

Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 January 2013

Cumulative for December 2012 and January 2013



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Summary of PHARMAC decisions

EFFECTIVE 1 JANUARY 2013

New listings (pages 20-24)

- Insulin pump (Paradigm 522 and 722) Min basal rate 0.05 U/h; clear, smoke, purple, pink and blue colour – Special Authority – Retail Pharmacy - only on a prescription, maximum of 1 pump per prescription, maximum of 1 insulin pump per patient per four year period
 - Insulin pump reservoir (Paradigm 1.8 Reservoir) cartridge for 5 and 7 series pump; 1.8 ml x 10, (Paradigm 3.0 Reservoir) cartridge for 7 series pump; 3.0 ml x 10 – Maximum of 3 packs per prescription, maximum of 1 prescription per 90 days, only on a prescription
 - Insulin pump reservoir (50X 3.0 Reservoir) syringe and cartridge for 50X pump, 3.0 ml x 10 – Maximum of 3 packs per prescription, maximum of 1 prescription per 90 days, only on a prescription
 - Insulin pump infusion set (teflon cannula, angle insertion) (Paradigm Silhouette and Silhouette MMT) various presentations, 1 OP – Special Authority – Retail Pharmacy - maximum of 3 packs per prescription, maximum of 1 prescription per 90 days, only on a prescription
 - Insulin pump infusion set (teflon cannula, straight insertion) (Paradigm Quick-Set, Quick-Set MMT) various presentations, 1 OP – Special Authority – Retail Pharmacy - maximum of 3 packs per prescription, maximum of 1 prescription per 90 days, only on a prescription
 - Insulin pump infusion set (steel cannula) (Sure-T MMT, Paradigm Sure-T MMT) various presentations, 1 OP – Special Authority – Retail Pharmacy - maximum of 3 packs per prescription, maximum of 1 prescription per 90 days, only on a prescription
 - Insulin pump infusion set (teflon cannula, straight insertion with insertion device) (Paradigm Mio MMT) various presentations, 1 OP – Special Authority – Retail Pharmacy - maximum of 3 packs per prescription, maximum of 1 prescription per 90 days, only on a prescription
 - Calcitriol (Calcitriol-AFT) cap 0.25 µg and 0.5 µg
 - Bezafibrate (Bezalip) tab 200 mg
 - Calamine (Pharmacy Health) crm, aqueous BP, 100 g – only on a prescription, not in combination
 - Levonorgestrel (Next Choice) tab 750 µg
 - Testosterone undecanoate (Reandron 1000) inj 250 mg per ml, 4 ml – Retail pharmacy-Specialist
 - Penicillin G benzathine [benzathine benzylpenicillin] (Bicillin LA) inj 1.2 mega u per 2 ml – up to 5 inj available on a PSO
 - Posaconazole (Noxafil) oral liq 40 mg per ml, 105 ml OP – Special Authority – Retail pharmacy
 - Diclofenac sodium (Apo-Diclo) tab EC 25 mg and 50 mg
-

Summary of PHARMAC decisions – effective 1 January 2013 (continued)

- Levodopa with carbidopa (Sinemet) tab 100 mg with carbidopa 25 mg and tab 250 mg with carbidopa 25 mg, and (Sinemet CR) tab long-acting 200 mg with carbidopa 50 mg
- Tramadol hydrochloride (Tramadol SR) tab sustained-release 100 mg, 150 mg and 200 mg
- Domperidone (Prokinex) tab 10 mg
- Interferon beta -1-alpha (Avonex Pen) inj 6 million units per 0.5 ml pen injector – Special Authority
- Doxorubicin (Arrow-Doxorubicin) inj 50 mg and 200 mg – PCT only - Specialist
- Pharmacy services (BSF Plendil ER) Brand switch fee – may only be claimed once per patient – no patient co-payment payable

Changes to restrictions (pages 25-27)

- Insulin pump (Animas Vibe) change to presentation description
- Insulin pump infusion sets (Contact-D, Inset II, Comfort Short, Comfort, Inset 30) change to chemical name and presentation description
- Felodopine (Plendil ER) tab long-acting 5 mg and 10 mg – Brand switch fee payable
- Antiandrogen oral contraceptives – change to patient co-payment
- Brimonidine tartrate (Arrow-Brimonidine) eye drops 0.2 % – remove brand switch fee payable

Decreased subsidy (pages 28-29)

- Lansoprazole (Lanzol Relief) cap 15 mg and 30 mg
- Nevirapine (Viramune) tab 200 mg
- Lisuride hydrogen maleate (Dopergin) tab 200 µg
- Amitriptyline (Amirol) tab 10 mg
- Carboplatin (Baxter) inj 1 mg for ECP
- Cisplatin (DBL Cisplatin) inj 1 mg per ml, 50 ml and 100 ml
- Megestrol acetate (Megace) tab 160 mg
- Cyclosporin (Neoral) cap 25 mg, 50 mg and 100 mg

Increased subsidy (pages 28-29)

- Prednisolone sodium phosphate (Redipred) oral liq 5 mg per ml
- Pethidine hydrochloride (PSM) tab 50 mg and 100 mg
- Phenobarbitone (PSM) tab 15 mg and 30 mg
- Pizotifen (Sandomigran) tab 500 µg

Insulin pumps and consumables – further brand subsidised

Paradigm insulin pumps and consumables supplied by Medtronic will be funded from 1 January 2013. These will be listed in addition to the currently funded Animas products supplied by New Zealand Medical and Scientific. The same Special Authority criteria and application process which is currently in place for insulin pumps and consumables will apply.

Two models of Paradigm X22 pumps and their associated consumables will



be available. The Paradigm 522 pump accommodates a smaller reservoir for patients using small doses of insulin while the Paradigm 722 pump is suitable for both sized cartridges.

New presentation for Sinemet tablets

A new presentation of levodopa with carbidopa for both Sinemet and Sinemet CR will be subsidised from 1 January 2013. The new tablets will have different Pharmacodes to those currently subsidised, will be a different colour and shape, and are not scored.

Posaconazole – new listing

From 1 January 2013 posaconazole (Noxafil) oral suspension 40 mg per ml will be listed fully subsidised subject to Special Authority criteria. Posaconazole is used in the prophylaxis of invasive fungal infections in immunocompromised patients; this is reflected in the Special Authority criteria.



Diabetes meter and test strip implementation

Since 1 December 2012, the three different blood glucose meters from the CareSens range are the only subsidised meters. Test strips for other previously funded meters will continue to be funded until the end of February 2013. From 1 March 2013, only the CareSens brand of test strips will be funded.

NOTE: Sensocard test strips for the vision impaired will not be affected by these changes. Pharmacies can order these from wholesalers.

Some patients will be eligible for continued funding of their existing strips and meters through Special Authority. These are:

- Accu-Chek test strips for patients using the Accu-Chek Combo pump. To be eligible, people need to have been using a Combo

pump before 1 June 2012.

- Freestyle Optium test strips for those patients using the Freestyle Optium (previously known as Optium Xceed) as their only meter for both blood glucose and ketone testing. To be eligible, people need to have been using their Freestyle Optium meter for both testing functions and accessing these test strips via prescription before 1 June 2012.

We are keen to hear your thoughts and feedback about ways we can support you in supporting your patients transitioning to the CareSens meters. Please contact us on diabetesfeedback@pharmac.govt.nz.

Information about events and activities to support the change can be found at www.pharmac.govt.nz/diabetes.

Change for calamine cream

The brand of calamine cream 100 g listed in the Pharmaceutical Schedule will change from the Home Essential brand to the Pharmacy Health brand. The Pharmacy Health brand of calamine cream will be listed from 1 January 2013. The Home Essential brand will be delisted from 1 June 2013.

Tramadol hydrochloride sustained release – new listing

A sustained release formulation of tramadol hydrochloride will be listed fully subsidised from 1 January 2013. There will be three strengths subsidised of the Tramal SR brand of tramadol hydrochloride sustained-release tablets, 100 mg, 150 mg and 200 mg.



Nutricia Neocate and Neocate Advance Tropical discontinued

Nutricia advised in April 2012 that Neocate powder and Neocate Advanced powder tropical would be replaced by new formulations, respectively, Neocate Gold and Neocate Advance Vanilla which were both listed in the Pharmaceutical Schedule from August 2012. There has been stock

of Nutricia Neocate and Neocate Advance Tropical available, however Neocate has an expiry date of May 2013 and Neocate Advance Tropical an expiry date of 1 July 2013. PHARMAC will delist these discontinued products from the respective expiry dates.

Testosterone injection – alternative product

Reandron 1000 (testosterone undecanoate) inj 250 mg per ml, 4 ml will be listed fully subsidised from 1 January 2013 when prescribed by a Specialist or on the recommendation of a Specialist. Reandron 1000 is indicated for testosterone replacement in primary and secondary male hypogonadism.

Prescription co-payment increase

From 1 January 2013, the pharmacy co-payment increases from \$3 to \$5 per new prescription item - the first increase to the prescription charge in 20 years. Announced in May as part of Budget 2012, the savings generated from the increase will be reinvested in health.

The Ministry of Health will distribute over the next three months tear-off pads with information for consumers about the co-

payment increase on the front of each sheet, and details about the Pharmaceutical Subsidy Card on the back. The information includes messaging from the Ministry of Social Development for people who are receiving a Disability Allowance that includes prescription costs. The pads will be delivered to your pharmacy, and extra stock will be available for order through the Ministry's website.



