

Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 April 2013

Cumulative for January, February, March and April 2013

Section H for April 2013



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Summary of PHARMAC decisions

EFFECTIVE 1 APRIL 2013

New listings (pages 21-25)

- Glyceril trinitrate (Rectogestic) oint 0.2%, 30 g OP – Special Authority – Retail pharmacy
- Diazoxide (Proglycem) cap 25 mg and 100 mg – Special Authority – Retail pharmacy – S29
- Bismuth trioxide (De-Nol) tab 120 mg – S29
- Propranolol (Roxane) oral liq 4 mg per ml – Special Authority – Retail pharmacy – S29
- Metolazone (Metolazone) tab 5 mg – Special Authority – Retail pharmacy
- Hydralazine hydrochloride (Hydralazine) tab 25 mg – Special Authority – Retail pharmacy
- Albendazole (Eskazole) tab 400 mg – Special Authority – Retail pharmacy – S29
- Praziquantel (Biltricide) tab 600 mg
- Paromomycin (Humatin) cap 250 mg – Special Authority – Retail pharmacy – S29
- Tetracycline (Tertacyclin Wolff) cap 500 mg – Special Authority – Retail pharmacy – S29
- Pyrimethamine (Daraprim) tab 25 mg – Special Authority – Retail pharmacy – S29
- Sulfadiazine sodium (Wockhardt) tab 500 mg – Special Authority – Retail pharmacy – S29
- Itraconazole (Sporanox) oral liq 10 mg per ml, 150 ml OP – Special Authority – Retail pharmacy
- Para-amino salicylic acid (Paser) grans for oral liq 4 g sachet – Retail pharmacy-Specialist – S29 – No patient co-payment payable
- Protionamide (Peteha) tab 250 mg – Retail pharmacy-Specialist – S29 – No patient co-payment payable
- Cycloserine (King) cap 250 mg – Retail pharmacy-Specialist – S29 – No patient co-payment payable
- Clofazimine (Lamprene) cap 50 mg – Retail pharmacy-Specialist – S29 – No patient co-payment payable
- Primaquine phosphate (Primacin) tab 7.5 mg – Special Authority – Retail pharmacy – S29
- Efavirenz (Stocrin) oral liq 30 mg per ml, 180 ml OP – Special Authority – Retail pharmacy – S29
- Stavudine [D4T] (Zerit) powder for oral soln 1 mg per ml, 200 ml OP – Special Authority – Retail pharmacy – S29

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

- Benzbromarone (Benzbromaron) tab 100 mg – Special Authority – Retail pharmacy – S29
- Selegiline hydrochloride (Apo-Selegiline S29) tab 5 mg – S29
- Stiripentol (Diacomit) cap 250 mg and powder for oral liq 250 mg sachet – Special Authority – Retail pharmacy – S29
- Docetaxel (Docetaxel Sandoz) inj 20 mg & 80 mg – PCT only – Specialist
- Pegaspargase (Oncaspar) inj 3,750 IU per 5 ml – PCT only – Specialist – Special Authority – S29
- Olopatadine (Patanol) eye drops 0.1%, 5 ml OP
- Pharmacy Services (BSF Nevirapine Alphapharm) - Brand switch fee
- High fat low carbohydrate formula (Ketocal 3:1) powder (unflavoured), 300 g OP

Changes to restrictions (pages 32-34)

- Felodipine (Plendil ER) tab long-acting 5 mg and 10 mg – removal of brand switch fee payable
- Ciprofloxacin (Cipflox) tab 250 mg, 500 mg and 750 mg – change to restriction
- Clindamycin (Clindamycin ABM) cap hydrochloride 150 mg and (Dalacin C) inj phosphate 150 mg per ml, 4 ml – Specialist type added to Retail pharmacy - Specialist
- Fusidic acid (Fucidin) tab 250 mg – Specialist type added to Retail pharmacy - Specialist
- Lincomycin (Lincocin) inj 300 mg per ml, 2 ml – Specialist type added to Retail pharmacy Specialist
- Itraconazole (Itrazole) cap 100 mg - Subsidy by endorsement
- Ketoconazole (Nizoral) tab 200 mg – Specialist type added to Retail pharmacy - Specialist
- Dapsone (Dapsone) tab 25 mg and 100 mg – Specialist type added to Retail pharmacy - Specialist
- Ethambutol hydrochloride (Myambutol) tab 100 g and 400 mg – Addition of Retail pharmacy-Specialist
- Isoniazid (PSM) tab 100 mg, (Rifinah) tab 100 mg with rifampicin 150 mg and tab 150 mg with rifampicin 300 mg – Specialist type added to Retail pharmacy - Specialist
- Pyrazinamide (AFT-Pyrazinamide) tab 500 mg – Specialist type added to Retail pharmacy - Specialist
- Rifabutin (Mycobutin) cap 150 mg – Specialist type added to Retail pharmacy - Specialist

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

- Rifampicin (Rifadin) tab 600 mg, cap 150 mg, cap 300 mg, oral liq 100 mg per 5 ml – Subsidy by endorsement
- Nevirapine (Nevirapine Alphapharm) addition of brand switch fee payable
- Interferon alpha-2a (Roferon-A) inj 3 m iu, 6 m iu and 9 m iu prefilled syringe – Specialist type added to Retail pharmacy - Specialist
- Interferon alpha-2b (Intron-A) inj 18 m iu, 1.2 multidose pen, inj 30 m iu, 1.2 multidose pen, inj 60 m iu, 1.2 multidose pen - Specialist type added to Retail pharmacy - Specialist
- Oral feed 1.5 kcal/ml, oral feed with fibre 1.5 kcal/ml and oral feed 2kcal/ml – change to additional subsidy by endorsement
- KetoCal brand name changed to KetoCal 4:1

Decreased subsidy (page 40)

- Quinapril (Accupril) tab 5 mg, 10 mg and 20 mg
- Oxybutynin (Apo-Oxybutynin) tab 5 mg
- Baclofen (Pacifen) tab 10 mg
- Nortriptyline hydrochloride (Norpress) tab 10 mg and 25 mg

Increased subsidy (page 40)

- Oxybutynin (Apo-Oxybutynin) oral liq 5 mg per 5 ml

Wastage Rule extended to Section 29 medicines

From 1 April 2013, Rule 3.3.2 that currently applies to specified oral liquid antibiotics will now also apply to all funded medicines supplied under section 29 of the Medicines Act 1981.

These are indicated by the **S29** symbol in the Pharmaceutical Schedule.

This rule allows pharmacists to claim the remainder of partly-dispensed packs if the remaining stock is not able to be dispensed. If a patient has repeats, the wastage should only be claimed once the prescription is completed. If a patient returns with a new prescription and the pharmacist has not discarded the stock, the pharmacy should



unclaim the wastage and continue to use stock.

The wastage rule is different from the Original Pack rule where the entirety of the pack must be claimed at each dispensing. We note that it is considered fraud to claim wastage and then use the remaining product.

New listings of various unapproved medicines

Various unapproved medicines including 10 medicines supplied by Link Pharmaceuticals Ltd under section 29 of the Medicines Act will be listed fully subsidised from 1 April 2013. For each medicine, there is an identified clinical need that we consider cannot currently be met by available registered medicines. Funding for most of these medicines was previously provided via PHARMAC's NPPA scheme or through DHB hospitals.

PHARMAC's funding of an unapproved medicine is not an endorsement of the medicine's quality, safety or efficacy.

Any medical practitioner prescribing an unapproved medicine must comply with relevant legislation and regulations (including the Health and Disability Commissioner's Code of Consumer Rights), whether it is subsidised or not.



Itraconazole

Itraconazole (Sporanox) oral liquid 10 mg per ml will be listed fully subsidised from 1 April 2013 subject to Special Authority criteria for patients with congenital immune deficiency. Itraconazole capsules (Itrazole) will be subsidised by endorsement for

tinea unguium where terbinafine or topical cream cannot be tolerated or has not been successful. This endorsement can be overridden (waived) by an infectious disease specialist, clinical microbiologist or dermatologist.

Change to ciprofloxacin restriction

The Retail Pharmacy Specialist restriction that applies to 750 mg ciprofloxacin tablets will be removed from 1 April 2013. It will be replaced with subsidy by endorsement on all strengths of ciprofloxacin for patients with specified infections. The endorsement can be waived if the prescription or PSO is written by, or recommended by, an infectious disease specialist or a clinical microbiologist.

Glyceryl trinitrate ointment – new listing

Glyceryl trinitrate (Rectogesic) ointment 0.2% will be listed fully subsidised from 1 April 2013 subject to Special Authority criteria for patients with chronic anal fissure.

Oral feeds change to endorsement criteria

From 1 April 2013, patients who have severe epidermolysis bullosa will be eligible to additional subsidy by endorsement of liquid oral feeds (standard supplements).

Apo-Selegiline – new listing of s29 presentation

To address a potential out-of-stock for Apo-Selegiline, a section 29 presentation will be listed temporarily from 1 April 2013.



Changes to microgram units and chemical names in April Pharmaceutical Schedule

You may notice some minor changes to the April 2013 Pharmaceutical Schedule. The weight unit "**mcg**" will replace "**µg**" and there will be changes to some chemical names and presentation descriptions. These include furosemide that will change to furosemide [frusemide] and bendrofluazide that will change to bendroflumethazide [bendrofluazide]. Please note that the square brackets indicate that the name inside the brackets will also appear in the index.

News in brief

- Igroton (**chlorthalidone**) 25 mg tablets will be delisted on 1 October 2013 due to stock of the Hygroton brand now being available.
- A Brand Switch Fee will apply to dispensings of Nevirapine Alphapharm, **nevirapine** 200 mg tab, from 1 April 2013 to 1 July 2013.
- Mercilon 21 (20 µg **ethinyloestradiol** with 150 µg **desogestrel**) and Marvelon 21 (30 µg **ethinyloestradiol** with 150 µg **desogestrel**) tablets will be delisted from 1 October due to supplier discontinuation. Mercilon 28 and Marvelon 28 will remain available.

Tender News

Sole Subsidised Supply changes – effective 1 May 2013

| Chemical Name | Presentation; Pack size | Sole Subsidised Supply brand (and supplier) |
|-------------------------|---------------------------------|---|
| Azithromycin | Tab 500 mg; 2 tab | Apo-Azithromycin (Apotex) |
| Diltiazem hydrochloride | Cap long-acting 120 mg; 500 cap | Apo-Diltiazem CD (Apotex) |
| Diltiazem hydrochloride | Cap long-acting 180 mg; 500 cap | Apo-Diltiazem CD (Apotex) |
| Diltiazem hydrochloride | Cap long-acting 240 mg; 500 cap | Apo-Diltiazem CD (Apotex) |
| Miconazole | Oral gel 20 mg per g; 40 g OP | Decozol (AFT) |
| Moclobemide | Tab 150 mg; 500 tab | Apo-Moclobemide (Apotex) |
| Moclobemide | Tab 300 mg; 100 tab | Apo-Moclobemide (Apotex) |
| Nadalol | Tab 40 mg; 100 tab | Apo-Nadolol (Apotex) |
| Nadalol | Tab 80 mg; 100 tab | Apo-Nadolol (Apotex) |
| Pamidronate disodium | Inj 3 mg per ml, 10 ml; 1 vial | Pamidronate BNM (Boucher & Muir) |
| Pamidronate disodium | Inj 6 mg per ml, 10 ml; 1 vial | Pamidronate BNM (Boucher & Muir) |
| Pamidronate disodium | Inj 9 mg per ml, 10 ml; 1 vial | Pamidronate BNM (Boucher & Muir) |
| Sildenafil | Tab 25 mg; 4 tab | Silagra (Arrow) |
| Sildenafil | Tab 50 mg; 4 tab | Silagra (Arrow) |
| Sildenafil | Tab 100 mg; 4 tab | Silagra (Arrow) |

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 May 2013

- Perindopril (Apo-Perindopril) tabs 2 mg and 5 mg – new listing
- Removal of higher subsidy by endorsement on Coversyl brand of perindopril

