

Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 February 2013

Cumulative for January and February 2013

Section H cumulative for December 2012,
January and February 2013



Contents

Summary of PHARMAC decisions effective 1 February 2013	3
Extension of pharmacist claiming of CareSens Meters	5
Atenolol oral liquid	5
Topical pain relief for osteoarthritis.....	5
Venlafaxine new strength.....	6
Sugar-free flucloxacillin oral liquid	6
Heparon Junior replaces Generaid Plus.....	6
Flixonase Hayfever & Allergy.....	6
Diabetes nurses	7
Special Authority for Freestyle Optium blood glucose test strips.....	7
Brand Switch Fee for Rizamelt and Ursosan	7
News in brief.....	8
Tender News.....	9
Looking Forward	9
Sole Subsidised Supply products cumulative to February 2013	10
New Listings.....	21
Changes to Restrictions	27
Changes to Subsidy and Manufacturer’s Price.....	31
Changes to General Rules.....	34
Changes to Brand Name	35
Changes to PSO.....	35
Changes to Section I	36
Delisted Items	37
Items to be Delisted	39
Section H changes to Part II	42
Section H changes to Part III.....	49
Index.....	50

Summary of PHARMAC decisions

EFFECTIVE 1 FEBRUARY 2013

New listings (pages 21-26)

- Quinapril (Arrow-Quinapril) tab 5 mg, 10 mg and 20 mg
- Atenolol (Atenolol AFT) oral liq 25 mg per 5 ml
- Flucloxacillin sodium (AFT) grans for oral liq 125 mg per 5 ml and 250 mg per 5 ml – new sugar free formulation.
- Capsaicin (Zostrix) 0.025% crm, 45 g OP – Special Authority – Retail pharmacy
- Venlafaxine (Arrow-Venlafaxine XR) tab 225 mg – Special Authority – Retail pharmacy
- Azathioprine (Imuran) tab 50 mg – Retail pharmacy – Specialist
- Fluticasone propionate (Flixonase Hayfever & Allergy) metered aqueous nasal spray, 50 µg per dose – new packaging
- Enteral/oral feed 1 kcal/ml (Heparon Junior) powder (unflavoured) – Hospital pharmacy [HP3]

Changes to restrictions (pages 27-30)

- Candesartan (Candestar) tab 4 mg, 8 mg, 16 mg and 32 mg – remove brand switch fee
- Paediatric products for children awaiting liver transplant – change to Special Authority criteria
- High fat formula with vitamins, minerals and trace elements and low in protein and carbohydrate (KetoCal) powder (vanilla) – amendment to chemical name

Decreased subsidy (pages 31-33)

- Miconazole (Daktarin) oral gel 20 mg per ml, 40 g OP
- Bezafibrate (Fibalip) tab 200 mg
- Diltiazem hydrochloride (Cardizem CD) cap long-acting 120 mg, 180 mg and 240 mg
- Azithromycin (Arrow-Azithromycin) tab 500 mg, 2 OP
- Pamidronate disodium (Pamisol) inj 3 mg per ml, 6 mg per ml and 9 mg per ml, 10 ml
- Moclobemide (Apo-Moclobemide) tab 300 mg
- Glycerin with sodium saccharin (Ora-Sweet SF) suspension
- Glycerin with sucrose (Ora-Sweet) suspension
- Methylcellulose (Ora-Plus) suspension
- Methylcellulose with glycerine and sodium saccharin (Ora-Blend SF) suspension
- Methylcellulose with glycerine and sucrose (Ora-Blend) suspension

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

Increased subsidy (pages 31-33)

- Erythromycin lactobionate (Erythrocin IV) inj 1 g
- Nadolol (Apo-Nadolol) tab 40 mg and 80 mg
- Moclobemide (Apo-Moclobemide) tab 150 mg

Extension of pharmacist claiming of CareSens Meters

The Pharmaceutical Schedule rules were amended from 1 September 2012 to 1 March 2013 to allow pharmacists to provide and claim a funded CareSens meter to patients with a record of using insulin or a sulphonylurea. This provision is being extended to 1 July 2013 in order to further assist patients during the transition period.

There will continue to be no patient co-payment payable for the CareSens meters.

Pharmacists can continue to use the Pharmacist Claiming Pads that were sent



with the September 2012 Update. More Pharmacist Claiming Pads can be ordered free of charge from www.pharmaonline.co.nz.

Atenolol oral liquid

From 1 February 2013 the Atenolol AFT brand of atenolol oral liquid 25 mg per 5 ml will be fully funded for patients under the age of 12 years. Atenolol AFT is not a registered product in New Zealand and will be supplied under section 29 of the Medicines Act 1981.

Topical pain relief for osteoarthritis

Capsaicin 0.025% cream (Zostrix) will be listed fully funded from 1 February 2013 subject to Special Authority criteria. The Special Authority criteria will restrict funding to patients with osteoarthritis whose pain is unresponsive to paracetamol and where NSAIDs are contraindicated.



Venlafaxine new strength

A new 225 mg strength of Arrow Venlafaxine XR tablets will be fully funded from 1 February 2013. Previously, patients on a 225 mg dose of venlafaxine were required to take two tablets, one 75 mg and one 150 mg. The introduction of the Arrow Venlafaxine XR 225 mg tablet will help to reduce the pill burden for these patients, as well as reducing patient prescription co-payments.

Sugar-free flucloxacillin oral liquid

A sugar-free flucloxacillin sodium (AFT) grans for oral liquid, in both 125 mg per 5 ml and 250 mg per 5 ml strength, will be listed fully funded from 1 February 2013. The current (sugar containing) flucloxacillin grans for oral liquid will be delisted when stock has been exhausted.

Heparon Junior replaces Generaid Plus

Heparon Junior (enteral/oral feed 1 kcal/ml) will be listed fully funded from 1 February 2013 subject to Special Authority criteria for use in children with liver disease, replacing Generaid Plus. Generaid Plus will be delisted from the Pharmaceutical Schedule on 1 August 2013.

Flixonase Hayfever & Allergy

GSK has released Flixonase Hayfever & Allergy (fluticasone propionate) metered aqueous nasal spray in black and white packaging to be used in the dispensary. This product will be listed fully funded and sole supply from 1 February 2013 with a different pharmacode and at a lower price. Flixonase Hayfever & Allergy metered aqueous nasal spray in the original packaging delisted from 1 February 2013.



Diabetes nurses

The following five nurses have been authorised in early January 2013 as Diabetes Nurse Prescribers

District Health Board	Registered Nurse Practising in Diabetes Health	Nursing Council registration number
Northland DHB	Amy Savage	152390
Auckland DHB	Melanie Lubeck	151268
	Jane Wilkinson	124468
	Diane Bermingham	137642
Counties Manukau DHB	Kathryn Smallman	148492

It is expected that additional nurses will be added to the list later in January.

