

Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 January 2012

Section H cumulative for December 2011 and January 2012



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Summary of PHARMAC decisions

EFFECTIVE 1 JANUARY 2012

New listings (page 20)

- Atorvastatin (Dr Reddy's Atorvastatin) tab 10 mg, 20 mg, 40 mg and 80 mg
- Glyceryl trinitrate (Glytrin) aerosol spray 400 µg per dose, 250 dose OP – up to 250 dose available on a PSO
- Cefazolin sodium (AFT) inj 500 mg and 1 g – subsidy by endorsement for dialysis or cystic fibrosis patients
- Cefuroxime sodium (m-Cefuroxime) inj 750 mg – maximum of 1 inj per prescription; can be waived by endorsement
- Sulindac (Aclin) tab 100 mg and 200 mg, 50 tab packs – additional subsidy by Special Authority
- Temozolomide (Temaccord) cap 5 mg, 20 mg, 100 mg and 250 mg – Special Authority – Retail pharmacy

Changes to restrictions (pages 21-24)

- Standard Supplements powder and liquid – amended Special Authority criteria – removal of reference to manual applications
- Extensively hydrolysed formula (Pepti Junior Gold) powder – amended Special Authority criteria

Decreased subsidy (pages 25-26)

- Clarithromycin (Klacid and Klamycin) tab 250 mg
- Fluconazole (Pacific) cap 50 mg, 150 mg and 200 mg
- Paracetamol (Pharmacare) tab 500 mg
- Timolol maleate (Apo-Timop) eye drops 0.25 %, 5 ml OP and 0.5 %, 5 ml OP
- Bimatoprost (Lumigan) eye drops 0.03%, 3 ml OP

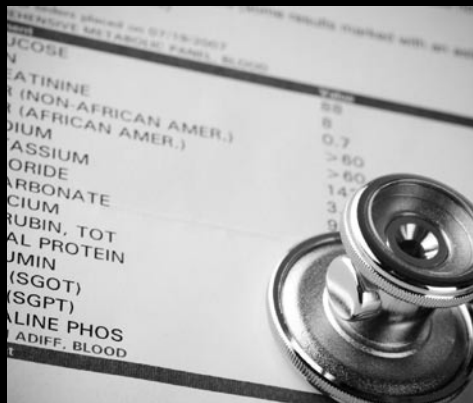
Increased subsidy (pages 25-26)

- Folic acid (Biomed) oral liq 50 µg per ml, 25 ml OP
 - Amiloride (Biomed) oral liq 1 mg per ml, 25 ml OP
 - Methyldopa (Prodopa) tab 125 mg, 250 mg and 500 mg
 - Spironolactone (Biomed) oral liq 5 mg per ml, 25 ml OP
 - Chlorothiazide (Biomed) oral liq 50 mg per ml, 25 ml OP
 - Dexamethasone (Biomed) oral liq 1 mg per ml, 25 ml OP
 - Triamcinolone acetonide (Kenacort-A and Kenacort-A40) inj 10 mg per ml, 1 ml and 40 mg per ml, 1 ml
 - Trimethoprim (TMP) tab 300 mg
 - Metronidazole (Trichazole) tab 200 mg and 400 mg
 - Doxepin hydrochloride (Anten) tab 10 mg, 25 mg and 50 mg
 - Nortriptyline hydrochloride (Norpress) tab 10 mg and 25 mg
 - Clonazepam (Paxam) tab 500 µg and 2 mg
 - Betahistine dihydrochloride (Vergo 16) tab 16 mg
-

Subsidy changes for some respiratory inhalation products and access restrictions to combination inhalers – 1 February 2012

Scheduled subsidy and restriction changes will occur to some respiratory inhalation products from 1 February 2012. The changes are summarised below:

- Removal of the Special Authority requirement for patients to be on separate ICS and LABA inhalers for at least three months prior to being eligible for funded combination inhalers.
- Fully funding fluticasone powder for inhalation (Flixotide Accuhaler).
- Reduction in the subsidies payable for:
 - a) budesonide with eformoterol ICS and LABA combination inhalers (Symbicort Turbuhaler and Vannair) and salmeterol (Serevent) inhalers and
 - b) eformoterol fumarate (Oxis and Foradil) inhalers.



