water	to 100 ml

**METHYLCELLULOSE 3% SUSPENSION BASE**

Methylcellulose	3 g
Water	to 100 ml

**METHYL HYDROXYBENZOATE 10% SOLUTION**

Methyl hydroxybenzoate	10 g
Propylene glycol	to 100 ml

(Use 1 ml of the 10% solution per 100 ml of oral liquid mixture)

**PILOCARPINE ORAL LIQUID**

Pilocarpine 6% eye drops	qs
Preservative	qs
Water	to 500 ml

(Preservative should be used if quantity supplied is for more than 5 days.)

**PODOPHYLLUM 20% PAINT BP**

Podophyllum resin	4 g
Benzoïn tincture compound	to 20 ml

**SALICYLIC ACID 20% SOLUTION**

Salicylic acid	4 g
Colloidian flexible	to 20 ml

**SALICYLIC ACID 40% SOLUTION**

Salicylic acid	8 g
Colloidian flexible	to 20 ml

**SALICYLIC ACID 20% OINTMENT**

Salicylic acid	4 g
White soft paraffin	16 g

**SALICYLIC ACID 40% OINTMENT**

Salicylic acid	8 g
White soft paraffin	12 g

**SALICYLIC ACID 60% OINTMENT**

Salicylic acid	12 g
White soft paraffin	8 g

**SALIVA SUBSTITUTE**

Methylcellulose	5 g
Preservative	qs
Water	to 500 ml

(Preservative should be used if quantity supplied is for more than 5 days. Maximum 500 ml per prescription.)

**VOSOL EAR DROPS with HYDROCORTISONE POWDER 1%**

Hydrocortisone powder	1%
Vosol ear drops	to 35 ml

# EXTEMPORANEOUSLY COMPOUNDED PREPARATIONS & GALENICALS

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic ✓ Manufacturer
<b>ACETYLCYSTEINE</b>			
Inj 200 mg per ml, 10 ml .....	137.06	10	✓ <b>Parvolex</b>
<b>AQUEOUS CREAM</b> .....	2.97	500 g	✓ <b>David Craig</b>
<b>BENZOIN</b>			
Tincture compound BP .....	24.42 (32.72)	500 ml	PSM
<b>CETOMACROGOL</b>			
Cream BP .....	2.80 (4.35)	500 g	PSM IPW
<b>CHLOROFORM BP</b> .....	21.30	500 ml	PSM
(Only in aspirin and chloroform application)	(23.35)		
<b>COAL TAR</b>			
Solution BP .....	32.45 (39.35) (45.95)	500 ml	David Craig PSM
a) Up to 10%;			
b) Only in combination with a dermatological base or proprietary Topical Corticosteroid - Plain; (refer to page 164)			
c) With or without other dermatological galenicals.			
<b>CODEINE PHOSPHATE</b>			
Powder .....	63.09 (72.55)	25 g	Douglas
‡ Safety caps reimbursed for extemporaneously compounded oral liquid preparations.			
(Only in extemporaneously compounded codeine linctus diabetic or codeine linctus paediatric)			
<b>COLLODION FLEXIBLE</b> .....	14.60 (19.90)	100 ml	PSM
<b>COMPOUND HYDROXYBENZOATE</b>			
Solution .....	3.83	100 ml	✓ <b>David Craig</b>
(Only in extemporaneously compounded oral mixtures)			
<b>EMULSIFYING OINTMENT BP</b> .....	4.18	500 g	✓ <b>David Craig</b>
<b>GLYCEROL</b> .....	7.25 (8.83) (9.43)	500 ml	PSM David Craig
(Only in extemporaneously compounded methadone mixture, codeine linctus diabetic or codeine linctus paediatric)			
<b>GLYCEROL WITH PARAFFIN AND CETYL ALCOHOL - Only on the prescription of a doctor</b>			
Lotion 5% with paraffin liq 5% and cetyl alcohol 2% .....	1.40 (7.35)	250 ml	QV
<b>HYDROCORTISONE</b>			
Powder .....	47.87 (59.23) (69.00)	25 g	✓ <b>Douglas</b> ✓ <b>Pharmacia</b> Apo-Hydrocortisone PSM
a) Up to 5%;			
b) In a dermatological base (not proprietary Topical Corticosteroid - Plain); (refer to page 164)			
c) With or without other dermatological galenicals.			
<i>(Douglas hydrocortisone powder to be delisted 1 October 2002)</i>			

# EXTEMPORANEOUSLY COMPOUNDED PREPARATIONS & GALENICALS

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic ✓ Manufacturer
<b>HYDROCORTISONE WITH WOOL FAT AND MINERAL OIL - Only on the prescription of a doctor</b>			
Lotn 1% with wool fat hydrous 3% and mineral oil .....	2.86 (4.77)	100 ml	BK Lotn HC
Lotn 1% with wool fat hydrous 3% and mineral oil .....	5.92	250 ml	✓ <b>DP Lotn HC</b>
<i>(BK Lotn HC to be delisted 1 June 2002)</i>			
<b>MAGNESIUM HYDROXIDE</b>			
Paste .....	22.61 (39.90)	500 g	PSM
<b>MENTHOL</b>			
Crystals .....	8.05 (10.60)	25 g	PSM David Craig
a) Only in combination with aqueous cream, 10% urea cream, wool fat with mineral oil lotion, 1% hydrocortisone with wool fat and mineral oil lotion, and glycerol, paraffin and cetyl alcohol lotion;			
b) With or without phenol liquefied.			
<b>METHADONE HYDROCHLORIDE</b>			
a) Only on a controlled drug form.			
b) Extemporaneously compounded methadone will only be reimbursed at the rate of the cheapest form available (methadone powder, not methadone tablets).			
Powder .....	10.70	1 g	✓ <b>Douglas</b> ✓ <b>PSM</b>
‡ Safety caps reimbursed for extemporaneously compounded oral liquid preparations.			
METHYLCELLULOSE .....	16.11 (19.59)	100 g	PSM
METHYLHYDROXYBENZOATE .....	15.62 (18.45)	25 g	PSM
OILY CREAM BP .....	2.80 (9.96) (14.00)	500 g	David Craig PSM
<b>PARAFFIN</b>			
White soft .....	26.52 (31.60)	2,000 g	✓ <b>IPW</b> PSM
a) Only in combination with a dermatological galenical or as a diluent for a proprietary topical corticosteroid-plain.			
<b>PHENOL</b>			
Liquefied .....	21.20 (29.70) (37.00)	500 ml	PSM David Craig
a) Only in combination with aqueous cream, 10% urea cream, wool fat with mineral oil lotion, 1% hydrocortisone with wool fat and mineral oil lotion, and glycerol, paraffin and cetyl alcohol lotion;			
b) With or without menthol crystals.			

