

Pharmaceutical Management Agency

Update

# New Zealand Pharmaceutical Schedule

Effective 1 January 2011

Section H cumulative for December 2010 and January 2011



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## Summary of PHARMAC decisions

EFFECTIVE 1 JANUARY 2011

### **New listings (pages 17-18)**

- Lactulose (Laevolac) oral liq 10 g per 15 ml, 1,000 ml – Only on a prescription
- Sodium chloride (Multichem) inj 0.9%, 5 ml and 10 ml – Up to 5 inj available on a PSO
- Influenza vaccine (Fluvax, Fluarix) inj – Hospital pharmacy [Xpharm]
- Nicotine (Habitrol) gum (classic) 2 mg and 4 mg, 96 pack – Nicotine will not be funded Close Control in amounts less than 4 weeks of treatment
- Pharmacy Services (BSF Imuprine, BSF Dapa-Tabs, BSF Univent, and BSF Arrow Terazosin) brand switch fee – no patient co-payment payable – may only be claimed once per patient per fee

### **Changes to restrictions (pages 19-25)**

- Terazosin hydrochloride (Arrow) tab 1 mg, 2 mg and 5 mg – a brand switch fee may be dispensed from 1 January 2011 until 31 March 2011
  - Indapamide (Dapa-Tabs) tab 2.5 mg – a brand switch fee may be dispensed from 1 January 2011 until 31 March 2011
  - Moxifloxacin (Avelox) tab 400 mg – No patient co-payment payable
  - Dapsone (Dapsone) tab 25 mg and 100 mg – removal of Section 29
  - Bromocriptine mesylate (Apo-Bromocriptine) cap 5 mg – removal of Section 29
  - Gabapentin (Nupentin) cap 100 mg, 300 mg and 400 mg – amended Special Authority criteria
  - Vigabatrin (Sabril) tab 500 mg – amended Special Authority criteria
  - Dexamphetamine sulphate (PSM) tab 5 mg – amended Special Authority criteria
  - Methylphenidate hydrochloride tab immediate-release 5 mg (Rubifen), tab immediate-release 10 mg (Ritalin, Rubifen), tab immediate-release 20 mg (Rubifen), and tab sustained-release 20 mg (Rubifen SR, Ritalin SR) – amended Special Authority criteria
  - Nicotine (Habitrol) gum (fruit, mint) 2 mg and 4 mg, lozenge 1 mg and 2 mg, patch 7 mg, 14 mg and 21 mg – removal of Original Pack (OP) – removal of all dispensing rules that currently apply (with the exception of the rule that Nicotine will not be funded Close Control in amounts less than 4 weeks, which will be retained)
  - Mitomycin C (Arrow) inj 5 mg – removal of Section 29
  - Tretinoin (Vesanoid) cap 10 mg – addition of PCT – Retail pharmacy-Specialist
  - Azathioprine (Imuprine) tab 50 mg – a brand switch fee may be dispensed from 1 January 2011 until 31 March 2011
  - Ipratropium bromide (Univent) nebuliser soln, 250 µg per ml, 1 ml and 2 ml – a brand switch fee may be dispensed from 1 January 2011 until 31 March 2011
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## Summary of PHARMAC decisions – effective 1 January 2011 (continued)

- Dermatological bases – removal of glycerol with paraffin and cetyl alcohol lotion, oily cream, and zinc cream BP from subsidised list

### **Decreased subsidy (page 26)**

- Vitamins (Healtheries Multi-vitamin tablets) tab (BPC cap strength)
- Captopril (Apo-Captopril) tab 12.5 mg, 25 mg and 50 mg
- Raltegravir potassium (Isentress) tab 400 mg

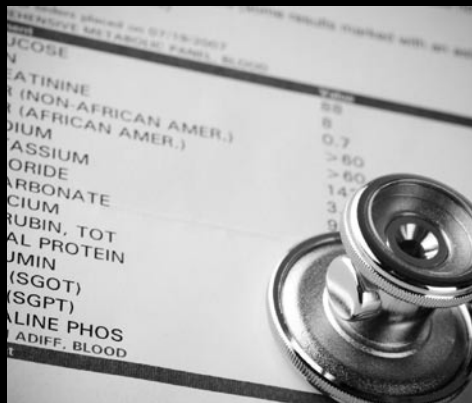
### **Increased subsidy (page 26)**

- Methotrexate (Baxter) inj 1 mg for ECP

## Pharmacy Brand Switch payments

Brand switch payments for pharmacies will be payable for dispensings of terazosin hydrochloride tablets, indapamide tablets, azathioprine tablets and ipratropium bromide nebuliser solution from 1 January 2011.

The brand switch fee is claimable via a Pharmacode on the first dispensing of each eligible pharmaceutical after 1 January 2011 for patients who have switched brands. Pharmacies should claim a fee even if the patient switched to the Sole Supply brand prior to 1 January 2011. The brand switch fees for each medicine will be paid only once for each patient during the claim period.



The brand switch fee will not be able to be claimed for these medicines for dispensing after 31 March 2011.

Brand switch posters, leaflets and prescription bags are available free of charge. To order please go to [www.pharmaonline.co.nz](http://www.pharmaonline.co.nz)

## Nicotine – change to dispensing rules

The listing of Habitrol larger pack sizes of lozenge 1 mg and 2 mg (216 pack) and patch 7 mg, 14 mg and 21 mg (28 pack) has been delayed due to stock unavailability. We will notify the market of the listing date when stock becomes available. This is expected to be a few months away.

A new flavour of Habitrol nicotine gum, “classic”, will be subsidised from 1 January 2011.

All formulations, strengths and pack sizes of nicotine replacement therapy (NRT) will be subject to the following rule from 1 January 2011: “Nicotine will not be funded Close Control in amounts less than 4 weeks of treatment”. All other prescribing and dispensing restrictions for NRT will be removed from 1 January 2011 and monthly dispensing will apply thereafter. NRT will no longer be subsidised as an Original Pack (OP).

## Removal of Section 29 status

A number of pharmaceuticals have recently been granted Ministerial Approval and no longer need to be supplied under Section 29 of the Medicines Act 1981. They are:

- Link Pharmaceutical's brand of dapsone tablets 25 mg and 100 mg;
  - Apotex's Apo-Bromocriptine capsules 5 mg; and
  - Arrow Pharmaceutical's mitomycin C injection 5 mg.
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## Tretinoin – change of restriction

From 1 January 2011, tretinoin caps 10 mg (Vesanoid) will have a “PCT – Retail pharmacy–Specialist” restriction. This means that it can be claimed by DHB hospitals when used for cancer treatment. When dispensed from a community pharmacy it will only be subsidised if it is prescribed by, or on the recommendation of, a specialist.

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## Apo-Clopidogrel tablets

The effective date of the delisting of Apo-Clopidogrel 75 mg tablets, 28 tablet pack only, has been revoked. Previously the 28 tablet pack had been notified as being delisted on 1 February 2011. Both the 90 and 28 tablet packs are currently fully subsidised at the same price and subsidy per tablet. The 28 tablet pack will be delisted once supplies are exhausted. The Apo-Clopidogrel brand of clopidogrel 75 mg tablets will be the Sole Subsidised Supply brand from 1 February 2011.



## Moxifloxacin - removal of patient co-payment

From 1 January 2011 the patient co-payment will be removed for all subsidised prescriptions of moxifloxacin 400 mg tablets. This is to allow patients who receive moxifloxacin for the treatment of tuberculosis to continue to access their medication free of charge. However patients who take moxifloxacin 400 mg tablets for purposes other than tuberculosis will also be exempt from the co-payment. Also from this date moxifloxacin 400 mg tablets will not be eligible for the count towards the Prescription Subsidy Card.

