

Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 November 2012

Cumulative for September, October and November 2012

Section H cumulative for August, September, October
and November 2012



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Summary of PHARMAC decisions

EFFECTIVE 1 NOVEMBER 2012

New listings (pages 20-29)

- Insulin pump (Animas Vibe) flat panel, high contrast screen; compatible with standard luer lock infusion sets; waterproof at 12 feet for 24 hours; 0.025 u/hour basal rate; continuous glucose monitoring (CGM) enabled; blue, silver, pink, green and black colour – Special Authority – Retail pharmacy, only on a prescription, maximum 1 pump per prescription
- Dalteparin sodium (Fragmin) inj 2,500 iu per 0.2 ml, 5,000 iu per 0.2 ml, 7,500 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 iu per 0.72 ml – Special Authority – Retail pharmacy
- Lisinopril (Arrow-Lisinopril) tab 5 mg, 10 mg and 20 mg – new pack size 90 tab
- Minoxidil (Loniten) tab 10 mg – Special Authority - Retail pharmacy
- Isotretinoin (Oratane) cap 10 mg and 20 mg – Special Authority –Retail pharmacy - new pack size 120 cap
- Tolterodine (Arrow-Tolterodine) tab 1 mg and 2 mg – Special Authority – Retail pharmacy
- Voriconazole (Vfend) tab 50 mg, tab 200 mg and powder for oral suspension 40 mg per ml – Special Authority – Retail pharmacy
- Valganciclovir (Valcyte) tab 450 mg – Special Authority – Retail pharmacy
- Nevirapine (Nevirapine Alphapharm) tab 200 mg – Special Authority – Retail pharmacy
- Amitriptyline (Arrow-Amitriptyline) tab 10 mg
- Zopiclone (Apo-Zopiclone) tab 7.5 mg – New 30 tab pack size
- Carboplatin (Carbaccord) inj 10 mg per ml, 15 ml, and inj 10 mg per ml, 45 ml – PCT only – Specialist
- Pharmacy services (BSF Candestar) brand switch fee – No patient co-payment payable – May only be claimed once per patient

Changes to restrictions (pages 30-34)

- Blood glucose diagnostic test strip – endorsement criteria amendment
- Blood glucose diagnostic test strip (visually impaired) – endorsement criteria amendment
- Candesartan (Candestar) 4 mg, 8 mg, 16 mg and 32 mg – brand switch fee payable
- Azithromycon (Zithromax) grans for oral liq 200 mg per 5 ml – restriction amendment
- Sunitinib (Sutent) cap 12.5 mg, 25 mg and 50 mg – Special Authority criteria amendment

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

Decreased subsidy (pages 35-39)

- Lansoprazole (Solox) cap 15 mg and 30 mg
- Isotretinoin (Oratane) cap 10 mg and 20 mg (180 cap pack size)
- Calamine (healthE) crm, aqueous, BP 100 g
- Azithromycin (Zythromax) grans for oral liq 200 ml per 5 ml
- Amoxicillin clavulanate (Curam) 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
- Naproxen (Noflam) tab 250 mg and 500 mg
- Midazolam (Pfizer) inj 1 mg per ml, 5 ml and 5 mg per ml, 3 ml
- Irinotecan (Baxter) inj 1 mg for ECP
- Megestrol acetate (Apo-Megestrol) tab 160 mg

Increased subsidy (pages 35-39)

- Hydrocortisone acetate (Colifoam) rectal foam 10%, CFC-Free (14 applications)
- Atropine sulphate (AstraZeneca) inj 600 μ g, 1 ml
- Glycerol (PSM) suppos 3.6 g
- Paracetamol (Paracare) suppos 500 mg
- Chloramphenicol (Chlorsig) eye oint 1%, 4 g OP

New listing for patients with overactive bladder

From 1 November 2012, the Arrow-Tolterodine brand of tolterodine 1 mg and 2 mg tablets will be listed in the Pharmaceutical Schedule. Tolterodine tablets will be fully funded subject to Special Authority criteria for patients with overactive bladder and a documented intolerance of oxybutynin.



Minoxidil new listing

The Loniten brand of minoxidil 10 mg tablets will be listed in the Pharmaceutical Schedule from 1 November 2012. The tablets will be fully funded subject to Special Authority criteria for severe refractory hypertension which has failed to respond to extensive multiple therapies. Minoxidil may be dispensed stat if endorsed as a certified exemption by the prescriber or the pharmacist.

Voriconazole new listing

The Vfend brand of voriconazole 50 mg and 200 mg tablets and powder for oral suspension 40 mg per ml will be listed in the Pharmaceutical Schedule from 1 November 2012. Vfend will be fully funded subject to Special Authority criteria for invasive fungal infections in immunocompromised patients.

Valganciclovir new listing

From 1 November 2012 valganciclovir 450mg tablets (Valcyte) will be listed in the Pharmaceutical Schedule. Valcyte will be fully funded subject to Special Authority criteria for the prophylaxis and treatment of cytomegalovirus (CMV) in immunocompromised patients and patients receiving a solid organ or bone marrow transplant.

New listing for patients with DVT

Seven strengths of the Fragmin brand of dalteparin sodium injection will be listed in the Pharmaceutical Schedule from 1 November 2012. Dalteparin sodium will be fully funded subject to Special Authority criteria for venous thromboembolism. See page 20 for full details.

Sunitinib access widening

From 1 November 2012, the Special Authority criteria applying to Sutent (sunitinib 12.5 mg, 25 mg and 50 mg capsules) will be amended to include full funding for patients with imatinib refractory, or intolerant, unresectable or metastatic malignant gastrointestinal stromal tumour (GIST).

Change in insulin pump model

The Animas Vibe insulin pump is being listed fully subsidised in the Pharmaceutical Schedule from 1 November 2012 for patients with a valid Special Authority approval. This model will replace the currently listed Animas 2020 which will be delisted from 1 November 2012. All Animas insulin pump consumables listed are compatible with the Animas Vibe pump. Further details of this change are available on the PHARMAC website www.pharmac.govt.nz/diabetes

Azithromycin amendment of restriction

From 1 November 2012, the restriction applying to azithromycin granules for oral liquid (Zithromax) will be amended to remove the subsidy by endorsement. This will be replaced by restriction of 5 days subsidised supply, which can be waived by endorsement for patients with cystic fibrosis or have received a lung transplant and require treatment for specified infections. See page 30 for full details.

Delay in listing of Allersoothe oral liquid

Allersoothe (promethazine hydrochloride) oral liquid 5 mg per 5 ml, supplied by AFT Pharmaceuticals, was scheduled to be listed from 1 November 2012. Due to a delay in supply, this product will now be listed from 1 December 2012. The Promethazine Winthrop Elixir brand will be reference priced from 1 March 2013 and Allersoothe will commence sole supply on 1 June 2013.

Discontinuation of Surgam tablets

Sanofi has provided advanced notice that it is discontinuing the supply of the Surgam brand of tiaprofenic acid 300 mg tablets. Sanofi anticipate that Surgam will be discontinued on or before 1 May 2013 as the current stock expiry date is 31 October 2013.

Alternative non-steroidal anti-inflammatory medicines are funded.

BSF payments for candesartan

Brand Switch Fee (BSF) payments for pharmacies will be payable for dispensings of candesartan (Candestar) from 1 November 2012 to 1 February 2013. The BSF payment is set at \$4.33 "drug cost" with a total payment including handling fee and mark-up of \$5.50. Only one BSF may be claimed per patient.

Controlled drug prescriptions – first dispensing

We would like to remind pharmacists that the first dispensing (for the supply of a Class B controlled drug, excluding methylphenidate and dexamphetamine) can be dispensed as two dispensings if stock is unavailable to dispense the full amount required. This includes situations where both dispensings are supplied on the same day.

Subsequent repeats where insufficient stock is available must be claimed as one repeat and an "owe".

News in brief

- Arrow-Lisinopril (**lisinopril**) 5 mg, 10 mg and 20 mg tablets in a new pack size of 90 tablets will be listed from 1 November 2012. The 30 pack size will be delisted from 1 February 2013.
- A 30 pack size of Apo-Zopiclone (**zopiclone**) 7.5 mg tablets will be listed temporarily from 1 November 2012 until at least the end of August 2013. Sole Subsidised Supply has been suspended on the 500 tablet pack size from 1 November 2012 until 31 August 2013.
- **Vaccines** have been shifted to a separate section in the Pharmaceutical Schedule, Section I. Minor changes to the General Rules have been made to reflect the change.
- Isotretinoin (**Oratane**) 10 mg and 20 mg capsules will be listed from 1 November 2012 in a new pack size of 120 capsules; the 180 capsule pack size will be delisted 1 April 2013.

Named Specialists for antiretrovirals

Below is the list of prescribers the Ministry of Health has approved to apply for a Special Authority for antiretrovirals in New Zealand.