# EXTEMPORANEOUSLY COMPOUNDED PREPARATIONS & GALENICALS

	Subsidy (Manufacturer's Price) \$	Fully Subsidised Per	Brand or Generic Manufacturer ✓
PODOPHYLLIN RESIN .....	31.40 (34.50)	25 g	PSM
PROPYLENE GLYCOL .....	16.20 (19.20)	500 ml	PSM
(Only in extemporaneously compounded methylhydroxybenzoate 10% solution)			
SALICYLIC ACID .....	34.32 (38.40)	500 g	✓ David Craig PSM
a) In a dermatological base or proprietary Topical Corticosteroid - Plain; (refer to page 164)			
b) With or without other dermatological galenicals.			
c) In a 'standard formula'.			
<b>SULPHUR</b>			
Precipitated .....	7.92 (9.25)	100 g	PSM
a) Only in combination with a dermatological base or proprietary Topical Corticosteroid - Plain; (refer to page 164)			
b) With or without other dermatological galenicals.			
<b>UREA</b>			
Crn 10% .....	2.96 (3.09) (6.10)	100 g OP	✓ Nutraplus Aquacare HP Calmurid
<b>WOOL FAT WITH MINERAL OIL - Only on the prescription of a doctor</b>			
Lotn hydrous 3% with mineral oil .....	0.70 (4.78)	125 ml OP	BK Lotion
Lotn hydrous 3% with mineral oil .....	1.12 (5.00)	200 ml OP	Alpha-Keri Lotion
Lotn hydrous 3% with mineral oil .....	1.40 (2.18) (6.56)	250 ml OP	DP Lotion Hydroderm Lotion BK Lotion
Lotn hydrous 3% with mineral oil .....	2.10 (9.38)	375 ml OP	Alpha-Keri Lotion
Lotn hydrous 3% with mineral oil .....	5.60 (8.70) (18.43) (20.37)	1,000 ml	DP Lotion Hydroderm Lotion Alpha-Keri Lotion BK Lotion
<b>ZINC</b>			
Cream BP .....	6.55 (8.90)	500 g	PSM
Ointment BP .....	6.55 (8.95)	500 g	PSM
<b>ZINC AND CASTOR OIL</b>			
Ointment BP .....	6.55 (7.45)	500 g	✓ Douglas, IPW, PSM Pharmacia & Upjohn, Sigma

## EXPLANATORY NOTES

The list of special foods to which Subsidies apply is contained in this section. The list of available products, guidelines for use, subsidies and charges is reviewed as required. Applications for new listings and changes to subsidies and access criteria will be considered by the special foods sub-committee of PTAC which meets as and when required.

In all cases, Subsidies are available by Special Authority only. This means that, unless a patient has a valid Special Authority number for their special food requirements, they must pay the full cost of the products themselves.

### Eligibility for Special Authority

Special Authorities will be approved for patients meeting conditions specified under the *Medical Conditions and Guidelines* for each product. In some cases there are also limits to how products can be prescribed (for example quantity, use or duration). Only those brands, presentations and flavours of special foods listed in this section are subsidised.

### Who can apply for Special Authority?

*Initial applications:* Only specialists

*Reapplications:* Specialist or general practitioner on recommendation of specialist. Reapplications by general practitioners on specialist recommendation must include the name of the specialist and the date the specialist was contacted.

All applications must be made on an official form available from HB. All applications must include specific details as requested on the form relating to the application. A supporting letter may be included if desired.

Applications must be forwarded to: Health Benefits (HB)  
Special Authorities Section  
Private Bag 3015  
Wanganui  
Freefax 0800 100 131

### How long are approvals valid?

1. Three years for inborn errors of metabolism, cystic fibrosis, Coeliac disease and renal disorders
2. All others are one year, unless specified otherwise.

### Special Authority Intchangeability

Special Authority numbers for some Special Food products are interchangeable from 1 November 1999. Where a Special Authority number is interchangeable patients will have access to a subsidy for all products within the group under one number and all specified flavours and pack sizes of these products are included. See table below (and over) for details.

Special Food Group	Products for which Special Authority numbers are Interchangeable
Nutrient modules – carbohydrates	Moducal, Morrex Maltodextrin, Polycal and Polycose
Nutrient modules – fat	Calogen neutral and Calogen strawberry
Nutrient Modules – protein	Promod and Protifar 90
Oral Supplements	Ensure Powder, Nutridrink Powder, Resource Standard and Sustagen Hospital Formula
Oral Supplements/Complete Diet (nasogastric/gastrostomy tube feed)	Ensure Plus, Fortisip and Resource Plus
	IsoSource 1.5 and Nutrison Energy
	Nepro, NovaSource Renal, Nutrison Concentrated LE and Nutrison Concentrated
	Nutrivent and Pulmocare

continued...

...continued

Special Food Group	Products for which Special Authority numbers are Interchangeable
Oral Supplements/Complete Diet (nasogastric/gastrostomy tube feed) – Paediatric	Nutrini, Pediasure*, and Resource Just For Kids
Standard Products and Added Fibre Products	Isosource Standard*, Nutrison Standard RTH, Osmolite*, Fibresource*, Jevity*and Nutrison Multi Fibre
Specialised Complete Foods	Glucerna*, and Resource Diabetic
Food Thickeners	Karicare Food Thickener and Resource Thicken Up
Gluten Free Foods	All products listed under the Gluten Free Bread and Bake Mixes and Gluten Free Pastas
Phenyl Free Foods	All products listed under the Phenyl Free Bread Mixes and Phenyl Free Pastas
Protein Supplements	Aminogran Mineral Mixture and Metabolic Mineral Mixture
Infant Formulae	S26LBW and Similac Special Care
Infant Formulae for Gastrointestinal and other Malabsorptive Problems	Infasoy, Isomil and Karicare Soya Infant Formula

\* includes RTH pack

### Subsidies and manufacturer's surcharges

The Subsidies for some special foods are based on the lowest priced product within each group. Where this is so, or where special foods are otherwise not fully subsidised, a manufacturer's surcharge may be payable by the patient. The manufacturer's surcharge is the difference between the price of the product and the subsidy attached to it and may be subject to mark-ups applied at a pharmacy level. As a result the manufacturer's surcharge may vary.

Fully subsidised alternatives are available in most cases (as indicated by a tick in the left hand column). Patients should only have to pay a co-payment on these products.

### Where are special foods available from?

Distribution arrangements for special foods vary from region to region. Special foods are available from hospital pharmacies providing an outpatient dispensing service as well as retail pharmacies in the Northern, Midland and Central (including Nelson and Blenheim) regions.

### Definitions

*Failure to thrive*

An inability to gain or maintain weight resulting in physiological impairment.

*Growth deficiency*

Where the weight of the child is less than the fifth or possibly third percentile for their age, with evidence of malnutrition.

## SPECIAL FOODS

### Nutrient Modules

Product	Pack Size	Subsidy (Mnfr's Price)
✓ = fully subsidised		\$

## NUTRIENT MODULES

### Carbohydrate\*

#### Medical Conditions

- cystic fibrosis
- cancers affecting alimentary tract where there are malabsorption problems in patients over the age of 20 years
- premature and post premature infants
- cancer in children
- failure to thrive
- growth deficiency
- bronchopulmonary dysplasia
- chronic renal failure and CAPD patients

#### Special Authority – Hospital pharmacy [HP3]

Moducal .....	368 g OP	1.30 (12.00)
✓ <b>Morrex Maltodextrin</b> .....	5,000 g	36.50
Polycal (neutral) .....	400 g OP	1.30 (5.29)
Polycose .....	350 g OP	1.14 (7.85)

### Fat\*

#### Medical Conditions

- failure to thrive
- bronchopulmonary dysplasia
- fat malabsorption
- short bowel syndrome
- biliary atresia
- growth deficiency
- inborn errors of metabolism
- lymphangiectasia
- infants with necrotising enterocolitis

#### Special Authority – Hospital pharmacy [HP3]

✓ <b>Calogen (neutral)</b> .....	1,000 ml OP	61.50
Calogen (strawberry) .....	250 ml OP	15.38 (17.05)
✓ <b>Liquigen (neutral)</b> .....	1,000 ml OP	95.75
✓ <b>MCT oil (Nutricia)</b> .....	500 ml OP	25.00

### Carbohydrate and Fat

#### Guidelines

To be used only in infants aged four years or under, with the medical conditions outlined under Carbohydrate.

