

Pharmaceutical Management Agency

Update

# New Zealand Pharmaceutical Schedule

Effective 1 February 2011

Cumulative for January and February 2011

Section H cumulative for December 2010, January and February 2011



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## Summary of PHARMAC decisions

EFFECTIVE 1 FEBRUARY 2011

### **New listings (pages 18-19)**

- Potassium citrate (Biomed) oral liq 3 mmol per ml, 200 ml OP – Special Authority – Retail pharmacy
- Oestradiol (Estradot) TDDS 25 µg per day and TDDS 100 µg per day – Higher subsidy with Special Authority – no more than 2 patches per week – only on a prescription
- Lincomycin (Lincocin) inj 300 mg per ml, 2 ml – Retail pharmacy-Specialist – Section 29
- 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 – Only on a controlled drug form – no patient co-payment payable
- Salbutamol with ipratropium bromide (Duolin HFA) aerosol inhaler, 100 µg with ipratropium bromide, 20 µg per dose CFC-free, 200 dose OP
- Sodium chloride (Biomed) soln 7%, 90 ml OP
- Caffeine citrate (Biomed) oral liq 20 mg per ml (10 mg base per ml), 25 ml OP
- Pharmacy services (BSF Apo-Clopidogrel) brand switch fee – no patient co-payment payable – may only be claimed once per patient per fee

### **Changes to restrictions (pages 21-22)**

- Clopidogrel (Apo-Clopidogrel) tab 75 mg – a brand switch fee may be dispensed from 1 February 2011 until 30 April 2011
- Fentanyl (Durogesic) transdermal patch, matrix 25 µg per hour, 50 µg per hour, 75 µg per hour and 100 µg per hour – amended Special Authority criteria
- Risperidone (Risperdal Consta) inj 25 mg per 2 ml, 37.5 mg per 2 ml and 50 mg per 2 ml – amended presentation description in line items and in Special Authority criteria

### **Decreased subsidy (page 30)**

- Ezetimibe (Ezetrol) tab 10 mg
- Ezetimibe with simvastatin (Vytorin) tab 10 mg with simvastatin 10 mg, 20 mg, 40 mg and 80 mg
- Goserelin acetate (Zoladex) inj 3.6 mg and 10.8 mg
- Itraconazole (Sporanox) cap 100 mg
- Ondansetron (Zofran) tab 4 mg and 8 mg

## Fentanyl patches – new listing and Special Authority change

Mylan Fentanyl Patch (fentanyl transdermal patches) will be fully subsidised from 1 February 2011. This new listing also includes a new lower strength patch of 12.5 µg per hour.

All strengths of Mylan Fentanyl Patch will be fully subsidised without the requirement for a Special Authority approval.

The other currently funded brand of subsidised fentanyl patches, Durogesic, will remain fully subsidised (via Special Authority) for existing patients only from 1 February 2011 until 31 July 2011. Durogesic patches will not be subsidised for any new patients from 1 February 2011. Durogesic will be delisted from the Pharmaceutical Schedule from 1 August 2011.

Mylan Fentanyl Patch has been assessed by Medsafe as being bioequivalent to Durogesic so we would expect that changing brands would not cause any problems in most patients.



It is anticipated that the 6-month grandparenting period for Durogesic should allow sufficient time for the majority of patients to complete treatment with Durogesic or to transition to Mylan Fentanyl Patch.

However, if patients do need to change brands we recommend that they are closely monitored and the dose of fentanyl patch is adjusted as necessary according to the patient's clinical response. Further information on the use of fentanyl patches and changing brands of fentanyl patches is provided in Issue 33 (December 2010) of Best Practice Journal. Best Practice Journal can be accessed online at [www.bpac.org.nz](http://www.bpac.org.nz).



## Nicotine replacement therapy prescriptions

The maximum dispensing rules for nicotine replacement therapy (NRT) were removed from 1 January 2011. We understand that this has resulted in uncertainty among some prescribers and pharmacies about quantities that should be prescribed and, therefore, dispensed. It appears that some prescribers are not including dose and quantity of supply on their prescriptions.

Prescribers are reminded that prescriptions must indicate the total quantity or period of supply, and include a dose and frequency. Prescriptions must meet these legal requirements to comply with regulation 41 of the Medicines Regulations 1984.

As a guide for prescribers (and Quitcard providers), the Medsafe datasheet recommended doses for the funded (Habitrol) brand of NRT are as follows:

- Patches (all strengths): 1 per 24 hours
- Lozenges: as needed when the user feels an urge to smoke. Normally 8–12 per day, up to a maximum of 25 of the 1 mg lozenge or 15 of the 2 mg lozenge per day
- Gum: as needed when the user feels an urge to smoke. Normally 8–12 of the 2 mg pieces or 4–6 of the 4 mg pieces per day, up to a maximum of 20 pieces per day for the 2 mg gum and 10 pieces for the 4 mg gum. Different maximum quantities apply for people who are taking the gum in addition to the patches; please refer to the patch instruction sheet or Medsafe datasheet for more information on combination dosing.

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## New listing for recurrent calcium oxalate urolithiasis

A subsidised oral treatment for recurrent calcium oxalate urolithiasis will be fully subsidised from 1 February 2011. The Biomed brand of potassium citrate oral liquid 3 mmol per ml, 200 ml OP, will be fully subsidised under Special Authority criteria. See page 18 for further details.



## Salbutamol with ipratropium bromide aerosol inhaler – new listing

The Duolin HFA brand of salbutamol 100 µg with ipratropium bromide 20 µg per dose CFC-free, 200 dose OP, aerosol inhaler will be fully subsidised from 1 February 2011. Although supplies of Duolin HFA are not expected to be available until the middle of February 2011, we have decided to list this product now so that once stock becomes

available it will be subsidised for patients. Duolin HFA will be an alternative for the currently listed Combivent which is being discontinued as a result of the Montreal protocol obligations to cease production of CFC containing products. Stocks of Combivent are expected to be exhausted within the next few months.

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## Hypertonic saline subsidised for cystic fibrosis patients

The Biomed brand of sodium chloride 7% solution (hypertonic saline), 90 ml OP, will be fully subsidised from 1 February 2011. Hypertonic saline is used in a nebuliser by cystic fibrosis patients.

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## Caffeine citrate oral solution subsidised

A treatment for neonatal apnoea of prematurity will be listed and fully subsidised from 1 February 2011. Biomed's caffeine citrate oral liquid 20 mg per ml (10 mg base per ml) will be subsidised without restriction. This listing eliminates the need for applications being submitted to the Hospital Exceptional Circumstances (HEC) panel for the continued use of caffeine citrate following hospital discharge.

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## Lincomycin – new listing

Pfizer New Zealand has notified PHARMAC of a global stock situation with clindamycin (Dalacin C) 150 mg per ml, 4 ml injections. Pfizer anticipates that current stock in New Zealand of clindamycin injections would be exhausted by the end of February 2011. Pfizer's lincomycin injection (Section 29)

will be listed and fully subsidised from 1 February 2011 as a replacement. For all clinical questions regarding lincomycin please contact Pfizer on 0800 736 363. Clindamycin capsules are not affected by this issue.

## Pharmacy Brand Switch Payments

Brand switch payments for pharmacies will be payable for dispensings of the Apo-Clopidogrel brand of clopidogrel 75 mg tablets from 1 February 2011.

The brand switch fee is claimable via a Pharmacode on the first dispensing of clopidogrel after 1 February 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 February 2011. The brand switch fee for clopidogrel will be paid only once for each patient during the claim period. The brand switch fee will not be able to be claimed for this pharmaceutical for dispensing after 30 April 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)

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## Healtheries pyridoxine hydrochloride discontinuation

Healtheries of New Zealand Ltd has notified the discontinuation of its brand of pyridoxine hydrochloride 25 mg tablets. Where stock is available it will remain subsidised until 1 August 2011. Patients are exempt from paying the patient co-payment for prescriptions for pyridoxine

hydrochloride 25 mg tablets. This exemption does not apply to the 50 mg tablet presentation which remains subsidised.



