

Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 October 2012

Cumulative for September and October 2012

Section H cumulative for August, September and October 2012



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Summary of PHARMAC decisions

EFFECTIVE 1 OCTOBER 2012

New listings (pages 19-25)

- Acarbose (Accarb) tab 50 mg and 100 mg
- Macrogol 3350 (Lax-Sachets) powder 13.125 g sachets – Maximum of 60 sachet per prescription – Special Authority – Retail pharmacy
- Chlorhexidine gluconate (healthE) mouthwash 0.2%, 200 ml
- Enalapril (m-Enalapril) tab 5 mg, 10 mg and 20 mg
- Mexiletine hydrochloride (Mexiletine Hydrochloride USP) cap 150 mg and 250 mg – Section 29
- Nicorandil (Ikorel) tab 10 mg and 20 mg – Special Authority – Retail Pharmacy
- Ciclopirox olamine (Apo-Ciclopirox) nail soln 8%, 7 ml OP – only on a prescription, not in combination.
- Hydrogen peroxide (Crystaderm) crm 1%, 15 g OP
- Lamivudine (Zetlam) tab 100 mg – Special Authority – Retail pharmacy
- Zidovudine with lamivudine (Alphapharm) tab 300 mg with lamivudine 150 mg – Special Authority – Retail pharmacy
- Entacapone (Entapone) tab 200 mg
- Oxycodone hydrochloride (Oxycondone Orion) inj 10 mg per ml, 1 ml and inj 10 mg per ml, 2 ml – only on a controlled drug form, no patient co-payment payable
- Ondansetron (Dr Reddy's Ondansetron) tab disp 4 mg, 4 pack
- Ondansetron (Zofran Zydis) tab disp 4 mg, 10 pack
- Fluorometholone (Flucon) eye drops 0.1%, 5 ml OP
- Pharmacy Services (BSF Arrow-Brimonidine) brand switch fee – no patient co-payment payable – may only be claimed once per patient

Effective 1 September 2012

- Chlorthalidone (Igroton) tab 25 mg – Section 29

Changes to restrictions (pages 26-28)

- Filgrastim (Zarzio) inj 300 µg per 0.5 ml prefilled syringe and 480 µg per 0.5 ml prefilled syringe - Special Authority criteria amendment
- Perhexiline maleate (Pexsig) tab 100 mg - Special Authority criteria amended
- Abacavir sulphate with lamivudine – prescribing note amendment
- Zidovudine (AZT) with lamivudine - prescribing note amendment
- Brimonidine tartrate (Arrow-Brimonidine) 0.2% – brand switch fee payable

Decreased subsidy (pages 29-31)

- Glipizide (Minidiab) tab 5 mg
 - Acarbose (Glucobay) tab 50 mg and 100 mg
 - Metformin hydrochloride (Apotex) tab 500 mg and 850 mg
-

Summary of PHARMAC decisions – effective 1 October 2012 (continued)

- Atorvastatin (Dr Reddy's and Lipitor) tab 10 mg, 20 mg, 40 mg and 80 mg
- Chlorhexidine gluconate (healthE) handrub 1% with ethanol 70%, 500 ml
- Oil in water emulsion (healthE Fatty Cream) crm, 500 g
- Testosterone undecanoate (Arrow-Testosterone) cap 40 mg
- Flucloxacillin sodium (AFT) cap 250 mg and 500 mg
- Diclofenac sodium (Diclax SR) tab long-acting 75 mg and 100 mg
- Leflunomide (Arava) tab 10 mg and 20 mg
- Oxycodone hydrochloride (OxyNorm) inj 10 mg per ml, 1 ml and inj 10 mg per ml, 2 ml
- Letrozole (Letara) tab 2.5 mg

Online resources

A range of patient and health professional resources are available free of charge from www.pharmaonline.co.nz. The resources are on a variety of topics including diabetes.

Further copies of the blood glucose diagnostic test meter claiming pads distributed to all community pharmacies with the September 2012 Update, can be ordered online at www.pharmaonline.co.nz.

Other diabetes resources available online include diabetes log books in English, Maori, Niuean, Samoan and Tongan.



Online resources also include leaflets to support specific brand changes. The leaflets cover current brand changes such as candesartan, metoprolol and combined oral contraceptives.

Chlorthalidone new listing

The Igroton brand of chlorthalidone was listed fully funded from 1 September 2012. This listing was too late to be included in the paper copy of the September Update, however it was included in the electronic versions to allow claiming from 1 September 2012. Igroton is not an approved medicine and must be prescribed and supplied in accordance with section 29 of the Medicines Act 1981.

Mexilitene new listing

From 1 October 2012, the Mexilitene Hydrochloride USP brand of mexiletine hydrochloride 150 mg and 250 mg capsules will be listed fully subsidised in the Pharmaceutical Schedule. Mexilitene Hydrochloride USP (supplied by Link Pharmaceuticals) is not an approved medicine and must be prescribed and supplied in accordance with section 29 of the Medicines Act 1981. Certified exemption may be used, where clinically appropriate, to dispense mexilitene hydrochloride Stat.



Nicorandil new listing and change to perhexiline maleate access criteria

The Ikorel brand of nicorandil 10 mg and 20 mg tablets will be listed fully subsidised from 1 October 2012 subject to Special Authority criteria for the treatment of refractory angina. Certified exemption may be used, where clinically appropriate, to dispense nicorandil Stat.

The existing Special Authority criteria for perhexiline maleate will be amended from 1 October 2012 to clarify maximal anti-anginal therapy. The amended criteria for perhexiline maleate will be the same criteria that apply to the Special Authority for nicorandil, but the Special Authority approvals are not interchangeable.

Macrogol new listing

The Lax-Sachets brand of macrogol 3350 powder sachets will be listed from 1 October 2012 following earlier delays in supply. The Movicol brand will now be referenced priced from 1 December 2012 and delisted from 1 March 2013. Lax-Sachets will be the sole subsidised brand from 1 March 2013.

Supply issues with ondansetron tablets

Two additional ondansetron 4 mg dispersible tablet products will be listed fully subsidised from 1 October 2012 to address current stock supply issues with ondansetron.

Zofran Zydys 4 mg dispersible tablets (pack size of 10) and Dr Reddy's Ondansetron 4 mg dispersible tablets (pack size of 4) will be temporarily listed fully funded in the

Pharmaceutical Schedule.

Stock of these two products are expected to be available from mid-September.

The sole supply status of the Dr Reddy's brand of ondansetron 4 mg dispersible tablets will be suspended from 1 October 2012, for both hospital and community supply until further notice.



Felodipine (Felo ER) – delay in delisting

The delisting of the Felo 5 ER and Felo 10 ER brands of felodipine long-acting tablets has been delayed by one month until 1 January 2013 due to supply issues with the Plendil ER brand of felodipine. The sole supply status of Plendil ER 5 mg and 10 mg has also been delayed by one month. Hospital Supply Status has been delayed from 1 September 2012 until 1 November 2012.

There are no supply issues with Plendil ER 2.5 mg long-acting tablets.

BSF payments for brimonidine eye drops

Brand Switch Fee (BSF) payments for pharmacies will be payable for dispensings of brimonidine tartrate (Arrow-Brimonidine) 0.2% eye drops from 1 October 2012 to 1 January 2013. The BSF payment is set at \$4.33 “drug cost” with a total payment including handling fee and mark-up of \$5.50.

News in brief

- The Famox brand of **famotidine** 20 mg tablets will be delisted from 1 April 2013 due to supplier discontinuation.
- A new brand and pack size of **hydrogen peroxide** 1% cream, Crystaderm (15 g OP) will be listed from 1 October 2012 to replace Crystacide, (10 g OP) which will be delisted from 1 April 2013.
- From 1 October 2012, the berry flavour description of PKU Lophlex LQ **aminoacid formula without phenylalanine** will change to juicy berries flavour and the orange flavour description to juicy orange. The pharmacodes will remain the same.



Tender News

Sole Subsidised Supply changes – effective 1 November 2012

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Atenolol	Tab 50 mg; 500 tab	Mylan Atenolol (Mylan)
Atenolol	Tab 100 mg; 500 tab	Mylan Atenolol (Mylan)
Bezafibrate	Tab long-acting 400 mg; 30 tab	Bezalip Retard (Actavis)
Candesartan	Tab 4 mg; 90 tab	Candestar (Mylan)
Candesartan	Tab 8 mg; 90 tab	Candestar (Mylan)
Candesartan	Tab 16 mg; 90 tab	Candestar (Mylan)
Candesartan	Tab 32 mg; 90 tab	Candestar (Mylan)
Cyclosporin	Oral liq 100 mg per ml; 50 ml OP	Neoral (Novartis)
Cyproterone acetate	Tab 50 mg; 50 tab	Siterone (Rex)
Cyproterone acetate	Tab 100 mg; 50 tab	Siterone (Rex)
Ethinylloestradiol	Tab 10 µg; 100 tab	NZ Medical and Scientific (NZMS)
Methylprednisolone	Tab 4 mg; 100 tab	Medrol (Pfizer)
Methylprednisolone	Tab 100 mg; 20 tab	Medrol (Pfizer)
Methylprednisolone acetate	Inj 40 mg per ml; 1 inj	Depo-Medrol (Pfizer)
Methylprednisolone acetate with lignocaine	Inj 40 mg per ml with lignocaine 1 ml; 1 inj	Depo-Medrol with Lidocaine (Pfizer)
Morphine hydrochloride	Oral liq 1 mg per ml; 200 ml	RA-Morph (Pfizer)
Morphine hydrochloride	Oral liq 2 mg per ml; 200 ml	RA-Morph (Pfizer)
Morphine hydrochloride	Oral liq 5 mg per ml; 200 ml	RA-Morph (Pfizer)
Morphine hydrochloride	Oral liq 10 mg per ml; 200 ml	RA-Morph (Pfizer)
Oxytocin	Inj 5 iu with ergometrine maleate 500 µg per ml, 1 ml; 5 inj	Syntometrine (Novartis)
Potassium chloride	Tab long-acting 600 mg; 200 tab	Span-K (Aspen)
Ritonavir	Tab 100 mg; 30 tab	Novir (Abbott)

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 November 2012

- Minoxidil (Loniten) tab 10 mg – new listing – Specialist – Special Authority – Retail pharmacy
- Voriconazole (Vfend) tab 50 mg, 100 mg and 40 mg per ml grans for oral liq– new listing – Specialist – Special Authority – Retail pharmacy
- Dalteparin sodium (Fragmin) 2500 IU and 5000 IU per 0.2 ml, 7500 IU per 0.75 ml, 10,000 IU per 1 mL, 12,500 IU per 0.5 mL, 15,000 IU per 0.6 ml, 18,000 per 0.72 ml – new listing – Special Authority – Retail Pharmacy