#### Special Authority – Hospital pharmacy [HP3]

✓ <b>Duocal Super Soluble Powder (neutral)</b> .....	400 g OP	50.26
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Product	Pack Size	Subsidy (Mnfr's Price)
✓ = fully subsidised		\$

### Protein\*

#### Medical Conditions

- protein losing enteropathy
- high protein needs (eg burns)

Special Authority – Hospital pharmacy [HP3]

✓ <b>Promod</b> (vanilla) .....	275 g OP	12.90
✓ <b>Protifar 90</b> .....	225 g OP	7.90

### ORAL SUPPLEMENTS\*

#### Guidelines

These products are to be used only as supplements to a person's dietary needs.

Subsidy for up to 500 ml a day. Amounts prescribed in excess of this amount must be paid for by the patient.

#### Medical Conditions

- |  |  |
|--|--|
| • cancer in children   | • inflammatory bowel disease                 |
| • cancers affecting alimentary tract where there are malabsorption problems in patients over the age of 20 years | • malnutrition requiring nutritional support |
|  | • cystic fibrosis                            |

Special Authority – Hospital pharmacy [HP3]

Ensure Powder (banana, chocolate, strawberry, vanilla) .....	400 g OP	6.13 (8.60)
✓ <b>Nutridrink Powder (chocolate, strawberry, vanilla)</b> .....	860 g OP	12.23
✓ <b>Resource Standard (chocolate, strawberry, vanilla)</b> .....	237 ml OP	0.89
Sustagen Hospital Formula (chocolate, vanilla) .....	900 g OP	12.29 (13.65)



## SPECIAL FOODS

### Oral Supplements/Complete Diet (nasogastric/gastrostomy tube feed)

Product	Pack Size	Subsidy (Mnfr's Price)
✓ = fully subsidised		\$

### ORAL SUPPLEMENTS/COMPLETE DIET (nasogastric/gastrostomy tube feed)\*

#### Guidelines

- This group of products can be used either as a supplement or as a complete diet
- Applications must state whether the product is to be used as a complete feed or as a supplement.
- If a product is being used as a supplement, the limit is 500 ml per day.
- Cystic fibrosis patients are exempt the 500 ml per day volume restriction when using Ensure Plus, Fortisip, or Resource Plus as a supplement.

#### Medical Conditions

- any condition causing malabsorption
- failure to thrive
- increased nutritional requirements

#### Special Authority – Hospital pharmacy [HP3]

Ensure Plus (banana, chocolate, fruit/forest, strawberry, vanilla) .....	200 ml OP	1.12 (1.45)
✓ <b>Ensure Plus (chocolate, coffee, strawberry, vanilla)</b> .....	237 ml OP	1.33
✓ <b>Ensure Plus RTH</b> .....	1,000 ml OP	7.00
✓ <b>Fortisip (banana, chocolate, strawberry, toffee, tropical fruit, vanilla)</b> ....	200 ml OP	1.12
✓ <b>Resource Plus (chocolate, strawberry, vanilla)</b> .....	237 ml OP	1.33
✓ <b>Two Cal HN (vanilla)</b> .....	237 ml OP	2.25
Two Cal HN is only to be used as a nutritional supplement after other lower calorie products have been tried and should only be used in patients with substantially increased metabolic requirements.		
✓ <b>IsoSource 1.5</b> .....	250 ml OP	1.75
✓ <b>IsoSource 1.5</b> .....	1,000 ml OP	7.00
✓ <b>Nutrison Energy (vanilla)</b> .....	500 ml OP	3.50
✓ <b>Nutrison Energy (vanilla)</b> .....	1,000 ml OP	7.00

#### Guidelines (in addition to the Guidelines above)

Applications for Special Authorities to be made by renal physicians or gastroenterologists. Where possible, the requirements for oral supplementation should be established in conjunction with assessment by a dietician.

#### Medical Condition

- undialysed end stage renal patients

#### Special Authority – Hospital pharmacy [HP3]

✓ <b>Suplena</b> .....	237 ml OP	3.80
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#### Medical Conditions

- acute or chronic renal failure

#### Special Authority – Hospital pharmacy [HP3]

✓ <b>Nepro (vanilla)</b> .....	237 ml OP	2.88
✓ <b>NovaSource Renal</b> .....	237 ml OP	2.88
✓ <b>Nutrison Concentrated (vanilla)</b> .....	500 ml OP	6.08
✓ <b>Nutrison Concentrated LE (vanilla)</b> .....	500 ml OP	6.08

(Nutrison Concentrated LE (vanilla) to be delisted 1 September 2002)

Product	Pack Size	Subsidy (Mnfr's Price)
✓ = fully subsidised		\$

*Medical Conditions*

- CORD patients who have hypercapnia

Special Authority – Hospital pharmacy [HP3]

✓ <b>Nutrivent (vanilla)</b> .....	250 ml OP	1.75
✓ <b>Pulmocare (vanilla)</b> .....	237 ml OP	1.66

*Medical Conditions*

For patients who have anorexia and weight loss associated with any of the following conditions:

- decompensating liver disease without encephalopathy
- protein losing gastro-enteropathy

Special Authority – Hospital pharmacy [HP3]

✓ <b>Fortimel (vanilla)</b> .....	200 ml OP	1.50
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**Diabetic\***

*Medical Conditions*

- Type I and II diabetics who require nutritional supplementation.

Special Authority – Hospital pharmacy [HP3]

✓ <b>Glucerna (vanilla)</b> .....	237 ml OP	2.30
✓ <b>Glucerna RTH</b> .....	1,000 ml OP	9.70
✓ <b>Resource Diabetic (chocolate, strawberry, vanilla)</b> .....	237 ml OP	2.30
✓ <b>Resource Diabetic (vanilla)</b> .....	1,000 ml OP	9.70

**Paediatric\***

*Guidelines*

These products are for use in infants aged one to six years. They may be used either as a supplement or as a complete diet. Where used as a supplement the limit is three units per day.

*Medical Conditions*

- any condition causing malabsorption
- increased nutritional requirements
- failure to thrive

Special Authority – Hospital pharmacy [HP3]

✓ <b>Nutrini</b> .....	200 ml OP	1.60
✓ <b>Pediasure (chocolate, strawberry, vanilla)</b> .....	237 ml OP	1.90
✓ <b>Pediasure RTH</b> .....	500 ml OP	4.00
✓ <b>Resource Just for Kids (chocolate, strawberry, vanilla)</b> .....	237 ml OP	1.90

*(Resource Just for Kids (strawberry) to be delisted 1 June 2002)*

## SPECIAL FOODS

### Oral Supplements/Complete Diet (nasogastric/gastrostomy tube feed)

Product	Pack Size	Subsidy (Mnfr's Price)
✓ = fully subsidised		\$

#### Standard Products\*

##### Medical Conditions

Inability to take oral food:

- enteral feeding
- nasoduodenal
- gastrostomy/jejunostomy
- nasogastric
- nasojejunal

Special Authority – Hospital pharmacy [HP3]

✓ <b>Isosource Standard</b> .....	250 ml OP	1.24
✓ <b>Isosource Standard RTH</b> .....	1,000 ml OP	5.29
✓ <b>Nutrison Standard RTH (vanilla)</b> .....	500 ml OP	2.65
✓ <b>Nutrison Standard RTH (vanilla)</b> .....	1,000ml OP	5.29
✓ <b>Osmolite</b> .....	946 ml OP	4.69
✓ <b>Osmolite RTH</b> .....	1,000 ml OP	5.29

#### Added Fibre Products\*

Special Authority – Hospital pharmacy [HP3]