Diabetes nurses

As noted in the December 2012 Pharmaceutical Schedule Update there are a further 16 registered nurses practising in diabetes health to be added to the Diabetes Nurse Prescriber list. The two nurses named below have been added to the list with more expected in January 2013.

More information on Diabetes Nurse Prescribers and what they can prescribe can be found on the PHARMAC website at:

<http://www.pharmac.govt.nz/PharmaceuticalSchedule/ScheduleDownload>

District Health Board	Registered Nurse Practising in Diabetes Health	Nursing Council registration number
Hutt Valley DHB	Lynne McPherson	136832
Southern DHB	Sharon Sandilands	110421

News in brief

- The Famox brand of **famotidine** tab 40 mg will be delisted from 1 April 2013. Mylan discontinued Famox earlier in 2012 and all remaining stock has now expired.
- The Cardinol brand of **propranolol** tab 10 mg will be delisted from 1 July 2013 due to supplier discontinuation.
- The listing of Arrow-Venlafaxine XR brand of **venlafaxine** tab 225 mg will be delayed from 1 January 2013 to 1 February 2013 due to a delay in the supply of stock
- Avonex Pen (**interferon beta-1-alpha**), an additional presentation of Avonex will be funded from 1 January 2013 subject to the current Special Authority criteria.



Tender News

Sole Subsidised Supply changes – effective 1 February 2013

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Amoxicillin clavulanate	Grans for oral liq amoxicillin 125 mg with potassium clavulanate 31.25 mg per 5 ml; 100 ml	Augmentin (GSK)
Amoxicillin clavulanate	Grans for oral liq amoxicillin 250 mg with potassium clavulanate 62.5 mg per 5 ml; 100 ml	Augmentin (GSK)
Atropine sulphate	Inj 600 µg 1 ml; 50 inj	AstraZeneca (AstraZeneca)
Calamine	Crn, aqueous, BP; 100 g	Home Essential (API)
Chloramphenicol	Eye oint 1%; 4 g OP	Chlorsig (Aspen)
Clomipramine hydrochloride	Tab 10 mg; 100 tab	Apo-Clomipramine (Apotex)
Clomipramine hydrochloride	Tab 25 mg; 100 tab	Apo-Clomipramine (Apotex)
Glycerol	Suppos 3.6 g; 20 suppos	PSM (API)
Hydrocortisone acetate	Rectal foam 10%, CFC-Free (14 applications); 21.1 g OP	Colifoam (Aspen)
Lisinopril	Tab 5 mg; 90 tab	Arrow-Lisinopril (Arrow)
Lisinopril	Tab 10 mg; 90 tab	Arrow-Lisinopril (Arrow)
Lisinopril	Tab 20 mg; 90 tab	Arrow-Lisinopril (Arrow)
Naproxen	Tab 250 mg; 500 tab	Noflam 250 (Mylan)
Naproxen	Tab 500 mg; 250 tab	Noflam 500 (Mylan)
Paracetamol	Suppos 500 mg; 50 suppos	Paracare (API)

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 February 2013

- Atenolol (Atenolol AFT) oral liq 25 mg per 5 ml – new listing – subsidy for children under 12 years of age
- Capsaicin (Zostrix) crn 0.025%, 45 g OP – new listing with Special Authority
- Erythromycin lactobionate (Erythrocin IV) inj 1 g – price and subsidy increase
- High fat formula with vitamins, minerals and trace elements and low in proteins and carbohydrate (KetoCal 3:1) powder (vanilla) 300 g OP – new listing with existing Special Authority SA1197
- Oral feed (Heparon Junior) powder 400 g OP – new listing with existing Special Authority SA1098
- Sildenafil tab 25 mg, 50 mg and 100 mg – amended Special Authority criteria to include subsidy for Raynaud's phenomenon

Sole Subsidised Supply Products – cumulative to January 2013

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
Amoxicillin clavulanate	Tab 500 mg with potassium clavulanate 125 mg	Curam Duo	2014
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
Atorvastatin	Tab 10 mg, 20 mg, 40 mg & 80 mg	Zarator	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
Blood glucose diagnostic test meter	Meter with 50 lancets, a lancing device and 10 diagnostic test strips	CareSens N CareSens N POP CareSens II	2015
Brimonidine tartrate	Eye drops 0.2%	Arrow-Brimonidine	2014

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Sole Subsidised Supply Products – cumulative to January 2013

Generic Name	Presentation	Brand Name	Expiry Date*
Cabergoline	Tab 0.5 mg	Dostinex	2015
Calamine	Lotn, BP	PSM	2015
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
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	Handrub 1% with ethanol 70% Soln 4%	healthE Orion	2015 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
Clonidine hydrochloride	Inj 150 µg per ml, 1 ml	Catapres	2015
Clopidogrel	Tab 75 mg	Apo-Clopidogrel	2013
Clotrimazole	Crn 1% Vaginal crm 1% with applicator Vaginal crm 2% with applicator	Clomazol Clomazol Clomazol	2014 2013
Coal tar	Soln BP	Midwest	2013
Colchicine	Tab 500 µg	Colgout	2013
Compound electrolytes	Powder for soln for oral use 4.4 g	Electral	2013
Crotamiton	Crn 10%	Itch-Soothe	2015

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Sole Subsidised Supply Products – cumulative to January 2013

Generic Name	Presentation	Brand Name	Expiry Date*
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 Eye oint 0.1% Eye drops 0.1%	Douglas Maxidex Maxidex	2015 2014 2013
Dexamethasone sodium phosphate	Inj 4 mg per ml, 1 ml & 2 ml	Hospira	2013
Dexamethasone with neomycin and polymyxin b sulphate	Eye oint 0.1% with neomycin sulphate 0.35% and polymyxin B sulphate 6,000 u per g Eye drops 0.1% with neomycin sulphate 0.35% and polymyxin B sulphate 6,000 u per ml	Maxitrol Maxitrol	2014
Dextrose	Inj 50%, 10 ml	Biomed	2014
Dextrose with electrolytes	Soln with electrolytes	Pedialyte – Fruit Pedialyte – Bubblegum Pedialyte – Plain	2013
Diclofenac sodium	Tab long-acting 75 mg & 100 mg Inj 25 mg per ml, 3 ml Eye drops 1 mg per ml Suppos 12.5 mg, 25 mg, 50 mg & 100 mg	Diclax SR Voltaren Voltaren Ophtha Voltaren	2015 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

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Sole Subsidised Supply Products – cumulative to January 2013

Generic Name	Presentation	Brand Name	Expiry Date*
Etidronate disodium	Tab 200 mg	Arrow-Etidronate	2015
Ethinylloestradiol	Tab 10 µg	NZ Medical and Scientific	2015
Ethinylloestradiol with levonorgestrel	Tab 20 µg with levonorgestrel 100 µg & 7 inert tab Tab 30 µg with levonorgestrel 150 µg & 7 inert tab	Ava 20 ED Ava 30 ED	2014
Exemestane	Tab 25 mg	Aromasin	2014
Felodipine	Tab long-acting 5 mg & 10 mg Tab long-acting 2.5 mg	Plendil ER Plendil ER	2015
Fentanyl	Transdermal patch 12.5 µg per hour, 25 µg per hour, 50 µg per hour, 75 µg per hour, 100 µg per hour	Mylan Fentanyl Patch	2013
Fentanyl citrate	Inj 50 µg per ml, 2 ml & 10 ml	Boucher and Muir	2015
Ferrous sulphate	Oral liq 30 mg per 1 ml (6 mg elemental per 1 ml)	Ferodan	2013
Filgrastim	Inj 300 µg per 0.5 ml Inj 480 µg per 0.5 ml	Zarzio Zarzio	31/12/15
Finasteride	Tab 5 mg	Rex Medical	2014
Flucloxacillin sodium	Cap 250 mg & 500 mg Grans for oral liq 125 mg per 5 ml & 250 mg per 5 ml Inj 250 mg, 500 mg & 1 g	Staphlex AFT Flucloxin	2015 2014
Fluconazole	Cap 50 mg, 150 mg & 200 mg	Ozole	2014
Fluoxetine hydrochloride	Cap 20 mg Tab dispersible 20 mg, scored	Fluox Fluox	2013
Flutamide	Tab 250 mg	Flutamin	2013
Fluticasone propionate	Metered aqueous nasal spray, 50 µg per dose	Flixonase Hayfever & Allergy	31/1/13
Furosemide	Tab 40 mg Inj 10 mg per ml, 2 ml	Diurin 40 Frusemide-Claris	2015 2013
Fusidic acid	Crn 2% Oint 2%	Foban Foban	2013
Gemfibrozil	Tab 600 mg	Lipazil	2013
Gentamicin sulphate	Inj 40 mg per ml, 2 ml	Pfizer	2015
Gliclazide	Tab 80 mg	Apo-Gliclazide	2014
Glipizide	Tab 5 mg	Minidiab	2015
Glycerol	Liquid	healthE	2013
Glyceryl trinitrate	Aerosol spray 400 µg per dose TDDS 5 mg & 10 mg Tab 600 µg	Glytrin Nitroderm TTS Lycinate	2014

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Sole Subsidised Supply Products – cumulative to January 2013