Reduction in subsidy will result in patient part charges for Symbicort Turbuhaler, Vannair, Oxis Turbuhaler and Foradil should the suppliers not reduce prices to match the new subsidies. Alternative fully funded products will include fluticasone with salmeterol (Seretide, Seretide Accuhaler) and salmeterol (Serevent and Serevent Accuhaler).

To assist the implementation of these changes Symbicort Turbuhaler and Oxis Turbuhaler will remain fully funded for existing patients (patients dispensed Symbicort Turbuhaler or Oxis Turbuhaler prior to 1 July 2011) until 1 February 2012. Repeat dispensings for prescriptions with an initial dispensing before 1 February 2012 will also be fully funded. This will give clinicians and patients time to make a change to fully funded pharmaceuticals in the event that the supplier does not reduce its prices and patients wish to receive a fully funded product.

These changes have previously been notified to the market. Please refer to the full notification located on the PHARMAC website for further details. <http://www.pharmac.govt.nz/healthpros/notification>



Paracetamol tablets reference priced

We are transitioning the funded brand of paracetamol 500 mg tablets to Parafast from Pharmacare. As part of the transition, the Pharmacare brand of paracetamol 500 mg tablets will have a subsidy reduction from

1 January 2012. API have notified that it has dropped its price to match the subsidy so Pharmacare 500 mg tablets will remain fully subsidised until it is delisted from the Pharmaceutical Schedule on 1 April 2012.

CRC news on paracetamol oral liq 120 mg per 5 ml

Multichem, the supplier of Ethics Paracetamol Oral Suspension 120mg/5mL, will be changing the bottle it is supplied in, once the current stocks have been depleted. Supply of the new bottle is expected from approximately May 2012. The new bottle will have a wider neck size which will fit a NZ CRC (size 28).

Some concerns have also been raised with regard to the volume of paracetamol suspension in the bottle. Investigations

have demonstrated that the manufacturer is meeting all GMP fill volume requirements for Ethics Paracetamol Oral Suspension 120mg/5mL, 500ml. Tests demonstrate a fill volume range between 505ml to 510ml. Difficulty in pouring a full 500ml volume from the original bottle arises due to some residual product remaining on the inner walls of the bottle upon emptying. This occurs due to the higher viscosity of the suspension formulation. Multichem is investigating options to remedy this wastage.

Dentist controlled drug prescriptions clarification

Some changes were implemented via the Medicines Amendment Regulations 2011 from 1 December 2011. These amendments included changes to dentists' period of supply. We have received some queries on how this applies to the subsidy periods for controlled drugs.

There have been no changes to the period of supply for controlled drugs as the Misuse of Drugs Act and Regulations have not

been amended. Under the Misuse of Drugs Regulations 1977, dentists may only prescribe up to 7 days supply of a controlled drug (including a Class C controlled drug) for a patient under their care. The general rules in the Pharmaceutical Schedule further state that only 5 days supply of a Class B controlled drug will be subsidised when it is prescribed by a dentist.



New brand of atorvastatin subsidised

The Dr Reddy's brand of atorvastatin 10 mg, 20 mg, 40 mg and 80 mg tablets will be subsidised from 1 January 2012. Please note that this listing is an alternative brand and does not affect the subsidy for Lipitor at this time.

Clinicians Newsletter

Every month the PHARMAC Clinicians' Newsletter is emailed to subscribers. This handy newsletter contains subsidy changes, items of interest to clinicians, upcoming events and changes, as well as updates on the PHARMAC Seminar Series. Copies are available on the PHARMAC website, or

you can subscribe to have emailed directly to you. Please note that subscriptions are open to everyone, not just prescribers. Please refer to the PHARMAC website for subscription details – www.pharmacy.govt.nz/heathpros/CliniciansNews.

