

Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 March 2011

Cumulative for January, February and March 2011

Section H cumulative for December 2010, January, February
and March 2011



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Summary of PHARMAC decisions

EFFECTIVE 1 MARCH 2011

New listings (page 20)

- Lansoprazole (Lanzol Relief) cap 15 mg and 30 mg
- Digoxin (Lanoxin PG) tab 62.5 μg – Up to 30 available on a PSO
- Cefaclor monohydrate (Cefaclor Sandoz) cap 250 mg
- Clarithromycin (Klacid) tab 250 mg – maximum of 500 mg per prescription; can be waived by Special Authority
- Darunavir (Prezista) tab 600 mg – Special Authority – Retail pharmacy
- Ritonavir (Norvir) tab 100 mg – Special Authority – Retail pharmacy
- Ondansetron (Dr Reddy's Ondansetron) tab disp 4 mg and 8 mg – maximum of 12 tab per prescription, maximum of 6 tab per dispensing and not more than one prescription per month – may be waived by Special Authority
- Pharmacy services (BSF Zapril) brand switch fee – no patient co-payment payable – may only be claimed once per patient per fee

Changes to restrictions (pages 24-26)

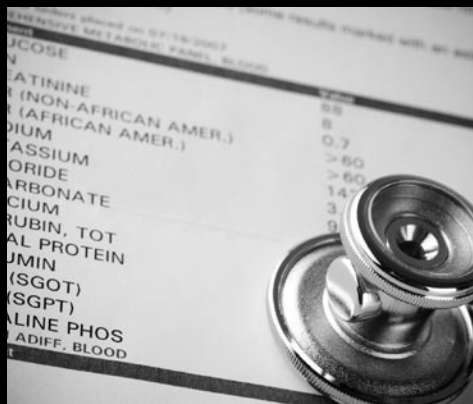
- Blood glucose diagnostic test strip (CareSens and On Call Advanced) blood glucose test strips x 50 and lancets x 5 – change in pack size from 1 OP to 50 test OP. The Pharmacodes for these packs have also changed
- Imiglucerase (Cerezyme) inj 40 iu per ml, 400 iu vial – removal of Section 29
- Cilazapril (Zapril) tab 0.5 mg, 2.5 mg and 5 mg – a brand switch fee may be dispensed from 1 March 2011 until 31 May 2011
- Sildenafil (Viagra) tab 25 mg, 50 mg and 100 mg – amended Special Authority criteria
- Influenza vaccine (Fluvax and Fluvarix) inj – Hospital pharmacy (Xpharm) – amended access criteria
- Varenicline tartrate (Champix) tab 0.5 mg x 11 and 1 mg x 14 – change in pack size from 1 OP to 25 OP. The pharmacode for this pack has also changed
- Gemcitabine hydrochloride inj 200 mg and 1 g (Gemcitabine Ebewe and Gemzar) and inj 1 mg for ECP (Baxter) – amended Special Authority criteria

Increased subsidy (page 36)

- Potassium chloride (AstraZeneca) inj 75 mg per ml, 10 ml
- Neostigmine (AstraZeneca) inj 2.5 mg per ml, 1 ml
- Lithium carbonate (Priadel) tab long-acting 400 mg

Pack size Changes – Champix and blood glucose test strips with lancets

New pack sizes for Champix starter pack and the blood glucose test strips with lancets, CareSens and On Call Advanced, will be listed in the Pharmaceutical Schedule from 1 March 2011. These products will now be listed as 25 OP (Champix) and 50 OP (CareSens and On Call Advanced) rather than 1 OP. This change is intended to eliminate the overpayments that have sometimes resulted from pharmacists inadvertently claiming multiple packs instead of 1 OP. The new Pharmacodes for these products are:



- Champix tab 0.5 mg x 11 and 1 mg x 14 – 2380455
- CareSens blood glucose test strips x 50 and lancets x 5 – 2380579
- On Call Advanced blood glucose test strips x 50 and lancets x 5 – 2380447

The existing Pharmacodes for the 1 OP packs will not be able to be claimed on from 1 March 2011.

Gemcitabine hydrochloride – widening of access

The Special Authority criteria for the in-hospital cancer treatment gemcitabine hydrochloride will be widened from 1 March 2011. This will mean that a greater number of patients will have access to funded treatment. The changes for subsidised access to gemcitabine hydrochloride (Gemcitabine Ebewe and Gemzar) 200

mg and 1 g and (Baxter) 1 mg for ECP injections include widening of funding to include patients with locally advanced or metastatic cholangiocarcinoma; and patients with macroscopically resected pancreatic cancer. The Gemcitabine Ebewe is currently the Hospital Supply Status brand of gemcitabine hydrochloride.



Pharmacy Brand Switch Payments

Brand switch payments for pharmacies will be payable for dispensings of all strengths of the Zapril brand of cilazapril tablets from 1 March 2011.

The brand switch fee is claimable via a Pharmacode on the first dispensing of cilazapril after 1 March 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 March 2011. The brand switch fees for cilazapril 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 31 May 2011.

Brand switch posters, leaflets and prescription bags are available free of charge. To order please go to www.pharmaonline.co.nz

Cefaclor capsules – Tender News

Cefaclor 250 mg capsules (Cefaclor Sandoz) will be listed fully subsidised from 1 March 2011 as a result of a Tender agreement. This decision had previously been notified to the market in October 2010; however, the listing of Sandoz's product was delayed due to issues with stock availability.

A further shipment of Ranbaxy-Cefaclor will be released into the market in mid to late

March. Because of this, reference pricing will be delayed to give pharmacies time to dispense the Ranbaxy-Cefaclor brand. Reference pricing will occur on the Ranbaxy-Cefaclor brand from 1 June 2011 and Cefaclor Sandoz will have Sole Supply Status from 1 September 2011. The Ranbaxy-Cefaclor brand of cefaclor 250 mg capsules will be delisted from 1 September 2011.



Diabetes Nurse Prescribing

The Ministry of Health has informed PHARMAC that it intends to give a group of 12 Diabetes Nurses in 4 DHB sites prescribing rights for a specified list of medicines and medical devices from early March 2011 until 30 September 2011. This project is initiated by Health Workforce New Zealand, on behalf of the Ministry of Health, and The Nursing Council of New Zealand under a directive from the Minister of Health.

Regulations are expected to designate the nurses as prescribers and the General Rules of the Pharmaceutical Schedule have been amended to allow subsidy for prescriptions written by the 12 registered nurses practising in diabetes health.

A further fax communication will be sent to community pharmacies once the legislation has been passed. It will announce the start date and list of medicines and devices.

The 4 DHB's demonstration sites are **Auckland, Hawkes Bay, Mid Central and Hutt Valley**. Pharmacies in these regions should make themselves familiar with the names of the diabetes nurses permitted to prescribe. These are listed below.

