

Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 February 2012

Cumulative for January and February 2012

Section H cumulative for December 2011,
January and February 2012



Contents

Summary of PHARMAC decisions effective 1 February 2012	3
Subsidy changes for some respiratory inhalation products and access restrictions to combination inhalers	4
Pharmacy Brand Switch Payment for Bicalutamide	5
Named Patient Pharmaceutical Assessment (NPPA)	5
Discontinuation of Cardinol 10 mg and 40 mg tablets.....	5
Calcium Carbonate 600 mg tablets	6
Insulin Glargine removal of prescriber note.....	6
New Listing Rizatriptan	6
Tender News.....	7
Looking Forward	7
Sole Subsidised Supply products cumulative to February 2012	8
New Listings.....	18
Changes to Restrictions.....	20
Changes to Subsidy and Manufacturer's Price.....	26
Changes to Sole Subsidised Supply	29
Delisted Items	30
Items to be Delisted	32
Section H changes to Part II	34
Section H changes to General Rules	38
Index	39

Summary of PHARMAC decisions

EFFECTIVE 1 FEBRUARY 2012

New listings (page 18)

- Cefuroxime sodium (Mylan) inj 1.5 g – Retail pharmacy-Specialist – subsidy by endorsement
- Pharmacy Services (BSF Bicalaccord) brand switch fee – no patient co-payment payable - may only be claimed once per patient

Changes to restrictions (pages 19-21)

- Insulin glargine – removal of prescriber note
- Bortezomib – amended Special Authority criteria
- Inhaled Corticosteroids with Long-Acting Beta-Adrenoreceptor Agonists-amended Special Authority criteria
- Eformoterol fumarate – removal of endorsement for full subsidy, repeats fully subsidised where initial dispensing is prior to 1 February 2012
- Budesonide with eformoterol – removal of endorsement for full subsidy
- Sodium chloride (Biomed) soln 7% - amended subsidy restriction
- Sodium bicarbonate (Midwest, David Craig) – subsidised in lansoprazole suspension

Decreased subsidy (page 25)

- Sodium chloride (Multichem) inj 0.9 %, 10 ml
- Cefaclor monohydrate (Ranbaxy Cefaclor) cap 250 mg
- Ibuprofen (Ethics Ibuprofen) tab 200 mg and (Brufen) tab 400 mg and 600 mg
- Eformoterol fumarate (Oxis Turbuhaler) powder for inhalation 6 µg per dose, breath activated, (Foradil) powder for inhalation, 12 µg per dose, and monodose device
- Budesonide with eformoterol (Vannair) aerosol inhaler 100 µg with eformoterol fumarate 6 µg and 200 µg with eformoterol fumarate 6 µg

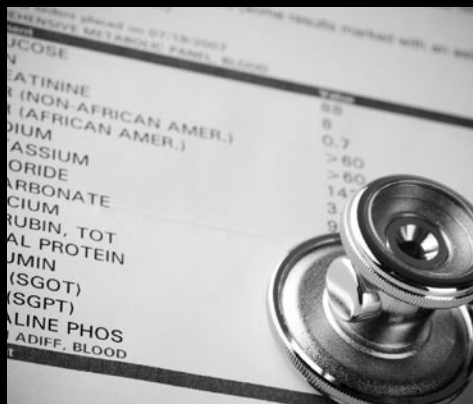
Increased subsidy (page 25)

- Benztropine mesylate (Cogentin) inj 1 mg per ml, 2 ml
- Fluticasone (Flixotide Accuhaler) powder for inhalation, 50 µg per dose
- Budesonide with eformoterol powder for inhalation (Symbicort Turbuhaler 100/6) 100 µg with eformoterol 6 µg, (Symbicort Turbuhaler 200/6) 200 µg with eformoterol 6 µg, (Symbicort Turbuhaler 400/12) 400 µg with eformoterol 12 µg

Subsidy changes for some respiratory inhalation products and access restrictions to combination inhalers

From 1 February 2012 subsidy and restriction changes will occur to some respiratory inhalation products. These changes vary from those summarised in previous notifications. The changes are summarised below:

- 1) Widening of access to combination inhalers by removing the requirement for patients to be on separate ICS and LABA inhalers for at least three months prior to being eligible for funded combination inhalers via Special Authority. Please note a Special Authority approval number is still required to gain full subsidy for combination inhalers.
- 2) From the 1st of February 2012 there will be full funding for all patients for budesonide with eformoterol via Special Authority - all strengths of Vannair and Symbicort Turbuhaler. This applies to both new and existing patients.
- 3) From the 1st of February 2012 there will be a reduction in subsidy for eformoterol fumarate which will result in manufacturer's surcharges for Oxis



Turbuhaler and Foradil. To assist with the implementation of these changes, repeat dispensing for Oxis Turbuhaler and Foradil where the initial dispensing of that prescription was before 1 February 2012 will be fully funded. Subsequent prescriptions will incur a part charge. This will give clinicians and patients time to make a treatment change should patients wish to receive a fully funded product.

- 4) Flixotide Accuhaler (powder for inhalation), all strengths will be fully subsidised from 1 February 2012. Previous to this date, these pharmaceuticals carried a part charge.

These changes have previously been notified to the market. Please refer to the full Notification located on the PHARMAC website for further details. <http://www.pharmac.govt.nz/healthpros/notification>



Pharmacy Brand Switch Payment for Bicalutamide

Brand switch payments for pharmacies will be payable for dispensings of the Bicalaccord brand of bicalutamide 50mg tablets from 1 February 2012.

The brand switch fee is claimable via a Pharmacode on the first dispensing of bicalutamide after 1 February 2012 for patients who have switched brands. Pharmacies should claim a fee even if the patient switched to the Sole Supply brand

prior to 1 February 2012. The brand switch fee for bicalutamide will be paid only once for each patient during the claim period. The brand switch fee will not be able to be claimed for this pharmaceutical for dispensing after 30 April 2012.

Further pharmacy brand switch payment information is available on the PHARMAC website at <http://www.pharmac.govt.nz/healthpros/SchedulePrinted>.

Named Patient Pharmaceutical Assessment (NPPA)

From 1 March 2012, PHARMAC's Exceptional Circumstances schemes will be replaced with Named Patient Pharmaceutical Assessment (NPPA). The changes include removal of the criteria restricting funding to rare conditions and changes to the application process, including being able to apply electronically.

For more information, including the NPPA Policy, criteria and contact details, visit our website at <http://www.pharmac.govt.nz/haveyoursay/eceview>.

Discontinuation of Cardinol 10 mg and 40 mg tablets

Mylan are discontinuing the supply of the Cardinol brand of propranolol 10 mg and 40 mg tablets. Current supplies are expected to last until February 2012 for 40 mg tablets and until April 2012 for the 10 mg tablets. Alternative Beta adrenoreceptor blockers are fully funded. The long-acting 160 mg propranolol capsules (Cardinol) will continue to be supplied.



Calcium Carbonate 600 mg tablets

As a result of a tender Agreement for the supply of calcium carbonate tablets, only the 500 mg strength tablets will continue to be funded from 1 May 2012 when the Calci-tab brand of 500 mg and 600 mg tablets are delisted.

Insulin Glargine removal of prescriber note

The prescriber note that applies to insulin glargine (Lantus and Lantus SoloStar) will be removed from 1 February 2012. This follows the removal of the Special Authority for insulin glargine on 1 August 2010 to widen access to a long-acting insulin treatment for diabetes mellitus.

New Listing Rizatriptan

As a result of the tender from 1 March 2012 there will be a new brand of Rizatriptan orodispersible tablets listed on the Pharmaceutical Schedule. Rizamelt is to be supplied by Mylan New Zealand and will be awarded sole supply from 1 August 2012.

Tender News

Sole Subsidised Supply changes – effective 1 March 2012

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Allopurinol	Tab 100 mg; 1,000 tab	Apo-Allopurinol (Apotex)
Allopurinol	Tab 300 mg; 500 tab	Apo-Allopurinol (Apotex)
Losartan	Tab 12.5 mg; 90 tab	Lostaar (Mylan)
Losartan	Tab 25 mg; 90 tab	Lostaar (Mylan)
Losartan	Tab 50 mg; 90 tab	Lostaar (Mylan)
Losartan	Tab 100 mg; 90 tab	Lostaar (Mylan)
Losartan with hydrochlorothiazide	Tab 50 mg with hydrochlorothiazide 12.5 mg; 30 tab	Arrow-Losartan and Hydrochlorothiazide (Arrow)
Paracetamol	Oral liq 120 mg per 5 ml; 500 ml	Ethics Paracetamol (Multichem)
Testosterone cypionate	Inj long-acting 100 mg per ml, 10 ml; 1 inj	Depo-Testosterone (Pfizer)
Ciprofloxacin	Tab 250 mg; 28 tab	Cipflox (Mylan)
Ciprofloxacin	Tab 500 mg; 28 tab	Cipflox (Mylan)
Ciprofloxacin	Tab 750 mg; 28 tab	Cipflox (Mylan)

Looking Forward

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

Possible decisions for implementation 1 March 2012

- Adrenaline (Aspen Adrenaline) 1 in 10,000, 10 ml – New listing
- Auranofin (Ridaura s29) tab 3 mg – New listing
- Losartan (Lostaar) tab 12.5 mg, 25 mg, 50 mg and 100 mg – Brand switch fee
- Losartan with hydrochlorothiazide (Arrow-Losartan & Hydrochlorothiazide) tab 50mg with hydrochlorothiazide 12.5 mg – Brand switch fee