News in Brief

- The Apotex brand of **clarithromycin 500 mg tablets** (Apo-Clarithromycin) was listed fully subsidised from 1 November 2011 as a result of a Tender agreement. Due to a potential out-of-stock, reference pricing and Sole Supply has been delayed. Supplies of Apo-Clarithromycin 500 mg tablets will be in the market late December 2011. Reference pricing will occur on Klamycin tab 500 mg from 1 March 2012 and Apo-Clarithromycin tab 500 mg will have Sole Supply Status from 1 June 2012. Klamycin tab 500 mg will be delisted from 1 June 2012. Apo-Clarithromycin 500 mg tablets will have Hospital Sole Supply from 1 April 2012. Please note that this delay does not effect the Tender timelines for clarithromycin 250 mg tablets.
- Special Authority applications for the Special Food category **Standard Supplements**, form number SA1104, will be able to be processed electronically for all application categories from 1 January 2012. Electronic Special Authorities for the "Adults" initial application criteria have been unable to be processed electronically. As part of the electronic Special Authority maintenance by the Ministry of Health this has been fixed and electronic applications can now be made.
- Omezol Relief 10 mg, 20 mg and 40 mg capsules will be the Sole Subsidised Supply brand of **omeprazole** from 1 January 2012. The Dr Reddy's Omeprazole brand will be delisted from 1 January 2012.
- Due to a shortage of the Hospital Supply Status brand of the Pharmaceutical Cancer

Treatment **gemcitabine hydrochloride** 1 g injection (Gemcitabine Ebewe) the DBL Gemcitabine brand was listed from 14 December 2011. Funding for gemcitabine hydrochloride carries the restriction of PCT only – Specialist and is subject to Special Authority approval.

- Sanofi-Aventis has notified of its intention to discontinue Dimetriose (**gestrinone**) 2.5 mg capsules from approximately August 2012. Manufacture of the active ingredient is being discontinued globally. Current stock supply available will expire at the end of October 2012.
- Mylan are changing the brand name and pack size for **sulindac** 100 mg and 200 mg

tablets from Daclin to Aclin from 1 January 2012. The new Aclin brand will be available in bottles of 50 tablets. Daclin will be delisted from 1 July 2012.

- Cefaclor Sandoz brand of **cefaclor monohydrate cap 250 mg** was listed fully subsidised from 1 March 2011 as a result of a Tender agreement. Last month we notified via the December 2011 Update that reference pricing and Sole Supply would occur early to mid 2012. This decision has been delayed again due to supply issues. We will notify the market when we have confirmation of listing, reference price and sole supply and delisting dates.



Tender News

Sole Subsidised Supply changes – effective 1 February 2012

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Bicalutamide	Tab 50 mg; 28 tab	Bicalaccord (Arrow)
Finasteride	Tab 5 mg; 30 tab	Rex Medical (Rex Medical)
Paracetamol with codeine	Tab paracetamol 500 mg with codeine phosphate 8 mg; 100 tab	Paracetamol + Codeine (Relieve) (Mylan)
Pravastatin	Tab 20 mg; 30 tab	Cholvastin (Douglas)
Pravastatin	Tab 40 mg; 30 tab	Cholvastin (Douglas)
Terbinafine	Tab 250 mg; 14 tab	Dr Reddy's Terbinafine (Dr Reddy's)

Looking Forward

This section is designed to alert both pharmacists and prescribers to possible future changes to the Pharmaceutical Schedule. It may also assist pharmacists, distributors and wholesalers to manage stock levels.

Possible decisions for implementation 1 February 2012

- Budesonide with eformoterol (Symbicort Turbuhaler and Vannair) and eformoterol fumarate (Oxis) – remove endorsement for full subsidy
- Budesonide with eformoterol (Symbicort Turbuhaler and Vannair) – repeats fully subsidised where initial dispensing is prior to 1 February 2012
- Eformoterol fumarate (Oxis) – repeats fully subsidised where initial dispensing is prior to 1 February 2012
- Budesonide 100 µg with eformoterol fumarate 6 µg (Vannair) and 200 µg with eformoterol fumarate 6 µg (Vannair) – subsidy decrease
- Budesonide 100 µg with eformoterol fumarate 6 µg (Symbicort Turbuhaler 100/6); 200 µg with eformoterol fumarate 6 µg (Symbicort Turbuhaler 200/6) and 400 µg with eformoterol fumarate 12 µg (Symbicort Turbuhaler 400/12) – subsidy decrease
- Eformoterol fumarate (Oxis Turbuhaler) 6 µg – subsidy decrease
- Eformoterol fumarate (Foradil) 12 µg – subsidy decrease
- Fluticasone (Flixotide Accuhaler) 50 µg – subsidy increase