A list of all authorised nurses on the Diabetes Nurse Prescriber list and what they can prescribe can be found on the PHARMAC website at:

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

Special Authority for Freestyle Optium blood glucose test strips

From 1 March 2013, Freestyle Optium blood glucose test strips will be fully funded only for those patients meeting Special Authority criteria. To assist the processing of Special Authority applications, eligible patients (identified via subsidy data) will receive automatic Special Authority approval and prescribers will be notified. For patients who have not been identified through this process the prescriber may make a manual application with supporting evidence to PHARMAC. Further information will be provided on the PHARMAC website and in the March 2013 Pharmaceutical Schedule Update.

Brand Switch Fee for Rizamelt and Ursosan

Dispensings of Rizamelt and Ursosan were eligible for a Brand Switch Fee from 1 August 2012 until 1 November 2012. The December Pharmaceutical Schedule incorrectly lists "Brand switch fee payable" against these listings. This error will be corrected in the next printed Schedule.

News in brief

- Stock of Ridaura s29 **auranofin** tab 3 mg is now available. The registered product (Ridaura) is no longer available and will be delisted from 1 February 2013.
- **Etravirine** (Intence) 100 mg tablets will be delisted 1 August 2013.
- The listing of Ketocal 3:1 (**high fat low carbohydrate formula**) powder will be delayed to 1 April 2013.
- The delisting of **lisinopril** (Arrow-Lisinopril) tab 5 mg, 10 mg and 20 mg in pack size 30 tab will be delayed to 1 April 2013.
- There will be a delay in implementation of Sole Supply on **calamine** cream.
- A new listing of **azathioprine** (Imuran) tab 50 mg will be fully funded from 1 February 2013.



Tender News

Sole Subsidised Supply changes – effective 1 March 2013

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Acarbose	Tab 50 mg; 90 tab	Accarb (Mylan)
Acarbose	Tab 100 mg; 90 tab	Accarb (Mylan)
Blood glucose diagnostic test strip	Blood glucose test strips; 50 test OP	CareSens (Pharmaco) CareSens N (Pharmaco)
Chlorhexidine gluconate	Mouthwash 0.2%; 200 ml OP	healthE (Jaychem)
Ciclopirox olamine	Nail-soln 8%; 7 ml OP	Apo-Ciclopirox (Apotex)
Clonidine hydrochloride	Tab 150 µg; 100 tab	Catapres (Boehringer Ingelheim)
Enalapril	Tab 5 mg; 90 tab	m-Enalapril (Multichem)
Enalapril	Tab 10 mg; 90 tab	m-Enalapril (Multichem)
Enalapril	Tab 20 mg; 90 tab	m-Enalapril (Multichem)
Entacapone	Tab 200 mg; 100 tab	Entapone (Mylan)
Fluorometholone	Eye drops 0.1%; 5 ml OP	Flucon (Alcon)
Fluorouracil sodium	Crn 5%; 20 g OP	Efudix (Valeant)
Furosemide	Tab 500 mg; 50 tab	Urex Forte (Aspen)
Lamivudine	Tab 100 mg; 28 tab	Zetlam (Mylan)
Macrogol 3350	Powder 13.125 g, sachets; 30 sachets	Lax-Sachets (AFT)
Oxycodone hydrochloride	Inj 10 mg per ml, 1 ml; 5 inj	Oxycodone Orion (Max Health)
Oxycodone hydrochloride	Inj 10 mg per ml, 2 ml; 5 inj	Oxycodone Orion (Max Health)
Zidovudine [AZT] with lamivudine	Tab 300 mg with lamivudine 150 mg; 60 tab	Alphapharm (Alphapharm)

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 future implementation 1 March 2013

- Sildenafil (Silagra) tab 25 mg and 50 mg
- 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 February 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	Grans for oral liq amoxicillin 125 mg with potassium clavulanate 31.25 mg per 5 ml Grans for oral liq amoxicillin 250 mg with potassium clavulanate 62.5 mg per 5 ml Tab 500 mg with potassium clavulanate 125 mg	Augmentin	2015
		Augmentin	
		Curam Duo	2014
Aqueous cream	Crm	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
Atropine sulphate	Inj 600 µg, 1 ml	AstraZeneca	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

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

Sole Subsidised Supply Products – cumulative to February 2013

Generic Name	Presentation	Brand Name	Expiry Date*
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
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	Crm BP	PSM	2013
Cetirizine hydrochloride	Oral liq 1 mg per ml Tab 10 mg	Cetirizine - AFT Zetop	2014
Chloramphenicol	Eye oint 1% Eye drops 0.5%	Chlorsig 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
Clomipramine hydrochloride	Tab 10 mg & 25 mg	Apo-Clomipramine	2015
Clonidine hydrochloride	Inj 150 µg per ml, 1 ml	Catapres	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 February 2013

Generic Name	Presentation	Brand Name	Expiry Date*
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
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	Maxitrol	2014
	Eye drops 0.1% with neomycin sulphate 0.35% and polymyxin B sulphate 6,000 u per ml	Maxitrol	
Dextrose	Inj 50%, 10 ml	Biomed	2014
Dextrose with electrolytes	Soln with electrolytes	Pedialyte – Fruit	2013
		Pedialyte – Bubblegum	
		Pedialyte – Plain	
Diclofenac sodium	Tab long-acting 75 mg & 100 mg	DiClax SR	2015
	Inj 25 mg per ml, 3 ml	Voltaren	2014
	Eye drops 1 mg per ml	Voltaren Ophtha	
	Suppos 12.5 mg, 25 mg, 50 mg & 100 mg	Voltaren	
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	Laxofast 50	2014
	Cap 120 mg	Laxofast 120	

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

Sole Subsidised Supply Products – cumulative to February 2013

Generic Name	Presentation	Brand Name	Expiry Date*
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 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
Felodopine	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	Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml Cap 250 mg & 500 mg Inj 250 mg, 500 mg & 1 g	AFT Staphlex 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
Fluticafone propionate	Metered aqueous nasal spray, 50 µg per dose	Flixonase Hayfever & Allergy	2015
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