✓ <b>Fibresource</b> .....	250 ml OP	1.24
✓ <b>Fibresource RTH</b> .....	1,000 ml OP	5.29
✓ <b>Jevity</b> .....	946 ml OP	5.00
✓ <b>Jevity RTH</b> .....	1,000 ml OP	5.29
✓ <b>Nutrison Multi Fibre</b> .....	500 ml OP	2.65
✓ <b>Nutrison Multi Fibre</b> .....	1,000 ml OP	5.29

#### Specialised Complete Foods\*

##### Guidelines

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

##### Note

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

##### Medical Conditions

- malabsorption
- short bowel syndrome
- enterocutaneous fistulas
- pancreatitis

Special Authority – Hospital pharmacy [HP3]

✓ <b>Alitraq</b> .....	76 g OP	7.50
✓ <b>Elemental 028 (orange &amp; unflavoured)</b> .....	100 g OP	16.69
✓ <b>Elemental 028 Extra (grapefruit, pineapple/orange &amp; summer fruit)</b> ..	250 ml OP	7.35
✓ <b>Peptisorb</b> .....	500 ml OP	6.02
✓ <b>Peptisorb</b> .....	1,000 ml OP	12.04
✓ <b>Stresson Multi-Fibre</b> .....	500 ml OP	9.98
✓ <b>Vital HN</b> .....	79 g OP	4.40
✓ <b>Vivonex TEN (unflavoured – with or without flavour sachets)</b> .....	80.4 g sachet OP	4.00

**SPECIAL FOODS**  
**Oral Supplements/Complete Diet (nasogastric/gastrostomy tube feed)**  
**Food Thickeners**  
**Gluten Free Foods**

Product	Pack Size	Subsidy (Mnfr's Price)
✓ = fully subsidised		\$

**Guidelines**

For use as a complete diet in patients who have metabolic disorders of fat metabolism or chylothorax where Portagen is not appropriate or available.

Special Authority – Hospital pharmacy [HP3]

✓ **Monogen** ..... 400 g OP 50.40

Special Authority- Hospital pharmacy [HP3]

✓ **Kindergen** ..... 400 g OP 45.00

- a) For children (up to 18 years) with chronic renal failure.
- b) Initial applications must be made by an authorised Paediatrician
- c) Prescriptions can be written by any medical practitioner
- d) Approvals are valid for 3 years
- e) Reapplications must be made by an authorised Paediatrician

Special Authority- Hospital pharmacy [HP3]

✓ **Generaid Plus** ..... 400 g OP 65.81

- a) For children (up to 18 years) who are awaiting liver transplant
- b) Initial applications must be made by a Paediatrician
- c) Prescriptions can be written by any medical practitioner
- d) Approvals are valid for 3 years
- e) Reapplications must be made by a Paediatrician

**FOOD THICKENERS\***

**Guidelines**

Only available as a subsidy for patients with swallowing disorders in motor neurone disease.

Special Authority – Hospital pharmacy [HP3]

✓ **Karicare Food Thickener** (neutral) ..... 200 g OP 3.52

✓ **Karicare Food Thickener** (neutral) ..... 500 g OP 8.81

✓ **Resource Thicken Up** ..... 227 g OP 4.00

**GLUTEN FREE FOODS\***

**Guidelines**

Gluten Free Foods will only be approved where gluten enteropathy has been diagnosed by biopsy, or where a person suffers from dermatitis herpetiformis. A premium may be payable if the subsidy does not match the price charged by the manufacturer.

**Bread and Bake Mixes\***

Special Authority – Hospital pharmacy [HP3]

NZB Low Gluten Bread Mix ..... 1,000 g OP 3.93  
(4.61)

Healthies Wheat and Gluten Free Baking Mix ..... 1,000 g OP 2.81  
(5.15)

Horleys Bread Mix ..... 1,000 g OP 3.51  
(5.12)

Horleys Flour ..... 2,000 g OP 5.62  
(8.85)

Gluten Free Bread Mix 100% Bakels ..... 1,000 g OP 4.77  
(7.23)

## SPECIAL FOODS

### Gluten Free Foods

### Foods for PKU and Other Inborn Errors of Metabolism

Product	Pack Size	Subsidy (Mnfr's Price) \$
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✓ = fully subsidised

#### Pastas\*

Special Authority – Hospital pharmacy [HP3]

Orgran Corn & Parsley Fettucine .....	250 g OP	2.00 (2.63)
Orgran Corn & Parsley Spirals .....	250 g OP	2.00 (2.63)
Orgran Corn & Spinach Rigatini .....	250 g OP	2.00 (2.63)
Orgran Corn & Vegetable Shells .....	250 g OP	2.00 (2.63)
Orgran Garlic & Parsley Spirals .....	250 g OP	2.00 (2.63)
Orgran Rice & Maize Pasta Spirals .....	250 g OP	2.00 (2.63)
Orgran Rice & Maize Spaghetti .....	250 g OP	2.00 (2.63)
Orgran Rice & Millet Spirals .....	250 g OP	2.00 (2.63)
Orgran Tomato & Basil Spirals .....	250 g OP	2.00 (2.63)
Orgran Corn Spaghetti .....	250 g OP	2.00 (2.63)
Orgran Vegetable & Rice Spirals .....	250 g OP	2.00 (2.85)
Orgran Corn, Tomato & Chilli Spirals .....	250 g OP	2.00 (2.85)
Orgran Buckwheat Spirals .....	250 g OP	2.00 (2.85)

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

## FOODS FOR PKU AND OTHER INBORN ERRORS OF METABOLISM

### Guidelines

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

The requirement for testing applies to those aged over 16 years.

Failure to follow an appropriate diet results in high blood phenylalanine levels. Those consistently testing above 15 mg (900  $\mu$ mol) over a twelve month period will not be able to claim these products as a Special Authority. Specialists will be required to renew applications for their PKU patients every year and, when they do so, will have to submit the results of two blood tests.

### Medical Conditions

- dietary management of homocystinuria.
- dietary management of maple syrup urine disease.
- PKU and other inborn errors of metabolism

Product	Pack Size	Subsidy (Mnfr's Price) \$
✓ = fully subsidised		

### Phenyl Free Bread Mixes\*

Special Authority – Hospital pharmacy [HP3]		
Loprofin Mix .....	500 g OP	6.70 (8.22)

### Phenyl Free Pastas\*

Special Authority – Hospital pharmacy [HP3]		
Aproten Chicchi (Rice) Low Protein Pasta .....	500 g OP	10.65 (11.91)
Loprofin Pasta spirals, macaroni, spaghetti .....	500 g OP	10.65 (11.91)

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

### Protein Supplements

Special Authority – Hospital pharmacy [HP3]		
✓ Aminogran Food Supplement .....	500 g OP	244.18
✓ Aminogran Mineral Mix .....	250 g OP	45.06
✓ Analog LCP .....	400 g OP	145.60
✓ Maxamaid MSUD* (unflavoured) .....	500 g OP	250.45
✓ Maxamum MSUD* (unflavoured) .....	500 g OP	364.35
✓ Maxamaid RVHB* (unflavoured) .....	200 g OP	90.75
✓ Maxamaid XP (orange, unflavoured) .....	500 g OP	195.00
✓ Maxamum XP (orange, unflavoured) .....	500 g OP	305.00
✓ Metabolic Mineral Mixture .....	250 g OP	48.70
✓ Phlexy 10, Capsules .....	200 cap OP	110.12
✓ Phlexy 10, Drink sachets 20 g (blackcurrent/apple) .....	1 OP	9.00

\* Used for inborn errors of metabolism other than PKU. At present there are only one or two individuals using each product.