Generic Name	Presentation	Brand Name	Expiry Date*
Haloperidol	Inj 5 mg per ml, 1 ml Oral liq 2 mg per ml Tab 500 µg, 1.5 mg & 5 mg	Serenace Serenace Serenace	2013
Hydrocortisone	Tab 5 mg & 20 mg Crn 1% Powder Inj 50 mg per ml, 1 ml	Douglas Pharmacy Health ABM Solu-Cortef	2015 2014 2013
Hydrocortisone with miconazole	Crn 1% with miconazole nitrate 2%	Micreme H	2013
Hydrocortisone with wool fat and mineral oil	Lotn 1% with wool fat hydrous 3% and mineral oil	DP Lotn HC	2014
Hydroxocobalamin	Inj 1 mg per ml, 1 ml	ABM Hydroxocobalamin	2015
Hydroxychloroquine sulphate	Tab 200 mg	Plaquenil	2015
Hyoscine N-butylbromide	Inj 20 mg, 1 ml Tab 10 mg	Buscopan Gastrosoothe	2014
Ibuprofen	Tab 200 mg Tab long-acting 800 mg Oral liq 100 mg per 5 ml	Arrowcare Brufen SR Fenpaed	2014 2013
Imiquimod	Crn 5%	Aldara	2014
Indapamide	Tab 2.5 mg	Dapa-Tabs	2013
Ipratropium bromide	Aqueous nasal spray, 0.03%, 15 ml OP Nebuliser soln, 250 µg per ml, 1 ml & 2 ml	Univent Univent	2013
Iron polymaltose	Inj 50 mg per ml, 2 ml	Ferrum H	2014
Isosorbide mononitrate	Tab 20 mg Tab long-acting 40 mg	Ismo 20 Corangin	2014
Itraconazole	Cap 100 mg	Itrazole	2013
Ketoconazole	Shampoo 2%	Sebizole	2014
Lactulose	Oral liq 10 g per 15 ml	Laevolac	2013
Lamivudine	Oral liq 10 mg per ml Tab 150 mg	3TC 3TC	2013
Latanoprost	Eye drops 50 µg per ml	Hysite	2015
Letrozole	Tab 2.5 mg	Letraccord	2015
Levonorgestrel	Subdermal implant (2 x 75 mg rods)	Jadelle	31/12/13
Lignocaine hydrochloride	Viscous soln 2% Inj 1%, 5 ml & 20 ml	Xylocaine Viscous Xylocaine	2014 2013
Lignocaine with prilocaine	Crn 2.5% with prilocaine 2.5% (5 g tubes) Crn 2.5% with prilocaine 2.5%; 30 g OP	EMLA EMLA	2013

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Sole Subsidised Supply Products – cumulative to January 2013

Generic Name	Presentation	Brand Name	Expiry Date*
Lithium carbonate	Tab 250 mg & 400 mg Cap 250 mg	Lithicarb FC Douglas	2015 2014
Lodoxamide trometamol	Eye drops 0.1%	Lomide	2014
Loperamide hydrochloride	Cap 2 mg	Diamide Relief	2013
Loratadine	Oral liq 1 mg per ml Tab 10 mg	Lorapaed Loraclear Hayfever Relief	2013
Lorazepam	Tab 1 mg & 2.5 mg	Ativan	2013
Losartan	Tab 12.5 mg, 25 mg, 50 mg & 100 mg	Lostaar	2014
Losartan with hydrochlorothiazide	Tab 50 mg with hydrochlorothiazide 12.5 mg	Arrow-Losartan & Hydrochlorothiazide	2014
Malathion	Liq 0.5% Shampoo 1%	A-Lices A-Lices	2013
Mask for spacer device	Size 2	EZ-fit Paediatric Mask	2015
Mebendazole	Tab 100 mg	De-Worm	2014
Mebeverine hydrochloride	Tab 135 mg	Colofac	2014
Methylprednisolone	Tab 4 mg & 100 mg	Medrol	2015
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
Metformin hydrochloride	Tab immediate-release 500 mg & 850 mg	Apotex	2015
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
Methylprednisolone sodium succinate	Inj 40 mg per ml, 1 ml; 62.5 mg per ml, 2 ml; 500 mg & 1 g	Solu-Medrol	2015
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

*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 January 2013

Generic Name	Presentation	Brand Name	Expiry Date*
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	DBL Morphine Sulphate	2014
	Inj 10 mg per ml, 1 ml	DBL Morphine Sulphate	
	Inj 15 mg per ml, 1 ml	DBL Morphine Sulphate	
	Inj 30 mg per ml, 1 ml	DBL Morphine Sulphate	
	Tab long-acting 10 mg, 30 mg, 60 mg & 100 mg Cap long-acting 10 mg, 30 mg, 60 mg & 100 mg	Arrow-Morphine LA m-Elson	2013
Morphine tartrate	Inj 80 mg per ml, 1.5 ml & 5 ml	Hospira	2013
Mucilaginous laxatives	Dry	Konsyl-D	2013
Naphazoline hydrochloride	Eye drops 0.1%	Naphcon Forte	2014
Naltrexone hydrochloride	Tab 50 mg	Naltraccord	2013
Neostigmine	Inj 2.5 mg per ml, 1 ml	AstraZeneca	2014
Nicotine	Gum 2 mg & 4 mg (classic, fruit, mint)	Habitrol	2014
	Lozenge 1 mg & 2 mg	Habitrol	
	Patch 7 mg, 14 mg & 21 mg	Habitrol	
Nicotinic acid	Tab 50 mg & 500 mg	Apo-Nicotinic Acid	2014
Norfloracin	Tab 400 mg	Arrow-Norfloracin	2014
Norethisterone	Tab 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		
Oil in water emulsion	Crn	healthE Fatty Cream	2015
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	

*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 January 2013

Generic Name	Presentation	Brand Name	Expiry Date*
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 Tab 20 mg & 40 mg	Pantocid IV Dr Reddy's Pantoprazole	2014 2013
Paracetamol	Tab 500 mg Oral liq 120 mg per 5 ml Oral liq 250 mg per 5 ml	Parafast Ethics Paracetamol Paracare Double Strength	2014
Paracetamol with codeine	Tab paracetamol 500 mg with codeine phosphate 8 mg	Paracetamol + Codeine (Relieve)	2014
Paraffin liquid with soft white paraffin	Eye oint with soft white paraffin	Lacri-Lube	2013
Paroxetine hydrochloride	Tab 20 mg	Loxamine	2013
Peak flow meter	Low range & normal range	Breath-Alert	2015
Pergolide	Tab 0.25 mg & 1 mg	Permax	2014
Permethrin	Crn 5% Lotn 5%	Lyderm A-Scabies	2014
Pethidine hydrochloride	Inj 50 mg per ml, 1 ml Inj 50 mg per ml, 2 ml	DBL Pethidine Hydrochloride DBL Pethidine Hydrochloride	2014
Phenoxymethylpenicillin (Pencillin V)	Cap potassium salt 250 mg & 500 mg Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml	Cilicaine VK AFT AFT	2013
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 Tab 50 mg	PyridoxADE Apo-Pyridoxine	2014
Quinapril with hydrochlorothiazide	Tab 10 mg with hydrochlorothiazide 12.5 mg Tab 20 mg with hydrochlorothiazide 12.5 mg	Accuretic 10 Accuretic 20	2015

*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 January 2013

Generic Name	Presentation	Brand Name	Expiry Date*
Ranitidine hydrochloride	Oral liq 150 mg per 10 ml Tab 150 mg & 300 mg	Peptisoothe Arrow-Ranitidine	2014
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
Roxithromycin	Tab 150 mg & 300 mg	Arrow- Roxithromycin	2015
Salbutamol	Nebuliser soln, 1 mg per ml & 2 mg per ml, 2.5 ml	Asthalin	2015
Salbutamol with ipratropium bromide	Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml	Duolin	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
Spacer device	800 ml 230 ml (single patient)	Volumatic Space Chamber Plus	2015
Spironolactone	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

*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 January 2013

Generic Name	Presentation	Brand Name	Expiry Date*
Testosterone undecanoate	Cap 40 mg	Andriol Testocaps	2015
Tetrabenazine	Tab 25 mg	Motetis	2013
Tetracosactrin	Inj 250 µg Inj 1 mg per ml, 1 ml	Synacthen Synacthen Depot	2014
Timolol maleate	Eye drops 0.25% & 0.5%	Arrow-Timolol	2014
Tobramycin	Eye drops 0.3% Eye oint 0.3% Inj 40 mg per ml, 2 ml	Tobrex Tobrex DBL Tobramycin	2014
Tolcapone	Tab 100 mg	Tasmar	2014
Tramadol hydrochloride	Cap 50 mg	Arrow-Tramadol	2014
Triamcinolone acetonide	Inj 10 mg per ml, 1 ml Inj 40 mg per ml, 1 ml Crm 0.02% Oint 0.02% 0.1% in Dental Paste USP	Kenacort-A Kenacort-A40 Aristocort Aristocort Oracort	2014
Tranexamic acid	Tab 500 mg	Cyklokapron	2013
Tropicamide	Eye drops 0.5% & 1%	Mydriacyl	2014
Tyloxapol	Eye drops 0.25%	Enuclene	2014
Ursodeoxycholic acid	Cap 250 mg	Ursosan	2014
Vancomycin hydrochloride	Inj 500 mg	Mylan	2014
Verapamil hydrochloride	Tab 40 mg & 80 mg	Isoptin	2014
Vitamin B complex	Tab, strong, BPC	B-PlexADE	2013
Vitamins	Tab (BPC cap strength)	MultiADE	2013
Zidovudine [AZT]	Cap 100 mg Oral liq 10 mg per ml	Retrovir Retrovir	2013
Zinc and castor oil	Oint BP	Multichem	2014
Zinc sulphate	Caps 137.4 mg (50 mg elemental)	Zincaps	2014