Auckland

Dr Sunita Azariah
Dr Emma Best
Dr Simon Briggs
Dr Rod Ellis-Pegler
Dr Rick Franklin
Dr Rupert Handy
Dr Jacqueline Hilton
Dr David Holland
Dr Joan Ingram
Dr Mitzi Nisbet
Dr Nicky Perkins
Dr Murray Reid
Dr Stephen Ritchie
Dr Simon Rowley
Dr Mark Thomas
Dr Leslie Voss

Hamilton

Dr Graham Mills
Dr Jane Morgan

Tauranga

Dr Massimo Giola
Dr Katherine Grimwade

Napier

Dr Andrew Burns

Palmerston North

Dr Anne Robertson

Wellington

Dr Tim Blackmore
Dr Nigel Raymond
Dr Richard Steele

Nelson

Dr Richard Everts

Christchurch

Dr Stephen Chambers
Dr Sarah Metcalf
Dr Alan Pithie
Dr Tony Walls

Dunedin

Dr Jill Wolfgang



Tender News

Sole Subsidised Supply changes – effective 1 December 2012

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Amoxicillin clavulanate	Tab 500 mg with potassium clavulanate 125 mg; 100 tab	Curam Duo (Sandoz)
Blood glucose diagnostic test meter	Meter with 50 lancets, a lancing device and 10 diagnostic test strips; 1 OP	CareSens N (Pharmaco)
Blood glucose diagnostic test meter	Meter with 50 lancets, a lancing device and 10 diagnostic test strips; 1 OP	CareSens N POP (Pharmaco)
Blood glucose diagnostic test meter	Meter with 50 lancets, a lancing device and 10 diagnostic test strips; 1 OP	CareSens II (Pharmaco)
Cabergoline	Tab 0.5 mg; 2 tab	Dostinex (Pfizer)
Cabergoline	Tab 0.5 mg; 8 tab	Dostinex (Pfizer)
Calamine	Lotn, BP; 2,000 ml	PSM (API)
Clonidine hydrochloride	Inj 150 µg per ml, 1 ml; 5 inj	Catapres (Boehringer Ingelheim)
Ethinylestradiol with levonorgestrel	Tab 20 µg with 100 µg levonorgestrel and 7 inert tab; 84 tab	Ava 20 ED (Arrow)
Felodopine	Tab long-acting 2.5 mg; 30 tab	Plendil ER (AstraZeneca)
Hydrocortisone	Tab 5 mg; 100 tab	Douglas (Douglas)
Hydrocortisone	Tab 20 mg; 100 tab	Douglas (Douglas)
Hydroxychloroquine sulphate	Tab 200 mg; 100 tab	Plaquenil (Sanofi-Aventis)
Salbutamol	Nebuliser soln, 1 mg per ml, 2.5 ml; 20 neb	Asthalin (Rex)
Salbutamol	Nebuliser soln, 2 mg per ml, 2.5 ml; 20 neb	Asthalin (Rex)
Salbutamol with ipratropium bromide	Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml; 20 neb	Duolin (Rex)

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 December 2012

- Azithromycin (Apo-Azithromycin) tab 250 mg – new listing with restriction
- Azithromycin tab 500 mg – amendment to restriction and removal of Special Authority
- Efavirenz with emtricitabine and tenofovir disoproxil fumerate (Atripla) tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil fumerate 300 mg – new listing
- Emtricitabine with tenofovir disoproxil fumerate (Truvada) tab 200 mg with tenofovir disoproxil fumerate 300 mg – new listing

Sole Subsidised Supply Products – cumulative to November 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
Atenolol	Tab 50 mg & 100 mg	Mylan Atenolol	2015
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
Bezafibrate	Tab long-acting 400 mg	Bezalip Retard	2015
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

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Sole Subsidised Supply Products – cumulative to November 2012

Generic Name	Presentation	Brand Name	Expiry Date*
Candesartan	Tab 4 mg, 8 mg, 16 mg & 32 mg	Candestar	2015
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
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	Crn 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	Crn 1%	Clomazol	2014
	Vaginal crn 1% with applicator	Clomazol	2013
	Vaginal crn 2% with applicator	Clomazol	
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	2015
Cyclizine hydrochloride	Tab 50 mg	Nausicalm	2015
Cyclophosphamide	Tab 50 mg	Cycloblastin	2013
Cyclosporin	Oral liq 100 mg per ml	Neoral	2015
Cyproterone acetate	Tab 50 mg & 100 mg	Siterone	2015
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	Douglas	2015
	Eye oint 0.1%	Maxidex	2014
	Eye drops 0.1%	Maxidex	2013

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Generic Name	Presentation	Brand Name	Expiry Date*
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	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	Tab 10 µg	NZ Medical and Scientific	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

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Generic Name	Presentation	Brand Name	Expiry Date*
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	2015
		Flucloxin	2014
Fluconazole	Cap 50 mg, 150 mg & 200 mg	Ozole	2014
Fluoxetine hydrochloride	Cap 20 mg Tab dispersible 20 mg, scored	Fluox	2013
		Fluox	
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	2015
		Frusemide-Claris	2013
Fusidic acid	Crn 2% Oint 2%	Foban	2013
		Foban	
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	2014
		Nitroderm TTS	
		Lycinate	
Haloperidol	Inj 5 mg per ml, 1 ml Oral liq 2 mg per ml Tab 500 µg, 1.5 mg & 5 mg	Serenace	2013
		Serenace	
		Serenace	
Hydrocortisone	Crn 1% Powder Inj 50 mg per ml, 1 ml	Pharmacy Health	2014
		ABM	2013
		Solu-Cortef	
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	2014
		Gastrosoothe	
Ibuprofen	Tab 200 mg Tab long-acting 800 mg Oral liq 100 mg per 5 ml	Arrowcare	2014
		Brufen SR	2013
		Fenpaed	

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Sole Subsidised Supply Products – cumulative to November 2012

Generic Name	Presentation	Brand Name	Expiry Date*
Imiquimod	Crn 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	2014
	Tab long-acting 40 mg	Corangin	
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	2013
	Tab 150 mg	3TC	
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%	Xylocaine Viscous	2014
	Inj 1%, 5 ml & 20 ml	Xylocaine	2013
Lignocaine with prilocaine	Crn 2.5% with prilocaine 2.5% (5 g tubes)	EMLA	2013
	Crn 2.5% with prilocaine 2.5%; 30 g OP	EMLA	
Lithium carbonate	Tab 250 mg & 400 mg	Lithicarb FC	2015
	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	Lorapaed	2013
	Tab 10 mg	Loraclear Hayfever Relief	
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%	A-Lices	2013
	Shampoo 1%	A-Lices	
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
Methylprednisolone	Tab 4 mg & 100 mg	Medrol	2015

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Sole Subsidised Supply Products – cumulative to November 2012

Generic Name	Presentation	Brand Name	Expiry Date*
Methylprednisolone acetate	Inj 40 mg per ml	Depo-Medrol	2015
Methylprednisolone acetate with lignocaine	Inj 40 mg per ml with lignocaine 1 ml	Depo-Medrol with Lidocaine	2015
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
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 hydrochloride	Oral liq 1 mg per ml, 2 mg per ml, 5 mg per ml & 10 mg per ml	RA-Morph	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 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

*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 November 2012

Generic Name	Presentation	Brand Name	Expiry Date*
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
Norfloxacin	Tab 400 mg	Arrow-Norfloxacin	2014
Norethisterone	Tab 350 µg	Noriday 28	2015
	Tab 5 mg	Primolut N	2014
Nystatin	Oral liq 100,000 u per ml	Nilstat	2014
	Cap 500,000 u	Nilstat	2013
	Tab 500,000 u	Nilstat	
Octreotide (somatostatin analogue)	Inj 50 µg per ml, 1 ml	Octreotide Max Rx	2014
	Inj 100 µg per ml, 1 ml		
	Inj 500 µg per ml, 1 ml		
Omeprazole	Cap 10 mg, 20 mg & 40 mg	Omezol Relief	2014
	Powder	Midwest	
	Inj 40 mg	Dr Reddy's Omeprazole	
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
Oxytocin	Inj 5 iu with ergometrine maleate 500 µg per ml, 1 ml	Syntometrine	2015
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

*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 November 2012

Generic Name	Presentation	Brand Name	Expiry Date*
Pegylated interferon alpha-2A	Inj 135 µg prefilled syringe	Pegasys	31/12/12
	Inj 180 µg prefilled syringe	Pegasys	
	Inj 135 µg prefilled syringe x 4 with ribavirin tab 200 mg x 112	Pegasys RBV Combination Pack	
	Inj 135 µg prefilled syringe x 4 with ribavirin tab 200 mg x 168	Pegasys RBV Combination Pack	
	Inj 180 µg prefilled syringe x 4 with ribavirin tab 200 mg x 112	Pegasys RBV Combination Pack	
	Inj 180 µg prefilled syringe x 4 with ribavirin tab 200 mg x 168	Pegasys RBV Combination Pack	
		Pegasys RBV Combination Pack	
Pergolide	Tab 0.25 mg & 1 mg	Permax	2014
Permethrin	Crn 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
Potassium chloride	Tab long-acting 600 mg	Span-K	2015
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
Promethazine hydrochloride	Tab 10 mg & 25 mg	Allersoothe	2015
Pyridostigmine bromide	Tab 60 mg	Mestinon	2014
Pyridoxine hydrochloride	Tab 25 mg	PyridoxADE	2014
	Tab 50 mg	Apo-Pyridoxine	
Quinapril with hydrochlorothiazide	Tab 10 mg with hydrochlorothiazide 12.5 mg	Accuretic 10	2015
	Tab 20 mg with hydrochlorothiazide 12.5 mg	Accuretic 20	
Ranitidine hydrochloride	Oral liq 150 mg per 10 ml	Peptisoothe	2014
	Tab 150 mg & 300 mg	Arrow-Ranitidine	
Rifabutin	Cap 150 mg	Mycobutin	2013
Ritonavir	Tab 100 mg	Norvir	2015
Rizatriptan	Tab orodispersible 10 mg	Rizamelt	2014
Ropinirole hydrochloride	Tab 0.25 mg, 1 mg, 2 mg & 5 mg	Ropin	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 November 2012