# Tender News

Sole Subsidised Supply changes – effective 1 March 2011

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Amoxicillin	Cap 250 mg; 500 cap	Alphamox (Mylan)
Amoxicillin	Cap 500 mg; 500 cap	Alphamox (Mylan)
Chloramphenicol	Eye drops 0.5%; 10 ml OP	Chlorafast (Arrow)
Cilazapril	Tab 0.5 mg; 30 tab	Zapril (Mylan)
Cilazapril	Tab 2.5 mg; 30 tab	Zapril (Mylan)
Cilazapril	Tab 5 mg; 30 tab	Zapril (Mylan)
Escitalopram	Tab 10 mg; 28 tab	Loxalate (Mylan)
Escitalopram	Tab 20 mg; 28 tab	Loxalate (Mylan)
Gemfibrozil	Tab 600 mg; 60 tab	Lipazil (Douglas)
Loperamide hydrochloride	Cap 2 mg; 400 cap	Diamide Relief (Mylan)
Sertraline	Tab 50 mg; 90 tab	Arrow-Sertraline (Arrow)
Sertraline	Tab 100 mg; 90 tab	Arrow-Sertraline (Arrow)

## 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 March 2011

- Brand Switch Fee – cilazapril tab
- Darunavir (Prezista) tab 600 mg – new listing with existing Special Authority criteria
- Gemcitabine hydrochloride inj 200 mg and 1 g (Gemzar and Gemcitabine Ebewe), and inj 1 mg for ECP (Baxter) – amended Special Authority criteria
- Neostigmine (AstraZeneca) inj 2.5 mg per ml, 1 ml – subsidy increase
- Potassium chloride (AstraZeneca) inj 75 mg per ml, 10 ml – subsidy increase
- Ritonavir (Norvir) tab 100 mg – new listing with existing Special Authority



## Sole Subsidised Supply Products – cumulative to February 2011

Generic Name	Presentation	Brand Name	Expiry Date*
Acarbose	Tab 50 mg & 100 mg	Glucobay	2012
Acetazolamide	Tab 250 mg	Diamox	2011
Aciclovir	Tab dispersible 200 mg, 400 mg & 800 mg	Lovir	2013
Allopurinol	Tab 100 mg & 300 mg	Apo-Allopurinol	2011
Amantadine hydrochloride	Cap 100 mg	Symmetrel	2011
Amlodipine	Tab 5 mg & 10 mg	Apo-Amlodipine	2011
Amoxicillin	Grans for oral liq 250 mg per 5 ml Drops 125 mg per 1.25 ml	Ospamox Ospamox Paediatric Drops Ibiamox	2012 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
Ascorbic acid	Tab 100 mg	Vitala-C	2013
Aspirin	Tab 100 mg	Ethics Aspirin EC 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
Azathioprine	Tab 50 mg	Imuprine	2013
	Inj 50 mg	Imuran	
Azithromycin	Tab 500 mg	Arrow-Azithromycin	2012
Baclofen	Tab 10 mg	Pacifen	2012
Bendrofluazide	Tab 2.5 mg & 5 mg	Arrow-Bendrofluazide	2011
Benzylpenicillin sodium (Penicillin G)	Inj 1 mega u	Sandoz	2011
Betamethasone valerate	Scalp app 0.1%	Beta Scalp	2012
Bezafibrate	Tab 200 mg	Fibalip	2011
Bicalutamide	Tab 50 mg	Bicalox	2011
Bisacodyl	Tab 5 mg	Lax-Tab	2013
Brimonidine tartrate	Eye drops 0.2%	AFT	2011
Calamine	Crn, aqueous, BP Lotn, BP	healthE API	2012
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 February 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) Tab 1.5 g (600 mg elemental) Tab eff 1.7 g (1 g elemental)	Calci-Tab 500 Calci-Tab 600 Calsource	2011
Calcium folinate	Inj 50 mg	Calcium Folate Ebewe	2011
Captopril	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 500 mg</b> Inj 1 g	<b>Veracol</b> Aspen Ceftriaxone	<b>2013</b>
Cefuroxime sodium	Inj 750 mg & 1.5 g	Zinacef	2011
Cephalexin monohydrate	Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml	Cefalexin Sandoz Cefalexin Sandoz	2012
Cetirizine hydrochloride	Tab 10 mg Oral liq 1 mg per ml	Zetop Cetirizine-AFT	2011
Cetomacrogol	Crn BP	PSM	2013
Chloramphenicol	Eye oint 1%	Chlorsig	2012
Chlorhexidine gluconate	Handrub 1% with ethanol 70% Soln 4%	healthE Orion	2012 2011
Ciclopiroxolamine	Nail soln 8%	Batrafen	2012
Cilazapril with hydrochlorothiazide	Tab 5 mg with hydrochlorothiazide 12.5 mg	Inhibace Plus	2013
Ciprofloxacin	Tab 250 mg, 500 mg & 750 mg	Rex Medical	2011
Citalopram	Tab 20 mg	Arrow-Citalopram	2011
Clobetasol propionate	Crn 0.05% Oint 0.05% Scalp app 0.05%	Dermol Dermol Dermol	2012
Clonazepam	Tab 500 µg & 2 mg	Paxam	2011
Clonidine	TDDS 2.5 mg, 100 µg per day TDDS 5 mg, 200 µg per day TDDS 7.5 mg, 300 µg per day	Catapres-TTS-1 Catapres-TTS-2 Catapres-TTS-3	2012
Clonidine hydrochloride	Inj 150 µg per ml, 1 ml Tab 25 µg Tab 150 µg	Catapres Dixarit Catapres	2012
<b>Clopidogrel</b>	<b>Tab 75 mg</b>	<b>Apo-Clopidogrel</b>	<b>2013</b>
Clotrimazole	Vaginal crn 1% with applicator Vaginal crn 2% with applicator Crn 1%	Clomazol Clomazol Clomazol	2013 2011
Coal tar	Soln BP	Midwest	2013
Colchicine	Tab 500 µg	Colgout	2013

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## Sole Subsidised Supply Products – cumulative to February 2011

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

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## Sole Subsidised Supply Products – cumulative to February 2011

Generic Name	Presentation	Brand Name	Expiry Date*
Felodipine	Tab long-acting 5 mg Tab long-acting 10 mg	Felo 5 ER Felo 10 ER	2012
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 Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml Inj 250 mg, 500 mg & 1 g	AFT AFT AFT Flucloxin	2012  2011
Fluconazole	Cap 50 mg, 150 mg & 200 mg	Pacific	2011
Fludarabine phosphate	Inj 50 mg Tab 10 mg	Fludara Fludara Oral	2011
Fluorometholone	Eye drops 0.1%	FML	2012
Fluoxetine hydrochloride	Cap 20 mg Tab dispersible 20 mg, scored	Floox Floox	2013
Flutamide	Tab 250 mg	Flutamin	2013
Fluticasone propionate	Metered aqueous nasal spray, 50 µg per dose	Flixonase Hayfever & Allergy	31/1/13
<b>Furosemide</b>	<b>Inj 10 mg per ml, 2 ml</b> Tab 40 mg	<b>Frusamide-Claris</b> Diurin 40	<b>2013</b> 2012
Fusidic acid	Crn 2% Oint 2%	Foban 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 Oral pump spray 400 µg per dose  TDDS 5 mg & 10 mg	Lycinate Nitrolingual Pumpspray Nitroderm TTS	2011
Haloperidol	Inj 5 mg per ml, 1 ml Oral liq 2 mg per ml Tab 500 µg, 1.5 mg & 5 mg	Serenace Serenace Serenace	2013
Hydrocortisone	Inj 50 mg per ml, 1 ml Tab 5 mg & 20 mg Powder Crn 1%, 500 g	Solu-Cortef Douglas ABM PSM	2013 2012 2011
Hydrocortisone acetate	Rectal foam 10%, CFC-free (14 applications)	Colifoam	2012
Hydrocortisone with miconazole	Crn 1% with miconazole nitrate 2%	Micreme H	2013