Possible decisions for implementation 1 February 2012 (continued)

- Combination Inhaled Corticosteroids with Long-Acting Beta-Adrenoceptor Agonist Inhaler– amend the Special Authority criteria to remove 3 month trial period from the Special Authority criteria.
- Cefuroxime sodium (Mylan) inj 1.5 g – new listing and amendment to hospital listing date
- Insulin glargine (Lantus) – remove prescriber note

Sole Subsidised Supply Products – cumulative to January 2012

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 & 100 mg	Glucobay	2012
Acetazolamide	Tab 250 mg	Diamox	2014
Aciclovir	Tab dispersible 200 mg, 400 mg & 800 mg	Lovir	2013
Amantadine hydrochloride	Cap 100 mg	Symmetrel	2014
Aminophylline	Inj 25 mg per ml, 10 ml	DBL Aminophylline	2014
Amitriptyline	Tab 25 mg & 50 mg	Amitrip	2014
Amlodipine	Tab 5 mg & 10 mg	Apo-Amlodipine	2014
Amoxicillin	Inj 250 mg, 500 mg & 1 g Cap 250 mg & 500 mg Grans for oral liq 250 mg per 5 ml	Ibiamox Alphamox Ospamox	2014 2013 2012
Amoxicillin clavulanate	Grans for oral liq amoxicillin 125 mg with potassium clavulanate 31.25 mg per 5 ml Grans for oral liq amoxicillin 250 mg with potassium clavulanate 62.5 mg per 5 ml	Curam Curam	2012
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	Atenolol Tablet USP	2012
Atropine sulphate	Inj 600 µg, 1 ml	AstraZeneca	2012
Azathioprine	Tab 50 mg Inj 50 mg	Imuprine Imuran	2013
Azithromycin	Tab 500 mg	Arrow-Azithromycin	2012
Baclofen	Tab 10 mg	Pacifen	2012
Bendrofluazide	Tab 2.5 mg & 5 mg	Arrow- Bendrofluazide	2014
Benzylpenicillin sodium (Penicillin G)	Inj 600 mg	Sandoz	2014
Betamethasone valerate	Scalp app 0.1%	Beta Scalp	2012
Betaxolol hydrochloride	Eye drops 0.5% Eye drops 0.25%	Betoptic Betoptic S	2014
Bisacodyl	Tab 5 mg	Lax-Tab	2013
Calamine	Crn, aqueous, BP Lotn, BP	healthE API	2012
Calcitonin	Inj 100 iu per ml, 1 ml	Miacalcic	2014
Calcitriol	Cap 0.25 µg & 0.5 µg	Airflow	2012

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

Sole Subsidised Supply Products – cumulative to January 2012

Generic Name	Presentation	Brand Name	Expiry Date*
Calcium carbonate	Tab eff 1.75 g (1 g elemental)	Calsource	2014
Calcium folinate	Tab 15 mg	DBL Leucovorin Calcium	2014
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
Ceftriaxone sodium	Inj 500 mg Inj 1 g	Veracol Aspen Ceftriaxone	2013
Cephalexin monohydrate	Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml	Cefalexin Sandoz Cefalexin Sandoz	2012
Cetomacrogol	Crn BP	PSM	2013
Cetirizine hydrochloride	Oral liq 1 mg per ml Tab 10 mg	Cetirizine - AFT Zetop	2014
Chloramphenicol	Eye drops 0.5% Eye oint 1%	Chlorafast Chlorsig	2012
Chlorhexidine gluconate	Soln 4% Handrub 1% with ethanol 70%	Orion healthE	2014 2012
Ciclopiroxolamine	Nail soln 8%	Batrafen	2012
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
Citalopram hydrobromide	Tab 20 mg	Arrow-Citalopram	2014
Clobetasol propionate	Crn 0.05% Oint 0.05% Scalp app 0.05%	Dermol Dermol Dermol	2012
Clonidine	TDDS 2.5 mg, 100 µg per day TDDS 5 mg, 200 µg per day TDDS 7.5 mg, 300 µg per day	Catapres-TTS-1 Catapres-TTS-2 Catapres-TTS-3	2012
Clonidine hydrochloride	Inj 150 µg per ml, 1 ml Tab 25 µg Tab 150 µg	Catapres Dixarit Catapres	2012
Clopidogrel	Tab 75 mg	Apo-Clopidogrel	2013
Clotrimazole	Crn 1% Vaginal crm 1% with applicator Vaginal crm 2% with applicator	Clomazol Clomazol Clomazol	2014 2013
Coal tar	Soln BP	Midwest	2013
Colchicine	Tab 500 µg	Colgout	2013
Compound electrolytes	Powder for soln for oral use 4.4 g	Electral	2013
Crotamiton	Crn 10%	Itch-Soothe	2012
Cyclizine hydrochloride	Tab 50 mg	Nausicalm	2012
Cyclophosphamide	Tab 50 mg	Cycloblastin	2013