Generic Name	Presentation	Brand Name	Expiry Date*
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
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

*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 November 2012

Generic Name	Presentation	Brand Name	Expiry Date*
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

November 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 November 2012

31	INSULIN PUMP – Special Authority see SA1237 – Retail pharmacy 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/hour basal rate; continuous glucose monitoring (CGM) enabled; blue colour	4,500.00	1	✓ Animas Vibe
	Flat panel, high contrast screen; compatible with standard luer lock infusion sets; waterproof at 12 feet for 24 hours; 0.025 u/hour basal rate; continuous glucose monitoring (CGM) enabled silver colour	4,500.00	1	✓ Animas Vibe
	Flat panel, high contrast screen; compatible with standard luer lock infusion sets; waterproof at 12 feet for 24 hours; 0.025 u/hour basal rate; continuous glucose monitoring (CGM) enabled pink colour	4,500.00	1	✓ Animas Vibe
	Flat panel, high contrast screen; compatible with standard luer lock infusion sets; waterproof at 12 feet for 24 hours; 0.025 u/hour basal rate; continuous glucose monitoring (CGM) enabled green colour	4,500.00	1	✓ Animas Vibe
	Flat panel, high contrast screen; compatible with standard luer lock infusion sets; waterproof at 12 feet for 24 hours; 0.025 u/hour basal rate; continuous glucose monitoring (CGM) enabled black colour	4,500.00	1	✓ Animas Vibe
42	DALTEPARIN SODIUM – Special Authority see SA1270 – Retail pharmacy Inj 2,500 iu per 0.2 ml prefilled syringe	19.97	10	✓ Fragmin
	Inj 5,000 iu per 0.2 ml prefilled syringe	39.94	10	✓ Fragmin
	Inj 7,500 iu per 0.75 ml graduated syringe	60.03	10	✓ Fragmin
	Inj 10,000 iu per 1 ml graduated syringe	77.55	10	✓ Fragmin
	Inj 12,500 iu per 0.5 ml prefilled syringe	99.96	10	✓ Fragmin
	Inj 15,000 iu per 0.6 ml prefilled syringe	120.05	10	✓ Fragmin
	Inj 18,000 iu per 0.72 ml prefilled syringe	158.47	10	✓ Fragmin

► SA1270 Special Authority for Subsidy

Initial application - (Pregnancy or Malignancy) from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria:

Either:

- 1 Low molecular weight heparin treatment is required during a patient's pregnancy; or
- 2 For the treatment of venous thromboembolism where the patient has a malignancy.

Initial application - (Venous thromboembolism other than in pregnancy or malignancy) from any relevant practitioner. Approvals valid for 1 month for applications meeting the following criteria:

Any of the following:

- 1 For the short-term treatment of venous thromboembolism prior to establishing a therapeutic INR with oral anti-coagulant treatment; 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**

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings - effective 1 November 2012 (continued)

continued...

- 2 For the prophylaxis and treatment of venous thromboembolism in high risk surgery; or
- 3 To enable cessation/re-establishment of existing oral anticoagulant treatment pre/post surgery; or
- 4 For the prophylaxis and treatment of venous thromboembolism in Acute Coronary Syndrome surgical intervention; or
- 5 To be used in association with cardioversion of atrial fibrillation.

Renewal - (Pregnancy or Malignancy) from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria:

Either:

- 1 Low molecular weight heparin treatment is required during a patient's pregnancy; or
- 2 For the treatment of venous thromboembolism where the patient has a malignancy.

Renewal - (Venous thromboembolism other than in pregnancy or malignancy) from any relevant practitioner.

Approvals valid for 1 month where low molecular weight heparin treatment or prophylaxis is required for a second or subsequent event (surgery, Acute Coronary Syndrome, cardioversion, or prior to oral anti-coagulation).

48	LISINOPRIL			
	* Tab 5 mg	3.58	90	✓ Arrow-Lisinopril
	* Tab 10 mg	4.08	90	✓ Arrow-Lisinopril
	* Tab 20 mg	4.88	90	✓ Arrow-Lisinopril

56	MINOXIDIL – Special Authority see SA1271 – Retail pharmacy			
	▲ Tab 10 mg	70.00	100	✓ Loniten

▶ SA1271 Special Authority for Subsidy

Initial application from any relevant specialist. Approvals valid without further renewal, unless notified, where the patient has severe refractory hypertension which has failed to respond to extensive multiple therapies.

58	ISOTRETINOIN – Special Authority see SA0955 – Retail pharmacy			
	Cap 10 mg	18.71	120	✓ Oratane
	Cap 20 mg	28.91	120	✓ Oratane

75	TOLTERODINE – Special Authority see SA1272 – Retail pharmacy			
	Tab 1 mg	14.56	56	✓ Arrow-Tolterodine
	Tab 2 mg	14.56	56	✓ Arrow-Tolterodine

▶ SA1272 Special Authority for Subsidy

Initial application only from a relevant practitioner. Approvals valid without further renewal, unless notified, where the patient has overactive bladder and a documented intolerance of oxybutynin.

88	VORICONAZOLE – Special Authority see SA1273 – Retail pharmacy			
	Tab 50 mg	730.00	56	✓ Vfend
	Tab 200 mg	2,930.00	56	✓ Vfend
	Powder for oral suspension 40 mg per ml.....	730.00	70 ml	✓ Vfend

▶ SA1273 Special Authority for Subsidy

Initial application (invasive fungal infection) only from a haematologist, infectious disease specialist or clinical microbiologist. Approvals valid for 3 months for applications meeting the following criteria:

All of the following:

1. Patient is immunocompromised; and
2. Applicant is part of a multidisciplinary team including an infectious disease specialist; and
3. Any of the following:
 - 3.1. Patient has proven or probable invasive aspergillus infection; or
 - 3.2. Patient has possible invasive aspergillus infection; or

continued...

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings - effective 1 November 2012 (continued)

continued...

- 3.3. Patient has fluconazole resistant candidiasis; or
- 3.4. Patient has mould strain such as *Fusarium* spp. and *Scedosporium* spp.

Renewal (invasive fungal infection) only from a haematologist, infectious disease specialist or clinical microbiologist. Approvals valid for 3 months for applications meeting the following criteria:

All of the following:

1. Patient is immunocompromised; and
2. Applicant is part of a multidisciplinary team including an infectious disease specialist; and
3. Any of the following:
 - 3.1. Patient continues to require treatment for proven or probable invasive aspergillus infection; or
 - 3.2. Patient continues to require treatment for possible invasive aspergillus infection; or
 - 3.3. Patient has fluconazole resistant candidiasis; or
 - 3.4. Patient has mould strain such as *Fusarium* spp. and *Scedosporium* spp.

92 VALGANCICLOVIR – Special Authority see SA1274 – Retail pharmacy
Tab 450 mg 3,000.00 60 ✓Valcyte

► SA1274 Special Authority for Subsidy

Initial application - (transplant cytomegalovirus prophylaxis) only from a relevant specialist. Approvals valid for 3 months where the patient has undergone a solid organ transplant and requires valganciclovir for CMV prophylaxis

Initial application - (Lung transplant cytomegalovirus prophylaxis) only from a relevant specialist. Approvals valid for 6 months for applications meeting the following criteria:

Both:

1. Patient has undergone a lung transplant; and
2. Either:
 - 2.1. The donor was cytomegalovirus positive and the patient is cytomegalovirus negative; or
 - 2.2. The recipient is cytomegalovirus positive.

Initial application - (Cytomegalovirus in immunocompromised patients) only from a relevant specialist. Approvals valid for 3 months for applications meeting the following criteria:

Both:

1. Patient is immunocompromised; and
2. Any of the following
 - 2.1. Patient has cytomegalovirus syndrome or tissue invasive disease, or
 - 2.2. Patient has rapidly rising plasma CMV DNA in absence of disease; or
 - 2.3. Patient has cytomegalovirus retinitis

Note: for the purpose of this Special Authority "immunocompromised" includes transplant recipients, patients with immunosuppressive diseases (e.g. HIV) or those receiving immunosuppressive treatment for other conditions

Renewal application - (Cytomegalovirus in immunocompromised patients) only from a relevant specialist.