For the list of medicines and medical devices that the above registered nurses practising in diabetes health may prescribe please refer to page 38 of this Update.

District Health Board	Registered Nurse Practising in Diabetes Health	Nursing Council registration number
Auckland	Patricia Ball Mele Kaufusi Jennifer Britland	052157 114474 060927
Hawke's Bay	Andrea Rooderkerk Heather Charteris Tony Loversuch	117987 117839 138813
Mid Central	Mary Meendering Alison Fellerhoff Pauline Giles Kerrie Skeggs	108408 064890 108269 112025
Hutt Valley	Anne-Marie Heffernan Hazel Phillips	148903 160328



Cerezyme – removal of Section 29 status

Cerezyme injection 40 iu per ml, 400 iu vial has been granted Ministerial Approval and no longer needs to be supplied under Section 29 of the Medicines Act 1981.

Klacid – new pack size

From 1 March Klacid (clarithromycin) 250 mg tablets will come in a larger pack size of 14 tablets rather than 10 tablets. The smaller pack size will be delisted from 1 September 2011.

Lanoxin PG – new pack size

From 1 March Lanoxin PG (digoxin) 62.5 µg tablets will be supplied in a new pack size of 240 tablets. This is due to the 250 pack size being discontinued internationally. The new pack size will also be in blisters, strips of 30, rather than in bottles.



Tender News

Sole Subsidised Supply changes – effective 1 April 2011

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Captopril	Tab 12.5 mg; 100 tab	m-Captopril (Multichem)
Captopril	Tab 25 mg; 100 tab	m-Captopril (Multichem)
Captopril	Tab 50 mg; 100 tab	m-Captopril (Multichem)
Vitamins	Tab (BPC cap strength); 1,000 tab	MultiADE (Boucher and 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 April 2011

- Brand Switch Fees – m-Captopril (Captopril) tab
- Bortezomib inj 3.5 mg (Velcade) and 1 mg for ECP (Baxter) – new listing – PCT only – Specialist – Special Authority – for multiple myeloma
- Busulphan (Myleran) tab 2 mg – price and subsidy increase
- Fludrocortisone acetate (Florinef) tab 100 µg – price and subsidy increase
- Metoprolol succinate (Myloc CR) modified release tablets 23.75 mg, 47.5 mg, 95 mg and 190 mg – new listing
- Sotalol (Sotacor) inj 10 mg per ml, 4 ml – price and subsidy increase
- Sumatriptan injection (Arrow-Sumatriptan) 12 mg per ml, 0.5 ml, 2 OP - new listing – Retail pharmacy-Specialist – Maximum of 10 inj per prescription
- Thalidomide (Thalomid) cap 50 mg and 100 mg – new listing – PCT only – Specialist – Special Authority – Only on a controlled drug form
- Thalidomide (Thalomid and Thalidomide Pharmion) – change to Special Authority criteria
- Triamcinolone acetonide with gramicidin, neomycin and nystatin (Kenacomb) ear drops, 7.5 ml OP – price and subsidy increase

Possible decisions for implementation 1 April 2011 – Special Foods

- Elemental Formula to be separated into Extensively Hydrolysed Formula and Amino Acid Formula, with separate Special Authority criteria
 - Subsidy changes for the range of Extensively Hydrolysed Formula and Amino Acid Formula products
 - Price reduction for Neocate and Neocate LCP
 - Delisting of goats' milk, soy milk and lactose free infant formula products
-

Possible decisions for implementation 1 April 2011 – Special Foods (continued)

- “Adult Products Standard” and “Oral Supplements” groups replaced with “Standard Supplements” with new Special Authority criteria
- Subsidy reduction for products within the Standard Supplements group
- Amend the Special Authority for Subsidy that applies to Diabetic Products
- Remove the distinction between use of special foods as a supplement or as a complete diet
- Amend the Special Authority for Subsidy that applies to Foods and Supplements for Inborn Errors of Metabolism

A full notification of the changes affecting Special Foods funding and access is anticipated to be distributed late February 2011. This will be available on the PHARMAC website under notifications <http://www.pharmac.govt.nz/healthpros/notification>.

Sole Subsidised Supply Products – cumulative to March 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	Cap 250 mg & 500 mg Grans for oral liq 250 mg per 5 ml Drops 125 mg per 1.25 ml Inj 250 mg, 500 mg & 1 g	Alphamox Ospamox Ospamox Paediatric Drops Ibiamox	2013 2012 2011
Amoxicillin clavulanate	Grans for oral liq amoxicillin 125 mg with potassium clavulanate 31.25 mg per 5 ml Grans for oral liq amoxicillin 250 mg with potassium clavulanate 62.5 mg per 5 ml Tab amoxicillin 500 mg with potassium clavulanate 125 mg	Curam Curam Synermox	2012 2011
Aqueous cream	Crn 500 g	AFT	2011
Ascorbic acid	Tab 100 mg	Vitala-C	2013
Aspirin	Tab 100 mg Tab dispersible 300 mg	Ethics Aspirin EC Ethics Aspirin	2013
Atenolol	Tab 50 mg & 100 mg	Atenolol Tablet USP	2012
Atropine sulphate	Inj 600 µg, 1 ml	AstraZeneca	2012
Azathioprine	Tab 50 mg Inj 50 mg	Imuprine Imuran	2013
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

*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 March 2011

Generic Name	Presentation	Brand Name	Expiry Date*
Calcitonin	Inj 100 iu per ml, 1 ml	Miacalcic	2011
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
Ceftriaxone sodium	Inj 500 mg Inj 1 g	Veracol Aspen Ceftriaxone	2013
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 drops 0.5% Eye oint 1%	Chlorafast Chlorsig	2012
Chlorhexidine gluconate	Handrub 1% with ethanol 70% Soln 4%	healthE Orion	2012 2011
Ciclopiroxolamine	Nail soln 8%	Batrafen	2012
Cilazapril	Tab 0.5 mg, 2.5 mg & 5 mg	Zapril	2013
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
Clopidogrel	Tab 75 mg	Apo-Clopidogrel	2013

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Sole Subsidised Supply Products – cumulative to March 2011