# Tender News

Sole Subsidised Supply changes – effective 1 February 2011

| Chemical Name          | Presentation; Pack size       | Sole Subsidised Supply brand (and supplier) |
|------------------------|-------------------------------|---|
| Ceftriaxone sodium     | Inj 500 mg; 1 inj             | Veracol (Multichem)                         |
| Clopidogrel            | Tab 75 mg; 90 tab             | Apo-Clopidogrel (Apotex)                    |
| Furosemide             | Inj 10 mg per ml, 2 ml; 5 inj | Frusemide-Clarix (AFT)                      |
| Mucilaginous laxatives | Dry, 500 g OP                 | Konsyl-D (Mylan)                            |
| Sodium cromoglycate    | Eye drops 2%; 5 ml OP         | Rexacrom (Rex Medical)                      |
| Vitamin B complex      | Tab, strong, BPC; 500 tab     | B-PlexADE (Boucher & Muir)                  |

## Looking Forward

*This section is designed to alert both pharmacists and prescribers to possible future changes to the Pharmaceutical Schedule. It may also assist pharmacists, distributors and wholesalers to manage stock levels.*

### Possible decisions for implementation 1 February 2011

- Brand Switch Fees – captopril tab, clopidogrel tab, and cilazapril tab
- Caffeine citrate (Biomed) oral liq 20 mg per ml (10 mg base per ml), 25 ml OP – new listing
- Ezetimibe (Ezetrol) tab 10 mg – price and subsidy decrease
- Ezetimibe with simvastatin (Vytorin) tab 10 mg with simvastatin 10 mg, 20 mg, 40 mg and 80 mg – price and subsidy decrease
- Fentanyl (Mylan Fentanyl Patch) transdermal patch 12.5 µg per hour, 25 µg per hour, 50 µg per hour, 75 µg per hour and 100 µg per hour – new listing, Special Authority not required
- Fentanyl (Durogesic) transdermal patch 25 µg per hour, 50 µg per hour, 75 µg per hour and 100 µg per hour – amend Special Authority criteria so that only existing patients can continue with subsidy.
- Potassium citrate (Biomed) oral liq 3 mmol per ml, 200 ml OP – new listing with Special Authority criteria
- Salbutamol with ipratropium bromide (Duolin HFA) aerosol inhaler 100 µg with ipratropium bromide 20 µg per dose, 200 dose OP – new listing
- Sodium chloride (Biomed) soln 7%, 90 ml OP – new listing

## Sole Subsidised Supply Products – cumulative to January 2011

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

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



## Sole Subsidised Supply Products – cumulative to January 2011

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

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## Sole Subsidised Supply Products – cumulative to January 2011

| Generic Name                                     | Presentation   | Brand Name   | Expiry Date* |
|--|--|--|--------------|
| Cyclizine hydrochloride                          | Tab 50 mg  | Nausicalm  | 2012         |
| Cyclophosphamide                                 | Tab 50 mg  | Cycloblastin   | 2013         |
| Cyproterone acetate                              | Tab 50 mg & 100 mg   | Siterone   | 2012         |
| Cyproterone acetate with ethinyloestradiol       | Tab 2 mg with ethinyloestradiol 35 µg and 7 inert tabs   | Ginet 84   | 2011         |
| Desmopressin                                     | Nasal spray 10 µg per dose   | Desmopressin-PH&T  | 2011         |
| Dexamethasone                                    | Eye drops 0.1%   | Maxidex  | 2013         |
| Dexamethasone sodium phosphate                   | Inj 4 mg per ml, 1 ml & 2 ml   | Hospira  | 2013         |
| Dextrose   | Inj 50%, 10 ml   | Biomed   | 2011         |
| Dextrose with electrolytes                       | Soln with electrolytes   | Pedialyte – Fruit<br>Pedialyte –<br>Bubblegum<br>Pedialyte – Plain | 2013         |
| Diclofenac sodium                                | Tab EC 25 mg & 50 mg<br>Eye drops 1 mg per ml<br>Inj 25 mg per ml, 3 ml<br>Suppos 12.5 mg, 25 mg, 50 mg & 100 mg | Diclofenac Sandoz<br>Voltaren Ophtha<br>Voltaren<br>Voltaren       | 2012<br>2011 |
| Dihydrocodeine tartrate                          | Tab long-acting 60 mg  | DHC Continus   | 2013         |
| Diltiazem hydrochloride                          | Tab 30 mg & 60 mg<br>Cap long-acting 120 mg, 180 mg & 240 mg   | Dilzem<br>Cardizem CD  | 31/12/11     |
| Dipyridamole                                     | Tab long-acting 150 mg   | Pytazen SR   | 2011         |
| Docusate sodium                                  | Cap 50 mg<br>Cap 120 mg  | Laxofast 50<br>Laxofast 120  | 2011         |
| Docusate sodium with sennosides                  | Tab 50 mg with total sennosides 8 mg   | Laxsol   | 2013         |
| Donepezil hydrochloride                          | Tab 5 mg & 10 mg   | Donepezil-Rex  | 2012         |
| Emulsifying ointment                             | Oint BP  | AFT  | 2011         |
| Enalapril  | Tab 5 mg, 10 mg & 20 mg  | Arrow-Enalapril  | 2012         |
| Enoxaparin sodium (low molecular weight heparin) | Inj 20 mg, 40 mg, 60 mg, 80 mg, 100 mg, 120 mg & 150 mg  | Clexane  | 2012         |
| Entacapone                                       | Tab 200 mg   | Comtan   | 2012         |
| Erythromycin ethyl succinate                     | Tab 400 mg<br>Grans for oral liq 200 mg per 5 ml<br>Grans for oral liq 400 mg per 5 ml                           | E-Mycin<br>E-Mycin<br>E-Mycin                                      | 2012<br>2011 |
| Ethinylloestradiol                               | Tab 10 µg  | NZ Medical and Scientific  | 2012         |
| Etidronate disodium                              | Tab 200 mg   | Arrow-Etidronate   | 2012         |
| Felodipine                                       | Tab long-acting 5 mg<br>Tab long-acting 10 mg  | Felo 5 ER<br>Felo 10 ER  | 2012         |

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## Sole Subsidised Supply Products – cumulative to January 2011

| Generic Name                                 | Presentation  | Brand Name   | Expiry Date*         |
|--|---|--|----------------------|
| Ferrous sulphate                             | Oral liq 30 mg per 1 ml (6 mg elemental per 1 ml)   | Ferodan  | 2013                 |
| Finasteride                                  | Tab 5 mg  | Fintral  | 2011                 |
| Flucloxacillin sodium                        | Cap 250 mg & 500 mg<br>Grans for oral liq 125 mg per 5 ml<br>Grans for oral liq 250 mg per 5 ml<br>Inj 250 mg, 500 mg & 1 g | AFT<br>AFT<br>AFT<br>Flucloxin                         | 2012<br><br>2011     |
| Fluconazole                                  | Cap 50 mg, 150 mg & 200 mg  | Pacific  | 2011                 |
| Fludarabine phosphate                        | Inj 50 mg<br>Tab 10 mg  | Fludara<br>Fludara Oral                                | 2011                 |
| Fluorometholone                              | Eye drops 0.1%  | FML  | 2012                 |
| Fluoxetine hydrochloride                     | Cap 20 mg<br>Tab dispersible 20 mg, scored  | Fluox<br>Fluox   | 2013                 |
| Flutamide                                    | Tab 250 mg  | Flutamin   | 2013                 |
| Fluticasone propionate                       | Metered aqueous nasal spray,<br>50 µg per dose  | Flixonase Hayfever & Allergy                           | 31/1/13              |
| Furosemide                                   | Tab 40 mg   | Diurin 40  | 2012                 |
| Fusidic acid                                 | Crn 2%<br>Oint 2%   | Foban<br>Foban   | 2013                 |
| Gabapentin                                   | Cap 100 mg, 300 mg & 400 mg   | Nupentin   | 31/7/12              |
| Gentamicin sulphate                          | Inj 40 mg per ml, 2 ml  | Pfizer   | 2012                 |
| Gliclazide                                   | Tab 80 mg   | Apo-Gliclazide   | 2011                 |
| Glipizide                                    | Tab 5 mg  | Minidiab   | 2011                 |
| Glycerol                                     | Liquid  | healthE  | 2013                 |
| Glyceryl trinitrate                          | Tab 600 µg<br>Oral pump spray 400 µg per dose<br><br>TDDS 5 mg & 10 mg  | Lycinate<br>Nitrolingual<br>Pumpspray<br>Nitroderm TTS | 2011                 |
| Haloperidol                                  | Inj 5 mg per ml, 1 ml<br>Oral liq 2 mg per ml<br>Tab 500 µg, 1.5 mg & 5 mg  | Serenace<br>Serenace<br>Serenace                       | 2013                 |
| Hydrocortisone                               | Inj 50 mg per ml, 1 ml<br>Tab 5 mg & 20 mg<br>Powder<br>Crn 1%, 500 g   | Solu-Cortef<br>Douglas<br>ABM<br>PSM                   | 2013<br>2012<br>2011 |
| Hydrocortisone acetate                       | Rectal foam 10%, CFC-free (14 applications)   | Colifoam   | 2012                 |
| Hydrocortisone with miconazole               | Crn 1% with miconazole nitrate 2%   | Micreme H  | 2013                 |
| Hydrocortisone with wool fat and mineral oil | Lotn 1% with wool fat hydrous 3% and mineral oil  | DP Lotn HC   | 2011                 |