Approvals valid for 3 months for applications meeting the following criteria:

Both:

1. Patient is immunocompromised; and
2. Any of the following
 - 2.1. Patient has cytomegalovirus syndrome or tissue invasive disease, or
 - 2.2. Patient has rapidly rising plasma CMV DNA in absence of disease; or
 - 2.3. Patient has cytomegalovirus retinitis

Note: for the purpose of this Special Authority "immunocompromised" includes transplant recipients, patients with immunosuppressive diseases (e.g. HIV) or those receiving immunosuppressive treatment for other conditions

95 NEVIRAPINE – Special Authority see SA1025 – Retail pharmacy
Tab 200 mg 95.94 60 ✓Nevirapine
Alphapharm

Patients pay a manufacturer's surcharge when
the Manufacturer's Price is greater than the Subsidy
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S29 Unapproved medicine supplied under Section 29
‡ safety cap reimbursed **Sole Subsidised Supply**

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

123	AMITRIPTYLINE – Safety medicine; prescriber may determine dispensing frequency Tab 10 mg	3.32	100	✓ Arrow-Amitriptyline
140	ZOPICLONE Tab 7.5 mg	1.90	30	✓ Apo-Zopiclone
147	CARBOPLATIN – PCT only – Specialist Inj 10 mg per ml, 15 ml	19.50	1	✓ Carbaccord
	Inj 10 mg per ml, 45 ml	48.50	1	✓ Carbaccord
180	PHARMACY SERVICES – May only be claimed once per patient * Brand switch fee..... The Pharmacode for BSF Candestar is 2426781 (BSF Candestar Brand switch fee to be delisted 1 February 2013)	4.33	1 fee	✓ BSF Candestar

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

▲ 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 October 2012 (continued)

56	NICORANDIL - Special Authority see SA1263 – Retail Pharmacy ▲Tab 10 mg.....27.95 60 ✓Ikorel ▲Tab 20 mg33.28 60 ✓Ikorel		
	▶ 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.		
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 mg32.50 28 ✓Zetlam		
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 mg63.50 60 ✓Alphapharm		
119	ENTACAPONE ▲Tab 200 mg47.92 100 ✓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 ml10.08 5 ✓Oxycodone Orion Inj 10 mg per ml, 2 ml19.87 5 ✓Oxycodone Orion		
131	ONDANSETRON * Tab disp 4 mg0.68 4 ✓Dr Reddy's Ondansetron 17.18 10 ✓Zofran Zydys		
177	FLUOROMETHOLONE * Eye drops 0.1%3.80 5 ml OP ✓Flucon		

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

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

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

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
	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
PHARMAC
PO Box 10 254
Wellington

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

▲ 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)

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
	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

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)

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 Phone: (04) 916 7561 PHARMAC Facsimile: (04) 974 7806 PO Box 10 254 Email: ipp@pharmac.govt.nz Wellington			
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
	▶ 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 Phone: (04) 916 7561 PHARMAC Facsimile: (04) 974 7806 PO Box 10 254 Email: ipp@pharmac.govt.nz Wellington			
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 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. 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 with 50 lancets, a lancing device, and 10 diagnostic test strips – brand switch fee payable – no patient co-payment payable			
		20.00	1 OP	✓ CareSens N ✓ CareSens N POP ✓ CareSens II

▲ 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)

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	10.56	50 test OP	✓ CareSens ✓ CareSens N
40	FILGRASTIM – Special Authority see SA1252 – Retail pharmacy Inj 300 µg per 0.5 ml prefilled syringe..... Inj 480 µg per 0.5 ml prefilled syringe.....	540.00 864.00	5 5	✓ Zarzio ✓ Zarzio
<p>▶ SA1252 Special Authority for Subsidy Initial application from 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. Prevention of neutropenia in patients undergoing high risk chemotherapy for cancer (febrile neutropenia risk ≥ 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). Note *Febrile neutropenia risk ≥ 20% after taking into account other risk factors as defined by the European Organisation for Research and Treatment of Cancer (EORTC) guidelines.</p>				
48	CILAZAPRIL * Tab 0.5 mg	2.85	90	✓ Zapril
55	CHLORTHALIDONE * Tab 25 mg	4.80	30	✓ Igroton ^{S29}
60	CALAMINE a) Only on a prescription b) Not in combination Crm, 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..... Grans for oral liq amoxicillin 250 mg with potassium clavulanate 62.5 mg per 5 ml – Up to 200 ml available on a PSO.....	1.61 2.19	100 ml 100 ml	✓ Augmentin ✓ Augmentin
151	IRINOTECAN – PCT only – Specialist – Special Authority see SA0878 Inj 20 mg per ml, 2 ml Inj 20 mg per ml, 5 ml	9.34 23.34	1 1	✓ Irinotecan Actavis 40 ✓ Irinotecan Actavis 100

Patients pay a manufacturer's surcharge when the Manufacturer's Price is greater than the Subsidy
28

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

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

173	SODIUM CROMOGLYCATE (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
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

Changes to Restrictions

Effective 1 November 2012

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 **and endorsed accordingly**; 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 **and endorsed accordingly**.

Blood glucose test strips	10.56	50 test OP	✓ CareSens ✓ CareSens N
	21.65	50 test OP	✓ Accu-Chek Performa ✓ FreeStyle Lite ✓ Freestyle Optium

32 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 **and endorsed accordingly**; 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 **and endorsed accordingly**.

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.

Blood glucose test strips	26.20	50 test OP	✓ SensoCard
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50 CANDESARTAN – Special Authority see SA1223– Retail pharmacy - **Brand switch fee payable**

* Tab 4 mg	4.13	90	✓ Candestar
* Tab 8 mg	6.10	90	✓ Candestar
* Tab 16 mg	10.18	90	✓ Candestar
* Tab 32 mg	17.66	90	✓ Candestar

84 AZITHROMYCIN

Grans for oral liq 200 mg per 5 ml – Subsidy by endorsement... 6.60 15 ml ✓ Zithromax

1. Maximum of 5 days per prescription; and **can be waived by endorsement for the following patients:**

For Endorsement, patient has either:

- i. Received a lung transplant and requires treatment or prophylaxis for bronchiolitis obliterans syndrome*; or
- ii. Cystic fibrosis and has chronic infection with *Pseudomonas aeruginosa* or *Pseudomonas* related gram negative organisms*.

Note: * Indications marked with * are Unapproved Indications.

2. The patient is less than one year old; and

3. Either:

- i. Patient has pertussis and this has been notified to the Medical Officer of Health; or
- ii. Patient has had direct contact with a notified case of pertussis and requires prophylaxis; and

4. The prescription is endorsed accordingly (note that treatment of and prophylaxis for pertussis are unapproved indications)

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 November 2012 (continued)

140	ZOPICLONE Tab 7.5 mg	11.90	500	✓ Apo-Zopiclone
Note- Sole Subsidised Supply has been suspended from 1 November 2012 until 31 August 2013. 30 tab pack has been listed.				
160	SUNITINIB – Special Authority see SA1266+200 – Retail pharmacy			
	Cap 12.5 mg	2,315.38	28	✓ Sutent
	Cap 25 mg	4,630.77	28	✓ Sutent
	Cap 50 mg	9,261.54	28	✓ Sutent

▶ SA1266+200 Special Authority for Subsidy

Initial application - (RCC) - only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 3 months, for applications meeting the following criteria:

All of the following:

- 1 The patient has metastatic renal cell carcinoma; and
- 2 Any of the following:
 - 2.1 The patient is treatment naive; or
 - 2.2 The patient has only received prior cytokine treatment; or
 - 2.3 The patient has only received prior treatment with an investigational agent within the confines of a bona fide clinical trial which has Ethics Committee approval; or
 - 2.4 Both:
 - 2.4.1 The patient has discontinued pazopanib within 3 months of starting treatment due to intolerance; and
 - 2.4.2 The cancer did not progress whilst on pazopanib; and
- 3 The patient has good performance status (WHO/ECOG grade 0-2); and
- 4 The disease is of predominant clear cell histology; and
The patient has intermediate or poor prognosis defined as:
- 5 Any of the following:
 - 5.1 Lactate dehydrogenase level > 1.5 times upper limit of normal; or
 - 5.2 Haemoglobin level < lower limit of normal; or
 - 5.3 Corrected serum calcium level > 10 mg/dL (2.5 mmol/L) ; or
 - 5.4 Interval of < 1 year from original diagnosis to the start of systemic therapy; or
 - 5.5 Karnofsky performance score of ≤ 70; or 5.6 ≥ 2 sites of organ metastasis; and
- 6 Sunitinib to be used for a maximum of 2 cycles.

Initial application - (GIST) - only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 3 months for applications meeting the following criteria:

Both:

- 1 The patient has unresectable or metastatic malignant gastrointestinal stromal tumour (GIST); and
- 2 Either:
 - 2.1 The patient's disease has progressed following treatment with imatinib; or
 - 2.2 The patient has documented treatment-limiting intolerance, or toxicity to, imatinib

Renewal - (RCC) - only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 3 months for applications meeting the following criteria:

Both:

- 1 No evidence of disease progression; and
- 2 The treatment remains appropriate and the patient is benefiting from treatment.