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

Sole Subsidised Supply Products – cumulative to February 2013

Generic Name	Presentation	Brand Name	Expiry Date*
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	Suppos 3.6 g Liquid	PSM healthE	2015 2013
Glyceryl trinitrate	Aerosol spray 400 µg per dose TDDS 5 mg & 10 mg Tab 600 µg	Glytrin Nitroderm TTS Lycinate	2014
Haloperidol	Inj 5 mg per ml, 1 ml Oral liq 2 mg per ml Tab 500 µg, 1.5 mg & 5 mg	Serenace Serenace Serenace	2013
Hydrocortisone	Tab 5 mg & 20 mg Crm 1% Powder Inj 50 mg per ml, 1 ml	Douglas Pharmacy Health ABM Solu-Cortef	2015 2014 2013
Hydrocortisone acetate	Rectal foam 10%, CFC-Free (14 applications)	Colifoam	2015
Hydrocortisone with miconazole	Crm 1% with miconazole nitrate 2%	Micreme H	2013
Hydrocortisone with wool fat and mineral oil	Lotn 1% with wool fat hydrous 3% and mineral oil	DP Lotn HC	2014
Hydroxocobalamin	Inj 1 mg per ml, 1 ml	ABM Hydroxocobalamin	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	Crm 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

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

Sole Subsidised Supply Products – cumulative to February 2013

Generic Name	Presentation	Brand Name	Expiry Date*
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
Lisinopril	Tab 5 mg, 10 mg & 20 mg	Arrow-Lisinopril	2015
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

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

Sole Subsidised Supply Products – cumulative to February 2013

Generic Name	Presentation	Brand Name	Expiry Date*
Methadone hydrochloride	Oral liq 2 mg per ml	Biodone	2015
	Oral liq 5 mg per ml	Biodone Forte	
	Oral liq 10 mg per ml	Biodone Extra Forte	
	Tab 5 mg	Methatabs	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	Lopresor	2015
	Tab 50 mg & 100 mg	Lopresor	
	Tab long-acting 200 mg	Slow-Lopresor	
Miconazole nitrate	Crn 2%	Multichem	2014
Mirtazapine	Tab 30 mg & 45 mg	Avanza	2015
Mometasone furoate	Crn 0.1%	m-Mometasone	2015
	Oint 0.1%		
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	DBL Morphine Sulphate	
	Cap long-acting 10 mg, 30 mg, 60 mg & 100 mg	Arrow-Morphine LA	
		m-Elson	
Morphine tartrate	Inj 80 mg per ml, 1.5 ml & 5 ml	Hospira	2013
Mucilaginous laxatives	Dry	Konsyl-D	2013
Naphazoline hydrochloride	Eye drops 0.1%	Naphcon Forte	2014
Naproxen	Tab 250 mg	Noflam 250 Noflam 500	2015
	Tab 500 mg		
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

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

Sole Subsidised Supply Products – cumulative to February 2013

Generic Name	Presentation	Brand Name	Expiry Date*
Norfloxacin	Tab 400 mg	Arrow-Norfloxacin	2014
Norethisterone	Tab 350 µg Tab 5 mg	Noriday 28 Primolut N	2015 2014
Nystatin	Oral liq 100,000 u per ml Cap 500,000 u Tab 500,000 u	Nilstat Nilstat Nilstat	2014 2013
Octreotide (somatostatin analogue)	Inj 50 µg per ml, 1 ml Inj 100 µg per ml, 1 ml Inj 500 µg per ml, 1 ml	Octreotide Max Rx	2014
Oil in water emulsion	Crn	healthE Fatty Cream	2015
Omeprazole	Cap 10 mg, 20 mg & 40 mg Powder Inj 40 mg	Omezol Relief Midwest Dr Reddy's Omeprazole	2014
Ondansetron	Tab disp 8 mg Tab 4 mg & 8 mg	Dr Reddy's Ondansetron Dr Reddy's Ondansetron	2013
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	Suppos 500 mg Tab 500 mg Oral liq 120 mg per 5 ml Oral liq 250 mg per 5 ml	Paracare Parafast Ethics Paracetamol Paracare Double Strength	2015 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

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

Sole Subsidised Supply Products – cumulative to February 2013

Generic Name	Presentation	Brand Name	Expiry Date*
Phenoxyethylpenicillin (Penicillin 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
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

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

Sole Subsidised Supply Products – cumulative to February 2013

Generic Name	Presentation	Brand Name	Expiry Date*
Sodium cromoglycate	Eye drops 2%	Rexacrom	2013
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
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

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

Sole Subsidised Supply Products – cumulative to February 2013

Generic Name	Presentation	Brand Name	Expiry Date*
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

February changes in bold

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings

Effective 1 February 2013

51	QUINAPRIL				
	* Tab 5 mg	3.44	90	✓ Arrow-Quinapril 5	
	* Tab 10 mg	4.64	90	✓ Arrow-Quinapril 10	
	* Tab 20 mg	6.34	90	✓ Arrow-Quinapril 20	
53	ATENOLOL				
	* Oral liq 25 mg per 5 ml	21.25	300 ml OP	✓ Atenolol AFT	S29
	Restricted to children under 12 years of age.				
86	FLUCLOXACILLIN SODIUM				
	Grans for oral liq 125 mg per 5 ml – Up to 200 ml available on a PSO	2.49	100 ml	✓ AFT	
	Grans for oral liq 250 mg per 5 ml – Up to 200 ml available on a PSO	3.25	100 ml	✓ AFT	
	Note – this listing is for a sugar free formulation with new pharmacodes.				
102	CAPSAICIN – Special Authority see SA1289 – Retail pharmacy				
	Crn 0.025%	9.95	45 g OP	✓ Zostrix	
	▶ SA1289 Special Authority for Subsidy Initial application from any relevant practitioner. Approvals valid without further renewal unless notified where the patient has osteoarthritis that is not responsive to paracetamol and oral non-steroidal anti-inflammatories are contraindicated.				
126	VENLAFAXINE – Special Authority see SA1061 – Retail pharmacy				
	Tab 225 mg	35.12	28	✓ Arrow-Venlafaxine XR	
160	AZATHIOPRINE – Retail pharmacy-Specialist				
	* Tab 50 mg – For azathioprine oral liquid formulation refer, page 179	18.45	100	✓ Imuran	
171	FLUTICASONE PROPIONATE				
	Metered aqueous nasal spray, 50 µg per dose	2.30	120 dose OP	✓ Flixonase Hayfever & Allergy	
	Note – this Flixonase Hayfever & Allergy has different packaging and a new pharmacode				
191	ENTERAL/ORAL FEED 1KCAL/ML – Special Authority see SA1098 – Hospital pharmacy [HP3]				
	Powder (unflavoured)	78.97	400 g OP	✓ Heparon Junior	

▲ 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

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...

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...