Generic Name	Presentation	Brand Name	Expiry Date*
Clotrimazole	Vaginal crm 1% with applicator Vaginal crm 2% with applicator Crm 1%	Clomazol	2013
		Clomazol	
		Clomazol	2011
Coal tar	Soln BP	Midwest	2013
Colchicine	Tab 500 µg	Colgout	2013
Crotamiton	Crm 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	2013
		Pedialyte – Bubblegum	
		Pedialyte – Plain	
Diclofenac sodium	Tab EC 25 mg & 50 mg Eye drops 1 mg per ml Inj 25 mg per ml, 3 ml Suppos 12.5 mg, 25 mg, 50 mg & 100 mg	Diclofenac Sandoz	2012
		Voltaren Ophtha	2011
		Voltaren	
		Voltaren	
Dihydrocodeine tartrate	Tab long-acting 60 mg	DHC Continus	2013
Diltiazem hydrochloride	Tab 30 mg & 60 mg Cap long-acting 120 mg, 180 mg & 240 mg	Dilzem	31/12/11
		Cardizem CD	
Dipyridamole	Tab long-acting 150 mg	Pytazen SR	2011
Docusate sodium	Cap 50 mg Cap 120 mg	Laxofast 50	2011
		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

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Sole Subsidised Supply Products – cumulative to March 2011

Generic Name	Presentation	Brand Name	Expiry Date*
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	
Escitalopram	Tab 10 mg & 20 mg	Loxalate	2013
Ethinylloestradiol	Tab 10 µg	NZ Medical and Scientific	2012
Etidronate disodium	Tab 200 mg	Arrow-Etidronate	2012
Felodipine	Tab long-acting 5 mg	Felo 5 ER	2012
	Tab long-acting 10 mg	Felo 10 ER	
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	AFT	2012
	Grans for oral liq 125 mg per 5 ml	AFT	
	Grans for oral liq 250 mg per 5 ml	AFT	2011
	Inj 250 mg, 500 mg & 1 g	Flucloxin	
Fluconazole	Cap 50 mg, 150 mg & 200 mg	Pacific	2011
Fludarabine phosphate	Inj 50 mg	Fludara	2011
	Tab 10 mg	Fludara Oral	
Fluorometholone	Eye drops 0.1%	FML	2012
Fluoxetine hydrochloride	Cap 20 mg	Fluox	2013
	Tab dispersible 20 mg, scored	Fluox	
Flutamide	Tab 250 mg	Flutamin	2013
Fluticasone propionate	Metered aqueous nasal spray, 50 µg per dose	Flixonase Hayfever & Allergy	31/1/13
Furosemide	Inj 10 mg per ml, 2 ml	Frusemide-Claris	2013
	Tab 40 mg	Diurin 40	2012
Fusidic acid	Crn 2%	Foban	2013
	Oint 2%	Foban	
Gabapentin	Cap 100 mg, 300 mg & 400 mg	Nupentin	31/7/12
Gemfibrozil	Tab 600 mg	Lipazil	2013
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	Lycinate	2011
	Oral pump spray 400 µg per dose	Nitrolingual Pumpspray	
	TDDS 5 mg & 10 mg	Nitroderm TTS	

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Sole Subsidised Supply Products – cumulative to March 2011

Generic Name	Presentation	Brand Name	Expiry Date*
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
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
Loperamide hydrochloride	Cap 2 mg	Diamide Relief	2013
Loratadine	Oral liq 1 mg per ml Tab 10 mg	Lorapaed Loraclear Hayfever Relief	2013

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Sole Subsidised Supply Products – cumulative to March 2011

Generic Name	Presentation	Brand Name	Expiry Date*
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
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
Methyldopa	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

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Sole Subsidised Supply Products – cumulative to March 2011

Generic Name	Presentation	Brand Name	Expiry Date*
Morphine tartrate	Inj 80 mg per ml, 1.5 ml & 5 ml	Hospira	2013
Mucilaginous laxatives	Dry	Konsyl-D	2013
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
Nystatin	Cap 500,000 u Tab 500,000 u Oral liq 100,000 u per ml, 24 ml OP	Nilstat Nilstat Nilstat	2013 2011
Omeprazole	Cap 10 mg, 20 mg & 40 mg Inj 40 mg	Dr Reddy's Omeprazole Dr Reddy's Omeprazole	2011
Oxytocin	Inj 5 iu per ml, 1 ml Inj 10 iu per ml, 1 ml Inj 5 iu with ergometrine maleate 500 µg per ml, 1 ml	Syntocinon Syntocinon Syntometrine	2012
Pamidronate disodium	Inj 3 mg per ml, 5 ml Inj 3 mg per ml, 10 ml Inj 6 mg per ml, 10 ml	Pamisol Pamisol Pamisol	2011
Pantoprazole	Tab 20 mg & 40 mg	Dr Reddy's Pantoprazole	2013
Paracetamol	Tab 500 mg Oral liq 120 mg per 5 ml Oral liq 250 mg per 5 ml	Pharmacare Paracare Junior Paracare Double Strength	2011
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

*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 March 2011

Generic Name	Presentation	Brand Name	Expiry Date*
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	
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 Grans for oral liq 250 mg per 5 ml	AFT 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
Poloxamer	Oral drops 10%	Coloxyl	2011
Polyvinyl alcohol	Eye drops 1.4%	Vistil	2011
	Eye drops 3%	Vistil Forte	
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

*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 March 2011

Generic Name	Presentation	Brand Name	Expiry Date*
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
Sertraline	Tab 50 mg & 100 mg	Arrow-Sertraline	2013
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
Sodium cromoglycate	Eye drops 2% Nasal spray, 4%	Rexacrom	2013
		Rex	2012
Somatropin	Inj cartridge 16 iu (5.3 mg) Inj cartridge 36 iu (12 mg)	Genotropin	31/12/12
		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
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	2011
		Synacthen Depot	
Timolol maleate	Tab 10 mg Eye drops 0.25% & 0.5%	Apo-Timol	2012
		Apo-Timop	2011
Tramadol hydrochloride	Cap 50 mg	Arrow-Tramadol	2011
Tranexamic acid	Tab 500 mg	Cycklokapron	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 March 2011

Generic Name	Presentation	Brand Name	Expiry Date*
Triamcinolone acetonide	Crm 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
Vitamin B complex	Tab, strong, BPC	B-PlexADE	2013
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

March 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 March 2011

28	LANSOPRAZOLE * Cap 15 mg 3.27 * Cap 30 mg 4.34	28 28	✓ Lanzol Relief ✓ Lanzol Relief
50	DIGOXIN * Tab 62.5 µg – Up to 30 tab available on a PSO 6.67	240	✓ Lanoxin PG
82	CEFACLOR MONOHYDRATE Cap 250 mg 24.57	100	✓ Cefaclor Sandoz
83	CLARITHROMYCIN – Maximum of 500 mg per prescription; can be waived by Special Authority see SA0988 Tab 250 mg 7.75	14	✓ Klacid
94	DARUNAVIR – Special Authority see SA1025 – Retail pharmacy Tab 600 mg 1,190.00	60	✓ Prezista
94	RITONAVIR – Special Authority see SA1025 – Retail pharmacy Tab 100 mg 43.31	30	✓ Norvir
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. Tab disp 4 mg 1.70 Tab disp 8 mg 2.00	10 10	✓ Dr Reddy's Ondansetron ✓ Dr Reddy's Ondansetron
171	PHARMACY SERVICES – May only be claimed once per patient * Brand switch fee 0.01 The Pharmacode for BSF Zapril is 2378639 (BSF Zapril Brand switch fee to be delisted 1 June 2011)	1 fee	✓ BSF Zapril

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
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▶ 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.