Renewal - (GIST) - only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 6 months for applications meeting the following criteria:

Both:

The patient has responded to treatment or has stable disease as determined by Choi's modified CT response evaluation criteria as follows:

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 November 2012 (continued)

continued...

1 Any of the following:

- 1.1 The patient has had a complete response (disappearance of all lesions and no new lesions), or
 - 1.2 The patient has had a partial response (a decrease in size of $\geq 10\%$ or decrease in tumour density in Hounsfield Units (HU) of $\geq 15\%$ on CT and no new lesions and no obvious progression of non measurable disease), or
 - 1.3 The patient has stable disease (does not meet criteria the two above) and does not have progressive disease and no symptomatic deterioration attributed to tumour progression; and
- 2 The treatment remains appropriate and the patient is benefiting from treatment.

Notes:

RCC - Sunitinib treatment should be stopped if disease progresses.

Poor prognosis patients are defined as having at least 3 of criteria 5.1-5.6.

Intermediate prognosis patients are defined as having 1 or 2 of criteria 5.1-5.6.

GIST - It is recommended that response to treatment be assessed using Choi's modified CT response evaluation criteria (J Clin Oncol, 2007, 25:1753-1759). Progressive disease is defined as either: an increase in tumour size of $\geq 10\%$ and not meeting criteria of partial response (PR) by tumour density (HU) on CT; or: new lesions, or new intratumoral nodules, or increase in the size of the existing intratumoral nodules.

Effective 1 October 2012

40	FILGRASTIM – Special Authority see SA12591252 – Retail pharmacy			
	Inj 300 µg per 0.5 ml prefilled syringe.....	540.00	5	✓ Zarzio
	Inj 480 µg per 0.5 ml prefilled syringe.....	864.00	5	✓ Zarzio

► **SA12591252** 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:

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 $< 0.5 \times 10^9/L$).

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.

54	PERHEXILINE MALEATE – Special Authority see SA12600256 – Retail pharmacy			
	* Tab 100 mg	62.90	100	✓ Pexsig

► **SA12600256** 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 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.

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.

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)

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	ZIDOVIDINE [AZT] WITH LAMIVUDINE – Special Authority see SA1025 – Retail pharmacy Note: Gombivir 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	✓ Gombivir ✓ Alphapharm
131	ONDANSETRON Tab disp 4 mg.....	0.68	4	✓ Dr Reddy's Ondansetron
		1.70	10	✓ 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
182	Pharmaceuticals with standardised formula for compounding in Ora products Sotalol \pm 5 mg/ml			

Effective 1 September 2012

31	BLOOD GLUCOSE DIAGNOSTIC TEST METER – Subsidy by endorsement a) Maximum of 1 meter per prescription b) <ul style="list-style-type: none"> 1) A diagnostic blood glucose test meter is subsidised for a patients who: <ul style="list-style-type: none"> 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. <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>	6.00 9.00 19.00 20.00	1 1 OP	✓ CareSens POP ✓ CareSens II ✓ FreeStyle Lite ✓ Freestyle Optium ✓ On Call Advanced ✓ Accu-Chek Performa ✓ CareSens N ✓ CareSens N POP ✓ CareSens II
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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 September 2012 (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.			
	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.			
	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 ✓ CareSens
		10.56		
32	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.			
	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.			
	Blood glucose test strips	26.20	50 test OP	✓ SensoCard
52	METOPROLOL SUCCINATE – Brand switch fee payable			
	* 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
72	ETHINYLLOESTRADIOL WITH LEVONORGESTREL			
	* 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

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 November 2012

27	HYDROCORTISONE ACETATE (↑ subsidy) Rectal foam 10%, CFC-Free (14 applications)	25.30	21.1 g OP	✓ Colifoam
28	ATROPINE SULPHATE (↑ subsidy) * Inj 600 µg, 1 ml – Up to 5 inj available on a PSO.....	71.00	50	✓ AstraZeneca
29	LANSOPRAZOLE (↓ subsidy) * Cap 15 mg	2.00	28	✓ Solox
	* Cap 30 mg	2.32	28	✓ Solox
35	GLYCEROL (↑ subsidy) * Suppos 3.6 g – Only on a prescription	6.50	20	✓ PSM
58	ISOTRETINOIN – Special Authority see SA0955 – Retail pharmacy (↓ subsidy) Cap 10 mg	28.07	180	✓ Oratane
	Cap 20 mg	43.37	180	✓ Oratane
60	CALAMINE (↓ subsidy) a) Only on a prescription b) Not in combination Crm, aqueous, BP	1.77 (2.78)	100 g	healthE
84	AZITHROMYCIN (↓ subsidy) Grans for oral liq 200 mg per 5 ml	6.60	15 ml	✓ Zithromax
	1. Maximum of 5 days per prescription; can be waived by endorsement for the following patients: For Endorsement, patient has either:			
	i. Received a lung transplant and requires treatment or prophylaxis for bronchiolitis obliterans syndrome*; or			
	ii. Cystic fibrosis and has chronic infection with Pseudomonas aeruginosa or Pseudomonas related gram negative organisms*.			
86	AMOXYCILLIN CLAVULANATE (↓ subsidy) 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 (2.20)	100 ml	Curam
	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 (3.85)	100 ml	Curam
102	NAPROXEN (↓ subsidy) * Tab 250 mg	21.25	500	✓ Noflam 250
	* Tab 500 mg	22.25	250	✓ Noflam 500
121	PARACETAMOL (↑ subsidy) * Suppos 500 mg.....	20.70	50	✓ Paracare
140	MIDAZOLAM – Safety medicine; prescriber may determine dispensing frequency Inj 1 mg per ml, 5 ml (↓ subsidy)	10.00	10	✓ Pfizer
	Inj 5 mg per ml, 3 ml (↓ price)	11.90	5	✓ Pfizer

▲ 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 November 2012 (continued)

151	IRINOTECAN – PCT only – Specialist – Special Authority see SA0878 (↓ subsidy) Inj 1 mg for ECP	0.24	1 mg	✓Baxter
161	MEGESTROL ACETATE – Retail pharmacy-Specialist (↓ subsidy) Tab 160 mg	51.55	30	✓Apo-Megestrol
176	CHLORAMPHENICOL (↑ subsidy) Eye oint 1%	2.76	4 g OP	✓Chlorsig

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)	30	
	* 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

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)

86	FLUCLOXACILLIN SODIUM (↓ subsidy)			
	Cap 250 mg – Up to 30 cap available on a PSO	22.00	250	
		(32.00)		AFT
	Cap 500 mg	74.00	500	
		(110.00)		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
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

▲ 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 Manufacturers Price – effective 1 September 2012 (continued)

42	HEPARIN SODIUM (↑ subsidy) Inj 5,000 iu per ml, 5 ml	182.00	50	✓ Pfizer
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	ETHINYLOESTRADIOL WITH LEVONORGESTREL (↓ subsidy) * Tab 20 µg with levonorgestrel 100 µg and 7 inert tab - Up to 84 tab available on a PSO	2.95 (16.50) (16.50)	84	Loette Microgynon 20 ED
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 (16.50) 25.00 (66.00)	2 8	Arrow-Cabergoline Arrow-Cabergoline
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

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 Manufacturers Price – effective 1 September 2012 (continued)

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
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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 General Rules