Sole Subsidised Supply Products – cumulative to April 2013

| Generic Name | Presentation | Brand Name | Expiry Date* |
|---|--|---------------------------------------|--------------|
| Abacavir sulphate | Oral liq 20 mg per ml Tab 300 mg | Ziagen Ziagen | 2014 |
| Acarbose | Tab 50 mg and 100 mg | Accarb | 2015 |
| 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 10 mg Tab 25 mg & 50 mg | Arrow-Amitriptyline 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 | Augmentin | 2015 |
| | Grans for oral liq amoxicillin 250 mg with potassium clavulanate 62.5 mg per 5 ml | Augmentin | |
| | Tab 500 mg with potassium clavulanate 125 mg | Curam Duo | 2014 |
| Aqueous cream | Crn | AFT | 2014 |
| Ascorbic acid | Tab 100 mg | Vitala-C | 2013 |
| Aspirin | Tab 100 mg Tab dispersible 300 mg | Ethics Aspirin EC Ethics Aspirin | 2013 |
| Atenolol | Tab 50 mg & 100 mg | Mylan Atenolol | 2015 |
| Atorvastatin | Tab 10 mg, 20 mg, 40 mg & 80 mg | Zarator | 2015 |
| 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 |

*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 April 2013

| Generic Name | Presentation | Brand Name | Expiry Date* |
|-------------------------------------|---|---|--------------|
| Bicalutamide | Tab 50 mg | Bicalaccord | 2014 |
| Bisacodyl | Tab 5 mg | Lax-Tab | 2013 |
| Bisoprolol fumarate | Tab 2.5 mg, 5 mg & 10 mg | Bosvate | 2013 |
| Blood glucose diagnostic test meter | Meter with 50 lancets, a lancing device and 10 diagnostic test strips | CareSens N CareSens N POP CareSens II | 2015 |
| Blood glucose diagnostic test strip | Blood glucose test strips | CareSens CareSens N | 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 | Crn 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 | Mouthwash 0.2% Handrub 1% with ethanol 70% Soln 4% | healthE healthE Orion | 2015 2014 |
| Ciclopirox olamine | Nail-soln 8% | Apo-Ciclopirox | 2015 |
| 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 |

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Sole Subsidised Supply Products – cumulative to April 2013

| Generic Name | Presentation | Brand Name | Expiry Date* |
|--|--|--|--------------|
| Clindamycin | Cap hydrochloride 150 mg | Clindamycin ABM | 2013 |
| Clomipramine hydrochloride | Tab 10 mg & 25 mg | Apo-Clomipramine | 2015 |
| Clonidine hydrochloride | Tab 150 µg Inj 150 µg per ml, 1 ml | Catapres | 2015 |
| Clopidogrel | Tab 75 mg | Apo-Clopidogrel | 2013 |
| Clotrimazole | Crn 1% Vaginal crn 1% with applicator Vaginal crn 2% with applicator | Clomazol | 2014 |
| | | Clomazol | 2013 |
| | | 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 Eye oint 0.1% Eye drops 0.1% | Douglas | 2015 |
| | | Maxidex | 2014 |
| | | 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 Eye drops 0.1% with neomycin sulphate 0.35% and polymyxin B sulphate 6,000 u per ml | Maxitrol | 2014 |
| | | Maxitrol | |
| Dexamphetamine sulphate | Tab 5 mg | PSM | 2015 |
| Dextrose | Inj 50%, 10 ml | Biomed | 2014 |
| Dextrose with electrolytes | Soln with electrolytes | Pedialyte – Fruit Pedialyte – Bubblegum Pedialyte – Plain | 2013 |
| Diclofenac sodium | Tab long-acting 75 mg & 100 mg Inj 25 mg per ml, 3 ml Eye drops 1 mg per ml Suppos 12.5 mg, 25 mg, 50 mg & 100 mg | Diclax SR | 2015 |
| | | Voltaren | 2014 |
| | | Voltaren Ophtha | |
| | | Voltaren | |
| Dihydrocodeine tartrate | Tab long-acting 60 mg | DHC Continus | 2013 |

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Sole Subsidised Supply Products – cumulative to April 2013

| Generic Name | Presentation | Brand Name | Expiry Date* |
|--------------------------------------|---|------------------------------|--------------|
| Diltiazem hydrochloride | Tab 30 mg & 60 mg | Dilzem | 2015 |
| Dipyridamole | Tab long-acting 150 mg | Pytazen SR | 2014 |
| Docusate sodium | Cap 50 mg Cap 120 mg | Laxofast 50 Laxofast 120 | 2014 |
| Docusate sodium with sennosides | Tab 50 mg with total sennosides 8 mg | Laxsol | 2013 |
| Doxazosin mesylate | Tab 2 mg & 4 mg | Apo-Doxazosin | 2014 |
| Doxycycline hydrochloride | Tab 100 mg | Doxine | 2014 |
| Emulsifying ointment | Oint BP | AFT | 2014 |
| Enalapril | Tab 5 mg, 10 mg & 20 mg | m-Enalapril | 2015 |
| Enoxaparin sodium | Inj 20 mg, 40 mg, 60 mg, 80 mg, 100 mg, 120 mg & 150 mg | Clexane | 2015 |
| Entacapone | Tab 200 mg | Entapone | 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 |
| Felodipine | Tab long-acting 5 mg & 10 mg Tab long-acting 2.5 mg | Plendil ER Plendil ER | 2015 |
| Fentanyl | Transdermal patch 12.5 µg per hour, 25 µg per hour, 50 µg per hour, 75 µg per hour, 100 µg per hour | Mylan Fentanyl Patch | 2013 |
| Fentanyl citrate | Inj 50 µg per ml, 2 ml & 10 ml | Boucher and Muir | 2015 |
| Ferrous sulphate | Oral liq 30 mg per 1 ml (6 mg elemental per 1 ml) | Ferodan | 2013 |
| Filgrastim | Inj 300 µg per 0.5 ml Inj 480 µg per 0.5 ml | Zarzio Zarzio | 31/12/15 |
| Finasteride | Tab 5 mg | Rex Medical | 2014 |
| Flucloxacillin sodium | 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 |
| Fluorometholone | Eye drops 0.1% | Flucon | 2015 |

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Sole Subsidised Supply Products – cumulative to April 2013

| Generic Name | Presentation | Brand Name | Expiry Date* |
|--|---|--|----------------------|
| Fluorouracil sodium | Crn 5% | Efudix | 2015 |
| 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 500 mg Tab 40 mg Inj 10 mg per ml, 2 ml | Urex Forte Diurin 40 Frusemide-Claris | 2015 2013 |
| Fusidic acid | Crn 2% Oint 2% | Foban Foban | 2013 |
| Gemfibrozil | Tab 600 mg | Lipazil | 2013 |
| Gentamicin sulphate | Inj 40 mg per ml, 2 ml | Pfizer | 2015 |
| Gliclazide | Tab 80 mg | Apo-Gliclazide | 2014 |
| Glipizide | Tab 5 mg | Minidiab | 2015 |
| Glycerol | 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 Crn 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 butyrate | Lipocream 0.1% Milky emul 0.1% Oint 0.1% Scalp lotn 0.1% | Locoid Lipocream Locoid Crelo Locoid Locoid | 2015 |
| Hydrocortisone with miconazole | Crn 1% with miconazole nitrate 2% | Micreme H | 2013 |
| Hydrocortisone with wool fat and mineral oil | Lotn 1% with wool fat hydrous 3% and mineral oil | DP Lotn HC | 2014 |
| Hydroxocobalamin | Inj 1 mg per ml, 1 ml | ABM Hydroxocobalamin | 2015 |
| Hydroxychloroquine sulphate | Tab 200 mg | Plaquenil | 2015 |
| Hyoscine N-butylbromide | Inj 20 mg, 1 ml Tab 10 mg | Buscopan Gastrosoothe | 2014 |

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Sole Subsidised Supply Products – cumulative to April 2013

| Generic Name | Presentation | Brand Name | Expiry Date* |
|----------------------------|---|---------------------------|--------------|
| Ibuprofen | Tab 200 mg | Arrowcare | 2014 |
| | Tab long-acting 800 mg | Brufen SR | 2013 |
| | Oral liq 100 mg per 5 ml | Fenpaed | |
| Imiquimod | Crn 5% | Aldara | 2014 |
| Indapamide | Tab 2.5 mg | Dapa-Tabs | 2013 |
| Ipratropium bromide | Aqueous nasal spray, 0.03%, 15 ml OP | Univent | 2013 |
| | Nebuliser soln, 250 µg per ml, 1 ml & 2 ml | Univent | |
| Iron polymaltose | Inj 50 mg per ml, 2 ml | Ferrum H | 2014 |
| Isoniazid | Tab 100 mg | PSM | 2015 |
| Isosorbide mononitrate | Tab 20 mg | Ismo 20 | 2014 |
| | Tab long-acting 40 mg | Corangin | |
| Isotretinoin | Cap 10 mg & 20 mg | Oratane | 2015 |
| Itraconazole | Cap 100 mg | Itrazole | 2013 |
| Ketoconazole | Shampoo 2% | Sebizole | 2014 |
| Lactulose | Oral liq 10 g per 15 ml | Laevolac | 2013 |
| Lamivudine | Tab 100 mg | Zetlam | 2014 |
| | Oral liq 10 mg per ml | 3TC | 2013 |
| | Tab 150 mg | 3TC | |
| Lansoprazole | Cap 15 mg & 30 mg | Solox | 2015 |
| 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% | Xylocaine Viscous | 2014 |
| | Inj 1%, 5 ml & 20 ml | Xylocaine | 2013 |
| Lignocaine with prilocaine | Crn 2.5% with prilocaine 2.5% (5 g tubes) | EMLA | 2013 |
| | Crn 2.5% with prilocaine 2.5%; 30 g OP | EMLA | |
| Lisinopril | Tab 5 mg, 10 mg & 20 mg | Arrow-Lisinopril | 2015 |
| Lithium carbonate | Tab 250 mg & 400 mg | Lithicarb FC | 2015 |
| | Cap 250 mg | Douglas | 2014 |
| Lodoxamide trometamol | Eye drops 0.1% | Lomide | 2014 |
| Loperamide hydrochloride | Cap 2 mg | Diamide Relief | 2013 |
| Loratadine | Oral liq 1 mg per ml | Lorapaed | 2013 |
| | Tab 10 mg | Loraclear Hayfever Relief | |
| Lorazepam | Tab 1 mg & 2.5 mg | Ativan | 2013 |
| Losartan | Tab 12.5 mg, 25 mg, 50 mg & 100 mg | Lostaar | 2014 |

*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 April 2013

| Generic Name | Presentation | Brand Name | Expiry Date* |
|--|---|--|--------------|
| Losartan with hydrochlorothiazide | Tab 50 mg with hydrochlorothiazide 12.5 mg | Arrow-Losartan & Hydrochlorothiazide | 2014 |
| Macrogol 3350 | Powder 13.125 g, sachets | Lax-Sachets | 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 |
| Megestrol acetate | Tab 160 mg | Apo-Megestrol | 2015 |
| Methylprednisolone | Tab 4 mg & 100 mg | Medrol | 2015 |
| Methylprednisolone acetate | Inj 40 mg per ml | Depo-Medrol | 2015 |
| Methylprednisolone acetate with lignocaine | Inj 40 mg per ml with lignocaine 1 ml | Depo-Medrol with Lidocaine | 2015 |
| Mercaptopurine | Tab 50 mg | Purinethol | 2013 |
| Mesalazine | Enema 1 g per 100 ml Suppos 500 mg | Pentasa Asacol | 2015 2014 |
| Metformin hydrochloride | Tab immediate-release 500 mg & 850 mg | Apotex | 2015 |
| Methadone hydrochloride | Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml Tab 5 mg | Biodone Biodone Forte Biodone Extra Forte Methatabs | 2015 2013 |
| Methotrexate | Inj 25 mg per ml, 2 ml & 20 ml | Hospira | 2013 |
| Methylprednisolone sodium succinate | Inj 40 mg per ml, 1 ml; 62.5 mg per ml, 2 ml; 500 mg & 1 g | Solu-Medrol | 2015 |
| Metoclopramide hydrochloride | Inj 5 mg per ml, 2 ml Tab 10 mg | Pfizer Metamide | 2014 |
| Metoprolol succinate | Tab long-acting 23.75 mg, 47.5 mg, 95 mg & 190 mg | Metoprolol-AFT CR | 2015 |
| Metoprolol tartrate | Inj 1 mg per ml, 5 ml Tab 50 mg & 100 mg Tab long-acting 200 mg | Lopresor Lopresor Slow-Lopresor | 2015 |
| Miconazole nitrate | Crn 2% | Multichem | 2014 |
| Mirtazapine | Tab 30 mg & 45 mg | Avanza | 2015 |
| Mometasone furoate | Crn 0.1% Oint 0.1% | m-Mometasone | 2015 |
| Morphine hydrochloride | Oral liq 1 mg per ml, 2 mg per ml, 5 mg per ml & 10 mg per ml | RA-Morph | 2015 |