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Sole Subsidised Supply Products – cumulative to January 2012

Generic Name	Presentation	Brand Name	Expiry Date*
Cyproterone acetate	Tab 50 mg & 100 mg	Siterone	2012
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	Eye oint 0.1% Eye drops 0.1%	Maxidex Maxidex	2014 2013
Dexamethasone sodium phosphate	Inj 4 mg per ml, 1 ml & 2 ml	Hospira	2013
Dexamethasone with neomycin and polymyxin b sulphate	Eye oint 0.1% with neomycin sulphate 0.35% and polymyxin B sulphate 6,000 u per g Eye drops 0.1% with neomycin sulphate 0.35% and polymyxin B sulphate 6,000 u per ml	Maxitrol Maxitrol	2014
Dextrose	Inj 50%, 10 ml	Biomed	2014
Dextrose with electrolytes	Solin with electrolytes	Pedialyte – Fruit Pedialyte – Bubblegum Pedialyte – Plain	2013
Diclofenac sodium	Inj 25 mg per ml, 3 ml Eye drops 1 mg per ml Suppos 12.5 mg, 25 mg, 50 mg & 100 mg Tab EC 25 mg & 50 mg	Voltaren Voltaren Ophtha Voltaren Diclofenac Sandoz	2014 2012
Dihydrocodeine tartrate	Tab long-acting 60 mg	DHC Continus	2013
Diltiazem hydrochloride	Tab 30 mg & 60 mg Cap long-acting 120 mg, 180 mg & 240 mg	Dilzem Cardizem CD	31/12/11
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
Donepezil hydrochloride	Tab 5 mg & 10 mg	Donepezil-Rex	2012
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	Arrow-Enalapril	2012
Enoxaparin sodium (low molecular weight heparin)	Inj 20 mg, 40 mg, 60 mg, 80 mg, 100 mg, 120 mg & 150 mg	Clexane	2012
Entacapone	Tab 200 mg	Comtan	2012
Ergometrine maleate	Inj 500 µg per ml, 1 ml	DBL Ergometrine	2014

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Sole Subsidised Supply Products – cumulative to January 2012

Generic Name	Presentation	Brand Name	Expiry Date*
Erythromycin ethyl succinate	Tab 400 mg	E-Mycin	2012
Escitalopram	Tab 10 mg & 20 mg	Loxalate	2013
Ethinylestradiol	Tab 10 µg	NZ Medical and Scientific	2012
Etidronate disodium	Tab 200 mg	Arrow-Etidronate	2012
Exemestane	Tab 25 mg	Aromasin	2014
Felodipine	Tab long-acting 5 mg Tab long-acting 10 mg	Felo 5 ER Felo 10 ER	2012
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	2012
Ferrous sulphate	Oral liq 30 mg per 1 ml (6 mg elemental per 1 ml)	Ferodan	2013
Flucloxacillin sodium	Inj 250 mg, 500 mg & 1 g Cap 250 mg & 500 mg Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml	Flucloxin AFT AFT AFT	2014 2012
Fluorometholone	Eye drops 0.1%	FML	2012
Fluoxetine hydrochloride	Cap 20 mg Tab dispersible 20 mg, scored	Fluox Fluox	2013
Flutamide	Tab 250 mg	Flutamin	2013
Fluticasone propionate	Metered aqueous nasal spray, 50 µg per dose	Flixonase Hayfever & Allergy	31/1/13
Furosemide	Inj 10 mg per ml, 2 ml Tab 40 mg	Frusamide-Claris Diurin 40	2013 2012
Fusidic acid	Crn 2% Oint 2%	Foban Foban	2013
Gabapentin	Cap 100 mg, 300 mg & 400 mg	Nupentin	31/7/12
Gemfibrozil	Tab 600 mg	Lipazil	2013
Gentamicin sulphate	Inj 40 mg per ml, 2 ml	Pfizer	2012
Gliclazide	Tab 80 mg	Apo-Gliclazide	2014
Glycerol	Liquid	healthE	2013
Glyceryl trinitrate	TDDS 5 mg & 10 mg Tab 600 µg	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	Crn 1% Powder Inj 50 mg per ml, 1 ml Tab 5 mg & 20 mg	Pharmacy Health ABM Solu-Cortef Douglas	2014 2013 2012