January 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 January 2013

32	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			
	Min basal rate 0.05 U/h; clear colour	4,400.00	1	✓Paradigm 522 ✓Paradigm 722
	Min basal rate 0.05 U/h; smoke colour.....	4,400.00	1	✓Paradigm 522 ✓Paradigm 722
	Min basal rate 0.05 U/h; purple colour	4,400.00	1	✓Paradigm 522 ✓Paradigm 722
	Min basal rate 0.05 U/h; pink colour	4,400.00	1	✓Paradigm 522 ✓Paradigm 722
	Min basal rate 0.05 U/h; blue colour	4,400.00	1	✓Paradigm 522 ✓Paradigm 722
35	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 for 5 and 7 series pump; 1.8 ml x 10	50.00	1 OP	✓Paradigm 1.8 Reservoir
	Cartridge for 7 series pump; 3.0 ml x 10	50.00	1 OP	✓Paradigm 3.0 Reservoir
	Syringe and cartridge for 50X pump, 3.0 ml x 10.....	50.00	1 OP	✓50X 3.0 Reservoir
34	INSULIN PUMP INFUSION SET (TEFLON CANNULA, ANGLE INSERTION) – 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)			
	13 mm teflon cannula; angle insertion; 45 cm line x 10 with 10 needles;.....	130.00	1 OP	✓Paradigm Silhouette MMT-368
	13 mm teflon cannula; angle insertion; 60 cm line x 10 with 10 needles;.....	130.00	1 OP	✓Paradigm Silhouette MMT-381
	13 mm teflon cannula; angle insertion; 80 cm line x 10 with 10 needles;.....	130.00	1 OP	✓Paradigm Silhouette MMT-383
	13 mm teflon cannula; angle insertion; 120 cm line x 10 with 10 needles;.....	130.00	1 OP	✓Paradigm Silhouette MMT-382
	17 mm teflon cannula; angle insertion; 110 cm line x 10 with 10 needles; luer lock.....	130.00	1 OP	✓Silhouette MMT-371
	17 mm teflon cannula; angle insertion; 60 cm line x 10 with 10 needles; luer lock.....	130.00	1 OP	✓Silhouette MMT-373

continued...

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

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 January 2013 (continued)

continued...

17 mm teflon cannula; angle insertion; 110 cm line x 10 with 10 needles;.....	130.00	1 OP	✓Paradigm Silhouette MMT-377
17 mm teflon cannula; angle insertion; 60 cm line x 10 with 10 needles;.....	130.00	1 OP	✓Paradigm Silhouette MMT-378
17 mm teflon cannula; angle insertion; 80 cm line x 10 with 10 needles;.....	130.00	1 OP	✓Paradigm Silhouette MMT-384
34 INSULIN PUMP INFUSION SET (TEFLON CANNULA, STRAIGHT INSERTION) – 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)			
9 mm teflon cannula; straight insertion; 80 cm tubing x 10 with 10 needles;	130.00	1 OP	✓Paradigm Quick-Set MMT-386
6 mm teflon cannula; straight insertion; 80 cm tubing x 10 with 10 needles;	130.00	1 OP	✓Paradigm Quick-Set MMT-387
9 mm teflon cannula; straight insertion; 110 cm tubing x 10 with 10 needles; luer lock.....	130.00	1 OP	✓Quick-Set MMT-390
6 mm teflon cannula; straight insertion; 110 cm tubing x 10 with 10 needles; luer lock.....	130.00	1 OP	✓Quick-Set MMT-391
9 mm teflon cannula; straight insertion; 60 cm tubing x 10 with 10 needles; luer lock.....	130.00	1 OP	✓Quick-Set MMT-392
6 mm teflon cannula; straight insertion; 60 cm tubing x 10 with 10 needles; luer lock.....	130.00	1 OP	✓Quick-Set MMT-393
9 mm teflon cannula; straight insertion; 106 cm tubing x 10 with 10 needles;	130.00	1 OP	✓Paradigm Quick-Set MMT-396
9 mm teflon cannula; straight insertion; 60 cm tubing x 10 with 10 needles;	130.00	1 OP	✓Paradigm Quick-Set MMT-397
6 mm teflon cannula; straight insertion; 110 cm tubing x 10 with 10 needles;	130.00	1 OP	✓Paradigm Quick-Set MMT-398
6 mm teflon cannula; straight insertion; 60 cm tubing x 10 with 10 needles;	130.00	1 OP	✓Paradigm Quick-Set MMT-399

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings - effective 1 January 2013 (continued)

34	INSULIN PUMP INFUSION SET (STEEL CANNULA) – 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 steel needle; 29 G; manual insertion; 60 cm tubing x 10 with 10 needles; luer lock.....	130.00	1 OP	✓ Sure-T MMT-863
	6 mm steel needle; 29 G; manual insertion; 60 cm tubing x 10 with 10 needles;	130.00	1 OP	✓ Paradigm Sure-T MMT-864
	6 mm steel needle; 29 G; manual insertion; 80 cm tubing x 10 with 10 needles; luer lock.....	130.00	1 OP	✓ Sure-T MMT-865
	6 mm steel needle; 29 G; manual insertion; 80 cm tubing x 10 with 10 needles;	130.00	1 OP	✓ Paradigm Sure-T MMT-866
	8 mm steel needle; 29 G; manual insertion; 60 cm tubing x 10 with 10 needles; luer lock.....	130.00	1 OP	✓ Sure-T MMT-873
	8 mm steel needle; 29 G; manual insertion; 60 cm tubing x 10 with 10 needles;	130.00	1 OP	✓ Paradigm Sure-T MMT-874
	8 mm steel needle; 29 G; manual insertion; 80 cm tubing x 10 with 10 needles; luer lock.....	130.00	1 OP	✓ Sure-T MMT-875
	8 mm steel needle; 29 G; manual insertion; 80 cm tubing x 10 with 10 needles;	130.00	1 OP	✓ Paradigm Sure-T MMT-876
	10 mm steel needle; 29 G; manual insertion; 60 cm tubing x 10 with 10 needles; luer lock.....	130.00	1 OP	✓ Sure-T MMT-883
	10 mm steel needle; 29 G; manual insertion; 60 cm tubing x 10 with 10 needles;	130.00	1 OP	✓ Paradigm Sure-T MMT-884
	10 mm steel needle; 29 G; manual insertion; 80 cm tubing x 10 with 10 needles; luer lock.....	130.00	1 OP	✓ Sure-T MMT-885
	10 mm steel needle; 29 G; manual insertion; 80 cm tubing x 10 with 10 needles;	130.00	1 OP	✓ Paradigm Sure-T MMT-886
34	INSULIN PUMP INFUSION SET (TEFLON CANNULA, STRAIGHT INSERTION WITH INSERTION DEVICE) – 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 teflon cannula; straight insertion; insertion device; 45 cm pink tubing x 10 with 10 needles;	130.00	1 OP	✓ Paradigm Mio MMT-921
	6 mm teflon cannula; straight insertion; insertion device; 60 cm pink tubing x 10 with 10 needles	130.00	1 OP	✓ Paradigm Mio MMT-923
	6 mm teflon cannula; straight insertion; insertion device; 80 cm pink tubing x 10 with 10 needles;	130.00	1 OP	✓ Paradigm Mio MMT-925

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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New Listings - effective 1 January 2013 (continued)

continued...

	6 mm teflon cannula; straight insertion; insertion device; 45 cm blue tubing x 10 with 10 needles	130.00	1 OP	✓ Paradigm Mio MMT-941
	6 mm teflon cannula; straight insertion; insertion device; 60 cm blue tubing x 10 with 10 needles	130.00	1 OP	✓ Paradigm Mio MMT-943
	6 mm teflon cannula; straight insertion; insertion device; 80 cm blue tubing x 10 with 10 needles	130.00	1 OP	✓ Paradigm Mio MMT-945
	6 mm teflon cannula; straight insertion; insertion device; 80 cm clear tubing x 10 with 10 needles	130.00	1 OP	✓ Paradigm Mio MMT-965
	9 mm teflon cannula; straight insertion; insertion device; 80 cm clear tubing x 10 with 10 needles	130.00	1 OP	✓ Paradigm Mio MMT-975
39	CALCITRIOL * Cap 0.25 µg.....	10.10	100	✓ Calcitriol-AFT
	* Cap 0.5 µg.....	18.73	100	✓ Calcitriol-AFT
47	BEZAFIBRATE * Tab 200 mg	9.70	90	✓ Bezalip
61	CALAMINE a) Only on a prescription b) Not in combination Crn, aqueous, BP	1.77	100 g	✓ Pharmacy Health
73	LEVONORGESTREL * Tab 750 µg	12.50	2	✓ Next Choice
77	TESTOSTERONE UNDECANOATE – Retail pharmacy-Specialist Inj 250 mg per ml, 4 ml	86.00	1	✓ Reandron 1000
86	PENICILLIN G BENZATHINE [BENZATHINE BENZYL PENICILLIN] Inj 1.2 mega u per 2 ml – Up to 5 inj available on a PSO.....	315.00	10	✓ Bicillin LA
89	POSACONAZOLE – Special Authority see SA1285 – Retail pharmacy Oral liq 40 mg per ml.....	761.13	105 ml OP	✓ Noxafil

▶ SA1285 Special Authority for Subsidy

Initial application only from a haematologist or infectious disease specialist. Approvals valid for 6 weeks for patients meeting the following criteria:

Either:

1. Patient has acute myeloid leukaemia and is to be treated with high dose remission induction, re-induction or consolidation chemotherapy; or
2. Patient has received a stem cell transplant and has graft versus host disease and is on significant immunosuppressive therapy*.