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## Sole Subsidised Supply Products – cumulative to February 2011

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

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## Sole Subsidised Supply Products – cumulative to February 2011

Generic Name	Presentation	Brand Name	Expiry Date*
Metformin hydrochloride	Tab immediate-release 500 mg & 850 mg	Apotex	2012
Methadone hydrochloride	Tab 5 mg Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml	Methatabs Biodone Biodone Forte Biodone Extra Forte	2013 2012
Methotrexate	Inj 25 mg per ml, 2 ml & 20 ml Tab 2.5 mg & 10 mg Inj 100 mg per ml, 10 ml & 50 ml	Hospira Methoblastin Methotrexate Ebewe	2013 2012 2011
Methyl dopa	Tab 125 mg, 250 mg & 500 mg	Prodopa	2011
Methylprednisolone	Tab 4 mg & 100 mg	Medrol	2012
Methylprednisolone acetate	Inj 40 mg per ml, 1 ml	Depo-Medrol	2011
Methylprednisolone acetate with lignocaine	Inj 40 mg per ml with lignocaine 1 ml	Depo-Medrol with Lidocaine	2011
Methylprednisolone sodium succinate	Inj 40 mg per ml, 1 ml Inj 62.5 mg per ml, 2 ml Inj 500 mg Inj 1 g	Solu-Medrol Solu-Medrol Solu-Medrol Solu-Medrol	2012
Metoclopramide hydrochloride	Inj 5 mg per ml, 2 ml	Pfizer	2011
Miconazole nitrate	Crn 2%	Multichem	2011
Moclobemide	Tab 150 mg & 300 mg	Apo-Moclobemide	2012
Mometasone furoate	Crn 0.1% Oint 0.1%	m-Mometasone m-Mometasone	2012
Morphine hydrochloride	Oral liq 1 mg per ml Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml	RA-Morph RA-Morph RA-Morph RA-Morph	2012
Morphine sulphate	Cap long-acting 10 mg, 30 mg, 60 mg & 100 mg Tab immediate release 10 mg & 20 mg Inj 10 mg per ml, 1 ml Inj 30 mg per ml, 1 ml	m-Elson Sevredol Mayne Mayne	2013 2012 2011
Morphine tartrate	Inj 80 mg per ml, 1.5 ml & 5 ml	Hospira	2013
<b>Mucilaginous laxatives</b>	<b>Dry</b>	<b>Konsyl-D</b>	<b>2013</b>
Naproxen	Tab 250 mg Tab 500 mg	Noflam 250 Noflam 500	2012
Nevirapine	Oral suspension 10 mg per ml  Tab 200 mg	Viramune Suspension Viramune	2012
Norethisterone	Tab 350 µg Tab 5 mg	Noriday 28 Primolut N	2012 2011
Nortriptyline hydrochloride	Tab 10 mg & 25 mg	Norpress	2011

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## Sole Subsidised Supply Products – cumulative to February 2011

Generic Name	Presentation	Brand Name	Expiry Date*
Nystatin	Cap 500,000 u	Nilstat	2013
	Tab 500,000 u	Nilstat	
	Oral liq 100,000 u per ml, 24 ml OP	Nilstat	2011
Omeprazole	Cap 10 mg, 20 mg & 40 mg	Dr Reddy's Omeprazole	2011
	Inj 40 mg	Dr Reddy's Omeprazole	
Oxytocin	Inj 5 iu per ml, 1 ml	Syntocinon	2012
	Inj 10 iu per ml, 1 ml	Syntocinon	
	Inj 5 iu with ergometrine maleate 500 µg per ml, 1 ml	Syntometrine	
Pamidronate disodium	Inj 3 mg per ml, 5 ml	Pamisol	2011
	Inj 3 mg per ml, 10 ml	Pamisol	
	Inj 6 mg per ml, 10 ml	Pamisol	
Pantoprazole	Tab 20 mg & 40 mg	Dr Reddy's Pantoprazole	2013
Paracetamol	Tab 500 mg	Pharmacare	2011
	Oral liq 120 mg per 5 ml	Paracare Junior	
	Oral liq 250 mg per 5 ml	Paracare Double Strength	
Paracetamol with codeine	Tab paracetamol 500 mg with codeine phosphate 8 mg	ParaCode	2011
Paraffin liquid with soft white paraffin	Eye oint with soft white paraffin	Lacri-Lube	2013
Paroxetine hydrochloride	Tab 20 mg	Loxamine	2013
Peak Flow Meter	Low range and Normal range	Breath-Alert	30/9/11
Pegylated interferon alpha-2A	Inj 135 µg prefilled syringe	Pegasys	31/12/12
	Inj 180 µg prefilled syringe	Pegasys	
	Inj 135 µg prefilled syringe x 4 with ribavirin tab 200 mg x 112	Pegasys RBV Combination Pack	
	Inj 135 µg prefilled syringe x 4 with ribavirin tab 200 mg x 168	Pegasys RBV Combination Pack	
	Inj 180 µg prefilled syringe x 4 with ribavirin tab 200 mg x 112	Pegasys RBV Combination Pack	
	Inj 180 µg prefilled syringe x 4 with ribavirin tab 200 mg x 168	Pegasys RBV Combination Pack	
Pergolide	Tab 0.25 mg & 1 mg	Permax	2011
Permethrin	Lotn 5%	A-Scabies	2011
Phenoxyethylpenicillin (Pencillin V)	Cap potassium salt 250 mg & 500 mg	Cilicaine VK	2013
	Grans for oral liq 125 mg per 5 ml	AFT	
	Grans for oral liq 250 mg per 5 ml	AFT	
Pindolol	Tab 5 mg, 10 mg & 15 mg	Apo-Pindolol	2012
Pioglitazone	Tab 15 mg, 30 mg & 45 mg	Pizaccord	2012
Pizotifen	Tab 500 µg	Sandomigran	2012

\*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 February 2011

Generic Name	Presentation	Brand Name	Expiry Date*
Poloxamer	Oral drops 10%	Coloxyl	2011
Polyvinyl alcohol	Eye drops 1.4% Eye drops 3%	Vistil Vistil Forte	2011
Potassium chloride	Tab long-acting 600 mg	Span-K	2012
Prednisone	Tab 1 mg, 2.5 mg, 5 mg & 20 mg	Apo-Prednisone	2011
Prednisone sodium phosphate	Oral liq 5 mg per ml	Redipred	2012
Pregnancy tests – hCG urine	Cassette	Innovacon hCG One Step Pregnancy Test	2012
Procaine penicillin	Inj 1.5 mega u	Cilicaine	2011
Promethazine hydrochloride	Oral liq 5 mg per 5 ml	Promethazine Winthrop Elixir	2012
	Tab 10 mg & 25 mg	Allersoothe	2011
Quinapril	Tab 5 mg, 10 mg & 20 mg	Accupril	2011
Quinapril with hydrochlorothiazide	Tab 10 mg with hydrochlorothiazide 12.5 mg	Accuretic 10	2011
	Tab 20 mg with hydrochlorothiazide 12.5 mg	Accuretic 20	
Quinine sulphate	Tab 300 mg	Q 300	2012
Rifabutin	Cap 150 mg	Mycobutin	2013
Ropinirole hydrochloride	Tab 0.25 mg, 1 mg, 2 mg & 5 mg	Ropin	2013
Roxithromycin	Tab 150 mg & 300 mg	Arrow-Roxithromycin	2012
Salbutamol	Oral liq 2 mg per 5 ml	Salapin	2013
	Nebuliser soln, 1 mg per ml, 2.5 ml	Asthalin	2012
	Nebuliser soln, 2 mg per ml, 2.5 ml	Asthalin	
Salbutamol with ipratropium bromide	Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml	Duolin	2012
Selegiline hydrochloride	Tab 5 mg	Apo-Selegiline	2012
Simvastatin	Tab 10 mg	Arrow-Simva 10 mg	2011
	Tab 20 mg	Arrow-Simva 20 mg	
	Tab 40 mg	Arrow-Simva 40 mg	
	Tab 80 mg	Arrow-Simva 80 mg	
Sodium chloride	Inj 23.4%, 20 ml	Biomed	2013
Sodium citrate with sodium lauryl sulphoacetate	Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml	Micolette	2013
Sodium citro-tartrate	Grans effervescent 4 g sachets	Ural	2013
<b>Sodium cromoglycate</b>	<b>Eye drops 2%</b>	<b>Rexacrom Rex</b>	<b>2013</b>
	<b>Nasal spray, 4%</b>		<b>2012</b>
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