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Sole Subsidised Supply Products – cumulative to April 2013

| Generic Name | Presentation | Brand Name | Expiry Date* |
|------------------------------------|--|------------------------------|--------------|
| Morphine sulphate | Inj 5 mg per ml, 1 ml | DBL Morphine Sulphate | 2014 |
| | Inj 10 mg per ml, 1 ml | DBL Morphine Sulphate | |
| | Inj 15 mg per ml, 1 ml | DBL Morphine Sulphate | |
| | Inj 30 mg per ml, 1 ml | DBL Morphine Sulphate | |
| | Tab long-acting 10 mg, 30 mg, 60 mg & 100 mg Cap long-acting 10 mg, 30 mg, 60 mg & 100 mg | Arrow-Morphine LA m-Elson | 2013 |
| Morphine tartrate | Inj 80 mg per ml, 1.5 ml & 5 ml | Hospira | 2013 |
| Mucilaginous laxatives | Dry | Konsyl-D | 2013 |
| Naphazoline hydrochloride | Eye drops 0.1% | Naphcon Forte | 2014 |
| Naproxen | Tab 250 mg | Noflam 250 | 2015 |
| | Tab 500 mg | Noflam 500 | |
| Naltrexone hydrochloride | Tab 50 mg | Naltraccord | 2013 |
| Neostigmine | Inj 2.5 mg per ml, 1 ml | AstraZeneca | 2014 |
| Nevirapine | Tab 200 mg | Nevirapine Alphapharm | 2015 |
| Nicotine | Gum 2 mg & 4 mg (classic, fruit, mint) | Habitrol | 2014 |
| | Lozenge 1 mg & 2 mg | Habitrol | |
| | Patch 7 mg, 14 mg & 21 mg | Habitrol | |
| Nicotinic acid | Tab 50 mg & 500 mg | Apo-Nicotinic Acid | 2014 |
| Norfloracin | Tab 400 mg | Arrow-Norfloracin | 2014 |
| Norethisterone | Tab 350 µg | Noriday 28 | 2015 |
| | Tab 5 mg | Primolut N | 2014 |
| Nystatin | Oral liq 100,000 u per ml | Nilstat | 2014 |
| | Cap 500,000 u | Nilstat | 2013 |
| | Tab 500,000 u | Nilstat | |
| Octreotide (somatostatin analogue) | Inj 50 µg per ml, 1 ml | Octreotide Max Rx | 2014 |
| | Inj 100 µg per ml, 1 ml | | |
| | Inj 500 µg per ml, 1 ml | | |
| Oil in water emulsion | Crn | healthE Fatty Cream | 2015 |
| Omeprazole | Cap 10 mg, 20 mg & 40 mg | Omezol Relief | 2014 |
| | Powder | Midwest | |
| | Inj 40 mg | Dr Reddy's Omeprazole | |
| Ondansetron | Tab disp 8 mg | Dr Reddy's Ondansetron | 2013 |
| | Tab 4 mg & 8 mg | Dr Reddy's Ondansetron | |
| Oxazepam | Tab 10 mg & 15 mg | Ox-Pam | 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 April 2013

| Generic Name | Presentation | Brand Name | Expiry Date* |
|--|--|---|---------------------|
| Oxycodone hydrochloride | Inj 10 mg per ml, 1 ml & 2 ml | Oxycodone Orion | 2015 |
| 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 | Tab 50 mg & 100 mg Inj 50 mg per ml, 1 ml Inj 50 mg per ml, 2 ml | PSM DBL Pethidine Hydrochloride DBL Pethidine Hydrochloride | 2015 2014 |
| Phenobarbitone | Tab 15 mg & 30 mg | PSM | 2015 |
| Phenoxyethylpenicillin (Pencillin V) | Cap potassium salt 250 mg & 500 mg Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml | Cilicaine VK AFT AFT | 2013 |
| Pioglitazone | Tab 15 mg, 30 mg & 45 mg | Pizaccord | 2015 |
| Pizotifen | Tab 500 µg | Sandomigran | 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 |

*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 April 2013

| Generic Name | Presentation | Brand Name | Expiry Date* |
|--|--|--|--------------|
| Quinapril with hydrochlorothiazide | Tab 10 mg with hydrochlorothiazide 12.5 mg | Accuretic 10 | 2015 |
| | Tab 20 mg with hydrochlorothiazide 12.5 mg | Accuretic 20 | |
| Ranitidine hydrochloride | Oral liq 150 mg per 10 ml 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 | Arrow-Simva 10mg | 2014 |
| | Tab 20 mg | Arrow-Simva 20mg | |
| | Tab 40 mg | Arrow-Simva 40mg | |
| | Tab 80 mg | Arrow-Simva 80mg | |
| Sodium chloride | Inj 23.4%, 20 ml | Biomed | 2013 |
| Sodium citrate with sodium lauryl sulphoacetate | Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml | Micolette | 2013 |
| Sodium citro-tartrate | Grans effervescent 4 g sachets | Ural | 2013 |
| Sodium cromoglycate | Eye drops 2% | Rexacrom | 2013 |
| Spacer device | 800 ml | Volumatic Space Chamber Plus | 2015 |
| | 230 ml (single patient) | | |
| Spirolactone | Tab 25 mg & 100 mg | Spirotone | 2013 |
| Sumatriptan | Inj 12 mg per ml, 0.5 ml | Arrow-Sumatriptan Arrow-Sumatriptan | 2013 |
| | Tab 50 mg & 100 mg | | |
| Tamoxifen citrate | Tab 20 mg | Genox | 2014 |
| Tamsulosin hydrochloride | Cap 400 µg | Tamsulosin-Rex | 2013 |
| Tar with triethanolamine lauryl sulphate and fluorescein | Soln 2.3% with triethanolamine lauryl sulphate and fluorescein sodium, 500 ml & 1,000 ml | Pinetarsol | 2014 |
| Temazepam | Tab 10 mg | Normison | 2014 |
| Temozolomide | Cap 5 mg, 20 mg, 100 mg & 250 mg | Temaccord | 2013 |
| Terazosin hydrochloride | Tab 1 mg, 2 mg & 5 mg | Arrow | 2013 |

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

Sole Subsidised Supply Products – cumulative to April 2013

| Generic Name | Presentation | Brand Name | Expiry Date* |
|----------------------------------|---|---|--------------|
| Terbinafine | Tab 250 mg | Dr Reddy's Terbinafine | 2014 |
| Testosterone cypionate | Inj long-acting 100 mg per ml, 10 ml | Depo-Testosterone | 2014 |
| Testosterone undecanoate | Cap 40 mg | Andriol Testocaps | 2015 |
| Tetrabenazine | Tab 25 mg | Motetis | 2013 |
| Tetracosactrin | Inj 250 µg Inj 1 mg per ml, 1 ml | Synacthen Synacthen Depot | 2014 |
| Timolol maleate | Eye drops 0.25% & 0.5% | Arrow-Timolol | 2014 |
| Tobramycin | Eye drops 0.3% Eye oint 0.3% Inj 40 mg per ml, 2 ml | Tobrex Tobrex DBL Tobramycin | 2014 |
| Tolcapone | Tab 100 mg | Tasmar | 2014 |
| Tramadol hydrochloride | Cap 50 mg | Arrow-Tramadol | 2014 |
| Triamcinolone acetonide | Inj 10 mg per ml, 1 ml Inj 40 mg per ml, 1 ml Crm 0.02% Oint 0.02% 0.1% in Dental Paste USP | Kenacort-A Kenacort-A40 Aristocort Aristocort Oracort | 2014 |
| Tranexamic acid | Tab 500 mg | Cyklokapron | 2013 |
| Tropicamide | Eye drops 0.5% & 1% | Mydriacyl | 2014 |
| Tyloxapol | Eye drops 0.25% | Enuclene | 2014 |
| Ursodeoxycholic acid | Cap 250 mg | Ursosan | 2014 |
| Vancomycin hydrochloride | Inj 500 mg | Mylan | 2014 |
| Verapamil hydrochloride | Tab 40 mg & 80 mg | Isoptin | 2014 |
| Vitamin B complex | Tab, strong, BPC | B-PlexADE | 2013 |
| Vitamins | Tab (BPC cap strength) | MultiADE | 2013 |
| Zidovudine [AZT] | Cap 100 mg Oral liq 10 mg per ml | Retrovir Retrovir | 2013 |
| Zidovudine [AZT] with lamivudine | Tab 300 mg with lamivudine 150 mg | Alphapharm | 2014 |
| Zinc and castor oil | Oint BP | Multichem | 2014 |
| Zinc sulphate | Caps 137.4 mg (50 mg elemental) | Zincaps | 2014 |

April 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 April 2013

- 27 GLYCERYL TRINITRATE – Special Authority see SA1329 – Retail pharmacy
* Oint 0.2%22.00 30 g OP ✓ **Rectogesic**
- ▶ SA1329 Special Authority for Subsidy
Initial application from any relevant practitioner. Approvals valid without further renewal unless notified where the patient has chronic anal fissure that has persisted for longer than three weeks.
- 28 DIAZOXIDE – Special Authority see SA1320 – Retail pharmacy
Cap 25 mg – For diazoxide oral liquid formulation refer, page 179 110.00 100 ✓ **Proglicem** S29
Cap 100 mg280.00 100 ✓ **Proglicem** S29
- ▶ SA1320 Special Authority for Subsidy
Initial application from any relevant practitioner. Approvals valid for 12 months where used for the treatment of confirmed hypoglycaemia caused by hyperinsulinism.
Renewal from any relevant practitioner. Approvals valid without further renewal where the treatment remains appropriate and the patient is benefiting from treatment.
- 28 BISMUTH TRIOXIDE
Tab 120 mg32.50 112 ✓ **De-Nol** S29
- 54 PROPRANLOL – Special Authority see SA1327 – Retail pharmacy
* Oral liq 4 mg per ml CBS 500 ml ✓ **Roxane** S29
- ▶ SA1327 Special Authority for Subsidy
Initial application from any relevant practitioner. Approvals valid for 2 years for applications meeting the following criteria:
Either:
1 For the treatment of a child under 12 years with an haemangioma causing functional impairment (not for cosmetic reasons only); or
2 For the treatment of a child under 12 years with cardiac arrhythmias or congenital cardiac abnormalities.
Renewal from any relevant practitioner. Approvals valid for 2 years for applications meeting the following criteria:
Either:
1 For the treatment of a child under 12 years with an haemangioma causing functional impairment (not for cosmetic reasons only); or
2 For the treatment of a child under 12 years with cardiac arrhythmias or congenital cardiac abnormalities.
- 56 METOLAZONE – Special Authority see SA1323 – Retail pharmacy
Tab 5 mg CBS 1 ✓ **Metolazone**
- ▶ SA1323 Special Authority for Subsidy
Initial application from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:
Either:
1 For the treatment of heart failure in patients who are intolerant or have not responded to ACE inhibitors and/or angiotensin receptor blockers; or,
2 For the treatment of heart failure, in patients in whom treatment with ACE inhibitors and/or angiotensin receptor blockers is not tolerated due to renal impairment.