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
---	---------------------------------	-----	--

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)			

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
---	---------------------------------	-----	--

Changes to Restrictions

Effective 1 February 2013

52	CANDESARTAN – Special Authority see SA1223 – Retail pharmacy Brand switch fee payable (Pharmacode 2426781) – see page 177 for details			
	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
191	Paediatric Products for Children Awaiting Liver Transplant ▶ SA1098 Special Authority for Subsidy Initial application only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 3 years where the patient is a child (up to 18 years) who is awaiting liver transplant requires a liver transplant. Renewal only from a dietitian, relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 3 years for applications meeting the following criteria: Both: 1 The treatment remains appropriate and the patient is benefiting from treatment; and 2 General Practitioners must include the name of the dietitian, relevant specialist or vocationally registered general practitioner and date contacted.			
205	HIGH FAT LOW CARBOHYDRATE FORMULA WITH VITAMINS, MINERALS AND TRACE ELEMENTS AND LOW IN PROTEIN AND CARBOHYDRATE – Special Authority see SA1197 – Retail pharmacy Powder (vanilla)	35.50	300 g OP	✓ KetoCal

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 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	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 Min basal rate 0.025 U/h; 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 Min basal rate 0.025 U/h; pink colour	4,500.00	1	✓ Animas Vibe

continued...

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$

Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions - effective 1 January 2013 (continued)

continued...

	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	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 Min basal rate 0.025 U/h; black colour	4,500.00	1	✓ Animas Vibe
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 metal steel cannula; straight insertion; 60 cm grey line x 10 with 10 needles	130.00	1 OP	✓ Contact-D
	8 mm metal steel cannula; straight insertion; 60 cm grey line x 10 with 10 needles	130.00	1 OP	✓ Contact-D
	8 mm metal steel cannula; straight insertion; 110 cm grey line x 10 with 10 needles	130.00	1 OP	✓ Contact-D
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)			
	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	140.00	1 OP	✓ Inset II
	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	140.00	1 OP	✓ Inset II
	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	140.00	1 OP	✓ Inset II
	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	140.00	1 OP	✓ Inset II
	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	140.00	1 OP	✓ Inset II
	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	140.00	1 OP	✓ Inset II

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
---	---------------------------------	-----	--

Changes to Restrictions - effective 1 January 2013 (continued)

continued...

	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.....	140.00	1 OP	✓ Inset II
	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.....	140.00	1 OP	✓ Inset II
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)			
	Teflon cannula angle insertion 13 mm; 13 mm Teflon cannula; angle insertion; 60 cm grey line x 5 with 10 needles.....	120.00	1 OP	✓ Comfort Short
	Teflon cannula angle insertion 17 mm; 17 mm Teflon cannula; angle insertion; 60 cm grey line x 5 with 10 needles.....	120.00	1 OP	✓ Comfort
	Teflon cannula angle insertion 17 mm; 17 mm Teflon cannula; angle insertion; 110 cm grey line x 5 with 10 needles.....	120.00	1 OP	✓ Comfort
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	✓ <u>Plendil ER</u>
	* Tab long-acting 10 mg – Brand switch fee payable (Pharmacode 2430231) - see page 177 for details	4.60	30	✓ <u>Plendil ER</u>

▲ 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)

- 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**

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Subsidy and Manufacturer's Price

Effective 1 February 2013

38	MICONAZOLE (↓ subsidy) Oral gel 20 mg per g	4.95 (8.70)	40 g OP	Daktarin
44	PROTAMINE SULPHATE (↑ price) * Inj 10 mg per ml, 5 ml	22.40 (101.61)	10	Artex
47	BEZAFIBRATE (↓ subsidy) * Tab 200 mg	9.70	90	✓ Fibalip
54	NADOLOL (↑ subsidy) * Tab 40 mg	15.57	100	✓ Apo-Nadolol
	* Tab 80 mg	23.74	100	✓ Apo-Nadolol
55	DILTIAZEM HYDROCHLORIDE (↓ subsidy) * Cap long-acting 120 mg	1.91 (4.34)	30	Cardizem CD
	* Cap long-acting 180 mg	2.86 (6.50)	30	Cardizem CD
	* Cap long-acting 240 mg	3.81 (8.67)	30	Cardizem CD
85	ERYTHROMYCIN LACTOBIONATE (↑ subsidy) Inj 1 g	16.00	1	✓ Erythrocin IV
85	AZITHROMYCIN (↓ subsidy) Maximum of 5 days treatment 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 * Indications marked with * are Unapproved Indications			
	Tab 500 mg – Up to 8 tab available on a PSO	1.25	2 OP	✓ Arrow-Azithromycin
115	PAMIDRONATE DISODIUM (↓ subsidy) Inj 3 mg per ml, 10 ml	16.00 (37.50)	1	Pamisol
	Inj 6 mg per ml, 10 ml	32.00 (75.00)	1	Pamisol
	Inj 9 mg per ml, 10 ml	48.00 (112.50)	1	Pamisol
125	MOCLOBEMIDE Note: There is a significant cost differential between moclobemide and fluoxetine (moclobemide being about three times more expensive). For depressive syndromes it is therefore more cost-effective to start treatment with fluoxetine first before considering prescribing moclobemide.			
	* Tab 150 mg (↑ subsidy)	81.83	500	✓ Apo-Moclobemide
	* Tab 300 mg (↓ subsidy)	29.51	100	✓ Apo-Moclobemide

▲ 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 February 2013 (continued)

165	DEXTROCHLORPHENIRAMINE MALEATE (↑ price) * Tab 2 mg	1.01 (5.99) 2.02 (8.40)	20 40	 Polaramine Polaramine
183	GLYCERIN WITH SODIUM SACCHARIN – Only in combination (↓ subsidy) Only in combination with Ora-Plus. Suspension	35.50	473 ml	✓ Ora-Sweet SF
183	GLYCERIN WITH SUCROSE – Only in combination (↓ subsidy) Only in combination with Ora-Plus. Suspension	35.50	473 ml	✓ Ora-Sweet
184	METHYLCELLULOSE (↓ subsidy) Suspension – Only in combination	35.50	473 ml	✓ Ora-Plus
184	METHYLCELLULOSE WITH GLYCERIN AND SODIUM SACCHARIN – Only in combination (↓ subsidy) Suspension	35.50	473 ml	✓ Ora-Blend SF
184	METHYLCELLULOSE WITH GLYCERIN AND SUCROSE – Only in combination (↓ subsidy) Suspension	35.50	473 ml	✓ Ora-Blend

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..... Restricted to children under 12 years of age.	10.45	30 ml OP	✓ Redipred
97	NEVIRAPINE – Special Authority see SA1025 – Retail pharmacy (↓ subsidy) Tab 200 mg	95.94 (319.80)	60	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

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)

124	AMITRIPTYLINE – Safety medicine; prescriber may determine dispensing frequency (↓ subsidy) Tab 10 mg	1.66 (2.77)	50	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 (↓ subsidy) 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 (57.92)	30	Megace
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			