Sole Subsidised Supply Products – cumulative to October 2012

Generic Name	Presentation	Brand Name	Expiry Date*
Abacavir sulphate	Oral liq 20 mg per ml Tab 300 mg	Ziagen Ziagen	2014
Acetazolamide	Tab 250 mg	Diamox	2014
Acetylcysteine	Inj 200 mg per ml, 10 ml	Martindale Acetylcysteine	2015
Aciclovir	Tab dispersible 200 mg, 400 mg & 800 mg	Lovir	2013
Allopurinol	Tab 100 mg & 300 mg	Apo-Allopurinol	2014
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 2.5 mg Tab 5 mg & 10 mg	Apo-Amlodipine Apo-Amlodipine	2014
Amoxicillin	Inj 250 mg, 500 mg & 1 g Cap 250 mg & 500 mg	Ibiamox Alphamox	2014 2013
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
Azathioprine	Tab 50 mg Inj 50 mg	Imuprine Imuran	2013
Bendrofluazide	Tab 2.5 mg & 5 mg	Arrow- Bendrofluazide	2014
Benzathine benzylpenicillin	Inj 1.2 mega u per 2.3 ml	Bicillin LA	2015
Benzylpenicillin sodium (Penicillin G)	Inj 600 mg	Sandoz	2014
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
Bisoprolol fumarate	Tab 2.5 mg, 5 mg & 10 mg	Bosvate	2013
Brimonidine tartrate	Eye drops 0.2%	Arrow-Brimonidine	2014
Calcitonin	Inj 100 iu per ml, 1 ml	Miacalcic	2014
Calcium carbonate	Tab 1.25 g (500 mg elemental) Tab eff 1.75 g (1 g elemental)	Arrow-Calcium 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

*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 October 2012

Generic Name	Presentation	Brand Name	Expiry Date*
Cefazolin sodium	Inj 500 mg & 1 g	AFT	2014
Ceftriaxone sodium	Inj 500 mg Inj 1 g	Veracol Aspen Ceftriaxone	2013
Cefuroxime sodium	Inj 750 mg	Multichem	2014
Cetomacrogol	Crm BP	PSM	2013
Cetirizine hydrochloride	Oral liq 1 mg per ml Tab 10 mg	Cetirizine - AFT Zetop	2014
Chloramphenicol	Eye drops 0.5%	Chlorafast	2015
Chlorhexidine gluconate	Soln 4%	Orion	2014
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	Cipflox	2014
Citalopram hydrobromide	Tab 20 mg	Arrow-Citalopram	2014
Clarithromycin	Tab 500 mg Tab 250 mg	Apo-Clarithromycin Apo-Clarithromycin	2014
Clindamycin	Cap hydrochloride 150 mg	Clindamycin ABM	2013
Clopidogrel	Tab 75 mg	Apo-Clopidogrel	2013
Clotrimazole	Crm 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	Crm 10%	Itch-Soothe	2015
Cyclizine hydrochloride	Tab 50 mg	Nausicalm	2015
Cyclophosphamide	Tab 50 mg	Cycloblastin	2013
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	Tab 1 mg & 4 mg Eye oint 0.1% Eye drops 0.1%	Douglas Maxidex Maxidex	2015 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

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Sole Subsidised Supply Products – cumulative to October 2012

Generic Name	Presentation	Brand Name	Expiry Date*
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	Voltaren Voltaren Ophtha Voltaren	2014
Dihydrocodeine tartrate	Tab long-acting 60 mg	DHC Continus	2013
Diltiazem hydrochloride	Tab 30 mg & 60 mg	Dilzem	2015
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
Doxazosin mesylate	Tab 2 mg & 4 mg	Apo-Doxazosin	2014
Doxycycline hydrochloride	Tab 100 mg	Doxine	2014
Emulsifying ointment	Oint BP	AFT	2014
Enoxaparin sodium	Inj 20 mg, 40 mg, 60 mg, 80 mg, 100 mg, 120 mg & 150 mg	Clexane	2015
Ergometrine maleate	Inj 500 µg per ml, 1 ml	DBL Ergometrine	2014
Escitalopram	Tab 10 mg & 20 mg	Loxalate	2013
Etidronate disodium	Tab 200 mg	Arrow-Etidronate	2015
Ethinylestradiol with levonorgestrel	Tab 30 µg with levonorgestrel 150 µg & 7 inert tab	Ava 30 ED	2014
Exemestane	Tab 25 mg	Aromasin	2014
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	2015
Ferrous sulphate	Oral liq 30 mg per 1 ml (6 mg elemental per 1 ml)	Ferodan	2013
Filgrastim	Inj 300 µg per 0.5 ml Inj 480 µg per 0.5 ml	Zarzio Zarzio	31/12/15
Finasteride	Tab 5 mg	Rex Medical	2014
Flucloxacillin sodium	Grans for oral liq 125 mg per 5 ml & 250 mg per 5 ml Inj 250 mg, 500 mg & 1 g	AFT Flucloxin	2015 2014
Fluconazole	Cap 50 mg, 150 mg & 200 mg	Ozole	2014

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Sole Subsidised Supply Products – cumulative to October 2012

Generic Name	Presentation	Brand Name	Expiry Date*
Fluoxetine hydrochloride	Cap 20 mg Tab dispersible 20 mg, scored	Fluox Fluox	2013
Flutamide	Tab 250 mg	Flutamin	2013
Fluticasone propionate	Metered aqueous nasal spray, 50 µg per dose	Flixonase Hayfever & Allergy	31/1/13
Furosemide	Tab 40 mg Inj 10 mg per ml, 2 ml	Diurin 40 Frusemide-Claris	2015 2013
Fusidic acid	Crn 2% Oint 2%	Foban Foban	2013
Gemfibrozil	Tab 600 mg	Lipazil	2013
Gentamicin sulphate	Inj 40 mg per ml, 2 ml	Pfizer	2015
Gliclazide	Tab 80 mg	Apo-Gliclazide	2014
Glycerol	Liquid	healthE	2013
Glyceryl trinitrate	Aerosol spray 400 µg per dose TDDS 5 mg & 10 mg Tab 600 µg	Glytrin Nitroderm TTS Lycinate	2014
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	Crn 1% Powder Inj 50 mg per ml, 1 ml	Pharmacy Health ABM Solu-Cortef	2014 2013
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	2014
Hydroxocobalamin	Inj 1 mg per ml, 1 ml	ABM Hydroxocobalamin	2015
Hyoscine N-butylbromide	Inj 20 mg, 1 ml Tab 10 mg	Buscopan Gastrosoothe	2014
Ibuprofen	Tab 200 mg Tab long-acting 800 mg Oral liq 100 mg per 5 ml	Arrowcare Brufen SR Fenpaed	2014 2013
Imiquimod	Crn 5%	Aldara	2014
Indapamide	Tab 2.5 mg	Dapa-Tabs	2013
Ipratropium bromide	Aqueous nasal spray, 0.03%, 15 ml OP Nebuliser soln, 250 µg per ml, 1 ml & 2 ml	Univent Univent	2013
Iron polymaltose	Inj 50 mg per ml, 2 ml	Ferrum H	2014
Isosorbide mononitrate	Tab 20 mg Tab long-acting 40 mg	Ismo 20 Corangin	2014

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Sole Subsidised Supply Products – cumulative to October 2012

Generic Name	Presentation	Brand Name	Expiry Date*
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 Tab 150 mg	3TC 3TC	2013
Latanoprost	Eye drops 50 µg per ml	Hysite	2015
Levonorgestrel	Subdermal implant (2 x 75 mg rods)	Jadelle	31/12/13
Lignocaine hydrochloride	Viscous soln 2% Inj 1%, 5 ml & 20 ml	Xylocaine Viscous Xylocaine	2014 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
Lithium carbonate	Tab 250 mg & 400 mg Cap 250 mg	Lithicarb FC Douglas	2015 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
Losartan	Tab 12.5 mg, 25 mg, 50 mg & 100 mg	Lostaar	2014
Losartan with hydrochlorothiazide	Tab 50 mg with hydrochlorothiazide 12.5 mg	Arrow-Losartan & Hydrochlorothiazide	2014
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
Mercaptopurine	Tab 50 mg	Purinethol	2013
Mesalazine	Enema 1 g per 100 ml Suppos 500 mg	Pentasa Asacol	2015 2014
Methadone hydrochloride	Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml Tab 5 mg	Biodone Biodone Forte Biodone Extra Forte Methatabs	2015 2013
Methotrexate	Inj 25 mg per ml, 2 ml & 20 ml	Hospira	2013
Metoclopramide hydrochloride	Inj 5 mg per ml, 2 ml Tab 10 mg	Pfizer Metamide	2014

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Sole Subsidised Supply Products – cumulative to October 2012

Generic Name	Presentation	Brand Name	Expiry Date*
Metoprolol succinate	Tab long-acting 23.75 mg, 47.5 mg, 95 mg & 190 mg	Metoprolol-AFT CR	2015
Metoprolol tartrate	Inj 1 mg per ml, 5 ml Tab 50 mg & 100 mg Tab long-acting 200 mg	Lopresor Lopresor Slow-Lopresor	2015
Miconazole nitrate	Crn 2%	Multichem	2014
Mirtazapine	Tab 30 mg & 45 mg	Avanza	2015
Mometasone furoate	Crn 0.1% Oint 0.1%	m-Mometasone	2015
Morphine sulphate	Inj 5 mg per ml, 1 ml Inj 10 mg per ml, 1 ml Inj 15 mg per ml, 1 ml Inj 30 mg per ml, 1 ml Tab long-acting 10 mg, 30 mg, 60 mg & 100 mg Cap long-acting 10 mg, 30 mg, 60 mg & 100 mg	DBL Morphine Sulphate DBL Morphine Sulphate DBL Morphine Sulphate DBL Morphine Sulphate DBL Morphine Sulphate Arrow-Morphine LA m-Elson	2014 2013
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
Naltrexone hydrochloride	Tab 50 mg	Naltraccord	2013
Neostigmine	Inj 2.5 mg per ml, 1 ml	AstraZeneca	2014
Nicotine	Gum 2 mg & 4 mg (classic, fruit, mint) Lozenge 1 mg & 2 mg Patch 7 mg, 14 mg & 21 mg	Habitrol Habitrol Habitrol	2014
Nicotinic acid	Tab 50 mg & 500 mg	Apo-Nicotinic Acid	2014
Norfloracin	Tab 400 mg	Arrow-Norfloracin	2014
Norethisterone	Tab 350 µg Tab 5 mg	Noriday 28 Primolut N	2015 2014
Nystatin	Oral liq 100,000 u per ml Cap 500,000 u Tab 500,000 u	Nilstat Nilstat Nilstat	2014 2013
Octreotide (somatostatin analogue)	Inj 50 µg per ml, 1 ml Inj 100 µg per ml, 1 ml Inj 500 µg per ml, 1 ml	Octreotide Max Rx	2014
Omeprazole	Cap 10 mg, 20 mg & 40 mg Powder Inj 40 mg	Omezol Relief Midwest Dr Reddy's Omeprazole	2014

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Sole Subsidised Supply Products – cumulative to October 2012

Generic Name	Presentation	Brand Name	Expiry Date*
Ondansetron	Tab disp 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
Pantoprazole	Inj 40 mg	Pantocid IV	2014
	Tab 20 mg & 40 mg	Dr Reddy's Pantoprazole	2013
Paracetamol	Tab 500 mg	Parafast	2014
	Oral liq 120 mg per 5 ml	Ethics Paracetamol	
	Oral liq 250 mg per 5 ml	Paracare Double Strength	
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	Pegasys	31/12/12
	Inj 180 µg prefilled syringe	Pegasys	
	Inj 135 µg prefilled syringe x 4 with ribavirin tab 200 mg x 112	Pegasys RBV Combination Pack	
	Inj 135 µg prefilled syringe x 4 with ribavirin tab 200 mg x 168	Pegasys RBV Combination Pack	
	Inj 180 µg prefilled syringe x 4 with ribavirin tab 200 mg x 112	Pegasys RBV Combination Pack	
	Inj 180 µg prefilled syringe x 4 with ribavirin tab 200 mg x 168	Pegasys RBV Combination Pack	
Pergolide	Tab 0.25 mg & 1 mg	Permax	2014
Permethrin	Crm 5%	Lyderm	2014
	Lotn 5%	A-Scabies	
Pethidine hydrochloride	Inj 50 mg per ml, 1 ml	DBL Pethidine Hydrochloride	2014
	Inj 50 mg per ml, 2 ml	DBL Pethidine Hydrochloride	
Phenoxymethylpenicillin (Pencillin V)	Cap potassium salt 250 mg & 500 mg	Cilicaine VK	2013
	Grans for oral liq 125 mg per 5 ml	AFT	
	Grans for oral liq 250 mg per 5 ml	AFT	
Pioglitazone	Tab 15 mg, 30 mg & 45 mg	Pizaccord	2015
Poloxamer	Oral drops 10%	Coloxyl	2014
Pramipexole hydrochloride	Tab 0.125 mg & 0.25 mg	Dr Reddy's Pramipexole	2013
Pravastatin	Tab 20 mg & 40 mg	Cholvastin	2014
Procaine penicillin	Inj 1.5 mega u	Cilicaine	2014