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)

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 \$29
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
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 (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	✓ Laevolac
43	SODIUM CHLORIDE Inj 0.9%, 5 ml – Up to 5 inj available on a PSO	10.85	50	✓ Multichem
	Inj 0.9%, 10 ml – Up to 5 inj available on a PSO	11.50	50	✓ Multichem

▲ 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)

- 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.
- 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 | ✓Fluvax
✓Fluarix |
|-----------|-------|----|---------------------|
- 142 NICOTINE
- Nicotine will not be funded Close Control in amounts less than 4 weeks of treatment.
- | | | | |
|--------------------------|-------|----|-----------|
| Gum 2 mg (Classic) | 14.97 | 96 | ✓Habitrol |
| Gum 4 mg (Classic) | 20.02 | 96 | ✓Habitrol |

Check your Schedule for full details
Schedule page ref

Subsidy
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New listings - effective 1 January 2011 (continued)

171	PHARMACY SERVICES – May only be claimed once per patient.			
	* Brand switch fee.....	0.01	1 fee	✓ BSF Imuprine
	The Pharmacode for BSF Imuprine is 2377829			
	* Brand switch fee.....	0.01	1 fee	✓ BSF Dapa-Tabs
	The Pharmacode for BSF Dapa-Tabs is 2377837			
	* Brand switch fee.....	0.01	1 fee	✓ BSF Univent
	The Pharmacode for BSF Univent is 2377845			
	* Brand switch fee.....	0.01	1 fee	✓ BSF Arrow Terazosin
	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>			

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

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

Changes to Restrictions

Effective 1 March 2011

31	BLOOD GLUCOSE DIAGNOSTIC TEST STRIP The number of test strips available on a prescription is restricted to 50 unless: 1) Prescribed with insulin or a sulphonylurea but are on a different prescription and the prescription is endorsed accordingly; or 2) Prescribed on the same prescription as insulin or a sulphonylurea in which case the prescription is deemed to be endorsed; or 3) Prescribed for a pregnant woman with diabetes and endorsed accordingly. Blood glucose test strips × 50 and lancets × 5 19.10 50 test OP †OP ✓ On Call Advanced 19.60 ✓ CareSens			
	Note – pack size change from 1 OP to 50 test OP. The pharmacodes for these packs have also changed.			
35	IMIGLUCERASE – Special Authority see SA0473 – Retail pharmacy Inj 40 iu per ml, 400 iu vial 2,144.00	1		✓ Cerezyme S29
48	CILAZAPRIL – Brand switch fee payable * Tab 0.5 mg 0.95 * Tab 2.5 mg 2.06 * Tab 5 mg 3.28	30 30 30		✓ Zapril ✓ Zapril ✓ Zapril
56	SILDENAFIL – Special Authority see SA1086 0968 – Retail pharmacy Tab 25 mg 52.00 Tab 50 mg 59.50 Tab 100 mg 68.00	4 4 4		✓ Viagra ✓ Viagra ✓ Viagra
	Note – Change to criteria. Application details may be obtained from PHARMAC's website http://www.pharmac.govt.nz or The Coordinator, PAH Panel.			
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, or:			

continued...

Changes to Restrictions - effective 1 March 2011 (continued)

continued...

h) pregnancy.

e) ~~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.

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	✓ Fluvax ✓ Fluarix
141	VARENICLINE TARTRATE – Special Authority see SA1054 – Retail pharmacy Tab 0.5 mg × 11 and 1 mg × 14	60.48	25 OP 1 OP	✓ Champix
Note – pack size change from 1 OP to 25 tab OP. The pharmacode for this pack has also changed.				
145	GEMCITABINE HYDROCHLORIDE – PCT only – Specialist – Special Authority see SA1087 10+2			
	Inj 1 g	62.50	1	✓ Gemcitabine Ebewe
		349.20		✓ Gemzar
	Inj 200 mg	12.50	1	✓ Gemcitabine Ebewe
		78.00		✓ Gemzar
	Inj 1 mg for ECP	0.07	1 mg	✓ Baxter

▶ SA1087 ~~10+2~~ Special Authority for Subsidy

Initial application — (Hodgkin's Disease) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

1 The patient has Hodgkin's Disease*; and

2 Any of the following:

2.1 Disease has failed to respond to second-line salvage chemotherapy treatment; or

2.2 Disease has relapsed following transplant; or

2.3 The patient is unsuitable for, or intolerant to, second-line salvage chemotherapy or high dose chemotherapy and transplant; and

3 Gemcitabine to be given for a maximum of 6 treatment cycles.

Initial application — (T-Cell Lymphoma) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

Both:

1 The patient has T-cell Lymphoma*; and

2 Gemcitabine to be given for a maximum of 6 treatment cycles.

Note: Indications marked with a * are Unapproved Indications.

Initial application — (Cholangiocarcinoma) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 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 March 2011 (continued)

continued...

Both:

- 1 The patient has locally advanced or metastatic, cholangiocarcinoma*; and
- 2 Gemcitabine to be given for a maximum of 8 treatment cycles.

Notes: Cholangiocarcinoma encompasses epithelial tumours of the hepatobiliary tree, including tumours of bile ducts, ampulla of vater and gallbladder. Indications marked with a * are Unapproved Indications.

Initial application — (Pancreatic Cancer) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

Either

1 Both:

- 1.1 The patient has macroscopically resected (R0) pancreatic carcinoma*; and
- 1.2 Adjuvant gemcitabine to be administered for a maximum of 6 cycles; or

2 Both:

- 2.1 The patient has advanced pancreatic carcinoma; and
- 2.2 The patient is gemcitabine treatment naïve.

Note: Indications marked with a * are Unapproved Indications.

Renewal - (Pancreatic Cancer) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

- 1 The patient has received gemcitabine for advanced pancreatic carcinoma; and
- 2 The patient has not received gemcitabine for adjuvant treatment pancreatic carcinoma; and
- 3 The patient requires continued therapy.

Initial application — (Other indications) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

Any of the following:

- 1 The patient has non small cell lung carcinoma (stage IIIa, or above); or
- 2 The patient has advanced malignant mesothelioma; or
- 3 The patient has advanced pancreatic carcinoma; or
- 4 The patient has ovarian, fallopian tube* or primary peritoneal carcinoma*; or
- 5 The patient has advanced transitional cell carcinoma of the urothelial tract (locally advanced or metastatic).