▲ 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 Section I

Effective 1 February 2013

- 216 INFLUENZA VACCINE – Hospital pharmacy [Xpharm]
- A) is available ~~from 1 March until vaccine supplies are exhausted~~ each year for patients who meet the following criteria, as set by the Ministry of Health **PHARMAC**:
- a) all people 65 years of age and over;
 - b) people under 65 years of age with:
 - i) the following cardiovascular disease:
 - 1) ischaemic heart disease,
 - 2) congestive heart disease,
 - 3) rheumatic heart disease,
 - 4) congenital heart disease, or
 - 5) cerebo-vascular disease;
 - ii) the following chronic respiratory disease:
 - 1) asthma, if on a regular preventative therapy, or
 - 2) other chronic respiratory disease with impaired lung function;
 - iii) diabetes;
 - iv) chronic renal disease;
 - v) any cancer, excluding basal and squamous skin cancers if not invasive;
 - vi) the following other conditions:
 - a) autoimmune disease,
 - b) immune suppression,
 - c) HIV,
 - d) transplant recipients,
 - e) neuromuscular and CNS diseases,
 - f) haemoglobinopathies,
 - g) children on long term aspirin, or
 - h) pregnancy.
 - c) people under 18 years of age living within the boundaries of the Canterbury District Health Board.
- The following conditions are excluded from funding:
- a) asthma not requiring regular preventative therapy,
 - b) hypertension and/or dyslipidaemia without evidence of end-organ disease.
- B) Doctors are the only Contractors entitled to claim payment from the Funder for the supply of influenza vaccine to patients eligible under the above criteria for subsidised immunisation and they may only do so in respect of the influenza vaccine listed in the Pharmaceutical Schedule.
- C) Individual DHBs may fund patients over and above the above criteria. The claiming process for these additional patients should be determined between the DHB and Contractor.
- ~~D) Influenza Vaccine does not fall within the definition Community Pharmaceutical as it is not funded directly from the Pharmaceutical Budget. Pharmacists are unable to claim for the dispensing of influenza vaccine from the Funder.~~
- D) Stock of the seasonal influenza vaccine is typically available from February until late July with suppliers being required to ensure supply until at least 30 June. Exact start and end dates for each season will be notified each year.**

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 |
|-----------------|------|---|-----------|

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Delisted Items

Effective 1 February 2013

61	CALAMINE				
a)	Only on a prescription				
	b) Not in combination				
	Crn, aqueous, BP	1.77 (2.78)	100 g		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 (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
103	AURANOFIN				
	Tab 3 mg	68.99	60		✓Ridaura
171	FLUTICASONE PROPIONATE				
	Metered aqueous nasal spray, 50 µg per dose.....	2.30	120 dose OP		✓Flixonase Hayfever & Allergy
180	PHARMACY SERVICES – May only be claimed once per patient				
	* Brand switch fee.....	4.33	1 fee		✓BSF Candestar

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 (18.32)	30		✓Dr Reddy's Atorvastatin Lipitor
	* Tab 20 mg	1.39 (26.70)	30		✓Dr Reddy's Atorvastatin Lipitor
	* Tab 40 mg	2.44 (37.02)	30		✓Dr Reddy's Atorvastatin Lipitor
	* Tab 80 mg	5.41 (110.50)	30		✓Dr Reddy's Atorvastatin Lipitor

▲ 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 (continued)

50	PHENTOLAMINE MESYLATE * Inj 10 mg per ml, 1 ml	17.97 (31.65)	5		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 (32.00)	250		AFT
	Cap 500 mg	74.00 (110.00)	500		AFT
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 per patient * Brand switch fee.....	4.33	1 fee	✓BSF Arrow- Brimonidine	

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
50	LISINOPRIL Tab 5 mg	1.19	30	✓Arrow-Lisinopril
	Tab 10 mg	1.36	30	✓Arrow-Lisinopril
	Tab 20 mg	1.63	30	✓Arrow-Lisinopril
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

38	MICONAZOLE Oral gel 20 mg per g	4.95 (8.70)	40 g OP	Daktarin
55	DILTIAZEM HYDROCHLORIDE Cap long-acting 120 mg	1.91 (4.34)	30	Cardizem CD
	Cap long-acting 180 mg	2.86 (6.50)	30	Cardizem CD
	Cap long-acting 240 mg	3.81 (8.67)	30	Cardizem CD
58	SILDENAFIL – Special Authority see SA1086 – Retail pharmacy Tab 25 mg	39.00	4	✓Viagra
	Tab 50 mg	43.50	4	✓Viagra
	Tab 100 mg – For sildenafil oral liquid formulation refer, page 179.....	47.00	4	✓Viagra

▲ 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 May 2013 (continued)

85	AZITHROMYCIN Maximum of 5 days treatment 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 * Indications marked with * are Unapproved Indications Tab 500 mg – Up to 8 tab available on a PSO	1.25	2 OP	✓ Arrow-Azithromycin
115	PAMIDRONATE DISODIUM Inj 3 mg per ml, 10 ml (37.50) Inj 6 mg per ml, 10 ml (75.00) Inj 9 mg per ml, 10 ml (112.50)	16.00 32.00 48.00	1 1 1	Pamisol Pamisol Pamisol
204	AMINO ACID FORMULA – Special Authority see SA1219 – Hospital pharmacy [HP3] Powder (tropical).....	53.00	400 g OP	✓ Neocate Advance

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 Crm, 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.
119	LEVODOPA WITH CARBIDOPA * Tab 100 mg with carbidopa 25 mg – For levodopa with carbidopa oral liquid formulation refer, page 180 * Tab long-acting 200 mg with carbidopa 50 mg * Tab 250 mg with carbidopa 25 mg	20.00 47.50 40.00	100 100 100	✓ Sinemet ✓ Sinemet CR ✓ Sinemet Note – new presentations of Sinemet and Sinemet CR were listed 1 January 2013.