Renewal only from a haematologist or infectious disease specialist. Approvals valid for 6 weeks for patients meeting the following criteria:

Either:

continued...

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings - effective 1 January 2013 (continued)

continued...

1. Patient has acute myeloid leukaemia and is to be treated with high dose remission induction, re-induction or consolidation therapy; or
 2. Patient has received a stem cell transplant and has graft versus host disease and is on significant immunosuppression* and requires on going posaconazole treatment.
- * Graft versus host disease (GVHD) on significant immunosuppression is defined as acute GVHD, grade II to IV, or extensive chronic GVHD, or if they were being treated with intensive immunosuppressive therapy consisting of either high-dose corticosteroids (≥ 1 mg per kilogram of body weight per day for patients with acute GVHD or ≥ 0.8 mg per kilogram every other day for patients with chronic GVHD), antithymocyte globulin, or a combination of two or more immunosuppressive agents or types of treatment.

102	DICLOFENAC SODIUM			
	* Tab EC 25 mg	4.00	100	✓ Apo-Diclo
	* Tab EC 50 mg	16.00	500	✓ Apo-Diclo
119	LEVODOPA WITH CARBIDOPA (new formulation)			
	Tab 100 mg with carbidopa 25 mg – For levodopa with carbidopa oral liquid formulation refer, page 179	20.00	100	✓ Sinemet
	Tab long-acting 200 mg with carbidopa 50 mg	47.50	100	✓ Sinemet CR
	Tab 250 mg with carbidopa 25 mg	40.00	100	✓ Sinemet
121	TRAMADOL HYDROCHLORIDE			
	Tab sustained-release 100 mg	2.14	20	✓ Tramal SR 100
	Tab sustained-release 150 mg	3.21	20	✓ Tramal SR 150
	Tab sustained-release 200 mg	4.28	20	✓ Tramal SR 200
131	DOMPERIDONE			
	* Tab 10 mg - For domperidone oral liquid formulation refer, page 179	3.25	100	✓ Prokinex
140	INTERFERON BETA-1-ALPHA – Special Authority see SA1062			
	Inj 6 million iu per 0.5 ml pen injector	1,425.10	4	✓ Avonex Pen
152	DOXORUBICIN – PCT only – Specialist			
	Inj 50 mg	17.00	1	✓ Arrow-Doxorubicin
	Inj 200 mg	65.00	1	✓ Arrow-Doxorubicin
178	PHARMACY SERVICES - May only be claimed once per patient			
	* Brand switch fee.....	4.33	1 fee	✓ BSF Plendil ER
	The Pharmacode for BSF Plendil ER is 2430231 (BSF Plendil ER Brand switch fee to be delisted 1 April 2013)			

Changes to Restrictions

Effective 1 January 2013

32	<p>INSULIN PUMP – Special Authority see SA1237 – Retail pharmacy</p> <p>a) Only on a prescription</p> <p>b) Maximum of 1 insulin pump per prescription</p> <p>c) Maximum of 1 insulin pump per patient each four year period</p> <p>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; Min basal rate 0.025 U/h; blue colour.....</p> <p>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 Min basal rate 0.025 U/h; silver colour.....</p> <p>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 Min basal rate 0.025 U/h; pink colour.....</p> <p>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 Min basal rate 0.025 U/h; green colour.....</p> <p>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 Min basal rate 0.025 U/h; black colour.....</p>	<p>4,500.00</p> <p>4,500.00</p> <p>4,500.00</p> <p>4,500.00</p> <p>4,500.00</p>	<p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	<p>✓ Animas Vibe</p> <p>✓ Animas Vibe</p> <p>✓ Animas Vibe</p> <p>✓ Animas Vibe</p> <p>✓ Animas Vibe</p>
34	<p>INSULIN PUMP INFUSION SET (STEEL CANNULA) – Special Authority see SA1240 – Retail Pharmacy</p> <p>a) Maximum of 3 packs per prescription,</p> <p>b) Maximum of 1 prescription per 90 days.</p> <p>c) Only on a prescription</p> <p>Note: One additional pack of infusion sets will be funded per year (Maximum of 13 packs per annum)</p> <p>6 mm metal steel cannula; straight insertion;</p> <p>60 cm grey line x 10 with 10 needles.....</p> <p>8 mm metal steel cannula; straight insertion;</p> <p>60 cm grey line x 10 with 10 needles.....</p> <p>8 mm metal steel cannula; straight insertion;</p> <p>110 cm grey line x 10 with 10 needles.....</p>	<p>130.00</p> <p>130.00</p> <p>130.00</p> <p>130.00</p>	<p>1 OP</p> <p>1 OP</p> <p>1 OP</p> <p>1 OP</p>	<p>✓ Contact-D</p> <p>✓ Contact-D</p> <p>✓ Contact-D</p> <p>✓ Contact-D</p>

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions - effective 1 January 2013 (continued)

34	<p>INSULIN PUMP INFUSION SET (TEFLON CANNULA, STRAIGHT INSERTION WITH INSERTION DEVICE) – 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)</p>			
	<p>Teflon cannula straight insertion 6 mm; with auto-injector; 6 mm Teflon cannula; straight insertion; Insertion device; 60 cm grey line x 10 with 10 needles.....</p>	140.00	1 OP	✓ Inset II
	<p>Teflon cannula straight insertion 6 mm; with auto-injector; 6 mm Teflon cannula; straight insertion; Insertion device; 60 cm pink line x 10 with 10 needles.....</p>	140.00	1 OP	✓ Inset II
	<p>Teflon cannula straight insertion 6 mm; with auto-injector; 6 mm Teflon cannula; straight insertion; Insertion device; 60 cm blue line x 10 with 10 needles.....</p>	140.00	1 OP	✓ Inset II
	<p>Teflon cannula straight insertion 9 mm; with auto-injector; 9 mm Teflon cannula; straight insertion; Insertion device; 60 cm grey line x 10 with 10 needles.....</p>	140.00	1 OP	✓ Inset II
	<p>Teflon cannula straight insertion 9 mm; with auto-injector; 9 mm Teflon cannula; straight insertion; Insertion device; 60 cm pink line x 10 with 10 needles.....</p>	140.00	1 OP	✓ Inset II
	<p>Teflon cannula straight insertion 9 mm; with auto-injector; 9 mm Teflon cannula; straight insertion; Insertion device; 60 cm blue line x 10 with 10 needles.....</p>	140.00	1 OP	✓ Inset II
	<p>Teflon cannula straight insertion 6 mm; with auto-injector; 6 mm Teflon cannula; straight insertion; Insertion device; 110 cm grey line x 10 with 10 needles.....</p>	140.00	1 OP	✓ Inset II
	<p>Teflon cannula straight insertion 9 mm; with auto-injector; 9 mm Teflon cannula; straight insertion; Insertion device; 110 cm grey line x 10 with 10 needles.....</p>	140.00	1 OP	✓ Inset II
34	<p>INSULIN PUMP INFUSION SET (TEFLON CANNULA, ANGLE INSERTION) – 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)</p>			
	<p>Teflon cannula angle insertion 13 mm; 13 mm Teflon cannula; angle insertion; 60 cm grey line x 5 with 10 needles.....</p>	120.00	1 OP	✓ Comfort Short
	<p>Teflon cannula angle insertion 17 mm; 17 mm Teflon cannula; angle insertion; 60 cm grey line x 5 with 10 needles.....</p>	120.00	1 OP	✓ Comfort
	<p>Teflon cannula angle insertion 17 mm; 17 mm Teflon cannula; angle insertion; 110 cm grey line x 5 with 10 needles.....</p>	120.00	1 OP	✓ Comfort

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions - effective 1 January 2013 (continued)

- 34 INSULIN PUMP INFUSION SET (**TEFLON CANNULA, ANGLE INSERTION WITH INSERTION DEVICE**)
– 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)

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

54 FELODIPINE

- * Tab long-acting 5 mg – **Brand switch fee payable (Pharmacode 2430231) - see page 177 for details**..... 3.10 30 ✓ **Plendil ER**
- * Tab long-acting 10 mg – **Brand switch fee payable (Pharmacode 2430231) - see page 177 for details**..... 4.60 30 ✓ **Plendil ER**

73 Antiandrogen Oral Contraceptives

Prescribers may code prescriptions “contraceptive” (code “O”) when used as indicated for contraception. The period of supply and prescription charge will be as per other contraceptives, as follows:

- ~~\$3.00~~ **\$5.00** prescription charge (patient co-payment) will apply.
- prescription may be written for up to six months supply.

