19 September 2013

October 2013 Pharmaceutical Schedule Dispatch

This document is provided to pharmacists as an early notification of the changes to be announced in the October 2013 Update to the Pharmaceutical Schedule. Please notify PHARMAC (0800 66 00 50) to change or remove your contact details.

New listings

- Clopidogrel (Arrow - Clopid) tab 75 mg (p’code 2443201)
- Enalapril maleate (Ethics Enalapril) tab 5 mg (p’code 2446111), tab 10 mg (p’code 2446138) and tab 20 mg (p’code 2446146)
- Hydralazine hydrochloride (Apresoline S29) inj 20 mg ampoule (p’code 2446227) – S29
- Tamsulosin hydrochloride (Tamsulosin-Rex) cap 400 mcg (p’code 2438526) – Special Authority – Retail Pharmacy
- Riluzole (Rilutek) tab 50 mg (p’code 238732) – Special Authority – Retail pharmacy
- Maprotiline hydrochloride (Ludiomil S29) tab 75 mg 20 tab packsize (p’code 2446219) – S29
- Cyclophosphamide (Procytox) tab 50 mg (p’code 2447290) – PCT – Retail pharmacy – Specialist – S29
- Tamoxifen citrate (Genox) tab 10 mg (p’code 2446952) and tab 20 mg (p’code 2447215) – new packsize
- Loratadine (Lorafix) tab 10 mg (p’code 2443996)

Changes to restrictions, chemical names and presentations

- Enalapril maleate tab 5 mg, 10 mg and 20 mg addition of the stat dispensing
- Perindopril (Coversyl) – Removal of higher subsidy by endorsement
- Zoledronic acid (Aclasta) soln for infusion 5 mg in 100 ml – Addition of OP
- Oxycodone hydrochloride (OxyNorm) cap 5 mg, 10 mg and 20 mg – Amendment of presentation description to cap immediate-release
- Hyoscine (Scopalamine) scopoderm TTS – Amendment of chemical name to Hyoscine hydrobromide

Increased subsidy

<table>
<thead>
<tr>
<th>Chemical</th>
<th>Presentation</th>
<th>Fully subsidised brands</th>
<th>Partially subsidised brands</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clotrimazole</td>
<td>Vaginal crm 1% with applicators, 35 g OP</td>
<td>Clomazol</td>
<td></td>
</tr>
<tr>
<td>Cefaclor monohydrate</td>
<td>Cap 250 mg</td>
<td>Rantbax - Cefaclor</td>
<td></td>
</tr>
</tbody>
</table>

Decreased subsidy

<table>
<thead>
<tr>
<th>Chemical</th>
<th>Presentation</th>
<th>Fully subsidised brands</th>
<th>Partially subsidised brands</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clotrimazole</td>
<td>Vaginal crm 2% with applicators, 20 g OP</td>
<td>Clomazol</td>
<td></td>
</tr>
<tr>
<td>Oxycodone hydrochloride</td>
<td>Tab controlled-release 10 mg, 20 mg, 40 mg and 80 mg</td>
<td>Oxydone BNM*</td>
<td>Oxycontin</td>
</tr>
</tbody>
</table>

* no subsidy changes for these brands
**Further information on the definition of Specialist**

From 1 September 2013 the definition of Specialist was changed to include all vocational scopes approved by the Medical Council of New Zealand.

Where a Pharmaceutical Schedule listing specifies that a Specialist must be of a particular vocational scope, the treatment will only be subsidised if a Specialist with the specified vocational scope endorses or recommends this treatment.

For example, itraconazole 100 mcg capsules are subsidised for tinea vesicolor. Where it is used for other indications, it will only be subsidised on the recommendation from an infectious disease physician, clinical microbiologist, clinical immunologist or dermatologist.

Any other vocationally registered practitioner cannot authorise the subsidy of itraconazole 100 mg capsules.

Where a Special Authority specifies that the applicant is a Specialist of a particular vocational scope, then only the specified Specialist can make that application for their patient.

For example, a gastroenterologist must make the initial application for the Special Authority for adalimumab in the treatment of Crohn’s disease. Any practitioner may apply for the renewal of the Special Authority on the recommendation of a gastroenterologist.