Sole Subsidised Supply Products – cumulative to February 2012

Generic Name	Presentation	Brand Name	Expiry Date*
Abacavir sulphate	Oral liq 20 mg per ml Tab 300 mg	Ziagen Ziagen	2014
Acarbose	Tab 50 mg & 100 mg	Glucobay	2012
Acetazolamide	Tab 250 mg	Diamox	2014
Aciclovir	Tab dispersible 200 mg, 400 mg & 800 mg	Lovir	2013
Amantadine hydrochloride	Cap 100 mg	Symmetrel	2014
Aminophylline	Inj 25 mg per ml, 10 ml	DBL Aminophylline	2014
Amitriptyline	Tab 25 mg & 50 mg	Amitrip	2014
Amlodipine	Tab 5 mg & 10 mg	Apo-Amlodipine	2014
Amoxicillin	Inj 250 mg, 500 mg & 1 g Cap 250 mg & 500 mg Grans for oral liq 250 mg per 5 ml	Ibiamox Alphamox Ospamox	2014 2013 2012
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	Curam Curam	2012
Aqueous cream	Crn	AFT	2014
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	2014
Benzylpenicillin sodium (Penicillin G)	Inj 600 mg	Sandoz	2014
Betamethasone valerate	Scalp app 0.1%	Beta Scalp	2012
Betaxolol hydrochloride	Eye drops 0.5% Eye drops 0.25%	Betoptic Betoptic S	2014
Bicalutamide	Tab 50 mg	Bicalaccord	2014
Bisacodyl	Tab 5 mg	Lax-Tab	2013
Calamine	Crn, aqueous, BP Lotn, BP	healthE API	2012
Calcitonin	Inj 100 iu per ml, 1 ml	Miacalcic	2014

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Sole Subsidised Supply Products – cumulative to February 2012

Generic Name	Presentation	Brand Name	Expiry Date*
Calcitriol	Cap 0.25 µg & 0.5 µg	Airflow	2012
Calcium carbonate	Tab eff 1.75 g (1 g elemental)	Calsource	2014
Calcium folinate	Tab 15 mg	DBL Leucovorin Calcium	2014
Captopril	Tab 12.5 mg, 25 mg & 50 mg Oral liq 5 mg per ml	m-Captopril Capoten	2013
Cefaclor monohydrate	Grans for oral liq 125 mg per 5 ml	Ranbaxy-Cefaclor	2013
Ceftriaxone sodium	Inj 500 mg Inj 1 g	Veracol Aspen Ceftriaxone	2013
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
Cetomacrogol	Crn BP	PSM	2013
Cetirizine hydrochloride	Oral liq 1 mg per ml Tab 10 mg	Cetirizine - AFT Zetop	2014
Chloramphenicol	Eye drops 0.5% Eye oint 1%	Chlorafast Chlorsig	2012
Chlorhexidine gluconate	Soln 4% Handrub 1% with ethanol 70%	Orion healthE	2014 2012
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
Citalopram hydrobromide	Tab 20 mg	Arrow-Citalopram	2014
Clobetasol propionate	Crn 0.05% Oint 0.05% Scalp app 0.05%	Dermol Dermol Dermol	2012
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
Clotrimazole	Crn 1% Vaginal crm 1% with applicator Vaginal crm 2% with applicator	Clomazol Clomazol Clomazol	2014 2013
Coal tar	Soln BP	Midwest	2013
Colchicine	Tab 500 µg	Colgout	2013
Compound electrolytes	Powder for soln for oral use 4.4 g	Electral	2013
Crotamiton	Crn 10%	Itch-Soothe	2012
Cyclizine hydrochloride	Tab 50 mg	Nausicalm	2012

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Sole Subsidised Supply Products – cumulative to February 2012

Generic Name	Presentation	Brand Name	Expiry Date*
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	2014
Desmopressin	Nasal spray 10 µg per dose	Desmopressin-PH&T	2014
Dexamethasone	Eye oint 0.1% Eye drops 0.1%	Maxidex Maxidex	2014 2013
Dexamethasone sodium phosphate	Inj 4 mg per ml, 1 ml & 2 ml	Hospira	2013
Dexamethasone with neomycin and polymyxin b sulphate	Eye oint 0.1% with neomycin sulphate 0.35% and polymyxin B sulphate 6,000 u per g Eye drops 0.1% with neomycin sulphate 0.35% and polymyxin B sulphate 6,000 u per ml	Maxitrol Maxitrol	2014
Dextrose	Inj 50%, 10 ml	Biomed	2014
Dextrose with electrolytes	Soln with electrolytes	Pedialyte – Fruit Pedialyte – Bubblegum Pedialyte – Plain	2013
Diclofenac sodium	Inj 25 mg per ml, 3 ml Eye drops 1 mg per ml Suppos 12.5 mg, 25 mg, 50 mg & 100 mg Tab EC 25 mg & 50 mg	Voltaren Voltaren Ophtha Voltaren Diclofenac Sandoz	2014 2012
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 Cardizem CD	31/12/11
Dipyridamole	Tab long-acting 150 mg	Pytazen SR	2014
Docusate sodium	Cap 50 mg Cap 120 mg	Laxofast 50 Laxofast 120	2014
Docusate sodium with sennosides	Tab 50 mg with total sennosides 8 mg	Laxsol	2013
Donepezil hydrochloride	Tab 5 mg & 10 mg	Donepezil-Rex	2012
Doxazosin mesylate	Tab 2 mg & 4 mg	Apo-Doxazosin	2014
Doxycycline hydrochloride	Tab 100 mg	Doxine	2014
Emulsifying ointment	Oint BP	AFT	2014
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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Generic Name	Presentation	Brand Name	Expiry Date*
Ergometrine maleate	Inj 500 µg per ml, 1 ml	DBL Ergometrine	2014
Erythromycin ethyl succinate	Tab 400 mg	E-Mycin	2012
Escitalopram	Tab 10 mg & 20 mg	Loxalate	2013
Ethinylestradiol	Tab 10 µg	NZ Medical and Scientific	2012
Etidronate disodium	Tab 200 mg	Arrow-Etidronate	2012
Exemestane	Tab 25 mg	Aromasin	2014
Felodipine	Tab long-acting 5 mg Tab long-acting 10 mg	Felo 5 ER Felo 10 ER	2012
Fentanyl	Transdermal patch 12.5 µg per hour, 25 µg per hour, 50 µg per hour, 75 µg per hour, 100 µg per hour	Mylan Fentanyl Patch	2013
Fentanyl citrate	Inj 50 µg per ml, 2 ml & 10 ml	Boucher and Muir	2012
Ferrous sulphate	Oral liq 30 mg per 1 ml (6 mg elemental per 1 ml)	Ferodan	2013
Finasteride	Tab 5 mg	Rex Medical	2014
Flucloxacillin sodium	Inj 250 mg, 500 mg & 1 g	Flucloxin	2014
	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	
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	2014
Glycerol	Liquid	healthE	2013
Glyceryl trinitrate	TDDS 5 mg & 10 mg	Nitroderm TTS	2014
	Tab 600 µg	Lycinate	
Haloperidol	Inj 5 mg per ml, 1 ml	Serenace	2013
	Oral liq 2 mg per ml	Serenace	
	Tab 500 µg, 1.5 mg & 5 mg	Serenace	

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Generic Name	Presentation	Brand Name	Expiry Date*
Hydrocortisone	Crm 1% Powder	Pharmacy Health ABM	2014
	Inj 50 mg per ml, 1 ml	Solu-Cortef	2013
	Tab 5 mg & 20 mg	Douglas	2012
Hydrocortisone acetate	Rectal foam 10%, CFC-free (14 applications)	Colifoam	2012
Hydrocortisone with miconazole	Crm 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	2014
Hydroxocobalamin	Inj 1 mg per ml, 1 ml	ABM Hydroxocobalamin	2012
Hydroxychloroquine sulphate	Tab 200 mg	Plaquenil	2012
Hyoscine N-butylbromide	Inj 20 mg, 1 ml	Buscopan Gastrosoothe	2014
	Tab 10 mg		
Ibuprofen	Tab long-acting 800 mg	Brufen SR Fenpaed	2014 2013
	Oral liq 100 mg per 5 ml		
Imiquimod	Crm 5%	Aldara	2014
Indapamide	Tab 2.5 mg	Dapa-Tabs	2013
Ipratropium bromide	Aqueous nasal spray, 0.03%, 15 ml OP	Univent	2013
	Nebuliser soln, 250 µg per ml, 1 ml & 2 ml	Univent	
Iron polymaltose	Inj 50 mg per ml, 2 ml	Ferrum H	2014
Isosorbide mononitrate	Tab 20 mg	Ismo 20 Corangin	2014
	Tab long-acting 40 mg		
Isotretinoin	Cap 10 mg & 20 mg	Oratane	2012
Itraconazole	Cap 100 mg	Itrazole	2013
Ketoconazole	Shampoo 2%	Sebizole	2014
Lactulose	Oral liq 10 g per 15 ml	Laevolac	2013
Lamivudine	Oral liq 10 mg per ml	3TC 3TC	2013
	Tab 150 mg		
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	Viscous soln 2%	Xylocaine Viscous Xylocaine	2014 2013
	Inj 1%, 5 ml & 20 ml		
Lignocaine with prilocaine	Crm 2.5% with prilocaine 2.5% (5 g tubes)	EMLA	2013
	Crm 2.5% with prilocaine 2.5%; 30 g OP	EMLA	

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Sole Subsidised Supply Products – cumulative to February 2012