\*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 February 2011

Generic Name	Presentation	Brand Name	Expiry Date*
Spacer Device	230 ml, autoclavable & single patient	Space Chamber	30/9/11
Spironolactone	Tab 25 mg & 100 mg	Spirotone	2013
Sumatriptan	Tab 50 mg & 100 mg	Arrow-Sumatriptan	2013
Tamsulosin hydrochloride	Cap 400 µg	Tamsulosin-Rex	2013
Tar with triethanolamine lauryl sulphate and fluorescein	Soln 2.3%	Pinetarsol	2011
Temazepam	Tab 10 mg	Normison	2011
Terazosin hydrochloride	Tab 1 mg, 2 mg & 5 mg	Arrow	2013
Terbinafine	Tab 250 mg	Apo-Terbinafine	2011
Testosterone cypionate	Inj long-acting 100 mg per ml, 10 ml	Depo-Testosterone	2011
Testosterone undecanoate	Cap 40 mg	Arrow-Testosterone	2012
Tetracosactrin	Inj 250 µg Inj 1 mg per ml, 1 ml	Synacthen Synacthen Depot	2011
Timolol maleate	Tab 10 mg Eye drops 0.25% & 0.5%	Apo-Timol Apo-Timop	2012 2011
Tramadol hydrochloride	Cap 50 mg	Arrow-Tramadol	2011
Tranexamic acid	Tab 500 mg	Cycklokapron	2013
Triamcinolone acetonide	Crn 0.02% Oint 0.02% Inj 40 mg per ml, 1 ml 0.1% in Dental Paste USP	Aristocort Aristocort Kenacort-A40 Oracort	2011
Trimethoprim	Tab 300 mg	TMP	2011
Tropisetron	Cap 5 mg	Navoban	2012
Ursodeoxycholic acid	Cap 300 mg	Actigall	2011
Vancomycin hydrochloride	Inj 50 mg per ml, 10 ml	Pacific	2011
<b>Vitamin B complex</b>	<b>Tab, strong, BPC</b>	<b>B-PlexADE</b>	<b>2013</b>
Zidovudine [AZT]	Cap 100 mg Oral liq 10 mg per ml	Retrovir Retrovir	2013
Zinc and castor oil	Oint BP	PSM	2011
Zinc sulphate	Cap 137.4 mg (50 mg elemental)	Zincaps	2011
Zopiclone	Tab 7.5 mg	Apo-Zopiclone	2011

### February changes in bold

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## New Listings

### Effective 1 February 2011

73	POTASSIUM CITRATE Oral liq 3 mmol per ml – Special Authority see SA1083 – Retail pharmacy.....	30.00	200 ml OP	✓ Biomed
	▶ SA1083 Special Authority for Subsidy Initial application only from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria: Both: 1 The patient has recurrent calcium oxalate urolithiasis; and 2 The patient has had more than two renal calculi in the two years prior to the application. Renewal from any relevant practitioner. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefitting from the treatment.			
77	OESTRADIOL – See prescribing guideline * TDDS 25 µg per day .....	3.01 (10.86)	8	Estradot
	a) Higher subsidy of \$10.86 per 8 patch with Special Authority see SA1018 b) No more than 2 patch per week c) Only on a prescription			
	* TDDS 100 µg per day .....	7.05 (16.14)	8	Estradot
	a) Higher subsidy of \$16.14 per 8 patch with Special Authority see SA1018 b) No more than 2 patch per week c) Only on a prescription			
86	LINCOMYCIN – Retail pharmacy-Specialist Inj 300 mg per ml, 2 ml .....	80.00	5	✓ Lincocin <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">S29</span>
117	FENTANYL a) Only on a controlled drug form b) No patient co-payment payable Transdermal patch 12.5 µg per hour .....	8.90	5	✓ Mylan Fentanyl Patch
	Transdermal patch 25 µg per hour .....	9.15	5	✓ Mylan Fentanyl Patch
	Transdermal patch 50 µg per hour .....	11.50	5	✓ Mylan Fentanyl Patch
	Transdermal patch 75 µg per hour .....	13.60	5	✓ Mylan Fentanyl Patch
	Transdermal patch 100 µg per hour .....	14.50	5	✓ Mylan Fentanyl Patch
164	SALBUTAMOL WITH IPRATROPIUM BROMIDE Aerosol inhaler, 100 µg with ipratropium bromide, 20 µg per dose CFC-free .....	12.19	200 dose OP	✓ Duolin HFA
164	SODIUM CHLORIDE Soln 7% .....	23.50	90 ml OP	✓ Biomed
165	CAFFEINE CITRATE Oral liq 20 mg per ml (10 mg base per ml).....	14.85	25 ml OP	✓ Biomed

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

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

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

171	PHARMACY SERVICES – May only be claimed once per patient. * Brand switch fee ..... 0.01	1 fee	✓ <b>BSF Apo-Clopidogrel</b>
	The Pharmacode for BSF Apo-Clopidogrel is 2378655 (BSF Apo-Clopidogrel Brand switch fee to be delisted 1 May 2011)		

### Effective 1 January 2011

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

*continued...*

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

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

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

*continued...*

	D) Influenza Vaccine does not fall within the definition Community Pharmaceutical as it is not funded directly from the Pharmaceutical Budget. Pharmacists are unable to claim for the dispensing of influenza vaccine from the Funder.		
	Inj .....	90.00	10 ✓ <b>Fluvax</b> ✓ <b>Fluarix</b>
142	NICOTINE		
	Nicotine will not be funded Close Control in amounts less than 4 weeks of treatment.		
	Gum 2 mg (Classic) .....	14.97	96 ✓ <b>Habitrol</b>
	Gum 4 mg (Classic) .....	20.02	96 ✓ <b>Habitrol</b>
171	PHARMACY SERVICES – May only be claimed once per patient.		
	* Brand switch fee.....	0.01	1 fee ✓ <b>BSF Imuprine</b>
	The Pharmacode for BSF Imuprine is 2377829		
	* Brand switch fee.....	0.01	1 fee ✓ <b>BSF Dapa-Tabs</b>
	The Pharmacode for BSF Dapa-Tabs is 2377837		
	* Brand switch fee.....	0.01	1 fee ✓ <b>BSF Univent</b>
	The Pharmacode for BSF Univent is 2377845		
	* Brand switch fee.....	0.01	1 fee ✓ <b>BSF Arrow Terazosin</b>
	The Pharmacode for BSF Arrow Terazosin is 2377853		
	<i>(BSF Imuprine to be delisted 1 April 2011)</i>		
	<i>(BSF Dapa-Tabs to be delisted 1 April 2011)</i>		
	<i>(BSF Univent to be delisted 1 April 2011)</i>		
	<i>(BSF Arrow Terazosin to be delisted 1 April 2011)</i>		

## Changes to Restrictions

Effective 1 February 2011

41	CLOPIDOGREL – <b>Brand switch fee payable</b>			
	Tab 75 mg .....	5.05	28	✓ <b>Apo-Clopidogrel</b>
		16.25	90	✓ <b>Apo-Clopidogrel</b>
117	FENTANYL – <b>Special Authority see SA0935 – Retail pharmacy</b>			
	a) Only on a controlled drug form			
	b) No patient co-payment payable			
	Transdermal patch, matrix 25 µg per hour – <b>Special Authority</b>			
	<b>see SA1080 – Retail pharmacy</b> .....	55.23	5	✓ <b>Durogesic</b>
	Transdermal patch, matrix 50 µg per hour – <b>Special Authority</b>			
	<b>see SA1080 – Retail pharmacy</b> .....	100.52	5	✓ <b>Durogesic</b>
	Transdermal patch, matrix 75 µg per hour – <b>Special Authority</b>			
	<b>see SA1080 – Retail pharmacy</b> .....	139.18	5	✓ <b>Durogesic</b>
	Transdermal patch, matrix 100 µg per hour – <b>Special Authority</b>			
	<b>see SA1080 – Retail pharmacy</b> .....	171.22	5	✓ <b>Durogesic</b>

▶ SA1080 0935 Special Authority for Subsidy

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

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

Both:

1 Patient is terminally ill and is opioid responsive; and

2 Either:

2.1 is unable to take oral medication; or

2.2 is intolerant to morphine, or morphine is contraindicated.