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Sole Subsidised Supply Products – cumulative to January 2012

Generic Name	Presentation	Brand Name	Expiry Date*
Hydrocortisone acetate	Rectal foam 10%, CFC-free (14 applications)	Colifoam	2012
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	2012
Hydroxychloroquine sulphate	Tab 200 mg	Plaquenil	2012
Hyoscine N-butylbromide	Inj 20 mg, 1 ml Tab 10 mg	Buscopan Gastrosoothe	2014
Ibuprofen	Tab long-acting 800 mg Oral liq 100 mg per 5 ml	Brufen SR Fenpaed	2014 2013
Imiquimod	Crn 5%	Aldara	2014
Indapamide	Tab 2.5 mg	Dapa-Tabs	2013
Ipratropium bromide	Aqueous nasal spray, 0.03%, 15 ml OP Nebuliser soln, 250 µg per ml, 1 ml & 2 ml	Univent Univent	2013
Iron polymaltose	Inj 50 mg per ml, 2 ml	Ferrum H	2014
Isosorbide mononitrate	Tab 20 mg Tab long-acting 40 mg	Ismo 20 Corangin	2014
Isotretinoin	Cap 10 mg & 20 mg	Oratane	2012
Itraconazole	Cap 100 mg	Itrazole	2013
Ketoconazole	Shampoo 2%	Sebizole	2014
Lactulose	Oral liq 10 g per 15 ml	Laevolac	2013
Lamivudine	Oral liq 10 mg per ml Tab 150 mg	3TC 3TC	2013
Latanoprost	Eye drops 50 µg per ml	Hysite	2012
Letrozole	Tab 2.5 mg	Letara	2012
Levonorgestrel	Subdermal implant (2 x 75 mg rods)	Jadelle	31/12/13
Lignocaine hydrochloride	Viscous soln 2% Inj 1%, 5 ml & 20 ml	Xylocaine Viscous Xylocaine	2014 2013
Lignocaine with prilocaine	Crn 2.5% with prilocaine 2.5% (5 g tubes) Crn 2.5% with prilocaine 2.5%; 30 g OP	EMLA EMLA	2013
Lisinopril	Tab 5 mg, 10 mg & 20 mg	Arrow-Lisinopril	2012
Lithium carbonate	Cap 250 mg	Douglas	2014
Lodoxamide trometamol	Eye drops 0.1%	Lomide	2014

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Sole Subsidised Supply Products – cumulative to January 2012

Generic Name	Presentation	Brand Name	Expiry Date*
Loperamide hydrochloride	Cap 2 mg	Diamide Relief	2013
Loratadine	Oral liq 1 mg per ml Tab 10 mg	Lorapaed Loraclear Hayfever Relief	2013
Lorazepam	Tab 1 mg & 2.5 mg	Ativan	2013
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	2012
Mercaptopurine	Tab 50 mg	Purinethol	2013
Mesalazine	Suppos 500 mg Enema 1 g per 100 ml	Asacol Pentasa	2014 2012
Metformin hydrochloride	Tab immediate-release 500 mg & 850 mg	Apotex	2012
Methadone hydrochloride	Tab 5 mg Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml	Methatabs Biodone Biodone Forte Biodone Extra Forte	2013 2012
Methotrexate	Inj 25 mg per ml, 2 ml & 20 ml Tab 2.5 mg & 10 mg	Hospira Methoblastin	2013 2012
Methylprednisolone	Tab 4 mg & 100 mg	Medrol	2012
Methylprednisolone sodium succinate	Inj 40 mg per ml, 1 ml Inj 62.5 mg per ml, 2 ml Inj 500 mg Inj 1 g	Solu-Medrol Solu-Medrol Solu-Medrol Solu-Medrol	2012
Metoclopramide hydrochloride	Inj 5 mg per ml, 2 ml Tab 10 mg	Pfizer Metamide	2014
Miconazole nitrate	Crn 2%	Multichem	2014
Moclobemide	Tab 150 mg & 300 mg	Apo-Moclobemide	2012
Mometasone furoate	Crn 0.1% Oint 0.1%	m-Mometasone m-Mometasone	2012
Morphine hydrochloride	Oral liq 1 mg per ml Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml	RA-Morph RA-Morph RA-Morph RA-Morph	2012