✓ MSUD Aid .....	500 g OP	487.38
✓ XMET Maxamum .....	500 g OP	384.95

## SPECIAL FOODS

### Multi Vitamin Supplements Infant Formulae

Product	Pack Size	Subsidy (Mnfr's Price)
✓ = fully subsidised		\$

#### MULTI VITAMIN SUPPLEMENTS

##### Guidelines

Vitamin supplements are only available on subsidy for inborn errors of metabolism.

Special Authority – Hospital pharmacy [HP3]

Ketovite Syrup .....	150 ml OP	8.98 (13.50)
✓ Ketovite Tablets .....	100	19.65
✓ Paediatric Seravite .....	100 g OP	30.00

#### INFANT FORMULAE\*

##### Guidelines

Reimbursed only for infants suffering from Williams Syndrome and associated hypercalcaemia.

Special Authority – Hospital pharmacy [HP3]

✓ Locasol (unflavoured) .....	400 g OP	36.99
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##### Guidelines

To be used for infants weighing less than 1.5 kg at birth. A Special Authority will be granted for six months only.

Special Authority – Hospital pharmacy [HP3]

✓ S26LBW .....	454 g OP	7.41
✓ Similac Special Care .....	120 ml OP	0.98

#### Infant Formulae for Gastrointestinal and Other Malabsorptive Problems\*

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

##### Guidelines

To be used in infants suffering from malabsorption and other gastrointestinal problems.

##### Note

Vivonex Pediatric may be a suitable and less expensive alternative for many children who would otherwise be eligible for a subsidy for Neocate and should, therefore, be tried first in these cases.

Neocate should be used only as a last resort when the infant is unable to absorb any of the formulae below.

The objective with each of the formulae below prescribed is to get the infant off them as soon as possible.

This may take six months, it may take three years. Because of this, variation on age limit is not regarded as appropriate.

Special Authority – Hospital pharmacy [HP3]

Neocate .....	400 g OP	63.97 (67.08)
Pepti Junior .....	450 g OP	15.52 (19.01)
Vivonex Pediatric .....	48.5 g OP	5.62 (6.00)

Product	Pack Size	Subsidy (Mnfr's Price)
✓ = fully subsidised		\$

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

*Guidelines*

For use in infants diagnosed as suffering from congenital lactase deficiency. In these cases approval should be given for up to two years. Secondary lactose intolerance in children is usually short lasting, and can be controlled by dietary measures and by giving sufficient calories to regenerate digestive enzymes.

Approvals will not be given beyond the age of two years.

When these products are used for infants with an intolerance to cows' milk, approvals will be given for six months only, after which the specialist must reapply.

These products are available from community pharmacies.

Special Authority - Retail pharmacy

Delact .....	900 g OP	5.66 (13.08)
Infasoy .....	450 g OP	3.37 (6.86)
Infasoy .....	900 g OP	6.34 (13.99)
Isomil .....	400 g OP	2.89 (7.20)
Isomil .....	1,000 g OP	8.23 (18.50)
Karicare Goats Milk Infant Formula .....	900 g OP	9.42 (18.75)
Karicare Soya Infant Formula .....	900 g OP	9.03 (18.11)

*(Isomil 1,000 g OP to be delisted 1 September 2002)*



## SECTION E PART I PRACTITIONER'S AND WHOLESALE SUPPLY ORDERS

Please refer to Section A for a definition, and conditions of supply, of Practitioner's Supply Orders.

### Pharmaceuticals that may be obtained on a Practitioner's Supply Order

Therapeutic group	Chemical	Presentation	Quantity
Alimentary tract and metabolism	Atropine sulphate	Inj 400 µg per 1 ml, Inj 600 µg per 1 ml and Inj 1,200 µg per ml	5
		Tab 10 mg	30
	Dicyclomine hydrochloride	Inj 1 mg syringe kit	5
	Hyoscine N-Butylbromide	Inj 20 mg per ml	5
	Loperamide hydrochloride	Cap or tab 2 mg	30
Blood and Blood forming agents	Aspirin	Tab 300 mg	30
	Compound electrolytes	Powder for oral solution in sachets	10
	Dextrose	Inj 50%, 10ml	5
	Phytomenadione	Inj 2 mg per 0.2 ml	5
		Inj 10 mg per ml, 1 ml	5
	Sodium chloride 0.9%	Inj 5 ml and 10 ml	5
		Inf 500 ml	4
		Inf 1,000 ml	2
	Injection 2 ml, 5 ml, 10 ml and 20 ml	5	
Cardiovascular	Bendrofluazide	Tab 2.5 mg (may be supplied for reasons other than emergency)	150
		Tab 62.5 µg and 250 µg	30
	Frusemide	Tab 40 mg	30
		Inj 10 mg per ml, 2 ml	5
	Glyceryl trinitrate	Tab 600 µg	100
	Lignocaine	Inj twin pack 100 mg/5 ml	6
Verapamil	Inj 2.5 mg per ml, 2 ml	5	
Dermatological	Silver sulphadiazine	Crn 1% with chlorhexidine digluconate 0.2%	500 gm
Genito-urinary	Condoms	With or without spermicidal agent	72
		Extra strength	144
	Diaphragm	Ortho All-flex	1 each
		Ortho Coil	size
	Spermicidal agents	Di-isobutylphenoxypolyethoxy-ethanol jelly 1%	1 pack
		Nonoxynol 9 pessary	1 pack
	Ergometrine maleate	Inj 500 µg/ml	5
	Ethinylestradiol with desogestrel	Tab	63 or 84
	Ethinylestradiol with gestodene	Tab	63 or 84
	Ethinylestradiol with levonorgestrel	Tab	63 or 84
	Ethinylestradiol with norethisterone	Tab	63 or 84
	Ethinylestradiol with norgestrel	Tab	63
	Ethinodiol diacetate	Tab 500 µg	84
	Levonorgestrel	Tab 30 µg	84
		Tab 750 µg	10
	Medroxyprogesterone acetate	Inj 150 mg per 1 ml	5
	Norethisterone	Tab 350 µg	84
Norethisterone with mestranol	Tab	63 or 84	
Oxytocin	Inj 5 iu per ml, 1 ml, 10 iu per ml, 1 ml	5	
Oxytocin with ergotamine maleate	Inj 5 iu with 500 µg ergometrine maleate per ml, 1 ml	5	