*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 October 2012

Generic Name	Presentation	Brand Name	Expiry Date*
Promethazine hydrochloride	Tab 10 mg & 25 mg	Allersoothe	2015
Pyridostigmine bromide	Tab 60 mg	Mestinon	2014
Pyridoxine hydrochloride	Tab 25 mg Tab 50 mg	PyridoxADE Apo-Pyridoxine	2014
Quinapril with hydrochlorothiazide	Tab 10 mg with hydrochlorothiazide 12.5 mg Tab 20 mg with hydrochlorothiazide 12.5 mg	Accuretic 10 Accuretic 20	2015
Ranitidine hydrochloride	Oral liq 150 mg per 10 ml Tab 150 mg & 300 mg	Peptisoothe Arrow-Ranitidine	2014
Rifabutin	Cap 150 mg	Mycobutin	2013
Rizatriptan	Tab orodispersible 10 mg	Rizamelt	2014
Ropinirole hydrochloride	Tab 0.25 mg, 1 mg, 2 mg & 5 mg	Ropin	2013
Roxithromycin	Tab 150 mg & 300 mg	Arrow-Roxithromycin	2015
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%	Rexacrom	2013
Somatropin	Inj cartridge 16 iu (5.3 mg) Inj cartridge 36 iu (12 mg)	Genotropin Genotropin	31/12/12
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
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
Temozolomide	Cap 5 mg, 20 mg, 100 mg & 250 mg	Temaccord	2013
Terazosin hydrochloride	Tab 1 mg, 2 mg & 5 mg	Arrow	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 October 2012

Generic Name	Presentation	Brand Name	Expiry Date*
Terbinafine	Tab 250 mg	Dr Reddy's Terbinafine	2014
Testosterone cypionate	Inj long-acting 100 mg per ml, 10 ml	Depo-Testosterone	2014
Tetrabenazine	Tab 25 mg	Motetis	2013
Tetracosactrin	Inj 250 µg Inj 1 mg per ml, 1 ml	Synacthen Synacthen Depot	2014
Timolol maleate	Eye drops 0.25% & 0.5%	Arrow-Timolol	2014
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	Inj 10 mg per ml, 1 ml Inj 40 mg per ml, 1 ml Crm 0.02% Oint 0.02% 0.1% in Dental Paste USP	Kenacort-A Kenacort-A40 Aristocort Aristocort Oracort	2014
Tranexamic acid	Tab 500 mg	Cyklokapron	2013
Tropicamide	Eye drops 0.5% & 1%	Mydriacyl	2014
Tyloxapol	Eye drops 0.25%	Enuclene	2014
Ursodeoxycholic acid	Cap 250 mg	Ursosan	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 and castor oil	Oint BP	Multichem	2014
Zinc sulphate	Caps 137.4 mg (50 mg elemental)	Zincaps	2014
Zopiclone	Tab 7.5 mg	Apo-Zopiclone	2014

October 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 October 2012

30	ACARBOSE				
	* Tab 50 mg	9.82	90	✓ Accarb	
	* Tab 100 mg	15.83	90	✓ Accarb	
35	MACROGOL 3350 – Special Authority see SA0891 – Retail pharmacy Powder 13.125 g, sachets – Maximum of 60 sach per prescription	10.00	30	✓ Lax-Sachets	
36	CHLORHEXIDINE GLUCONATE Mouthwash 0.2%	2.68	200 ml OP	✓ healthE	
48	ENALAPRIL				
	* Tab 5 mg	1.07	90	✓ m-Enalapril	
	* Tab 10 mg	1.32	90	✓ m-Enalapril	
	* Tab 20 mg – For enalapril oral liquid formulation refer, page 182.....	1.72	90	✓ m-Enalapril	
50	MEXILETINE HYDROCHLORIDE				
	▲ Cap 150 mg	65.00	100	✓ Mexiletine Hydrochloride USP S29	
	▲ Cap 250 mg	102.00	100	✓ Mexiletine Hydrochloride USP S29	
56	NICORANDIL - Special Authority see SA1263 – Retail Pharmacy				
	▲ Tab 10 mg.....	27.95	60	✓ Ikorel	
	▲ Tab 20 mg	33.28	60	✓ Ikorel	
	<p>▶ SA1263 Special Authority for Subsidy Initial application only from a cardiologist or general physician. Approvals valid for 2 years for applications meeting the following criteria: Both: 1 Patient has refractory angina; and 2 Patient is on the maximal tolerated dose of a beta-blocker, a calcium channel blocker and a long-acting nitrate. Renewal only from a cardiologist or any relevant practitioner in consultation with a cardiologist. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.</p>				
59	CICLOPIROX OLAMINE				
	a) Only on a prescription				
	b) Not in combination				
	Nail soln 8%	8.23	7 ml OP	✓ Apo-Ciclopirox	
59	HYDROGEN PEROXIDE				
	* Crm 1%.....	8.56	15 g OP	✓ Crystaderm	
91	LAMIVUDINE – Special Authority see SA0832 – Retail pharmacy				
	Tab 100 mg	32.50	28	✓ Zetlam	

▲ 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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New Listings - effective 1 October 2012 (continued)

96	ZIDOVUDINE [AZT] WITH LAMIVUDINE – Special Authority see SA1025 – Retail pharmacy Note: zidovudine [AZT] with lamivudine (combination tablets) counts as two anti-retroviral medications for the purposes of the anti-retroviral Special Authority. Tab 300 mg with lamivudine 150 mg.....	63.50	60	✓ Alphapharm
119	ENTACAPONE ▲ Tab 200 mg	47.92	100	✓ Entapone
123	OXYCODONE HYDROCHLORIDE a) Only on a controlled drug form b) See prescribing guideline below c) No patient co-payment payable d) Safety medicine; prescriber may determine dispensing frequency Inj 10 mg per ml, 1 ml..... Inj 10 mg per ml, 2 ml.....	10.08 19.87	5 5	✓ Oxycodone Orion ✓ Oxycodone Orion
131	ONDANSETRON * Tab disp 4 mg	0.68 17.18	4 10	✓ Dr Reddy's Ondansetron ✓ Zofran Zydis
177	FLUOROMETHOLONE * Eye drops 0.1%.....	3.80	5 ml OP	✓ Flucon
180	PHARMACY SERVICES – May only be claimed once per patient * Brand switch fee.....	4.33	1 fee	✓ BSF Arrow- Brimonidine

The Pharmacode for BSF Arrow-Brimonidine is 2425823
(BSF Arrow-Brimonidine Brand switch fee to be delisted 1 January 2013)

Effective 1 September 2012

31	INSULIN PUMP – Special Authority see SA1237 a) Only on a prescription b) Maximum of 1 insulin pump per prescription c) Maximum of 1 insulin pump per patient each four year period Flat panel, high contrast screen; compatible with standard luer lock infusion sets; waterproof at 12 feet for 24 hours; 0.025 U/h basal rate; 0.05 U incremental bolus; black colour.....	4,500.00	1	✓ Animas 2020
	Flat panel, high contrast screen; compatible with standard luer lock infusion sets; waterproof at 12 feet for 24 hours; 0.025 U/h basal rate; 0.05 U incremental bolus; silver colour.....	4,500.00	1	✓ Animas 2020
	Flat panel, high contrast screen; compatible with standard luer lock infusion sets; waterproof at 12 feet for 24 hours; 0.025 U/h basal rate; 0.05 U incremental bolus; blue colour	4,500.00	1	✓ Animas 2020

continued...

Patients pay a manufacturer's surcharge when
the Manufacturer's Price is greater than the Subsidy
20

§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
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New Listings - effective 1 September 2012 (continued)

continued...

Flat panel, high contrast screen; compatible with standard luer lock infusion sets; waterproof at 12 feet for 24 hours; 0.025 U/h basal rate; 0.05 U incremental bolus; green colour	4,500.00	1	✓ Animas 2020
Flat panel, high contrast screen; compatible with standard luer lock infusion sets; waterproof at 12 feet for 24 hours; 0.025 U/h basal rate; 0.05 U incremental bolus; pink colour	4,500.00	1	✓ Animas 2020

▶ SA1237 Special Authority for Subsidy
Special Authority approved by PHARMAC.

Notes: Application details may be obtained from PHARMAC's website <http://www.pharmac.govt.nz>, and applications should be sent to:

The IPP Co-ordinator	Phone: (04) 916 7561
PHARMAC	Facsimile: (04) 974 7806
PO Box 10 254	Email: ipp@pharmac.govt.nz
Wellington	

31 INSULIN PUMP INFUSION SET – Special Authority see SA1240 – Retail Pharmacy

- a) Maximum of 3 packs per prescription,
- b) Maximum of 1 prescription per 90 days.
- c) Only on a prescription

Note: One additional pack of infusion sets will be funded per year (Maximum of 13 packs per annum)

6 mm metal cannula; straight insertion; 60 cm grey line x 10 with 10 needles	130.00	1 OP	✓ Contact-D
8 mm metal cannula; straight insertion; 60 cm grey line x 10 with 10 needles	130.00	1 OP	✓ Contact-D
8 mm metal cannula; straight insertion; 110 cm grey line x 10 with 10 needles	130.00	1 OP	✓ Contact-D
Teflon cannula angle insertion 13 mm; 60 cm grey line x 5 with 10 needles	120.00	1 OP	✓ Comfort Short
Teflon cannula angle insertion 17 mm; 60 cm grey line x 5 with 10 needles	120.00	1 OP	✓ Comfort
Teflon cannula angle insertion 17 mm; 110 cm grey line x 5 with 10 needles	120.00	1 OP	✓ Comfort
Teflon cannula straight insertion 6 mm; with auto injector; 60 cm grey line x 10 with 10 needles	140.00	1 OP	✓ Inset II
Teflon cannula straight insertion 6 mm; with auto injector; 60 cm pink line x 10 with 10 needles	140.00	1 OP	✓ Inset II
Teflon cannula straight insertion 6 mm with auto injector; 60 cm blue line x 10 with 10 needles	140.00	1 OP	✓ Inset II
Teflon cannula straight insertion 9 mm with auto injector; 60 cm grey line x 10 with 10 needles	140.00	1 OP	✓ Inset II
Teflon cannula straight insertion 9 mm with auto injector; 60 cm pink line x 10 with 10 needles	140.00	1 OP	✓ Inset II
Teflon cannula straight insertion 9 mm with auto injector; 60 cm blue line x 10 with 10 needles	140.00	1 OP	✓ Inset II
Teflon cannula straight insertion 6 mm with auto injector; 110 cm grey line x 10 with 10 needles	140.00	1 OP	✓ Inset II
Teflon cannula straight insertion 9 mm with auto injector; 110 cm grey line x 10 with 10 needles	140.00	1 OP	✓ Inset II <i>continued...</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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings - effective 1 September 2012 (continued)

continued...