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## Sole Subsidised Supply Products – cumulative to January 2011

| Generic Name                | Presentation  | Brand Name                               | Expiry Date* |
|-----------------------------|---|--|--------------|
| Hydroxocobalamin            | Inj 1 mg per ml, 1 ml   | ABM<br>Hydroxocobalamin                  | 2012         |
| Hydroxychloroquine sulphate | Tab 200 mg  | Plaquenil                                | 2012         |
| Hypromellose                | Eye drops 0.5%  | Methopt                                  | 2011         |
| Hysocine N-butylbromide     | Inj 20 mg, 1 ml<br>Tab 20 mg  | Buscopan<br>Gastrosoothe                 | 2011         |
| Ibuprofen                   | Oral liq 100 mg per 5 ml<br>Tab 200 mg  | Fenpaed<br>Ethics Ibuprofen              | 2013<br>2012 |
| <b>Indapamide</b>           | <b>Tab 2.5 mg</b>   | <b>Dapa-Tabs</b>                         | <b>2013</b>  |
| <b>Ipratropium bromide</b>  | <b>Nebuliser soln, 250 µg per ml, 1 ml &amp; 2 ml</b>                                     | <b>Univent</b>                           | <b>2013</b>  |
| Iron polymaltose            | Inj 50 mg per ml, 2 ml  | Ferrum H                                 | 2011         |
| Isotretinoin                | Cap 10 mg & 20 mg   | Oratane                                  | 2012         |
| Ketoconazole                | Shampoo 2%  | Sebizole                                 | 2011         |
| Lamivudine                  | Oral liq 10 mg per ml<br>Tab 150 mg   | 3TC<br>3TC                               | 2013         |
| Latanoprost                 | Eye drops 50 µg per ml  | Hysite                                   | 2012         |
| Letrozole                   | Tab 2.5 mg  | Letara                                   | 2012         |
| Levonorgestrel              | Subdermal implant (2 x 75 mg rods)  | Jadelle                                  | 31/12/13     |
| Lignocaine hydrochloride    | Inj 1%, 5 ml & 20 ml  | Xylocaine                                | 2013         |
| Lignocaine with prilocaine  | Crn 2.5% with prilocaine 2.5%<br>(5 g tubes)<br>Crn 2.5% with prilocaine 2.5%;<br>30 g OP | EMLA<br>EMLA                             | 2013         |
| Lisinopril                  | Tab 5 mg, 10 mg & 20 mg   | Arrow-Lisinopril                         | 2012         |
| Loratadine                  | Oral liq 1 mg per ml<br>Tab 10 mg   | Lorapaed<br>Loraclear Hayfever<br>Relief | 2013         |
| <b>Lorazepam</b>            | <b>Tab 1 mg &amp; 2.5 mg</b>  | <b>Ativan</b>                            | <b>2013</b>  |
| <b>Malathion</b>            | <b>Liq 0.5%<br/>Shampoo 1%</b>  | <b>A-Lices<br/>A-Lices</b>               | <b>2013</b>  |
| Mask for Spacer Device      | Device  | Foremount Child's<br>Silicone Mask       | 30/9/11      |
| Mebendazole                 | Tab 100 mg  | De-Worm                                  | 2011         |
| Mebeverine hydrochloride    | Tab 135 mg  | Colofac                                  | 2011         |
| Megestrol acetate           | Tab 160 mg  | Apo-Megestrol                            | 2012         |
| <b>Mercaptopurine</b>       | <b>Tab 50 mg</b>  | <b>Purinethol</b>                        | <b>2013</b>  |
| Mesalazine                  | Enema 1 g per 100 ml  | Pentasa                                  | 2012         |
| Metformin hydrochloride     | Tab immediate-release 500 mg &<br>850 mg  | Apotex                                   | 2012         |

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## Sole Subsidised Supply Products – cumulative to January 2011

| Generic Name                               | Presentation                                     | Brand Name                 | Expiry Date* |
|--|--|----------------------------|--------------|
| Methadone hydrochloride                    | Tab 5 mg   | Methatabs                  | 2013         |
|  | Oral liq 2 mg per ml                             | Biodone                    | 2012         |
|  | Oral liq 5 mg per ml                             | Biodone Forte              |              |
|  | Oral liq 10 mg per ml                            | Biodone Extra Forte        |              |
| Methotrexate                               | Inj 25 mg per ml, 2 ml & 20 ml                   | Hospira                    | 2013         |
|  | Tab 2.5 mg & 10 mg                               | Methoblastin               | 2012         |
|  | Inj 100 mg per ml, 10 ml & 50 ml                 | Methotrexate Ebewe         | 2011         |
| Methylidopa                                | Tab 125 mg, 250 mg & 500 mg                      | Prodopa                    | 2011         |
| Methylprednisolone                         | Tab 4 mg & 100 mg                                | Medrol                     | 2012         |
| Methylprednisolone acetate                 | Inj 40 mg per ml, 1 ml                           | Depo-Medrol                | 2011         |
| Methylprednisolone acetate with lignocaine | Inj 40 mg per ml with lignocaine 1 ml            | Depo-Medrol with Lidocaine | 2011         |
| Methylprednisolone sodium succinate        | Inj 40 mg per ml, 1 ml                           | Solu-Medrol                | 2012         |
|  | Inj 62.5 mg per ml, 2 ml                         | Solu-Medrol                |              |
|  | Inj 500 mg                                       | Solu-Medrol                |              |
|  | Inj 1 g  | Solu-Medrol                |              |
| Metoclopramide hydrochloride               | Inj 5 mg per ml, 2 ml                            | Pfizer                     | 2011         |
| Miconazole nitrate                         | Crn 2%   | Multichem                  | 2011         |
| Moclobemide                                | Tab 150 mg & 300 mg                              | Apo-Moclobemide            | 2012         |
| Mometasone furoate                         | Crn 0.1%   | m-Mometasone               | 2012         |
|  | Oint 0.1%  | m-Mometasone               |              |
| Morphine hydrochloride                     | Oral liq 1 mg per ml                             | RA-Morph                   | 2012         |
|  | Oral liq 2 mg per ml                             | RA-Morph                   |              |
|  | Oral liq 5 mg per ml                             | RA-Morph                   |              |
|  | Oral liq 10 mg per ml                            | RA-Morph                   |              |
| Morphine sulphate                          | Cap long-acting 10 mg, 30 mg, 60 mg & 100 mg     | m-Elson                    | 2013         |
|  | Tab immediate release 10 mg & 20 mg              | Sevredol                   | 2012         |
|  | Inj 10 mg per ml, 1 ml<br>Inj 30 mg per ml, 1 ml | Mayne<br>Mayne             | 2011         |
| Morphine tartrate                          | Inj 80 mg per ml, 1.5 ml & 5 ml                  | Hospira                    | 2013         |
| Naproxen                                   | Tab 250 mg                                       | Noflam 250                 | 2012         |
|  | Tab 500 mg                                       | Noflam 500                 |              |
| Nevirapine                                 | Oral suspension 10 mg per ml                     | Viramune Suspension        | 2012         |
|  | Tab 200 mg                                       | Viramune                   |              |
| Norethisterone                             | Tab 350 µg                                       | Noriday 28                 | 2012         |
|  | Tab 5 mg   | Primolut N                 | 2011         |
| Nortriptyline hydrochloride                | Tab 10 mg & 25 mg                                | Norpress                   | 2011         |
| Nystatin                                   | Cap 500,000 u                                    | Nilstat                    | 2013         |
|  | Tab 500,000 u                                    | Nilstat                    |              |
|  | Oral liq 100,000 u per ml, 24 ml OP              | Nilstat                    | 2011         |

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

## Sole Subsidised Supply Products – cumulative to January 2011

| Generic Name                                | Presentation   | Brand Name   | Expiry Date* |
|---|--|--|--------------|
| Omeprazole                                  | Cap 10 mg, 20 mg & 40 mg<br>Inj 40 mg  | Dr Reddy's<br>Omeprazole<br>Dr Reddy's<br>Omeprazole   | 2011         |
| Oxytocin                                    | Inj 5 iu per ml, 1 ml<br>Inj 10 iu per ml, 1 ml<br>Inj 5 iu with ergometrine maleate 500<br>µg per ml, 1 ml  | Syntocinon<br>Syntocinon<br>Syntometrine   | 2012         |
| Pamidronate disodium                        | Inj 3 mg per ml, 5 ml<br>Inj 3 mg per ml, 10 ml<br>Inj 6 mg per ml, 10 ml  | Pamisol<br>Pamisol<br>Pamisol  | 2011         |
| Pantoprazole                                | Tab 20 mg & 40 mg  | Dr Reddy's<br>Pantoprazole   | 2013         |
| Paracetamol                                 | Tab 500 mg<br>Oral liq 120 mg per 5 ml<br>Oral liq 250 mg per 5 ml   | Pharmacare<br>Paracare Junior<br>Paracare Double<br>Strength   | 2011         |
| Paracetamol with codeine                    | Tab paracetamol 500 mg with<br>codeine phosphate 8 mg  | ParaCode   | 2011         |
| Paraffin liquid with soft white<br>paraffin | Eye oint with soft white paraffin  | Lacri-Lube   | 2013         |
| Paroxetine hydrochloride                    | Tab 20 mg  | Loxamine   | 2013         |
| Peak Flow Meter                             | Low range and Normal range   | Breath-Alert   | 30/9/11      |
| Pegylated interferon alpha-2A               | Inj 135 µg prefilled syringe<br>Inj 180 µg prefilled syringe<br>Inj 135 µg prefilled syringe x 4 with<br>ribavirin tab 200 mg x 112<br>Inj 135 µg prefilled syringe x 4 with<br>ribavirin tab 200 mg x 168<br>Inj 180 µg prefilled syringe x 4 with<br>ribavirin tab 200 mg x 112<br>Inj 180 µg prefilled syringe x 4 with<br>ribavirin tab 200 mg x 168 | Pegasys<br>Pegasys<br>Pegasys RBV<br>Combination Pack<br>Pegasys RBV<br>Combination Pack<br>Pegasys RBV<br>Combination Pack<br>Pegasys RBV<br>Combination Pack | 31/12/12     |
| Pergolide                                   | Tab 0.25 mg & 1 mg   | Permax   | 2011         |
| Permethrin                                  | Lotn 5%  | A-Scabies  | 2011         |
| Phenoxyethylpenicillin<br>(Pencillin V)     | Cap potassium salt 250 mg &<br>500 mg<br>Grans for oral liq 125 mg per 5 ml<br>Grans for oral liq 250 mg per 5 ml  | Cilicaine VK<br><br>AFT<br>AFT   | 2013         |
| Pindolol                                    | Tab 5 mg, 10 mg & 15 mg  | Apo-Pindolol   | 2012         |
| Pioglitazone                                | Tab 15 mg, 30 mg & 45 mg   | Pizaccord  | 2012         |
| Pizotifen                                   | Tab 500 µg   | Sandomigran  | 2012         |
| Poloxamer                                   | Oral drops 10%   | Coloxyl  | 2011         |
| Polyvinyl alcohol                           | Eye drops 1.4%<br>Eye drops 3%   | Vistil<br>Vistil Forte   | 2011         |