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

132	RISPERIDONE – <b>Special Authority see SA0926 – Retail pharmacy</b>			
	<b>Inj</b> Microspheres for injection 25 mg <b>per 2 ml</b> .....	175.00	1	✓ <b>Risperdal Consta</b>
	<b>Inj</b> Microspheres for injection 37.5 mg <b>per 2 ml</b> .....	230.00	1	✓ <b>Risperdal Consta</b>
	<b>Inj</b> Microspheres for injection 50 mg <b>per 2 ml</b> .....	280.00	1	✓ <b>Risperdal Consta</b>

▶ SA0926 Special Authority for Subsidy

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

All of the following:

1 The patient has schizophrenia or other psychotic disorder; and

2 Has tried but failed to comply with treatment using oral atypical antipsychotic agents; and

3 Has been admitted to hospital or treated in respite care, or intensive outpatient or home-based treatment for 30 days or more in last 12 months.

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

Either:

1 Both:

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

1.2 There is no clinical reason to discontinue treatment; or

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

*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 February 2011 (continued)

continued...

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

### Effective 1 January 2011

47	<b>TERAZOSIN HYDROCHLORIDE – 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	<b>INDAPAMIDE – Brand switch fee payable</b>			
	* Tab 2.5 mg .....	2.95	90	✓ <b>Dapa-Tabs</b>

86	<b>MOXIFLOXACIN – Special Authority see SA1065 – Retail pharmacy – No patient co-payment payable</b>			
	Tab 400 mg .....	52.00	5	✓ <b>Avelox</b>

➔ SA1065] Special Authority for Subsidy

Initial application only from a respiratory specialist or infectious disease specialist. Approvals valid for 1 year for applications meeting the following criteria:

Either:

1 Both:

1.1 Active tuberculosis\*; and

1.2 Any of the following:

1.2.1 Documented resistance to one or more first-line medications; or

1.2.2 Suspected resistance to one or more first-line medications (tuberculosis assumed to be contracted in an area with known resistance), as part of regimen containing other second-line agents; or

1.2.3 Impaired visual acuity (considered to preclude ethambutol use); or

1.2.4 Significant pre-existing liver disease or hepatotoxicity from tuberculosis medications; or

1.2.5 Significant documented intolerance and/or side effects following a reasonable trial of first-line medications; or

2 Mycobacterium avium-intracellulare complex not responding to other therapy or where such therapy is contraindicated.\*.

Note: Indications marked with \* are Unapproved Indications (refer to Section A: General Rules, Part I (Interpretations and Definitions) and Part IV (Miscellaneous Provisions) rule 4.6).

Renewal only from a respiratory specialist or infectious disease specialist. Approvals valid for 1 year where the treatment remains appropriate and the patient is benefiting from treatment.

87	<b>DAPSONE – No patient co-payment payable</b>			
	Tab 25 mg .....	95.00	100	✓ <b>Dapson</b> <del>S29</del>
	Tab 100 mg .....	110.00	100	✓ <b>Dapson</b> <del>S29</del>

115	<b>BROMOCRIPTINE MESYLATE</b>			
	* Cap 5 mg .....	60.43	100	✓ <b>Apo-Bromocriptine</b> <del>S29</del>

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...

123	GABAPENTIN – Special Authority see SA1071 4009– Retail pharmacy			
	▲ Cap 100 mg .....	7.16	100	✓ Nupentin
	▲ Cap 300 mg .....	11.50	100	✓ Nupentin
	▲ Cap 400 mg .....	14.75	100	✓ Nupentin

### ► SA1071 4009 Special Authority for Subsidy

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

Either:

- 1 Seizures are not adequately controlled with optimal treatment with other antiepilepsy agents; or
- 2 Seizures are controlled adequately but the patient has experienced unacceptable side effects from optimal treatment with other antiepilepsy agents.

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

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

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 The patient has previously demonstrated clinical responsiveness to gabapentin and has now developed neuropathic pain in a new site.

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

125 VIGABATRIN – Special Authority see ~~SA1072 1010~~ – Retail pharmacy  
▲ Tab 500 mg ..... 119.30 100 ✓ **Sabril**

▶ ~~SA1072 1010~~ Special Authority for Subsidy

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

Both:

1 Either:

1.1 Patient has infantile spasms; or

1.2 Both:

1.2.1 Patient has epilepsy; and

1.2.2 Either:

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.

continued...



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

continued...

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 <b>SA1073 0907</b> – Retail pharmacy Only on a controlled drug form Tab 5 mg .....	16.50	100	✓ <b>PSM</b>
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▶ **SA1073 0907** Special Authority for Subsidy

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

All of the following:

- 1 ADHD (Attention Deficit and Hyperactivity Disorder) patients aged 5 years or over; and
- 2 Diagnosed according to DSM-IV or ICD 10 criteria; and
- 3 Either:
  - 3.1 Applicant is a paediatrician or psychiatrist; or
  - 3.2 Both:
    - 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:

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...

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

2.2.2 Provide name of the recommending specialist.

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

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

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

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

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

138 METHYLPHENIDATE HYDROCHLORIDE – Special Authority see **SA1074 0908** – Retail pharmacy

Only on a controlled drug form

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

► **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:

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...

Both:

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

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

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

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

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

Both:

- 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 pieces per prescription

b) Maximum of 384 pieces 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 pieces per dispensing cannot be waived via Access Exemption Criteria:

Gum 2 mg (Classic) .....	14.97	96	✓ <b>Habitrol</b>
Gum 2 mg (Fruit) .....	14.97	96 0P	✓ <b>Habitrol</b>
Gum 2 mg (Mint) .....	14.97	96 0P	✓ <b>Habitrol</b>
Gum 4 mg (Classic) .....	20.02	96	✓ <b>Habitrol</b>
Gum 4 mg (Fruit) .....	20.02	96 0P	✓ <b>Habitrol</b>
Gum 4 mg (Mint) .....	20.02	96 0P	✓ <b>Habitrol</b>