Effective 1 November 2012

- 15 **"National Immunisation Schedule"** means Section I of the Pharmaceutical Schedule, which is a schedule administered by PHARMAC, being a schedule specifying a programme of vaccinations to promote immunity against the diseases specified in the schedule.
- 17 **"Section B"** of this Pharmaceutical Schedule means the list of Community Pharmaceuticals — eligible for Subsidies included in the Schedule.
"Section C" of this Pharmaceutical Schedule means the list of community extemporaneously compounded preparations and galenicals eligible for Subsidies included in the Schedule.
"Section D" of this Pharmaceutical Schedule means the list of community special foods eligible for Subsidies included in the Schedule.
"Section E Part I" of this Pharmaceutical Schedule means the list of Community Pharmaceuticals eligible for Subsidies and available on a Practitioner's Supply Order included in the Schedule.
"Section E Part II" of this Pharmaceutical Schedule means the list of rural areas for the purpose of community Practitioner's Supply Orders included in the Schedule.
"Section F Part I" of this Pharmaceutical Schedule means the part of Section F relating to the exemption from dispensing in Monthly Lots, and requirement to dispense in 90 Day Lots or 180 Day Lots, as applicable, in respect of the Community Pharmaceuticals referred to in this part of Section F;
"Section F Part II" of this Pharmaceutical Schedule means the part of Section F relating to the exemption from dispensing in Monthly Lots in respect of the Community Pharmaceuticals referred to in this part of Section F;
"Section G" of this Pharmaceutical Schedule means the list of Community Pharmaceuticals eligible for reimbursement of safety caps.
"Section H" of this Pharmaceutical Schedule means the general rules for Hospital Pharmaceuticals and the lists of National Contract Pharmaceuticals and any associated DV Pharmaceuticals, of Discretionary Community Supply Pharmaceuticals and Assessed Pharmaceuticals included in Section H of the Schedule.
"Section H Part I" of this Pharmaceutical Schedule means the general rules for Hospital Pharmaceuticals.
"Section H Part II" of this Pharmaceutical Schedule means the list of National Contract Pharmaceuticals, the relevant Price, an indication of whether the Pharmaceutical has HGS and any associated DV Pharmaceuticals and DV Limit.
"Section H Part III" of this Pharmaceutical Schedule means the list of Discretionary Community Supply Pharmaceuticals.
- 18 PART II
COMMUNITY PHARMACEUTICALS SUBSIDY
- 2.1 Community Pharmaceuticals eligible for Subsidy include every medicine, therapeutic medical device or related product, or related thing listed in Sections B to G and I of the Schedule subject to:
- 2.1.1 clauses 2.2 of the Schedule; and
- 2.1.2 clauses 3.1 to 5.4 of the Schedule; and
- 2.1.3 the conditions (if any) specified in Sections B to G and I of the Schedule;
- 24 5.4 Pharmaceutical Cancer Treatment
- 5.4.1 DHBs must provide access to Pharmaceutical Cancer Treatments for the treatment of cancers in their DHB hospitals, and/or in association with Outpatient services provided in their DHB hospitals.
- 5.4.2 DHBs must only provide access to Pharmaceuticals for the treatment of cancer that are listed as Pharmaceutical Cancer Treatments in Sections A to G of the Schedule, provided that DHBs may provide access to an unlisted pharmaceutical for the treatment of cancer where that unlisted pharmaceutical:
- a) has Named Patient Pharmaceutical Assessment (NPPA) approval;
- b) is being used as part of a bona fide clinical trial which has Ethics Committee approval;
- c) is being used and funded as part of a paediatric oncology service; or
- d) was being used to treat the patient in question prior to 1 July 2005.

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**

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 General Rules – effective 1 November 2012 (continued)

continued...

- 5.4.3 A DHB hospital pharmacy that holds a claiming agreement for Pharmaceutical Cancer Treatments with the Funder may claim a Subsidy for a Pharmaceutical Cancer Treatment marked as “PCT” or “PCT only” in Sections A to G of this Schedule subject to that Pharmaceutical Cancer Treatment being dispensed in accordance with:
- Part 1;
 - clauses 2.1 to 2.3;
 - clauses 3.1 to 3.4; and
 - clause 5.4,
of Section A of the Schedule
- 5.4.4 A Contractor (other than a DHB hospital pharmacy) may only claim a Subsidy for a Pharmaceutical Cancer Treatment marked as “PCT” in Sections A to G of the Schedule subject to that Pharmaceutical Cancer Treatment being dispensed in accordance with the rules applying to Sections A to G of the Schedule.
- 5.4.5 Some indications for Pharmaceutical Cancer Treatments listed in the Schedule are Unapproved Indications. Some of these formed part of the October 2001 ~~direction from~~ **decision by** the Minister of Health as to pharmaceuticals and indications for which DHBs must provide **funding access**. As far as reasonably practicable, these Unapproved Indications are marked in the Schedule. However, PHARMAC makes no representation and gives no guarantee as to the accuracy of this information. Practitioners prescribing Pharmaceutical Cancer Treatments for such Unapproved Indications should:
- be aware of and comply with their obligations under sections 25 and 29 of the Medicines Act 1981, as applicable, and otherwise under ~~the Medicines Act that Act~~ and the Medicines Regulations 1984;
 - be aware of and comply with their obligations under the Health and Disability Commissioner’s Code of Consumer Rights, including the requirement to obtain informed consent from the patient (PHARMAC recommends that Practitioners obtain written consent); and
 - exercise their own skill, judgement, expertise and discretion, and make their own prescribing decisions with respect to the use of an unapproved Pharmaceutical Cancer Treatment or a Pharmaceutical Cancer Treatment for an Unapproved Indication.
- 5.4.6 Applications to add pharmaceuticals, and add or amend indications for Pharmaceutical Cancer Treatments, may be made in writing by pharmaceutical suppliers and/or clinicians to PHARMAC. Applications should follow the *Guidelines for Funding Applications to PHARMAC 2010*, a copy of which is available from PHARMAC or PHARMAC’s website.**
- 25 5.8 Conflict in Provisions
If any rules in Sections B-G **and Section I** of this Schedule conflict with the rules in Section A, the rules in Sections B-G **and Section I** apply.

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.**

▲ 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 Brand Name

Effective 1 November 2012

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 IU, luer lock x 10.....	50.00	1 OP	✓ IR2020 Animas Cartridge
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-Gap Animas Battery Cap

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 November 2012

For the list of new Sole Subsidised Supply products effective 1 November 2012 refer to the bold entries in the cumulative Sole Subsidised Supply table pages 10-19.

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Delisted Items

Effective 25 November 2012

51	ATENOLOL			
	* Tab 50 mg	12.36	1,000	✓ Atenolol Tablet USP
	* Tab 100 mg	21.46	1,000	✓ Atenolol Tablet USP

Effective 1 November 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
	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
50	CANDESARTAN – Special Authority see SA0933 – Retail pharmacy			
	* Tab 4 mg	1.38 (12.00)	30	Atacand
	* Tab 8 mg	2.03 (12.00)	30	Atacand
	* Tab 16 mg	3.39 (14.50)	30	Atacand
	* Tab 32 mg	5.89 (24.00)	30	Atacand
180	PHARMACY SERVICES			
	* Brand switch fee..... The Pharmacode for BSF Rizamelt is 2405849	4.50	1 fee	✓BSF Rizamelt
	* Brand switch fee..... The Pharmacode for BSF Ursosan is 2405857	4.50	1 fee	✓BSF Ursosan

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

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

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

205	AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA1108 – Hospital pharmacy [HP3] Sachets (pineapple/vanilla) 29 g	330.10	30 OP	✓Minaphlex
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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.	6.00 9.00	1	✓CareSens POP ✓CareSens II
66	CONDOMS * 49 mm – Up to 144 dev available on a PSO	1.11 13.36	12 144	✓Gold Knight ✓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

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Delisted Items – effective 1 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	Leven ED Monofeme Nordette 28 Microgynon 30 ED
187	PROPYLENE GLYCOL Only in extemporaneously compounded methyl hydroxybenzoate 10% solution. Liq	12.00	500 ml	✓ ABM

▲ 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 December 2012

31	BLOOD GLUCOSE DIAGNOSTIC TEST METER – Subsidy by endorsement Meter9.00	1	✓FreeStyle Lite ✓On Call Advanced ✓Accu-Chek Performa
	19.00		
72	ETHINYLLOESTRADIOL WITH LEVONORGESTREL * Tab 20 µg with levonorgestrel 100 µg and 7 inert tab – Up to 84 tab available on a PSO2.95	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.....4.33	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 mg0.84	30	✓Dr Reddy's Atorvastatin Lipitor
	(18.32)		
	* Tab 20 mg1.39	30	✓Dr Reddy's Atorvastatin Lipitor
	(26.70)		
	* Tab 40 mg2.44	30	✓Dr Reddy's Atorvastatin Lipitor
	(37.02)		
	* Tab 80 mg5.41	30	✓Dr Reddy's Atorvastatin Lipitor
	(110.50)		
53	FELODIPINE * Tab long-acting 5 mg9.30	90	✓Felo 5 ER
	* Tab long-acting 10 mg13.80	90	✓Felo 10 ER
77	TESTOSTERONE UNDECANOATE – Retail pharmacy-Specialist Cap 40 mg51.95	100	✓Arrow-Testosterone

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Items to be Delisted – effective 1 January 2013 (continued)

77	METHYLPREDNISOLONE SODIUM SUCCINATE – Retail pharmacy-Specialist		
	Inj 40 mg per ml, 1 ml	151.40	25
	Inj 62.5 mg per ml, 2 ml	412.59	25
			✓ Solu-Medrol
			✓ Solu-Medrol
86	FLUCLOXACILLIN SODIUM		
	Cap 250 mg – Up to 30 cap available on a PSO	22.00	250
		(32.00)	
	Cap 500 mg	74.00	500
		(110.00)	
			AFT
			AFT
163	LETROZOLE		
	* Tab 2.5 mg	4.85	30
		(9.00)	
			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 February 2013

49	LISINOPRIL		
	* Tab 5 mg	1.19	30
	* Tab 10 mg	1.36	30
	* Tab 20 mg	1.63	30
			✓ Arrow-Lisinopril
			✓ Arrow-Lisinopril
			✓ Arrow-Lisinopril
60	CALAMINE		
	a) Only on a prescription		
	b) Not in combination		
	Crm, aqueous, BP	1.77	100 g
		(2.78)	
			healthE
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
		(2.20)	
			Curam
	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
		(3.85)	
			Curam
180	PHARMACY SERVICES – May only be claimed once per patient		
	* Brand switch fee.....	4.33	1 fee
			✓BSF Candestar
	The Pharmacode for BSF Candestar is 2426781		