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

## Sole Subsidised Supply Products – cumulative to January 2011

| Generic Name   | Presentation   | Brand Name                            | Expiry Date* |
|--|--|---------------------------------------|--------------|
| Potassium chloride                                     | Tab long-acting 600 mg   | Span-K                                | 2012         |
| Prednisone   | Tab 1 mg, 2.5 mg, 5 mg & 20 mg   | Apo-Prednisone                        | 2011         |
| Prednisone sodium phosphate                            | Oral liq 5 mg per ml   | Redipred                              | 2012         |
| Pregnancy tests – hCG urine                            | Cassette   | Innovacon hCG One Step Pregnancy Test | 2012         |
| Procaine penicillin                                    | Inj 1.5 mega u   | Cilicaine                             | 2011         |
| Promethazine hydrochloride                             | Oral liq 5 mg per 5 ml   | Promethazine                          | 2012         |
|  | Tab 10 mg & 25 mg  | Winthrop Elixir<br>Allersoothe        | 2011         |
| Quinapril  | Tab 5 mg, 10 mg & 20 mg  | Accupril                              | 2011         |
| Quinapril with hydrochlorothiazide                     | Tab 10 mg with hydrochlorothiazide 12.5 mg                                 | Accuretic 10                          | 2011         |
|  | Tab 20 mg with hydrochlorothiazide 12.5 mg                                 | Accuretic 20                          |              |
| Quinine sulphate                                       | Tab 300 mg   | Q 300                                 | 2012         |
| Rifabutin  | Cap 150 mg   | Mycobutin                             | 2013         |
| Ropinirole hydrochloride                               | Tab 0.25 mg, 1 mg, 2 mg & 5 mg   | Ropin                                 | 2013         |
| Roxithromycin  | Tab 150 mg & 300 mg  | Arrow-Roxithromycin                   | 2012         |
| Salbutamol   | Oral liq 2 mg per 5 ml   | Salapin                               | 2013         |
|  | Nebuliser soln, 1 mg per ml, 2.5 ml<br>Nebuliser soln, 2 mg per ml, 2.5 ml | Asthalin<br>Asthalin                  | 2012         |
| Salbutamol with ipratropium bromide                    | Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml    | Duolin                                | 2012         |
| Selegiline hydrochloride                               | Tab 5 mg   | Apo-Selegiline                        | 2012         |
| Simvastatin  | Tab 10 mg  | Arrow-Simva 10 mg                     | 2011         |
|  | Tab 20 mg  | Arrow-Simva 20 mg                     |              |
|  | Tab 40 mg  | Arrow-Simva 40 mg                     |              |
|  | Tab 80 mg  | Arrow-Simva 80 mg                     |              |
| Sodium chloride  | Inj 23.4%, 20 ml   | Biomed                                | 2013         |
| <b>Sodium citrate with sodium lauryl sulphoacetate</b> | <b>Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml</b>      | <b>Micolette</b>                      | <b>2013</b>  |
| Sodium citro-tartrate                                  | Grans effervescent 4 g sachets   | Ural                                  | 2013         |
| Sodium cromoglycate                                    | Nasal spray, 4%  | Rex                                   | 2012         |
| Somatropin   | Inj cartridge 16 iu (5.3 mg)   | Genotropin                            | 31/12/12     |
|  | Inj cartridge 36 iu (12 mg)  | Genotropin                            |              |
| Sotalol  | Tab 80 mg & 160 mg   | Mylan                                 | 2012         |
| Spacer Device  | 230 ml, autoclavable & single patient                                      | Space Chamber                         | 30/9/11      |
| Spironolactone   | Tab 25 mg & 100 mg   | Spirotone                             | 2013         |
| Sumatriptan  | Tab 50 mg & 100 mg   | Arrow-Sumatriptan                     | 2013         |

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

## Sole Subsidised Supply Products – cumulative to January 2011

| Generic Name   | Presentation  | Brand Name  | Expiry Date* |
|--|---|---|--------------|
| Tamsulosin hydrochloride                                 | Cap 400 µg  | Tamsulosin-Rex                                      | 2013         |
| Tar with triethanolamine lauryl sulphate and fluorescein | Soln 2.3%   | Pinetarsol  | 2011         |
| Temazepam  | Tab 10 mg   | Normison  | 2011         |
| <b>Terazosin hydrochloride</b>                           | <b>Tab 1 mg, 2 mg &amp; 5 mg</b>  | <b>Arrow</b>  | <b>2013</b>  |
| Terbinafine  | Tab 250 mg  | Apo-Terbinafine                                     | 2011         |
| Testosterone cypionate                                   | Inj long-acting 100 mg per ml, 10 ml  | Depo-Testosterone                                   | 2011         |
| Testosterone undecanoate                                 | Cap 40 mg   | Arrow-Testosterone                                  | 2012         |
| Tetracosactrin   | Inj 250 µg<br>Inj 1 mg per ml, 1 ml   | Synacthen<br>Synacthen Depot                        | 2011         |
| Timolol maleate  | Tab 10 mg<br>Eye drops 0.25% & 0.5%   | Apo-Timol<br>Apo-Timop                              | 2012<br>2011 |
| Tramadol hydrochloride                                   | Cap 50 mg   | Arrow-Tramadol                                      | 2011         |
| Tranexamic acid  | Tab 500 mg  | Cycklokapron  | 2013         |
| Triamcinolone acetonide                                  | Crn 0.02%<br>Oint 0.02%<br>Inj 40 mg per ml, 1 ml<br>0.1% in Dental Paste USP | Aristocort<br>Aristocort<br>Kenacort-A40<br>Oracort | 2011         |
| Trimethoprim   | Tab 300 mg  | TMP   | 2011         |
| Tropisetron  | Cap 5 mg  | Navoban   | 2012         |
| Ursodeoxycholic acid                                     | Cap 300 mg  | Actigall  | 2011         |
| Vancomycin hydrochloride                                 | Inj 50 mg per ml, 10 ml   | Pacific   | 2011         |
| Zidovudine [AZT]   | Cap 100 mg<br>Oral liq 10 mg per ml   | Retrovir<br>Retrovir                                | 2013         |
| Zinc and castor oil                                      | Oint BP   | PSM   | 2011         |
| Zinc sulphate  | Cap 137.4 mg (50 mg elemental)  | Zincaps   | 2011         |
| Zopiclone  | Tab 7.5 mg  | Apo-Zopiclone                                       | 2011         |