Teflon cannula angle insertion 13 mm with auto injector; 60 cm grey line x 10 with 10 needles	140.00	1 OP	✓ Inset 30
Teflon cannula angle insertion 13 mm with auto injector; 60 cm pink line x 10 with 10 needles.....	140.00	1 OP	✓ Inset 30
Teflon cannula angle insertion 13 mm with auto injector; 60 cm blue line x 10 with 10 needles.....	140.00	1 OP	✓ Inset 30
Teflon cannula angle insertion 13 mm with auto injector; 110 cm grey line x 10 with 10 needles	140.00	1 OP	✓ Inset 30

► SA1240 Special Authority for Subsidy

Special Authority approved by PHARMAC.

Notes: Application details may be obtained from PHARMAC's website <http://www.pharmac.govt.nz>, and applications should be sent to:

The IPP Co-ordinator
PHARMAC
PO Box 10 254
Wellington

Phone: (04) 916 7561
Facsimile: (04) 974 7806
Email: ipp@pharmac.govt.nz

31 INSULIN PUMP RESERVOIR – Special Authority see SA1240 – Retail Pharmacy

- a) Maximum of 3 packs per prescription,
- b) Maximum of 1 prescription per 90 days.
- c) Only on a prescription

Note: One additional pack of reservoirs will be funded per year (Maximum of 13 packs per annum)

Cartridge 200 U, luer lock x 10.....	50.00	1 OP	✓ IR2020
10 x luer lock conversion cartridges 1.8 ml for Paradigm pumps	50.00	1 OP	✓ ADR Cartridge 1.8
10 x luer lock conversion cartridge 3.0 ml for Paradigm pumps	50.00	1 OP	✓ ADR Cartridge 3.0

► SA1240 Special Authority for Subsidy

Special Authority approved by PHARMAC.

Notes: Application details may be obtained from PHARMAC's website <http://www.pharmac.govt.nz>, and applications should be sent to:

The IPP Co-ordinator
PHARMAC
PO Box 10 254
Wellington

Phone: (04) 916 7561
Facsimile: (04) 974 7806
Email: ipp@pharmac.govt.nz

31 INSULIN PUMP ACCESSORIES – Special Authority see SA1240 – Retail Pharmacy

- a) Maximum of 1 cap per prescription,
- b) Maximum of 1 prescription per 180 days
- c) Only on a prescription

Battery cap.....	32.00	1	✓ Animas 2020 Battery Cap
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► SA1240 Special Authority for Subsidy

Special Authority approved by PHARMAC.

Notes: Application details may be obtained from PHARMAC's website <http://www.pharmac.govt.nz>, and applications should be sent to:

The IPP Co-ordinator
PHARMAC
PO Box 10 254
Wellington

Phone: (04) 916 7561
Facsimile: (04) 974 7806
Email: ipp@pharmac.govt.nz

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings - effective 1 September 2012 (continued)

31	<p>BLOOD GLUCOSE DIAGNOSTIC TEST METER – Subsidy by endorsement</p> <p>a) Maximum of 1 meter per prescription</p> <p>b) A diagnostic blood glucose test meter is subsidised for a patient who:</p> <ol style="list-style-type: none"> i. is receiving insulin or sulphonylurea therapy; or ii. is pregnant and has diabetes; or iii. is on home TPN at risk of hypoglycaemia or hyperglycaemia; or iv. has a genetic or an acquired disorder of glucose homeostasis excluding type 1 or type 2 diabetes and metabolic syndrome. <p>Only one CareSens meter per patient. No further prescriptions will be subsidised for patients who already have a CareSens meter. For the avoidance of doubt patients who have previously received a funded meter, other than CareSens, are eligible for a CareSens meter. The prescription must be endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of insulin or sulphonylureas.</p> <p>Meter with 50 lancets, a lancing device, and 10 diagnostic test strips – brand switch fee payable – no patient co-payment payable</p>	20.00	1 OP	<p>✓ CareSens N ✓ CareSens N POP ✓ CareSens II</p>
32	<p>BLOOD GLUCOSE DIAGNOSTIC TEST STRIP</p> <p>The number of test strips available on a prescription is restricted to 50 unless:</p> <ol style="list-style-type: none"> 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; or 4. Prescribed for a patient on home TPN at risk of hypoglycaemia or hyperglycaemia; or 5. Prescribed for a patient with a genetic or an acquired disorder of glucose homeostasis excluding type 1 or type 2 diabetes and metabolic syndrome <p>Blood glucose test strips</p>	10.56	50 test OP	<p>✓ CareSens ✓ CareSens N</p>
40	<p>FILGRASTIM – Special Authority see SA1252 – Retail pharmacy</p> <p>Inj 300 µg per 0.5 ml prefilled syringe.....</p> <p>Inj 480 µg per 0.5 ml prefilled syringe.....</p>	540.00 864.00	5 5	<p>✓ Zarzio ✓ Zarzio</p>
	<p>▶ SA1252 Special Authority for Subsidy</p> <p>Initial application from relevant specialist or vocationally registered general practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:</p> <p>Any of the following:</p> <ol style="list-style-type: none"> 1. Prevention of neutropenia in patients undergoing high risk chemotherapy for cancer (febrile neutropenia risk $\geq 20\%$); or 2. Peripheral blood stem cell mobilisation in patients undergoing haematological transplantation; or 3. Peripheral blood stem cell mobilisation or bone marrow donation from healthy donors for transplantation; or 4. Treatment of severe chronic neutropenia (ANC $< 0.5 \times 10^9/L$); or 5. Treatment of drug-induced prolonged neutropenia (ANC $< 0.5 \times 10^9/L$). <p>Note *Febrile neutropenia risk $\geq 20\%$ after taking into account other risk factors as defined by the European Organisation for Research and Treatment of Cancer (EORTC) guidelines.</p>			
48	<p>CILAZAPRIL</p> <p>* Tab 0.5 mg</p>	2.85	90	<p>✓ Zapril</p>

▲ 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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New Listings - effective 1 September 2012 (continued)

55	CHLORTHALIDONE * Tab 25 mg	4.80	30	✓ Igraton S29
60	CALAMINE a) Only on a prescription b) Not in combination Crn, aqueous, BP	1.77	100 g	✓ Home Essential
86	AMOXYCILLIN CLAVULANATE Grans for oral liq amoxicillin 125 mg with potassium clavulanate 31.25 mg per 5 ml – Up to 200 ml available on a PSO	1.61	100 ml	✓ Augmentin
	Grans for oral liq amoxicillin 250 mg with potassium clavulanate 62.5 mg per 5 ml – Up to 200 ml available on a PSO	2.19	100 ml	✓ Augmentin
151	IRINOTECAN – PCT only – Specialist – Special Authority see SA0878 Inj 20 mg per ml, 2 ml	9.34	1	✓ Irinotecan Actavis 40
	Inj 20 mg per ml, 5 ml	23.34	1	✓ Irinotecan Actavis 100
173	SODIUM CROMOGLYCAT (new pharmacode) Aerosol inhaler, 5 mg per dose CFC-free	28.07	112 dose OP	✓ Intal Forte CFC Free
180	PHARMACY SERVICES – May only be claimed once per patient * Brand switch fee.....	4.33	1 fee	✓ BSF CareSens N
	The Pharmacode for BSF CareSens N is 2423138 (BSF CareSens N Brand switch fee to be delisted 1 March 2013)			
	* Brand switch fee.....	4.33	1 fee	✓ BSF CareSens II
	The Pharmacode for BSF CareSens II is 2423146 (BSF CareSens II Brand switch fee to be delisted 1 March 2013)			
	* Brand switch fee.....	4.33	1 fee	✓ BSF CareSens N POP
	The Pharmacode for BSF CareSens N POP is 2423154 (BSF CareSens N POP Brand switch fee to be delisted 1 March 2013)			
	* Brand switch fee.....	4.33	1 fee	✓ BSF Ava 30 ED
	The Pharmacode for BSF Ava 30 ED is 2405865 (BSF Ava 30 ED Brand switch fee to be delisted 1 March 2013)			
	* Brand switch fee.....	4.33	1 fee	✓ BSF Metoprolol - AFT CR
	The Pharmacode for BSF Metoprolol - AFT CR is 2405873 (BSF Metoprolol AFT - CR Brand switch fee to be delisted 1 December 2012)			
195	PAEDIATRIC ORAL FEED – Special Authority see SA1224 – Hospital pharmacy [HP3] Powder (vanilla)	20.00	900 g OP	✓ Pediasure
195	RENAL ENTERAL FEED 2 KCAL/ML – Special Authority see SA1101– Hospital pharmacy [HP3] Liquid.....	6.08	500 ml OP	✓ Nepro RTH
200	ENTERAL FEED WITH FIBRE 1.5 KCAL/ML – Special Authority see SA1228– Hospital pharmacy [HP3] Liquid	7.00	1,000 ml OP	✓ Jevity HiCal RTH

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ **fully subsidised**

New Listings - effective 1 September 2012 (continued)

202 ENTERAL FEED 2 KCAL/ML – Special Authority see SA1195 – Hospital pharmacy [HP3]
Liquid 11.00 1,000 ml OP ✓ **Two Cal HN RTH**

▲ 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 October 2012

40	FILGRASTIM – Special Authority see SA1259†252 – Retail pharmacy Inj 300 µg per 0.5 ml prefilled syringe..... 540.00 Inj 480 µg per 0.5 ml prefilled syringe..... 864.00	5 5	✓ Zarzio ✓ Zarzio
	<p>▶ SA1259†252 Special Authority for Subsidy Initial application only from a relevant specialist, or vocationally registered general practitioner or medical practitioner on the recommendation of a relevant specialist. Approvals valid without further renewal unless notified for applications meeting the following criteria: Any of the following:</p> <ol style="list-style-type: none"> 1. Prevention of neutropenia in patients undergoing high risk chemotherapy for cancer (febrile neutropenia risk $\geq 20\%$); or 2. Peripheral blood stem cell mobilisation in patients undergoing haematological transplantation; or 3. Peripheral blood stem cell mobilisation or bone marrow donation from healthy donors for transplantation; or 4. Treatment of severe chronic neutropenia (ANC < 0.5 x 10⁹/L); or 5. Treatment of drug-induced prolonged neutropenia (ANC < 0.5 x 10⁹/L). <p>Note *Febrile neutropenia risk $\geq 20\%$ after taking into account other risk factors as defined by the European Organisation for Research and Treatment of Cancer (EORTC) guidelines.</p>		
54	PERHEXILINE MALEATE – Special Authority see SA1260†256 – Retail pharmacy * Tab 100 mg 62.90	100	✓ Pexsig
	<p>▶ SA1260†256 Special Authority for Subsidy Initial application only from a cardiologist or general physician. Approvals valid for 2 years for applications meeting the following criteria: Both:</p> <ol style="list-style-type: none"> 1 Patient has refractory angina; and 2 Patient is already on maximal anti-anginal therapy Patient is on the maximal tolerated dose of a beta-blocker, a calcium channel blocker and a long-acting nitrate. <p>Renewal only from a cardiologist or general physician any relevant practitioner in consultation with a cardiologist. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.</p>		
95	ABACAVIR SULPHATE WITH LAMIVUDINE – Special Authority see SA1025 – Retail pharmacy Note: Kivexa abacavir with lamivudine (combination tablets) counts as two anti-retroviral medications for the purposes of the anti-retroviral Special Authority. Tab 600 mg with lamivudine 300 mg 630.00	30	✓ Kivexa
96	ZIDOVUDINE [AZT] WITH LAMIVUDINE – Special Authority see SA1025 – Retail pharmacy Note: Combivir zidovudine [AZT] with lamivudine (combination tablets) counts as two anti-retroviral medications for the purposes of the anti-retroviral Special Authority. Tab 300 mg with lamivudine 150 mg 667.20 63.50	60	✓ Combivir ✓ Alphapharm
131	ONDANSETRON Tab disp 4 mg 0.68 1.70	4 10	✓ Dr Reddy's Ondansetron ✓ Dr Reddy's Ondansetron
	Note: sole supply has been suspended from 1 October 2012.		
178	BRIMONIDINE TARTRATE – Brand switch fee payable * Eye Drops 0.2% 6.45	5 ml OP	✓ Arrow-Brimonidine