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

142	NICOTINE <b>Nicotine will not be funded Close Control in amounts less than 4 weeks of treatment.</b> a) Maximum of 432 loz per prescription b) Maximum of 216 loz per dispensing c) For the avoidance of doubt Nicotine will not be funded Close Control in amounts less than 4 weeks. d) The maximum of 216 loz per dispensing cannot be waived via Access Exemption Criteria. Lozenge 1 mg ..... 11.08 36 0P ✓ <b>Habitrol</b> Lozenge 2 mg ..... 11.08 36 0P ✓ <b>Habitrol</b>		
142	NICOTINE <b>Nicotine will not be funded Close Control in amounts less than 4 weeks of treatment.</b> a) Maximum of 56 patch per prescription b) Maximum of 28 patch per dispensing c) For the avoidance of doubt Nicotine will not be funded Close Control in amounts less than 4 weeks. d) The maximum of 28 patch per dispensing cannot be waived via Access Exemption Criteria. Patch 7 mg ..... 10.53 7 0P ✓ <b>Habitrol</b> Patch 14 mg ..... 11.63 7 0P ✓ <b>Habitrol</b> Patch 21 mg ..... 12.32 7 0P ✓ <b>Habitrol</b>		
149	MITOMYCIN C – PCT only – Specialist Inj 5 mg ..... 72.75	1	✓ <b>Arrow</b> <sup>829</sup>
150	TRETINOIN Cap 10 mg – <b>PCT – Retail pharmacy-Specialist</b> ..... 435.90	100	✓ <b>Vesanoid</b>
156	AZATHIOPRINE – Retail pharmacy-Specialist * Tab 50 mg – <b>Brand switch fee payable</b> ..... 18.45	100	✓ <b>Imuprine</b>
163	IPRATROPIUM BROMIDE Nebuliser soln, 250 µg per ml, 1 ml – Up to 40 neb available on a PSO – <b>Brand switch fee payable</b> ..... 3.79 Nebuliser soln, 250 µg per ml, 2 ml – Up to 40 neb available ..... on a PSO – <b>Brand switch fee payable</b> ..... 4.06	20 20	✓ <b>Univent</b> ✓ <b>Univent</b>
172	EXTEMPORANEOUSLY COMPOUNDED PRODUCTS & GALENICALS Dermatological base: The products listed in the Barrier creams and Emollients section and the Topical Corticosteroids-Plain section of the Pharmaceutical Schedule are classified as dermatological bases for the purposes of extemporaneous compounding and are the bases to which the dermatological galenicals can be added. Also the dermatological bases in the Barrier Creams and Emollients section of the Pharmaceutical Schedule can be used for diluting proprietary Topical Corticosteroid-Plain preparations. The following products are dermatological bases: • Aqueous cream • Cetomacrogol cream BP • Collodion flexible • Emulsifying ointment BP • Glycerol with paraffin and cetyl alcohol lotion • Hydrocortisone with wool fat and mineral oil lotion • Oil in water emulsion • Oily cream • Urea cream 10% • White soft paraffin • Wool fat with mineral oil lotion		

*continued...*

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...*

- ~~Zinc cream BP~~
- Zinc and castor oil ointment BP
- Proprietary Topical Corticosteroid-Plain preparations

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

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## Changes to Subsidy and Manufacturer's Price

Effective 1 February 2011

34	LACTULOSE – Only on a prescription († price) * Oral liq 10 g per 15 ml .....	6.65 (7.68)	1,000 ml	Duphalac
45	EZETIMIBE – Special Authority see SA1045 – Retail pharmacy (↓ subsidy) Tab 10 mg .....	45.90	30	✓ <b>Ezetrol</b>
46	EZETIMIBE WITH SIMVASTATIN – Special Authority see SA1046 – Retail pharmacy (↓ subsidy) Tab 10 mg with simvastatin 10 mg .....	48.90	30	✓ <b>Vytorin</b>
	Tab 10 mg with simvastatin 20 mg .....	51.60	30	✓ <b>Vytorin</b>
	Tab 10 mg with simvastatin 40 mg .....	55.20	30	✓ <b>Vytorin</b>
	Tab 10 mg with simvastatin 80 mg .....	60.60	30	✓ <b>Vytorin</b>
80	GOSERELIN ACETATE (↓ subsidy) Inj 3.6 mg .....	166.20	1	✓ <b>Zoladex</b>
	Inj 10.8 mg .....	443.76	1	✓ <b>Zoladex</b>
87	ITRACONAZOLE – Retail pharmacy-Specialist (↓ subsidy) Cap 100 mg .....	4.25 (23.70)	15	Sporanox
127	ONDANSETRON (↓ subsidy) a) Maximum of 12 tab per prescription; can be waived by Special Authority see SA0887 b) Maximum of 6 tab per dispensing; can be waived by Special Authority see SA0887 c) Not more than one prescription per month; can be waived by Special Authority see SA0887. d) The maximum of 6 tab per dispensing cannot be waived via Access Exemption Criteria. Tab 4 mg .....	1.70 (17.18)	10	Zofran
	Tab 8 mg .....	3.40 (33.89)	20	Zofran

Effective 1 January 2011

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

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

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✔ **fully subsidised**

## Changes to Sole Subsidised Supply

Effective 1 February 2011

For the list of new Sole Subsidised Supply products effective 1 February 2011 refer to the bold entries in the cumulative Sole Subsidised Supply table pages 9-17.

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

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## Delisted Items

Effective 1 February 2011

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

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

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



Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

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

191 ORAL FEED 1.5KCAL/ML – Special Authority see SA0702 – Hospital pharmacy [HP3]  
Liquid (strawberry) ..... 1.33 237 ml OP ✓ Resource Plus

### Effective 1 January 2011

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

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

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

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

62	DIPHEMANIL METHYLSULPHATE – Subsidy by endorsement Only if prescribed for an amputee with an artificial limb, or for a paraplegic patient and the prescription endorsed accordingly. Powder 2% .....	6.81 (13.54)	50 g OP	Prantal
62	GLYCEROL WITH PARAFFIN AND CETYL ALCOHOL – Only on a prescription * Lotn 5% with paraffin liq 5% and cetyl alcohol 2% .....	1.40 (8.10)	250 ml	QV
62	SODIUM HYPOCHLORITE – Subsidy by endorsement Only if prescribed for a dialysis patient and the prescription is endorsed accordingly. * Soln .....	2.71	2,500 ml	✓Janola
62	ZINC Crm BP .....	6.55 (12.00)	500 g	PSM
63	OILY CREAM * Crm BP .....	2.80 (13.60) (15.40)	500 g	David Craig PSM
64	MALATHION Liq 0.5% .....	3.79 (4.99)	200 ml OP	Derbac-M
66	TAR WITH CADE OIL Bath emul 7.5% coal tar, 2.5% cade oil, 7.5% compound .....	9.70 (29.60)	350 ml	Polytar Emollient
67	HYDROGEN PEROXIDE * Soln 20 vol – Maximum of 500 ml per prescription .....	0.63 (2.35) 3.13 (7.00)	100 ml 500 ml	PSM PSM
68	APPLICATOR When ordered with a spermicide. * Applicator – Up to 1 dev available on a PSO .....	4.34	1	✓Ortho
68	NONOXYNOL-9 Jelly 2% – Up to 108 g available on a PSO .....	10.95	108 g OP	✓Gynol II

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

69	DIAPHRAGM – Up to 1 dev available on a PSO One of each size is permitted on a PSO.			
	* 55 mm .....	42.90	1	✓ Ortho Coil
	* 60 mm .....	42.90	1	✓ Ortho All-flex ✓ 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
82	CEFTRIAXONE SODIUM – Subsidy by endorsement a) Up to 5 inj available on a PSO b) Subsidised only if prescribed for a dialysis or cystic fibrosis patient, or the treatment of confirmed ciprofloxacin-resistant gonorrhoea, or the treatment of suspected meningitis in patients who have a known allergy to penicillin, and the prescription or PSO is endorsed accordingly.			
	Inj 1 g .....	2.10	1	
		(5.40)		AFT
98	INFLUENZA VACCINE – Hospital pharmacy [Xpharm]			
	Inj .....	9.00	1	✓ Fluvax
		90.00	10	✓ Influvac ✓ Vaxigrip
142	NICOTINE a) Maximum of 768 piece per prescription b) Maximum of 384 piece per dispensing c) For the avoidance of doubt Nicotine will not be funded Close Control in amounts less than 4 weeks. d) The maximum of 384 piece per dispensing cannot be waived via Access Exemption Criteria.			
	Gum 2 mg (Fruit) .....	23.41	96 OP	✓ Nicotinell
	Gum 2 mg (Mint) .....	23.41	96 OP	✓ Nicotinell
	Gum 4 mg (Fruit) .....	23.41	96 OP	✓ Nicotinell
	Gum 4 mg (Mint) .....	23.41	96 OP	✓ Nicotinell
156	AZATHIOPRINE – Retail pharmacy-Specialist			
	* Tab 50 mg .....	18.45	100	✓ Azamun Imuran
		(34.90)		
163	IPRATROPIUM BROMIDE Nebuliser soln, 250 µg per ml, 1 ml – Up to 40 neb available on a PSO .....	3.79	20	✓ Ipratropium Steri-Neb
	Nebuliser soln, 250 µg per ml, 2 ml – Up to 40 neb available on a PSO .....	4.06	20	✓ Ipratropium Steri-Neb
186	PAEDIATRIC ENTERAL FEED 1.5KCAL/ML – Special Authority see SA0896 – Hospital pharmacy [HP3] Liquid .....	1.60	200 ml OP	✓ Nutrini Energy RTH
	Note – Nutrini Energy RTH liquid 500 ml OP remains subsidised.			