<b>Therapeutic group</b>	<b>Chemical</b>	<b>Presentation</b>	<b>Quantity</b>
Hormone preparations	Betamethasone sodium phosphate	Tab 500 µg	30
	Dexamethasone	Tab 1 mg and 4 mg	30
	Dexamethasone sodium phosphate	Inj 4 mg per ml, 1 ml and 2 ml	5
	Hydrocortisone	Inj 50 mg per ml, 2 ml; 125 mg per ml, 2 ml and 4 ml	5
	Norethisterone	Tab 5 mg	30
	Prednisolone sodium phosphate	Oral liq 5 mg per ml	30 ml
	Prednisone	Tab 5 mg	30
Infections	Amoxicillin	Grans for oral liq 125 mg per 5 ml and 250 mg per 5 ml	200 ml
		Cap 250 mg	30
		Inj 1 g	5
	Amoxicillin clavulanate	Grans for oral liq 125 mg/31.25 mg per 5 ml and 250 mg/62.5 mg per 5 ml	200 ml
		Tab 500 mg/125 mg	30
	Benzathine penicillin	Inj 1.2 mega u per 2 ml	5
	Benzylpenicillin sodium	Inj 1 mega u	5
	Co-trimoxazole	Oral liq 240 mg per 5 ml	200 ml
		Tab 480 mg	30
	Doxycycline HCl	Tab 50 mg and 100 mg	30
	Erythromycin	Oral liq 200 mg per 5 ml and 400 mg per 5 ml	200 ml
		Cap or tab 250 mg or 400 mg	30
	Flucloxacillin	Grans for oral liq 125 mg per 5 ml and 250 mg per 5 ml	200 ml
		Cap 250 mg	30
		Inj 1 gm	5
	Metronidazole	Tab 200 mg	30
	Phenoxyethylpenicillin	Grans for oral liq or oral liq 125 mg per 5 ml and 250 mg per 5 ml	200 ml
Cap 250 mg		30	
Procaine Penicillin	Inj 1.5 mega unit	5	
Trimethoprim	Tab 300 mg	30	
Musculoskeletal	Diclofenac	Inj 25 mg per ml, 3 ml	5
		Suppos 50 mg	10
	Tenoxicam	Inj 10 mg per ml, 2 ml	5
Nervous System	Benzotropine Mesylate	Inj 1 mg per ml, 2 ml	5
	Diazepam	Rectal tubes 5 mg and 10 mg	5
		Inj 5 mg per ml, 2 ml	5
	Phenytoin sodium	Inj 50 mg per ml, 2 ml and 5 ml	5
	Flupenthixol decanoate	Inj 20 mg per ml, 1 and 2 ml vials	5
		Inj 100 mg per ml, 1 ml	5
	Fluphenazine decanoate	Inj 25 mg per ml, 0.5 ml, 1 ml and 2 ml	5
		Inj 100 mg per ml, 1 ml	5
	Haloperidol decanoate	Inj 50 mg per ml, 1 ml	5
		Inj 100 mg per ml, 1 ml	5
	Pipothiazine palmitate	Inj 50 mg per ml, 1 ml and 2 ml	5
	Chlorpromazine	Oral liq 100 mg per 5 ml	200 ml
		Tab 10 mg, 25 mg and 100 mg	30
	Haloperidol	Inj 25 mg/ml, 2 ml	5
		Oral liq 2 mg per ml	200 ml
		Tab 500 µg, 1.5 mg and 5 mg	30
			Inj 5 mg per ml, 1 ml

Therapeutic group	Chemical	Presentation	Quantity
Nervous System (continued)	Metoclopramide hydrochloride	Inj 5 mg per ml, 2 ml	5
	Prochlorperazine	Tabs 5 mg	30
		Inj 12.5 mg per ml, 1 ml	5
		Inj 0.5%, 5 ml and 20 ml	5
	Lignocaine hydrochloride	Inj 1%, 20 ml and 50 ml	5
		Morphine sulphate	Inj 2 mg per ml, 1 ml; 5 mg per ml, 1 ml; 10 mg per ml, 1ml and 5 ml; 15 mg per ml, 1ml; 30 mg per ml, 1 ml
	Paracetamol	Oral liq 120 mg per 5 ml	200 ml
Tab 500 mg		30	
	Pethidine hydrochloride	Inj 50 mg per ml, 1 ml, 1.5 ml and 2 ml	5
Respiratory	Adrenaline	Inj 1 in 1,000, 1 ml	5
		Inj 1 in 10,000, 10 ml	5
	Aminophylline	Injection 25 mg per ml, 10 ml	5
	Ipratropium bromide	Nebuliser soln 250 µg and 500 µg per neb	40
	Promethazine	Inj 25mg per ml, 1 ml and 2 ml	5
	Salbutamol	Aerosol inhaler or turbuhaler	5
		Nebuliser soln 1 mg per ml and 2 mg per ml, 2.5 ml	30
		Inj 500 µg per ml, 1 ml	5
Salbutamol with ipratropium bromide	Nebuliser soln 2.5 mg with ipratropium bromide 0.5 mg per 2.5 ml, 2.5 ml	20	
Agents used in the treatment of poisoning	Charcoal	Oral liq 50 g per 300 ml	300 ml
	Naloxone hydrochloride	Injection 20 µg per ml, 2 ml, and 400 µg per ml, 1 ml	5

## Pharmaceuticals that may be obtained on a Wholesale Supply Order

### CONTRACEPTIVES, Cervical caps

Dumas Vault  
Prentif  
Vimule

### CONTRACEPTIVES, Intra-Uterine Devices

Multiload Cu 375  
Multiload Cu 375SL  
Nova-T

### PEAK FLOW METERS

Assess  
Breath-Alert low range & normal range  
Mini Wright low range & standard  
Personal Best low range & normal range  
Vitalograph low & standard

### PREGNANCY TESTS - HCG Urine

MDS Quick Card, MDS Quick Stick

### SPACER DEVICES

Breath-A-Tech (with mask)

No subsidy is available for any pharmaceutical specifically restricted in Section B and C of the Schedule. In effect, this means that doctors practising in the following areas may order any item in the Pharmaceutical Schedule excepting those which are subject to any restriction, including but not limited to 'only on a prescription' and 'not in combination'.

## Remote Areas for Practitioner's Supply Orders

<b>Ward</b>	<b>District</b>	<b>Ward</b>	<b>District</b>
Northern	Far North	Maungakawa	Waikato
Whangaroa	Far North	Whangane	Waikato
Kerikeri	Far North	Raglan	Waikato
Kawakawa	Far North	Onewhero	Port Waikato
Kaikohe	Far North	Te Awamutu	Waipa
Hokianga	Far North	Kawhia North	Otorohanga
Hikurangi	Whangarei	Otorohanga	Otorohanga
Ruawai	Kaipara	Mangaokewa	Waitomo
Otamatea	Kaipara	Paemako	Waitomo
Wellsford	Rodney	Putaruru	South Waikato
Warkworth	Rodney	Pouakani	Taupo
Helensville	Rodney	Tongariro	Taupo
Kumeu	Rodney	Taumarunui	Ruapehu
Coromandel-Colville	Thames Coromandel	Waimarino	Ruapehu
Mercury Bay	Thames Coromandel	Waiouru	Ruapehu
Tairua	Thames Coromandel	Clifton	New Plymouth
Whangamata	Thames Coromandel	Inglewood	New Plymouth
Hauraki	Hauraki	Okato	New Plymouth
Paeroa	Hauraki	Western	Stratford
Waihi	Hauraki	Egmont Plains	South Taranaki
Te Aroha	Matamata Piako	Eltham	South Taranaki
Morrinsville	Matamata Piako	Patea	South Taranaki
Matamata	Matamata Piako	Taihape	Rangitikei
Waihi Beach	Western Bay of Plenty	Hunterville	Rangitikei
Katikati	Western Bay of Plenty	Tuhara-Frasertown	Wairoa
Te Puke	Bay of Plenty	Wairoa	Wairoa
Galatea	Whakatane	Tikokino	Central Hawkes Bay
Waimana	Whakatane	Waipawa	Central Hawkes Bay
Opotiki	Opotiki	Waipukurau	Central Hawkes Bay
Waioeka Otara	Opotiki	Dannevirke	Tararua
Matakoia	Gisborne	Pahiatua	Tararua
Uawa	Gisborne	Carterton	Tararua
Waiapu	Gisborne	Greytown	South Wairarapa
Waikohu	Gisborne	Featherston	South Wairarapa
		Martinborough	South Wairarapa

<b>Ward</b>	<b>District</b>
Sounds	Marlborough
Awatere	Marlborough
Kaikoura	Kaikoura
Golden Bay	Tasman
Moutere	Tasman
Waimea	Tasman
Lakes	Tasman
Inangahua	Buller
Seddon	Buller
Moana	Grey
Ahaura	Grey
Amuri	Hurunui
Cheviot	Hurunui
Hurunui	Hurunui
Amberley	Hurunui
Hanmer Springs	Hurunui
Oxford	Waimakariri
Darfield	Selwyn
Lincoln-Prebbleton	Selwyn
Leeston	Selwyn
Akaroa	Banks Peninsula
Diamond Harbour	Canterbury
Northern	Westland
Southern	Westland
Cental	Westland
Mt Hutt	Ashburton
Geraldine	Timaru
Temuka	Timaru
Fairlie	McKenzie
Twizel	McKenzie
Deep Creek	Waimate
Ahuriri	Waitaki
Waihemo	Waitaki
Wanaka	Queenstown Lakes
Cromwell	Central Otago