### January changes in bold

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



## New Listings

### Effective 1 January 2011

|    |  |       |          |                                     |
|----|--|-------|----------|-------------------------------------|
| 34 | LACTULOSE – Only on a prescription<br>* Oral liq 10 g per 15 ml .....  | 7.68  | 1,000 ml | ✓ <b>Laevolac</b>                   |
| 43 | SODIUM CHLORIDE<br>Inj 0.9%, 5 ml – Up to 5 inj available on a PSO .....   | 10.85 | 50       | ✓ <b>Multichem</b>                  |
|    | Inj 0.9%, 10 ml – Up to 5 inj available on a PSO .....   | 11.50 | 50       | ✓ <b>Multichem</b>                  |
| 98 | INFLUENZA VACCINE – Hospital pharmacy [Xpharm]<br>A) is available 1 March until vaccine supplies are exhausted each year for patients who meet the following criteria, as set by the Ministry of Health:<br>a) all people 65 years of age and over;<br>b) people under 65 years of age with:<br>i) the following cardiovascular disease:<br>1) ischaemic heart disease,<br>2) congestive heart disease,<br>3) rheumatic heart disease,<br>4) congenital heart disease, or<br>5) cerebo-vascular disease;<br>ii) the following chronic respiratory disease:<br>1) asthma, if on a regular preventative therapy, or<br>2) other chronic respiratory disease with impaired lung function;<br>iii) diabetes;<br>iv) chronic renal disease;<br>v) any cancer, excluding basal and squamous skin cancers if not invasive;<br>vi) the following other conditions:<br>a) autoimmune disease,<br>b) immune suppression,<br>c) HIV,<br>d) transplant recipients,<br>e) neuromuscular and CNS diseases,<br>f) haemoglobinopathies, or<br>g) children on long term aspirin.<br>c) people under 65 years of age who are:<br>i) pregnant; or<br>ii) morbidly obese<br>d) children aged over 6 months and under 5 years who are from high deprivation backgrounds<br>The following conditions are excluded from funding:<br>a) asthma not requiring regular preventative therapy,<br>b) hypertension and/or dyslipidaemia without evidence of end-organ disease,<br>B) Doctors are the only Contractors entitled to claim payment from the Funder for the supply of influenza vaccine to patients eligible under the above criteria for subsidised immunisation and they may only do so in respect of the influenza vaccine listed in the Pharmaceutical Schedule.<br>C) Individual DHBs may fund patients over and above the above criteria. The claiming process for these additional patients should be determined between the DHB and Contractor.<br>D) Influenza Vaccine does not fall within the definition Community Pharmaceutical as it is not funded directly from the Pharmaceutical Budget. Pharmacists are unable to claim for the dispensing of influenza vaccine from the Funder.<br>Inj ..... | 90.00 | 10       | ✓ <b>Fluvax</b><br>✓ <b>Fluarix</b> |

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

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

**New listings - effective 1 January 2011 (continued)**

|     |   |                                  |   |
|-----|---|----------------------------------|---|
| 142 | NICOTINE<br>Nicotine will not be funded Close Control in amounts less than 4 weeks of treatment.<br>Gum 2 mg (Classic) ..... 14.97 96<br>Gum 4 mg (Classic) ..... 20.02 96  |                                  | ✓ <b>Habitrol</b><br>✓ <b>Habitrol</b>  |
| 171 | PHARMACY SERVICES – May only be claimed once per patient.<br>* Brand switch fee..... 0.01<br>The Pharmacode for BSF Imuprine is 2377829<br>* Brand switch fee..... 0.01<br>The Pharmacode for BSF Dapa-Tabs is 2377837<br>* Brand switch fee..... 0.01<br>The Pharmacode for BSF Univent is 2377845<br>* Brand switch fee..... 0.01<br>The Pharmacode for BSF Arrow Terazosin is 2377853<br><i>(BSF Imuprine to be delisted 1 April 2011)</i><br><i>(BSF Dapa-Tabs to be delisted 1 April 2011)</i><br><i>(BSF Univent to be delisted 1 April 2011)</i><br><i>(BSF Arrow Terazosin to be delisted 1 April 2011)</i> | 1 fee<br>1 fee<br>1 fee<br>1 fee | ✓ <b>BSF Imuprine</b><br>✓ <b>BSF Dapa-Tabs</b><br>✓ <b>BSF Univent</b><br>✓ <b>BSF Arrow Terazosin</b> |

## Changes to Restrictions

### Effective 1 January 2011

|     |   |        |     |  |
|-----|---|--------|-----|--|
| 47  | TERAZOSIN HYDROCHLORIDE – <b>Brand switch fee payable</b>   |        |     |  |
|     | * Tab 1 mg .....  | 1.50   | 28  | ✓ <b>Arrow</b>                             |
|     | * Tab 2 mg .....  | 0.80   | 28  | ✓ <b>Arrow</b>                             |
|     | * Tab 5 mg .....  | 1.00   | 28  | ✓ <b>Arrow</b>                             |
| 54  | INDAPAMIDE – <b>Brand switch fee payable</b>  |        |     |  |
|     | * Tab 2.5 mg .....  | 2.95   | 90  | ✓ <b>Dapa-Tabs</b>                         |
| 86  | MOXIFLOXACIN – Special Authority see SA1065 – Retail pharmacy – <b>No patient co-payment payable</b>  |        |     |  |
|     | Tab 400 mg .....  | 52.00  | 5   | ✓ <b>Avelox</b>                            |
|     | ▶ <b>SA1065</b> Special Authority for Subsidy   |        |     |  |
|     | Initial application only from a respiratory specialist or infectious disease specialist. Approvals valid for 1 year for applications meeting the following criteria:                                  |        |     |  |
|     | Either:   |        |     |  |
|     | 1 Both:   |        |     |  |
|     | 1.1 Active tuberculosis*; and   |        |     |  |
|     | 1.2 Any of the following:   |        |     |  |
|     | 1.2.1 Documented resistance to one or more first-line medications; or   |        |     |  |
|     | 1.2.2 Suspected resistance to one or more first-line medications (tuberculosis assumed to be contracted in an area with known resistance), as part of regimen containing other second-line agents; or |        |     |  |
|     | 1.2.3 Impaired visual acuity (considered to preclude ethambutol use); or  |        |     |  |
|     | 1.2.4 Significant pre-existing liver disease or hepatotoxicity from tuberculosis medications; or  |        |     |  |
|     | 1.2.5 Significant documented intolerance and/or side effects following a reasonable trial of first-line medications; or   |        |     |  |
|     | 2 Mycobacterium avium-intracellulare complex not responding to other therapy or where such therapy is contraindicated.*.  |        |     |  |
|     | Note: Indications marked with * are Unapproved Indications (refer to Section A: General Rules, Part I (Interpretations and Definitions) and Part IV (Miscellaneous Provisions) rule 4.6).             |        |     |  |
|     | Renewal only from a respiratory specialist or infectious disease specialist. Approvals valid for 1 year where the treatment remains appropriate and the patient is benefiting from treatment.         |        |     |  |
| 87  | DAPSONE – No patient co-payment payable   |        |     |  |
|     | Tab 25 mg .....   | 95.00  | 100 | ✓ <b>Dapsone</b> <del>\$29</del>           |
|     | Tab 100 mg .....  | 110.00 | 100 | ✓ <b>Dapsone</b> <del>\$29</del>           |
| 115 | BROMOCRIPTINE MESYLATE  |        |     |  |
|     | * Cap 5 mg .....  | 60.43  | 100 | ✓ <b>Apo-Bromocriptine</b> <del>\$29</del> |
| 123 | GABAPENTIN – Special Authority see <b>SA1071</b> <del>†009</del> – Retail pharmacy  |        |     |  |
|     | ▲ Cap 100 mg .....  | 7.16   | 100 | ✓ <b>Nupentin</b>                          |
|     | ▲ Cap 300 mg .....  | 11.50  | 100 | ✓ <b>Nupentin</b>                          |
|     | ▲ Cap 400 mg .....  | 14.75  | 100 | ✓ <b>Nupentin</b>                          |
|     | ▶ <b>SA1071</b> <del>†009</del> Special Authority for Subsidy   |        |     |  |
|     | Initial application — (Epilepsy <del>–new patients</del> ) from any relevant practitioner. Approvals valid for 15 months for applications meeting the following criteria:                             |        |     |  |
|     | Either:   |        |     |  |
|     | 1 Seizures are not adequately controlled with optimal treatment with other antiepilepsy agents; or  |        |     |  |

*continued...*

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

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## Changes to Restrictions - effective 1 January 2011 (continued)

continued...

2 Seizures are controlled adequately but the patient has experienced unacceptable side effects from optimal treatment with other antiepilepsy agents.

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

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

Either:

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

Notes: "Optimal treatment with other antiepilepsy agents" is defined as treatment with other antiepilepsy agents which are indicated and clinically appropriate for the patient, given in adequate doses for the patient's age, weight, and other features affecting the pharmacokinetics of the drug with good evidence of compliance. As a guideline, clinical trials have referred to a notional 50% reduction in seizure frequency as an indicator of success with anticonvulsant therapy and have assessed quality of life from the patient's perspective.

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

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

Either:

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

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

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

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

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

Either:

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

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

|     |  |        |     |          |
|-----|--|--------|-----|----------|
| 125 | VIGABATRIN – Special Authority see <b>SA1072</b> ††† – Retail pharmacy<br>▲ Tab 500 mg ..... | 119.30 | 100 | ✓ Sabril |
|-----|--|--------|-----|----------|

► **SA1072** ††† Special Authority for Subsidy

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

continued...

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

20

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## Changes to Restrictions - effective 1 January 2011 (continued)

continued...