Generic Name	Presentation	Brand Name	Expiry Date*
Lisinopril	Tab 5 mg, 10 mg & 20 mg	Arrow-Lisinopril	2012
Lithium carbonate	Cap 250 mg	Douglas	2014
Lodoxamide trometamol	Eye drops 0.1%	Lomide	2014
Loperamide hydrochloride	Cap 2 mg	Diamide Relief	2013
Loratadine	Oral liq 1 mg per ml Tab 10 mg	Lorapaed Loraclear Hayfever Relief	2013
Lorazepam	Tab 1 mg & 2.5 mg	Ativan	2013
Malathion	Liq 0.5% Shampoo 1%	A-Lices A-Lices	2013
Mask for spacer device	Size 2	EZ-fit Paediatric Mask	2015
Mebendazole	Tab 100 mg	De-Worm	2014
Mebeverine hydrochloride	Tab 135 mg	Colofac	2014
Megestrol acetate	Tab 160 mg	Apo-Megestrol	2012
Mercaptopurine	Tab 50 mg	Purinethol	2013
Mesalazine	Suppos 500 mg Enema 1 g per 100 ml	Asacol Pentasa	2014 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	Hospira Methoblastin	2013 2012
Methylprednisolone	Tab 4 mg & 100 mg	Medrol	2012
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 Tab 10 mg	Pfizer Metamide	2014
Miconazole nitrate	Crn 2%	Multichem	2014
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

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Sole Subsidised Supply Products – cumulative to February 2012

Generic Name	Presentation	Brand Name	Expiry Date*
Morphine sulphate	Inj 5 mg per ml, 1 ml	DBL Morphine Sulphate	2014
	Inj 10 mg per ml, 1 ml	DBL Morphine Sulphate	
	Inj 15 mg per ml, 1 ml	DBL Morphine Sulphate	
	Inj 30 mg per ml, 1 ml	DBL Morphine Sulphate	
	Tab long-acting 10 mg, 30 mg, 60 mg & 100 mg	Arrow-Morphine LA	2013
Morphine sulphate	Cap long-acting 10 mg, 30 mg, 60 mg & 100 mg	m-Elson	2012
	Tab immediate release 10 mg & 20 mg	Sevredol	
Morphine tartrate	Inj 80 mg per ml, 1.5 ml & 5 ml	Hospira	2013
Mucilaginous laxatives	Dry	Konsyl-D	2013
Naphazoline hydrochloride	Eye drops 0.1%	Naphcon Forte	2014
Naproxen	Tab 250 mg	Noflam 250	2012
	Tab 500 mg	Noflam 500	
Natrexone hydrochloride	Tab 50 mg	Naltraccord	2013
Neostigmine	Inj 2.5 mg per ml, 1 ml	AstraZeneca	2014
Nevirapine	Oral suspension 10 mg per ml	Viramune Suspension	2012
	Tab 200 mg	Viramune	
Nicotine	Gum 2 mg & 4 mg (classic, fruit, mint)	Habitrol	2014
	Lozenge 1 mg & 2 mg	Habitrol	
	Patch 7 mg, 14 mg & 21 mg	Habitrol	
Nicotinic acid	Tab 50 mg & 500 mg	Apo-Nicotinic Acid	2014
Norfloracin	Tab 400 mg	Arrow-Norfloracin	2014
Norethisterone	Tab 5 mg	Primolut N	2014
	Tab 350 µg	Noriday 28	2012
Nystatin	Oral liq 100,000 u per ml	Nilstat	2014
	Cap 500,000 u	Nilstat	2013
	Tab 500,000 u	Nilstat	
Omeprazole	Cap 10 mg, 20 mg & 40 mg	Omezol Relief	2014
	Powder	Midwest	
	Inj 40 mg	Dr Reddy's Omeprazole	
Ondansetron	Tab disp 4 mg & 8 mg	Dr Reddy's Ondansetron	2013
	Tab 4 mg & 8 mg	Dr Reddy's Ondansetron	
Oxazepam	Tab 10 mg & 15 mg	Ox-Pam	2014

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Sole Subsidised Supply Products – cumulative to February 2012

Generic Name	Presentation	Brand Name	Expiry Date*
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
Pantoprazole	Inj 40 mg Tab 20 mg & 40 mg	Pantocid IV Dr Reddy's Pantoprazole	2014 2013
Paracetamol	Oral liq 250 mg per 5 ml	Paracare Double Strength	2014
Paracetamol with codeine	Tab paracetamol 500 mg with codeine phosphate 8 mg	Paracetamol + Codeine (Relieve)	2014
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 & normal range	Breath-Alert	2015
Pegylated interferon alpha-2A	Inj 135 µg prefilled syringe Inj 180 µg prefilled syringe Inj 135 µg prefilled syringe x 4 with ribavirin tab 200 mg x 112 Inj 135 µg prefilled syringe x 4 with ribavirin tab 200 mg x 168 Inj 180 µg prefilled syringe x 4 with ribavirin tab 200 mg x 112 Inj 180 µg prefilled syringe x 4 with ribavirin tab 200 mg x 168	Pegasys Pegasys Pegasys RBV Combination Pack Pegasys RBV Combination Pack Pegasys RBV Combination Pack Pegasys RBV Combination Pack	31/12/12
Pergolide	Tab 0.25 mg & 1 mg	Permax	2014
Permethrin	Crn 5% Lotn 5%	Lyderm A-Scabies	2014
Pethidine hydrochloride	Inj 50 mg per ml, 1 ml Inj 50 mg per ml, 2 ml	DBL Pethidine Hydrochloride DBL Pethidine Hydrochloride	2014
Phenoxyethylpenicillin (Pencillin V)	Cap potassium salt 250 mg & 500 mg Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml	Cilicaine VK AFT AFT	2013
Pindolol	Tab 5 mg, 10 mg & 15 mg	Apo-Pindolol	2012
Pioglitazone	Tab 15 mg, 30 mg & 45 mg	Pizaccord	2012
Pizotifen	Tab 500 µg	Sandomigran	2012
Poloxamer	Oral drops 10%	Coloxyl	2014
Potassium chloride	Tab long-acting 600 mg	Span-K	2012
Pravastatin	Tab 20 mg & 40 mg	Cholvastin	2014
Prednisone sodium phosphate	Oral liq 5 mg per ml	Redipred	2012

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

Sole Subsidised Supply Products – cumulative to February 2012

Generic Name	Presentation	Brand Name	Expiry Date*
Pregnancy tests – hCG urine	Cassette	Innovacon hCG One Step Pregnancy Test	2012
Procaine penicillin	Inj 1.5 mega u	Cilicaine	2014
Promethazine hydrochloride	Oral liq 5 mg per 5 ml	Promethazine Winthrop Elixir	2012
Pyridostigmine bromide	Tab 60 mg	Mestinon	2014
Pyridoxine hydrochloride	Tab 25 mg Tab 50 mg	PyridoxADE Apo-Pyridoxine	2014
Quinine sulphate	Tab 300 mg	Q 300	2012
Ranitidine hydrochloride	Oral liq 150 mg per 10 ml Tab 150 mg & 300 mg	Peptisoothe Arrow-Ranitidine	2014
Rifabutin	Cap 150 mg	Mycobutin	2013
Ropinirole hydrochloride	Tab 0.25 mg, 1 mg, 2 mg & 5 mg	Ropin	2013
Roxithromycin	Tab 150 mg & 300 mg	Arrow-Roxithromycin	2012
Salbutamol	Oral liq 2 mg per 5 ml Nebuliser soln, 1 mg per ml, 2.5 ml Nebuliser soln, 2 mg per ml, 2.5 ml	Salapin Asthalin Asthalin	2013 2012
Salbutamol with ipratropium bromide	Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml	Duolin	2012
Selegiline hydrochloride	Tab 5 mg	Apo-Selegiline	2012
Sertraline	Tab 50 mg & 100 mg	Arrow-Sertraline	2013
Simvastatin	Tab 10 mg Tab 20 mg Tab 40 mg Tab 80 mg	Arrow-Simva 10mg Arrow-Simva 20mg Arrow-Simva 40mg Arrow-Simva 80mg	2014
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 Rex	2013 2012
Somatropin	Inj cartridge 16 iu (5.3 mg) Inj cartridge 36 iu (12 mg)	Genotropin Genotropin	31/12/12
Sotalol	Tab 80 mg & 160 mg	Mylan	2012
Spacer device	800 ml 230 ml (single patient)	Volumatic Space Chamber Plus	2015
Spirolactone	Tab 25 mg & 100 mg	Spirotone	2013
Sumatriptan	Inj 12 mg per ml, 0.5 ml Tab 50 mg & 100 mg	Arrow-Sumatriptan Arrow-Sumatriptan	2013

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

Sole Subsidised Supply Products – cumulative to February 2012

Generic Name	Presentation	Brand Name	Expiry Date*
Tamoxifen citrate	Tab 20 mg	Genox	2014
Tamsulosin hydrochloride	Cap 400 µg	Tamsulosin-Rex	2013
Tar with triethanolamine lauryl sulphate and fluorescein	Soln 2.3% with triethanolamine lauryl sulphate and fluorescein sodium, 500 ml & 1,000 ml	Pinetarsol	2014
Temazepam	Tab 10 mg	Normison	2014
Terazosin hydrochloride	Tab 1 mg, 2 mg & 5 mg	Arrow	2013
Terbinafine	Tab 250 mg	Dr Reddy's Terbinafine	2014
Testosterone undecanoate	Cap 40 mg	Arrow-Testosterone	2012
Tetracosactrin	Inj 250 µg Inj 1 mg per ml, 1 ml	Synacthen Synacthen Depot	2014
Timolol maleate	Tab 10 mg	Apo-Timol	2012
Tobramycin	Eye drops 0.3% Eye oint 0.3% Inj 40 mg per ml, 2 ml	Tobrex Tobrex DBL Tobramycin	2014
Tolcapone	Tab 100 mg	Tasmar	2014
Tramadol hydrochloride	Cap 50 mg	Arrow-Tramadol	2014
Triamcinolone acetonide	Crn 0.02% Oint 0.02% 0.1% in Dental Paste USP	Aristocort Aristocort Oracort	2014
Tranexamic acid	Tab 500 mg	Cycklokapron	2013
Tropicamide	Eye drops 0.5% & 1%	Mydriacyl	2014
Tropisetron	Cap 5 mg	Navoban	2012
Tyloxapol	Eye drops 0.25%	Enuclene	2014
Vancomycin hydrochloride	Inj 500 mg	Mylan	2014
Verapamil hydrochloride	Tab 40 mg & 80 mg	Isoptin	2014
Vitamin B complex	Tab, strong, BPC	B-PlexADE	2013
Vitamins	Tab (BPC cap strength)	MultiADE	2013
Zidovudine [AZT]	Cap 100 mg Oral liq 10 mg per ml	Retrovir Retrovir	2013
Zinc sulphate	Caps 137.4 mg (50 mg elemental)	Zincaps	2014
Zopiclone	Tab 7.5 mg	Apo-Zopiclone	2014