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

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

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Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings - effective 1 April 2013 (continued)

| | | | | |
|----|---|--------|----|--|
| 57 | HYDRALAZINE HYDROCHLORIDE – Special Authority see SA1321 – Retail pharmacy Tab 25 mg | CBS | 1 | ✓Hydralazine |
| | <p>▶ SA1321 Special Authority for Subsidy Initial application from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria: Either:</p> <ol style="list-style-type: none"> 1 For the treatment of refractory hypertension; or 2 For the treatment of heart failure in combination with a nitrate, in patients who are intolerant or have not responded to ACE inhibitors and/or angiotensin receptor blockers. | | | |
| 84 | ALBENDAZOLE – Special Authority see SA1318 – Retail pharmacy Tab 400 mg | 849.65 | 60 | ✓Eskazole S29 |
| | <p>▶ SA1318 Special Authority for Subsidy Initial application from infectious disease specialist or clinical microbiologist. Approvals valid for 6 months where the patient has hydatids. Renewal from infectious disease specialist or clinical microbiologist. Approvals valid for 6 months where the treatment remains appropriate and the patient is benefitting from the treatment.</p> | | | |
| 84 | PRAZQUANTEL Tab 600 mg | 50.40 | 8 | ✓Biltricide |
| 87 | PAROMOMYCIN – Special Authority see SA1324 – Retail pharmacy Cap 250 mg | 126.00 | 16 | ✓Humatin S29 |
| | <p>▶ SA1324 Special Authority for Subsidy Initial application only from an infectious disease specialist or clinical microbiologist. Applications valid for 1 month where the patient has confirmed cryptosporidium infection. Renewal only from an infectious disease specialist or clinical microbiologist. Applications valid for 1 month where the patient has confirmed cryptosporidium infection.</p> | | | |
| 87 | TETRACYCLINE – Special Authority see SA1332 – Retail pharmacy Cap 500 mg | 46.00 | 30 | ✓Tetracyclin Wolff S29 |
| | <p>▶ SA1332 Special Authority for Subsidy Initial application from any relevant practitioner. Approvals valid for 3 months for applications meeting the following criteria: Both:</p> <ol style="list-style-type: none"> 1 For the eradication of helicobacter pylori following unsuccessful treatment with appropriate first-line therapy; and 2 For use only in combination with bismuth as part of a quadruple therapy regimen. | | | |
| 87 | PYRIMETHAMINE – Special Authority see SA1328 – Retail pharmacy Tab 25 mg | 26.14 | 30 | ✓Daraprim S29 |
| | <p>▶ SA1328 Special Authority for Subsidy Initial application from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria: Any of the following:</p> <ol style="list-style-type: none"> 1 For the treatment of toxoplasmosis in patients with HIV for a period of 3 months; or 2 For pregnant patients for the term of the pregnancy; or 3 For infants with congenital toxoplasmosis until 12 months of age. | | | |

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

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

| Check your Schedule for full details Schedule page ref | Subsidy (Mnfr's price) \$ | Per | Brand or Generic Mnfr ✓ fully subsidised |
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New Listings - effective 1 April 2013 (continued)

| | | | |
|----|--|-----------|------------------------|
| 87 | SULFADIAZINE SODIUM – Special Authority see SA1331 – Retail pharmacy Tab 500 mg221.00 | 56 | ✓ Wockhardt S29 |
| | <p>▶ SA1331 Special Authority for Subsidy Initial application from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria: Any of the following:</p> <ol style="list-style-type: none"> 1 For the treatment of toxoplasmosis in patients with HIV for a period of 3 months; or 2 For pregnant patients for the term of the pregnancy; or 3 For infants with congenital toxoplasmosis until 12 months of age. | | |
| 89 | ITRACONAZOLE Oral liq 10 mg per ml – Special Authority see SA1322 – Retail pharmacy.....141.80 | 150 ml OP | ✓ Sporanox |
| | <p>▶ SA1322 Special Authority for Subsidy Initial application from an infectious disease specialist, clinical microbiologist or clinical immunologist, or from any relevant practitioner on the recommendation of an infectious disease specialist, clinical microbiologist or clinical immunologist. Approvals valid for 6 months where the patient has a congenital immune deficiency. Renewal from any relevant practitioner. Approvals valid for 6 months where the treatment remains appropriate and the patient is benefitting from the treatment.</p> | | |
| 90 | PARA-AMINO SALICYLIC ACID - Retail pharmacy-Specialist. a) No patient co-payment payable b) Specialist must be an infectious disease specialist, clinical microbiologist or respiratory specialist. Grans for oral liq 4 g sachet.....280.00 | 30 | ✓ Paser S29 |
| 90 | PROTIONAMIDE – Retail pharmacy-Specialist. a) No patient co-payment payable b) Specialist must be an infectious disease specialist, clinical microbiologist or respiratory specialist. Tab 250 mg305.00 | 100 | ✓ Peteha S29 |
| 90 | CYCLOSERINE - Retail pharmacy-Specialist a) No patient co-payment payable b) Prescriptions must be written by, or on the recommendation of, an infectious disease specialist, clinical microbiologist or respiratory specialist Cap 250 mg1,140.63 | 100 | ✓ King S29 |
| 90 | CLOFAZIMINE - Retail pharmacy-Specialist a) No patient co-payment payable b) Prescriptions must be written by, or on the recommendation of, an infectious disease specialist, clinical microbiologist or dermatologist. Cap 50 mg197.50 | 100 | ✓ Lamprene S29 |
| 90 | PRIMAQUINE PHOSPHATE – Special Authority see SA1326 – Retail pharmacy Tab 7.5 mg117.00 | 56 | ✓ Primacin S29 |
| | <p>▶ SA1326 Special Authority for Subsidy Initial application from an infectious disease specialist or clinical microbiologist. Approvals valid for 1 month for applications meeting the following criteria: 1 The patient has vivax or ovale malaria; and 2 Primaquine is to be given for a maximum of 21 days.</p> | | |

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings - effective 1 April 2013 (continued)

| | | | | |
|--|---|--------|-----------|------------------------------------|
| 97 | EFAVIRENZ – Special Authority see SA1025 – Retail pharmacy Oral liq 30 mg per ml..... | 145.79 | 180 ml OP | ✓ Stocrin S29 |
| 98 | STAVUDINE [D4T] – Special Authority see SA1025 – Retail pharmacy Powder for oral soln 1 mg per ml..... | 100.76 | 200 ml OP | ✓ Zerit S29 |
| 118 | BENZBROMARONE – Special Authority see SA1319 – Retail pharmacy Tab 100 mg | 45.00 | 100 | ✓ Benzbromaron S29 |
| <p>► SA1319 Special Authority for Subsidy Initial application from any relevant practitioner. Applications valid for 6 months for applications meeting the following criteria: Both: 1 Any of: 1.1 The patient has a serum urate level greater than 0.36 mmol/l despite treatment with allopurinol at doses of at least 600 mg/day and appropriate doses of probenecid; or 1.2 The patient has experienced intolerable side effects from allopurinol such that treatment discontinuation is required and serum urate remains greater than 0.36 mmol/l despite appropriate doses of probenecid; or 1.3 Both: 1.3.1 The patient has renal impairment and serum urate remains greater than 0.36 mmol/l despite optimal treatment with allopurinol (see Note); and 1.3.2 The patient has a rate of creatinine clearance greater than or equal to 20 ml/min; or 1.4 All of the following: 1.4.1 The patient is taking azathioprine and requires urate-lowering therapy; and 1.4.2 Allopurinol is contraindicated; and 1.4.3 Appropriate doses of probenecid are ineffective or probenecid cannot be used due to reduced renal function; and 2 The patient is receiving monthly liver function tests. Renewal from any relevant practitioner. Applications valid for 2 years for applications meeting the following criteria: Both: 1 The treatment remains appropriate and the patient is benefiting from treatment; and 2 There is no evidence of liver toxicity and patient is continuing to receive regular (at least every three months) liver function tests. Notes: Benzbromarone has been associated with potentially fatal hepatotoxicity. Optimal treatment with allopurinol in patients with renal impairment is defined as treatment to the creatinine clearance-adjusted dose of allopurinol then, if serum urate remains greater than 0.36 mmol/l, a gradual increase of the dose of allopurinol to 600 mg or the maximum tolerated dose.</p> | | | | |
| 119 | SELEGILINE HYDROCHLORIDE * Tab 5 mg | 16.06 | 100 | ✓ Apo-Selegiline S29 |
| 127 | STIRIPENTOL – Special Authority see SA1330 – Retail pharmacy Cap 250 mg | 509.29 | 60 | ✓ Diacomit S29 |
| | Powder for oral liq 250 mg sachet | 509.29 | 60 | ✓ Diacomit S29 |

► **SA1330** Special Authority for Subsidy
Initial application only from a paediatric neurologist or Practitioner on the recommendation of a paediatric neurologist. Approvals valid for 6 months for applications meeting the following criteria:
Both:
1 Patient has confirmed diagnosis of Dravet syndrome; and

continued...

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

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

| Check your Schedule for full details Schedule page ref | Subsidy (Mnfr's price) \$ | Per | Brand or Generic Mnfr ✓ fully subsidised |
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New Listings - effective 1 April 2013 (continued)

continued...

- 2 Seizures have been inadequately controlled by appropriate courses of sodium valproate, clobazam and at least two of the following: topiramate, levetiracetam, ketogenic diet.
Renewal from any relevant practitioner. Approvals valid without further renewal where the patient continues to benefit from treatment as measured by reduced seizure frequency from baseline.

| | | | | |
|-----|-----------------------------------|--------|---|--------------------|
| 151 | DOCETAXEL – PCT only – Specialist | | | |
| | Inj 20 mg | 48.75 | 1 | ✓ Docetaxel Sandoz |
| | Inj 80 mg | 195.00 | 1 | ✓ Docetaxel Sandoz |

| | | | | |
|-----|---|----------|---|--|
| 152 | PEGASPARGASE – PCT only – Specialist – Special Authority see SA1325 | | | |
| | Inj 3,750 IU per 5 ml..... | 3,005.00 | 1 | ✓ Oncaspar S29 |

▶ SA1325 Special Authority for Subsidy

Initial application only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

- 1 The patient has newly diagnosed acute lymphoblastic leukaemia; and
- 2 Pegaspargase to be used with a contemporary intensive multi-agent chemotherapy treatment protocol; and
- 3 Treatment is with curative intent.

Renewal only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

- 1 The patient has relapsed acute lymphoblastic leukaemia; and
- 2 Pegaspargase to be used with a contemporary intensive multi-agent chemotherapy treatment protocol; and
- 3 Treatment is with curative intent.

| | | | | |
|-----|----------------------|-------|---------|-----------|
| 176 | OLOPATADINE | | | |
| | Eye drops 0.1% | 17.00 | 5 ml OP | ✓ Patanol |

| | | | | |
|-----|--|------|-------|--------------------------------|
| 177 | PHARMACY SERVICES - May only be claimed once per patient | | | |
| | * Brand switch fee..... | 4.33 | 1 fee | ✓ BSF Nevirapine Alphapharm |

The Pharmacode for BSF Nevirapine Alphapharm is 2433265
(BSF Nevirapine Alphapharm Brand switch fee to be delisted 1 July 2013)

| | | | | |
|-----|--|-------|----------|---------------|
| 205 | HIGH FAT LOW CARBOHYDRATE FORMULA – Special Authority see SA1197 – Retail pharmacy | | | |
| | Powder (unflavoured) | 35.50 | 300 g OP | ✓ KetoCal 3:1 |

Effective 1 March 2013

| | | | | |
|----|---|------|---|-----------|
| 58 | SILDENAFIL – Special Authority see SA1293 – Retail pharmacy | | | |
| | Tab 25 mg | 1.85 | 4 | ✓ Silagra |
| | Tab 50 mg | 1.85 | 4 | ✓ Silagra |

| | | | | |
|----|---|--------|----|---|
| 88 | GENTAMICIN SULPHATE | | | |
| | Inj 10 mg per ml, 2 ml – Subsidy by endorsement | 175.10 | 25 | ✓ APP Pharmaceuticals S29 |

Only if prescribed for a dialysis or cystic fibrosis patient or for prophylaxis of endocarditis and the prescription is endorsed accordingly.