Both:

1 Either:

1.1 Patient has infantile spasms; or

1.2 Both:

1.2.1 Patient has epilepsy; and

1.2.2 Either:

1.2.2.1 Seizures are not adequately controlled with optimal treatment with other antiepilepsy agents; or

1.2.2.2 Seizures are controlled adequately but the patient has experienced unacceptable side effects from optimal treatment with other antiepilepsy agents; and

2 Either:

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

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

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

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

Either:

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

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

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

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

Both:

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

2 Either:

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

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

Notes: As a guideline, clinical trials have referred to a notional 50% reduction in seizure frequency as an indicator of success with anticonvulsant therapy and have assessed quality of life from the patient's perspective. Vigabatrin is associated with a risk of irreversible visual field defects, which may be asymptomatic in the early stages.

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

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

Only on a controlled drug form

Tab 5 mg ..... 16.50 100 ✓ PSM

► **SA1073 0907** Special Authority for Subsidy

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

continued...

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

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## Changes to Restrictions - effective 1 January 2011 (continued)

*continued...*

All of the following:

- 1 ADHD (Attention Deficit and Hyperactivity Disorder) patients aged 5 years or over; and
- 2 Diagnosed according to DSM-IV or ICD 10 criteria; and
- 3 Either:
  - 3.1 Applicant is a paediatrician or psychiatrist; or
  - 3.2 Both:
    - 3.2.1 Applicant is a medical practitioner and confirms that a relevant specialist has been consulted within the last 2 years and has recommended treatment for the patient; and
    - 3.2.2 Provide name of the recommending specialist.

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

Both:

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

2 Either:

2.1 Applicant is a paediatrician or psychiatrist; or

2.2 Both:

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

2.2.2 Provide name of the recommending specialist.

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

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

Both:

1 ADHD (Attention Deficit and Hyperactivity Disorder) patients under 5 years of age; and

2 Diagnosed according to DSM-IV or ICD 10 criteria.

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

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

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

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

Both:

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

2 Either:

2.1 Applicant is a paediatrician or psychiatrist; or

2.2 Both:

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

2.2.2 Provide name of the recommending specialist.

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

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

*continued...*

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

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

## Changes to Restrictions - effective 1 January 2011 (continued)

continued...

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

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

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

### 138 METHYLPHENIDATE HYDROCHLORIDE – Special Authority see ~~SA1074 0908~~ – Retail pharmacy

Only on a controlled drug form

|                                   |       |     |              |
|-----------------------------------|-------|-----|--------------|
| Tab immediate-release 5 mg .....  | 3.20  | 30  | ✓ Rubifen    |
| Tab immediate-release 10 mg ..... | 3.00  | 30  | ✓ Ritalin    |
|                                   |       |     | ✓ Rubifen    |
| Tab immediate-release 20 mg ..... | 7.85  | 30  | ✓ Rubifen    |
| Tab sustained-release 20 mg ..... | 10.95 | 30  | ✓ Rubifen SR |
|                                   | 50.00 | 100 | ✓ Ritalin SR |

▶ ~~SA1074 0908~~ Special Authority for Subsidy

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

All of the following:

- 1 ADHD (Attention Deficit and Hyperactivity Disorder) patients aged 5 years or over; and
- 2 Diagnosed according to DSM-IV or ICD 10 criteria; and
- 3 Either:
  - 3.1 Applicant is a paediatrician or psychiatrist; or
  - 3.2 Both:
    - 3.2.1 Applicant is a medical practitioner and confirms that a relevant specialist has been consulted within the last 2 years and has recommended treatment for the patient; and
    - 3.2.2 Provide name of the recommending specialist.

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

Both:

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

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

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

Both:

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

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

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

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

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## Changes to Restrictions - effective 1 January 2011 (continued)

continued...

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

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

Both:

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

2 Either:

2.1 Applicant is a paediatrician or psychiatrist; or

2.2 Both:

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

2.2.2 Provide name of the recommending specialist.

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

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

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

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

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

### 142 NICOTINE

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

a) Maximum of 768 piece per prescription

b) Maximum of 384 piece per dispensing

e) For the avoidance of doubt Nicotine will not be funded Close Control in amounts less than 4 weeks.

d) The maximum of 384 piece per dispensing cannot be waived via Access Exemption Criteria:

|                          |       |       |            |
|--------------------------|-------|-------|------------|
| Gum 2 mg (Classic) ..... | 14.97 | 96    | ✓ Habitrol |
| Gum 2 mg (Fruit) .....   | 14.97 | 96 ØP | ✓ Habitrol |
| Gum 2 mg (Mint) .....    | 14.97 | 96 ØP | ✓ Habitrol |
| Gum 4 mg (Classic) ..... | 20.02 | 96    | ✓ Habitrol |
| Gum 4 mg (Fruit) .....   | 20.02 | 96 ØP | ✓ Habitrol |
| Gum 4 mg (Mint) .....    | 20.02 | 96 ØP | ✓ Habitrol |

### 142 NICOTINE

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

a) Maximum of 432 loz per prescription

b) Maximum of 216 loz per dispensing

e) For the avoidance of doubt Nicotine will not be funded Close Control in amounts less than 4 weeks.

d) The maximum of 216 loz per dispensing cannot be waived via Access Exemption Criteria:

|                    |       |       |            |
|--------------------|-------|-------|------------|
| Lozenge 1 mg ..... | 11.08 | 36 ØP | ✓ Habitrol |
| Lozenge 2 mg ..... | 11.08 | 36 ØP | ✓ Habitrol |



| Check your Schedule for full details<br>Schedule page ref | Subsidy<br>(Mnfr's price)<br>\$ | Per | Brand or<br>Generic Mnfr<br>✓ <b>fully subsidised</b> |
|---|---------------------------------|-----|---|
|---|---------------------------------|-----|---|

## Changes to Restrictions - effective 1 January 2011 (continued)

|     |  |          |                                      |
|-----|--|----------|--------------------------------------|
| 142 | NICOTINE<br><b>Nicotine will not be funded Close Control in amounts less than 4 weeks of treatment.</b><br>a) Maximum of 56 patch per prescription<br>b) Maximum of 28 patch per dispensing<br>e) For the avoidance of doubt Nicotine will not be funded Close Control in amounts less than 4 weeks.<br>d) The maximum of 28 patch per dispensing cannot be waived via Access Exemption Criteria:<br>Patch 7 mg ..... 10.53 7 0P ✓ <b>Habitrol</b><br>Patch 14 mg ..... 11.63 7 0P ✓ <b>Habitrol</b><br>Patch 21 mg ..... 12.32 7 0P ✓ <b>Habitrol</b>   |          |                                      |
| 149 | MITOMYCIN C – PCT only – Specialist<br>Inj 5 mg ..... 72.75  | 1        | ✓ <b>Arrow</b> <del>829</del>        |
| 150 | TRETINOIN<br>Cap 10 mg – <b>PCT – Retail pharmacy-Specialist</b> ..... 435.90  | 100      | ✓ <b>Vesanoid</b>                    |
| 156 | AZATHIOPRINE – Retail pharmacy-Specialist<br>* Tab 50 mg – <b>Brand switch fee payable</b> ..... 18.45   | 100      | ✓ <b>Imuprine</b>                    |
| 163 | IPRATROPIUM BROMIDE<br>Nebuliser soln, 250 µg per ml, 1 ml – Up to 40 neb available<br>on a PSO – <b>Brand switch fee payable</b> ..... 3.79<br>Nebuliser soln, 250 µg per ml, 2 ml – Up to 40 neb available .....<br>on a PSO – <b>Brand switch fee payable</b> ..... 4.06  | 20<br>20 | ✓ <b>Univent</b><br>✓ <b>Univent</b> |
| 172 | EXTEMPORANEOUSLY COMPOUNDED PRODUCTS & GALENICALS<br>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.<br>The following products are dermatological bases:<br>• Aqueous cream<br>• Cetomacrogol cream BP<br>• Colloidion flexible<br>• Emulsifying ointment BP<br>• <del>Glycerol with paraffin and cetyl alcohol lotion</del><br>• Hydrocortisone with wool fat and mineral oil lotion<br>• Oil in water emulsion<br>• <del>Oily cream</del><br>• Urea cream 10%<br>• White soft paraffin<br>• Wool fat with mineral oil lotion<br>• <del>Zinc cream BP</del><br>• Zinc and castor oil ointment BP<br>• Proprietary Topical Corticosteroid-Plain preparations |          |                                      |

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

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ **fully subsidised**

## Changes to Subsidy and Manufacturer's Price

Effective 1 January 2011

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

## Changes to Sole Subsidised Supply

Effective 1 January 2011

For the list of new Sole Subsidised Supply products effective 1 January 2011 refer to the bold entries in the cumulative Sole Subsidised Supply table pages 8-16.