Note: Indications marked with a * are Unapproved Indications.

Renewal — (Other indications) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

Either:

- 1 The patient requires continued therapy; or
- 2 The tumour has relapsed and requires re-treatment.

Effective 1 February 2011

41	CLOPIDOGREL – Brand switch fee payable			
	Tab 75 mg	5.05	28	✓ Apo-Clopidogrel
		16.25	90	✓ Apo-Clopidogrel
117	FENTANYL – Special Authority see SA0935 – Retail pharmacy			
	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	✓ Durogesic

continued...

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

§29 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 February 2011 (continued)

continued...

Transdermal patch, matrix 50 µg per hour – Special Authority see SA1080 – Retail pharmacy	100.52	5	✓ Durogesic
Transdermal patch, matrix 75 µg per hour – Special Authority see SA1080 – Retail pharmacy	139.18	5	✓ Durogesic
Transdermal patch, matrix 100 µg per hour – Special Authority see SA1080 – Retail pharmacy	171.22	5	✓ Durogesic

▶ 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 – Special Authority see SA0926 – Retail pharmacy			
Inj Microspheres for injection 25 mg per 2 ml	175.00	1	✓ Risperdal Consta
Inj Microspheres for injection 37.5 mg per 2 ml	230.00	1	✓ Risperdal Consta
Inj Microspheres for injection 50 mg per 2 ml	280.00	1	✓ Risperdal Consta

▶ 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**.

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**.

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

47	TERAZOSIN HYDROCHLORIDE – Brand switch fee payable			
	* Tab 1 mg	1.50	28	✓ Arrow
	* Tab 2 mg	0.80	28	✓ Arrow
	* Tab 5 mg	1.00	28	✓ Arrow
54	INDAPAMIDE – Brand switch fee payable			
	* Tab 2.5 mg	2.95	90	✓ Dapa-Tabs
86	MOXIFLOXACIN – Special Authority see SA1065 – Retail pharmacy – No patient co-payment payable			
	Tab 400 mg	52.00	5	✓ Avelox

► 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	DAPSONE – No patient co-payment payable			
	Tab 25 mg	95.00	100	✓ Dapsone \$29
	Tab 100 mg	110.00	100	✓ Dapsone \$29
115	BROMOCRIPTINE MESYLATE			
	* Cap 5 mg	60.43	100	✓ Apo-Bromocriptine \$29
123	GABAPENTIN – Special Authority see SA1071 1009 – Retail pharmacy			
	▲ Cap 100 mg	7.16	100	✓ Nupentin
	▲ Cap 300 mg	11.50	100	✓ Nupentin
	▲ Cap 400 mg	14.75	100	✓ Nupentin

► SA1071 ~~1009~~ 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.

continued...

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

~~\$29~~ Unapproved medicine supplied under Section 29
‡ safety cap reimbursed **Sole Subsidised Supply**

Changes to Restrictions - effective 1 January 2011 (continued)

continued...

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.

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)

125 VIGABATRIN – Special Authority see **SA1072** ~~†040~~ – Retail pharmacy
▲ Tab 500 mg 119.30 100 ✓ Sabril

▶ **SA1072** ~~†040~~ 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.

~~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.~~

Changes to Restrictions - effective 1 January 2011 (continued)

137	DEXAMPHETAMINE SULPHATE – Special Authority see SA1073 0907 – Retail pharmacy Only on a controlled drug form Tab 5 mg 16.50 100 ✓ PSM
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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:
 - 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

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...

2.2.2 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	✓ 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

continued...

Changes to Restrictions - effective 1 January 2011 (continued)

continued...

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 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 ӨP	✓ Habitrol
Gum 2 mg (Mint)	14.97	96 ӨP	✓ Habitrol
Gum 4 mg (Classic)	20.02	96	✓ Habitrol
Gum 4 mg (Fruit)	20.02	96 ӨP	✓ Habitrol
Gum 4 mg (Mint)	20.02	96 ӨP	✓ Habitrol

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 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 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 ✓ Habitrol Lozenge 2 mg 11.08 36 0P ✓ Habitrol		
142	NICOTINE Nicotine will not be funded Close Control in amounts less than 4 weeks of treatment. 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 ✓ Habitrol Patch 14 mg 11.63 7 0P ✓ Habitrol Patch 21 mg 12.32 7 0P ✓ Habitrol		
149	MITOMYCIN C – PCT only – Specialist Inj 5 mg 72.75	1	✓ Arrow S29
150	TRETINOIN Cap 10 mg – PCT – Retail pharmacy-Specialist 435.90	100	✓ Vesanoid
156	AZATHIOPRINE – Retail pharmacy-Specialist * Tab 50 mg – Brand switch fee payable 18.45	100	✓ Imuprine
163	IPRATROPIUM BROMIDE Nebuliser soln, 250 µg per ml, 1 ml – Up to 40 neb available on a PSO – Brand switch fee payable 3.79 Nebuliser soln, 250 µg per ml, 2 ml – Up to 40 neb available on a PSO – Brand switch fee payable 4.06	20 20	✓ Univent ✓ Univent
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 March 2011

34	LACTULOSE – Only on a prescription (↓ price) * Oral liq 10 g per 15 ml.....	6.65	1,000 ml	✓ Duphalac
43	POTASSIUM CHLORIDE (↑ subsidy) * Inj 75 mg per ml, 10 ml	55.00	50	✓ AstraZeneca
99	NEOSTIGMINE (↑ subsidy) Inj 2.5 mg per ml, 1 ml	150.00	50	✓ AstraZeneca
113	HYALURONIDASE (↑ price) Inj 1,500 iu per ml	18.32 (254.92)	10	Hyalase
129	LITHIUM CARBONATE (↑ subsidy) Tab long-acting 400 mg	18.50	100	✓ Priadel

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	✓ Ezetrol
46	EZETIMIBE WITH SIMVASTATIN – Special Authority see SA1046 – Retail pharmacy (↓ subsidy) Tab 10 mg with simvastatin 10 mg	48.90	30	✓ Vytorin
	Tab 10 mg with simvastatin 20 mg	51.60	30	✓ Vytorin
	Tab 10 mg with simvastatin 40 mg	55.20	30	✓ Vytorin
	Tab 10 mg with simvastatin 80 mg	60.60	30	✓ Vytorin
80	GOSERELIN ACETATE (↓ subsidy) Inj 3.6 mg	166.20	1	✓ Zoladex
	Inj 10.8 mg	443.76	1	✓ Zoladex
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

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 Subsidy and Manufacturer's Price – Effective 1 January 2011

37	VITAMINS (↓ subsidy) * Tab (BPC cap strength)	8.00 (14.80)	1,000	Healtheries 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	✓ Isentress
147	METHOTREXATE (↑ subsidy) * Inj 1 mg for ECP – PCT only – Specialist	0.10	1 mg	✓ Baxter

▲ 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 General Rules

Effective 1 March 2011

14 "Diabetes Nurse Prescriber" means a registered nurse practising in diabetes health who has authority to prescribe specified diabetes medicines in accordance with regulations made under the Medicines Act 1981, and who is practicing in an approved DHB demonstration site.