Prescriptions coded in any other way are subject to the non-contraceptive prescription charges, and the non-contraceptive period of supply. ie. Prescriptions may be written for up to three months supply

176 BRIMONIDINE TARTRATE

- * Eye Drops 0.2% – **Brand switch fee payable (Pharmacode 2425823) – see page 177 for details** 6.45 5 ml OP ✓ **Arrow-Brimonidine**

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 Subsidy and Manufacturer's Price

Effective 1 January 2013

28	LANSOPRAZOLE (↓ subsidy)				
	* Cap 15 mg	2.00	28		✓ Lanzol Relief
	* Cap 30 mg	2.32	28		✓ Lanzol Relief
77	PREDNISOLONE SODIUM PHOSPHATE (↑ subsidy)				
	* Oral liq 5 mg per ml – Up to 30 ml available on a PSO.....	10.45	30 ml OP		✓ Redipred
	Restricted to children under 12 years of age.				
97	NEVIRAPINE – Special Authority see SA1025 – Retail pharmacy (↓ subsidy)				
	Tab 200 mg	95.94	60		
		(319.80)			Viramune
119	LISURIDE HYDROGEN MALEATE (↓ subsidy)				
	▲ Tab 200 µg	25.00	30		✓ Dopergin
123	PETHIDINE HYDROCHLORIDE (↑ subsidy)				
	a) Only on a controlled drug form				
	b) No patient co-payment payable				
	c) Safety medicine; prescriber may determine dispensing frequency				
	Tab 50 mg	3.95	10		✓ PSM
	Tab 100 mg	5.80	10		✓ PSM
124	AMITRIPTYLINE – Safety medicine; prescriber may determine dispensing frequency (↓ subsidy)				
	Tab 10 mg	1.66	50		
		(2.77)			Amirol
129	PHENOBARBITONE (↑ subsidy)				
	For phenobarbitone oral liquid refer, page 185				
	* Tab 15 mg	28.00	500		✓ PSM
	* Tab 30 mg	29.00	500		✓ PSM
131	PIZOTIFEN (↑ subsidy)				
	* Tab 500 µg	23.21	100		✓ Sandomigran
148	CARBOPLATIN – PCT only – Specialist (↓ subsidy)				
	Inj 1 mg for ECP	0.13	1 mg		✓ Baxter
148	CISPLATIN – PCT only – Specialist (↓ susidy)				
	Inj 1 mg per ml, 50 ml	15.00	1		✓ DBL Cisplatin
	Inj 1 mg per ml, 100 ml	21.00	1		✓ DBL Cisplatin
160	MEGESTROL ACETATE – Retail pharmacy-Specialist (↓ subsidy)				
	Tab 160 mg	51.55	30		
		(57.92)			Megace

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 January 2013 (continued)

165	CYCLOSPORIN (↓ subsidy)			
	Cap 25 mg	44.63	50	✓ Neoral
	Cap 50 mg	88.91	50	✓ Neoral
	Cap 100 mg	177.81	50	✓ Neoral

▲ 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 General Rules

Effective 1 January 2013

9 Patient costs

Community Pharmaceutical costs met by the Government

Most of the cost of a subsidised prescription Community Pharmaceutical is met by the Government through the Pharmaceutical Budget. The Government pays a subsidy for the Community Pharmaceutical to Contractors, and a fee covering distribution and pharmacy dispensing services. The subsidy paid to Contractors does not necessarily represent the final cost to Government of subsidising a particular Community Pharmaceutical. The final cost will depend on the nature of PHARMAC's contractual arrangements with the supplier. Fully subsidised medicines are identified with a ✓ in the product's Schedule listing.

SALBUTAMOL

Aerosol inhaler 100 µg per dose	3.80	✓ Fully subsidised brand
	(6.00)	Higher priced brand

Pharmaceutical Co-Payments

Some Community Pharmaceutical costs are met by the patient. Generally a patient pays a prescription charge. In addition a patient will sometimes pay a manufacturer's surcharge, after hours service fee and any special packaging fee.

PRESCRIPTION CHARGE

From ~~1 September 2008~~ **1 January 2013**, everyone who is eligible for publicly funded health and disability services should in most circumstances pay only ~~\$3~~ **\$5** for subsidised medicines.

All prescriptions from a public hospital, a midwife and a Family Planning Clinic are covered for ~~\$3~~ **\$5** co-payments.

Prescriptions from the following providers are approved for ~~\$3~~ **\$5** co-payments on subsidised medicines if they meet the specified criteria:

- After Hours Accident and Medical Services with a DHB or a PHO contract.
- Youth Health Clinics with a DHB or a PHO contract.
- Dentists who write a prescription that relates to a service being provided under a DHB contract.
- Private specialists (for example, ophthalmologists and orthopaedics) who write a prescription for a patient receiving a publicly funded service contracted by the DHB.
- General practitioners who write a prescription during normal business hours to a person who is not enrolled in the general practice provided the person is eligible for publicly funded health and disability services and the general practice is part of a PHO.
- Hospices that have a contract with a DHB.

Patients can check whether they are eligible for publicly funded health and disability services by referring to the Eligibility Direction on the Ministry of Health's website.

To check if a medicine is fully subsidised, refer to the Pharmaceutical Schedule on PHARMAC's website or ask your pharmacist or general practitioner.

DHBs have a list of eligible providers in their respective regions. Any provider/prescriber not specifically listed by a DHB as an approved provider/prescriber should be regarded as not approved.

NOTE: Information sourced from Ministry of Health Website, for more information please visit www.moh.govt.nz

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 January 2013

148	CISPLATIN – PCT only – Specialist				
	Inj 1 mg per ml, 50 ml	15.00	1	✓	Mayne DBL Cisplatin
	Inj 1 mg per ml, 100 ml	21.00	1	✓	Mayne DBL Cisplatin

Changes to PSO

Effective 1 January 2013

209	PENICILLIN G BENZATHINE [BENZATHINE BENZYL PENICILLIN]
	✓ Inj 1.2 mega u per 2 ml 5

Changes to Section I

Effective 1 January 2013

217	DIPHTHERIA, TETANUS AND PERTUSSIS VACCINE – Hospital pharmacy [Xpharm]				
	For children aged 11 years old and pregnant women between gestational weeks 28 and 38 during epidemics				
	Inj 0.5 ml.....	0.00	1	✓	Boostrix

Changes to Sole Subsidised Supply

Effective 1 January 2013

For the list of new Sole Subsidised Supply products effective 1 January 2013 refer to the bold entries in the cumulative Sole Subsidised Supply table pages 10-19.

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Delisted Items

Effective 1 January 2013

30	METFORMIN HYDROCHLORIDE				
	* Tab immediate-release 500 mg.....	6.15	500	✓ Apotex	
	* Tab immediate-release 850 mg.....	5.05	250	✓ Apotex	
	Note – Apotex tab immediate-release 500 mg, 1,000 mg tab pack, and 850 mg, 500 tab pack, remain subsidised.				
44	DABIGATRAN				
	Cap 110 mg.....	148.00	60	✓ Pradaxa	
	Cap 150 mg.....	148.00	60	✓ Pradaxa	
	Note – these are the bottles Pharmacode 2377578 (110 mg cap) and 2377551 (150 mg cap)				
48	ATORVASTATIN				
	* Tab 10 mg.....	0.84	30	✓ Dr Reddy's	
		(18.32)		Atorvastatin	
				Lipitor	
	* Tab 20 mg.....	1.39	30	✓ Dr Reddy's	
		(26.70)		Atorvastatin	
				Lipitor	
	* Tab 40 mg.....	2.44	30	✓ Dr Reddy's	
		(37.02)		Atorvastatin	
				Lipitor	
	* Tab 80 mg.....	5.41	30	✓ Dr Reddy's	
		(110.50)		Atorvastatin	
				Lipitor	
50	PHEHTOLAMINE MESYLATE				
	* Inj 10 mg per ml, 1 ml.....	17.97	5		
		(31.65)		Regitine	
54	FELODIPINE				
	* Tab long-acting 5 mg.....	9.30	90	✓ Felo 5 ER	
	* Tab long-acting 10 mg.....	13.80	90	✓ Felo 10 ER	
76	NANDROLONE DECANOATE				
	Inj 50 mg per ml, 1 ml.....	21.16	1	✓ Deca-Durabolin	
				Orgaject S29	
77	TESTOSTERONE UNDECANOATE – Retail pharmacy- Specialist				
	Cap 40 mg.....	51.95	100	✓ Arrow-Testosterone	
77	METHYLPREDNISOLONE SODIUM SUCCINATE – Retail pharmacy – Specialist				
	Inj 40 mg per ml, 1 ml.....	151.40	25	✓ Solu-Medrol	
	Inj 62.5 mg per ml, 2 ml.....	412.59	25	✓ Solu-Medrol	
86	FLUCLOXACILLIN SODIUM				
	Cap 250 mg – Up to 30 caps available on a PSO.....	22.00	250		
		(32.00)		AFT	
	Cap 500 mg.....	74.00	500		
		(110.00)		AFT	

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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Delisted Items – effective 1 January 2013 (continued)

152	DOCETAXEL – PCT only - Specialist			
	Inj 20 mg	460.00	1	✓Taxotere
	Inj 80 mg	1,650.00	1	✓Taxotere
161	LETROZOLE			
	* Tab 2.5 mg	4.85 (9.00)	30	Letara
178	PHARMACY SERVICES – May only be claimed once			
	* Brand switch fee.....	4.33	1 fee	✓BSF Arrow- Brimonidine