Patients pay a manufacturer's surcharge when the Manufacturer's Price is greater than the Subsidy
26

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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Changes to Restrictions - effective 1 October 2012 (continued)

182 Pharmaceuticals with standardised formula for compounding in Ora products
Sotalol 15 5 mg/ml

Effective 1 September 2012

31 BLOOD GLUCOSE DIAGNOSTIC TEST METER – Subsidy by endorsement

a) Maximum of 1 meter per prescription

b)

1) A diagnostic blood glucose test meter is subsidised for a patients who:

- i. **is receiving** begin insulin or sulphonylurea therapy ~~after 1 March 2005~~;
- ii. **is prescribed** for a pregnant woman with **and has** diabetes; **or**
- iii. **is on home TPN at risk of hypoglycaemia or hyperglycaemia; or**
- iv. **has a genetic or an acquired disorder of glucose homeostasis excluding type 1 or type 2 diabetes and metabolic syndrome.**

2) ~~Only one meter per patient. No further prescriptions will be subsidised. The prescription must be endorsed accordingly.~~

Only one CareSens meter per patient. No further prescriptions will be subsidised for patients who already have a CareSens meter. For the avoidance of doubt patients who have previously received a funded meter, other than CareSens, are eligible for a CareSens meter.

The prescription must be endorsed accordingly.

Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of insulin or sulphonylureas.

Meter	6.00	1	✓ CareSens POP
	9.00		✓ CareSens II
			✓ FreeStyle Lite
			✓ Freestyle Optium
			✓ On Call Advanced
	19.00		✓ Accu-Chek Performa
Meter with 50 lancets, a lancing device, and 10 diagnostic strips - brand switch fee payable – no patient co-payment payable	20.00	1 OP	✓ CareSens N
			✓ CareSens N POP
			✓ CareSens II

32 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; **or**
4. **Prescribed for a patient on home TPN at risk of hypoglycaemia or hyperglycaemia; or**
5. **Prescribed for a patient with a genetic or an acquired disorder of glucose homeostasis excluding type 1 or type 2 diabetes and metabolic syndrome.**

~~SenseCard blood glucose test strips are subsidised only if prescribed for a patient who is severely visually impaired and is using a SenseCard Plus Talking Blood Glucose Monitor.~~

Blood glucose test strips	10.56	50 test OP	✓ CareSens
			✓ CareSens N
	21.65	50 test OP	✓ Accu-Chek Performa
			✓ FreeStyle Lite
			✓ Freestyle Optium
Blood glucose test strips × 50 and lancets × 5	19.10	50 test OP	✓ On Call Advanced
	10.56		✓ CareSens

▲ 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 September 2012 (continued)

32	<p>BLOOD GLUCOSE DIAGNOSTIC TEST STRIP (VISUALLY IMPAIRED) 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; or 4. Prescribed for a patient on home TPN at risk of hypoglycaemia or hyperglycaemia; or 5. Prescribed for a patient with a genetic or an acquired disorder of glucose homeostasis excluding type 1 or type 2 diabetes and metabolic syndrome.</p> <p>SensoCard blood glucose test strips are subsidised only if prescribed for a patient who is severely visually impaired and is using a SensoCard Plus Talking Blood Glucose Monitor.</p> <p>Blood glucose test strips 26.20 50 test OP ✓ SensoCard</p>
52	<p>METOPROLOL SUCCINATE – Brand switch fee payable</p> <p>* Tab long-acting 23.75 mg 0.96 30 ✓ Metoprolol - AFT CR * Tab long-acting 47.5 mg 1.41 30 ✓ Metoprolol - AFT CR * Tab long-acting 95 mg 2.42 30 ✓ Metoprolol - AFT CR * Tab long-acting 190 mg 4.66 30 ✓ Metoprolol - AFT CR</p>
72	<p>ETHINYLLOESTRADIOL WITH LEVONORGESTREL</p> <p>* Tab 30 µg with levonorgestrel 150 µg and 7 inert tab – Up to 84 tab available on a PSO – Brand switch fee payable 2.45 84 ✓ Ava 30 ED</p>

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 Subsidy and Manufacturer's Price

Effective 1 October 2012

30	GLIPIZIDE (↓ subsidy) * Tab 5 mg	3.00	100	✓ Minidiab
30	ACARBOSE (↓ subsidy) * Tab 50 mg	9.82	90	✓ Glucobay
	* Tab 100 mg	15.83	90	✓ Glucobay
31	METFORMIN HYDROCHLORIDE (↓ subsidy) * Tab immediate-release 500 mg.....	6.15	500	✓ Apotex
	* Tab immediate-release 850 mg.....	5.05	250	✓ Apotex
45	ATORVASTATIN – See prescribing guideline (↓ subsidy) * Tab 10 mg	0.84	30	✓ Dr Reddy's Atorvastatin Lipitor
		(18.32)		
	* Tab 20 mg	1.39	30	✓ Dr Reddy's Atorvastatin Lipitor
		(26.70)		
	* Tab 40 mg	2.44	30	✓ Dr Reddy's Atorvastatin Lipitor
		(37.02)		
	* Tab 80 mg	5.41	30	✓ Dr Reddy's Atorvastatin Lipitor
		(110.50)	30	
62	CHLORHEXIDINE GLUCONATE – Subsidy by endorsement (↓ subsidy) a) No more than 500 ml per month b) Only if prescribed for a dialysis patient and the prescription is endorsed accordingly. * Handrub 1% with ethanol 70%.....	4.39	500 ml	✓ healthE
63	OIL IN WATER EMULSION (↓ subsidy) * Crm.....	2.63	500 g	✓ healthE Fatty Cream
74	MICONAZOLE NITRATE (↑ price) * Vaginal crm 2% with applicator	2.75 (4.10)	40 g OP	Micreme
77	TESTOSTERONE UNDECANOATE – Retail pharmacy-Specialist (↓ subsidy) Cap 40 mg.....	51.95	100	✓ Arrow-Testosterone
86	FLUCLOXACILLIN SODIUM (↓ subsidy) Cap 250 mg – Up to 30 cap available on a PSO	22.00 (32.00)	250	AFT
	Cap 500 mg	74.00 (110.00)	500	AFT
102	DICLOFENAC SODIUM (↓ subsidy) * Tab long-acting 75 mg	24.52	500	✓ Diclax SR
	* Tab long-acting 100 mg	42.25	500	✓ Diclax SR

▲ 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 Subsidy and Manufacturers Price – effective 1 October 2012 (continued)

103	LEFLUNOMIDE (↓ subsidy)			
	Tab 10 mg	55.00	30	✓ Arava
	Tab 20 mg	76.00	30	✓ Arava
123	OXYCODONE HYDROCHLORIDE (↓ subsidy)			
	a) Only on a controlled drug form			
	b) See prescribing guideline below			
	c) No patient co-payment payable			
	d) Safety medicine; prescriber may determine dispensing frequency			
	Inj 10 mg per ml, 1 ml	9.93	5	✓ OxyNorm
	Inj 10 mg per ml, 2 ml	19.87	5	✓ OxyNorm
163	LETROZOLE (↓ subsidy)			
	* Tab 2.5 mg	4.85	30	
		(9.00)		Letara
174	BECLOMETHASONE DIPROPIONATE (↑ price)			
	Metered aqueous nasal spray, 50 µg per dose	2.35	200 dose OP	
		(4.85)		Alanase
	Metered aqueous nasal spray, 100 µg per dose	2.46	200 dose OP	
		(5.75)		Alanase
174	BUDESONIDE (↑ price)			
	Metered aqueous nasal spray, 50 µg per dose	2.35	200 dose OP	
		(4.85)		Butacort Aqueous
	Metered aqueous nasal spray, 100 µg per dose	2.61	200 dose OP	
		(5.75)		Butacort Aqueous

Effective 1 September 2012

32	BLOOD GLUCOSE DIAGNOSTIC TEST STRIP (↓ subsidy)			
	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; or			
	4. Prescribed for a patient on home TPN at risk of hypoglycaemia or hyperglycaemia; or			
	5. Prescribed for a patient with a genetic or an acquired disorder of glucose homeostasis excluding type 1 or type 2 diabetes and metabolic syndrome.			
	Blood glucose test strips × 50 and lancets × 5	10.56	50 test OP	✓ CareSens
42	HEPARIN SODIUM (↑ subsidy)			
	Inj 5,000 iu per ml, 5 ml	182.00	50	✓ Pfizer

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 Subsidy and Manufacturers Price – effective 1 September 2012 (continued)

45	ATORVASTATIN – See prescribing guideline (↓ subsidy)		
	* Tab 10 mg 2.47	30	✓ Dr Reddy's Atorvastatin
	* Tab 20 mg 3.73	30	✓ Dr Reddy's Atorvastatin
	* Tab 40 mg 5.51	30	✓ Dr Reddy's Atorvastatin
	* Tab 80 mg 8.20	30	✓ Dr Reddy's Atorvastatin
53	FELODIPINE (↓ subsidy)		
	* Tab long-acting 5 mg 9.30	90	✓ Felo 5 ER
	* Tab long-acting 10 mg 13.80	90	✓ Felo 10 ER
54	CLONIDINE HYDROCHLORIDE (↑ subsidy)		
	* Inj 150 µg per ml, 1 ml 16.07	5	✓ Catapres
60	CALAMINE (↓ subsidy)		
	a) Only on a prescription		
	b) Not in combination		
	Lotn, BP 13.45	2,000 ml	✓ PSM
72	ETHINYLLOESTRADIOL WITH LEVONORGESTREL (↓ subsidy)		
	* Tab 20 µg with levonorgestrel 100 µg and 7 inert tab - Up to 84 tab available on a PSO 2.95	84	
			Loette
			Microgynon 20 ED
			(16.50)
			(16.50)
76	HYDROCORTISONE (↓ subsidy)		
	* Tab 5 mg 8.10	100	✓ Douglas
	* Tab 20 mg - For hydrocortisone oral liquid formulation refer, page 182 20.32	100	✓ Douglas
82	CABERGOLINE (↓ subsidy)		
	Tab 0.5 mg - Maximum of 2 tab per prescription; can be waived by Special Authority see SA1031 6.25	2	
			Arrow-Cabergoline
			(16.50)
		8	
			Arrow-Cabergoline
			(66.00)
89	HYDROXYCHLOROQUINE SULPHATE (↓ subsidy)		
	* Tab 200 mg 18.00	100	✓ Plaquenil
171	SALBUTAMOL (↓ subsidy)		
	Nebuliser soln, 1 mg per ml, 2.5 ml - Up to 30 neb available on a PSO 3.25	20	✓ Asthalin
	Nebuliser soln, 2 mg per ml, 2.5 ml - Up to 30 neb available on a PSO 3.44	20	✓ Asthalin
172	SALBUTAMOL WITH IPRATROPIUM BROMIDE (↓ subsidy)		
	Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml - Up to 20 neb available on a PSO 3.75	20	✓ Duolin

▲ 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 September 2012

- 16 "Pharmacist" means a person registered with the Pharmacy Council of New Zealand and who holds a current annual practicing certificate under the HPCA Act 2003.
- 16 "Practitioner" means a Doctor, a Dentist, a Dietitian, a Midwife, a Nurse Prescriber, ~~or an~~ Optometrist or a Pharmacist as those terms are defined in the Pharmaceutical Schedule.
- 21 **3.6 Pharmacists' prescriptions**
The following apply to every prescription written by a Pharmacist
- 3.6.1 Prescriptions written by a Pharmacist for a Community Pharmaceutical will only be subsidised where they are for the CareSens, CareSens N and CareSens N POP blood glucose diagnostic meters and annotated appropriately.
- 3.6.2 The prescribing and dispensing of blood glucose diagnostic meters by Pharmacists must be in accordance with regulations 41 and 42 of the Medicines Regulations 1984.