16 "Nurse Prescriber" means a nurse registered with the Nursing Council and who holds a current annual practicing certificate under the HPCA Act 2003 and who is approved by the Nursing Council, to prescribe specified prescription medicines relating to his/her scope of practice including, for the avoidance of doubt, a Diabetes Nurse Prescriber.

21 3.6 Diabetes Nurse Prescribers' Prescriptions

The following provisions apply to every Prescription written by a Diabetes Nurse Prescriber:

3.6.1 Prescriptions written by a Diabetes Nurse Prescriber for a Community Pharmaceutical will only be subsidised where they are for either:

- a) A Community Pharmaceutical classified as a Prescription Medicine or a Restricted Medicine and which Diabetes Nurse Prescribers is permitted under regulations to prescribe; or
- b) any other Community Pharmaceutical listed below, being an item that has been identified as being able to be prescribed by a Diabetes Nurse Prescriber, but which is not classified as a Prescription Medicine or a Restricted Medicine:
aspirin, blood glucose diagnostic test meter, blood glucose diagnostic test strip, glucagon hydrochloride inj 1 mg syringe kit, insulin pen needles, insulin syringes disposable with attached needle, ketone blood beta-ketone electrodes test strip, nicotine, sodium nitroprusside test strip,

3.6.2 Any Diabetes Nurse Prescribers' prescription for a medication requiring a Special Authority will only be subsidised if it is for a repeat prescription (ie after the initial prescription with Special Authority approval was dispensed).

Note: A list of Diabetes Nurse Prescribers will be published periodically in the Update of the Pharmaceutical Schedule for the duration of an initial pilot scheme. After this period there will be no approved DHB demonstration sites and hence no Diabetes Nurse Prescribers.

Changes to Brand Name

Effective 1 March 2011

99	IBUPROFEN				
	* Tab long-acting 800 mg	9.12	30	✓ Brufen SR	Retard

Changes to Sole Subsidised Supply

Effective 1 March 2011

For the list of new Sole Subsidised Supply products effective 1 March 2011 refer to the bold entries in the cumulative Sole Subsidised Supply table pages 10-19.

Delisted Items

Effective 1 March 2011

48	CILAZAPRIL				
	* Tab 0.5 mg	0.95	30		
		(2.20)			Inhibace
	* Tab 2.5 mg	1.92	28		
		(4.10)			Inhibace
	* Tab 5 mg	3.06	28		
		(6.01)			Inhibace
61	HYDROCORTISONE BUTYRATE WITH CHLORQUINALDOL – Only on a prescription Crm 0.1% with chlorquinaldol 3%	3.49	15 g OP		✓ Locoid C
72	METHYLERGOMETRINE Inj 200 µg per ml, 1 ml – Up to 10 inj available on a PSO	9.28	10		✓ Hospira S29
84	AMOXYCILLIN Cap 250 mg – Up to 30 cap available on a PSO	16.18			
		(17.30)	500		Apo-Amoxi
	Cap 500 mg	26.50			
		(27.25)	500		Apo-Amoxi
127	CYCLIZINE LACTATE Inj 50 mg per ml, 1 ml	14.95	5		✓ Valoid (AFT)
166	CHLORAMPHENICOL Eye drops 0.5%	1.28	10 ml OP		
		(2.40)			Chlorsig

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

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

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

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

54	FUROSEMIDE * Inj 10 mg per ml, 2 ml – Up to 5 inj available on a PSO	13.00 (29.50)	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 (3.99)	1	AFT
100	INDOMETHACIN * Cap long-acting 75 mg	13.30	100	✓Rheumacin SR
167	SODIUM CROMOGLYCATE Eye drops 2%	2.36 (3.95)	10 ml OP	Cromolux
171	PHARMACY SERVICES – May only be claimed once per patient. * Brand switch fee..... The Pharmacode for BSF Arrow-Enalapril is 2375613	0.01	1 fee	✓BSF Arrow-Enalapril
184	ORAL FEED 1KCAL/ML – Special Authority see SA0594 – Hospital pharmacy [HP3] Liquid (strawberry)	1.78	237 ml OP	✓Resource Diabetic
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 (aniseed)	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

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)

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
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

▲ 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)

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)	100 ml		PSM
		3.13 (7.00)	500 ml		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
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	CEFTRIAZONE 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 (5.40)	1		AFT
98	INFLUENZA VACCINE – Hospital pharmacy [Xpharm]				
	Inj	9.00 90.00	1 10		✓ Fluvox ✓ Influvac ✓ Vaxigrip

Delisted Items - effective 1 January 2011 (continued)

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 (34.90)	100	✓ Azamun Imuran
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.			
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.			

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 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
197	GOATS MILK INFANT FORMULA – Special Authority see SA0604 – Retail pharmacy Powder	9.42 (22.75)	900 g OP		Karicare Goats Milk Infant Formula
198	LACTOSE FREE INFANT FORMULA – Special Authority see SA0604 – Retail pharmacy Powder	5.66 (17.95)	900 g OP		Delact
198	SOYA INFANT FORMULA – Special Authority see SA0604 – Retail pharmacy Powder	6.34 (19.57)	900 g OP		S26 Soy
198	INFANT SOY FORMULA – Special Authority see SA0757 – Retail pharmacy Powder	7.27 (16.35)	900 g		Karicare Soy All Ages

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Items to be delisted – effective 1 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. Tab 4 mg	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			

Effective 1 June 2011

34	LACTULOSE – Only on a prescription * Oral liq 10 g per 15 ml	6.65	1, 000 ml	✓ Duphalac
171	PHARMACY SERVICES – May only be claimed once per patient * Brand switch fee.....	0.01	1 fee	✓ BSF Zapril
	The Pharmacode for BSF Zapril is 2378639			

Effective 1 July 2011

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

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	✓ Healtieries
50	MEXILETINE HYDROCHLORIDE ▲ Cap 50 mg	23.52	100	✓ Mexitil
	▲ Cap 200 mg	55.05	100	✓ Mexitil

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Items to be delisted – effective 1 August 2011 (continued)

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. Crn	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	✓ Zerit	
	Powder for oral soln 1 mg per ml	100.76	200 ml OP	✓ Zerit	
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	✓ Durogesic	
	Transdermal patch, matrix 50 µg per hour – Special Authority see SA1080 – Retail pharmacy	100.52	5	✓ Durogesic	
	Transdermal patch, matrix 75 µg per hour – Special Authority see SA1080 – Retail pharmacy	139.18	5	✓ Durogesic	
	Transdermal patch, matrix 100 µg per hour – Special Authority see SA1080 – Retail pharmacy	171.22	5	✓ Durogesic	
149	MITOMYCIN C – PCT only – Specialist Inj 2 mg	283.00	10	✓ Mitomycin-C	S29
	Inj 10 mg	808.00	5	✓ Mitomycin-C	S29
	Note – Arrow mitomycin C inj 5 mg remains subsidised.				