February changes in bold

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings

Effective 1 February 2012

79	CEFUROXIME SODIUM Inj 1.5 g – Retail pharmacy-Specialist – Subsidy by endorsement	2.65	1	✓ Mylan
Only if prescribed for dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.				
171	PHARMACY SERVICES – May only be claimed once per patient * Brand switch fee	0.01	1 fee	✓ BSF Bicalaccord
The Pharmacode for BSF Bicalaccord is 2397137 (BSF Bicalaccord Brand switch fee to be delisted 1 May 2012)				

Effective 1 January 2012

45	ATORVASTATIN – See prescribing guideline * Tab 10 mg	2.90	30	✓ Dr Reddy's Atorvastatin
	* Tab 20 mg	4.36	30	✓ Dr Reddy's Atorvastatin
	* Tab 40 mg	6.51	30	✓ Dr Reddy's Atorvastatin
	* Tab 80 mg	9.67	30	✓ Dr Reddy's Atorvastatin
54	GLYCERYL TRINITRATE * Aerosol spray 400 µg per dose – Up to 250 dose available on a PSO	4.45	250 dose OP	✓ Glytrin
79	CEFAZOLIN SODIUM – Subsidy by endorsement Only if prescribed for dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.			
	Inj 500 mg	3.99	5	✓ AFT
	Inj 1 g	3.99	5	✓ AFT
79	CEFUROXIME SODIUM Inj 750 mg – Maximum of 1 inj per prescription; can be waived by endorsement	6.96	5	✓ m-Cefuroxime
Only if prescribed for dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.				
98	SULINDAC – Additional subsidy by Special Authority see SA1038 – Retail pharmacy * Tab 100 mg	2.66 (8.55)	50	Aclin
	* Tab 200 mg	3.36 (15.10)	50	Aclin
147	TEMOZOLOMIDE – Special Authority see SA1063 – Retail pharmacy Cap 5 mg	16.00	5	✓ Temaccord
	Cap 20 mg	72.00	5	✓ Temaccord
	Cap 100 mg	350.00	5	✓ Temaccord
	Cap 250 mg	820.00	5	✓ Temaccord

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ **fully subsidised**

New Listings – Effective 21 December 2011

146	DOXORUBICIN – PCT only – Specialist Inj 200 mg	150.00	1	✓ Adriamycin
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Effective 14 December 2011

143	GEMCITABINE HYDROCHLORIDE – PCT only – Specialist – Special Authority see SA1087 Inj 1 g	62.50	1	✓ DBL Gemcitabine
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▲ Three months supply may be dispensed at one time if endorsed “certified exemption” by the prescriber.

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions

Effective 1 February 2012

30 INSULIN GLARGINE

Note: Only for patients meeting one of the following criteria:

- a) Type 1 diabetes; or
- b) Other condition related diabetes (e.g. Cystic Fibrosis, diabetes in pregnancy, pancreatectomy patients); or
- c) Type 2 diabetes after there has been unacceptable hypoglycaemic events with a 3 month trial of an insulin regimen; or
- d) Type 2 diabetes who require insulin therapy and who require assistance from a carer or healthcare professional to administer their insulin injections.

▲ Inj 100 u per ml, 10 ml	63.00	1	✓ Lantus
▲ Inj 100 u per ml, 3 ml	94.50	5	✓ Lantus
▲ Inj 100 u per ml, 3 ml disposable pen	94.50	5	✓ Lantus SoloStar

152 BICALUTAMIDE – Special Authority see SA0941 – Retail pharmacy – **brand switch fee payable**

Tab 50 mg	10.00	28	✓ Bicalaccord
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145 BORTEZOMIB – PCT only – Specialist

► SA1127 Special Authority for Subsidy

Initial application – treatment-naïve multiple myeloma/amyloidosis - only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 15 months for applications meeting the following criteria:

Both:

- 1 Either:
 - 1.1 The patient has treatment-naïve symptomatic multiple myeloma; or
 - 1.2 The patient has treatment-naïve symptomatic systemic AL amyloidosis*; and
- 2 Maximum of 9 treatment cycles.

Note: Indications marked with * are Unapproved Indications.

Initial application – relapsed/refractory multiple myeloma/amyloidosis - only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 8 months for applications meeting the following criteria:

All of the following:

- 1 Either:
 - 1.1 The patient has relapsed or refractory multiple myeloma; or
 - 1.2 The patient has relapsed or refractory systemic AL amyloidosis*; and
- 2 The patient has received only one prior front line chemotherapy for multiple myeloma or amyloidosis; and
- 3 The patient has not had prior publicly funded treatment with bortezomib; and
- 4 Maximum of 4 further treatment cycles.

Note: Indications marked with * are Unapproved Indications.

Renewal – relapsed/refractory multiple myeloma/amyloidosis - only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 8 months for applications meeting the following criteria:

Both:

- 1 The patient's disease obtained at least a partial response from treatment with bortezomib at the completion of cycle 4; and
- 2 Maximum of 4 further treatment cycles (making a total maximum of 8 consecutive treatment cycles).

Note: Responding relapsed/refractory multiple myeloma patients should receive no more than 2 additional cycles of treatment beyond the cycle at which a confirmed complete response was first achieved. A line of therapy is considered to comprise either: a) a known therapeutic chemotherapy regimen and supportive treatments or b) a transplant induction chemotherapy regimen, stem cell transplantation and supportive treatments. Refer to datasheet for recommended dosage and number of doses of bortezomib per treatment cycle.

Changes to Restrictions - effective 1 February 2012 (continued)

161 INHALED CORTICOSTEROIDS WITH LONG-ACTING BETA-ADRENOCEPTOR AGONISTS

► **SA1179 0958** Special Authority for Subsidy

Initial application from any relevant practitioner. Approvals valid for 2 years for applications meeting the following criteria:

Either:

1 All of the following:

1.1 Patient is a child under the age of 12; and

1.2 Both:

Has, for 3 months or more, been treated with:

1.2.1 An inhaled long-acting beta adrenoceptor agonist; and

1.2.2 Inhaled corticosteroids at a dose of at least 400 µg per day beclomethasone or budesonide, or 200 µg per day fluticasone; and

1.2 Has been treated with inhaled corticosteroids of at least 400 µg per day beclomethasone or budesonide, or 200 µg per day fluticasone; and

1.3 The prescriber considers that the patient would receive additional clinical benefit from switching to a combination product; or

2 All of the following:

2.1 Patient is over the age of 12; and

2.2 Both:

Has, for 3 months or more, been treated with:

2.2.1 An inhaled long-acting beta adrenoceptor agonist; and

2.2.2 Inhaled corticosteroids at a dose of at least 800 µg per day beclomethasone or budesonide, or 500 µg per day fluticasone; and

2.2 Has been treated with inhaled corticosteroids of at least 800 µg per day beclomethasone or budesonide, or 500 µg per day fluticasone; and

2.3 The prescriber considers that the patient would receive additional clinical benefit from switching to a combination product.

Renewal from any relevant practitioner. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.

161 EFORMOTEROL FUMARATE – See prescribing guideline

Additional subsidy by endorsement for Oxis Turbuhaler is available for patients where the initial dispensing was before 1 July 2011. Pharmacists may annotate prescriptions for patients who were being prescribed Oxis Turbuhaler prior to 1 July 2011 in which case the prescription is deemed to be endorsed. The pharmacist must be able to show a clear documented dispensing history for the patient. The prescription must be endorsed accordingly:

Powder for inhalation, 6 µg per dose, breath activated –

Higher subsidy of \$16.90 per 60 dose with Endorsement 11.51 60 dose OP

(16.90)

Oxis Turbuhaler

Powder for inhalation, 12 µg per dose, and monodose device ..23.02 60 dose

(35.80)

Foradil

Note: Repeats for eformoterol fumarate will be fully subsidised where the initial dispensing is before 1 February 2012.