Changes to Brand Name

Effective 1 October 2012

205	AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA1108 – Hospital pharmacy [HP3]			
	Liquid (berry juicy berries).....	15.65	62.5 ml OP	✓ PKU Lophlex LQ 10
		31.20	125 ml OP	✓ PKU Lophlex LQ 20
	Liquid (orange juicy orange)	15.65	62.5 ml OP	✓ PKU Lophlex LQ 10
		31.20	125 ml OP	✓ PKU Lophlex LQ 20

Effective 1 September 2012

60	CALAMINE			
	a) Only on a prescription			
	b) Not in combination			
	Lotn, BP	13.45	2,000 ml	✓ PSM API

Changes to Sole Subsidised Supply

Effective 1 October 2012

For the list of new Sole Subsidised Supply products effective 1 October 2012 refer to the bold entries in the cumulative Sole Subsidised Supply table pages 10-18.

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Delisted Items

Effective 1 October 2012

31	BLOOD GLUCOSE DIAGNOSTIC TEST METER – Subsidy by endorsement a) Maximum of 1 meter per prescription b) A diagnostic blood glucose test meter is subsidised for a patient who: i. is receiving insulin or sulphonylurea therapy; or ii. is a pregnant woman with diabetes; or iii. is on home TPN at risk of hypoglycaemia or hyperglycaemia; or iv. has a genetic or an acquired disorder of glucose homeostasis excluding type 1 or type 2 diabetes and metabolic syndrome. Only one CareSens meter per patient. No further prescriptions will be subsidised for patients who already have a CareSens meter. For the avoidance of doubt patients who have previously received a funded meter, other than CareSens, are eligible for a CareSens meter. The prescription must be endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of insulin or sulphonylureas.			
	Meter	6.00	1	✓ CareSens POP
		9.00		✓ CareSens II
66	CONDOMS * 49 mm – Up to 144 dev available on a PSO	1.11	12	✓ Gold Knight
		13.36	144	✓ Gold Knight
79	CEFACLOR MONOHYDRATE Cap 250 mg	24.57	100	✓ Cefaclor Sandoz
170	BRIMONIDINE TARTRATE * Eye Drops 0.2%	6.45	5 ml OP	✓ AFT
179	ACETYLCYSTEINE – Retail pharmacy-Specialist Inj 200 mg per ml, 10 ml	178.00 (255.35)	10	Hospira

Effective 1 September 2012

34	MUCILAGINOUS LAXATIVES – Only on a prescription * Sugar Free	3.31 (10.60)	275 g OP	Mucilax
52	METOPROLOL SUCCINATE * Tab long-acting 23.75 mg	0.96 (7.50)	30	✓ Myloc CR Betacloc CR
	* Tab long-acting 47.5 mg	1.41 (7.50)	30	✓ Myloc CR Betacloc CR
	* Tab long-acting 95 mg	2.42 (7.50)	30	✓ Myloc CR Betacloc CR
	* Tab long-acting 190 mg	4.66 (7.50)	30	✓ Myloc CR Betacloc CR

▲ 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 September 2012 (continued)

72	ETHINYLOESTRADIOL WITH LEVONORGESTREL * Tab 30 µg with levonorgestrel 150 µg and 7 inert tab – Up to 84 tab available on a PSO	2.45 (6.62) (14.49) (16.50)	84	Levlen ED Monofeme Nordette 28 Microgynon 30 ED
187	PROPYLENE GLYCOL Only in extemporaneously compounded methyl hydroxybenzoate 10% solution. Liq	12.00	500 ml	✓ ABM

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 December 2012

31	BLOOD GLUCOSE DIAGNOSTIC TEST METER – Subsidy by endorsement Meter 6.00	1	✓ FreeStyle Lite ✓ On Call Advanced ✓ Accu-Chek Performa
	19.00		
72	ETHINYLOESTRADIOL WITH LEVONORGESTREL * Tab 20 µg with levonorgestrel 100 µg and 7 inert tab – Up to 84 tab available on a PSO 2.95	84	Loette Microgynon 20 ED
	(16.50)		
	(16.50)		
82	CABERGOLINE Tab 0.5 mg – Maximum of 2 tab per prescription; can be waived by Special Authority see SA1031 6.25	2	Arrow-Cabergoline
	(16.50)		
	25.00	8	Arrow-Cabergoline
	(66.00)		
180	PHARMACY SERVICES – May only be claimed once per patient Brand switch fee 4.50	1 fee	✓ BSF Metoprolol - AFT CR
	The Pharmacode for BSF Metoprolol - AFT CR is 2405873		

Effective 1 January 2013

31	METFORMIN HYDROCHLORIDE * Tab immediate-release 500 mg 6.15	500	✓ Apotex
	* Tab immediate-release 850 mg 5.05	250	✓ Apotex
45	ATORVASTATIN – See prescribing guideline		
	* Tab 10 mg 0.84	30	✓ Dr Reddy's Atorvastatin
	(18.32)		Lipitor
	* Tab 20 mg 1.39	30	✓ Dr Reddy's Atorvastatin
	(26.70)		Lipitor
	* Tab 40 mg 2.44	30	✓ Dr Reddy's Atorvastatin
	(37.02)	30	Lipitor
	* Tab 80 mg 5.41	30	✓ Dr Reddy's Atorvastatin
	(110.50)	30	Lipitor
53	FELODIPINE * Tab long-acting 5 mg 9.30	90	✓ Felo 5 ER
	* Tab long-acting 10 mg 13.80	90	✓ Felo 10 ER
77	TESTOSTERONE UNDECANOATE – Retail pharmacy-Specialist Cap 40 mg 51.95	100	✓ Arrow-Testosterone

▲ 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 January 2013 (continued)

77	METHYLPREDNISOLONE SODIUM SUCCINATE – Retail pharmacy-Specialist Inj 40 mg per ml, 1 ml 151.40 Inj 62.5 mg per ml, 2 ml 412.59	25 25	✓ Solu-Medrol ✓ Solu-Medrol
86	FLUCLOXACILLIN SODIUM Cap 250 mg – Up to 30 cap available on a PSO 22.00 (32.00) Cap 500 mg 74.00 (110.00)	250 500	AFT AFT
163	LETROZOLE * Tab 2.5 mg 4.85 (9.00)	30	Letara
180	PHARMACY SERVICES – May only be claimed once per patient * Brand switch fee..... 4.33	1 fee	✓BSF Arrow- Brimonidine
The Pharmacode for BSF Arrow-Brimonidine is 2425823			

Effective 1 March 2013

48	CILAZAPRIL * Tab 0.5 mg 0.95	30	✓Zapril
103	LEFLUNOMIDE Tab 10 mg 55.00 Tab 20 mg 76.00	30 30	✓AFT-Leflunomide ✓AFT-Leflunomide
173	SODIUM CROMOGLYCATE Aerosol inhaler, 5 mg per dose CFC-free 28.07	112 dose OP	✓Vicrom
179	PHENYLEPHRINE HYDROCHLORIDE * Eye drops 0.12% 4.47	15 ml OP	✓Prefrin
180	PHARMACY SERVICES – May only be claimed once per patient Brand switch fee 4.33 The Pharmacode for BSF Ava 30 ED is 2405865 Brand switch fee 4.33 The Pharmacode for BSF CareSens II is 2423146 Brand switch fee 4.33 The Pharmacode for BSF CareSens N is 2423138 Brand switch fee 4.33 The Pharmacode for BSF CareSens N POP is 2423154	1 fee 1 fee 1 fee 1 fee	✓BSF Ava 30 ED ✓BSF CareSens II ✓BSF CareSens N ✓BSF CareSens N POP

Effective 1 April 2013

28	FAMOTIDINE – Only on a prescription * Tab 20 mg 8.10	250	✓Famox
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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 2013 (continued)

32	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; or 4. Prescribed for a patient on home TPN at risk of hypoglycaemia or hyperglycaemia; or 5. Prescribed for a patient with a genetic or an acquired disorder of glucose homeostasis excluding type 1 or type 2 diabetes and metabolic syndrome Blood glucose test strips × 50 and lancets × 5	10.56	50 test OP	✓ CareSens
59	HYDROGEN PEROXIDE * Crm 1%	8.56	10 g OP	✓ Crystacide
205	PREMATURE BIRTH FORMULA – Special Authority see SA1221 – Hospital pharmacy [HP3] Liquid	0.75	100 ml OP	✓ S26LBW Gold RTF

▲ 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 October 2012

16	ACARBOSE			
	Tab 50 mg – 1% DV Dec-12 to 2015	9.82	90	Accarb
	Tab 100 mg – 1% DV Dec-12 to 2015	15.83	90	Accarb
16	ACARBOSE († price)			
	Tab 50 mg	9.82	90	Glucobay
	Tab 100 mg	15.83	90	Glucobay
	Note – Glucobay tab 50 mg and 100 mg to be delisted 1 December 2012			
20	BECLOMETHASONE DIPROPIONATE († price)			
	Metered aqueous nasal spray, 50 µg per dose	4.85	200 dose	Alanase
	Metered aqueous nasal spray, 100 µg per dose	5.75	200 dose	Alanase
21	BLOOD GLUCOSE DIAGNOSTIC TEST STRIP			
	Blood glucose test strips × 50 and lancets × 5	19.60	50 test OP	CareSens
	Note: CareSens blood glucose test strip × 50 and lancets × 5 to be delisted 1 December 2012.			
21	BUDESONIDE († price)			
	Metered aqueous nasal spray, 50 µg per dose	4.85	200 dose	Butacort Aqueous
	Metered aqueous nasal spray, 100 µg per dose	5.75	200 dose	Butacort Aqueous
25	CHLORHEXIDINE GLUCONATE			
	Mouthwash 0.2% – 1% DV Dec-12 to 2015	2.68	200 ml	healthE
28	DANTROLENE SODIUM (delisting)			
	Inj 1 mg per ml, 20 ml	800.00	6	Dantrium IV
	Note – Dantrium IV inj 1 mg per ml, 20 ml to be delisted 1 December 2012			
29	DESFLURANE (addition of HSS)			
	Liq 240 ml bottle – 1% DV Dec-12 to 2015	1,230.00	6	Suprane
29	DICLOFENAC SODIUM (amended brand name)			
	Tab long-acting 75 mg – 1% DV Dec-12 to 2015	3.10	30	Dielax Diclax SR
29	DICLOFENAC SODIUM			
	Tab long-acting 75 mg – 1% DV Dec-12 to 2015	24.52	500	Diclax SR
	Tab long-acting 100mg – 1% DV Dec-12 to 2015	42.25	500	Diclax SR
31	ENALAPRIL			
	Tab 5 mg – 1% DV Dec-12 to 2015	1.07	90	m-Enalapril
	Tab 10 mg – 1% DV Dec-12 to 2015	1.32	90	m-Enalapril
	Tab 20 mg – 1% DV Dec-12 to 2015	1.72	90	m-Enalapril
	Note – Arrow-Enalapril tab 5 mg, 10 mg and 20 mg to be delisted 1 December 2012			
31	ENTACAPONE			
	Tab 200 mg – 1% DV Dec-12 to 2015	47.92	100	Entapone
	Note – Comtan tab 200 mg to be delisted 1 December 2012			

