

Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 June 2014

Cumulative for May and June 2014



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Summary of PHARMAC decisions

EFFECTIVE 1 JUNE 2014

New listings (page 20)

- Febuxostat (Adenuric) tab 80 mg and 120 mg – Special Authority – Retail pharmacy
- Oxycodone hydrochloride (BNM) tab controlled-release 10 mg and 20 mg – only on a controlled drug form – No patient co-payment payable
- Pharmacy services (BSF Apo-Cilazapril/Hydrochlorothiazide) brand switch fee
- Compound hydroxybenzoate (Midwest) soln – only in combination
- Paediatric oral feed (Pediasure) powder (vanilla), 850 g OP – Special Authority – Hospital pharmacy [HP3]
- Renal enteral feed 1.8 kcal/ml (Nepro HP RTH) liquid, 500 ml OP – Special Authority – Hospital pharmacy [HP3]
- Renal oral feed 1.8 kcal/ml (Nepro HP (strawberry and vanilla)) liquid, 220 ml OP – Special Authority – Hospital pharmacy [HP3]

Changes to restrictions, chemical names and presentation (page 22)

- Phosphorus (Phosphate-Sandoz) tab eff 500 mg (16 mmol) – amendment to chemical name and presentation description
- Cilazapril with hydrochlorothiazide (Apo-Cilazpril/Hydrochlorothiazide) tab 5 mg with hydrochlorothiazide 12.5 mg – brand switch fee payable
- Atenolol (Atenolol AFT) oral liq 25 mg per 5 ml – removal of s29
- Zopiclone (Apo-Zopiclone) tab 7.5 mg – addition to Safety Medicine List
- Vancomycin oral solution (50 mg per ml) – addition of standard formulae

Increase in subsidy (page 25)

- Procarbazine hydrochloride (Natulan) cap 50 mg

Decreased subsidy (page 25)

- Methotrexate (Methoblastin) tab 2.5 mg and 10 mg
- Azathioprine (Imuprine) tab 50 mg

Arrow-Venlafaxine XR – subsidy without Special Authority

PHARMAC has received feedback that some pharmacies may be choosing to stock only the Eflexor XR brand of venlafaxine, and are unwilling to supply Arrow-Venlafaxine XR upon presentation of a valid prescription.

A patient presenting a prescription for venlafaxine without a Special Authority approval for the Eflexor XR brand is still eligible to receive the fully subsidised Arrow-Venlafaxine XR brand and this should be dispensed in accordance with the pharmacy's obligations under the Community Pharmacy Services Agreement. Pharmacies should maintain adequate stock of Arrow-Venlafaxine XR in order to be able to do this.

We will continue to monitor this situation and, if we continue to receive reports, will follow up with the relevant DHBs.



Dispensing Frequency – minor amendments

From 1 June 2014, the following changes will be made to the Dispensing Frequency Rule:

- Class B controlled drugs may be dispensed (funded) in a frequency of not less than 7 days (currently 10 days) for patients in Residential Disability Care Institutions.
- Clozapine may be dispensed (funded) in a frequency not less than 7 days for patients in Residential Disability Care Institutions.
- Zopiclone will be added to the Safety Medicines List allowing prescribers to determine the dispensing frequency.
- Some minor formatting changes to assist readability of the Rule.

We have updated the Dispensing Frequency rule flow diagram, to include the new amendments. This is available as a PDF for download for printing from our website at www.pharmac.govt.nz/assets/dispensing-frequency-flowchart.pdf

See page 26 of this Update for the amended Dispensing Frequency rule.

Amoxicillin grans for oral liq – tender listing date

Arrow-Amoxicillin grans for oral liq 125 mg per 5 ml and 250 mg per 5 ml will be listed from 1 July 2014, however stock will not be available until the second week in July. There will be a subsidy reduction for the Ospamox brand from 1 October 2014 and sole supply of the Arrow brand commencing 1 January 2015. Please note these transition dates as they differ from the usual time frames.

Febuxostat – new treatment subsidised for gout

From 1 June 2014, febuxostat (Adenuric) 80 mg and 120 mg tablets will be fully subsidised subject to Special Authority criteria for treatment-resistant gout.

Oxycodone brand name change

Some concerns had been expressed to PHARMAC, during the recent transition period for oxycodone controlled-release tablets, that the brand name, Oxydone BNM, was potentially confusing and could lead to some concerns with prescribing and dispensing behaviour.

This feedback was shared with the supplier, InterPharma, which has decided to change the brand name of Oxydone BNM to Oxycodone Controlled Release Tablets. It will be listed in the Pharmaceutical Schedule as “BNM” brand which is in line with PHARMAC convention of listing a company name as the brand for pharmaceuticals with a generic brand name.

The listing dates for Oxycodone Controlled Release Tablets with new Pharmacodes are expected to be:

1 June 2014 – 10 mg and 20 mg controlled-release tablets

1 July 2014 – 80 mg controlled-release tablets

1 August 2014 – 40 mg controlled-release tablets



Addition of subsidy restriction to mianserin (Tolvon)

From 1 July 2014, the subsidy of mianserin (Tolvon) 30 mg tablets will be restricted by endorsement to patients who were taking mianserin prior to 1 July 2014. Tolvon is being discontinued later in the year and PHARMAC has been unable to source an alternative brand or supplier. The requirement for an endorsement is intended to prevent new patients initiating onto mianserin, to reduce the impact of the discontinuation. We recommend that prescribers start transitioning existing patients to an alternative treatment.

News in brief

- A Brand Switch Fee will apply to dispensings of the Apo-Cilazapril/Hydrochlorothiazide brand of **cilazapril** 5 mg with **hydrochlorothiazide** 12.5 mg tablets from 1 June 2014 until 1 September 2014.
- The s29 symbol will be removed from Atenolol-AFT (**atenolol**) oral liquid from 1 June 2014 as this product is now registered with Medsafe.
- The chemical name and presentation description of **potassium bicarbonate** tab eff will change to phosphorus tab eff 500 mg from 1 June 2014.
- An 850 g pack size for Pediasure **paediatric oral feed** powder (vanilla) will be listed from 1 June 2014. The 900 g pack size will be delisted from 1 December 2014.
- **Renal oral feed 1.8 kcal/ml** - Nepro HP 220 ml OP (bottle, vanilla and strawberry) packs will be listed from 1 June 2014. These will replace the current **renal oral feed 2 kcal/ml** Nepro 200 ml OP (tetra, vanilla and strawberry) which will be delisted from 1 December 2014.
- **Renal enteral feed 1.8 kcal/ml** - Nepro HP RTH, 500 ml OP packs will be listed from 1 June 2014. These will replace the current **renal enteral feed 2 kcal/ml** Nepro RTH 500 ml OP which will be delisted from 1 December 2014
- Olanzine D (**olanzapine**) tab orodispersible 5 mg and 10 mg, Olanzine (**olanzapine**) tab 10 mg and Spirotone (**spironolactone**) tab 100 mg will be delisted from 1 December 2014 following supplier discontinuations.
- The price and subsidy of Natulan (**procarbazine hydrochloride**) 50 mg capsule will increase from 1 June 2014.