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

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

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

186	PAEDIATRIC ENTERAL FEED 1KCAL/ML – Special Authority see SA0896 – Hospital pharmacy [HP3] Liquid ..... 1.07 200 ml OP ✓ Nutrini RTH Note – Nutrini RTH liquid 500 ml OP remains subsidised.
190	ENTERAL FEED WITH FIBRE 1.5KCAL/ML – Special Authority see SA0702 – Hospital pharmacy [HP3] Liquid ..... 1.75 250 ml OP ✓ Isosource 1.5
191	ORAL FEED 1.5KCAL/ML – Special Authority see SA0702 – Hospital pharmacy [HP3] Liquid (chocolate) ..... 1.33 237 ml OP ✓ Resource Plus
196	AMINOACID FORMULA WITH MINERALS WITHOUT PHENYLALANINE – Special Authority see SA0962 – Retail pharmacy – See prescribing guideline Powder ..... 58.44 250 g OP ✓ Metabolic Mineral Mixture Note – Metabolic Mineral Mixture powder 100 g OP remains subsidised.

## Items to be Delisted

### Effective 1 February 2011

41	GLOPIDOGREL — Tab 75 mg .....	5.05	28	✓ Apo-Clopidogrel
Note – the delisting of Apo-Clopidogrel tab 75 mg, 28 tab pack, has been revoked.				

### Effective 1 April 2011

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

### Effective 1 May 2011

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

▲ 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 July 2011

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

## Effective 1 August 2011

36	PYRIDOXINE HYDROCHLORIDE a) No more than 100 mg per dose b) Only on a prescription * Tab 25 mg – No patient co-payment payable .....	3.06	90	✓ <b>Healtheries</b>
50	MEXILETINE HYDROCHLORIDE ▲ Cap 50 mg .....	23.52	100	✓ <b>Mexitil</b>
	▲ Cap 200 mg .....	55.05	100	✓ <b>Mexitil</b>
66	SUNSCREENS, PROPRIETARY – Subsidy by endorsement Only if prescribed for a patient with severe photosensitivity secondary to a defined clinical condition and the prescription is endorsed accordingly. Crm .....	1.28 (5.50)	50 g OP	Aquasun Oil Free Faces SPF30+
94	STAVUDINE [D4T] – Special Authority see SA1025 – Retail pharmacy Cap 20 mg .....	317.10	60	✓ <b>Zerit</b>
	Powder for oral soln 1 mg per ml .....	100.76	200 ml OP	✓ <b>Zerit</b>
117	FENTANYL a) Only on a controlled drug form b) No patient co-payment payable Transdermal patch, matrix 25 µg per hour – Special Authority see SA1080 – Retail pharmacy .....	55.23	5	✓ <b>Durogesic</b>
	Transdermal patch, matrix 50 µg per hour – Special Authority see SA1080 – Retail pharmacy .....	100.52	5	✓ <b>Durogesic</b>
	Transdermal patch, matrix 75 µg per hour – Special Authority see SA1080 – Retail pharmacy .....	139.18	5	✓ <b>Durogesic</b>
	Transdermal patch, matrix 100 µg per hour – Special Authority see SA1080 – Retail pharmacy .....	171.22	5	✓ <b>Durogesic</b>
149	MITOMYCIN C – PCT only – Specialist Inj 2 mg .....	283.00	10	✓ <b>Mitomycin-C</b> <b>S29</b>
	Inj 10 mg .....	808.00	5	✓ <b>Mitomycin-C</b> <b>S29</b>
	Note – Arrow mitomycin C inj 5 mg remains subsidised.			

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

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

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

## Section H changes to Part II

Effective 1 February 2011

21	CAFFEINE CITRATE (presentation description change and ↑ price)			
	Oral liq <b>20 mg per ml</b> (10 mg <b>base</b> per ml) .....	14.85	25 ml	Biomed
	Inj <b>20 mg per ml</b> (10 mg <b>base</b> per ml), 2.5 ml .....	55.75	5	Biomed
31	FENTANYL			
	Transdermal patch 12.5 µg per hour – <b>1% DV Aug-11 to 2013</b> .....	8.90	5	<b>Mylan Fentanyl Patch</b>
	Transdermal patch 25 µg per hour – <b>1% DV Aug-11 to 2013</b> .....	9.15	5	<b>Mylan Fentanyl Patch</b>
	Transdermal patch 50 µg per hour – <b>1% DV Aug-11 to 2013</b> .....	11.50	5	<b>Mylan Fentanyl Patch</b>
	Transdermal patch 75 µg per hour – <b>1% DV Aug-11 to 2013</b> .....	13.60	5	<b>Mylan Fentanyl Patch</b>
	Transdermal patch 100 µg per hour – <b>1% DV Aug-11 to 2013</b> .....	14.50	5	<b>Mylan Fentanyl Patch</b>
33	GELATIN PLASMA REPLACER			
	Inf 4% per 500 ml bag .....	92.50	10	Gelafusal
34	GOSERELIN ACETATE (↓ price)			
	Inj 3.6 mg .....	166.20	1	Zoladex
	Inj 10.8 mg .....	443.76	1	Zoladex
49	POTASSIUM CITRATE			
	Oral liq 3 mmol per ml .....	30.00	200 ml	Biomed
51	PROPOFOL (↑ price)			
	Inj 1%, 20 ml .....	42.00	5	Diprivan
	Inj 1%, 50 ml .....	25.00	1	Diprivan
	Inj 1%, 50 ml prefilled syringe .....	47.00	1	Diprivan
	Inj 1%, 100 ml .....	30.00	1	Diprivan
	Inj 2%, 50 ml prefilled syringe .....	60.00	1	Diprivan
53	RISPERIDONE (presentation description change only)			
	<b>Inj Microspheres for inj 25 mg per 2 ml</b> .....	175.00	1	Risperdal Consta
	<b>Inj Microspheres for inj 37.5 mg per 2 ml</b> .....	230.00	1	Risperdal Consta
	<b>Inj Microspheres for inj 50 mg per 2 ml</b> .....	280.00	1	Risperdal Consta
54	ROPIVACAINE HYDROCHLORIDE (↑ price)			
	Inj 2 mg per ml, 20 ml .....	75.00	5	Naropin
	Inf 2 mg per ml, 100 ml .....	200.00	5	Naropin
	Inf 2 mg per ml, 200 ml .....	265.00	5	Naropin
	Inj 7.5 mg per ml, 10 ml .....	45.00	5	Naropin
	Inj 7.5 mg per ml, 20 ml .....	84.00	5	Naropin
	Inj 10 mg per ml, 10 ml .....	54.00	5	Naropin
55	SODIUM CHLORIDE			
	Soln 7% .....	23.50	90 ml	Biomed

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 (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer

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

58	SUXAMETHONIUM CHLORIDE (↑ price) Inj 50 mg per ml, 2 ml .....	130.00	50	AstraZeneca
60	TRIAMCINOLONE ACETONIDE (↓ price) Inj 40 mg per ml, 1 ml – <b>1% DV Dec-08 to 2011</b> .....	28.09	5	<b>Kenacort-A40</b>