<b>Ward</b>	<b>District</b>
Maniototo	Central Otago
Alexandra	Central Otago
Roxburgh	Central Otago
Lawrence-Tuapeka	Clutha
Bruce	Clutha
Catlins	Clutha
Mataura	Gore
Te Anau	Southland
Five Rivers	Southland
Otautau	Southland
Winton	Southland
Tuatapere	Southland
Riverton	Southland
Toetoes	Southland
Stewart Island	Southland
Bluff	Invercargill

### PHARMACEUTICALS EXEMPT FROM MONTHLY DISPENSING

Section F pharmaceuticals may be dispensed in lots of up to three months supply at a time. These medicines are identified within the sections by the symbol “▲” and are also listed on the following page for your convenience.

#### Certified Exemptions

Section F medicines are for patients whose medical condition could seriously deteriorate in 48 hours if they could not access their medication.

To qualify for the exemption, the prescriber must write “certified exemption” beside the prescription item(s) to which the exemption applies. Preprinted forms must be initialled.

In marking prescription items for exemption, the prescriber is certifying that:

- the patient wished to have the medicine dispensed in a quantity greater than a Monthly Lot; and
- the patient has been stabilised on the same medicine for a “reasonable” period of time; and
- the prescriber has reason to believe the patient will continue on the medicine and is compliant.

#### Access Exemptions

Patients who have difficulty getting to and from a pharmacy may receive an exemption from monthly dispensing. The patient must sign the back of the prescription to qualify.

In signing the prescription, the patient is certifying that they meet one of the following criteria:

- have limited physical mobility
- live and work more than 30 minutes from the nearest pharmacy by their normal form of transport
- are relocating to another area
- are travelling extensively and will be out of town when the repeat prescriptions are due.

## INSULIN

### Insulin – Short-acting Preparations

INSULIN NEUTRAL

INSULIN ANIMAL

### Insulin – Intermediate and Long-acting Preparations

INSULIN ISOPHANE

INSULIN ISOPHANE WITH INSULIN NEUTRAL

INSULIN ZINC SUSPENSION

INSULIN ANIMAL

### INSULIN – Rapid-acting insulin analogues

INSULIN LISPRO

### INSULIN SYRINGES AND NEEDLES

INSULIN SYRINGES, disposable

INSULIN PEN NEEDLES

## ORAL ANTICOAGULANTS

WARFARIN SODIUM

## ANTIARRHYTHMICS

AMIODARONE HYDROCHLORIDE

Tab 100 mg

Tab 200 mg

DISOPYRAMIDE PHOSPHATE

FLECAINIDE ACETATE

Tab 50 mg

Tab 100 mg

Cap long-acting 100 mg

Cap long-acting 200 mg

MEXILETINE HYDROCHLORIDE

PROPAFENONE HYDROCHLORIDE

## BETA ADRENOCEPTOR

### BLOCKERS\*

ACEBUTOLOL

ATENOLOL

CELIPROLOL

LABETALOL

Tab 50 mg

Tab 100 mg

Tab 200 mg

Tab 400 mg

METOPROLOL SUCCINATE

METOPROLOL TARTRATE

Tab 50 mg

Tab 100 mg

Tab long-acting 200 mg

NADOLOL

OXPRENOLOL

PINDOLOL

PROPRANOLOL

SOTALOL

Tab 80 mg

Tab 160 mg

TIMOLOL

## NITRATES

GLYCERYL TRINITRATE

ISOSORBIDE DINITRATE

ISOSORBIDE MONONITRATE

## CORTICOSTEROIDS AND RELATED AGENTS FOR SYSTEMIC USE

BETAMETHASONE SODIUM

PHOSPHATE

Tab 500 µg

CORTISONE ACETATE

DEXAMETHASONE

Tab 1 mg

Tab 4 mg

FLUDROCORTISONE ACETATE

HYDROCORTISONE

Tab 5 mg

Tab 20 mg

METHYLPREDNISOLONE

Tab 4 mg

Tab 100 mg

PREDNISONE

## VASOPRESSIN AGONISTS

DESMOPRESSIN

Nasal spray 10 µg per dose,

50 dose

Nasal drops 100 µg per ml

## ANTICHOLINESTERASES

PYRIDOSTIGMINE BROMIDE

## CONTROL OF EPILEPSY

ACETAZOLAMIDE

Tab 250 mg

CARBAMAZEPINE

CLOBAZAM

CLONAZEPAM

ETHOSUXIMIDE

PHENOBARBITONE

PHENYTOIN SODIUM

PRIMIDONE

SODIUM VALPROATE

Tab 100 mg

Tab 200 mg EC

Tab 500 mg EC

Oral liq 200 mg per 5 ml

## NEW ANTIEPILEPSY DRUGS

GABAPENTIN

LAMOTRIGINE

TOPIRAMATE

VIGABATRIN

## DOPAMINE AGONISTS AND RELATED AGENTS

AMANTADINE HYDROCHLORIDE

APOMORPHINE HYDROCHLORIDE

BROMOCRIPTINE MESYLATE

LEVODOPA WITH BENSERAZIDE

LEVODOPA WITH CARBIDOPA

LISURIDE HYDROGEN MALEATE

PERGOLIDE

SELEGILINE HYDROCHLORIDE

TOLCAPONE

## GLAUCOMA PREPARATIONS

ACETAZOLAMIDE

BETAXOLOL HYDROCHLORIDE

BRIMONIDINE TARTRATE

CARBACHOL

DIPIVEFRIN HYDROCHLORIDE

DORZOLAMIDE HYDROCHLORIDE

DORZOLAMIDE HYDROCHLORIDE

WITH TIMOLOL MALEATE

LATANOPROST

LEVOBUNOLOL

PILOCARPINE

TIMOLOL MALEATE

TIMOLOL MALEATE WITH

PILOCARPINE

\*Note : All oral Beta Adrenoceptor Blockers are exempt from monthly dispensing for patients with angina or arrhythmia.

## SECTION G: SAFETY CAP MEDICINES

Pharmacists are required, under their agreement with the Government, to use safety caps when dispensing any of the medicines listed in Section G in an oral liquid formulation pursuant to a prescription or Practitioner's Supply Order. This includes all proprietary and extemporaneously compounded oral liquid preparations of those pharmaceuticals listed in Section G of the Pharmaceutical Schedule. These medicines will be identified throughout Section B of the Pharmaceutical Schedule with the symbol '‡'.

### Exemptions

Oral liquid preparations of the pharmaceuticals listed in Section G of the Pharmaceutical Schedule will be dispensed in a container with a safety cap unless:

- The practitioner has endorsed the Prescription or Practitioner's Supply Order, stating that, the Pharmaceutical is not to be dispensed in a container with a safety cap; or
- The Contractor has annotated the Prescription or Practitioner's Supply Order stating that, because of infirmity of the particular person, the Pharmaceutical to be used by that person should not be dispensed in a container with a safety cap; or
- The Pharmaceutical is packaged in an Original Pack so designed that on the professional judgement of the Contractor, transfer to a container with a safety cap would be inadvisable or a retrograde procedure.