Tender News

Sole Subsidised Supply changes – effective 1 July 2014

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Betahistine dihydrochloride	Tab 16 mg; 84 tab	Vergo 16 (Mylan)
Dexamethasone phosphate	Inj 4 mg per ml, 1 ml ampoule; 10 inj Inj 4 mg per ml, 2 ml ampoule; 5 inj	Dexamethasone-hamein (Max Health)
Dimethicone	Crn 5% pump bottle; 500 ml OP	healthE Dimethicone 5% (Jaychem)
Fluoxetine hydrochloride	Cap 20 mg; 90 cap Tab dispersible 20 mg, scored; 30 tab	Arrow-Fluoxetine (Arrow)
Imatinib mesilate	Tab 100 mg; 60 tab	Imatinib-AFT (AFT)
Prochlorperazine	Tab 5 mg; 500 tab	Antinaus (Mylan)

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 July 2014

- Buspirone hydrochloride – addition of Stat dispensing
- Diazoxide (Proglycem) oral liq 50 mg per ml, 30 ml – new listing – Retail pharmacy – Special Authority
- Imatinib (Glivec) tab 100 mg – amendment of Special Authority
- Nicotine (Habitrol) all presentations – reduction in price and subsidy
- Norfloxacin – amendment of endorsement
- Somatropin (Omnitrope) inj 5 mg, 10 mg and 15 mg cartridge – new listing – Retail pharmacy – Special Authority

Sole Subsidised Supply Products – cumulative to June 2014

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	2016
Allopurinol	Tab 100 mg & 300 mg	Apo-Allopurinol	2014
Alprazolam	Tab 250 mcg, 500 mcg & 1 mg	Xanax	2016
Amantadine hydrochloride	Cap 100 mg	Symmetrel	2014
Aminophylline	Inj 25 mg per ml, 10 ml	DBL Aminophylline	2014
Amiodarone hydrochloride	Inj 50 mg per ml, 3 ml ampoule	Cordarone-X	2016
Amisulpride	Oral liq 100 mg per ml Tab 100 mg, 200 mg & 400 mg	Solian	2016
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	Cap 250 mg Inj 250 mg, 500 mg & 1 g	Apo-Amoxi Ibiamox	2016 2014
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	Cvite	2016
Aspirin	Tab 100 mg Tab dispersible 300 mg	Ethics Aspirin EC Ethics Aspirin	2016
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 mcg, 1 ml	AstraZeneca	2015
Azithromycin	Tab 500 mg	Apo-Azithromycin	2015
Baclofen	Tab 10 mg	Pacifen	2016
Bendrofluazide	Tab 2.5 mg & 5 mg	Arrow- Bendrofluazide	2014
Benzathine benzylpenicillin	Inj 1.2 mega u per 2.3 ml	Bicillin LA	2015

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Sole Subsidised Supply Products – cumulative to June 2014

Generic Name	Presentation	Brand Name	Expiry Date*
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 200 mg Tab long-acting 400 mg	Bezalip Bezalip Retard	2015
Bicalutamide	Tab 50 mg	Bicalaccord	2014
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
Boceprevir	Cap 200 mg	Victrelis	2016
Brimonidine tartrate	Eye drops 0.2%	Arrow-Brimonidine	2014
Bupropion hydrochloride	Tab modified-release 150 mg	Zyban	2016
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
Carbomer	Ophthalmic gel 0.3%, 0.5 g	Poly-Gel	2016
Cefaclor monohydrate	Cap 250 mg Grans for oral liq 125 mg per 5 ml	Ranbaxy-Cefaclor	2016
Cefalexin monohydrate	Cap 500 mg Grans for oral liq 125 mg per 5 ml & 250 mg per 5 ml	Cephalexin ABM Cefalexin Sandoz	2016 2015
Cefazolin sodium	Inj 500 mg & 1 g	AFT	2014
Ceftriaxone	Inj 500 mg & 1 g vial	Ceftriazone-AFT	2016
Cefuroxime sodium	Inj 750 mg	Multichem	2014
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

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Sole Subsidised Supply Products – cumulative to June 2014

Generic Name	Presentation	Brand Name	Expiry Date*
Cilazapril	Tab 0.5 mg, 2.5 mg & 5 mg	Zapril	2016
Cilazapril with hydrochlorothiazide	Tab 5 mg with hydrochlorothiazide 12.5 mg	Apo-Cilazapril/ Hydrochlorothiazide	2016
Ciprofloxacin	Tab 250 mg, 500 mg & 750 mg	Cipflox	2014
Citalopram hydrobromide	Tab 20 mg	Arrow-Citalopram	2014
Clarithromycin	Tab 500 mg Tab 250 mg	Apo-Clarithromycin Apo-Clarithromycin	2014
Clindamycin	Cap hydrochloride 150 mg Inj phosphate 150 mg per ml, 4 ml	Clindamycin ABM Dalacin C	2016
Clomiphene citrate	Tab 50 mg	Serophene	2016
Clomipramine hydrochloride	Tab 10 mg & 25 mg	Apo-Clomipramine	2015
Clonidine hydrochloride	Tab 25 mcg Tab 150 mcg Inj 150 mcg per ml, 1 ml	Clonidine BNM Catapres	2015
Clopidogrel	Tab 75 mg	Arrow - Clopid	2016
Clotrimazole	Vaginal crm 1% with applicators Vaginal crm 2% with applicators Crm 1%	Clomazol	2016
		Clomazol	2014
Coal tar	Soln	Midwest	2016
Codeine phosphate	Tab 15 mg, 30 mg & 60 mg	PSM	2016
Colchicine	Tab 500 mcg	Colgout	2016
Compound electrolytes	Powder for oral soln	Enerlyte	2016
Crotamiton	Crm 10%	Itch-Soothe	2015
Cyclizine hydrochloride	Tab 50 mg	Nausicalm	2015
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 mcg and 7 inert tabs	Ginet 84	2014
Desmopressin	Nasal spray 10 mcg per dose	Desmopressin-PH&T	2014
Dexamethasone	Tab 1 mg & 4 mg Eye oint 0.1%	Douglas	2015
		Maxidex	2014
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

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Generic Name	Presentation	Brand Name	Expiry Date*
Dextrose with electrolytes	Soln with electrolytes; 1,000 ml OP	Pedialyte-Bubblegum	2016
Diclofenac sodium	Tab EC 25 mg & 50 mg	Apo-Diclo	2015
	Tab long-acting 75 mg & 100 mg	Diclax SR	
	Inj 25 mg per ml, 3 ml	Voltaren	2014
	Eye drops 1 mg per ml	Voltaren Ophtha	
Suppos 12.5 mg, 25 mg, 50 mg & 100 mg	Voltaren		
Dihydrocodeine tartrate	Tab long-acting 60 mg	DHC Continus	2016
Diltiazem hydrochloride	Tab 30 mg & 60 mg	Dilzem	2015
Dipyridamole	Tab long-acting 150 mg	Pytazen SR	2014
Docusate sodium	Cap 50 mg	Laxofast 50	2014
	Cap 120 mg	Laxofast 120	
Domperidone	Tab 10 mg	Prokinex	2015
Doxazosin mesylate	Tab 2 mg & 4 mg	Apo-Doxazosin	2014
Doxycycline hydrochloride	Tab 100 mg	Doxine	2014
Emulsifying ointment	Oint BP	AFT	2014
Enoxaparin sodium	Inj 20 mg, 40 mg, 60 mg, 80 mg, 100 mg, 120 mg & 150 mg	Clexane	2015
Entacapone	Tab 200 mg	Entapone	2015
Ergometrine maleate	Inj 500 mcg per ml, 1 ml	DBL Ergometrine	2014
Etidronate disodium	Tab 200 mg	Arrow-Etidronate	2015
Ethinylestradiol	Tab 10 mcg	NZ Medical and Scientific	2015
Ethinylestradiol with levonorgestrel	Tab 20 mcg with levonorgestrel 100 mcg & 7 inert tab	Ava 20 ED	2014
	Tab 30 mcg with levonorgestrel 150 mcg & 7 inert tab	Ava 30 ED	
Exemestane	Tab 25 mg	Aromasin	2014
Felodopine	Tab long-acting 5 mg & 10 mg	Plendil ER	2015
	Tab long-acting 2.5 mg	Plendil ER	
Fentanyl	Inj 50 mcg per ml, 2 ml & 10 ml	Boucher and Muir	2015
Ferrous sulphate	Oral liq 30 mg (6 mg elemental) per 1 ml	Ferodan	2016
Filgrastim	Inj 300 mcg per 0.5 ml	Zarzio	31/12/15
	Inj 480 mcg per 0.5 ml	Zarzio	
Finasteride	Tab 5 mg	Rex Medical	2014
Flucloxacillin sodium	Grans for oral liq 125 mg per 5 ml	AFT	2015
	Grans for oral liq 250 mg per 5 ml		
	Cap 250 mg & 500 mg	Staphlex	2014
	Inj 250 mg, 500 mg & 1 g	Flucloxin	
Fluconazole	Cap 50 mg, 150 mg & 200 mg	Ozole	2014