162 BUDESONIDE WITH EFORMOTEROL – Special Authority see SA1179 0958 – Retail pharmacy

Additional subsidy by endorsement for budesonide with eformoterol powder for inhalation (Symbicort Turbuhaler) is available for patients where the initial dispensing was before 1 July 2011. Pharmacists may annotate prescriptions for patients who were being prescribed budesonide with eformoterol powder for inhalation (Symbicort Turbuhaler) prior to 1 July 2011 in which case the prescription is deemed to be endorsed. The pharmacist must be able to show a clear documented dispensing history for the patient. The prescription must be endorsed accordingly:

Aerosol inhaler 100 µg with eformoterol fumarate 6 µg26.49 120 dose OP ✓Vannair

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
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Changes to Restrictions - effective 1 February 2012 (continued)

<i>continued.</i> Powder for inhalation 100 µg with eformoterol fumarate 6 µg – Higher subsidy of \$55.00 per 120 dose with Endorsement.....	55.00	120 dose OP	✓ Symbicort Turbuhaler 100/6
Aerosol inhaler 200 µg with eformoterol fumarate 6 µg.....	31.25	120 dose OP	✓ Vannair
Powder for inhalation 200 µg with eformoterol fumarate 6 µg – Higher subsidy of \$60.00 per 120 dose with Endorsement ...	60.00	120 dose OP	✓ Symbicort Turbuhaler 200/6
Powder for inhalation 400 µg with eformoterol fumarate 12 µg	60.00	60 dose OP	✓ Symbicort Turbuhaler 400/12
a) Higher subsidy of \$60.00 per 60 dose with Endorsement			
a) b) No more than 2 dose per day			
164	SODIUM CHLORIDE		
Not funded for use as a nasal drop. Only funded for nebuliser use when in conjunction with an antibiotic intended for nebuliser use:			
	Soln 7%	23.50	90 ml OP ✓ Biomed
177	SODIUM BICARBONATE		
	Powder BP – Only in combination.....	8.95	500 g ✓ Midwest
		9.80	
		(29.50)	David Craig
Only in extemporaneously compounded omeprazole and lansoprazole suspension.			

Effective 1 January 2012

187	Standard Supplements		
	▶ SA1104]Special Authority for Subsidy		
Initial application — (Children) only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 1 year for applications meeting the following criteria:			
All of the following:			
1 The patient is under 18 years of age; and			
2 Any of the following:			
2.1 The patient has a condition causing malabsorption; or			
2.2 The patient has failure to thrive; or			
2.3 The patient has increased nutritional requirements; and			
3 Nutrition goal has been set (eg reach a specific weight or BMI).			
Renewal — (Children) only from a dietitian, relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 1 year for applications meeting the following criteria:			
All of the following:			
1 The patient is under 18 years of age; and			
2 The treatment remains appropriate and the patient is benefiting from treatment; and			
3 A nutrition goal has been set (eg reach a specific weight or BMI).			
Initial application — (Adults (This category cannot be processed electronically – fax paper copy)) only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 3 months for applications meeting the following criteria:			
All of the following:			
1 Any of the following:			
Patient is Malnourished			
1.1 Patient has a body mass index (BMI) of less than 18.5 kg/m2; or			
1.2 Patient has unintentional weight loss greater than 10% within the last 3-6 months; or			

continued...

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

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

Changes to Restrictions - effective 1 January 2012 (continued)

continued...

- 1.3 Patient has a BMI of less than 20 kg/m² and unintentional weight loss greater than 5% within the last 3-6 months; and
- 2 Any of the following:
Patient has not responded to first-line dietary measures over a 4 week period by:
 - 2.1 Increasing their food intake frequency (eg snacks between meals); or
 - 2.2 Using high-energy foods (e.g. milkshakes, full fat milk, butter, cream, cheese, sugar etc); or
 - 2.3 Using over the counter supplements (e.g. Complian); and
- 3 A nutrition goal has been set (e.g. to reach a specific weight or BMI).

Renewal — (Adults) only from a dietitian, relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 6 months for applications meeting the following criteria:

Both:

- 1 A nutrition goal has been set (eg reach a specific weight or BMI); and
- 2 Any of the following:
Patient is Malnourished
 - 2.1 Patient has a body mass index (BMI) of less than 18.5 kg/m²; or
 - 2.2 Patient has unintentional weight loss greater than 10% within the last 3-6 months; or
 - 2.3 Patient has a BMI of less than 20 kg/m² and unintentional weight loss greater than 5% within the last 3-6 months.

Initial application — (Adults transitioning from hospital Discretionary Community Supply) only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

- 1 The patient has had up to a 30 day supply of a 1.0 or a 1.5 kcal/ml Standard Oral Supplement; and
- 2 A nutrition goal has been set (eg reach a specific weight or BMI); and
- 3 Any of the following:
Patient is Malnourished
 - 3.1 Patient has a body mass index (BMI) of less than 18.5 kg/m²; or
 - 3.2 Patient has unintentional weight loss greater than 10% within the last 3-6 months; or
 - 3.3 Patient has a BMI of less than 20 kg/m² and unintentional weight loss greater than 5% within the last 3-6 months.

Initial application — (Specific medical condition) only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 1 year for applications meeting the following criteria:

Any of the following:

- 1 Is being feed via a nasogastric tube or a nasogastric tube is to be inserted for feeding; or
- 2 Malignancy and is considered likely to develop malnutrition as a result; or
- 3 Is undergoing a bone marrow transplant; or
- 4 Tempomandibular surgery.

Renewal — (Specific medical condition) only from a dietitian, relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a dietitian, relevant specialist or vocationally registered general practitioner.

Approvals valid for 1 year for applications meeting the following criteria:

Any of the following:

- 1 Is being fed via a nasogastric tube; or
- 2 Malignancy and is considered likely to develop malnutrition as a result; or
- 3 Has undergone a bone marrow transplant; or
- 4 Tempomandibular surgery.

Initial application — (Chronic disease OR tube feeding) only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Any of the following:

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 2012 (continued)

continued...

- 1 Is being fed via a tube or a tube is to be inserted for the purpose of feeding (not nasogastric tube - refer to specific medical condition criteria); or
- 2 Cystic Fibrosis; or
- 3 Liver disease; or
- 4 Chronic Renal failure; or
- 5 Inflammatory bowel disease; or
- 6 Chronic obstructive pulmonary disease with hypercapnia; or
- 7 Short bowel syndrome; or
- 8 Bowel fistula; or
- 9 Severe chronic neurological conditions.

Renewal —(Chronic disease OR tube feeding for patients who have previously been funded under Special Authority forms SA0702 or SA0583) only from a dietitian, relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Any of the following:

- 1 Is being fed via a tube or a tube is to be inserted for the purpose of feeding (not nasogastric tube - refer to specific medical condition criteria); or
- 2 Cystic Fibrosis; or
- 3 Liver disease; or
- 4 Chronic Renal failure; or
- 5 Inflammatory bowel disease; or
- 6 Chronic obstructive pulmonary disease with hypercapnia; or
- 7 Short bowel syndrome; or
- 8 Bowel fistula; or
- 9 Severe chronic neurological conditions.

196 EXTENSIVELY HYDROLYSED FORMULA – Special Authority see SA1112 – Hospital pharmacy [HP3]
Powder 15.21 450 g OP ✓ **Pepti Junior Gold**

▶ SA1112 Special Authority for Subsidy

Initial application — (Transition from Old Form (SA0603)) only from a dietitian, relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 6 months for applications meeting the following criteria:

Either:

- 1 All of the following:
 - 1.1 The infant is currently receiving funded amino acid formula under Special Authority form SA0603; and
 - 1.2 The infant is to be trialled on, or transitioned to, an extensively hydrolysed formula; and
 - 1.3 General Practitioners must include the name of the **dietitian**, relevant specialist or vocationally registered general practitioner and the date contacted; or
- 2 All of the following:
 - 2.1 The patient is currently receiving funded extensively hydrolysed formula under Special Authority form SA0603; and
 - 2.2 An assessment as to whether the infant can be transitioned to a cows milk protein or soy infant formula has been undertaken; and
 - 2.3 The outcome of the assessment is that the infant continues to require an extensively hydrolysed infant formula; and
 - 2.4 General Practitioners must include the name of the **dietitian**, relevant specialist or vocationally registered general practitioner and the date contacted.

Initial application only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 6 months for applications meeting the following criteria:

continued...

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

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

Changes to Restrictions - effective 1 January 2012 (continued)

continued...

Any of the following:

1 Both:

1.1 Cows milk formula is inappropriate due to severe intolerance or allergy to its protein content; and

1.2 Either:

1.2.1 Soy milk formula has been trialled without resolution of symptoms; or

1.2.2 Soy milk formula is considered clinically inappropriate or contraindicated; or

2 Severe malabsorption; or

3 Short bowel syndrome; or

4 Intractable diarrhea; or

5 Biliary atresia; or

6 Cholestatic liver diseases causing malabsorption; or

7 Chylous ascite; or

8 Chylothorax; or

9 Cystic fibrosis; or

10 Proven fat malabsorption; or

11 Severe intestinal motility disorders causing significant malabsorption; or

12 Intestinal failure.

Renewal only from a dietitian, relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

1 An assessment as to whether the infant can be transitioned to a cows milk protein or soy infant formula has been undertaken; and

2 The outcome of the assessment is that the infant continues to require an extensively hydrolysed infant formula; and

3 General Practitioners must include the name of the dietitian, relevant specialist or vocationally registered general practitioner and date contacted.

Renewal —(Step Down from Amino Acid Formula) only from a dietitian, relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a dietitian, relevant specialist or vocationally registered general practitioner.

Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

1 The infant is currently receiving funded amino acid formula; and

2 The infant is to be trialled on, or transitioned to, an extensively hydrolysed formula; and

3 General Practitioners must include the name of the dietitian, relevant specialist or vocationally registered general practitioner and the date contacted.