Effective 1 September 2011

41	CLOPIDOGREL Tab 75 mg	5.05	28	✓ Apo-Clopidogrel	
50	DIGOXIN * Tab 62.5 µg – Up to 30 tab available on a PSO	6.94	250	✓ Lanoxin PG	
65	SULPHUR Precipitated – Only in combination	6.50	100 g	✓ ABM	
	1) Only in combination with a dermatological base or proprietary Topical Corticosteroid – Plain, refer, page 172				
	2) With or without other dermatological galenicals.				
83	CLARITHROMYCIN – Maximum of 500 mg per prescription; can be waived by Special Authority SA0988 Tab 250 mg	5.53	10	✓ Klacid	
94	RITONAVIR – Special Authority see SA1025 – Retail pharmacy Cap 100 mg	121.27	84	✓ Norvir	
100	NAPROXEN SODIUM * Tab 275 mg	5.69	120	✓ Sonafam	
145	CLADRIBINE – PCT only – Specialist Inj 2 mg per ml, 5 ml	873.00	1	✓ Litak	S29

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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Items to be delisted – effective 1 September 2011 (continued)

178	METHYL HYDROXYBENZOATE Powder	10.00	25 g	✓ ABM
178	SODIUM BICARBONATE Powder BP – Only in combination	9.80 (11.99)	500 g	✓ ABM Biomed
Only in extemporaneously compounded omeprazole suspension.				

▲ 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

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

Effective 1 March 2011

20	BLOOD GLUCOSE DIAGNOSTIC TEST STRIP Blood glucose test strips × 50 and lancets × 5	19.10 19.60	50 test +	On Call Advanced CareSens
20	BUPIVACAINE HYDROCHLORIDE († price) Inf 0.25%, 100 ml theatre pack	150.00	5	Marcain
	Inj 0.5%, 4 ml	50.00	5	Marcain Isobaric
	Inj 0.5%, 8% glucose, 4 ml	38.00	5	Marcain Heavy
22	CEFACLOR MONOHYDRATE Cap 250 mg – 1% DV Jun-11 to 2013	24.57	100	Cefaclor Sandoz
	Note – Ranbaxy-Cefaclor cap 250 mg to be delisted 1 June 2011.			
23	CEFTRIAXONE SODIUM Inj 1 g – 1% DV Oct-10 to 2013	10.49	5	Aspen Ceftriaxone
	Note – HSS suspended from 18 February 2011.			
23	CETOMACROGOL Crm BP 500 g	3.50	1	Pharmacy Health
	Note - Pharmacy Health crm BP 500 g, 12 pot pack, delisted 1 March 2011.			
27	DARUNAVIR Tab 600 mg	1,190.00	60	Prezista
38	ISOPROPYL ALCOHOL Soln 70%, 500 ml	5.00	1	PSM
39	LANSOPRAZOLE Cap 15 mg	3.27	28	Lanzol Relief
	Cap 30 mg	4.34	28	Lanzol Relief
42	METHYL HYDROXYBENZOATE Powder	10.00	25 g	ABM
	Note – ABM methyl hydroxybenzoate powder, 25 g to be delisted 1 May 2011.			
45	NAPROXEN SODIUM Tab 275 mg	6.00	120	Sonaflam
	Note – Sonaflam tab 275 mg to be delisted 1 May 2011.			
45	NEOSTIGMINE METHYLSULPHATE († price) Inj 2.5 mg per ml, 1 ml	150.00	50	AstraZeneca
46	OCTREOTIDE († price) Inj 50 µg per ml, 1 ml	43.50	5	Sandostatin
	Inj 100 µg per ml, 1 ml	81.00	5	Sandostatin
	Inj 500 µg per ml, 1 ml	399.00	5	Sandostatin

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 March 2011 (continued)

47	ONDANSETRON Tab disp 4 mg – 1% DV May-11 to 2013	1.70	10	Dr Reddy's Ondansetron Dr Reddy's Ondansetron
	Tab disp 8 mg – 1% DV May-11 to 2013	2.00	10	
	Note – Zofran Zydys tab disp 4 mg and 8 mg to be delisted 1 May 2011.			
52	RETINOL PALMITATE Oint 25 g	2.00	1	PSM
	Note - PSM oint 25 g, 80 tube pack, delisted 1 March 2011.			
53	RITONAVIR Tab 100 mg	43.31	30	Norvir
	Note - Norvir cap 100 mg to be delisted 1 May 2011.			
55	SODIUM BICARBONATE Powder BP	9.80 11.99	500 g	ABM Biomed
	Note – ABM and Biomed brands of sodium bicarbonate powder BP, 500 g to be delisted 1 May 2011.			
56	SORBOLENE WITH GLYCERIN Crm with 10% glycerine, 100 g (pot).....	2.10	1	Pharmacy Health
	Crm with 10% glycerine, 100 g (tube).....	2.00	1	Pharmacy Health
	Crm with 10% glycerine, 500 ml	4.50	1	Pharmacy Health
	Crm with 10% glycerine, 1,000 ml	6.50	1	Pharmacy Health
	Note - Pharmacy Health crm with 10% glycerine, 100 g, 500 ml and 1,000 ml, multiple packs delisted 1 March 2011.			
58	SULPHUR Precipitated	6.50	100 g	ABM
	Note – ABM sulphur precipitated 100 g to be delisted 1 May 2011.			
60	VARENICLINE TARTRATE Tab 0.5 mg × 11 and 1 mg × 14	60.48	25 †	Champix
	Note – pack size change from 1 to 25 tablets. The pharmacode for this pack has also changed.			

Effective 1 February 2011

21	CAFFEINE CITRATE (presentation description change and † price) Oral liq 20 mg per ml (10 mg base per ml)	14.85	25 ml	Biomed
	Inj 20 mg per ml (10 mg base per ml), 2.5 ml	55.75	5	Biomed
31	FENTANYL Transdermal patch 12.5 µg per hour – 1% DV Aug-11 to 2013	8.90	5	Mylan Fentanyl Patch
	Transdermal patch 25 µg per hour – 1% DV Aug-11 to 2013	9.15	5	Mylan Fentanyl Patch

continued...

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

continued...