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Generic Name	Presentation	Brand Name	Expiry Date*
Fluorometholone	Eye drops 0.1%	Flucon	2015
Fluorouracil sodium	Crn 5%	Efudix	2015
Fluticasone propionate	Metered aqueous nasal spray, 50 mcg per dose	Flixonase Hayfever & Allergy	2015
Furosemide	Tab 500 mg Tab 40 mg	Urex Forte Diurin 40	2015
Fusidic acid	Oint 2%	Foban	2016
Gemfibrozil	Tab 600 mg	Lipazil	2016
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	PSM	2015
Glyceryl trinitrate	Aerosol spray 400 mcg per dose TDDS 5 mg & 10 mg Tab 600 mcg	Glytrin Nitroderm TTS Lycinate	2014
Haloperidol	Tab 500 mcg, 1.5 mg & 5 mg Oral liq 2 mg per ml Inj 5 mg per ml, 1 ml	Serenace	2016
Hydrocortisone	Inj 100 mg vial Tab 5 mg & 20 mg Crn 1% Powder	Solu-Cortef Douglas Pharmacy Health ABM	2016 2015 2014
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 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 hydrobromide	Patch 1.5 mg	Scopoderm TTS	2016
Hyoscine N-butylbromide	Inj 20 mg, 1 ml Tab 10 mg	Buscopan Gastrosoothe	2014
Ibuprofen	Oral liq 20 mg per ml Tab 200 mg Tab long-acting 800 mg	Fenpaed Arrowcare Brufen SR	2016 2014
Imiquimod	Crn 5%	Aldara	2014
Indapamide	Tab 2.5 mg	Dapa-Tabs	2016

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Generic Name	Presentation	Brand Name	Expiry Date*
Ipratropium bromide	Nebuliser soln, 250 mcg per ml, 1 ml Nebuliser soln, 250 mcg per ml, 2 ml	Univent	2016
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
Isotretinoin	Cap 10 mg & 20 mg	Oratane	2015
Ispaghula (psyllium) husk	Powder for oral soln	Konsyl-D	2016
Itraconazole	Cap 100 mg	Itrazole	2016
Ketoconazole	Shampoo 2%	Sebizole	2014
Lactulose	Oral liq 10 g per 15 ml	Laevolac	2016
Lamivudine	Tab 150 mg	Lamivudine Alphapharm	2016
	Oral liq 10 mg per ml; 240 ml OP Tab 100 mg	3TC Zetlam	2014
Lansoprazole	Cap 15 mg & 30 mg	Solox	2015
Latanoprost	Eye drops 50 mcg per ml	Hysite	2015
Letrozole	Tab 2.5 mg	Letraccord	2015
Levonorgestrel	Tab 1.5 mg	Postinor-1	2016
Lidocaine [lignocaine] hydrochloride	Inj 2% ampoule, 5 ml & 20 ml Viscous soln 2%	Lidocaine-Claris Xylocaine Viscous	2015 2014
Lisinopril	Tab 5 mg, 10 mg & 20 mg	Arrow-Lisinopril	2015
Lithium carbonate	Tab 250 mg & 400 mg Cap 250 mg	Lithicarb FC Douglas	2015 2014
Lodoxamide trometamol	Eye drops 0.1%	Lomide	2014
Loratadine	Tab 10 mg	Lorafix	2016
Losartan	Tab 12.5 mg, 25 mg, 50 mg & 100 mg	Lostaar	2014
Losartan with hydrochlorothiazide	Tab 50 mg with hydrochlorothiazide 12.5 mg	Arrow-Losartan & Hydrochlorothiazide	2014
Macrogol	Powder 13.125 g, sachets	Lax-Sachets	2014
Macrogol 400 and propylene glycol	Eye drops 0.4% and propylene glycol 0.3%, 0.4 ml	Systane Unit Dose	2016
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
Medroxyprogesterone acetate	Tab 2.5 mg, 5 mg, 10 mg & 100 mg Inj 150 mg per ml, 1 ml syringe	Provera Depo-Provera	2016
Megestrol acetate	Tab 160 mg	Apo-Megestrol	2015

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Sole Subsidised Supply Products – cumulative to June 2014

Generic Name	Presentation	Brand Name	Expiry Date*
Methotrexate	Inj 25 mg per ml, 2 ml & 20 ml	Hospira	2016
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
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	Biodone Biodone Forte Biodone Extra Forte	2015
Methotrexate	Inj prefilled syringe 7.5 mg, 10 mg, 15 mg, 20 mg, 25 mg & 30 mg	Methotrexate Sandoz	2016
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
Mercaptopurine	Tab 50 mg	Puri-nethol	2016
Miconazole	Oral gel 20 mg per g	Decozol	2015
Miconazole nitrate	Crn 2%	Multichem	2014
Mirtazapine	Tab 30 mg & 45 mg	Avanza	2015
Mitomycin C	Inj 5 mg vial	Arrow	2016
Moclobemide	Tab 150 mg & 300 mg	Apo-Moclobemide	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 June 2014

Generic Name	Presentation	Brand Name	Expiry Date*
Morphine sulphate	Cap long-acting 10 mg, 30 mg, 60 mg and 100 mg	m-Eslon	2016
	Tab long-acting 10 mg, 30 mg, 60 mg & 100 mg	Arrow-Morphine LA	
	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	
Morphine tartrate	Inj 80 mg per ml, 1.5 ml & 5 ml	Hospira	2016
Mycophenolate mofetil	Cap 250 mg	Cellcept	2016
	Tab 500 mg		
Naltrexone hydrochloride	Tab 50 mg	Naltraccord	2016
Naphazoline hydrochloride	Eye drops 0.1%	Naphcon Forte	2014
Nadolol	Tab 40 mg & 80 mg	Apo-Nadolol	2015
Naproxen	Tab 250 mg	Noflam 250	2015
	Tab 500 mg		
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
Norethisterone	Tab 350 mcg	Noriday 28	2015
	Tab 5 mg	Primolut N	2014
Norfloxacin	Tab 400 mg	Arrow-Norfloxacin	2014
Nortriptyline hydrochloride	Tab 10 mg & 25 mg	Norpress	2016
Nystatin	Oral liq 100,000 u per ml	Nilstat	2014
Octreotide (somatostatin analogue)	Inj 50 mcg per ml, 1 ml	Octreotide Max Rx	2014
	Inj 100 mcg per ml, 1 ml		
	Inj 500 mcg per ml, 1 ml		
Oil in water emulsion	Crn	healthE Fatty Cream	2015
Omeprazole	Cap 10 mg, 20 mg & 40 mg	Omezol Relief Midwest Dr Reddy's Omeprazole	2014
	Powder		
	Inj 40 mg		
Ondansetron	Tab 4 mg & 8 mg	Onrex	2016
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 June 2014

Generic Name	Presentation	Brand Name	Expiry Date*
Oxybutynin	Oral liq 5 mg per ml Tab 5 mg	Apo-Oxybutynin	2016
Oxycodone hydrochloride	Tab controlled-release 10 mg & 20 mg, Tab controlled-release 40 mg & 80 mg Inj 50 mg per ml, 1 ml Inj 10 mg per ml, 1 ml & 2 ml	BNM Oxydone OxyNorm Oxycodone Orion	2015
Oxytocin	Inj 5 iu per ml, 1 ml ampoule Inj 10 iu per ml, 1 ml ampoule Inj 5 iu with ergometrine maleate 500 mcg per ml, 1 ml	Oxytocin BNM BNM Syntometrine	2015
Pamidronate disodium	Inj 3 mg per ml, 10 ml; 6 mg per ml, 10 ml & 9 mg per ml, 10 ml	Pamidronate BNM	2014
Pantoprazole	Inj 40 mg	Pantocid IV	2014
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
Paroxetine hydrochloride	Tab 20 mg	Loxamine	2016
Peak flow meter	Low range & normal range	Breath-Alert	2015
Pegylated interferon alfa-2a	Inj 135 mcg prefilled syringe & inj 180 mcg prefilled syringe	Pegasys	2017
Pegylated interferon alfa-2a	Inj 135 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 112 Inj 135 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 168 Inj 180 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 112 Inj 180 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 168	Pegasys RBV Combination Pack Pegasys RBV Combination Pack Pegasys RBV Combination Pack Pegasys RBV Combination Pack	2017
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