Effective 1 March 2013

48	CILAZAPRIL		
	* Tab 0.5 mg	0.95	30
			✓ Zapril
103	LEFLUNOMIDE		
	Tab 10 mg	55.00	30
	Tab 20 mg	76.00	30
			✓AFT-Leflunomide
			✓AFT-Leflunomide

▲ 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 March 2013 (continued)

173	SODIUM CROMOGLYCATE Aerosol inhaler, 5 mg per dose CFC-free.....	28.07	112 dose OP	✓ Victrom
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	1 fee	✓ BSF Ava 30 ED
	The Pharmacode for BSF Ava 30 ED is 2405865			
	Brand switch fee	4.33	1 fee	✓ BSF CareSens II
	The Pharmacode for BSF CareSens II is 2423146			
	Brand switch fee	4.33	1 fee	✓ BSF CareSens N
	The Pharmacode for BSF CareSens N is 2423138			
	Brand switch fee	4.33	1 fee	✓ BSF CareSens N POP
	The Pharmacode for BSF CareSens N POP is 2423154			

Effective 1 April 2013

28	FAMOTIDINE – Only on a prescription * Tab 20 mg	8.10	250	✓ Famox
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; and endorsed accordingly 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 and endorsed accordingly.			
	Blood glucose test strips × 50 and lancets × 5	10.56	50 test OP	✓ CareSens
58	ISOTRETINOIN – Special Authority see SA0955 – Retail pharmacy Cap 10 mg	28.07	180	✓ Oratane
	Cap 20 mg	37.00	180	✓ Oratane
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

Effective 1 May 2013

26	CALCIUM CARBONATE WITH AMINOACETIC ACID * Tab 420 mg with aminoacetic acid 180 mg – Higher subsidy of \$6.30 per 100 tab with Endorsement.....	3.00 (6.30)	100	Titralac
	Additional subsidy by endorsement is available for pregnant women. The prescription must be endorsed accordingly.			

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

Items to be Delisted – effective 1 May 2013 (continued)

43	RIVAROXABAN – Special Authority see SA1066 – Retail pharmacy Tab 10 mg	306.00	30	✓ Xarelto
66	CALCIPOTRIOL Oint 50 µg per g	20.20	30 g OP	✓ Daivonex
	Soln 50 µg per ml	33.79	60 ml OP	✓ Daivonex
179	TYLOXAPOL * Eye drops 0.25%	8.63	15 ml OP	✓ Enuclene

▲ 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 November 2012

17	AMITRIPTYLINE Tab 10 mg – 1% DV Jan-13 to 2014	3.32	100	Arrow-Amitriptyline
	Note – Amirol tab 10 mg to be delisted 1 January 2013			
18	AMOXYCILLIN CLAVULANATE Inj 600 mg – 1% DV Jan-13 to 2015	10.14	10	m-Amoxiclav
	Inj 1.2 g – 1% DV Jan-13 to 2015	14.03	10	m-Amoxiclav
	Note – Curam inj 600 mg and 1.2 g to be delisted 1 January 2013			
19	ATROPINE SULPHATE (↑ price and addition of HSS) Inj 600 µg, 1 ml – 1% DV Jan-13 to 2015	71.00	50	AstraZeneca
19	AZITHROMYCIN (↓ price) Grans for oral liq 200 mg per 5 ml	6.60	15 ml	Zithromax
22	CALCIPOTRIOL (delisting) Oint 50 µg per g	20.20	30 g	Daivonex
	Soln 50 µg per ml	33.79	60 ml	Daivonex
	Note – Daivonex oint 50 µg per g, 30 g and soln 50 µg per ml, 60 ml to be delisted 1 January 2013			
23	CARBOPLATIN Inj 10 mg per ml, 15 ml – 1% DV Jan-13 to 2015	19.50	1	Carbaccord
	Inj 10 mg per ml, 45 ml – 1% DV Jan-13 to 2015	48.50	1	Carbaccord
	Note – Carboplatin Ebewe inj 10 mg per ml 15 ml and 45 ml to be delisted 1 January 2013			
24	CHLORAMPHENICOL (↑ price and addition of HSS) Eye oint 1% – 1% DV Jan-13 to 2015	2.76	4 g	Chlorsig
26	CLOMIPRAMINE HYDROCHLORIDE Tab 10 mg – 1% DV Jan-13 to 2015	12.60	100	Apo-Clomipramine
	Tab 25 mg – 1% DV Jan-13 to 2015	8.68	100	Apo-Clomipramine
28	DALTEPARIN SODIUM (↓ price) Inj 2,500 iu per 0.2 ml prefilled syringe	19.97	10	Fragmin
	Inj 5,000 iu per 0.2 ml prefilled syringe	39.94	10	Fragmin
	Inj 7,500 iu per 0.75 ml graduated syringe	60.03	10	Fragmin
	Inj 10,000 iu per 1 ml graduated syringe	77.55	10	Fragmin
	Inj 12,500 iu per 0.5 ml prefilled syringe	99.96	10	Fragmin
	Inj 15,000 iu per 0.6 ml prefilled syringe	120.05	10	Fragmin
	Inj 18,000 iu per 0.72 ml prefilled syringe	158.47	10	Fragmin
37	GLYCEROL (↑ price and addition of HSS) Suppos 3.6 g – 1% DV Jan-13 to 2015	6.50	20	PSM
39	HYDROCORTISONE ACETATE (↑ price and addition of HSS) Rectal foam 10%, CFC-Free (14 applications) – 1% DV Jan-13 to 2015	25.30	21.1 g	Colifoam

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 November 2012 (continued)

39	HYDROXYETHYL STARCH 200/0.5 (delisting)		
	Inj 6%, 500 ml bag	296.00	16
	Inj 10%.....	13.50	1
	Note - StarQuin 10% and StarQuin 200 6% to be delisted 1 January 2013		
42	ISOTRETINOIN (↓ price)		
	Cap 10 mg	28.07	180
	Cap 20 mg	43.37	180
	Note – Oratane cap 10 mg and 20 mg, 180 cap pack to be delisted 1 January 2013		
42	ISOTRETINOIN		
	Cap 10 mg – 1% DV Jan-13 to 2015	18.71	120
	Cap 20 mg – 1% DV Jan-13 to 2015	28.91	120
			Oratane
			Oratane
43	LANSOPRAZOLE (↓ price and addition of HSS)		
	Cap 15 mg – 1% DV Jan-13 to 2015	2.00	28
	Cap 30 mg – 1% DV Jan-13 to 2015	2.32	28
	Note – Lanzol Relief cap 15 mg and 30 mg to be delisted 1 January 2013		
			Solox
			Solox
45	LISINOPRIL		
	Tab 5 mg – 1% DV Jan-13 to 2015	3.58	90
	Tab 10 mg – 1% DV Jan-13 to 2015	4.08	90
	Tab 20 mg – 1% DV Jan-13 to 2015	4.88	90
	Note – Arrow-Lisinopril tab 5 mg, 10 mg and 20 mg, 30 tab pack to be delisted 1 January 2013		
			Arrow-Lisinopril
			Arrow-Lisinopril
			Arrow-Lisinopril
46	MEGESTROL ACETATE (↓ price and addition of HSS)		
	Tab 160 mg – 1% DV Jan-13 to 2015	51.55	30
			Apo-Megestrol
49	MIDAZOLAM		
	Inj 1 mg per ml, 5 ml	10.00	10
	Inj 5 mg per ml, 3 ml	11.90	5
			Pfizer
			Pfizer
49	MINOXIDIL		
	Tab 10 mg	70.00	100
			Loniten
51	NAPROXEN (↓ price and addition of HSS)		
	Tab 250 mg – 1% DV Jan-13 to 2015	21.25	500
	Tab 500 mg – 1% DV Jan-13 to 2015	22.25	250
			Noflam 250
			Noflam 500
51	NEVIRAPINE		
	Tab 200 mg – 1% DV Jan-13 to 2015	95.94	60
	Note – Viramune tab 200 mg to be delisted 1 January 2013		
			Nevirapine
			Alphapharm
54	PANCURONIUM BROMIDE (↑ price and addition of HSS)		
	Inj 2 mg per ml, 2 ml – 1% DV Jan-13 to 2015	260.00	50
			AstraZeneca
54	PARACETAMOL (↑ price and addition of HSS)		
	Suppos 500 mg – 1% DV Jan-13 to 2015	20.70	50
			Paracare

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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 November 2012 (continued)

61	RIVAROXABAN (delisting of 30 tab pack) Tab 10 mg 306.00	30	Xarelto
	Note – Xarelto tab 10 mg, 30 tab pack to be delisted 1 January 2013		
66	TOLTERODINE Tab 1 mg 14.56 Tab 2 mg 14.56	56 56	Arrow-Tolterodine Arrow-Tolterodine
68	VALGANICLOVIR Tab 450 mg 3,000.00	60	Valcyte
68	VORICONAZOLE Tab 50 mg 730.00 Tab 200 mg 2,930.00 Powder for oral suspension, 40 mg per ml 730.00 Inj 200 mg 185.00	56 56 70 ml 1	Vfend Vfend Vfend Vfend