### Reimbursement

Pharmacists will be reimbursed according to their agreement. Where an additional fee is paid on safety caps it will be paid on all dispensings of oral liquid preparations for those pharmaceuticals listed in Section G of the Pharmaceutical Schedule unless the practitioner has endorsed or the contractor has annotated the Prescription or Practitioners Supply Order that a safety cap has not been supplied.

### Safety caps (NZS 5825:1991)

- |             |  |
|-------------|--|
| 20 mm ..... | <i>Clic-Loc</i> , United Closures & Plastics PLC, England<br><i>Kerr</i> , Cormack Packaging, Sydney, under licence to Kerr USA  |
| 24 mm ..... | <i>Clic-Loc</i> , United Closures & Plastics PLC, England<br><i>Clic-Loc</i> , ACI Closures under license to Owens-Illinois<br><i>Kerr</i> , Cormack Packaging, Sydney, under licence to Kerr USA  |
| 28 mm ..... | <i>Clic-Loc</i> , United Closures & Plastics PLC, England<br><i>Clic-Loc</i> , ACI Closures under license to Owens-Illinois<br><i>Kerr</i> , Cormack Packaging, Sydney, under licence to Kerr USA<br><i>PDL Squeezlok</i><br><i>PDL FG</i> |



# SAFETY CAP MEDICINES

## NARCOTICS/COUGH PREPARATIONS

### METHADONE HYDROCHLORIDE

Oral liq 2 mg per ml	Biodone Methaforte
Oral liq 5 mg per ml	Biodone Forte GlaxoWellcome Methaforte
Oral liq 10 mg per ml	Biodone Extra Forte Methaforte
Powder	Douglas PSM

### METHADONE HYDROCHLORIDE

Extemporaneously compounded oral liquid preparations

### MORPHINE HYDROCHLORIDE

Oral liq 1 mg per ml	RA-Morph
Oral liq 2 mg per ml	RA-Morph
Oral liq 5 mg per ml	RA-Morph
Oral liq 10 mg per ml	RA-Morph

### CODEINE PHOSPHATE

Linctus diabetic	CE
Linctus paediatric	CE

### PHOLCODINE

Linctus BP	Douglas
Linctus strong BP	Douglas

## CARDIAC DRUGS

### CAPTOPRIL

Oral liq 5 mg per ml, 95 ml OP & 100 ml OP	Capoten
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### DIGOXIN

Oral liq 50 mcg per ml	Lanoxin
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### FRUSEMIDE

Oral liq 10 mg per ml	Lasix
-----------------------	-------

### AMILORIDE

Oral liq 1 mg per ml, 25 ml OP	Biomed
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### SPIRONOLACTONE

Oral liq 5 mg per ml, 25 ml OP	Biomed
-----------------------------------	--------

### CHLOROTHIAZIDE

Oral liq 50 mg per ml, 25 ml OP	Biomed
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### QUININE SULPHATE

Extemporaneously compounded oral liquid preparations

## ANTICONSULSANTS

### CARBAMAZEPINE

Oral liq 100 mg per 5 ml	Tegretol
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### CLONAZEPAM

Oral drops 2.5 mg per ml, 10 ml OP	Rivotril
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### ETHOSUXIMIDE

Oral liq 250 mg per 5 ml	Zarontin
--------------------------	----------

### PHENYTOIN SODIUM

Oral liq 30 mg per 5 ml	Dilantin
Oral liq 100 mg per 5 ml	Dilantin Forte

### SODIUM VALPROATE

Oral liq 200 mg per 5 ml	Epilim S/F Liquid Epilim Syrup
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## THEOPHYLLINE

### AMINOPHYLLINE

Oral liq 25 mg per ml, 25 ml OP	Biomed
------------------------------------	--------

### THEOPHYLLINE

Oral liq 80 mg per 15 ml	Nuelin
--------------------------	--------

## BENZODIAZEPINES

Extemporaneously compounded oral liquid preparations made from subsidised brands of any of the following chemical entities:

### CLOBAZAM

### ALPRAZOLAM

### CHLORDIAZEPOXIDE

### DIAZEPAM

### LORAZEPAM

### OXAZEPAM

### LORMETAZEPAM

### MIDAZOLAM

### NITRAZEPAM

### TEMAZEPAM

### TRIAZOLAM

**IRON SALTS****FERROUS GLUCONATE**

Oral liq 300 mg per 5 ml Fergon

**PHENOTHIAZINES INCLUDING SEDATING ANTIHISTAMINES****METOCLOPRAMIDE HYDROCHLORIDE**

Oral liq 5 mg per 5 ml Maxolon

**CHLORPROMAZINE HYDROCHLORIDE**

Oral liq 100 mg per 5 ml Largactil Forte

**THIORIDAZINE HYDROCHLORIDE**

Oral liq 1% Melleril

**TRIFLUOPERAZINE HYDROCHLORIDE**

Oral liq 1 mg per ml Stelazine

**AZATADINE MALEATE**

Oral liq 500 µg per 5 ml Zadine

**CHLORPHENIRAMINE MALEATE**

Oral liq 2 mg per 5 ml Histafen

**DEXTROCHLORPHENIRAMINE MALEATE**

Oral liq 2 mg per 5 ml Polaramine

**PROMETHAZINE HYDROCHLORIDE**

Oral liq 5 mg per 5 ml Phenergan

**TRIMEPRAZINE TARTRATE**

Oral liq 30 mg per 5 ml Vallergan Forte

**BETA-2-AGONISTS****SALBUTAMOL**

Oral liq 2 mg per 5 ml Ventolin

**THYROXINE****THYROXINE**

Extemporaneously compounded oral liquid preparations

**SALICYLATES/NSAIDs****IBUPROFEN**

Oral liq 100 mg per 5 ml Brufen

**NAPROXEN**

Oral liq 125 mg per 5 ml Naprosyn

**PARACETAMOL****PARACETAMOL**

Oral liq 120 mg per 5 ml

- Available on a PSO

Douglas

Pamol

Panadol Colourfree

PSM Paracetamol

Elixir Paediatric

Paracare Junior

Suspension

Oral liq 250 mg per 5 ml

Douglas

Pamol

Panadol

Paracare Double

Strength

Suspension

**Symbols**

3TC ..... 107

**A**

Abacavir sulphate ..... 107

Acarbose ..... 30

ACB ..... 56

Accupril ..... 53

Accuretic 10 ..... 54

Accuretic 20 ..... 54

Accutrend ..... 32

Acebutolol ..... 56

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## AUTHORITY TO SUBSTITUTE

Dear Pharmacist

Where PHARMAC has entered into sole supply or preferred brand (preferred supplier) arrangements, I give authority to substitute an alternative brand of the same medicinal substance in the same strength and pharmaceutical form in the following situations:

### **Sole Supply Products**

You may substitute the sole supply brand, except if the patient chooses to pay for the non-sole supply brand.

This includes repeat dispensings where the brand I have prescribed is no longer subsidised or is partly subsidised.

### **Preferred Brand (Preferred Supplier) Products**

You may substitute the preferred brand, except if the patient specifically requests the brand prescribed.

This includes repeat dispensings where the brand I have prescribed is no longer subsidised or is partly subsidised.

### **Exceptions**

I do not want substitution to occur for the following chemical entities, unless I am contacted verbally in each specific case.

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This authority to substitute replaces all previous authorities relating to these particular chemical entities which I may have provided previously.

This authority to substitute is valid unless I have indicated on the prescription an instruction not to substitute.

Please inform my patient that I have authorised substitution.

Name: \_\_\_\_\_ NZMC: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Authority for the dispensing pharmacist to change a prescribed medicine in this way is contained in regulation 42 (4) of the Medicines Regulations 1984.*