*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 June 2014

Generic Name	Presentation	Brand Name	Expiry Date*
Phenobarbitone	Tab 15 mg & 30 mg	PSM	2015
Phenoxymethylpenicillin (Penicillin V)	Grans for oral liq 125 mg per 5 ml & 250 mg per 5 ml	AFT	2016
Pindolol	Tab 5 mg, 10 mg & 15 mg	Apo-Pindolol	2016
Pioglitazone	Tab 15 mg, 30 mg & 45 mg	Pizaccord	2015
Pizotifen	Tab 500 mcg	Sandomigran	2015
Poloxamer	Oral drops 10%	Coloxyl	2014
Potassium chloride	Tab long-acting 600 mg	Span-K	2015
Pravastatin	Tab 20 mg & 40 mg	Cholvastin	2014
Procaine penicillin	Inj 1.5 mega u	Cilicaine	2014
Promethazine hydrochloride	Oral liq 5 mg per 5 ml Tab 10 mg & 25 mg	Allersoothe Allersoothe	2015
Pyridostigmine bromide	Tab 60 mg	Mestinon	2014
Pyridoxine hydrochloride	Tab 25 mg Tab 50 mg	PyridoxADE Apo-Pyridoxine	2014
Quinapril	Tab 5 mg, 10 mg & 20 mg	Arrow-Quinapril	2015
Quinapril with hydrochlorothiazide	Tab 10 mg with hydrochlorothiazide 12.5 mg Tab 20 mg with hydrochlorothiazide 12.5 mg	Accuretic 10 Accuretic 20	2015
Ranitidine hydrochloride	Oral liq 150 mg per 10 ml Tab 150 mg & 300 mg	Peptisoothe Arrow-Ranitidine	2014
Rifabutin	Cap 150 mg	Mycobutin	2016
Ritonavir	Tab 100 mg	Norvir	2015
Rizatriptan	Tab orodispersible 10 mg	Rizamelt	2014
Ropinirole hydrochloride	Tab 0.25 mg, 1 mg, 2 mg and 5 mg	Apo-Ropinirole	2016
Roxithromycin	Tab 150 mg & 300 mg	Arrow-Roxithromycin	2015
Salbutamol	Oral liq 400 mcg per ml Nebuliser soln, 1 mg per ml & 2 mg per ml, 2.5 ml	Ventolin Asthalin	2016 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	2016
Sildenafil	Tab 25 mg, 50 mg & 100 mg	Silagra	2014
Simvastatin	Tab 10 mg Tab 20 mg Tab 40 mg Tab 80 mg	Arrow-Simva 10mg Arrow-Simva 20mg Arrow-Simva 40mg Arrow-Simva 80mg	2014

*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 June 2014

Generic Name	Presentation	Brand Name	Expiry Date*
Sodium chloride	Inj 23.4%, 20 ml ampoule	Biomed	2016
Sodium citrate with sodium lauryl sulphoacetate	Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml	Micolette	2016
Sodium hyaluronate	Eye drops 1 mg per ml, 10 ml OP	Hylo-Fresh	2016
Spacer device	800 ml 230 ml (single patient)	Volumatic Space Chamber Plus	2015
Spironolactone	Tab 25 mg & 100 mg	Spiractin	2016
Sulphasalazine	Tab 500 mg Tab EC 500 mg	Salazopyrin Salazopyrin EN	2016
Sumatriptan	Tab 50 mg & 100 mg Inj 12 mg per ml, 0.5 ml cartridge	Arrow-Sumatriptan	2016
Tamoxifen citrate	Tab 20 mg	Genox	2014
Tamsulosin hydrochloride	Cap 400 mcg	Tamsulosin-Rex	2016
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	2016
Terazosin	Tab 1 mg, 2 mg & 5 mg	Arrow	2016
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	2016
Tetracosactrin	Inj 250 mcg per ml, 1 ml ampoule Inj 1 mg per ml, 1 ml	Synacthen Synacthen Depot	2014
Timolol maleate	Eye drops 0.25%, gel forming; 2.5 ml OP & eye drops 0.5%, gel forming; 2.5 ml OP Eye drops 0.25% & 0.5%	Timoptol XE Arrow-Timolol	2016 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
Tretinoin	Crn 0.5 mg per g	ReTrieve	2016
Triamcinolone acetonide	Inj 10 mg per ml, 1 ml Inj 40 mg per ml, 1 ml Crn 0.02% Oint 0.02% 0.1% in Dental Paste USP	Kenacort-A Kenacort-A40 Aristocort Aristocort Oracort	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 June 2014

Generic Name	Presentation	Brand Name	Expiry Date*
Tropicamide	Eye drops 0.5% & 1%	Mydriacyl	2014
Urea	Crm 10%	healthE Urea Cream	2016
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	Bplex	2016
Vitamins	Tab (BCP cap strength)	Mvite	2016
Zidovudine [AZT]	Cap 100 mg & oral liq 10 mg per ml	Retrovir	2016
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
Zopiclone	Tab 7.5 mg	Apo-Zopiclone	2014

June changes are in bold type

*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 June 2014

123	FEBUXOSTAT – Special Authority see SA1431 – Retail pharmacy			
	Tab 80 mg	39.50	28	✓ Adenuric
	Tab 120 mg	39.50	28	✓ Adenuric
	<p>▶ SA1431 Special Authority for Subsidy Initial application from any relevant practitioner. Applications valid for 6 months for applications meeting the following criteria: Any of the following:</p> <ol style="list-style-type: none"> 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 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 3 Both: <ol style="list-style-type: none"> 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 3.2 The patient has a rate of creatinine clearance greater than or equal to 30 ml/min. <p>Renewal from any relevant practitioner. Approvals valid for 2 years for applications where the treatment remains appropriate and the patient is benefitting from treatment.</p> <p>Note: 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>			
130	OXYCODONE HYDROCHLORIDE			
	a) Only on a controlled drug form			
	b) No patient co-payment payable			
	c) Safety medicine; prescriber may determine dispensing frequency			
	Tab controlled-release 10 mg	6.75	20	✓ BNM
	Tab controlled-release 20 mg	11.50	20	✓ BNM
199	PHARMACY SERVICES – May only be claimed once per patient			
	* Brand switch fee.....	4.33	1 fee	✓ BSF Apo-Cilazapril/ Hydrochlorothiazide
	The Pharmacode for BSF Apo-Cilazapril/Hydrochlorothiazide is 2459299.			
204	COMPOUND HYDROXYBENZOATE – Only in combination			
	Only in extemporaneously compounded oral mixtures.			
	Soln	30.00	100 ml	✓ Midwest
214	PAEDIATRIC ORAL FEED – Special Authority see SA1379 – Hospital pharmacy [HP3]			
	Powder (vanilla)	20.00	850 g OP	✓ Pediasure
215	RENAL ENTERAL FEED 1.8 KCAL/ML – Special Authority see SA1101 – Hospital pharmacy [HP3]			
	Liquid.....	6.08	500 ml OP	✓ Nepro HP RTH
215	RENAL ORAL FEED 1.8 KCAL/ML – Special Authority see SA1101 – Hospital pharmacy [HP3]			
	Liquid.....	2.67	220 ml OP	✓ Nepro HP (strawberry) ✓ Nepro HP(vanilla)

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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New Listings – effective 1 May 2014