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## Delisted Items

Effective 1 January 2011

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

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

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

| Check your Schedule for full details<br>Schedule page ref | Subsidy<br>(Mnfr's price)<br>\$ | Per | Brand or<br>Generic Mnfr<br>✓ fully subsidised |
|---|---------------------------------|-----|--|
|---|---------------------------------|-----|--|

### Delisted Items - effective 1 January 2011 (continued)

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

| Check your Schedule for full details<br>Schedule page ref | Subsidy<br>(Mnfr's price)<br>\$ | Per | Brand or<br>Generic Mnfr<br>✓ fully subsidised |
|---|---------------------------------|-----|--|
|---|---------------------------------|-----|--|

### Delisted Items - effective 1 January 2011 (continued)

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

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

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## Items to be Delisted

### Effective 1 February 2011

|    |                                      |                 |               |                              |
|----|--------------------------------------|-----------------|---------------|------------------------------|
| 41 | <del>CLOPIDOGREL<br/>Tab 75 mg</del> | <del>5.05</del> | <del>28</del> | <del>✓ Apo-Clopidogrel</del> |
|----|--------------------------------------|-----------------|---------------|------------------------------|

Note – the delisting of Apo-Clopidogrel tab 75 mg, 28 tab pack, has been revoked.

### Effective 1 April 2011

|     |  |  |                                  |   |
|-----|--|--|----------------------------------|---|
| 37  | VITAMINS<br>* Tab (BPC cap strength)   | 8.00<br>(14.80)  | 1,000                            | Healtheries Multi-<br>vitamin tablets   |
| 48  | CAPTOPRIL<br>* Tab 12.5 mg<br>* Tab 25 mg<br>* Tab 50 mg   | 10.00<br>(10.40)<br>12.00<br>(13.40)<br>17.50<br>(19.00) | 500<br><br>500<br>500            | Apo-Captopril<br><br>Apo-Captopril<br>Apo-Captopril   |
| 171 | PHARMACY SERVICES – May only be claimed once per patient.<br>* Brand switch fee<br>The Pharmacode for BSF Imuprine is 2377829<br>* Brand switch fee<br>The Pharmacode for BSF Dapa-Tabs is 2377837<br>* Brand switch fee<br>The Pharmacode for BSF Univent is 2377845<br>* Brand switch fee<br>The Pharmacode for BSF Arrow Terazosin is 2377853 | 0.01<br>0.01<br>0.01<br>0.01                             | 1 fee<br>1 fee<br>1 fee<br>1 fee | ✓ <b>BSF Imuprine</b><br>✓ <b>BSF Dapa-Tabs</b><br>✓ <b>BSF Univent</b><br>✓ <b>BSF Arrow Terazosin</b> |

### Effective 1 July 2011

|     |  |       |          |                    |
|-----|--|-------|----------|--------------------|
| 64  | POVIDONE IODINE<br>Antiseptic soln 10%   | 51.06 | 4,500 ml | ✓ <b>Betadine</b>  |
| 116 | LIGNOCAINE HYDROCHLORIDE<br>Inj 0.5%, 5 ml – Up to 5 inj available on a PSO  | 44.10 | 50       | ✓ <b>Xylocaine</b> |
| 118 | MORPHINE SULPHATE<br>a) Only on a controlled drug form<br>b) No patient co-payment payable<br>Cap long-acting 200 mg | 17.00 | 10       | ✓ <b>m-Eslon</b>   |

| Section H page ref | Price<br>(ex man. excl. GST)<br>\$ Per | Brand or<br>Generic<br>Manufacturer |
|--------------------|--|-------------------------------------|
|--------------------|--|-------------------------------------|

## Section H changes to Part II

Effective 1 January 2011

|    |   |          |                            |
|----|---|----------|----------------------------|
| 20 | BUPIVACAINE HYDROCHLORIDE   |          |                            |
|    | Inf 0.125%, 100 ml theatre pack .....   | 109.30   | 5 Marcaïn                  |
|    | Inf 0.125%, 200 ml theatre pack .....   | 146.23   | 5 Marcaïn                  |
|    | Inj 0.375%, 20 ml theatre pack .....  | 56.20    | 5 Marcaïn                  |
|    | Note – Marcaïn inf 0.125%, 100 ml and 200 ml theatre packs, and inj 0.375%, 20 ml theatre pack, delisted 1 January 2011 |          |                            |
| 39 | LACTULOSE   |          |                            |
|    | Oral liq 10 g per 15 ml – <b>1% DV Mar-11 to 2013</b> .....   | 7.68     | 1,000 ml <b>Laevolac</b>   |
|    | Note – Duphalac oral liq 10 g per 15 ml to be delisted 1 March 2011   |          |                            |
| 40 | LIGNOCAINE HYDROCHLORIDE  |          |                            |
|    | Inj 0.5%, 5 ml .....  | 44.10    | 50 Xylocaine               |
|    | Note – Xylocaine inj 0.5%, 5 ml delisted 1 January 2011   |          |                            |
| 44 | MORPHINE SULPHATE   |          |                            |
|    | Cap long-acting 200 mg .....  | 17.00    | 10 m-Eslon                 |
|    | Note: m-Eslon cap long-acting 200 mg to be delisted 1 March 2011  |          |                            |
| 45 | NICOTINE (new listings)   |          |                            |
|    | Gum 2 mg (classic) .....  | 14.97    | 96 Habitrol                |
|    | Gum 4 mg (classic) .....  | 20.02    | 96 Habitrol                |
| 45 | NICOTINE (expiry of HSS)  |          |                            |
|    | Note: Nicotrol and Nicorette patches are DV Pharmaceuticals.  |          |                            |
|    | Patch 7 mg – <del>10% DV Apr-08 to 31 Dec 2010</del> .....  | 10.53    | 7 Habitrol                 |
|    | Patch 14 mg – <del>10% DV Apr-08 to 31 Dec 2010</del> .....   | 11.63    | 7 Habitrol                 |
|    | Patch 21 mg – <del>10% DV Apr-08 to 31 Dec 2010</del> .....   | 12.32    | 7 Habitrol                 |
|    | Lozenge 1 mg – <del>10% DV Apr-08 to 31 Dec 2010</del> .....  | 11.08    | 36 Habitrol                |
|    | Lozenge 2 mg – <del>10% DV Apr-08 to 31 Dec 2010</del> .....  | 11.08    | 36 Habitrol                |
|    | Gum 2 mg (fruit) – <del>10% DV Apr-08 to 31 Dec 2010</del> .....  | 14.97    | 96 Habitrol                |
|    | Gum 2 mg (mint) – <del>10% DV Apr-08 to 31 Dec 2010</del> .....   | 14.97    | 96 Habitrol                |
|    | Gum 4 mg (fruit) – <del>10% DV Apr-08 to 31 Dec 2010</del> .....  | 20.02    | 96 Habitrol                |
|    | Gum 4 mg (mint) – <del>10% DV Apr-08 to 31 Dec 2010</del> .....   | 20.02    | 96 Habitrol                |
| 51 | RALTEGRAVIR POTASSIUM (↓ price)   |          |                            |
|    | Tab 400 mg .....  | 1,090.00 | 60 Isentress               |
| 53 | ROCURONIUM BROMIDE  |          |                            |
|    | Inj 10 mg per ml, 5 ml – <b>1% DV Mar-11 to 2012</b> .....  | 85.00    | 10 <b>Arrow-Rocuronium</b> |
| 54 | ROPIVACAINE HYDROCHLORIDE   |          |                            |
|    | Inj 2 mg per ml, 10 ml .....  | 19.75    | 5 Naropin                  |
|    | Inj 10 mg per ml, 20 ml .....   | 74.20    | 5 Naropin                  |
|    | Note – Naropin inj 2 mg per ml, 10 ml, and inj 10 mg per ml, 20 ml, delisted 1 January 2011                             |          |                            |

| Section H page ref | Price<br>(ex man. excl. GST)<br>\$ Per | Brand or<br>Generic<br>Manufacturer |
|--------------------|--|-------------------------------------|
|--------------------|--|-------------------------------------|

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

|    |                               |       |      |           |
|----|-------------------------------|-------|------|-----------|
| 55 | SODIUM CHLORIDE               |       |      |           |
|    | Inj 0.9%, 5 ml .....          | 10.85 | 50   | Multichem |
|    | Inj 0.9%, 10 ml .....         | 11.50 | 50   | Multichem |
| 62 | ZINC AND CASTOR OIL (↑ price) |       |      |           |
|    | Ointment .....                | 1.29  | 20 g | Orion     |