Effective 1 October 2012

16	ACARBOSE Tab 50 mg – 1% DV Dec-12 to 2015 9.82 Tab 100 mg – 1% DV Dec-12 to 2015 15.83	90 90	Accarb Accarb
16	ACARBOSE (↓ price) Tab 50 mg 9.82 Tab 100 mg 15.83	90 90	Glucobay 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 Metered aqueous nasal spray, 100 µg per dose 5.75	200 dose 200 dose	Alanase 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 Metered aqueous nasal spray, 100 µg per dose 5.75	200 dose 200 dose	Butacort Aqueous Butacort Aqueous
25	CHLORHEXIDINE GLUCONATE Mouthwash 0.2% – 1% DV Dec-12 to 2015 2.68	200 ml	healthE
28	DANTROLENE SODIUM (delisting of the old presentation only) 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

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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 October 2012 (continued)

29	DICLOFENAC SODIUM (amended brand name) Tab long-acting 75 mg – 1% DV Dec-12 to 2015	3.10	30	Diclax 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			
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			

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)

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
		10	Zofran Zydys
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 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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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

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.			
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 CareSens POP
		6.00		
	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 Crm, 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

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 September 2012 (continued)

32	ENTERAL FEED WITH FIBRE 1.5 KCAL/ML Liquid	7.00 1,000 ml	Jevity HiCal RTH
32	EPHEDRINE SULPHATE HYDROCHLORIDE 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.		
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 (↑ 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 Douglas
	Tab 20 mg – 1% DV Nov-12 to 2015	20.32 100	
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

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 August 2012

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
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 10 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	Marcaïn
	Inj 0.5%, 10 ml theatre pack – 1% DV Oct-12 to 2015	28.00	5	Marcaïn
	Inj 0.5%, 20 ml theatre pack – 1% DV Oct-12 to 2015 († price)	28.00	5	Marcaïn

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

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

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			
23	CASPOFUNGIN (continuation of HSS)			
	Inj 50 mg – 1% DV Oct-12 to 2015	667.50	1	Candidas
	Inj 70 mg – 1% DV Oct-12 to 2015	862.50	1	Candidas
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			

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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)

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		
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

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 August 2012 (continued)

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
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

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 III

Effective 1 November 2012

- | | | |
|----|--|--|
| 73 | <p>MINOXIDIL
Tab 2.5 mg
Tab 5 mg
Tab 10 mg</p> | <p>Loniten
Loniten
Loniten</p> |
|----|--|--|
- Indefinite supply for the treatment of severe hypertension that is resistant to other anti-hypertensives or where alternatives are not tolerated (Section 29)
- | | | |
|----|--------------------------------------|--|
| 74 | <p>VALGANCICLOVIR
Tab 450 mg</p> | |
|----|--------------------------------------|--|
- Up to 14 weeks supply for cytomegalovirus (CMV) retinitis in immunocompromised patients and prophylaxis of CMV following solid organ transplant

Effective 1 September 2012

- | | | |
|----|---|---|
| 71 | <p>FILGRASTIM
Inj 300 µg per 0.5 ml prefilled syringe

Inj 300 µg per 1 ml vial
Inj 480 µg per 0.5 ml prefilled syringe</p> | <p>Zarzio
Neupogen
Neupogen
Zarzio
Neupogen</p> |
|----|---|---|
- 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.

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

Effective 1 November 2012

- 11 “**Section B**” of this Pharmaceutical Schedule means the list of Community Pharmaceuticals eligible for Subsidies included in the Schedule.
“**Section C**” of this Pharmaceutical Schedule means the list of community extemporaneously compounded preparations and galenicals eligible for Subsidies included in the Schedule.
“**Section D**” of this Pharmaceutical Schedule means the list of community special foods eligible for Subsidies included in the Schedule.
“**Section E Part I**” of this Pharmaceutical Schedule means the list of Community Pharmaceuticals eligible for Subsidies and available on a Practitioner’s Supply Order included in the Schedule.
“**Section E Part II**” of this Pharmaceutical Schedule means the list of rural areas for the purpose of community Practitioner’s Supply Orders included in the Schedule.
“**Section F Part I**” of this Pharmaceutical Schedule means the part of Section F relating to the exemption from dispensing in Monthly Lots, and requirement to dispense in 90 Day Lots or 180 Day Lots, as applicable, in respect of the Community Pharmaceuticals referred to in this part of Section F;
“**Section F Part II**” of this Pharmaceutical Schedule means the part of Section F relating to the exemption from dispensing in Monthly Lots in respect of the Community Pharmaceuticals referred to in this part of Section F;
“**Section G**” of this Pharmaceutical Schedule means the list of Community Pharmaceuticals eligible for reimbursement of safety caps.
“**Section H**” of this Pharmaceutical Schedule means the general rules for Hospital Pharmaceuticals and the lists of National Contract Pharmaceuticals and any associated DV Pharmaceuticals, of Discretionary Community Supply Pharmaceuticals and Assessed Pharmaceuticals included in Section H of the Schedule.
“**Section H Part I**” of this Pharmaceutical Schedule means the general rules for Hospital Pharmaceuticals.
“**Section H Part II**” of this Pharmaceutical Schedule means the list of National Contract Pharmaceuticals, the relevant Price, an indication of whether the Pharmaceutical has HSS and any associated DV Pharmaceuticals and DV Limit.
“**Section H Part III**” of this Pharmaceutical Schedule means the list of Discretionary Community Supply Pharmaceuticals.
- 14 8. Pharmaceutical Cancer Treatments
- 8.1 **DHBs must provide access to Pharmaceutical Cancer Treatments for the treatment of cancers in their DHB hospitals, and/or in association with Outpatient services provided in their DHB hospitals.**
DHBs are obliged to provide access to Pharmaceutical Cancer Treatments in accordance with the September 2001 direction from the Minister of Health.
- 8.2 The list of Pharmaceutical Cancer Treatments may be amended from time to time. Additions and/or amendments to the list require the approval of the PHARMAC Board.
- 8.23 Pharmaceutical Cancer Treatments may be used in combination with each other, including where such combinations result in admixtures or dilutions that differ from those specified.
- 8.34 **DHBs must only provide access to Pharmaceuticals for the treatment of cancer that are listed as Pharmaceutical Cancer Treatments in Sections A to G of the Schedule, provided that DHBs may provide access to an unlisted pharmaceutical for the treatment of cancer where that unlisted pharmaceutical DHBs must not fund Pharmaceuticals for the treatment of cancer or Pharmaceutical Cancer Treatments for indications related to the treatment of cancer, if they are not listed in Sections A to G of the Pharmaceutical Schedule, unless the unlisted pharmaceutical:**
- has Named Patient Pharmaceutical Assessment (NPPA) approval; or
 - is being used as part of a bona fide clinical trial which has Ethics Committee approval; or
 - is being used and funded as part of a paediatric oncology service; or
 - was being used to treat the patient in question prior to 1 July 2005.

continued...

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

Section H page ref	Price (ex man. excl. GST) \$ Per	Brand or Generic Manufacturer
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Changes to General Rules Section H - effective 1 November 2012 (continued)

continued...

- 8.45 Some indications for Pharmaceutical Cancer Treatments listed in the Schedule are Unapproved Indications. Some of these formed part of the October 2001 ~~direction from~~ **decision by** the Minister of Health as to pharmaceuticals and indications for which DHBs must provide access. As far as reasonably practicable, these Unapproved Indications are marked in the Schedule. However, PHARMAC makes no representation and gives no guarantee as to the accuracy of this information. Practitioners prescribing Pharmaceutical Cancer Treatments for ~~such~~ Unapproved Indications should:
- a) be aware of and comply with their obligations under sections 25 and 29 of the Medicines Act 1981, as applicable, and otherwise under that Act and the Medicines Regulations 1984;
 - b) be aware of and comply with their obligations under the Health and Disability Commissioner's Code of Consumer Rights, including the requirement to obtain informed consent from the patient (PHARMAC recommends that Practitioners obtain written consent); and
 - c) exercise their own skill, judgment, expertise and discretion, and make their own prescribing decisions with respect to the use of an unapproved Pharmaceutical Cancer Treatment or a Pharmaceutical Cancer Treatment for an Unapproved Indication.
- 8.56 Applications to add pharmaceuticals, and add or amend indications for Pharmaceutical Cancer Treatments, may be made in writing by pharmaceutical suppliers and/or clinicians to PHARMAC Applications should follow ~~PHARMAC'S Guidelines for Submissions to PTAC for New Chemical Entity Pharmaceuticals and Recommended methods to derive clinical inputs for proposals to PHARMAC~~ **the Guidelines for Funding Applications to PHARMAC 2010** a copy of which is available from PHARMAC or PHARMAC's website.
- 8.7 ~~DHBs are obliged to provide access to Pharmaceutical Cancer Treatments in accordance with the September 2001 direction from the Minister of Health.~~

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New Zealand
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Pharmaceutical Management Agency

Level 9, 40 Mercer Street, PO Box 10-254, Wellington 6143, New Zealand

Phone: 64 4 460 4990 - Fax: 64 4 460 4995 - www.pharmac.govt.nz

Freephone Information line (9am-5pm weekdays) 0800 66 00 50

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