53	PHENOXYBENZAMINE HYDROCHLORIDE * Cap 10 mg	65.00	30	✓ BNM \$29
94	AMOXYCILLIN Cap 500 mg	20.94	500	✓ Apo-Amoxi
	a) Up to 30 cap available on a PSO			
	b) Up to 10 x the maximum PSO quantity for RFPP – see rule 5.2.6			
140	PALIPERIDONE – Special Authority see SA1429 – Retail pharmacy Safety medicine; prescriber may determine dispensing frequency			
	Inj 25 mg syringe	194.25	1	✓ Invega Sustenna
	Inj 50 mg syringe	271.95	1	✓ Invega Sustenna
	Inj 75 mg syringe	357.42	1	✓ Invega Sustenna
	Inj 100 mg syringe	435.12	1	✓ Invega Sustenna
	Inj 150 mg syringe	435.12	1	✓ Invega Sustenna
	▶ SA1429 Special Authority for Subsidy			
	Initial application from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:			
	Either:			
	1 The patient has had an initial Special Authority approval for risperidone depot injection or olanzapine depot injection; or			
	2 All of the following:			
	2.1 The patient has schizophrenia or other psychotic disorder; and			
	2.2 Has tried but failed to comply with treatment using oral atypical antipsychotic agents; and			
	2.3 Has been admitted to hospital or treated in respite care, or intensive outpatient or home-based treatment for 30 days or more in last 12 months.			
	Renewal from any relevant practitioner. Approvals valid for 12 months where the initiation of paliperidone depot injection has been associated with fewer days of intensive intervention than was the case during a corresponding period of time prior to the initiation of an atypical antipsychotic depot injection.			
	Note: Paliperidone depot injection should ideally be used as monotherapy (i.e. without concurrent use of any other antipsychotic medication). In some cases, it may be clinically appropriate to attempt to treat a patient with typical antipsychotic agents in depot injectable form before trialling paliperidone depot injection.			
156	CYCLOPHOSPHAMIDE Tab 50 mg – PCT – Retail pharmacy-Specialist.....	25.71	50	✓ Cycloblastin
187	TACROLIMUS – Special Authority see SA0669 – Retail pharmacy			
	Cap 0.5 mg	85.60	100	✓ Tacrolimus Sandoz
	Cap 1 mg	171.20	100	✓ Tacrolimus Sandoz
	Cap 5 mg – For tacrolimus oral liquid formulation refer page 201	428.00	50	✓ Tacrolimus 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

Changes to Restrictions, Chemical Names and Presentations Effective 1 June 2014

51	PHOSPHORUS POTASSIUM BICARBONATE (amendment to chemical name and presentation description) Tab eff 315 mg with sodium acid phosphate 1.937 g and sodium bicarbonate 350 mg 500 mg (16 mmol) 82.50 For phosphate supplementation	100	✓ Phosphate-Sandoz
53	CILAZAPRIL WITH HYDROCHLOROTHIAZIDE * Tab 5 mg with hydrochlorothiazide 12.5 mg – Brand switch fee payable (Pharmacode 2459299) 10.72	100	✓ Apo-Cilazapril/ Hydrochlorothiazide
55	ATENOLOL (removal of s29) * Oral liq 25 mg per 5 ml 21.25 Restricted to children under 12 years of age.	300 ml OP	✓ Atenolol AFT s29
148	ZOPICLONE – Safety medicine; prescriber may determine dispensing frequency Tab 7.5 mg 11.90	500	✓ Apo-Zopiclone
204	VANCOMYCIN ORAL SOLUTION (50 mg per ml) Vancomycin 500 mg injection 10 vials Glycerol BP 40 ml Water to 100 ml (Only funded if prescribed for treatment of Clostridium difficile following metronidazole failure)		

Effective 1 May 2014

58	DILTIAZEM HYDROCHLORIDE (stat re-instated) * Tab 30 mg 4.60 * Tab 60 mg – For diltiazem hydrochloride oral liquid formulation refer page 201 8.50 * Cap long-acting 120 mg 1.91 31.83 * Cap long-acting 180 mg 7.56 47.67 * Cap long-acting 240 mg 10.22 63.58	100 100 30 500 30 500 500	✓ Diltzem ✓ Diltzem ✓ Cardizem CD ✓ Apo-Diltiazem CD ✓ Cardizem CD ✓ Apo-Diltiazem CD ✓ Cardizem CD ✓ Apo-Diltiazem CD
81	OXYTOCIN – Up to 5 inj available on a PSO (amendment to brand name) Inj 10 iu per ml, 1 ml ampoule 5.98	5	✓ Oxytocin BNM BNM
92	CEFALEXIN MONOHYDRATE (addition of note) Grans for oral liq 125 mg per 5 ml – Wastage claimable – see rule 3.3.2 8.50 Note: Cefalexin grans for oral liq will not be funded in amounts more than 14 days treatment per dispensing Grans for oral liq 250 mg per 5 ml – Wastage claimable – see rule 3.3.2 11.50 Note: Cefalexin grans for oral liq will not be funded in amounts more than 14 days treatment per dispensing	100 ml 100 ml	✓ Cefalexin Sandoz ✓ Cefalexin Sandoz

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 May 2014 (continued)

140	OLANZAPINE – Special Authority see SA1146 1428 – Retail pharmacy (amendment to Special Authority and presentation description) Safety medicine; prescriber may determine dispensing frequency			
	Inj 210 mg vial	280.00	1	✓ Zyprexa Relprevv
	Inj 300 mg vial	460.00	1	✓ Zyprexa Relprevv
	Inj 405 mg vial	560.00	1	✓ Zyprexa Relprevv

➔ SA14281146 Special Authority for Subsidy

Initial application from any relevant practitioner. Approvals valid for 6 12 months for applications meeting the following criteria:

Either:

- 1 The patient has had an initial Special Authority approval for risperidone depot injection or paliperidone depot injection; or
- 2 All of the following:
 - 2.1 The patient has schizophrenia; and
 - 2.2 The patient has tried but failed to comply with treatment using oral atypical antipsychotic agents; and
 - 2.3 The patient has been admitted to hospital or treated in respite care, or intensive outpatient or home-based treatment for 30 days or more in last 12 months.

Renewal from any relevant practitioner. Approvals valid for 12 months for applications **where the meeting the following criteria:**

Either:

- 1 Both:
 - 1.1 The patient has had less than 12 months treatment with olanzapine depot injection; and
 - 1.2 There is no clinical reason to discontinue treatment; or
- 2 The initiation of olanzapine depot injection has been associated with fewer days of intensive intervention than was the case during a corresponding period of time prior to the initiation of **an atypical antipsychotic olanzapine depot injection.**

Note: The patient should be monitored for post-injection syndrome for at least two hours after each injection.

140	RISPERIDONE – Special Authority see SA0926 1427 – Retail pharmacy (amendment to Special Authority and presentation description) Safety medicine; prescriber may determine dispensing frequency			
	Inj 25 mg per 2 ml vial	135.98	1	✓ Risperdal Consta
	Inj 37.5 mg per 2 ml vial	178.71	1	✓ Risperdal Consta
	Inj 50 mg per 2 ml vial	217.56	1	✓ Risperdal Consta

➔ SA14270926 Special Authority for Subsidy

Initial application from any relevant practitioner. Approvals valid for 6 12 months for applications meeting the following criteria:

Either:

- 1 The patient has had an initial Special Authority approval for paliperidone depot injection or olanzapine depot injection; or
- 2 All of the following:
 - 2.1 The patient has schizophrenia or other psychotic disorder; and
 - 2.2 Has tried but failed to comply with treatment using oral atypical antipsychotic agents; and
 - 2.3 Has been admitted to hospital or treated in respite care, or intensive outpatient or home-based treatment for 30 days or more in last 12 months.

Renewal from any relevant practitioner. Approvals valid for 12 months for applications **where the meeting the following criteria:**

Either:

- 1 Both:
 - 1.1 The patient has had less than 12 months treatment with olanzapine depot injection; and

continued...

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ **fully subsidised**

Changes to Restrictions – effective 1 May 2014 (continued)

continued...