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 to Part II - effective 1 October 2012 (continued)

34	FELODIPINE (delay of HSS) Tab long-acting 5 mg – 1% DV Sep-12 Nov-12 to 2015 3.10	30	Plendil ER
	Tab long-acting 10 mg – 1% DV Sep-12 Nov-12 to 2015 4.60	30	Plendil ER
35	FLUOROMETHOLONE Eye drops 0.1% – 1% DV Dec-12 to 2015 3.80	5 ml	Flucon
	Note – FML 5ml to be delisted 1 December 2012		
37	GLIPIZIDE (↓ price and addition of HSS) Tab 5 mg – 1% DV Dec-12 to 2015 3.00	100	Minidiab
38	GLYCERYL TRINITRATE (addition of HSS) Inj 1 mg per ml, 5 ml – 1% DV Dec-12 to 2015 22.70	10	Nitronal
	Inj 1 mg per ml, 50 ml – 1% DV Dec-12 to 2015 86.60	10	Nitronal
39	HYDROGEN PEROXIDE Crm 1 % 8.56	15 g	Crystaderm
	Note – Crystacide (10 g) to be delisted 1 December 2012		
42	ISOFLURANE (↑ price and addition of HSS) Liq 250 ml bottle – 1% DV Dec-12 to 2015 1,020.00	6	Aerrane
43	LAMIVUDINE Tab 100 mg – 1% DV Dec-12 to 2014 32.50	28	Zetlam
43	LEFLUNOMIDE (↓ price) Tab 10 mg 55.00	30	Arava
	Tab 20 mg 76.00	30	Arava
	Note – AFT-Leflunomide 10 mg and 20 mg to be delisted 1 March 2013		
45	MACROGOL 3350 Powder 13.125 g, sachets – 1% DV Dec-12 to 2014 10.00	30	Lax-Sachets
	Note – Movicol to be delisted 1 December 2012		
49	MEXILETINE HYDROCHLORIDE Cap 150 mg 65.00	100	Mexiletine Hydrochloride USP
	Cap 250 mg 102.00	100	Mexiletine Hydrochloride USP
51	NICORANDIL Tab 10 mg 27.95	60	Ikorel
	Tab 20 mg 33.28	60	Ikorel
52	OIL IN WATER EMULSION (↓ price and addition of HSS) Crm – 1% DV Dec-12 to 2015 2.63	500 g	healthE Fatty Cream
52	ONDANSETRON Inj 2 mg per ml, 2 ml 2.64	5	Ondanaccord
	Tab disp 4 mg 0.68	4	Dr Reddy's Ondansetron
		17.18	Zofran Zydys

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 to Part II - effective 1 October 2012 (continued)

52	ONDANSETRON (suspension of HSS) Tab disp 4 mg – 5% DV May-11 to 2013	1.70	10	Dr Reddy's Ondansetron
53	OXYCODONE HYDROCHLORIDE Inj 10 mg per ml, 1 ml – 1% DV Dec-12 to 2015	10.08	5	Oxycodone Orion
	Inj 10 mg per ml, 2 ml – 1% DV Dec-12 to 2015	19.87	5	Oxycodone Orion
53	OXYCODONE HYDROCHLORIDE (↓ price) Inj 10 mg per ml, 1 ml	9.93	5	OxyNorm
	Inj 10 mg per ml, 2 ml	19.87	5	OxyNorm
	Note – OxyNorm Inj 10 mg per ml, 1 ml and 2 ml to be delisted 1 December 2012			
62	SEVOFLURANE (addition of HSS) Liq 250 ml bottle – 1% DV Dec-12 to 2015	1,230.00	6	Baxter
64	SODIUM HYALURONATE (amendment to product description) Inj 10 ml mg per ml, 0.35 0.4 ml; and inj 30 mg per ml with chondroitin sulphate 40 mg per ml, 0.4 0.35 ml	64.00	1	Duovisc
	Inj 10 ml mg per ml, 0.5 0.55 ml; and inj 30 mg per ml with chondroitin sulphate sulphate 40 mg per ml, 0.55 0.5 ml – 1% DV Sep-11 to 2014	74.00	1	Duovisc
67	TRIAMTERENE WITH HYDROCHLOROTHIAZIDE (delisting) Tab 50 mg with hydrochlorothiazide 25 mg	5.00	100	Triamizide
	Note – Triamizide to be delisted 1 December 2012			
69	ZIDOVUDINE [AZT] WITH LAMIVUDINE Tab 300 mg with lamivudine 150 mg – 1% DV Dec-12 to 2014	63.50	60	Alphapharm

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17	AMIKACIN SULPHATE (addition of HSS) Inj 5 mg per ml, 5 ml – 1% DV Nov-12 to 2015	176.00	10	Biomed
18	AMOXYCILLIN CLAVULANATE Grans for oral liq 125 mg with potassium clavulanate 31.25 mg per 5 ml – 1% DV Nov-12 to 2015	1.61	100 ml	Augmentin
	Grans for oral liq 250 mg with potassium clavulanate 62.5 mg per 5 ml – 1% DV Nov-12 to 2015	2.19	100 ml	Augmentin
	Note – Curam grans for oral liq to be delisted 1 November 2012.			

Products with Hospital Supply Status (HSS) are in **bold**.
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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 September 2012 (continued)

19	ATORVASTATIN (↓ price)			
	Tab 10 mg	2.47	30	Dr Reddy's Atorvastatin
	Tab 20 mg	3.73	30	Dr Reddy's Atorvastatin
	Tab 40 mg	5.51	30	Dr Reddy's Atorvastatin
	Tab 80 mg	8.20	30	Dr Reddy's Atorvastatin
	Note – Dr Reddy's Atorvastatin tab 10 mg, 20 mg, 40 mg and 80 mg to be delisted 1 October 2012.			
21	BLOOD GLUCOSE DIAGNOSTIC TEST METER			
	1 meter with 50 lancets, a lancing device, and 10 diagnostic test strips	20.00	1	CareSens N CareSens N POP CareSens II
21	BLOOD GLUCOSE DIAGNOSTIC TEST METER (delisting)			
	Meter	9.00	1	CareSens II
		6.00		CareSens POP
	Note – CareSens II and CareSens POP meters (without lancets and test strips) will be delisted 1 October 2012.			
21	BLOOD GLUCOSE DIAGNOSTIC TEST STRIP			
	Blood glucose test strips	10.56	50 test	CareSens N CareSens
21	BLOOD GLUCOSE DIAGNOSTIC TEST STRIP (↓ price)			
	Blood glucose test strips × 50 and lancets × 5	10.56	50 test	CareSens
22	CALAMINE			
	Crn, aqueous, BP – 1% DV Nov-12 to 2015	1.77	100 g	Home-Essential
	Lotn, BP – 1% DV Nov-12 to 2015	13.45	2,000 ml	PSM
25	CHLORTHALIDONE			
	Tab 25 mg	4.80	30	Igroton S29
26	CLONIDINE HYDROCHLORIDE (↑ price and addition of HSS)			
	Inj 150 µg per ml, 1 ml – 1% DV Nov-12 to 2015	16.07	5	Catapres
31	ENTERAL FEED 2 KCAL/ML			
	Liquid	11.00	1,000 ml	Two Cal HN RTH
32	ENTERAL FEED WITH FIBRE 1.5 KCAL/ML			
	Liquid	7.00	1,000 ml	Jevity HiCal RTH
32	EPHEDRINE SULPHATE			
	Inj 30 mg per ml, 1 ml – 1% DV Nov-12 to 2014	66.00	10	Max Health
	Note – Mayne ephedrine sulphate inj 30 mg per ml, 1 ml to be delisted 1 November 2012.			

Products with Hospital Supply Status (HSS) are in **bold**.
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Section H page ref	Price		Brand or Generic Manufacturer
	(ex man. excl. GST) \$	Per	

Section H changes to Part II - effective 1 September 2012 (continued)

34	FILGRASTIM (new listing) Inj 300 µg per 0.5 ml prefilled syringe – 1% DV Jan-13 to 31 Dec 2015	540.00	5	Zarzio
	Inj 480 µg per 0.5 ml prefilled syringe – 1% DV Jan-13 to 31 Dec 2015	864.00	5	Zarzio
34	FILGRASTIM (delisting) Inj 300 µg per 0.5 ml prefilled syringe	135.00	1	Neupogen
	Inj 480 µg per 0.5 ml prefilled syringe	216.00	1	Neupogen
	Note – Neupogen inj 300 µg per 0.5 ml prefilled syringe and inj 480 µg per 0.5 ml prefilled syringe to be delisted 1 January 2013.			
38	HEPARIN SODIUM (t price) Inj 5,000 iu per ml, 5 ml	182.00	50	Pfizer
38	HYDROCORTISONE (↓ price and addition of HSS) Tab 5 mg – 1% DV Nov-12 to 2015	8.10	100	Douglas
	Tab 20 mg – 1% DV Nov-12 to 2015	20.32	100	Douglas
39	HYDROXYCHLOROQUINE SULPHATE (↓ price and addition of HSS) Tab 200 mg – 1% DV Nov-12 to 2015	18.00	100	Plaquenil
42	IRINOTECAN Inj 20 mg per ml, 2 ml – 1% DV Nov-12 to 2015	9.34	1	Irinotecan Actavis 40
	Inj 20 mg per ml, 5 ml – 1% DV Nov-12 to 2015	23.34	1	Irinotecan Actavis 100
	Note – Irinotecan-Rex inj 20 mg per ml, 2 ml and 5 ml to be delisted 1 November 2012.			
54	PAEDIATRIC ORAL FEED Powder (vanilla)	20.00	900 g	Pediasure
60	RENAL ENTERAL FEED 2 KCAL/ML Liquid.....	6.08	500 ml	Nepro RTH
62	SALBUTAMOL (↓ price and addition of HSS) Nebuliser soln, 1 mg per ml, 2.5 ml – 1% DV Nov-12 to 2015 ...	3.25	20	Asthalin
	Nebuliser soln, 2 mg per ml, 2.5 ml – 1% DV Nov-12 to 2015 ...	3.44	20	Asthalin
62	SALBUTAMOL WITH IPRATROPIUM BROMIDE (↓ price and addition of HSS) Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml – 1% DV Nov-12 to 2015	3.75	20	Duolin
69	ZINC AND CASTOR OIL (amended presentation) Cream Ointment – 1% DV Apr-12 to 2014	1.63	20 g	Orion

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17	ALPROSTADIL (continuation of HSS) Inj 0.5 mg per ml, 1 ml – 1% DV Oct-12 to 2015	1,417.50	5	Prostin VR
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Products with Hospital Supply Status (HSS) are in **bold**.