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)

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

Effective 1 August 2013

97	ETRAVIRINE – Special Authority see SA1025 – Retail pharmacy			
	Tab 100 mg	770.00	120	✓ Intelence
191	ENTERAL/ORAL FEED 1KCAL/ML – Special Authority see SA1098 – Hospital pharmacy [HP3]			
	Powder	78.97	400 g OP	✓ Generaid Plus

▲ 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
--------------------	------------------------------------	-----	-------------------------------------

Section H changes to Part II

Effective 1 February 2013

18	ATENOLOL Oral liq 25 mg per 5 ml.....	21.25	300 ml	Atenolol AFT
18	AZATHIOPRINE Tab 50 mg	18.45	100	Imuran
19	BEZAFIBRATE (↓ price) Tab 200 mg	9.70	90	Fibalip
	Note – Fibalip tab 200 mg to be delisted 1 March 2013			
22	CAPSAICIN Crm 0.025%.....	9.95	45 g	Zostrix
31	ERYTHROMYCIN LACTOBIONATE Inj 300 mg	70.97	5	Mayne
	Inj 1 g (↑ price)	16.00	1	Erythrocin IV
	Note – Mayne inj 300 mg delisted 1 February 2013			
31	ENTERAL/ORAL FEED 1 KCAL/ML Powder (unflavoured)	78.97	400 g	Heparon Junior
32	ETRAVIRINE (delisting) Tab 100 mg	770.00	120	Intelence
	Note – Intelence tab 100 mg to be delisted 1 August 2013			
33	FLUCLOXACILLIN SODIUM Grans for oral liq 125 mg per 5 ml – 1% DV Sep-12 to 2015	2.49	100 ml	AFT
	Grans for oral liq 250 mg per 5 ml – 1% DV Sep-12 to 2015	3.25	100 ml	AFT
	Note – this listing is a sugar-free formulation with new pharmacodes			
35	FLUTICASONE PROPIONATE Metered aqueous nasal spray, 50 µg per dose – 1% DV Apr-13 to 2015	2.30	120 dose	Flixonase Hayfever & Allergy
36	GLYCERIN WITH SODIUM SACCHARIN (↓ price) Suspension	35.50	473 ml	Ora-Sweet SF
36	GLYCERIN WITH SUCROSE (↓ price) Suspension	35.50	473 ml	Ora-Sweet
37	HIGH FAT LOW CARBOHYDRATE FORMULA WITH VITAMINS, MINERALS AND TRACE ELEMENTS AND LOW IN PROTEIN AND CARBOHYDRATE (amended chemical name) Powder (vanilla)	35.50	300 g	KetoCal
46	METHYLCELLULOSE (↓ price) Suspension	35.50	473 ml	Ora-Plus
46	METHYLCELLULOSE WITH GLYCERIN AND SODIUM SACCHARIN (↓ price) Suspension	35.50	473 ml	Ora-Blend SF

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
--------------------	--	-------------------------------------

Section H changes to Part II - effective 1 February 2013 (continued)

46	METHYLCELLULOSE WITH GLYCERIN AND SUCROSE (↓ price) Suspension	35.50	473 ml	Ora-Blend
48	MOCLOBEMIDE (addition of HSS) Tab 150 mg – 1% DV Apr-13 to 2015 (↑ price)	81.83	500	Apo-Moclobemide
	Tab 300 mg – 1% DV Apr-13 to 2015 (↓ price)	29.51	100	Apo-Moclobemide
49	NADOLOL (↑ price and addition of HSS) Tab 40 mg – 1% DV Apr-13 to 2015	15.57	100	Apo-Nadolol
	Tab 80 mg – 1% DV Apr-13 to 2015	23.74	100	Apo-Nadolol
51	ONDANSETRON (delisting) Inj 2 mg per ml, 2 ml	14.40	5	Zofran
	Inj 2 mg per ml, 4 ml	23.20	5	Zofran
	Note – Zofran inj 2 mg per ml, 2 ml and 2 mg per ml, 4 ml will be delisted from 1 April 2013			
53	PARACETAMOL Inj 10 mg per ml, 100 ml – 1% DV Apr-13 to 2014	22.50	10	Paracetamol-AFT
57	QUINAPRIL Tab 5 mg – 1% DV Apr-13 to 2015	3.44	90	Arrow-Quinapril 5
	Tab 10 mg – 1% DV Apr-13 to 2015	4.64	90	Arrow-Quinapril 10
	Tab 20 mg – 1% DV Apr-13 to 2015	6.34	90	Arrow-Quinapril 20
	Note – Accupril tab 5 mg, 10 mg and 20 mg will be delisted from 1 April 2013			
57	RECOMBINANT COAGULATION FACTOR VIIA Combination pack (powder and diluent for inj) 8 mg	9,310.00	1	NovoSeven RT
66	VENLAFAXINE Tab 225 mg	35.12	28	Arrow-Venlafaxine XR

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 Mar-13 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	20	healthE
		21.00	1	healthF

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
--------------------	--	--	-------------------------------------

Section H changes to Part II - effective 1 January 2013 (continued)

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
	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

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

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

Section H changes to Part II - effective 1 January 2013 (continued)

32	ETHINYLLOESTRADIOL 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
	Oint 0.1% – 1% DV Mar-13 to 2015	6.85	100 g	Locoid Lipocream
	Milky emul 0.1% – 1% DV Mar-13 to 2015	6.85	100 g	Locoid
	Scalp lotn 0.1% – 1% DV Mar-13 to 2015	6.85	100 ml	Locoid Crelo
		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	Volufen
40	IODINE WITH ALCOHOL (pack size change) Soln 1% with 70% alcohol, 100 ml.....	111.60	12	healthE
		9.30	1	healthE
41	ISOPROPYL ALCOHOL (pack size change) Soln 70%, 500 ml.....	67.80	12	healthE
		5.65	1	healthE
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) Crm 100 g.....	32.00	20	healthE
		1.60	1	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
--------------------	--	-------------------------------------

Section H changes to Part II - effective 1 January 2013 (continued)

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
62	SORBOLENE WITH GLYCERIN (pack size change) Crn with 10% glycerine, 100 g	64.00 3.20	20 1	healthE healthE
	Crn with 10% glycerine, 500 ml	87.60 7.30	12 1	healthE 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

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
--------------------	--	-------------------------------------

Section H changes to Part II - effective 1 December 2012

19	AZITHROMYCIN Tab 250 mg 10.00 Tab 500 mg – 1% DV Feb-13 to 2015 1.25 Note – Arrow-Azithromycin 500 mg tab to be delisted 1 February 2013	30 2	Apo-Azithromycin Apo-Azithromycin
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 Cap long-acting 180 mg – 5% DV Feb-13 to 2015 47.67 Cap long-acting 240 mg – 5% DV Feb-13 to 2015 63.58 Note – Cardizem CD cap long-acting 120 mg, 180 mg and 240 mg to be delisted 1 February 2013	500 500 500	Apo-Diltiazem CD Apo-Diltiazem CD Apo-Diltiazem CD
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	Intelligence
35	FLUOROURACIL SODIUM (↓ price and addition of HSS) Crm 5% – 1% DV Feb-13 to 2015 25.16	20 g	Efudix
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	IMPENEM 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

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

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

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

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	Apotex Apotex
	Tab immediate-release 850 mg – 1% DV Oct-12 to 2015	10.10	500	Apotex Apotex
48	METOPROLOL TARTRATE Inj 1 mg per ml, 5 ml – 1% DV Dec-12 to 2015	24.00	5	Lopresor
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 Winthrop Elixir to be delisted 1 February 2013			
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