- 1.2 ~~There is no clinical reason to discontinue treatment; or~~
2 ~~The initiation of risperidone depot injection has been associated with fewer days of intensive intervention than was the case during a corresponding period of time prior to the initiation of an atypical antipsychotic risperidone depot injection.~~

Note: Risperidone depot injection should ideally be used as monotherapy (i.e. without concurrent use of any other antipsychotic medication). In some cases, it may be clinically appropriate to attempt to treat a patient with typical antipsychotic agents in depot injectable form before trialling risperidone depot injection.

171	MYCOPHENOLATE MOFETIL – Special Authority see SA1041 – Retail pharmacy			
	Tab 500 mg – Brand switch fee payable (Pharmacode 2452189).....	25.00	50	✓ Cellcept
	Cap 250 mg – Brand switch fee payable (Pharmacode 2452189).....	25.00	100	✓ Cellcept
198	PARAFFIN LIQUID WITH WOOL FAT LIQUID (amendment to chemical and presentation descriptions)			
	* Eye oint 3% with wool fat liq 3%	3.63	3.5 g OP	✓ Poly-Visc

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 June 2014

85	OESTRADIOL – See prescribing guideline (↑ price)			
	* Tab 1 mg	4.12	28 OP	Estrofem
		(11.10)		
	* Tab 2 mg	4.12	28 OP	Estrofem
		(11.10)		
86	OESTRADIOL WITH NORETHISTERONE – See prescribing guideline (↑ price)			
	* Tab 1 mg with 0.5 mg norethisterone acetate.....	5.40	28 OP	Kliovance
		(18.10)		
	* Tab 2 mg with 1 mg norethisterone acetate.....	5.40	28 OP	Kliogest
		(18.10)		
	* Tab 2 mg with 1 mg norethisterone acetate (10), and 2 mg oestradiol tab (12) and 1 mg oestradiol tab (6).....	5.40	28 OP	Trisequens
		(18.10)		
159	METHOTREXATE (↓ subsidy)			
	* Tab 2.5 mg – PCT – Retail pharmacy-Specialist.....	3.82	30	✓Methoblastin
	* Tab 10 mg – PCT – Retail pharmacy-Specialist.....	26.25	50	✓Methoblastin
161	PROCARBAZINE HYDROCHLORIDE – PCT – Retail pharmacy-Specialist (↑ subsidy)			
	Cap 50 mg	498.00	50	✓Natulan \$29
171	AZATHIOPRINE – Retail pharmacy-Specialist (↓ subsidy)			
	* Tab 50 mg – For azathioprine oral liquid formulation refer	13.22	100	✓Imuprine

Effective 1 May 2014

24	LOPERAMIDE HYDROCHLORIDE – Up to 30 cap available on a PSO (↓ subsidy)			
	* Cap 2 mg	7.84	400	✓Diamide Relief
27	PANTOPRAZOLE (↓ subsidy)			
	* Tab EC 20 mg	0.75	28	✓Dr Reddy's Pantoprazole
	* Tab EC 40 mg	0.99	28	✓Dr Reddy's Pantoprazole
53	PHENOXYBENZAMINE HYDROCHLORIDE (↑ subsidy)			
	* Cap 10 mg	65.00	30	✓Dibenyline \$29
59	CLONIDINE (↓ subsidy)			
	* Patch 2.5 mg, 100 mcg per day – Only on a prescription	12.80	4	✓Catapres-TTS-1
	* Patch 5 mg, 200 mcg per day – Only on a prescription	18.04	4	✓Catapres-TTS-2
	* Patch 7.5 mg, 300 mcg per day – Only on a prescription	22.68	4	✓Catapres-TTS-3
145	RISPERIDONE – Special Authority see SA1427 – Retail pharmacy (↓ subsidy)			
	Safety medicine; prescriber may determine dispensing frequency			
	Inj 25 mg vial	135.98	1	✓Risperdal Consta
	Inj 37.5 mg vial	178.71	1	✓Risperdal Consta
	Inj 50 mg vial	217.56	1	✓Risperdal Consta

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

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

Changes to General Rules

Effective 1 June 2014

14 **“Safety Medicine” means a Community Pharmaceutical defined in Section A, Part IV of the Pharmaceutical Schedule.**

18 PART IV
DISPENSING FREQUENCY RULE

Rule 3.1.4 of the Pharmaceutical Schedule specifies, for community patients, a default period of supply for each Community Pharmaceutical (a Monthly Lot, 90 Day Lot, or for oral contraceptives 180 Day Lot). This Dispensing Frequency Rule defines patient groups or medicines eligible for more frequent dispensing periods for Community Pharmaceuticals; and the conditions that must be met to enable any pharmacy to claim for payment of handling fees for the additional dispensings made. This Dispensing Frequency Rule relates to the circumstances in which a subsidy is payable for the Community Pharmaceutical; it does not override alternative dispensing frequencies as expressly stated in the Medicines Act, Medicines Regulations, Pharmacy Services Agreement or Pharmaceutical Schedule.

For the purposes of this Dispensing Frequency Rule:

“Frequent Dispensing” means:

- i) for a Community Pharmaceutical referred to in Section F Part I (the **Stat exemption**), dispensing in quantities less than one 90 Day Lot (or for oral contraceptives, less than one 180 Day Lot); or
- ii) for any other Community Pharmaceutical, dispensing in quantities less than a Monthly Lot

“Safety Medicine”

- i) an antidepressant listed under the “Cyclic and Related Agents” subheading;
- ii) an antipsychotic;
- iii) a benzodiazepine;
- iv) a Class B Controlled Drug;
- v) codeine (includes combination products);
- vi) buprenorphine with naloxone; or
- vii) zopiclone.

The Dispensing Frequency Rule covers 5 different circumstances where Frequent Dispensing for patients may be clinically or otherwise appropriate. These are:

1. Long Term Condition (LTC) patients and Core patients, or
2. Persons in residential care, or
3. Trial periods, or
4. Safety and co-prescribed medicines, or
5. Pharmaceutical Supply Management.

NOTE patients who have had more frequent dispensings due to being “intellectually impaired, frail, infirm or unable to manage their medicines” will continue to receive the same frequency of dispensings until they are assessed to see if they are eligible for additional support under the Long Term Condition (LTC) service. The structure of the remainder fee payment provides funding for pharmacy to continue to provide more frequent dispensings for patients until they are assessed.

4.1 Frequent Dispensing for patients registered as Long Term Condition (LTC) or Core patients

If a Pharmacist considers Frequent Dispensing is required, then:

- 4.1.1 For LTC registered patients, Frequent Dispensing can occur as often as the dispensing Pharmacist deems appropriate to meet that patient’s compliance and adherence needs;
- 4.1.2 For Core (non-LTC) patients, Frequent Dispensing should be no more often than a Monthly Lot. Pharmacists may authorise monthly dispensing on a Stat exemption Community Pharmaceutical without prescriber authority. If the Pharmacist considers more frequent (than monthly) dispensing is necessary, prescriber approval is required. Verbal approval from the prescriber is acceptable provided it is annotated by the Pharmacist on the Prescription and dated.

continued...

Changes to General Rules – effective 1 June 2014 (continued)

continued...

4.2 Frequent Dispensing for persons in residential care

4.2.1 1-1 **Community** Pharmaceuticals can be dispensed in quantities of not less than 28 days to:

- any person whose placement in a Residential Disability Care Institution is funded by the Ministry of Health or a DHB; or
- a person assessed as requiring long term residential care services and residing in an age related residential care facility;

on the request of the person, their agent or caregiver or community residential service provider via Frequent Dispensing, provided the following conditions are met:

- a) the quantity or period of supply to be dispensed at any one time is not less than:
 - (i) **7 days' supply for a Class B Controlled Drug; or**
 - (ii) **7 days' supply for clozapine in accordance with a Clozapine Dispensing Protocol; or**
 - (iii) **28 days' supply for any other Community Pharmaceutical** (except under conditions outlined in **4.3 (Trial periods)** 4.2.2 below); and
- b) the prescribing Practitioner or dispensing Pharmacist has
 - i) included the name of the patient's residential placement or facility on the Prescription; and
 - ii) included the patient's NHI number on the Prescription; and
 - iii) specified the maximum quantity or period of supply to be dispensed at any one time.