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Subsidy and Manufacturer's Price

Effective 1 February 2012

39	FERROUS SULPHATE WITH FOLIC ACID (↑ price) * Tab long-acting 325 mg (105 mg elemental) with folic acid 350 µg	1.80 (4.29)	30		Ferrograd-Folic
43	SODIUM CHLORIDE (↓ subsidy) Inj 0.9%, 10 ml – Up to 5 inj available on a PSO	11.50	50	✓	Multichem
79	CEFACLOR MONOHYDRATE (↓ subsidy) Cap 250 mg	24.57	100	✓	Ranbaxy Cefaclor
96	IBUPROFEN – Additional subsidy by Special Authority see SA1038 – Retail pharmacy (↓ subsidy) * Tab 200 mg	12.75	1,000	✓	Ethics Ibuprofen
	* Tab 400 mg	0.77 (4.56)	30		Brufen
	* Tab 600 mg	1.15 (6.84)	30		Brufen
115	BENZTROPINE MESYLATE (↑ subsidy) Inj 1 mg per ml, 2 ml	95.00	5	✓	Cogentin
	a) Up to 5 inj available on a PSO b) Only on a PSO				
160	FLUTICASONE (↑ subsidy, ↓ price) Powder for inhalation, 50 µg per dose	7.50	60 dose OP	✓	Flixotide Accuhaler
160	FLUTICASONE (↓ price) Powder for inhalation, 100 µg per dose	7.50	60 dose OP	✓	Flixotide Accuhaler
	Powder for inhalation, 250 µg per dose	13.60	60 dose OP	✓	Flixotide Accuhaler
161	EFORMOTEROL FUMARATE (↓ subsidy) Note: Repeats for eformoterol fumarate will be fully subsidised where the initial dispensing is before 1 February 2012. Powder for inhalation, 6 µg per dose, breath activated	11.51 (16.90)	60 dose OP		Oxis Turbuhaler
	Powder for inhalation, 12 µg per dose, and monodose device	23.02 (35.80)	60 dose		Foradil
162	BUDESONIDE WITH EFORMOTEROL – Special Authority see SA1179 – Retail pharmacy (↑ subsidy) Powder for inhalation 100 µg with eformoterol fumarate 6 µg	55.00	120 dose OP	✓	Symbicort Turbuhaler 100/6
	Powder for inhalation 200 µg with eformoterol fumarate 6 µg	60.00	120 dose OP	✓	Symbicort Turbuhaler 200/6
	Powder for inhalation 400 µg with eformoterol fumarate 12 µg	60.00	60 dose OP	✓	Symbicort Turbuhaler 400/12
162	BUDESONIDE WITH EFORMOTEROL – Special Authority see SA1179 – Retail pharmacy (↓ subsidy) Aerosol inhaler 100 µg with eformoterol fumarate 6 µg	26.49	120 dose OP	✓	Vannair
	Aerosol inhaler 200 µg with eformoterol fumarate 6 µg	31.25	120 dose OP	✓	Vannair

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 2012

40	FOLIC ACID (↑ subsidy) Oral liq 50 µg per ml	24.00	25 ml OP	✓ Biomed
53	AMILORIDE (↑ subsidy) ‡ Oral liq 1 mg per ml	30.00	25 ml OP	✓ Biomed
53	METHYLDOPA (↑ subsidy) * Tab 125 mg	14.25	100	✓ Prodopa
	* Tab 250 mg	15.10	100	✓ Prodopa
	* Tab 500 mg	23.15	100	✓ Prodopa
53	SPIRONOLACTONE (↑ subsidy) ‡ Oral liq 5 mg per ml	30.00	25 ml OP	✓ Biomed
54	CHLOROTHIAZIDE (↑ subsidy) ‡ Oral liq 50 mg per ml	26.00	25 ml OP	✓ Biomed
72	DEXAMETHASONE (↑ subsidy) Oral liq 1 mg per ml – Retail pharmacy-Specialist	45.00	25 ml OP	✓ Biomed
	Oral liq prescriptions: 1) Must be written by a Paediatrician or Paediatric Cardiologist; or 2) On the recommendation of a Paediatrician or Paediatric Cardiologist.			
73	TRIAMCINOLONE ACETONIDE (↑ subsidy) Inj 10 mg per ml, 1 ml	23.00	5	✓ Kenacort-A
	Inj 40 mg per ml, 1 ml	56.48	5	✓ Kenacort-A40
80	CLARITHROMYCIN – Maximum of 500 mg per prescription; can be waived by Special Authority see SA1131 (↓ subsidy) Tab 250 mg	4.19 (7.75) (7.75)	14	Klacid Klamycin
84	FLUCONAZOLE (↓ subsidy) Cap 50 mg – Retail pharmacy-Specialist	4.77 (6.82)	28	Pacific
	Cap 150 mg – Subsidy by endorsement	0.91 (1.30)	1	Pacific
	a) Maximum of 1 cap per prescription; can be waived by endorsement - Retail pharmacy - Specialist b) Patient has vaginal candida albicans and the practitioner considers that a topical imidazole (used intra vaginally) is not recommended and the prescription is endorsed accordingly; can be waived by endorsement - Retail pharmacy - Specialist.			
	Cap 200 mg – Retail pharmacy-Specialist	13.34 (19.05)	28	Pacific
84	TRIMETHOPRIM (↑ subsidy) * Tab 300 mg – Up to 30 tab available on a PSO	8.94	50	✓ TMP
85	METRONIDAZOLE (↑ subsidy) Tab 200 mg – Up to 30 tab available on a PSO	10.45	100	✓ Trichozole
	Tab 400 mg	18.15	100	✓ Trichozole

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Subsidy and Manufacturer's Price - effective 1 January 2012 (continued)

116	PARACETAMOL (↓ subsidy) * Tab 500 mg – Up to 30 tab available on a PSO	9.38	1,000	✓ Pharmacare
118	DOXEPIH HYDROCHLORIDE (↑ subsidy) Cap 10 mg	6.30	100	✓ Anten
	Cap 25 mg	6.86	100	✓ Anten
	Cap 50 mg	8.55	100	✓ Anten
119	NORTRIPTYLINE HYDROCHLORIDE (↑ subsidy) Tab 10 mg	6.69	100	✓ Norpress
	Tab 25 mg	14.77	180	✓ Norpress
121	CLONAZEPAM (↑ subsidy) Tab 500 µg	6.68	100	✓ Paxam
	Tab 2 mg	12.75	100	✓ Paxam
125	BETAHISTINE DIHYDROCHLORIDE (↑ subsidy) * Tab 16 mg	10.00	84	✓ Vergo 16
167	TIMOLOL MALEATE (↓ subsidy) * Eye drops 0.25%	2.08 (2.37)	5 ml OP	Apo-Timop
	* Eye drops 0.5%	2.08 (2.29)	5 ml OP	Apo-Timop
168	BIMATOPROST – Retail pharmacy-Specialist (↓ subsidy) See prescribing guideline ▲ Eye drops 0.03%	18.50	3 ml OP	✓ Lumigan
169	HYPROMELLOSE (↑ price) * Eye drops 0.5%	2.00 (3.92)	15 ml OP	Methopt

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✔ **fully subsidised**

Changes to Sole Subsidised Supply

Effective 1 February 2012

For the list of new Sole Subsidised Supply products effective 1 February 2012 refer to the bold entries in the cumulative Sole Subsidised Supply table pages 8-17.

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Delisted Items

Effective 1 February 2012

45	PRAVASTATIN See prescribing guideline			
	Tab 20 mg	5.44	30	
		(42.58)		Pravachol
	Tab 40 mg	9.28	30	
		(65.31)		Pravachol
70	FINASTERIDE – Special Authority see SA0928 – Retail pharmacy			
	Tab 5 mg	5.10	30	✓ Fintral
85	TERBINAFINE			
	Tab 250 mg	12.75	100	
		(25.50)		Apo-Terbinafine
118	PARACETAMOL WITH CODEINE			
	* Tab paracetamol 500 mg with codeine phosphate 8 mg	2.45	100	✓ ParaCode
144	DAUNORUBICIN – PCT only – Specialist			
	Inj 5 mg per ml, 4 ml	99.00	1	✓ Mayne
152	BICALUTAMIDE – Special Authority see SA0941 – Retail pharmacy			
	Tab 50 mg	10.71	30	✓ Bicalox
165	SPACER DEVICE			
	a) Up to 20 dev available on a PSO			
	b) Only on a PSO			
	230 ml (single patient).....	4.72	1	✓ Space Chamber

Effective 1 January 2012

29	OMEPRAZOLE			
	* Cap 10 mg	0.97	30	✓ Dr Reddy's Omeprazole
	* Cap 20 mg	1.26	30	✓ Dr Reddy's Omeprazole
	* Cap 40 mg	1.86	30	✓ Dr Reddy's Omeprazole
39	CHARCOAL			
	* Tab 300 mg	7.13	100	
		(9.77)		Red Seal

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Delisted Items - effective 1 January 2012 (continued)

74	OESTRADIOL * TDDS 25 µg per day	3.01 (10.86)	8	Estraderm TTS 25
	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 50 µg per day	4.12 (13.18)	8	Estraderm TTS 50
	a) Higher subsidy of \$13.18 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	Estraderm TTS 100
	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			
83	CLINDAMYCIN Inj phosphate 150 mg per ml, 4 ml – Retail pharmacy- Specialist	16.00	1	✓ Dalacin C
	Note – Dalacin C inj phosphate 150 mg per ml, 4 ml, 10 injection pack remains listed.			
92	DARUNAVIR – Special Authority see SA1025 – Retail pharmacy Tab 300 mg	1,190.00	120	✓ Prezista