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
--------------------	--	-------------------------------------

Section H changes to Part III

Effective 1 January 2013

ALBENDAZOLE

Tab 200 mg Albenza
Zentel

Indefinite supply to cover treatment of hydatid disease, stronglyloidiasis, 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**

Index

Pharmaceuticals and brands

Symbol

50X 3.0 Reservoir 22

A

Aciclovir 43
Albendazole 49
Allersoothe..... 48
Amino acid formula 40, 41
Amirol..... 33, 39
Amitriptyline..... 33, 39
Amoxicillin clavulanate 37
Animas Vibe..... 27, 28
Apo-Azithromycin 47
Apo-Diclo..... 26, 44
Apo-Diltiazem CD 47
Apo-Metformin..... 37
Apo-Moclobemide..... 31, 43
Apo-Nadolol..... 31, 43
Arrow-Azithromycin 31, 40
Arrow-Brimonidide 30
Arrow-Doxorubicin 26, 44
Arrow-Lisinopril 39
Arrow-Quinapril 5 21, 43
Arrow-Quinapril 10 21, 43
Arrow-Quinapril 20 21, 43
Arrow-Testosterone 38
Arrow-Venlafaxine XR..... 21, 43
Atenolol 21, 42
Atenolol AFT 21, 42
Atorvastatin..... 37
Atripla 47
Auranofin 37
Avonex Pen..... 26
Azathioprine..... 21, 42
Azithromycin..... 31, 40, 47

B

Bezafibrate 25, 31, 42, 43
Bezalip 25, 43
Bicillin LA..... 25
Boostrix 36
Brimonidine tartrate..... 30
BSF Arrow-Brimonidide 38
BSF Candestar 37
BSF Plendil ER 26, 39

C

Calamine..... 37, 40, 43
Calcitriol 25, 43
Calcitriol-AFT 25, 43
Calcium carbonate 47
Calcium gluconate 43
Candesartan..... 27
Candestar 27
Capsaicin..... 21, 42

Carboplatin 33
Cardinol 40
Cardizem CD..... 31, 39
Catapres 47
Cetomacrogol 44
Chlorhexidine 44
Chlorhexidine gluconate 44
Chlorhexidine in alcohol..... 44
Cisplatin..... 33, 35
Clonidine hydrochloride..... 47
Comfort 29
Comfort Short 29
Contact-D 28
Curam 37
Cyclosporin..... 33, 44

D

Dabigatran 37
Daktarin 31, 39
DBL Cisplatin 33, 35
Deca-Durabolin Orgaject 38
Decozol 48
Dexamphetamine sulphate..... 44
Dextrochlorpheniramine maleate..... 32
Dextrose 49
Diclofenac sodium 26, 44
Diltiazem hydrochloride 31, 39, 47
Diphtheria, tetanus and pertussis vaccine 36
Docetaxel 38
Domperidone 26, 44
Dopergin 32, 45
Doxorubicin 26, 44
Dr Reddy's Atorvastatin..... 37

E

Efavirenz with emtricitabine and tenofovir disoproxil fumarate..... 47
Emtricitabine with tenofovir disoproxil fumarate .. 47
Efudix 47
Enbrel 47
Enteral/oral feed 1 kcal/ml 21, 41, 42
Erythrocin IV 31, 42
Erythromycin lactobionate 31, 42
Etanercept..... 47
Ethinylloestradiol with levonorgestrel 45
Etravirine..... 41, 42, 47

F

Famotidine 39
Famox..... 39
Felo 5 ER 38
Felo 10 ER 38
Felodipine 29, 38
Fibalip..... 31, 42
Flixonase Hayfever & Allergy 21, 37, 42

Index

Pharmaceuticals and brands

Flucloxacillin sodium.....	21, 38, 42	Lipitor.....	37
Fluorouracil sodium.....	47	Lisinopril.....	39
Fluticasone propionate.....	21, 37, 42	Lisuride hydrogen maleate.....	32, 45
Furosemide.....	47	Locoid.....	45
G		Locoid Crelo.....	45
Gabapentin.....	41	Locoid Lipocream.....	45
Generaid Plus.....	41	Lopresor.....	48
Glycerin with sodium saccharin.....	32, 42	M	
Glycerin with sucrose.....	32, 42	Megace.....	33, 39
H		Megestrol acetate.....	33, 39
Heparin with sodium chloride.....	47	Metformin hydrochloride.....	37, 48
Heparon Junior.....	21, 42	Methylcellulose.....	32, 42
High fat low carbohydrate formula.....	27, 42	Methylcellulose with glycerin and sodium saccharin.....	32, 42
Home Essentials.....	40	Methylcellulose with glycerin and sucrose....	32, 43
Hydrocortisone butyrate.....	45	Magnesium sulphate.....	47, 48
Hydroxyethyl starch 130/0.4 with magnesium chloride, potassium chloride, sodium acetate and sodium chloride.....	45	Methylprednisolone sodium succinate....	38, 40, 45
Hydroxyethyl starch 130/0.4 with sodium chloride.....	45	Metoprolol tartrate.....	48
I		Miconazole.....	31, 39, 48
Imipenem with cilastatin.....	47	Microgynon 50 ED.....	45
Imuran.....	21, 42	Moclobemide.....	31, 43
Influenza vaccine.....	36	N	
Inset 30.....	29	Nadolol.....	31, 43
Inset II.....	28, 29	Nandrolone decanoate.....	38
Insulin aspart with insulin aspart protamine.....	47	Neocate.....	41
Insulin pump.....	22, 27	Neocate Advance.....	40
Insulin pump infusion set (steel cannula).....	24, 28	Neoral.....	33, 44
Insulin pump infusion set (teflon cannula, angle insertion).....	22, 29	Netilmicin.....	49
Insulin pump infusion set (teflon cannula, angle insertion with insertion device).....	29	Nevirapine.....	32, 39
Insulin pump infusion set (teflon cannula, straight insertion).....	23	Next Choice.....	25, 45
Insulin pump infusion set (teflon cannula, straight insertion with insertion device).....	24, 28	NovoMix 30 FlexPen.....	47
Insulin pump reservoir.....	22	NovoSeven RT.....	43
Intelece.....	41, 42, 47	Noxafil.....	25, 46
Interferon beta-1-alpha.....	26	Nupentin.....	41
Iodine with alcohol.....	45	O	
Isoniazid.....	45	Oil in water emulsion.....	45
Isopropyl alcohol.....	45	Ondanaccord.....	48
K		Ondansetron.....	43, 48
KetoCal.....	27, 42	Ora-Blend.....	32, 43
L		Ora-Blend SF.....	32, 42
Lansoprazole.....	32, 39	Ora-Plus.....	32, 42
Lanzol Relief.....	32, 39	Ora-Sweet.....	32, 42
Letara.....	38	Ora-Sweet SF.....	32, 42
Letrozole.....	38	P	
Levodopa with carbidopa.....	26, 40, 45	Pamidronate BNM.....	48
Levonorgestrel.....	25, 45	Pamidronate disodium.....	31, 40, 48
		Pamisol.....	31, 40
		Pantocid IV.....	40, 46
		Pantoprazole.....	40, 46
		Paracetamol.....	43
		Paracetamol-AFT.....	43
		Paradigm 1.8 Reservoir.....	22