	Transdermal patch 50 µg per hour – 1% DV Aug-11 to 2013	11.50	5	Mylan Fentanyl Patch
	Transdermal patch 75 µg per hour – 1% DV Aug-11 to 2013	13.60	5	Mylan Fentanyl Patch
	Transdermal patch 100 µg per hour – 1% DV Aug-11 to 2013	14.50	5	Mylan Fentanyl Patch
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) Inj Microspheres for inj 25 mg per 2 ml	175.00	1	Risperdal Consta
	Inj Microspheres for inj 37.5 mg per 2 ml	230.00	1	Risperdal Consta
	Inj Microspheres for inj 50 mg per 2 ml	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
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 – 1% DV Dec-08 to 2011	28.09	5	Kenacort-A40

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

Section H changes Part II - effective 1 January 2010

20	BUPIVACAINE HYDROCHLORIDE			
	Inf 0.125%, 100 ml theatre pack	109.39	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 – 1% DV Mar-11 to 2013	7.68	1,000 ml	Laevolac
	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 – 10% DV Apr-08 to 31 Dec 2010	10.53	7	Habitrol
	Patch 14 mg – 10% DV Apr-08 to 31 Dec 2010	11.63	7	Habitrol
	Patch 21 mg – 10% DV Apr-08 to 31 Dec 2010	12.32	7	Habitrol
	Lozenge 1 mg – 10% DV Apr-08 to 31 Dec 2010	11.08	36	Habitrol
	Lozenge 2 mg – 10% DV Apr-08 to 31 Dec 2010	11.08	36	Habitrol
	Gum 2 mg (fruit) – 10% DV Apr-08 to 31 Dec 2010	14.97	96	Habitrol
	Gum 2 mg (mint) – 10% DV Apr-08 to 31 Dec 2010	14.97	96	Habitrol
	Gum 4 mg (fruit) – 10% DV Apr-08 to 31 Dec 2010	20.02	96	Habitrol
	Gum 4 mg (mint) – 10% DV Apr-08 to 31 Dec 2010	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 - 1% DV Mar-11 to 2012	85.00	10	Arrow-Rocuronium
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			
55	SODIUM CHLORIDE			
	Inj 0.9%, 5 ml	10.85	50	Multichem
	Inj 0.9%, 10 ml	11.50	50	Multichem

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

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

62	ZINC AND CASTOR OIL (↑ price) Ointment	1.29	20 g	Orion
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Effective 1 December 2010

21	CALCIUM FOLINATE (extension of HSS) Inj 50 mg – 1% DV Sep-08 to 2014	24.50	5	Calcium Folate Ebewe
	Inj 100 mg – 1% DV Sep-08 to 2014	9.75	1	Calcium Folate Ebewe
	Inj 300 mg – 1% DV Sep-08 to 2014	30.00	1	Calcium Folate Ebewe
	Inj 1 g – 1% DV Sep-08 to 2014 (↓ price).....	90.00	1	Calcium Folate Ebewe
22	CARBOPLATIN (↓ price) Inj 10 mg per ml, 45 ml – 1% DV Dec-09 to 2012	50.00	1	Carboplatin Ebewe
	Inj 10 mg per ml, 100 ml – 1% DV Dec-09 to 2012	105.00	1	Carboplatin Ebewe
28	DOPAMINE HYDROCHLORIDE Inj 40 mg per ml, 5 ml – 1% DV Feb-11 to 2012	82.08	10	Max Health
	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	Doxorubicin Ebewe
	Inj 50 mg – 1% DV Feb-11 to 2012 (↑ price).....	40.00	1	Doxorubicin Ebewe
	Inj 100 mg – 1% DV Feb-11 to 2012 (↓ price).....	80.00	1	Doxorubicin Ebewe
	Inj 200 mg – 1% DV Feb-11 to 2012 (↓ price).....	150.00	1	Doxorubicin Ebewe
29	EPIRUBICIN (↓ price) Inj 2 mg per ml, 50 ml – 1% DV Oct-09 to 2012	125.00	1	Epirubicin Ebewe
	Inj 2 mg per ml, 100 ml – 1% DV Oct-09 to 2012	210.00	1	Epirubicin Ebewe
30	ESCITALOPRAM Tab 10 mg – 1% DV Feb-11 to 2013.....	2.65	28	Loxalate
	Tab 20 mg – 1% DV Feb-11 to 2013.....	4.20	28	Loxalate
33	GEMFIBROZIL Tab 600 mg – 1% DV Feb-11 to 2013.....	14.00	60	Lipazil
34	GLYCERIN WITH SUCROSE Suspension	38.00	473 ml	Ora-Sweet
34	GLYCERIN WITH SODIUM SACCHARIN Suspension	38.00	473 ml	Ora-Sweet SF
38	ITRACONAZOLE Cap 100 mg – 1% DV Feb-11 to 2013	4.25	15	Itrazole
	Note – Sporanox cap 100 mg to be delisted 1 February 2011.			

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)

38	ISOSORBIDE MONONITRATE (↓ price) Tab long-acting 60 mg	3.94	90	Duride
39	LABETALOL (↓ price) Tab 50 mg	8.23	100	Hybloc
	Tab 100 mg	10.06	100	Hybloc
	Tab 200 mg	17.55	100	Hybloc
39	LABETALOL 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 – 1% DV Nov-08 to 2014	25.00	1	Methotrexate Ebewe
	Inj 100 mg per ml, 50 ml – 1% DV Nov-08 to 2014	125.00	1	Methotrexate Ebewe
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 – 1% DV Jan-10 to 2012	55.00	1	Oxaliplatin Ebewe
	Inj 100 mg – 1% DV Jan-10 to 2012	110.00	1	Oxaliplatin Ebewe
47	PACLITAXEL (↓ price and extension of HSS) Inj 30 mg – 1% DV Oct-08 to 2014	137.50	5	Paclitaxel Ebewe
	Inj 100 mg – 1% DV Oct-08 to 2014	91.67	1	Paclitaxel Ebewe
	Inj 150 mg – 1% DV Oct-08 to 2014	137.50	1	Paclitaxel Ebewe
	Inj 300 mg – 1% DV Oct-08 to 2014	275.00	1	Paclitaxel Ebewe
	Inj 600 mg – 1% DV Oct-08 to 2014	550.00	1	Paclitaxel Ebewe
51	PROPRANOLOL (↓ price) Cap long-acting 160 mg	16.06	100	Cardinol LA
53	RIVAROXABAN Tab 10 mg	153.00	15	Xarelto
		306.00	30	Xarelto

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

54	SERTRALINE			
	Tab 50 mg – 1% DV Feb-11 to 2013	5.40	90	Arrow-Sertraline
	Tab 100 mg – 1% DV Feb-11 to 2013	9.60	90	Arrow-Sertraline
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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