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

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

| Check your Schedule for full details Schedule page ref | Subsidy (Mnfr's price) \$ | Per | Brand or Generic Mnfr ✓ fully subsidised |
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New Listings - effective 1 March 2013 (continued)

| | | | | |
|-----|--|--------------------------------------|----------------------------------|--|
| 119 | PRAMIPEXOLE HYDROCHLORIDE ▲ Tab 1 mg | 7.20 | 30 | ✓ Dr Reddy's Prampexole |
| 123 | OXYCODONE HYDROCHLORIDE a) Only on a controlled drug form b) See prescribing guideline below c) No patient co-payment payable d) Safety medicine; prescriber may determine dispensing frequency Inj 50 mg per ml, 1 ml | 60.00 | 5 | ✓ OxyNorm |
| 158 | FLUTAMIDE – Retail pharmacy-Specialist Tab 250 mg | 16.50 | 30 | ✓ Flutamin S29 ^{S29} |
| 177 | PHARMACY SERVICES - May only be claimed once per patient * Brand switch fee..... The Pharmacode for BSF Zetlam is 2433257 (BSF Zetlam Brand switch fee to be delisted 1 June 2013) * Brand switch fee..... The Pharmacode for BSF Alphapharm is 2433494 (BSF Alphapharm Brand switch fee to be delisted 1 June 2013) * Brand switch fee..... The Pharmacode for BSF Entapone is 2433249 (BSF Entapone Brand switch fee to be delisted 1 June 2013) * Brand switch fee..... The Pharmacode for BSF Accarb is 2433486 (BSF Accarb Brand switch fee to be delisted 1 June 2013) | 4.33 4.33 4.33 4.33 4.33 | 1 fee 1 fee 1 fee 1 fee | ✓ BSF Zetlam ✓ BSF Alphapharm ✓ BSF Entapone ✓ BSF Accarb |

Effective 1 February 2013

| | | | | |
|-----|--|----------------------|------------------|---|
| 51 | QUINAPRIL * Tab 5 mg * Tab 10 mg * Tab 20 mg | 3.44 4.64 6.34 | 90 90 90 | ✓ Arrow-Quinapril 5 ✓ Arrow-Quinapril 10 ✓ Arrow-Quinapril 20 |
| 53 | ATENOLOL * Oral liq 25 mg per 5 ml..... Restricted to children under 12 years of age. | 21.25 | 300 ml OP | ✓ Atenolol AFT ^{S29} |
| 86 | FLUCLOXACILLIN SODIUM Grans for oral liq 125 mg per 5 ml – Up to 200 ml available on a PSO Grans for oral liq 250 mg per 5 ml – Up to 200 ml available on a PSO Note – this listing is for a sugar free formulation with new pharmacodes. | 2.49 3.25 | 100 ml 100 ml | ✓ AFT ✓ AFT |
| 102 | CAPSAICIN – Special Authority see SA1289 – Retail pharmacy Crm 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.

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

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

| Check your Schedule for full details Schedule page ref | Subsidy (Mnfr's price) \$ | Per | Brand or Generic Mnfr ✓ fully subsidised |
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New Listings - effective 1 February 2013 (continued)

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

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 |

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...

| | | | |
|--|--------|------|--|
| 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 |
| 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; | | | |

continued...

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

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

| Check your Schedule for full details Schedule page ref | Subsidy (Mnfr's price) \$ | Per | Brand or Generic Mnfr ✓ fully subsidised |
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New Listings - effective 1 January 2013 (continued)

continued...

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

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...

| | | | | |
|----|---|--------|-----------|---------------------------|
| | 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 |
| | 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 Crm, 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*.

continued...

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

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

| Check your Schedule for full details Schedule page ref | Subsidy (Mnfr's price) \$ | Per | Brand or Generic Mnfr ✓ fully subsidised |
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New Listings - effective 1 January 2013 (continued)

continued...

Renewal 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 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) | | | |

▲ 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 April 2013

| | | | | | |
|----|--|--------|-----|---------------------|--|
| 54 | FELODIPINE | | | | |
| | * Tab long-acting 5 mg —Brand switch fee payable (Pharmacode 2430231) — see page 177 for details..... | 3.10 | 30 | ✓ Plendil ER | |
| | * Tab long-acting 10 mg —Brand switch fee payable (Pharmacode 2430231) — see page 177 for details..... | 4.60 | 30 | ✓ Plendil ER | |
| 87 | CIPROFLOXACIN — Subsidy by endorsement | | | | |
| | a) Subsidised only if: | | | | |
| | i. Patient has either | | | | |
| | (a) microbiologically confirmed and clinically significant pseudomonas infection; or | | | | |
| | (b) prostatitis; or | | | | |
| | (c) pyelonephritis; or | | | | |
| | (d) gonorrhoea; or | | | | |
| | ii. Prescription or PSO is written by, or on the recommendation of, an infectious disease specialist or a clinical microbiologist; and | | | | |
| | b) The prescription or PSO is endorsed accordingly. | | | | |
| | Tab 250 mg — Up to 5 tab available on a PSO | 2.20 | 28 | ✓ Ciproflo | |
| | Tab 500 mg — Up to 5 tab available on a PSO | 3.00 | 28 | ✓ Ciproflo | |
| | | 10.71 | 100 | ✓ Ciproflo | |
| | Tab 750 mg —Retail pharmacy-Specialist..... | 5.15 | 28 | ✓ Ciproflo | |
| | | 5.52 | 30 | ✓ Ciprofloxacin Rex | |
| 87 | CLINDAMYCIN | | | | |
| | Cap hydrochloride 150 mg — Maximum of 4 cap per prescription; can be waived by endorsement | | | | |
| | - Retail pharmacy — Specialist. | 9.90 | 16 | ✓ Clindamycin ABM | |
| | Specialist must be an infectious disease specialist or a clinical microbiologist | | | | |
| | Inj phosphate 150 mg per ml, 4 ml — | | | | |
| | Retail pharmacy-Specialist | 160.00 | 10 | ✓ Dalacin C | |
| | Prescriptions must be written by, or on the recommendation of, an infectious diseases specialist or clinical microbiologist | | | | |
| 87 | FUSIDIC ACID | | | | |
| | Tab 250 mg — Retail pharmacy-Specialist..... | 34.50 | 12 | ✓ Fucidin | |
| | Prescriptions must be written by, or on the recommendation of, an infectious diseases specialist or clinical microbiologist | | | | |
| 88 | LINCOMYCIN — Retail pharmacy-Specialist | | | | |
| | Prescriptions must be written by, or on the recommendation of, an infectious diseases specialist or clinical microbiologist | | | | |
| | Inj 300 mg per ml, 2 ml | 80.00 | 5 | ✓ Lincocin | |
| 89 | ITRACONAZOLE —Retail pharmacy-Specialist | | | | |
| | Cap 100 mg — Subsidy by endorsement | 4.25 | 15 | ✓ Itrazole | |
| | Funded for tinea vesicular where topical treatment has not been successful and diagnosis has been confirmed by mycology, or for tinea unguium where terbinafine has not been successful in eradication or the patient is intolerant to terbinafine and diagnosis has been confirmed by mycology and the prescription is endorsed accordingly. Can be waived by endorsement — Retail pharmacy - Specialist. Specialist must be an infectious disease specialist, clinical microbiologist or dermatologist. | | | | |

| Check your Schedule for full details Schedule page ref | Subsidy (Mnfr's price) \$ | Per | Brand or Generic Mnfr ✓ fully subsidised |
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Changes to Restrictions - effective 1 April 2013 (continued)

| | | | | |
|----|---|--------|-------|--------------------|
| 89 | KETOCONAZOLE Tab 200 mg – Retail pharmacy-Specialist..... | 38.12 | 30 | ✓ Nizoral |
| | Prescriptions must be written by, or on the recommendation of, an infectious diseases specialist, clinical microbiologist, dermatologist, endocrinologist, or oncologist. | | | |
| 90 | DAPSONE – Retail pharmacy-Specialist a) No patient co-payment payable b) Prescriptions must be written by, or on the recommendation of, an infectious diseases specialist, clinical microbiologist or dermatologist. | | | |
| | Tab 25 mg | 95.00 | 100 | ✓ Dapsone |
| | Tab 100 mg | 110.00 | 100 | ✓ Dapsone |
| 90 | ETHAMBUTOL HYDROCHLORIDE – Retail pharmacy-Specialist a) No patient co-payment payable b) Prescriptions must be written by, or on the recommendation of, an infectious diseases specialist, clinical microbiologist or a respiratory specialist. | | | |
| | Tab 100 mg | 48.01 | 56 | ✓ Myambutol S29 |
| | Tab 400 mg | 49.34 | 56 | ✓ Myambutol S29 |
| 90 | ISONIAZID – Retail pharmacy-Specialist a) No patient co-payment payable b) Prescriptions must be written by, or on the recommendation of, an internal medicine specialist, clinical microbiologist, dermatologist or public health specialist. | | | |
| | * Tab 100 mg | 20.00 | 100 | ✓ PSM |
| | * Tab 100 mg with rifampicin 150 mg | 90.04 | 100 | ✓ Rifinah |
| | * Tab 150 mg with rifampicin 300 mg | 179.57 | 100 | ✓ Rifinah |
| 90 | PYRAZINAMIDE – Retail pharmacy-Specialist a) No patient co-payment payable b) Prescriptions must be written by, or on the recommendation of, an infectious diseases specialist, clinical microbiologist or a respiratory specialist. | | | |
| | * Tab 500 mg – For pyrazinamide oral liquid formulation refer, page 179..... | 59.00 | 100 | ✓ AFT-Pyrazinamide |
| 90 | RIFABUTIN – Retail pharmacy-Specialist a) No patient co-payment payable b) Prescriptions must be written by, or on the recommendation of, an infectious diseases specialist, respiratory specialist or a gastroenterologist. | | | |
| | * Cap 150 mg – For rifabutin oral liquid formulation refer, page 179 | 213.19 | 30 | ✓ Mycobutin |
| 91 | RIFAMPICIN – Retail pharmacy-Specialist Subsidy by endorsement a) No patient co-payment payable b) For confirmed recurrent Staphylococcus aureus infection in combination with other effective anti staphylococcal antimicrobial based on susceptibilities and the prescription is endorsed accordingly; can be waived by endorsement. – Retail pharmacy-Specialist. Specialist must be an internal medicine specialist, clinical microbiologist, dermatologist, paediatrician or public health specialist. | | | |
| | * Tab 600 mg | 114.40 | 30 | ✓ Rifadin |
| | * Cap 150 mg | 58.66 | 100 | ✓ Rifadin |
| | * Cap 300 mg | 122.36 | 100 | ✓ Rifadin |
| | * Oral liq 100 mg per 5 ml | 12.66 | 60 ml | ✓ Rifadin |

▲ 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 April 2013 (continued)

| | | | | |
|-----|---|--------|----|--------------------------------|
| 97 | NEVIRAPINE – Special Authority see SA1025 – Retail pharmacy – Brand switch fee payable (Pharmacode 2433249) - see page 177 for details Tab 200 mg | 95.94 | 60 | ✓ Nevirapine Alphapharm |
| 100 | INTERFERON ALPHA-2A – PCT – Retail pharmacy-Specialist a) Prescriptions must be written by, or on the recommendation of, an internal medicine specialist or ophthalmologist b) See prescribing guideline Inj 3 m iu prefilled syringe | 31.32 | 1 | ✓ Roferon-A |
| | Inj 6 m iu prefilled syringe..... | 62.64 | 1 | ✓ Roferon-A |
| | Inj 9 m iu prefilled syringe | 93.96 | 1 | ✓ Roferon-A |
| 100 | INTERFERON ALPHA-2B – PCT – Retail pharmacy-Specialist a) Prescriptions must be written by, or on the recommendation of, an internal medicine specialist or ophthalmologist b) See prescribing guideline Inj 18 m iu, 1.2 ml multidose pen..... | 187.92 | 1 | ✓ Intron-A |
| | Inj 30 m iu, 1.2 ml multidose pen | 313.20 | 1 | ✓ Intron-A |
| | Inj 60 m iu, 1.2 ml multidose pen | 626.40 | 1 | ✓ Intron-A |
| 198 | ORAL FEED 1.5KCAL/ML – Special Authority see SA1228 – Hospital pharmacy [HP3] Additional subsidy by endorsement is available for patients being bolus fed through a feeding tube, or who have severe epidermolysis bullosa . The prescription must be endorsed accordingly. | | | |
| 198 | ORAL FEED WITH FIBRE 1.5 KCAL/ML – Special Authority see SA1228 – Hospital pharmacy [HP3] Additional subsidy by endorsement is available for patients being bolus fed through a feeding tube, or who have severe epidermolysis bullosa . The prescription must be endorsed accordingly. | | | |
| 199 | ORAL FEED 2 KCAL/ML – Special Authority see SA1195 – Hospital pharmacy [HP3] Additional subsidy by endorsement is available for patients being bolus fed through a feeding tube, or who have severe epidermolysis bullosa . The prescription must be endorsed accordingly. | | | |

Effective 1 March 2013

| | | | | |
|----|--|-------|------------|-----------------------------|
| 29 | ACARBOSE – Brand switch fee payable (Pharmacode 2433486) - see page 177 for details * Tab 50 mg | 9.82 | 90 | ✓ Accarb |
| | * Tab 100 mg | 15.83 | 90 | ✓ Accarb |
| 31 | BLOOD GLUCOSE DIAGNOSTIC TEST STRIP The number of test strips available on a prescription is restricted to 50 unless: 1) Prescribed with insulin or a sulphonylurea but are on a different prescription and endorsed accordingly; or 2) Prescribed on the same prescription as insulin or a sulphonylurea in which case the prescription is deemed to be endorsed; or 3) Prescribed for a pregnant woman with diabetes and endorsed accordingly; or 4) Prescribed for a patient on home TPN at risk of hypoglycaemia or hyperglycaemia and endorsed accordingly; or 5) Prescribed for a patient with a genetic or an acquired disorder of glucose homeostasis excluding type 1 or type 2 diabetes and metabolic syndrome and endorsed accordingly. Blood glucose test strips – Note differing brand requirements below | 28.75 | 50 test OP | ✓ Accu-Chek Performa |
| | | 28.75 | 50 test OP | ✓ Freestyle Optium |

continued...