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Sole Subsidised Supply Products – cumulative to January 2012

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	Arrow-Morphine LA	2013
Morphine sulphate	Cap long-acting 10 mg, 30 mg, 60 mg & 100 mg	m-Elson	
	Tab immediate release 10 mg & 20 mg	Sevredol	2012
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	2012
	Tab 500 mg	Noflam 500	
Natrexone hydrochloride	Tab 50 mg	Naltraccord	2013
Neostigmine	Inj 2.5 mg per ml, 1 ml	AstraZeneca	2014
Nevirapine	Oral suspension 10 mg per ml	Viramune Suspension	2012
	Tab 200 mg	Viramune	
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 5 mg	Primolut N	2014
	Tab 350 µg	Noriday 28	2012
Nystatin	Oral liq 100,000 u per ml	Nilstat	2014
	Cap 500,000 u	Nilstat	2013
	Tab 500,000 u	Nilstat	
Omeprazole	Cap 10 mg, 20 mg & 40 mg Powder Inj 40 mg	Omezol Relief Midwest Dr Reddy's Omeprazole	2014
Ondansetron	Tab disp 4 mg & 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 January 2012

Generic Name	Presentation	Brand Name	Expiry Date*
Oxytocin	Inj 5 iu per ml, 1 ml Inj 10 iu per ml, 1 ml Inj 5 iu with ergometrine maleate 500 µg per ml, 1 ml	Syntocinon Syntocinon Syntometrine	2012
Pantoprazole	Inj 40 mg Tab 20 mg & 40 mg	Pantocid IV Dr Reddy's Pantoprazole	2014 2013
Paracetamol	Oral liq 250 mg per 5 ml	Paracare Double Strength	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
Pegylated interferon alpha-2A	Inj 135 µg prefilled syringe Inj 180 µg prefilled syringe Inj 135 µg prefilled syringe x 4 with ribavirin tab 200 mg x 112 Inj 135 µg prefilled syringe x 4 with ribavirin tab 200 mg x 168 Inj 180 µg prefilled syringe x 4 with ribavirin tab 200 mg x 112 Inj 180 µg prefilled syringe x 4 with ribavirin tab 200 mg x 168	Pegasys Pegasys Pegasys RBV Combination Pack Pegasys RBV Combination Pack Pegasys RBV Combination Pack Pegasys RBV Combination Pack	31/12/12
Pergolide	Tab 0.25 mg & 1 mg	Permax	2014
Permethrin	Crn 5% Lotn 5%	Lyderm A-Scabies	2014
Pethidine hydrochloride	Inj 50 mg per ml, 1 ml Inj 50 mg per ml, 2 ml	DBL Pethidine Hydrochloride DBL Pethidine Hydrochloride	2014
Phenoxymethylpenicillin (Pencillin V)	Cap potassium salt 250 mg & 500 mg Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml	Cilicaine VK AFT AFT	2013
Pindolol	Tab 5 mg, 10 mg & 15 mg	Apo-Pindolol	2012
Pioglitazone	Tab 15 mg, 30 mg & 45 mg	Pizaccord	2012
Pizotifen	Tab 500 µg	Sandomigran	2012
Poloxamer	Oral drops 10%	Coloxyl	2014
Potassium chloride	Tab long-acting 600 mg	Span-K	2012
Prednisone sodium phosphate	Oral liq 5 mg per ml	Redipred	2012
Pregnancy tests – hCG urine	Cassette	Innovacon hCG One Step Pregnancy Test	2012
Procaine penicillin	Inj 1.5 mega u	Cilicaine	2014