### Effective 1 December 2010

|    |   |        |        |                                 |
|----|---|--------|--------|---------------------------------|
| 21 | CALCIUM FOLINATE (extension of HSS)   |        |        |                                 |
|    | Inj 50 mg – 1% DV Sep-08 to 2014 .....  | 24.50  | 5      | <b>Calcium Folate<br/>Ebewe</b> |
|    | Inj 100 mg – 1% DV Sep-08 to 2014 .....   | 9.75   | 1      | <b>Calcium Folate<br/>Ebewe</b> |
|    | Inj 300 mg – 1% DV Sep-08 to 2014 .....   | 30.00  | 1      | <b>Calcium Folate<br/>Ebewe</b> |
|    | Inj 1 g – 1% DV Sep-08 to 2014 (↓ price).....   | 90.00  | 1      | <b>Calcium Folate<br/>Ebewe</b> |
| 22 | CARBOPLATIN (↓ price)   |        |        |                                 |
|    | Inj 10 mg per ml, 45 ml – 1% DV Dec-09 to 2012 .....  | 50.00  | 1      | <b>Carboplatin Ebewe</b>        |
|    | Inj 10 mg per ml, 100 ml – 1% DV Dec-09 to 2012 .....   | 105.00 | 1      | <b>Carboplatin Ebewe</b>        |
| 28 | DOPAMINE HYDROCHLORIDE  |        |        |                                 |
|    | Inj 40 mg per ml, 5 ml – 1% DV Feb-11 to 2012 .....   | 82.08  | 10     | <b>Max Health</b>               |
|    | Note – Mayne's brand of dopamine hydrochloride inj 40 mg per ml, 5 ml to be delisted 1 February 2011. |        |        |                                 |
| 29 | DOXORUBICIN (addition of HSS)   |        |        |                                 |
|    | Inj 10 mg – 1% DV Feb-11 to 2012 (↑ price).....   | 10.00  | 1      | <b>Doxorubicin Ebewe</b>        |
|    | Inj 50 mg – 1% DV Feb-11 to 2012 (↑ price).....   | 40.00  | 1      | <b>Doxorubicin Ebewe</b>        |
|    | Inj 100 mg – 1% DV Feb-11 to 2012 (↓ price).....  | 80.00  | 1      | <b>Doxorubicin Ebewe</b>        |
|    | Inj 200 mg – 1% DV Feb-11 to 2012 (↓ price).....  | 150.00 | 1      | <b>Doxorubicin Ebewe</b>        |
| 29 | EPIRUBICIN (↓ price)  |        |        |                                 |
|    | Inj 2 mg per ml, 50 ml – 1% DV Oct-09 to 2012 .....   | 125.00 | 1      | <b>Epirubicin Ebewe</b>         |
|    | Inj 2 mg per ml, 100 ml – 1% DV Oct-09 to 2012 .....  | 210.00 | 1      | <b>Epirubicin Ebewe</b>         |
| 30 | ESCITALOPRAM  |        |        |                                 |
|    | Tab 10 mg – 1% DV Feb-11 to 2013.....   | 2.65   | 28     | <b>Loxalate</b>                 |
|    | Tab 20 mg – 1% DV Feb-11 to 2013.....   | 4.20   | 28     | <b>Loxalate</b>                 |
| 33 | GEMFIBROZIL   |        |        |                                 |
|    | Tab 600 mg – 1% DV Feb-11 to 2013.....  | 14.00  | 60     | <b>Lipazil</b>                  |
| 34 | GLYCERIN WITH SUCROSE   |        |        |                                 |
|    | Suspension .....  | 38.00  | 473 ml | Ora-Sweet                       |
| 34 | GLYCERIN WITH SODIUM SACCHARIN  |        |        |                                 |
|    | Suspension .....  | 38.00  | 473 ml | Ora-Sweet SF                    |

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

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



| Section H page ref | Price<br>(ex man. excl. GST)<br>\$ | Per | Brand or<br>Generic<br>Manufacturer |
|--------------------|------------------------------------|-----|-------------------------------------|
|                    |                                    |     |                                     |

### Section H changes Part II - effective 1 December 2010 (continued)

|    |   |        |        |                           |
|----|---|--------|--------|---------------------------|
| 38 | ITRACONAZOLE<br>Cap 100 mg – <b>1% DV Feb-11 to 2013</b> .....  | 4.25   | 15     | <b>Itrazole</b>           |
|    | Note – Sporanox cap 100 mg to be delisted 1 February 2011.  |        |        |                           |
| 38 | ISOSORBIDE MONONITRATE (↓ price)<br>Tab long-acting 60 mg .....   | 3.94   | 90     | Duride                    |
| 39 | LABETALOL (↓ price)<br>Tab 50 mg .....  | 8.23   | 100    | Hybloc                    |
|    | Tab 100 mg .....  | 10.06  | 100    | Hybloc                    |
|    | Tab 200 mg .....  | 17.55  | 100    | Hybloc                    |
| 39 | LABETALOL<br>Tab 400 mg .....   | 34.44  | 100    | Hybloc                    |
|    | Note – Hybloc tab 400 mg to be delisted 1 February 2011.  |        |        |                           |
| 42 | METHOTREXATE (↓ price and extension of HSS)<br>Inj 100 mg per ml, 10 ml – <b>1% DV Nov-08 to 2014</b> ..... | 25.00  | 1      | <b>Methotrexate Ebewe</b> |
|    | Inj 100 mg per ml, 50 ml – <b>1% DV Nov-08 to 2014</b> .....  | 125.00 | 1      | <b>Methotrexate Ebewe</b> |
| 43 | METHYLCELLULOSE<br>Suspension .....   | 38.00  | 473 ml | Ora-Plus                  |
| 43 | METHYLCELLULOSE WITH GLYCERIN AND SUCROSE<br>Suspension .....   | 38.00  | 473 ml | Ora-Blend                 |
| 43 | METHYLCELLULOSE WITH GLYCERIN AND SODIUM SACCHARIN<br>Suspension .....                                      | 38.00  | 473 ml | Ora-Blend SF              |
| 45 | MOXIFLOXACIN<br>Tab 400 mg .....  | 52.00  | 5      | Avelox                    |
|    | Soln for inf 1.6 mg per ml, 250 ml .....  | 70.00  | 1      | Avelox IV 400             |
| 45 | NIFEDIPINE (↓ price)<br>Tab long-acting 30 mg .....   | 8.56   | 30     | Adefin XL                 |
|    | Tab long-acting 60 mg .....   | 12.28  | 30     | Adefin XL                 |
| 47 | OXALIPLATIN (↓ price)<br>Inj 50 mg – <b>1% DV Jan-10 to 2012</b> .....                                      | 55.00  | 1      | <b>Oxaliplatin Ebewe</b>  |
|    | Inj 100 mg – <b>1% DV Jan-10 to 2012</b> .....  | 110.00 | 1      | <b>Oxaliplatin Ebewe</b>  |
| 47 | PACLITAXEL (↓ price and extension of HSS)<br>Inj 30 mg – <b>1% DV Oct-08 to 2014</b> .....                  | 137.50 | 5      | <b>Paclitaxel Ebewe</b>   |
|    | Inj 100 mg – <b>1% DV Oct-08 to 2014</b> .....  | 91.67  | 1      | <b>Paclitaxel Ebewe</b>   |
|    | Inj 150 mg – <b>1% DV Oct-08 to 2014</b> .....  | 137.50 | 1      | <b>Paclitaxel Ebewe</b>   |
|    | Inj 300 mg – <b>1% DV Oct-08 to 2014</b> .....  | 275.00 | 1      | <b>Paclitaxel Ebewe</b>   |
|    | Inj 600 mg – <b>1% DV Oct-08 to 2014</b> .....  | 550.00 | 1      | <b>Paclitaxel Ebewe</b>   |
| 51 | PROPRANOLOL (↓ price)<br>Cap long-acting 160 mg .....   | 16.06  | 100    | Cardinol LA               |

Products with Hospital Supply Status (HSS) are in **bold**.  
Expiry date of HSS period is 30 June of the year indicated unless otherwise stated

| Section H page ref | Price<br>(ex man. excl. GST) |     | Brand or<br>Generic<br>Manufacturer |
|--------------------|------------------------------|-----|-------------------------------------|
|                    | \$                           | Per |                                     |

**Section H changes Part II - effective 1 December 2010 (continued)**

|    |  |        |          |                         |
|----|--|--------|----------|-------------------------|
| 53 | RIVAROXABAN                                    |        |          |                         |
|    | Tab 10 mg .....                                | 153.00 | 15       | Xarelto                 |
|    |  | 306.00 | 30       | Xarelto                 |
| 54 | SERTRALINE                                     |        |          |                         |
|    | Tab 50 mg – <b>1% DV Feb-11 to 2013</b> .....  | 5.40   | 90       | <b>Arrow-Sertraline</b> |
|    | Tab 100 mg – <b>1% DV Feb-11 to 2013</b> ..... | 9.60   | 90       | <b>Arrow-Sertraline</b> |
| 55 | SODIUM CHLORIDE                                |        |          |                         |
|    | Inf 0.9% .....                                 | 1.70   | 500 ml   | Freeflex                |
|    |  | 1.71   | 1,000 ml | Freeflex                |
| 61 | VERAPAMIL HYDROCHLORIDE                        |        |          |                         |
|    | Tab long-acting 120 mg .....                   | 15.20  | 250      | Verpamil SR             |

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

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

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