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

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

Changes to Restrictions - effective 1 March 2013 (continued)

continued...

- a) Accu-Chek Performa brand: Special Authority see SA1294 – Retail pharmacy
- b) Freestyle Optium brand: Special Authority see SA1291 – Retail pharmacy

➤ **SA1294** Special Authority for Subsidy

Notes: Special Authority criteria and application details may be obtained from PHARMAC's website <http://www.pharmac.govt.nz> and can be sent to:

PHARMAC

PO Box 10 254 Facsimile: (04) 916 7571,
Wellington, Email: bgstrips@pharmac.govt.nz

➤ **SA1291** Special Authority for Subsidy

Notes: Special Authority criteria and application details may be obtained from PHARMAC's website <http://www.pharmac.govt.nz> and can be sent to:

PHARMAC

PO Box 10 254, Facsimile: (04) 916 7571
Wellington, Email: bgstrips@pharmac.govt.nz

58 Phosphodiesterase Type 5 Inhibitors

➤ **SA1086** Special Authority for Subsidy

Special Authority approved by the Pulmonary Arterial Hypertension Panel

Notes: Application details may be obtained from PHARMAC's website <http://www.pharmac.govt.nz> or:
The Coordinator, PAH Panel

PHARMAC, PO Box 10-254, WELLINGTON

Tel: (04) 916 7512, Fax: (04) 974 4858, Email: PAH@pharmac.govt.nz

SILDENAFIL – Special Authority see **SA1293+086** – Retail pharmacy

| | | | |
|--|-------|---|-----------|
| Tab 25 mg | 1.85 | 4 | ✓ Silagra |
| | 39.00 | 4 | ✓ Viagra |
| Tab 50 mg | 1.85 | 4 | ✓ Silagra |
| | 43.50 | 4 | ✓ Viagra |
| Tab 100 mg – For sildenafil oral liquid formulation refer, page 179 | 7.45 | 4 | ✓ Silagra |

➤ **SA1293** Special Authority for Subsidy (Form name is sildenafil)

Initial application – Raynaud's phenomenon*.

Applications from any relevant practitioner. Approvals valid without further renewal unless notified for patients meeting the following criteria:

- 1 Patient has Raynaud's phenomenon; and
- 2 Patient has severe digital ischaemia (defined as severe pain requiring hospital admission or with a high likelihood of digital ulceration; digital ulcers; or gangrene); and
- 3 Patient is following lifestyle management (proper body insulation, avoidance of cold exposure, smoking cessation support, avoidance of sympathomimetic drugs); and
- 4 Patient has persisting severe symptoms despite treatment with calcium channel blockers and nitrates (unless contraindicated or not tolerated).

Notes

- 1 Sildenafil is also funded for patients with Pulmonary Arterial Hypertension who are approved by the Pulmonary Arterial Hypertension Panel (an application must be made to the Panel).

Application details may be obtained from:

The Coordinator, PAH Panel

PHARMAC, PO Box 10 254, Wellington

Phone: (04) 916 7512 Facsimile: (04) 974 4858 Email: PAH@pharmac.govt.nz

- 2 Indications marked with an * are Unapproved Indications.

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

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

| Check your Schedule for full details Schedule page ref | Subsidy (Mnfr's price) \$ | Per | Brand or Generic Mnfr ✓ fully subsidised |
|---|---------------------------------|-----|--|
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Changes to Restrictions - effective 1 March 2013 (continued)

| | | | |
|-----|--|-------|-------------------------------|
| 72 | ETHINYLOESTRADIOL WITH LEVONORGESTREL * Tab 30 µg with levonorgestrel 150 µg and 7 inert tab..... 2.45 | 84 | ✓ Ava 30 ED |
| | a) Brand switch fee payable (Pharmacode 2405865) – see page 177 for details | | |
| | b) Up to 84 tab available on a PSO | | |
| 90 | ETHAMBUTOL HYDROCHLORIDE – No patient co-payment payable (addition of S29) Tab 100 mg 48.01 | 56 | ✓ Myambutol S29 |
| | Tab 400 mg 49.34 | 56 | ✓ Myambutol S29 |
| 92 | LAMIVUDINE – Special Authority see SA0832 – Retail pharmacy Tab 100 mg – Brand switch fee payable (Pharmacode 2433257) - see page 177 for details 32.50 | 28 | ✓ Zetlam |
| 98 | ZIDOVUDINE [AZT] WITH LAMIVUDINE – Special Authority see SA1025– Retail pharmacy – Brand switch fee payable (Pharmacode 2433494) - see page 177 for details Note: zidovudine [AZT] with lamivudine (combination tablets) counts as two anti-retroviral medications for the purposes of the anti-retroviral Special Authority. Tab 300 mg with lamivudine 150 mg 63.50 | 60 | ✓ Alphapharm |
| 119 | ENTACAPONE – Brand switch fee payable (Pharmacode 2433249) - see page 177 for details ▲ Tab 200 mg 47.92 | 100 | ✓ Entapone |
| 180 | PHARMACY SERVICES – May only be claimed once per patient * Brand switch fee..... 4.33 | 1 fee | ✓ BSF CareSens N |
| | The Pharmacode for BSF CareSens N is 2423138 (BSF CareSens N Brand switch fee to be delisted 1 March July 2013) | | |
| | * Brand switch fee..... 4.33 | 1 fee | ✓ BSF CareSens II |
| | The Pharmacode for BSF CareSens II is 2423146 (BSF CareSens II Brand switch fee to be delisted 1 March July 2013) | | |
| | * Brand switch fee..... 4.33 | 1 fee | ✓ BSF CareSens N POP |
| | The Pharmacode for BSF CareSens N POP is 2423154 (BSF CareSens N POP Brand switch fee to be delisted 1 March July 2013) | | |

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: | | |

continued...

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

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

| Check your Schedule for full details Schedule page ref | Subsidy (Mnfr's price) \$ | Per | Brand or Generic Mnfr ✓ fully subsidised |
|---|---------------------------------|-----|--|
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Changes to Restrictions - effective 1 February 2013 (continued)

continued...

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

Changes to Restrictions - 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 |
| | 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 |

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$

Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions - effective 1 January 2013 (continued)

| | | | | |
|----|---|--------|------|-----------------|
| 34 | <p>INSULIN PUMP INFUSION SET (TEFLON CANNULA, STRAIGHT INSERTION WITH INSERTION DEVICE) – Special Authority see SA1240 – Retail Pharmacy a) Maximum of 3 packs per prescription, b) Maximum of 1 prescription per 90 days. c) Only on a prescription Note: One additional pack of infusion sets will be funded per year (Maximum of 13 packs per annum)</p> | | | |
| | <p>Teflon cannula straight insertion 6 mm; with auto-injector; 6 mm Teflon cannula; straight insertion; Insertion device; 60 cm grey line x 10 with 10 needles.....</p> | 140.00 | 1 OP | ✓ Inset II |
| | <p>Teflon cannula straight insertion 6 mm; with auto-injector; 6 mm Teflon cannula; straight insertion; Insertion device; 60 cm pink line x 10 with 10 needles.....</p> | 140.00 | 1 OP | ✓ Inset II |
| | <p>Teflon cannula straight insertion 6 mm; with auto-injector; 6 mm Teflon cannula; straight insertion; Insertion device; 60 cm blue line x 10 with 10 needles.....</p> | 140.00 | 1 OP | ✓ Inset II |
| | <p>Teflon cannula straight insertion 9 mm; with auto-injector; 9 mm Teflon cannula; straight insertion; Insertion device; 60 cm grey line x 10 with 10 needles.....</p> | 140.00 | 1 OP | ✓ Inset II |
| | <p>Teflon cannula straight insertion 9 mm; with auto-injector; 9 mm Teflon cannula; straight insertion; Insertion device; 60 cm pink line x 10 with 10 needles.....</p> | 140.00 | 1 OP | ✓ Inset II |
| | <p>Teflon cannula straight insertion 9 mm; with auto-injector; 9 mm Teflon cannula; straight insertion; Insertion device; 60 cm blue line x 10 with 10 needles.....</p> | 140.00 | 1 OP | ✓ Inset II |
| | <p>Teflon cannula straight insertion 6 mm; with auto-injector; 6 mm Teflon cannula; straight insertion; Insertion device; 110 cm grey line x 10 with 10 needles.....</p> | 140.00 | 1 OP | ✓ Inset II |
| | <p>Teflon cannula straight insertion 9 mm; with auto-injector; 9 mm Teflon cannula; straight insertion; Insertion device; 110 cm grey line x 10 with 10 needles.....</p> | 140.00 | 1 OP | ✓ Inset II |
| 34 | <p>INSULIN PUMP INFUSION SET (TEFLON CANNULA, ANGLE INSERTION) – Special Authority see SA1240 – Retail Pharmacy a) Maximum of 3 packs per prescription, b) Maximum of 1 prescription per 90 days. c) Only on a prescription Note: One additional pack of infusion sets will be funded per year (Maximum of 13 packs per annum)</p> | | | |
| | <p>Teflon cannula angle insertion 13 mm; 13 mm Teflon cannula; angle insertion; 60 cm grey line x 5 with 10 needles.....</p> | 120.00 | 1 OP | ✓ Comfort Short |
| | <p>Teflon cannula angle insertion 17 mm; 17 mm Teflon cannula; angle insertion; 60 cm grey line x 5 with 10 needles.....</p> | 120.00 | 1 OP | ✓ Comfort |
| | <p>Teflon cannula angle insertion 17 mm; 17 mm Teflon cannula; angle insertion; 110 cm grey line x 5 with 10 needles.....</p> | 120.00 | 1 OP | ✓ Comfort |

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions - effective 1 January 2013 (continued)

| | |
|-----|--|
| 34 | <p>INSULIN PUMP INFUSION SET (TEFLON CANNULA, ANGLE INSERTION WITH INSERTION DEVICE) – Special Authority see SA1240 – Retail Pharmacy</p> <p>a) Maximum of 3 packs per prescription, b) Maximum of 1 prescription per 90 days. c) Only on a prescription</p> <p>Note: One additional pack of infusion sets will be funded per year (Maximum of 13 packs per annum)</p> <p>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</p> <p>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</p> <p>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</p> <p>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</p> |
| 54 | <p>FELODIPINE</p> <p>* Tab long-acting 5 mg – Brand switch fee payable (Pharmacode 2430231) - see page 177 for details..... 3.10 30 ✓ Plendil ER</p> <p>* Tab long-acting 10 mg – Brand switch fee payable (Pharmacode 2430231) - see page 177 for details..... 4.60 30 ✓ Plendil ER</p> |
| 73 | <p>Antiandrogen Oral Contraceptives</p> <p>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:</p> <ul style="list-style-type: none"> • \$3.00 \$5.00 prescription charge (patient co-payment) will apply. • prescription may be written for up to six months supply. <p>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</p> |
| 176 | <p>BRIMONIDINE TARTRATE</p> <p>* Eye Drops 0.2% – Brand switch fee payable (Pharmacode 2425823) – see page 177 for details 6.45 5 ml OP ✓ Arrow-Brimonidine</p> |

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Subsidy and Manufacturer's Price

Effective 1 April 2013

| | | | | |
|-----|---|-------|--------|-------------------------|
| 51 | QUINAPRIL (↓ subsidy) | | | |
| | * Tab 5 mg | 1.15 | 30 | ✓ Accupril |
| | * Tab 10 mg | 1.55 | 30 | ✓ Accupril |
| | * Tab 20 mg | 2.11 | 30 | ✓ Accupril |
| 75 | OXYBUTYNIN | | | |
| | * Tab 5 mg (↓ subsidy) | 11.20 | 500 | ✓ Apo-Oxybutynin |
| | * Oral liq 5 mg per 5 ml (↑ subsidy)..... | 56.45 | 473 ml | ✓ Apo-Oxybutynin |
| 118 | BACLOFEN (↓ subsidy) | | | |
| | * Tab 10 mg – For baclofen oral liquid formulation refer, page 179..... | 3.85 | 100 | ✓ Pacifen |
| 124 | NORTRIPTYLINE HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency (↓ subsidy) | | | |
| | Tab 10 mg | 4.00 | 100 | ✓ Norpress |
| | Tab 25 mg | 9.00 | 180 | ✓ Norpress |