Index

Pharmaceuticals and brands

Paradigm 3.0 Reservoir.....	22	Q	
Paradigm 522.....	22	Quick-Set MMT-390.....	23
Paradigm 722.....	22	Quick-Set MMT-391.....	23
Paradigm Mio MMT-921.....	24	Quick-Set MMT-392.....	23
Paradigm Mio MMT-923.....	24	Quick-Set MMT-393.....	23
Paradigm Mio MMT-925.....	24	Quinapril.....	21, 43
Paradigm Mio MMT-941.....	25	R	
Paradigm Mio MMT-943.....	25	Reandron 1000.....	25, 46
Paradigm Mio MMT-945.....	25	Recombinant coagulation factor VIIa.....	43
Paradigm Mio MMT-965.....	25	Recombinant factor VIII.....	48
Paradigm Mio MMT-975.....	25	Redipred.....	32, 46
Paradigm Quick-Set MMT-386.....	23	Regitine.....	38
Paradigm Quick-Set MMT-387.....	23	Retinol palmitate.....	46
Paradigm Quick-Set MMT-396.....	23	Ridaura.....	37
Paradigm Quick-Set MMT-397.....	23	Roxane.....	47
Paradigm Quick-Set MMT-398.....	23	S	
Paradigm Quick-Set MMT-399.....	23	Sandomigran.....	33, 46
Paradigm Silhouette MMT-368.....	22	Silagra.....	48
Paradigm Silhouette MMT-371.....	22	Sildenafil.....	39, 48
Paradigm Silhouette MMT-377.....	23	Silhouette MMT-371.....	22
Paradigm Silhouette MMT-373.....	23	Silhouette MMT-373.....	22
Paradigm Silhouette MMT-378.....	23	Sinemet.....	26, 40, 45
Paradigm Silhouette MMT-381.....	22	Sinemet CR.....	26, 40, 45
Paradigm Silhouette MMT-382.....	22	Sodium chloride.....	49
Paradigm Silhouette MMT-383.....	22	Soft white paraffin with paraffin liquid.....	46
Paradigm Silhouette MMT-384.....	23	Solu-Medrol.....	38, 40, 45
Paradigm Sure-T MMT-864.....	24	Sorbolene with glycerin.....	46
Paradigm Sure-T MMT-866.....	24	Sure-T MMT-863.....	24
Paradigm Sure-T MMT-874.....	24	Sure-T MMT-865.....	24
Paradigm Sure-T MMT-876.....	24	Sure-T MMT-873.....	24
Paradigm Sure-T MMT-884.....	24	Sure-T MMT-875.....	24
Paradigm Sure-T MMT-886.....	24	Sure-T MMT-883.....	24
Paraffin.....	48	Sure-T MMT-885.....	24
Penicillin G benzathine		T	
[Benzathine benzylpenicillin].....	25, 35	Taxotere.....	38
Pethidine hydrochloride.....	32, 46	Temaccord.....	48
Pharmacy Health.....	43	Temozolomide.....	48
Pharmacy services.....	26, 37, 38, 39	Testosterone undecanoate.....	25, 38, 46
Phenobarbitone.....	33, 46	Tramadol hydrochloride.....	26, 46
Phentolamine mesylate.....	38	Tramal SR 100.....	26, 46
Pizotifen.....	33, 46	Tramal SR 150.....	26, 46
Plendil ER.....	29	Tramal SR 200.....	26, 46
Polaramine.....	32	Truvada.....	47
Posaconazole.....	25, 46	U	
Pradaxa.....	37	Urex Forte.....	47
Prednisolone sodium phosphate.....	32, 46	V	
Primaxin.....	47	Venlafaxine.....	21, 43
Prokinex.....	26, 44	Viagra.....	39
Promethazine hydrochloride.....	48	Viramune.....	32, 39
Propranolol.....	40	Volulyte 6%.....	45
Protamine sulphate.....	31	Voluven.....	45

Index

Pharmaceuticals and brands

W

Water..... 49

X

Xyntha 48

Z

Zofran 43

Zostrix..... 21, 42

Zovirax IV..... 43

New Zealand
Permit No. 478



Pharmaceutical Management Agency

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

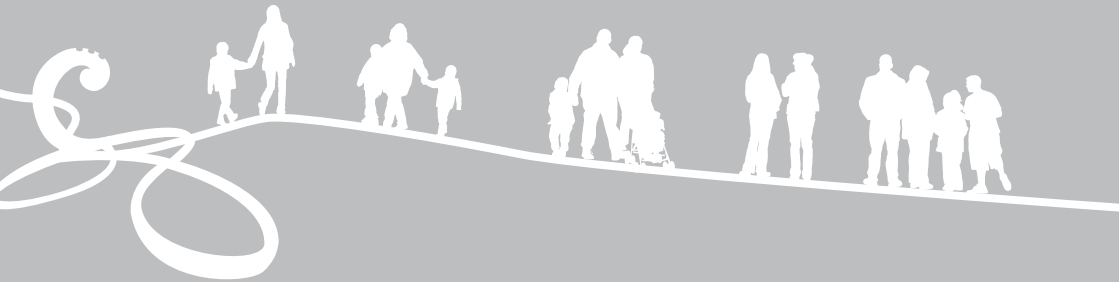
Phone: 64 4 460 4990 - Fax: 64 4 460 4995 - www.pharmac.govt.nz

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

ISSN 1172-9376 (Print)

ISSN 1179-3686 (Online)

While care has been taken in compiling this Update, Pharmaceutical Management Agency takes no responsibility for any errors or omissions and shall not be liable to any person for any damages or loss arising out of reliance by that person for any purpose on any of the contents of this Update. Errors and omissions brought to the attention of Pharmaceutical Management Agency will be corrected if necessary by an erratum or otherwise in the next edition of the Update.



New Zealand Government

PHARMAC
Pharmaceutical Management Agency

If Undelivered, Return To: PO Box 10-254, Wellington 6143, New Zealand