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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 August 2012 (continued)

17	AMIKACIN SULPHATE (↑ price) Inj 5 mg per ml, 5 ml	176.00	10	Biomed
18	AMOXYCILLIN CLAVULANATE (reinstate HSS) Tab amoxicillin 500 mg with potassium clavulanate 125 mg – 1% DV Aug-12 to 2014	12.55	100	Curam Duo
18	AMPHOTERICIN B (continuation of HSS) Liposomal inj 50 mg vial – 1% DV Oct-12 to 2015	3,450.00	10	AmBisome
18	ATENOLOL (↓ price, amended brand name and addition of HSS) Tab 50 mg – 1% DV Oct-12 to 2015	5.56	500	Pacific Atenolol Mylan Atenolol
		11.12	1,000	Atenolol Tablet USP
	Tab 100 mg – 1% DV Oct-12 to 2015	9.12	500	Pacific Atenolol Mylan Atenolol
		18.24	1,000	Atenolol Tablet USP
	Note – Atenolol Tablet USP tab 50 mg and 100 mg to be delisted 1 October 2012			
	Note – Pacific Atenolol has changed its name to Mylan Atenolol			
19	ATORVASTATIN (new listing) Tab 10 mg – 1% DV Oct-12 to 2015	2.52	90	Zarator
	Tab 20 mg – 1% DV Oct-12 to 2015	4.17	90	Zarator
	Tab 40 mg – 1% DV Oct-12 to 2015	7.32	90	Zarator
	Tab 80 mg – 1% DV Oct-12 to 2015	16.23	90	Zarator
	Note – Lipitor and Dr Reddy's Atorvastatin tab 10 mg, 20 mg, 40 mg and 80 mg to be delisted 1 October 2012			
19	BACLOFEN (new listing) Inj 0.05 mg per ml, 1 ml – 1% DV Oct-12 to 2015	11.55	1	Lioresal Intrathecal
19	BACLOFEN (↑ price, amended presentation description and continuation of HSS) Inj 40 mg 2 mg per ml, 5 ml – 1% DV Oct-12 to 2015	209.29	1	Lioresal Intrathecal
20	BEZAFIBRATE (addition of HSS) Tab long-acting 400 mg – 1% DV Oct-12 to 2015	5.70	30	Bezalip Retard
21	BUPIVACAINE HYDROCHLORIDE (continuation of HSS) Inj 0.25%, 20 ml – 1% DV Oct-12 to 2015	35.00	5	Marcain
	Inj 0.5%, 10 ml theatre pack – 1% DV Oct-12 to 2015	28.00	5	Marcain
	Inj 0.5%, 20 ml theatre pack – 1% DV Oct-12 to 2015 (↑ price)	28.00	5	Marcain
23	CANDESARTAN (↓ price and addition of HSS) Tab 4 mg – 1% DV Nov-12 to 2015	4.13	90	Candestar
		12.00	30	Atacand
	Tab 8 mg – 1% DV Nov-12 to 2015	6.10	90	Candestar
		12.00	30	Atacand
	Tab 16 mg – 1% DV Nov-12 to 2015	10.18	90	Candestar
		14.50	30	Atacand
	Tab 32 mg – 1% DV Nov-12 to 2015	17.66	90	Candestar
		24.00	30	Atacand
	Note – Atacand tab 4 mg, 8 mg, 16 mg and 32 mg to be delisted 1 November 2012			

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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 August 2012 (continued)

23	CASPOFUNGIN (continuation of HSS)			
	Inj 50 mg – 1% DV Oct-12 to 2015	667.50	1	Cancidas
	Inj 70 mg – 1% DV Oct-12 to 2015	862.50	1	Cancidas
24	CEFEPIME HYDROCHLORIDE (new listing)			
	Inj 1 g – 1% DV Oct-12 to 2015	8.80	1	DBL Cefepime
	Inj 1 g, 15 ml (↓ price)	8.80	1	Maxipime
	Inj 2 g – 1% DV Oct-12 to 2015	17.60	1	DBL Cefepime
	Inj 1 g, 77 ml (↓ price)	17.60	1	Maxipime
	Note – Maxipime inj 1 g, 15 ml and 2 g, 77 ml to be delisted 1 October 2012			
25	CHLORHEXIDINE (↓ price and continuation of HSS)			
	Crn 1% obstetric – 1% DV Oct-12 to 2015	1.24	50 g	healthE
27	CYCLOSPORIN			
	Oral liq 100 mg per ml			
	– 1% DV Oct-12 to 2015 (↓ price and addition of HSS)	198.13	50 ml	Neoral
	Inf 50 mg per ml, 5 ml			
	– 1% DV Oct-12 to 2015 (continuation of HSS)	276.30	10	Sandimmun
28	CYPROTERONE ACETATE (↓ price and continuation of HSS)			
	Tab 50 mg – 1% DV Oct-12 to 2015	18.80	50	Siterone
	Tab 100 mg – 1% DV Oct-12 to 2015	34.25	50	Siterone
34	FLUCLOXACILLIN SODIUM (new listing)			
	Cap 250 mg – 1% DV Oct-12 to 2015	22.00	250	Staphlex
	Cap 500 mg – 1% DV Oct-12 to 2015	74.00	500	Staphlex
	Note – AFT cap 250 mg and 500 mg to be delisted 1 October 2012			
36	GEFITINIB (new listing)			
	Tab 250 mg	1,700.00	30	Iressa
42	IVERMECTIN (↓ price)			
	Tab 3 mg	17.20	4	Stromectol
44	LETROZOLE (new listing)			
	Tab 2.5 mg – 1% DV Oct-12 to 2015	4.85	30	Letraccord
	Note – Letara tab 2.5 mg to be delisted 1 October 2012			
44	LIGNOCAINE (new listing)			
	Gel 2% – 1% DV Oct-12 to 2015	3.40	20 ml	Orion
	Note – Xylocaine Jelly, 30 ml to be delisted 1 October 2012			
45	LISINAPRIL (↓ price)			
	Tab 5 mg	1.19	30	Arrow-Lisinopril
	Tab 10 mg	1.36	30	Arrow-Lisinopril
	Tab 20 mg	1.63	30	Arrow-Lisinopril
46	MEGESTROL ACETATE			
	Tab 160 mg	57.92	30	Megace
	Note – Megace to be delisted 1 October 2012			

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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 August 2012 (continued)

46	METFORMIN HYDROCHLORIDE (new listing) Tab immediate-release 500 mg – 1% DV Oct-12 to 2015 12.30	1,000	Apo-Metformin
	Tab immediate-release 850 mg – 1% DV Oct-12 to 2015 10.10	500	Apo-Metformin
	Note – Apotex 500 mg and 850 mg to be delisted 1 October 2012		
47	METHYLPREDNISOLONE (continuation of HSS) Tab 4 mg – 1% DV Oct-12 to 2015 († price) 60.00	100	Medrol
	Tab 100 mg – 1% DV Oct-12 to 2015 166.52	20	Medrol
48	METHYLPREDNISOLONE ACETATE († price and addition of HSS) Inj 40 mg per ml, 1 ml – 1% DV Oct-12 to 2015 6.70	1	Depo-Medrol
48	METHYLPREDNISOLONE ACETATE WITH LIGNOCAINE († price and addition of HSS) Inj 40 mg per ml with lignocaine 10 mg per ml, 1 ml – 1% DV Oct-12 to 2015 7.50	1	Depo-Medrol with Lidocaine
48	METHYLPREDNISOLONE SODIUM SUCCINATE (continuation of HSS) Inj 40 mg per ml, 1 ml – 1% DV Oct-12 to 2015 († price) 7.50	1	Solu-Medrol
	Inj 62.5 mg per ml, 2 ml – 1% DV Oct-12 to 2015 († price) 18.50	1	Solu-Medrol
	Inj 500 mg – 1% DV Oct-12 to 2015 (↓ price) 18.00	1	Solu-Medrol
	Inj 1 g – 1% DV Oct-12 to 2015 (↓ price) 37.50	1	Solu-Medrol
	Note – Solu-Medrol inj 40 mg per ml, 1 ml (25 pack) and inj 62.5 mg per ml, 2 ml (25 pack) to be delisted 1 October 2012		
49	MONTELUKAST (new listing) Tab 4 mg 18.48	28	Singulair
	Tab 5 mg 18.48	28	Singulair
	Tab 10 mg 18.48	28	Singulair
49	MORPHINE HYDROCHLORIDE (continuation of HSS) Oral liq 1 mg per ml – 1% DV Oct-12 to 2015 8.84	200 ml	RA-Morph
	Oral liq 2 mg per ml – 1% DV Oct-12 to 2015 11.62	200 ml	RA-Morph
	Oral liq 5 mg per ml – 1% DV Oct-12 to 2015 14.65	200 ml	RA-Morph
	Oral liq 10 mg per ml – 1% DV Oct-12 to 2015 21.55	200 ml	RA-Morph
53	OXYTOCIN WITH ERGOMETRINE MALEATE (amend chemical name, † price and continuation of HSS) Inj 5 iu with ergometrine maleate 500 µg per ml, 1 ml – 1% DV Oct-12 to 2015 11.13	5	Syntometrine
56	POTASSIUM CHLORIDE († price and continuation of HSS) Tab long-acting 600 mg – 1% DV Oct-12 to 2015 7.42	200	Span-K
61	RITONAVIR (addition of HSS) Tab 100 mg – 1% DV Oct-12 to 2015 43.31	30	Norvir
62	SALBUTAMOL (new listing) Oral liq 2 mg per 5 ml 1.20	90 ml	Broncolin

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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 August 2012 (continued)

64	SODIUM HYALURONATE Ophthalmic inj 14 mg per ml – 1% DV Oct-12 to 2015 (continuation of HSS)	50.00	1	Healon GV
	Ophthalmic soln 10 mg per ml, 1 ml – 1% DV Oct-12 to 2015 (new listing)	30.00	1	Provisc
	Note – Healon ophthalmic solution 10 mg per ml, 0.85 ml to be delisted 1 October 2012			
66	TESTOSTERONE UNDECANOATE (new listing) Cap 40 mg – 1% DV Oct-12 to 2015	31.17	60	Andriol Testocaps
	Note – Arrow-Testosterone cap 40 mg to be delisted 1 October 2012			
68	WATER (↑ price) Purified for inj 5 ml	10.25	50	Multichem
	Purified for inj 10 ml	11.25	50	Multichem
	Purified for inj 20 ml	6.50	20	Multichem

Section H changes to Part III

Effective 1 September 2012

71	FILGRASTIM Inj 300 µg per 0.5 ml prefilled syringe	Zarzio Neupogen		
	Inj 300 µg per 1 ml vial	Neupogen		
	Inj 480 µg per 0.5 ml prefilled syringe	Zarzio Neupogen		
	Indefinite supply for any of the following indications any appropriate indication for the management of patients with cancer:			
	Prevention of neutropenia in patients undergoing high risk chemotherapy for cancer (febrile neutropenia risk ≥ 20%*)			
	Peripheral blood stem cell mobilisation in patients undergoing haematological transplantation			
	Peripheral blood stem cell mobilisation or bone marrow donation from healthy donors for transplantation			
	Treatment of severe chronic neutropenia (ANC < 0.5 x 10⁹/L)			
	Treatment of drug-induced prolonged neutropenia (ANC < 0.5 x 10⁹/L)			
	Note – Neupogen inj 300 µg per 0.5 ml prefilled syringe and inj 480 µg per 0.5 ml prefilled syringe to be delisted 1 January 2013.			

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