Effective 1 March 2013

| | | | | |
|----|---|-------|-------------|--------------------------------------|
| 30 | BLOOD KETONE DIAGNOSTIC TEST METER (↑ subsidy) | | | |
| | Meter funded for the purposes of blood ketone diagnostics only. Patient has had one or more episodes of ketoacidosis and is at risk of future episodes. Only one meter per patient will be subsidised every 5 years. | | | |
| | Meter | 40.00 | 1 | ✓ Freestyle Optium |
| 30 | KETONE BLOOD BETA-KETONE ELECTRODES – Maximum of 20 strip per prescription (↑ subsidy) | | | |
| | Test strip – Not on a BSO | 15.50 | 10 strip OP | ✓ Freestyle Optium Ketone |
| 31 | BLOOD GLUCOSE DIAGNOSTIC TEST STRIP (↑ subsidy) | | | |
| | The number of test strips available on a prescription is restricted to 50 unless: | | | |
| | 1) Prescribed with insulin or a sulphonylurea but are on a different prescription and endorsed accordingly; or | | | |
| | 2) Prescribed on the same prescription as insulin or a sulphonylurea in which case the prescription is deemed to be endorsed; or | | | |
| | 3) Prescribed for a pregnant woman with diabetes and endorsed accordingly; or | | | |
| | 4) Prescribed for a patient on home TPN at risk of hypoglycaemia or hyperglycaemia and endorsed accordingly; or | | | |
| | 5) Prescribed for a patient with a genetic or an acquired disorder of glucose homeostasis excluding type 1 or type 2 diabetes and metabolic syndrome and endorsed accordingly. | | | |
| | Blood glucose test strips – Note differing brand | | | |
| | requirements below | 28.75 | 50 test OP | ✓ Accu-Chek Performa |
| | | 28.75 | 50 test OP | ✓ Freestyle Optium |
| | a) Accu-Chek Performa brand: Special Authority see SA1294 – Retail pharmacy | | | |
| | b) Freestyle Optium brand: Special Authority see SA1291 – Retail pharmacy | | | |
| 37 | DANTHRON WITH POLOXAMER – Only on a prescription (↑ subsidy) | | | |
| | Note: Only for the prevention or treatment of constipation in the terminally ill. | | | |
| | Oral liq 25 mg with poloxamer 200 mg per 5 ml..... | 21.30 | 300 ml | ✓ Pinorax |
| | Oral liq 75 mg with poloxamer 1 g per 5 ml..... | 43.60 | 300 ml | ✓ Pinorax Forte |

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 March 2013 (continued)

| | | | | |
|-----|---|-----------------|-----------|---------------------------------|
| 62 | BETAMETHASONE VALERATE (↑ subsidy) | | | |
| | * Crm 0.1%..... | 3.50 | 50 g OP | ✓Beta Cream |
| | * Oint 0.1%..... | 3.50 | 50 g OP | ✓Beta Ointment |
| 62 | CLOBETASOL PROPIONATE (↑ subsidy) | | | |
| | * Crm 0.05%..... | 3.68 | 30 g OP | ✓Dermol |
| | * Oint 0.05%..... | 3.68 | 30 g OP | ✓Dermol |
| 68 | BETAMETHASONE VALERATE (↑ subsidy) | | | |
| | * Scalp app 0.1%..... | 7.75 | 100 ml OP | ✓Beta Scalp |
| 68 | CLOBETASOL PROPIONATE (↑ subsidy) | | | |
| | * Scalp app 0.05%..... | 6.96 | 30 ml OP | ✓Dermol |
| 88 | TRIMETHOPRIM (↑ subsidy) | | | |
| | * Tab 300 mg – Up to 30 tab available on a PSO..... | 9.28 | 50 | ✓TMP |
| 102 | DICLOFENAC SODIUM (↓ subsidy) | | | |
| | * Tab EC 50 mg..... | 1.60 (2.13) | 50 | Diclofenac Sandoz |
| 118 | BACLOFEN (↑ subsidy) | | | |
| | * Tab 10 mg – For baclofen oral liquid formulation refer, page 179..... | 5.10 | 100 | ✓Pacifen |
| 131 | DOMPERIDONE (↓ subsidy) | | | |
| | * Tab 10 mg – For domperidone oral liquid formulation refer, page 179..... | 3.25 (11.99) | 100 | Motilium |
| 151 | DOXORUBICIN – PCT only – Specialist (↓ subsidy) | | | |
| | Inj 1 mg for ECP..... | 0.37 | 1 mg | ✓Baxter |
| 160 | TAMOXIFEN CITRATE (↑ subsidy) | | | |
| | * Tab 10 mg..... | 17.50 | 100 | ✓Genox |
| 166 | PROMETHAZINE HYDROCHLORIDE (↓ subsidy) | | | |
| | *‡ Oral liq 5 mg per 5 ml..... | 2.79 (3.10) | 100 ml | Promethazine Winthrop Elixir |

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 |

▲ 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)

| | | | | | |
|-----|--|-------------------|--------|----------------------|--|
| 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 | |
| 165 | DEXTROCHLORPHENIRAMINE MALEATE (↑ price) | | | | |
| | * Tab 2 mg | 1.01 (5.99) | 20 | Polaramine | |
| | | 2.02 (8.40) | 40 | 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 | |

Patients pay a manufacturer's surcharge when
the Manufacturer's Price is greater than the Subsidy
42

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 February 2013 (continued)

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

▲ 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 January 2013 (continued)

| | | | | |
|-----|--|---------|----|-----------------|
| 160 | MEGESTROL ACETATE – Retail pharmacy-Specialist (↓ subsidy) | | | |
| | Tab 160 mg | 51.55 | 30 | |
| | | (57.92) | | 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 |

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to General Rules

Effective 1 April 2013

19 3.3 Original Packs, and Certain Antibiotics and Unapproved Medicines

3.3.2 If a Community Pharmaceutical is either:

a) the liquid oral form of an antibiotic to which a diluent must be added by the Contractor at the time of dispensing; or

b) an unapproved medicine supplied under section 29 of the Medicines Act 1981,

and it is prescribed or ordered by a Practitioner in an amount that does not coincide with the amount contained in one or more standard packs of that Community Pharmaceutical, Subsidy will be paid for the amount prescribed or ordered by the Practitioner in accordance with either clause 3.1 or clause 3.3 of the Schedule, and for the balance of any pack or packs from which the Community Pharmaceutical has been dispensed. At the time of dispensing the Contractor must keep a record of the quantity discarded. To ensure wastage is reduced, the Contractor should reduce the amount dispensed to make it equal to the quantity contained in a whole pack where:

a) the difference the amount dispensed and the amount prescribed by the Practitioner is less than 10% (eg; if a prescription is for 105 mls then a 100 ml pack would be dispensed); and

b) in the reasonable opinion of the Contractor the difference would not affect the efficacy of the course of treatment prescribed by the Practitioner.

Note: For the purposes of audit and compliance it is an act of fraud to claim wastage and then use the wastage amount for any subsequent prescription.

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
(6.00)

✓ Fully subsidised brand
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.

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 General Rules - effective 1 January 2013 (continued)

continued...

- 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 April 2013

205 HIGH FAT LOW CARBOHYDRATE FORMULA – Special Authority see SA1197 – Retail pharmacy
Powder (vanilla) 35.50 300 g OP ✓ KetoCal 4:1

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

Changes to Section I

Effective 1 April 2013

| | | | | |
|-----|---|-------|----|-----------------------|
| 217 | INFLUENZA VACCINE – Hospital pharmacy [Xpharm] Inj | 90.00 | 10 | ✓ Fluarix ✓ Fluvax |
|-----|---|-------|----|-----------------------|

A) is available each year for patients who meet the following criteria, as set by 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) **children aged four and under who have been hospitalised for respiratory illness or have a history of significant respiratory illness.**
 - iii) iv) diabetes;
 - iv) v) chronic renal disease;
 - v) vi) any cancer, excluding basal and squamous skin cancers if not invasive;
 - vi) vii) the following other conditions:
 - a) autoimmune disease,
 - b) immune suppression,
 - c) HIV,
 - d) transplant recipients,
 - e) neuromuscular and CNS diseases,
 - f) haemoglobinopathies, or
 - g) children on long term aspirin.
 - 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) 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.

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 ~~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 |
|-----------------|------|---|-------------------|

▲ 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 April 2013

| | | | | | |
|-----|--|----------|------------|-------------------|--|
| 27 | FAMOTIDINE – Only on a prescription | | | | |
| | * Tab 20 mg | 8.10 | 250 | ✓Famox | |
| | * Tab 40 mg | 11.35 | 250 | ✓Famox | |
| 31 | BLOOD GLUCOSE DIAGNOSTIC TEST STRIP | | | | |
| | The number of test strips available on a prescription is restricted to 50 unless: | | | | |
| | 1) Prescribed with insulin or a sulphonylurea but are on a different prescription and endorsed accordingly; or | | | | |
| | 2) Prescribed on the same prescription as insulin or a sulphonylurea in which case the prescription is deemed to be endorsed; or | | | | |
| | 3) Prescribed for a pregnant woman with diabetes and endorsed accordingly; or | | | | |
| | 4) Prescribed for a patient on home TPN at risk of hypoglycaemia or hyperglycaemia and endorsed accordingly; or | | | | |
| | 5) Prescribed for a patient with a genetic or an acquired disorder of glucose homeostasis excluding type 1 or type 2 diabetes and metabolic syndrome and endorsed accordingly. | | | | |
| | Blood glucose test strips × 50 and lancets × 5 | 10.56 | 50 test OP | ✓CareSens | |
| 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 | |
| 59 | ISOTRETINOIN – Special Authority see SA0955 – Retail pharmacy | | | | |
| | Cap 10 mg | 28.07 | 180 | ✓Oratane | |
| | Cap 20 mg | 43.37 | 180 | ✓Oratane | |
| 60 | HYDROGEN PEROXIDE | | | | |
| | * Crm 1%..... | 8.56 | 10 g OP | ✓Crystacide | |
| 97 | NEVIRAPINE – Special Authority see SA1025 – Retail pharmacy | | | | |
| | Tab 200 mg | 95.94 | 60 | | |
| | | (319.80) | | Viramune | |
| 124 | AMITRIPTYLINE – Safety medicine; prescriber may determine dispensing frequency | | | | |
| | Tab 10 mg | 1.66 | 50 | | |
| | | (2.77) | | Amirol | |
| 159 | MEGESTROL ACETATE – Retail pharmacy-Specialist | | | | |
| | Tab 160 mg | 51.55 | 30 | | |
| | | (57.92) | | Megace | |
| 178 | PHARMACY SERVICES – May only be claimed once per patient | | | | |
| | * Brand switch fee..... | 4.33 | 1 fee | ✓BSF Plendil ER | |
| 202 | PREMATURE BIRTH FORMULA – Special Authority see SA1221 – Hospital pharmacy [HP3] | | | | |
| | Liquid..... | 0.75 | 100 ml OP | ✓S26LBW Gold RTF | |