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Items to be Delisted

Effective 1 April 2012

80	CLARITHROMYCIN – Maximum of 500 mg per prescription; can be waived by Special Authority see SA1131 Tab 250 mg	4.19 (7.75)	14		
				Klacid Klamycin	
84	FLUCONAZOLE Cap 50 mg – Retail pharmacy-Specialist	4.77 (6.82)	28		Pacific
	Cap 150 mg – Subsidy by endorsement	0.91 (1.30)	1		Pacific
	a) Maximum of 1 cap per prescription; can be waived by endorsement – Retail pharmacy - Specialist				
	b) Patient has vaginal candida albicans and the practitioner considers that a topical imidazole (used intra-vaginally) is not recommended and the prescription is endorsed accordingly; can be waived by endorsement – Retail pharmacy - Specialist.				
	Cap 200 mg – Retail pharmacy-Specialist	13.34 (19.05)	28		Pacific
116	PARACETAMOL * Tab 500 mg – Up to 30 tab available on a PSO	9.38	1,000	✓Pharmacare	
167	TIMOLOL MALEATE * Eye drops 0.25%	2.08 (2.37)	5 ml OP		Apo-Timop
	* Eye drops 0.5%	2.08 (2.29)	5 ml OP		Apo-Timop

Effective 1 May 2012

96	IBUPROFEN – Additional subsidy by Special Authority see SA 1038 – Retail pharmacy * Tab 200 mg	12.75	1,000	✓Ethics Ibuprofen	
38	CALCIUM CARBONATE * Tab 1.25 g (500 mg elemental)	6.38	250	✓Calci-Tab 500	
	* Tab 1.5 g (600 mg elemental).....	7.66	250	✓Calci-Tab 600	
171	PHARMACY SERVICES – May only be claimed once per patient * Brand switch fee.....	0.01	1 fee	✓BSF Bicalaccord	
	The Pharmacode for BSF Bicalaccord is 2397137				

Effective 1 June 2012

113	QUININE SULPHATE * Tab 200 mg	15.95 (17.20)	250		Q 200
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Effective 1 July 2012

50	DIGOXIN * Tab 62.5 µg – Up to 30 tab available on a PSO	5.56	200	✓Lanoxin PG	
	* Tab 250 µg – Up to 30 tab available on a PSO	6.05	100	✓Lanoxin	
	Note – Lanoxin PG tab 62.5 µg, 240 tab pack, and Lanoxin tab 250 µg 240 tab pack, remain subsidised.				

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

‡ 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**

Items to be Delisted - effective 1 July 2012 (continued)

98	SULINDAC – Additional subsidy by Special Authority see SA1038 – Retail pharmacy			
	* Tab 100 mg	5.32	100	
		(17.10)		Daclin
	* Tab 200 mg	6.72	100	
		(30.20)		Daclin

▲ 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 February 2012

20	BENZTROPINE MESYLATE Inj 1 mg per ml, 2 ml	95.00	5	Cogentin
23	CEFUROXIME SODIUM Inj 1.5 g – 1% DV Apr-12 to 2014	2.65	1	Mylan
	Note - Zinacef inj 1.5 g to be delisted 1 April 2012.			
44	MEROPENEM (↓ price) Inj 500 mg	105.00	10	Merrem
	Inj 1 g	210.00	10	Merrem
	Note – Merrem inj 500 mg and 1 g to be delisted 1 March 2012.			
49	NORTRIPTYLINE HYDROCHLORIDE (amend pack size) Tab 25 mg	14.77	180	Norpress
55	QUININE SULPHATE Tab 200 mg	17.20	250	Q 200
	Note – Q 200 to be delisted 1 February 2012			
62	TOLBUTAMIDE Tab 500 mg	12.00	100	Diatol
	Note – Diatol tab 500 mg to be delisted 1 February 2012			
65	ZINC AND CASTOR OIL (↑ price) Ointment – 1% DV Apr-12 to 2014	1.63	20 g	Orion

Effective 1 January 2012

17	AMILORIDE (↑ price) Oral liq 1 mg per ml	30.00	25 ml	Biomed
19	ATORVASTATIN Tab 10 mg	2.90	30	Dr Reddy's Atorvastatin
	Tab 20 mg	4.36	30	Dr Reddy's Atorvastatin
	Tab 40 mg	6.51	30	Dr Reddy's Atorvastatin
	Tab 80 mg	9.67	30	Dr Reddy's Atorvastatin
20	BETAHISTINE DIHYDROCHLORIDE (↑ price) Tab 16 mg	10.00	84	Vergo 16
23	CEFACLOR MONOHYDRATE (removal of HSS) Cap 250 mg – 1% DV Mar-12 to 2013	24.57	100	Cefaclor Sandoz

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 January 2012 (continued)

23	CEFAZOLIN SODIUM Inj 500 mg – 1% DV Mar-12 to 2014	3.99	5	AFT
	Inj 1 g – 1% DV Mar-12 to 2014	3.99	5	AFT
	Note – Hospira cefazolin sodium inj 500 mg and 1 g to be delisted 1 March 2012.			
23	CEFUROXIME SODIUM Inj 750 mg – 1% DV Mar-12 to 2014	6.96	5	m-Cefuroxime
	Note – Zinacef inj 750 mg to be delisted 1 March 2012.			
24	CHLORHEXIDINE IN ALCOHOL Soln 2% with 70% alcohol, 500 ml (tinted red)	114.72	12	healthE
24	CHLOROTHIAZIDE († price) Oral liq 50 mg per ml	26.00	25 ml	Biomed
25	CLARITHROMYCIN (HSS delayed) Tab 500mg – 1% DV Apr-12 Jan-12 to 2014	10.95	14	Apo-Clarithromycin
25	CLONAZEPAM († price) Tab 500 µg	6.68	100	Paxam
	Tab 2 mg	12.75	100	Paxam
28	DEXAMETHASONE († price) Oral liq 1 mg per ml	45.00	25 ml	Biomed
30	EFAVIRENZ Tab 50 mg	158.33	30	Stocrin
	Tab 200 mg	474.99	90	Stocrin
	Tab 600 mg	474.99	30	Stocrin
34	FOLIC ACID († price) Oral liq 50 µg per ml	24.00	25 ml	Biomed
36	GLYCERYL TRINITRATE Aerosol spray 400 µg per dose – 1% DV Mar-12 to 2014	4.45	250 dose	Glytrin
	Note – Nitrolingual Pumpspray aerosol spray 400 µg per dose to be delisted 1 March 2012.			
38	HYPROMELLOSE († price) Eye drops 0.5%	3.92	15 ml	Methopt
38	IMIPENEM WITH CILASTATIN († price) Inj 500 mg with cilastatin 500 mg	18.37	1	Primaxin
44	MEROPENEM Inj 500 mg – 1% DV Mar-12 to 2014	10.50	1	Penembact
	Inj 1 g – 1% DV Mar-12 to 2014	21.00	1	Penembact
	Note – Merrem inj 500 mg and 1 g to be delisted 1 March 2012.			
45	METHYLDOPA († price) Tab 125 mg	14.25	100	Prodopa
	Tab 250 mg	15.10	100	Prodopa
	Tab 500 mg	23.15	100	Prodopa

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 January 2012 (continued)

46	METRONIDAZOLE († price)			
	Tab 200 mg	10.45	100	Trichozole
	Tab 400 mg	18.15	100	Trichozole
49	NORTRIPTYLINE HYDROCHLORIDE († price)			
	Tab 10 mg	6.69	100	Norpress
	Tab 25 mg	14.77	250	Norpress
59	SODIUM CHLORIDE († price)			
	Inj 0.9%, 10 ml.....	11.50	50	Multichem
60	SPIRONOLACTONE († price)			
	Oral liq 5 mg per ml	30.00	25 ml	Biomed
61	TEMOZOLOMIDE			
	Cap 5 mg – 1% DV Mar-12 to 2014	16.00	5	Temaccord
	Cap 20 mg – 1% DV Mar-12 to 2014	72.00	5	Temaccord
	Cap 100 mg – 1% DV Mar-12 to 2014	350.00	5	Temaccord
	Cap 250 mg – 1% DV Mar-12 to 2014	820.00	5	Temaccord
	Note – Temodal cap 5 mg, 20 mg, 100 mg and 250 mg to be delisted 1 March 2012.			
63	TRIAMCINOLONE ACETONIDE († price)			
	Inj 10 mg per ml, 1 ml	23.00	5	Kenacort-A
	Inj 40 mg per ml, 1 ml	56.48	5	Kenacort-A40
63	TRIAMCINOLONE ACETONIDE			
	Inj 10 mg per ml, 5 ml.....	10.31	1	Kenacort-A
	Inj 40 mg per ml, 5 ml.....	23.44	1	Kenacort-A40
	Note – Kenacort-A inj 10 mg per ml, 5 ml and Kenacort-A40 inj 40 mg per ml, 5 ml delisted 1 January 2012.			
63	TRIMETHOPRIM († price)			
	Tab 300 mg	8.94	50	TMP

Effective 14 December 2011

35	GEMCITABINE HYDROCHLORIDE			
	Inj 1 g	62.50	1	DBL Gemcitabine

Effective 21 December 2011

146	DOXORUBICIN – PCT only – Specialist			
	Inj 200 mg	150.00	1	Adriamycin

Effective 1 December 2011

17	AMLODIPINE			
	Tab 2.5 mg – 1% DV Mar-12 to 2014	2.45	100	Apo-Amlodipine
20	BETAMETHASONE DIPROPIONATE WITH CALCIPOTRIOL			
	Oint 500 µg with calcipotriol 50 µg.....	26.12	30 g	Daivobet
	Topical gel 500 µg with calcipotriol 50 µg	26.12	30 g	Daivobet

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 2011 (continued)