4.2.2 1-2 Any person meeting the criteria above who is being initiated onto a new medicine or having their dose changed is able to have their medicine dispensed in accordance with **4.3 (Trial periods)** 4.2.2 below.

4.3 Frequent Dispensing for Trial Periods or safety medicines

4.2.1—If a Pharmacist considers more frequent dispensing is required, this can occur as follows:

- For Long Term Condition (LTC) patients dispensing frequency can occur as often as the dispensing pharmacist deems appropriate to meet the patients compliance and adherence needs;
- For non-LTC patients the dispensing frequency should be no more often than monthly. If Frequent Dispensing more often than monthly is necessary for non-LTC patients, prescriber approval is required.

Verbal approval is acceptable, provided that it is annotated by the pharmacist on the Prescription and dated.

NOTE this rule does not override alternative dispensing frequencies as expressly stated in the Medicines Act, Medicines Regulations, Pharmacy Services Agreement, Pharmaceutical Schedule or under rule 4.2.2 Trial Periods or rule 4.2.3 safety and co-prescribed medicines below.

Pharmacy would claim handling fees only on repeats under the above scenarios.

Prescribers can request, and pharmacists may dispense a higher frequency of dispensing in the following circumstances:

4.2.2—Trial Periods

Frequent Dispensing can occur when a The Community Pharmaceutical has been prescribed for a patient who requires close monitoring due to recent initiation onto, or dose change for, the Community Pharmaceutical (applicable to the patient's first changed Prescription only); and the prescribing Practitioner has:

- endorsed each Community Pharmaceutical on the Prescription clearly with the words "Trial Period", or "Trial"; and
- specified the maximum quantity or period of supply to be dispensed for each Community Pharmaceutical at any one time.

Patients who reside in Penal Institutions are not eligible for Trial Periods.

4.4 4.2.3 Frequent Dispensing for Safety and co-prescribed medicines

a) The Community Pharmaceutical is any of the following:

- i) a tri-cyclic antidepressant; or
- ii) an antipsychotic; or
- iii) a benzodiazepine; or

continued...

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

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

~~iv) a Class B Controlled Drug; or~~

Changes to General Rules – effective 1 June 2014 (continued)

~~v) codeine (includes combination products)~~

~~vi) buprenorphine with naloxone~~

4.4.1 For a Safety Medicine to be dispensed via Frequent Dispensing, both A ~~and~~ of the following conditions must be met:

- a) ~~The Community Pharmaceutical has been prescribed for a patient who~~ **The patient** is not a resident in a Penal Institution, or one of the residential placements or facilities referenced in **4.2 4.1** above; **and**
- b) the prescribing Practitioner has:
 - i) Assessed clinical risk and determined the patient requires **increased** Frequent Dispensing; and
 - ii) Specified the maximum quantity or period of supply to be dispensed for each **Safety Medicine Community Pharmaceutical at each dispensing** ~~any one time~~.

4.4.2 A ~~The Community Pharmaceutical that is co-prescribed with a Safety Medicine, one of the Community Pharmaceuticals listed in 4.2.3(a) above and has been prescribed for a patient who is not a resident in a Penal Institution, or one of the residential placements or facilities references in 4.1 above.~~ **which can be dispensed in accordance with rule 4.4.1 above, may be dispensed at the same frequency as the Safety Medicine if the** ~~The dispensing pharmacist has:~~

- Assessed clinical risk and determined the patient requires Frequent Dispensing **of their co-dispensed medicines; and**
- Annotated the Prescription with the amended dispensing quantity and frequency;

4.5 4.3 Frequent Dispensing for Pharmaceutical Supply Management

4.5.1 4.3.1 Frequent Dispensing may be required from time to time to manage stock supply issues or emergency situations. Pharmacists may dispense more frequently than the Schedule would otherwise allow when all of the following conditions are met:

- a) PHARMAC has approved and notified Pharmacists to annotate Prescriptions for a specified Community Pharmaceutical(s) "out of stock" without prescriber endorsement for a specified time; and
- b) the dispensing Pharmacist has:
 - i) clearly annotated each of the approved Community Pharmaceuticals that appear on the Prescription with the words "out of stock" or "OOS"; and
 - ii) initialled the annotation in their own handwriting; and
 - iii) has complied with maximum quantity or period of supply to be dispensed at any one time, as specified by PHARMAC at the time of notification.

Note – no claim shall be made to any DHB for subsidised dispensings under this rule where dispensing occurs more frequently than specified by PHARMAC to manage the supply management issue.

Effective 1 May 2014

- 11 "Diabetes Nurse Prescriber", means a registered nurse **who is a Designated Prescriber—Registered Nurses Practising in Diabetes Health as determined by the Nursing Council of New Zealand to practice** practising in diabetes health **and who** has authority to prescribe specified diabetes medicines in accordance with regulations made under the Medicines Act 1981, ~~and who is practicing in an approved DHB demonstration site.~~
- 13 "Practitioner", means a Doctor, a Dentist, a Dietitian, a Midwife, a Nurse Prescriber, an Optometrist, **a Quitcard Provider** or a Pharmacist Prescriber as those terms are defined in the Pharmaceutical Schedule.
- 14 "Quitcard Provider" means a person registered with the Ministry of Health as a **Quitcard Provider**.

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 May 2014 (continued)

- 18 3.6 Diabetes Nurse Prescribers' Prescriptions
The following provisions apply to every Prescription written by a Diabetes Nurse Prescriber:
- 3.6.1 Prescriptions written by a Diabetes Nurse Prescriber for a Community Pharmaceutical will only be subsidised where they are for either:
- a) a Community Pharmaceutical classified as a Prescription Medicine or a Restricted Medicine and which a Diabetes Nurse Prescriber is permitted under regulations to prescribe; or
 - b) any other Community Pharmaceutical listed below:
aspirin, blood glucose diagnostic test meter, blood glucose diagnostic test strip, blood ketone diagnostic test meter, glucagon hydrochloride inj 1 mg syringe kit, insulin pen needles, insulin syringes disposable with attached needle, insulin pump accessories, insulin pump infusion set, insulin pump reservoir, ketone blood beta-ketone electrodes test strip, nicotine, sodium nitroprusside test strip,
- 3.6.2 Any Diabetes Nurse Prescribers' prescription for a medication requiring a Special Authority will only be subsidised if it is for a repeat prescription (ie after the initial prescription with Special Authority approval was dispensed).
- ~~Note: A list of Diabetes Nurse Prescribers will be published periodically in the Update of the Pharmaceutical Schedule for the duration of an initial pilot scheme. After this period there will be no approved DHB demonstration sites and hence no Diabetes Nurse Prescribers.~~
- 18 3.7 Quitcard Providers' Prescriptions
Prescriptions written by a Quitcard Provider will only be subsidised where they are:
- a) **for any of the following Community Pharmaceuticals: nicotine patches, nicotine lozenges or nicotine gum; and**
 - b) **written on a Quitcard.**