### Effective 1 January 2010

20	BUPIVACAINE HYDROCHLORIDE Inf 0.125%, 100 ml theatre pack .....	109.39	5	Marcain
	Inf 0.125%, 200 ml theatre pack .....	146.23	5	Marcain
	Inj 0.375%, 20 ml theatre pack .....	56.20	5	Marcain
Note – Marcain 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 – <b>10% DV Apr-08 to 31-Dec-2010</b> .....	10.53	7	Habitrol
	Patch 14 mg – <b>10% DV Apr-08 to 31-Dec-2010</b> .....	11.63	7	Habitrol
	Patch 21 mg – <b>10% DV Apr-08 to 31-Dec-2010</b> .....	12.32	7	Habitrol
	Lozenge 1 mg – <b>10% DV Apr-08 to 31-Dec-2010</b> .....	11.08	36	Habitrol
	Lozenge 2 mg – <b>10% DV Apr-08 to 31-Dec-2010</b> .....	11.08	36	Habitrol
	Gum 2 mg (fruit) – <b>10% DV Apr-08 to 31-Dec-2010</b> .....	14.97	96	Habitrol
	Gum 2 mg (mint) – <b>10% DV Apr-08 to 31-Dec-2010</b> .....	14.97	96	Habitrol
	Gum 4 mg (fruit) – <b>10% DV Apr-08 to 31-Dec-2010</b> .....	20.02	96	Habitrol
	Gum 4 mg (mint) – <b>10% DV Apr-08 to 31-Dec-2010</b> .....	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>



Section H page ref	Price (ex man. excl. GST) \$ Per	Brand or Generic Manufacturer
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### Section H changes Part II - effective 1 January 2011 (continued)

54	ROPIVACAINE HYDROCHLORIDE		
	Inj 2 mg per ml, 10 ml .....	19.75	5
	Inj 10 mg per ml, 20 ml .....	74.20	5
	Note – Naropin inj 2 mg per ml, 10 ml, and inj 10 mg per ml, 20 ml, delisted 1 January 2011		
55	SODIUM CHLORIDE		
	Inj 0.9%, 5 ml .....	10.85	50
	Inj 0.9%, 10 ml .....	11.50	50
62	ZINC AND CASTOR OIL († price)		
	Ointment .....	1.29	20 g

### Effective 1 December 2010

21	CALCIUM FOLINATE (extension of HSS)			
	Inj 50 mg – <b>1% DV Sep-08 to 2014</b> .....	24.50	5	<b>Calcium Folate Ebewe</b>
	Inj 100 mg – <b>1% DV Sep-08 to 2014</b> .....	9.75	1	<b>Calcium Folate Ebewe</b>
	Inj 300 mg – <b>1% DV Sep-08 to 2014</b> .....	30.00	1	<b>Calcium Folate Ebewe</b>
	Inj 1 g – <b>1% DV Sep-08 to 2014</b> († price).....	90.00	1	<b>Calcium Folate Ebewe</b>
22	CARBOPLATIN († price)			
	Inj 10 mg per ml, 45 ml – <b>1% DV Dec-09 to 2012</b> .....	50.00	1	<b>Carboplatin Ebewe</b>
	Inj 10 mg per ml, 100 ml – <b>1% DV Dec-09 to 2012</b> .....	105.00	1	<b>Carboplatin Ebewe</b>
28	DOPAMINE HYDROCHLORIDE			
	Inj 40 mg per ml, 5 ml – <b>1% DV Feb-11 to 2012</b> .....	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 – <b>1% DV Feb-11 to 2012</b> († price).....	10.00	1	<b>Doxorubicin Ebewe</b>
	Inj 50 mg – <b>1% DV Feb-11 to 2012</b> († price).....	40.00	1	<b>Doxorubicin Ebewe</b>
	Inj 100 mg – <b>1% DV Feb-11 to 2012</b> († price).....	80.00	1	<b>Doxorubicin Ebewe</b>
	Inj 200 mg – <b>1% DV Feb-11 to 2012</b> († price).....	150.00	1	<b>Doxorubicin Ebewe</b>
29	EPIRUBICIN († price)			
	Inj 2 mg per ml, 50 ml – <b>1% DV Oct-09 to 2012</b> .....	125.00	1	<b>Epirubicin Ebewe</b>
	Inj 2 mg per ml, 100 ml – <b>1% DV Oct-09 to 2012</b> .....	210.00	1	<b>Epirubicin Ebewe</b>
30	ESCITALOPRAM			
	Tab 10 mg – <b>1% DV Feb-11 to 2013</b> .....	2.65	28	<b>Loxalate</b>
	Tab 20 mg – <b>1% DV Feb-11 to 2013</b> .....	4.20	28	<b>Loxalate</b>
33	GEMFIBROZIL			
	Tab 600 mg – <b>1% DV Feb-11 to 2013</b> .....	14.00	60	<b>Lipazil</b>
34	GLYCERIN WITH SUCROSE			
	Suspension .....	38.00	473 ml	Ora-Sweet

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 (ex man. excl. GST)		Brand or Generic Manufacturer
	\$	Per	

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

34	GLYCERIN WITH SODIUM SACCHARIN Suspension .....	38.00	473 ml	Ora-Sweet SF
38	ITRACONAZOLE 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) Tab long-acting 60 mg .....	3.94	90	Duride
39	LABELALOL (↓ price) Tab 50 mg .....	8.23	100	Hybloc
	Tab 100 mg .....	10.06	100	Hybloc
	Tab 200 mg .....	17.55	100	Hybloc
39	LABELALOL 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) 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 Suspension .....	38.00	473 ml	Ora-Plus
43	METHYLCELLULOSE WITH GLYCERIN AND SUCROSE Suspension .....	38.00	473 ml	Ora-Blend
43	METHYLCELLULOSE WITH GLYCERIN AND SODIUM SACCHARIN Suspension .....	38.00	473 ml	Ora-Blend SF
45	MOXIFLOXACIN 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) Tab long-acting 30 mg .....	8.56	30	Adefin XL
	Tab long-acting 60 mg .....	12.28	30	Adefin XL
47	OXALIPLATIN (↓ price) 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) 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>

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

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

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

51	PROPRANOLOL (↓ price) Cap long-acting 160 mg .....	16.06	100	Cardinol LA
53	RIVAROXABAN Tab 10 mg .....	153.00 306.00	15 30	Xarelto Xarelto
54	SERTRALINE Tab 50 mg – <b>1% DV Feb-11 to 2013</b> ..... Tab 100 mg – <b>1% DV Feb-11 to 2013</b> .....	5.40 9.60	90 90	<b>Arrow-Sertraline</b> <b>Arrow-Sertraline</b>
55	SODIUM CHLORIDE Inf 0.9% .....	1.70 1.71	500 ml 1,000 ml	Freeflex Freeflex
61	VERAPAMIL HYDROCHLORIDE Tab long-acting 120 mg .....	15.20	250	Verpamil SR

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New Zealand  
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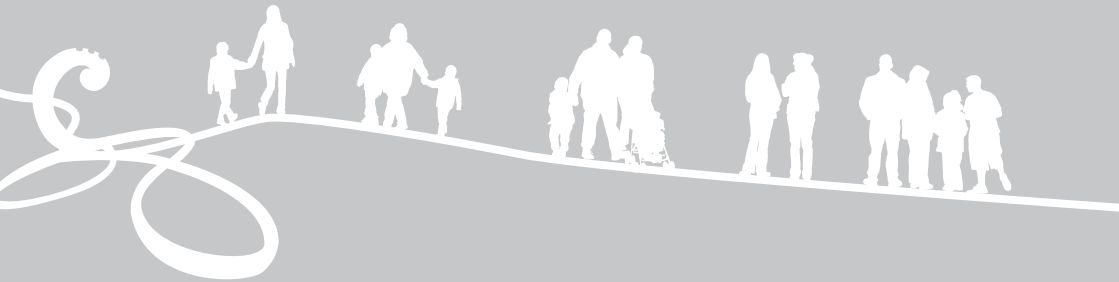
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