21	CALCIPOTRIOL (↓ price) Crn 50 µg per g	16.00	30 g	Daivonex
		45.00	100 g	Daivonex
	Oint 50 µg per g	45.00	100 g	Daivonex
	Soln 50 µg per ml	16.00	30 ml	Daivonex
22	CALCIUM CARBONATE Tab 1.25 g (500 mg elemental) – 1% DV Feb-12 to 2014	6.38	250	Arrow-Calcium
23	CEFACLOR MONOHYDRATE (Addition of HSS) Cap 250 mg – 1% DV Mar-12 to 2013	24.57	100	Cefaclor Sandoz
27	DANTROLENE SODIUM HEMIHEPTAHYDRATE Inj 20 mg	800.00	6	Dantrium IV
34	FUSIDIC ACID (↓ price) Eye drops 1%	4.50	5 g	Fucithalmic
36	GLYCERIN WITH SODIUM SACCHARIN (↓ price) Suspension	36.80	473 ml	Ora-Sweet SF
36	GLYCERIN WITH SUCROSE (↓ price) Suspension	36.80	473 ml	Ora-Sweet
42	MASK FOR SPACER DEVICE Size 2	2.99	1	EZ-fit Paediatric Mask
45	METHYLCELLULOSE (↓ price) Suspension	36.80	473 ml	Ora-Plus
45	METHYLCELLULOSE WITH GLYCERIN AND SODIUM SACCHARIN (↓ price) Suspension	36.80	473 ml	Ora-Blend SF
45	METHYLCELLULOSE WITH GLYCERIN AND SUCROSE (↓ price) Suspension	36.80	473 ml	Ora-Blend
46	METHYLPREDNISOLONE SODIUM SUCCINATE Inj 40 mg per ml, 1 ml – 1% DV Dec-09 to 2012	6.06	1	Solu-Medrol
	Inj 62.5 mg per ml, 2 ml – 1% DV Dec-09 to 2012	16.50	1	Solu-Medrol
46	METOPROLOL TARTRATE Inj 1 mg per ml, 5 ml	24.00	5	Lopresor
50	PACLITAXEL Inj 100 mg	91.67	1	Paclitaxel Actavis
	Inj 150 mg	137.50	1	Paclitaxel Actavis
	Inj 300 mg	275.00	1	Paclitaxel Actavis
	Note – HSS still remains on Paclitaxel Ebewe			
51	PEAK FLOW METER Low Range	11.44	1	Breath-Alert
	Normal Range	11.44	1	Breath-Alert

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 2011 (continued)

55	QUININE SULPHATE Tab 200 mg	17.20	250	Q 200
	Note – Q 200 tab 200 mg to be delisted 1 February 2012.			
56	REMIFENTANIL HYDROCHLORIDE (delayed HSS and delisting) Inj 1 mg vial – 1% DV Feb Jan-12 to 2014	27.95	5	Remifentanil-AFT Ultiva
	Inj 2 mg vial – 1% DV Feb Jan -12 to 2014	50.75	5	Remifentanil-AFT Ultiva
		41.80		
		101.50		
	Note – HSS for Remifentanil-AFT delayed from January 2012 until February 2012. The delisting of Ultiva inj 1 mg and 2 mg has also been delayed until 1 February 2012.			
60	SPACER DEVICE 230 ml (single patient).....	4.72	1	Space Chamber Plus
62	TESTOSTERONE CYPIONATE († price) Inj long-acting 100 mg per ml, 10 ml – 1% DV Feb-12 to 2014	76.50	1	Depo-Testosterone

Section H changes to General Rules

Effective 1 December 2011

- 14 Discretionary Community Supply Pharmaceuticals
- 7.5 Subject to rules 7.6 and 7.7, DHB Hospitals must not fund for use in the community, any pharmaceuticals that are not Discretionary Community Supply Pharmaceuticals unless they have been approved under Hospital Exceptional Circumstances.
- 7.6 DHB Hospitals may fund from their own budgets, any Pharmaceutical that is listed in Sections A-G of the Pharmaceutical Schedule without Hospital Exceptional Circumstances (HEC) approval provided that:
- the quantity supplied does not exceed that sufficient for:
 - up to 5 days treatment, or one original pack (where appropriate to provide less); or
 - more than 5 days treatment, provided that the relevant DHB Hospital has a dispensing for discharge policy and the quantity supplied is in accordance with that policy; and
 - the Pharmaceutical is supplied consistent with any restrictions applying to that Pharmaceutical in Sections A-G of the Pharmaceutical Schedule.
- 7.7 DHB Hospitals may fund from their own budgets any Pharmaceutical without Hospital Exceptional Circumstances approval provided that the Pharmaceutical is only being supplied to the patient for them to use in the 24 hours leading up to a procedure to be performed in a DHB Hospital.**

Index

Pharmaceuticals and brands

A

Aclicin	18
Adriamycin	19, 36
Amiloride	27, 34
Amlodipine.....	36
Anten.....	28
Apo-Amlodipine	36
Apo-Clarithromycin	35
Apo-Terbinafine.....	30
Apo-Timop.....	28, 32
Arrow-Calcium.....	37
Atorvastatin.....	18, 34

B

Benztropine mesylate	26, 34
Betahistine dihydrochloride.....	28, 34
Betamethasone dipropionate with calcipotriol	36
Bicalaccord.....	20
Bicalox.....	30
Bicalutamide	20, 30
Bimatoprost.....	28
Bortezomib	20
Breath-Alert.....	37
Brufen.....	26
BSF Bicalaccord.....	18, 32
Budesonide with eformoterol	21, 26

C

Calci-Tab 500	32
Calci-Tab 600	32
Calcipotriol.....	37
Calcium carbonate	32, 37
Cefaclor monohydrate	26, 34, 37
Cefaclor Sandoz.....	34, 37
Cefazolin sodium	18, 35
Cefuroxime sodium	18, 34, 35
Charcoal	30
Chlorhexidine in alcohol.....	35
Chlorothiazide	27, 35
Clarithromycin.....	27, 32, 35
Clindamycin.....	31
Clonazepam.....	28, 35
Cogentin	26, 34

D

Daclin	33
Daivobet	36
Daivonex.....	37
Dalacin C.....	31
Dantrium IV.....	37
Dantrolene sodium hemiheptahydrate	37
Darunavir	31
Daunorubicin	30
DBL Gemcitabine	19, 36
Depo-Testosterone.....	38

Dexamethasone	27, 35
Diatol	34
Digoxin	32
Doxepin hydrochloride.....	28
Doxorubicin	19, 36
Dr Reddy's Atorvastatin.....	18, 34
Dr Reddy's Omeprazole.....	30

E

Efavirenz.....	35
Eformoterol fumarate.....	21, 26
Estraderm TTS 100	31
Estraderm TTS 25	31
Estraderm TTS 50	31
Ethics Ibuprofen	26, 32
Extensively hydrolysed formula.....	24
EZ-fit Paediatric Mask.....	37

F

Ferrograd-Folic.....	26
Ferrous sulphate with folic acid	26
Finasteride	30
Fintral	30
Flixotide Accuhaler	26
Fluconazole.....	27, 32
Fluticasone	26
Folic acid	27, 35
Foradil	21, 26
Fucithalmic	37
Fusidic acid.....	37

G

Gemcitabine hydrochloride.....	19, 36
Glycerin with sodium saccharin	37
Glycerin with sucrose.....	37
Glyceryl trinitrate.....	18, 35
Glytrin	18, 35

H

Hypromellose.....	28, 35
-------------------	--------

I

Ibuprofen	26, 32
Inhaled Corticosteroids with Long-Acting Beta-Adrenoceptor Agonists.....	21
Imipenem with cilastatin	35
Insulin glargine.....	20

K

Kenacort-A.....	27, 36
Kenacort-A40.....	27, 36
Klacid	27, 32
Klamycin.....	27, 32

L

Lanoxin	32
Lanoxin PG	32
Lantus	20
Lantus SoloStar	20

Index

Pharmaceuticals and brands

Lopresor	37	Prezista	31
Lumigan	28	Primaxin	35
M		Prodopa	27, 35
Mask for spacer device	37	Q	
m-Cefuroxime	18, 35	Q 200	32, 34, 38
Merrem	34	Quinine sulphate	32, 34, 38
Methopt	28, 35	R	
Methylcellulose	37	Ranbaxy Cefaclor	26
Methylcellulose with glycerin and sodium saccharin	37	Remifentanil-AFT	38
Methylcellulose with glycerin and sucrose	37	Remifentanil hydrochloride	38
Meropenem	34, 35	S	
Methylidopa	27, 35	Sodium bicarbonate	22
Methylprednisolone sodium succinate	37	Sodium chloride	22, 26, 36
Metoprolol tartrate	37	Solu-Medrol	37
Metronidazole	27, 36	Space Chamber	30
N		Space Chamber Plus	38
Norpress	28, 34, 36	Spacer device	30, 38
Nortriptyline hydrochloride	28, 34, 36	Spirolactone	27, 36
O		Stocrin	35
Oestradiol	31	Sulindac	18, 33
Omeprazole	30	Symbicort Turbuhaler 100/6	22, 26
Ora-Blend	37	Symbicort Turbuhaler 200/6	22, 26
Ora-Blend SF	37	Symbicort Turbuhaler 400/12	22, 26
Ora-Plus	37	T	
Ora-Sweet	37	Temaccord	18, 36
Ora-Sweet SF	37	Temozolomide	18, 36
Oxis Turbuhaler	21, 26	Terbinafine	30
P		Testosterone cypionate	38
Paclitaxel	37	Timolol maleate	28, 32
Paclitaxel Actavis	37	TMP	27, 36
Paracetamol	28, 32	Tolbutamide	34
Paracetamol with codeine	30	Triamcinolone acetonide	27, 36
ParaCode	30	Trichazole	27, 36
Paxam	28, 35	Trimethoprim	27, 36
Peak flow meter	37	U	
Penembact	35	Ultiva	38
Pepti Junior Gold	24	V	
Pharmacare	28, 32	Vannair	21, 22, 26
Pharmacy services	18, 32	Vergo 16	28, 34
Pravachol	30	Z	
Pravastatin	30	Zinc and castor oil	34

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