▲ 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 June 2014

31	INSULIN PEN NEEDLES – Maximum of 100 dev per prescription * 31 g x 6 mm	10.50 (26.00)	100		NovoFine
54	CILAZAPRIL WITH HYDROCHLOROTHIAZIDE * Tab 5 mg with hydrochlorothiazide 12.5 mg.....	3.00	28	✓	Inhibace Plus
86	OESTRADIOL VALERATE – See prescribing guideline * Tab 1 mg	8.24	56	✓	Progynova
	* Tab 2 mg	8.24	56	✓	Progynova
	Note – Progynova tab 1 mg and 2 mg in 84 tab pack size remains listed.				
92	CEFTRIAXONE – Subsidy by endorsement a) Up to 5 inj available on a PSO b) Subsidised only if prescribed for a dialysis or cystic fibrosis patient, or the treatment of gonorrhoea, or the treatment of pelvic inflammatory disease, or the treatment of suspected meningitis in patients who have a known allergy to penicillin, and the prescription or PSO is endorsed accordingly. Inj 500 mg vial	1.50 (2.70)	1		Veracol
	Inj 1 g vial	5.22 (10.49)	5		Aspen Ceftriaxone
94	AMOXYCILLIN Cap 250 mg.....	16.18	500	✓	Alphamox
	a) Up to 30 cap available on a PSO b) Up to 10 x the maximum PSO quantity for RFPP – see rule 5.2.6				
112	ZIDOVUDINE [AZT] WITH LAMIVUDINE – Special Authority SA1364 – Retail pharmacy Note: zidovudine [AZT] with lamivudine (combination tablets) counts as two anti-retroviral medications for the purposes of the anti-retroviral Special Authority. Tab 300 mg with lamivudine 150 mg.....	667.20	60	✓	Combivir
126	ROPINIROLE HYDROCHLORIDE ▲ Tab 0.25 mg	1.98 (6.20)	84		Ropin
	▲ Tab 1 mg	4.47 (15.95)	84		Ropin
	▲ Tab 2 mg	6.48 (24.95)	84		Ropin
	▲ Tab 5 mg	12.16 (38.00)	84		Ropin
209	CARBOHYDRATE SUPPLEMENT – Special Authority SA1373 – Hospital pharmacy [HP3] Powder	1.30 (12.00)	368 g OP		Moducal

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Delisted Items – effective 1 May 2014

38	LACTULOSE – Only on a prescription * Oral liq 10 g per 15 ml	7.68	1,000 ml	✓ Laevolac
	Note – Laevolac oral liq 10 g per 15 ml in the 500 ml pack size remains listed.			
50	COMPOUND ELECTROLYTES Powder for oral soln – Up to 10 sach available on a PSO.....	0.90	5	✓ Electral
52	ENALAPRIL MALEATE * Tab 5 mg	1.07	90	✓ m-Enalapril
	* Tab 10 mg	1.32	90	✓ m-Enalapril
	* Tab 20 mg – For enalapril maleate oral liquid formulation refer page 189.....	1.72	90	✓ m-Enalapril
70	UREA * Crm 10%.....	1.65 (3.07)	100 g OP	Nutraplus
79	OXYTOCIN – Up to 5 inj available on a PSO Inj 5 iu per ml, 1 ml ampoule	4.75	5	✓ Syntocinon
	Inj 10 iu per ml, 1 ml ampoule	5.98	5	✓ Syntocinon
86	LEVOTHYROXINE * Tab 25 mcg.....	43.24	1,000	✓ Synthroid
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
	* Tab 50 mcg.....	45.00	1,000	✓ Synthroid
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
	Note – Synthroid in the 90 tablet pack size remain subsidised.			
108	LAMIVUDINE – Special Authority see SA1364 – Retail pharmacy Tab 150 mg	52.50 (153.60)	60	3TC
117	TIAPROFENIC ACID * Tab 300 mg	19.26	60	✓ Surgam
145	ZOPICLONE Tab 7.5 mg	1.90	30	✓ Apo-Zopiclone
	Note – Apo-Zopiclone in the 500 tab pack size remains listed.			
149	METHOTREXATE * Inj 25 mg per ml, 40 ml – PCT – Retail pharmacy – Specialist.....	25.00	1	✓ DBL Methotrexate S29
192	PHARMACY SERVICES * Brand switch fee.....	4.33	1 fee	✓ BSF Cellcept
207	ORAL FEED (POWDER) – Special Authority see SA1228 – Hospital pharmacy [HP3] Powder (vanilla)	13.00	900 g OP	✓ Ensure
	Note – Ensure powder (vanilla) in the 850 g pack size remains listed.			

▲ 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 August 2014

27	PANTOPRAZOLE				
	* Tab EC 20 mg	0.75	28	✓ Dr Reddy's Pantoprazole	
	* Tab EC 40 mg	0.99	28	✓ Dr Reddy's Pantoprazole	

Effective 1 September 2014

156	CYCLOPHOSPHAMIDE				
	Tab 50 mg – PCT – Retail pharmacy-Specialist.....	25.71	50	✓ Cycloblastin	
159	METHOTREXATE				
	* Tab 2.5 mg – PCT – Retail pharmacy-Specialist.....	3.82	30	✓ Methoblastin	
	* Tab 10 mg – PCT – Retail pharmacy-Specialist.....	26.25	50	✓ Methoblastin	
171	AZATHIOPRINE – Retail pharmacy-Specialist				
	* Tab 50 mg – For azathioprine oral liquid formulation refer.....	13.22	100	✓ Imuprine	
199	PHARMACY SERVICES – May only be claimed once per patient				
	* Brand switch fee.....	4.33	1 fee	✓ BSF Apo-Cilazapril/ Hydrochlorothiazide	

The Pharmacode for BSF Apo-Cilazapril/Hydrochlorothiazide is 2459299.

Effective 1 November 2014

53	PHENOXYBENZAMINE HYDROCHLORIDE				
	* Cap 10 mg	65.00	30	✓ Dibenylene ^{S29}	
		26.05	100	✓ Dibenylene ^{S29}	
138	METOCLOPRAMIDE HYDROCHLORIDE WITH PARACETAMOL				
	Tab 5 mg with paracetamol 500 mg.....	6.77	60	✓ Paramax	
158	GEMCITABINE HYDROCHLORIDE – PCT only – Specialist				
	Inj 1 g	62.50	1	✓ Gemcitabine Actavis 1000	
	Inj 200 mg	12.50	1	✓ Gemcitabine Actavis 200	
187	TACROLIMUS – Special Authority see SA0669 – Retail pharmacy				
	Cap 0.5 mg	214.00	100	✓ Prograf	
	Cap 1 mg	428.00	100	✓ Prograf	
	Cap 5 mg – For tacrolimus oral liquid formulation refer page 201	1,070.00	50	✓ Prograf	

Patients pay a manufacturer's surcharge when
the Manufacturer's Price is greater than the Subsidy
32

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

Check your Schedule for full details Schedule page ref		Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Items to be Delisted – effective 1 December 2014

60	SPIRONOLACTONE * Tab 100 mg	11.80	100	✓ Spirotone
71	WOOL FAT WITH MINERAL OIL – Only on a prescription * Lotn hydrous 3% with mineral oil	1.40 (3.50) 5.60 (9.54)	250 ml OP 1,000 ml	 Hydroderm Lotion Hydroderm Lotion
89	CARBIMAZOLE Tab 5 mg	10.80	100	✓ AFT S29
130	OXYCODONE HYDROCHLORIDE a) Only on a controlled drug form b) No patient co-payment payable c) Safety medicine; prescriber may determine dispensing frequency			
	Tab controlled-release 10 mg	6.75	20	✓ Oxydone BNM
	Tab controlled-release 20 mg	11.50	20	✓ Oxydone BNM
138	TROPISETRON a) Maximum of 6 cap per prescription b) Maximum of 3 cap per dispensing c) Not more than one prescription per month.			
	Cap 5 mg	77.41	5	✓ Navoban
142	OLANZAPINE – Safety medicine; prescriber may determine dispensing frequency			
	Tab 10 mg	6.35	28	✓ Olanzine
	Tab orodispersible 5 mg	6.36	28	✓ Olanzine-D
	Tab orodispersible 10 mg	8.76	28	✓ Olanzine-D
214	PAEDIATRIC ORAL FEED – Special Authority see SA1379 – Hospital pharmacy [HP3] Powder (vanilla)	20.00	900 g OP	✓ Pediasure
	Note – Pediasure powder (vanilla) in the 850 g pack size remains listed.			
215	RENAL ENTERAL FEED 2 KCAL/ML – Special Authority see SA1101 – Hospital pharmacy [HP3] Liquid	6.08	500 ml OP	✓ Nepro RTH
215	RENAL ORAL FEED 2 KCAL/ML – Special Authority see SA1101 – Hospital pharmacy [HP3] Liquid	2.43	200 ml OP	✓ Nepro (strawberry) ✓ Nepro (vanilla)

▲ 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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