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

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

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

Delisted Items – effective 1 March 2013

| | | | |
|----|--|---------------|---|
| 29 | ACARBOSE * Tab 50 mg 9.82 * Tab 100 mg 15.83 | 90 90 | ✓ Glucobay ✓ Glucobay |
| 31 | BLOOD GLUCOSE DIAGNOSTIC TEST STRIP The number of test strips available on a prescription is restricted to 50 unless: 1. Prescribed with insulin or a sulphonylurea but are on a different prescription and the prescription is endorsed accordingly; or 2. Prescribed on the same prescription as insulin or a sulphonylurea in which case the prescription is deemed to be endorsed; or 3. Prescribed for a pregnant woman with diabetes and endorsed accordingly; or 4. Prescribed for a patient on home TPN at risk of hypoglycaemia or hyperglycaemia and endorsed accordingly; or 5. Prescribed for a patient with a genetic or an acquired disorder of glucose homeostasis excluding type 1 or type 2 diabetes and metabolic syndrome and endorsed accordingly. | | |
| | Blood glucose test strips 21.65 | 50 test OP | ✓ FreeStyle Lite |
| | Blood glucose test strips × 50 and lancets × 5 19.10 | 50 test OP | ✓ On Call Advanced |
| 36 | MACROGOL 3350 – Special Authority see SA0891 – Retail pharmacy Powder 13.125 g, sachets – Maximum of 60 sach per prescription 10.00 (18.14) | 30 | Movicol |
| 37 | CHLORHEXIDINE GLUCONATE Mouthwash 0.2% 2.68 (3.87) | 200 ml OP | Rivacol |
| 50 | CILAZAPRIL * Tab 0.5 mg 0.95 | 30 | ✓ Zapril |
| 50 | ENALAPRIL * Tab 5 mg 1.07 * Tab 10 mg 1.32 * Tab 20 mg – For enalapril oral liquid formulation refer, page 179 1.72 | 9 90 90 | ✓ Arrow-Enalapril ✓ Arrow-Enalapril ✓ Arrow-Enalapril |
| 92 | LAMIVUDINE – Special Authority see SA0832– Retail pharmacy Tab 100 mg 32.50 (143.00) | 28 | Zeffix |
| 98 | ZIDOVUDINE [AZT] WITH LAMIVUDINE – Special Authority see SA1025 – Retail pharmacy Zidovudine [AZT] with lamivudine counts as two anti-retroviral medications for the purposes of the anti-retroviral Special Authority. Tab 300 mg with lamivudine 150 mg 63.50 (667.20) | 60 | Combivir |

▲ 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 March 2013 (continued)

| | | | |
|-----|--|-------------|--------------------------------------|
| 103 | LEFLUNOMIDE * Tab 10 mg 55.00 * Tab 20 mg 76.00 | 30 30 | ✓AFT-Leflunomide ✓AFT-Leflunomide |
| 119 | ENTACAPONE ▲ Tab 200 mg 47.92 (116.00) | 100 | Comtan |
| 123 | OXYCODONE HYDROCHLORIDE a) Only on a controlled drug form b) See prescribing guideline below c) No patient co-payment payable d) Safety medicine; prescriber may determine dispensing frequency Inj 10 mg per ml, 1 ml 9.93 Inj 10 mg per ml, 2 ml 19.87 | 5 5 | ✓OxyNorm ✓OxyNorm |
| 170 | SODIUM CROMOGLYCATE Aerosol inhaler, 5 mg per dose CFC-free 28.07 | 112 dose OP | ✓Vicrom |
| 174 | FLUOROMETHOLONE * Eye drops 0.1% 3.80 (4.05) | 5 ml OP | FML |
| 177 | PHARMACY SERVICES – may only be claimed once per patient Brand switch fee 4.33 | 1 fee | ✓BSF Ava 30 ED |

Effective 1 February 2013

| | | | |
|-----|--|------------------|----------------------------------|
| 61 | CALAMINE a) Only on a prescription b) Not in combination Crm, 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) 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 100 ml | Curam 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 |

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

Delisted Items – effective 1 January 2013

| | | | |
|----|--|----------------------|--|
| 30 | METFORMIN HYDROCHLORIDE * Tab immediate-release 500 mg..... 6.15 * Tab immediate-release 850 mg..... 5.05 Note – Apotex tab immediate-release 500 mg, 1,000 mg tab pack, and 850 mg, 500 tab pack, remain subsidised. | 500 250 | ✓ Apotex ✓ Apotex |
| 44 | DABIGATRAN Cap 110 mg 148.00 Cap 150 mg 148.00 Note – these are the bottles Pharmacode 2377578 (110 mg cap) and 2377551 (150 mg cap) | 60 60 | ✓ Pradaxa ✓ Pradaxa |
| 48 | ATORVASTATIN * Tab 10 mg 0.84 (18.32) * Tab 20 mg 1.39 (26.70) * Tab 40 mg 2.44 (37.02) * Tab 80 mg 5.41 (110.50) | 30 30 30 30 | ✓ Dr Reddy's Atorvastatin Lipitor ✓ Dr Reddy's Atorvastatin Lipitor ✓ Dr Reddy's Atorvastatin Lipitor ✓ Dr Reddy's Atorvastatin Lipitor |
| 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 * Tab long-acting 10 mg 13.80 | 90 90 | ✓ Felo 5 ER ✓ Felo 10 ER |
| 76 | NANDROLONE DECANOATE Inj 50 mg per ml, 1 ml 21.16 | 1 | ✓ Deca-Durabolin Orgject \$29 |
| 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 Inj 62.5 mg per ml, 2 ml 412.59 | 25 25 | ✓ Solu-Medrol ✓ Solu-Medrol |
| 86 | FLUCLOXACILLIN SODIUM Cap 250 mg – Up to 30 caps available on a PSO 22.00 (32.00) Cap 500 mg 74.00 (110.00) | 250 500 | AFT AFT |

▲ 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)

| | | | | |
|-----|--|----------------|-------|----------------------------|
| 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 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 |
| 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 | 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 |
| 204 | AMINO ACID FORMULA – Special Authority see SA1219 – Hospital pharmacy [HP3] Powder (tropical) | 53.00 | 400 g OP | ✓ Neocate Advance |

Effective 1 June 2013

| | | | | |
|-----|---|----------------|----|---------------------|
| 47 | BEZAFIBRATE * Tab 200 mg | 9.70 | 90 | ✓ Fibalip |
| 102 | DICLOFENAC SODIUM * Tab EC 25 mg | 1.63 | 50 | ✓ Diclofenac Sandoz |
| | * Tab EC 50 mg | 1.60 (2.13) | 50 | Diclofenac Sandoz |

▲ 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 June 2013 (continued)

| | | | | |
|-----|--|-----------------|--------|--|
| 131 | DOMPERIDONE * Tab 10 mg – For domperidone oral liquid formulation refer, page 179..... | 3.25 (11.99) | 100 | Motilium |
| 166 | PROMETHAZINE HYDROCHLORIDE *‡ Oral liq 5 mg per 5 ml | 2.79 (3.10) | 100 ml | Promethazine Winthrop Elixir |
| 177 | PHARMACY SERVICES * Brand switch fee..... | 4.33 | 1 fee | ✓BSF Zetlam ✓BSF Alphapharm ✓BSF Entapone ✓BSF Accarb |

Effective 1 July 2013

| | | | | |
|-----|---|-------|-------|-----------------|
| 28 | PANTOPRAZOLE * Inj 40 mg | 6.50 | 1 | ✓Pantocid IV |
| 51 | QUINAPRIL * Tab 5 mg | 1.15 | 30 | ✓Accupril |
| | * Tab 10 mg | 1.55 | 30 | ✓Accupril |
| | * Tab 20 mg | 2.11 | 30 | ✓Accupril |
| 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 Essential |
| 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 | 20.00 | 100 | ✓Sinemet |
| | * Tab long-acting 200 mg with carbidopa 50 mg | 47.50 | 100 | ✓Sinemet CR |
| | * Tab 250 mg with carbidopa 25 mg | 40.00 | 100 | ✓Sinemet |
| | Note – new presentations of Sinemet and Sinemet CR were listed 1 January 2013. | | | |
| 127 | GABAPENTIN Cap 100 mg | 7.16 | 100 | ✓Nupentin |
| | Cap 300 mg | 11.50 | 100 | ✓Nupentin |
| | Note – the Nupentin capsules in the blister pack are to be delisted. The Nupentin capsules in bottles will remain listed as fully funded. | | | |

| 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)

| | | | | |
|-----|---|-------|----------|---|
| 177 | PHARMACY SERVICES - May only be claimed once per patient * Brand switch fee..... | 4.33 | 1 fee | ✓BSF CareSens N ✓BSF CareSens II ✓BSF CareSens N POP ✓BSF Nevirapine Alphapharm |
| 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 |

Effective 1 September 2013

| | | | | |
|----|--|-------|-----|------|
| 31 | INSULIN PEN NEEDLES – Maximum of 100 dev per prescription * 29 g × 12.7 mm..... | 10.50 | 100 | ✓ABM |
| 32 | INSULIN SYRINGES, DISPOSABLE WITH ATTACHED NEEDLE – Maximum of 100 dev per prescription * Syringe 0.3 ml with 29 g × 12.7 mm needle | 13.00 | 100 | ✓ABM |
| | * Syringe 0.5 ml with 29 g × 12.7 mm needle | 13.00 | 100 | ✓ABM |
| | * Syringe 0.5 ml with 31 g × 8 mm needle | 13.00 | 100 | ✓ABM |

Effective 1 October 2013

| | | | | |
|----|---|-----------------|----|-------------------------|
| 56 | CHLORTHALIDONE Tab 25 mg | 4.80 | 30 | ✓Igroton ^{S29} |
| 71 | ETHINYLLOESTRADIOL WITH DESOGESTREL Tab 20 µg with desogestrel 150 µg | 6.62 (16.50) | 63 | Mercilon 21 |
| | a) Higher subsidy of \$13.80 per 63 tab with Special Authority see SA0500 b) Up to 63 tab available on a PSO | | | |
| | Tab 30 µg with desogestrel 150 µg | 6.62 (16.50) | 63 | Marvelon 21 |
| | a) Higher subsidy of \$13.80 per 63 tab with Special Authority see SA0500 b) Up to 63 tab available on a PSO | | | |

▲ 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 April 2013

| | | | | |
|----|--|----------|--------|-------------------------|
| 18 | BACLOFEN (↓ price and addition of HSS) Tab 10 mg - 1% DV Jun-13 to 2016 | 3.85 | 100 | Pacifen |
| 19 | BENZBROMARONE Tab 100 mg | 45.00 | 100 | Benzbromaron |
| 19 | BISMUTH TRIOXIDE Tab 120 mg | 32.50 | 112 | De-Nol |
| 24 | CHLORTHALIDONE (delisting) Tab 25 mg | 4.80 | 30 | Igroton |
| | Note – Igroton tab 25 mg to be delisted from 1 June 2013 | | | |
| 28 | DIAZOXIDE Cap 25 mg | 110.00 | 100 | Proglicem |
| | Cap 100 mg | 280.00 | 100 | Proglicem |
| 29 | DOCETAXEL (new listing and change to HSS) Inj 20 mg – 1% DV Sep-11 to 30 April 2013 | 48.75 | 1 | Docetaxel Ebewe |
| | Inj 20 mg – 1% DV May-13 to 2014 | 48.75 | 1 | Docetaxel Sandoz |
| | Inj 80 mg – 1% DV Sep-11 to 30 April 2013 | 195.00 | 1 | Docetaxel Ebewe |
| | Inj 80 mg – 1% DV May-13 to 2014 | 195.00 | 1 | Docetaxel Sandoz |
| 37 | GLYCERYL TRINITRATE Oint 0.2% | 22.00 | 30g | Rectogesic |
| 37 | HIGH FAT LOW CARBOHYDRATE FORMULA Powder (vanilla) (amendment to brand name) | 35.50 | 300 g | KetoCal 4:1 |
| | Powder (unflavoured) | 35.50 | 300 g | KetoCal 3:1 |
| 50 | NITAZOXANIDE Tab 500 mg | 1680.00 | 30 | Alinia |
| 50 | NORTRIPTYLINE HYDROCHLORIDE (↓ price and addition of HSS) Tab 10 mg - 1% DV Jun-13 to 2016 | 4.00 | 100 | Norpress |
| | Tab 25 mg - 1% DV Jun-13 to 2016 | 9.00 | 180 | Norpress |
| 52 | OXYBUTYNIN (addition of HSS) Tab 5 mg - 1% DV Jun-13 to 2016 (↓ price)..... | 11.20 | 500 | Apo-Oxybutynin |
| | Oral liq 5 mg per 5 ml - 1% DV Jun-13 to 2016 (↑ price) | 56.45 | 473 ml | Apo-Oxybutynin |
| 53 | PARA-AMINO SALICYLIC ACID Grans for oral liq 4 g sachet..... | 280.00 | 30 | Paser |
| 53 | PAROMOMYCIN Cap 250 mg | 126.00 | 16 | Humatin |
| 53 | PEGASPARGASE Inj 3,750 IU per 5 ml..... | 3,005.00 | 1 | Oncaspar |

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 April 2013 (continued)

| | | | | |
|----|---|--------|-----|-------------------|
| 56 | PROTIONAMIDE Tab 250 mg | 305.00 | 100 | Peteha |
| 63 | TETRACYCLINE Cap 500 mg | 46.00 | 30 | Tetracyclin Wolff |
| 63 | STIRIPENTOL Cap 250 mg | 509.29 | 60 | Diacomit |
| | Powder for oral liq 250 mg sachet | 509.29 | 60 | Diacomit |

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