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Items to be Delisted

Effective 1 April 2013

27	FAMOTIDINE * Tab 40 mg	11.35	250	✓ Famox
28	LANSOPRAZOLE * Cap 15 mg	2.00	28	✓ Lanzol Relief
	* Cap 30 mg	2.32	28	✓ Lanzol Relief
97	NEVIRAPINE – Special Authority see SA1025 – Retail pharmacy Tab 200 mg	95.94 (319.80)	60	Viramune
124	AMITRIPTYLINE – Safety medicine; prescriber may determine dispensing frequency Tab 10 mg	1.66 (2.77)	50	Amirol
160	MEGESTROL ACETATE – Retail pharmacy-Specialist Tab 160 mg	51.55 (57.92)	30	Megace
178	PHARMACY SERVICES – May only be claimed once per patient * Brand switch fee.....	4.33	1 fee	✓BSF Plendil ER

Effective 1 May 2013

204	AMINO ACID FORMULA – Special Authority see SA1219 – Hospital pharmacy [HP3] Powder (tropical).....	53.00	400 g OP	✓ Neocate Advance
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Effective 1 July 2013

28	PANTOPRAZOLE * Inj 40 mg	6.50	1	✓ Pantocid IV
54	PROPRANOLOL Tab 10 mg	3.55	100	✓ Cardinol
61	CALAMINE a) Only on a prescription b) Not in combination Crn, aqueous, BP	1.77	100 g	✓ Home Essentials
63	METHYLPREDNISOLONE SODIUM SUCCINATE – Retail pharmacy-Specialist Inj 500 mg	18.00	1	✓ Solu-Medrol

Note – this discontinuation applies only to Pharmacode 265349. The preservative free presentation remains listed.

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 July 2013 (continued)

119	LEVODOPA WITH CARBIDOPA			
	* Tab 100 mg with carbidopa 25 mg – For levodopa with carbidopa oral liquid formulation refer, page 180	20.00	100	✓ Sinemet
	* Tab long-acting 200 mg with carbidopa 50 mg	47.50	100	✓ Sinemet CR
	* Tab 250 mg with carbidopa 25 mg	40.00	100	✓ Sinemet
	Note – new presentations of Sinemet and Sinemet CR were listed 1 January 2013.			
127	GABAPENTIN			
	Cap 100 mg	7.16	100	✓ Nupentin
	Cap 300 mg	11.50	100	✓ Nupentin
	Note – the Nupentin capsules in the blister pack are to be delisted. The Nupentin capsules in bottles will remain listed as fully funded.			
204	AMINO ACID FORMULA – Special Authority see SA1219 – Hospital pharmacy [HP3]			
	Powder	53.00	400 g OP	✓ Neocate

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

Section H changes to Part II

Effective 1 January 2013

15	ACICLOVIR Inj 250 mg – 1% DV Mar-13 to 2015	14.09	5	Zovirax IV
	Note – Pfizer inj 250 mg to be delisted 1 March 2013			
19	BEZAFIBRATE Tab 200 mg – 1% DV Mar-13 to 2015	9.70	90	Bezalip
	Note – Fibalip tab 200 mg to be delisted 1 March 2013			
21	CALAMINE (change of HSS brand) Crm aqueous, BP – 1% DV Nov-12 to 2015	1.77	100 g	Pharmacy Health
	Note – Home Essential crm aqueous, BP to be delisted from 1 March 2013			
21	CALCITRIOL Cap 0.25 µg.....	10.10	100	Calcitriol-AFT
	Cap 0.5 µg.....	18.73	100	Calcitriol-AFT
22	CALCIUM GLUCONATE (pack size change) Gel, 2.5%, 50 g	420.00 21.00	20 1	healthE healthE
23	CETOMACROGOL (pack size change) Crm BP 100 g	33.00 1.65	20 1	healthE healthE
24	CHLORHEXIDINE (pack size change) Foaming liquid 4%, 50ml	37.20 1.86	20 1	healthE healthE
	Soln 5%, 500 ml.....	186.00 15.50	12 1	healthE healthE
24	CHLORHEXIDINE GLUCONATE (pack size change) Obstetric lotion 1%, 200 ml.....	81.00 6.75	12 1	healthE healthE
24	CHLORHEXIDINE IN ALCOHOL (pack size change) Soln 0.5% with 70% alcohol, 25 ml (tinted pink)	232.50 1.55	150 1	healthE healthE
	Soln 0.5% with 70% alcohol, 100 ml (tinted pink).....	31.80 2.65	12 1	healthE healthE
	Soln 0.5% with 70% alcohol, 100 ml (tinted red).....	34.80 2.90	12 1	healthE healthE
	Soln 0.5% with 70% alcohol, 500 ml (tinted pink).....	65.40 5.45	12 1	healthE healthE
	Soln 0.5% with 70% alcohol, 500 ml (tinted red).....	70.80 5.90	12 1	healthE healthE
	Soln 2% with 70% alcohol, 100 ml (tinted pink)	42.48 3.54	12 1	healthE healthE

continued...

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

Section H page ref	Price (ex man. excl. GST) \$ Per	Brand or Generic Manufacturer
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Section H changes to Part II - effective 1 January 2013 (continued)

continued...

Soln 2% with 70% alcohol, 100 ml (tinted red).....	46.32 3.86	12 1	healthE healthE
Soln 2% with 70% alcohol, 500 ml (tinted red)	114.72 9.56	12 1	healthE healthE
26 CYCLOSPORIN (↓ price)			
Cap 25 mg	44.63	50	Neoral
Cap 50 mg	88.91	50	Neoral
Cap 100 mg	177.81	50	Neoral
28 DEXAMPHETAMINE SULPHATE (addition of HSS)			
Tab 5 mg – 1% DV Mar-13 to 2015	16.50	100	PSM
28 DICLOFENAC SODIUM			
Tab EC 25 mg – 1% DV Mar-13 to 2015	4.00	100	Apo-Diclo
Tab EC 50 mg – 1% DV Mar-13 to 2015	16.00	500	Apo-Diclo
29 DOMPERIDONE			
Tab 10 mg – 1% DV Mar-13 to 2015	3.25	100	Prokinex
30 DOXORUBICIN			
Inj 50 mg – 1% DV Mar-13 to 2015	17.00	1	Arrow-Doxorubicin
Inj 200 mg – 1% DV Mar-13 to 2015	65.00	1	Arrow-Doxorubicin
Note – Doxorubicin Ebewe and DBL Doxorubicin inj 50 mg and 100 mg to be delisted 1 March 2013			
32 ETHINYLOESTRADIOL WITH LEVONORGESTREL			
Tab 50 µg with levonorgestrel 125 µg and 7 inert tab.....	9.45	84	Microgynon 50 ED
38 HYDROCORTISONE BUTYRATE (addition of HSS)			
Lipocream 0.1% – 1% DV Mar-13 to 2015	2.30	30 g	Locoid Lipocream
	6.85	100 g	Locoid Lipocream
Oint 0.1% – 1% DV Mar-13 to 2015	6.85	100 g	Locoid
Milky emul 0.1% – 1% DV Mar-13 to 2015	6.85	100 ml	Locoid Crelo
Scalp lotn 0.1% – 1% DV Mar-13 to 2015	3.65	100 ml	Locoid
38 HYDROXYETHYL STARCH 130/0.4 WITH MAGNESIUM CHLORIDE, POTASSIUM CHLORIDE, SODIUM ACETATE AND SODIUM CHLORIDE			
Inj 6% with magnesium chloride 0.03%, potassium chloride 0.03%, sodium acetate 0.463% and sodium chloride 0.6%, 500ml.....	198.00	20	Volulyte 6%
38 HYDROXYETHYL STARCH 130/0.4 WITH SODIUM CHLORIDE (chemical name and presentation amended)			
Inj 6% with sodium chloride 0.9 %, 500 ml	198.00	20	Voluven
40 IODINE WITH ALCOHOL (pack size change)			
Soln 1% with 70% alcohol, 100 ml.....	111.60 9.30	12 1	healthE healthE
41 ISOPROPYL ALCOHOL (pack size change)			
Soln 70%, 500 ml.....	67.80 5.65	12 1	healthE healthE

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 January 2013 (continued)

41	ISONIAZID (addition of HSS) Tab 100 mg – 1% DV Mar-13 to 2015	20.00	100	PSM
43	LEVODOPA WITH CARBIDOPA (new formulation) Tab 100 mg with carbidopa 25 mg	20.00	100	Sinemet
	Tab 250 mg with carbidopa 25 mg	40.00	100	Sinemet
	Tab long-acting 200 mg with carbidopa 50 mg	47.50	100	Sinemet CR
	Note – Sinemet and Sinemet CR (previous presentations) to be delisted 1 July 2013.			
43	LEVONORGESTREL Tab 750 µg	12.50	2	Next Choice
43	LISURIDE HYDROGEN MALEATE (↓ price) Tab 200 µg	25.00	30	Dopergin
47	METHYLPREDNISOLONE SODIUM SUCCINATE Inj 500 mg – 1% DV Oct-12 to 2015	18.00	1	Solu-Medrol
	Note – Solu-Medrol inj 500 mg to be delisted 1 March 2013. Note the preservative free presentation remains available and on HSS.			
50	OIL IN WATER EMULSION (pack size change) Crn 100 g	32.00 1.60	20 1	healthE healthE
53	PANTOPRAZOLE Inj 40 mg – 1% DV Sep-11 to 2014	6.50	1	Pantocid IV
	Note – Pantocid IV delisted 1 January 2013			
54	PETHIDINE HYDROCHLORIDE (↑ price and addition of HSS) Tab 50 mg – 1% DV Mar-13 to 2015	3.95	10	PSM
	Tab 100 mg – 1% DV Mar-13 to 2015	5.80	10	PSM
54	PHENOBARBITONE (↑ price and addition of HSS) Tab 15 mg – 1% DV Mar-13 to 2015	28.00	500	PSM
	Tab 30 mg – 1% DV Mar-13 to 2015	29.00	500	PSM
54	PIZOTIFEN (↑ price and addition of HSS) Tab 500 µg – 1% DV Mar-13 to 2015	23.21	100	Sandomigran
55	POSACONAZOLE Oral liq 40 mg per ml	761.13	105 ml	Noxafil
55	PREDNISOLONE SODIUM PHOSPHATE (↑ price) Oral liq 5 mg per ml	10.45	30 ml	Redipred
58	RETINOL PALMITATE (pack size change) Oint 50 g	57.20 2.86	20 1	healthE healthE
62	SOFT WHITE PARAFFIN WITH PARAFFIN LIQUID (pack size change) Oint 50% with 50% paraffin liquid, 100 g	62.00 3.10	20 1	healthE healthE

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 January 2013 (continued)

62	SORBOLENE WITH GLYCERIN (pack size change)		
	Crn with 10% glycerine, 100 g.....	64.00	20 healthE
		3.20	1 healthE
	Crn with 10% glycerine, 500 ml.....	87.60	12 healthE
		7.30	1 healthE
64	TESTOSTERONE UNDECANOATE		
	Inj 250 mg per ml, 4 ml.....	86.00	1 Reandron 1000
65	TRAMADOL HYDROCHLORIDE (↓ price, brand name change)		
	Tab sustained-release 100 mg.....	2.14	20 Tramal SR 100 Retard
	Tab sustained-release 150 mg.....	3.21	20 Tramal SR 150 Retard
	Tab sustained-release 200 mg.....	4.28	20 Tramal SR 200 Retard

Effective 1 December 2012

19	AZITHROMYCIN		
	Tab 250 mg	10.00	30 Apo-Azithromycin
	Tab 500 mg – 1% DV Feb-13 to 2015	1.25	2 Apo-Azithromycin
	Note – Arrow-Azithromycin 500 mg tab to be delisted 1 February 2013		
22	CALCIUM CARBONATE		
	Oral liq 1,250 mg per 5 ml (500 mg elemental per 5 ml).....	39.00	500 ml Roxane
26	CLONIDINE HYDROCHLORIDE (↑ price and addition of HSS)		
	Tab 150 µg – 1% DV Feb-13 to 2015	34.32	100 Catapres
30	DILTIAZEM HYDROCHLORIDE		
	Cap long-acting 120 mg – 5% DV Feb-13 to 2015	31.83	500 Apo-Diltiazem CD
	Cap long-acting 180 mg – 5% DV Feb-13 to 2015	47.67	500 Apo-Diltiazem CD
	Cap long-acting 240 mg – 5% DV Feb-13 to 2015	63.58	500 Apo-Diltiazem CD
	Note – Cardizem CD cap long-acting 120 mg, 180 mg and 240 mg to be delisted 1 February 2013		
31	EFAVIRENZ WITH EMTRICITABINE AND TENOFOVIR DISOPROXIL FUMARATE		
	Tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil fumarate 300 mg.....	1,313.19	30 Atripla
31	EMTRICITABINE WITH TENOFOVIR DISOPROXIL FUMARATE		
	Tab 200 mg with tenofovir disoproxil fumarate 300 mg.....	838.20	30 Truvada
32	ETANERCEPT		
	Inj 50 mg prefilled syringe	1,899.92	4 Enbrel
33	ETRAVIRINE		
	Tab 200 mg	770.00	60 Intelence
35	FLUOROURACIL SODIUM (↓ price and addition of HSS)		
	Crn 5% – 1% DV Feb-13 to 2015	25.16	20 g Efudix

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

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

36	FUROSEMIDE (addition of HSS) Tab 500 mg – 1% DV Feb-13 to 2015.....	25.00	50	Urex Forte
37	HEPARIN WITH SODIUM CHLORIDE (delisted) Inf 25,000 iu with 0.9% sodium chloride	7.25 7.67	250 ml 500 ml	Baxter Baxter
39	IMIPENEM WITH CILASTATIN Inj 500 mg with cilastatin 500 mg – 1% DV Dec-12 to 2014	18.37	1	Primaxin
40	INSULIN ASPART WITH INSULIN ASPART PROTAMINE (change to chemical name) Inj 100 iu per ml, 3 ml prefilled pen	52.15	5	NovoMix 30 FlexPen
45	MAGNESIUM SULPHATE Inj 2 mmol per ml, 5 ml – 1% DV Feb-13 to 2015.....	18.35	10	Martindale
45	MAGNESIUM SULPHATE (change to line description) Inj 49.3% 2 mmol per ml , 5 ml	26.60	10	Mayne
	Note – Mayne inj to be delisted 1 February 2013			
45	METFORMIN HYDROCHLORIDE (brand name change) Tab immediate-release 500 mg – 1% DV Oct-12 to 2015	12.30	1,000	Apø-Metformin Apotex
	Tab immediate-release 850 mg – 1% DV Oct-12 to 2015	10.10	500	Apø-Metformin Apotex
48	METOPROLOL TARTRATE Inj 1 mg per ml, 5 ml – 1% DV Dec-12 to 2015	24.00	5	Lopressor
49	MICONAZOLE Oral gel 20 mg per g – 1% DV Feb-13 to 2015	4.95	40 g	Decozol
52	ONDANSETRON Inj 2 mg per ml, 4 ml.....	2.98	5	Ondanaccord
54	PAMIDRONATE DISODIUM Inj 3 mg per ml, 10 ml – 1% DV Feb-13 to 2014	16.00	1	Pamidronate BNM
	Inj 6 mg per ml, 10 ml – 1% DV Feb-13 to 2014	32.00	1	Pamidronate BNM
	Inj 9 mg per ml, 10 ml – 1% DV Feb-13 to 2014	48.00	1	Pamidronate BNM
	Note – Pamisol inj 3 mg per ml, 6 mg per ml and 9 mg per ml, 10 ml to be delisted 1 February 2013.			
55	PARAFFIN White soft – 1% DV Feb-13 to 2015.....	0.92	10 g	healthE
	Note – Paraffin yellow soft (PSM) to be delisted 1 February 2013.			
	Note – DV Limit applies to pack sizes of 30 g or less, and to white soft paraffin and yellow soft paraffin.			
58	PROMETHAZINE HYDROCHLORIDE Oral liq 5 mg per 5 ml – 1% DV Feb-13 to 2015	2.79	100 ml	Allersoothe
	Note – Promethazine Wintthrop Elixir to be delisted 1 February 2013			

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Section H changes to Part II - effective 1 December 2012 (continued)

58	RECOMBINANT FACTOR VIII			
	Inj 250 IU	225.00	1	Xyntha
	Inj 500 IU	450.00	1	Xyntha
	Inj 1,000 IU	900.00	1	Xyntha
	Inj 2,000 IU	1,800.00	1	Xyntha
	Inj 3,000 IU	2,700.00	1	Xyntha
	Note – This listing is for dual chamber syringe presentation with new Pharmacodes.			
62	SILDENAFIL			
	Tab 100 mg – 1% DV May-13 to 2014	7.45	4	Silagra
65	TEMOZOLOMIDE			
	Cap 5 mg – 1% DV Mar-12 to 2014 2013	16.00	5	Temaccord
	Cap 20 mg – 1% DV Mar-12 to 2014 2013	72.00	5	Temaccord
	Cap 100 mg – 1% DV Mar-12 to 2014 2013	350.00	5	Temaccord
	Cap 250 mg – 1% DV Mar-12 to 2014 2013	820.00	5	Temaccord

Section H changes to Part III

Effective 1 January 2013

ALBENDAZOLE
Tab 200 mg Albenza
Zentel

Indefinite supply to cover treatment of hydatid disease, strongyloidiasis, toxocarasis, ancylostomiasis, neurocysticercosis and schistosomiasis (where first line treatment has failed) until EG **NPPA** funding is approved (Section 29)

DEXTROSE
Inj 5%, 10 ml
Where required for antibiotic treatment funded under DCS or **HEG NPPA**

NETILMICIN
Inj 150 mg per 1.5 ml
Up to 2 weeks supply for any appropriate indication (extension for up to 6 weeks supply for endocarditis should be applied for under ~~Hospital~~ **EG NPPA**)

SODIUM CHLORIDE
Tab 600 mg Slow Sodium
Indefinite supply for salt wasting nephropathy (Section 29)
Inj 0.9%
Where required for injection of antibiotic treatment funded under DCS or **HEG NPPA**

WATER
Purified for inj
Where required for injection of antibiotic treatment funded under DCS or **HEG NPPA**

▲ 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

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