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

Sole Subsidised Supply Products – cumulative to January 2012

Generic Name	Presentation	Brand Name	Expiry Date*
Promethazine hydrochloride	Oral liq 5 mg per 5 ml	Promethazine Winthrop Elixir	2012
Pyridostigmine bromide	Tab 60 mg	Mestinon	2014
Pyridoxine hydrochloride	Tab 25 mg Tab 50 mg	PyridoxADE Apo-Pyridoxine	2014
Quinine sulphate	Tab 300 mg	Q 300	2012
Ranitidine hydrochloride	Oral liq 150 mg per 10 ml Tab 150 mg & 300 mg	Peptisoothe Arrow-Ranitidine	2014
Rifabutin	Cap 150 mg	Mycobutin	2013
Ropinirole hydrochloride	Tab 0.25 mg, 1 mg, 2 mg & 5 mg	Ropin	2013
Roxithromycin	Tab 150 mg & 300 mg	Arrow- Roxithromycin	2012
Salbutamol	Oral liq 2 mg per 5 ml Nebuliser soln, 1 mg per ml, 2.5 ml Nebuliser soln, 2 mg per ml, 2.5 ml	Salapin Asthalin Asthalin	2013 2012
Salbutamol with ipratropium bromide	Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml	Duolin	2012
Selegiline hydrochloride	Tab 5 mg	Apo-Selegiline	2012
Sertraline	Tab 50 mg & 100 mg	Arrow-Sertraline	2013
Simvastatin	Tab 10 mg Tab 20 mg Tab 40 mg Tab 80 mg	Arrow-Simva 10mg Arrow-Simva 20mg Arrow-Simva 40mg Arrow-Simva 80mg	2014
Sodium chloride	Inj 23.4%, 20 ml	Biomed	2013
Sodium citrate with sodium lauryl sulphoacetate	Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml	Micolette	2013
Sodium citro-tartrate	Grans effervescent 4 g sachets	Ural	2013
Sodium cromoglycate	Eye drops 2% Nasal spray, 4%	Rexacrom Rex	2013 2012
Somatropin	Inj cartridge 16 iu (5.3 mg) Inj cartridge 36 iu (12 mg)	Genotropin Genotropin	31/12/12
Sotalol	Tab 80 mg & 160 mg	Mylan	2012
Spacer device	800 ml 230 ml (single patient)	Volumatic Space Chamber Plus	2015
Spirolactone	Tab 25 mg & 100 mg	Spirotone	2013
Sumatriptan	Inj 12 mg per ml, 0.5 ml Tab 50 mg & 100 mg	Arrow-Sumatriptan Arrow-Sumatriptan	2013
Tamoxifen citrate	Tab 20 mg	Genox	2014
Tamsulosin hydrochloride	Cap 400 µg	Tamsulosin-Rex	2013

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

Sole Subsidised Supply Products – cumulative to January 2012

Generic Name	Presentation	Brand Name	Expiry Date*
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
Terazosin hydrochloride	Tab 1 mg, 2 mg & 5 mg	Arrow	2013
Testosterone undecanoate	Cap 40 mg	Arrow-Testosterone	2012
Tetracosactrin	Inj 250 µg Inj 1 mg per ml, 1 ml	Synacthen Synacthen Depot	2014
Timolol maleate	Tab 10 mg	Apo-Timol	2012
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	Crn 0.02% Oint 0.02% 0.1% in Dental Paste USP	Aristocort Aristocort Oracort	2014
Tranexamic acid	Tab 500 mg	Cycklokapron	2013
Tropicamide	Eye drops 0.5% & 1%	Mydriacyl	2014
Tropisetron	Cap 5 mg	Navoban	2012
Tyloxapol	Eye drops 0.25%	Enuclene	2014
Vancomycin hydrochloride	Inj 500 mg	Mylan	2014
Verapamil hydrochloride	Tab 40 mg & 80 mg	Isoptin	2014
Vitamin B complex	Tab, strong, BPC	B-PlexADE	2013
Vitamins	Tab (BPC cap strength)	MultiADE	2013
Zidovudine [AZT]	Cap 100 mg Oral liq 10 mg per ml	Retrovir Retrovir	2013
Zinc sulphate	Caps 137.4 mg (50 mg elemental)	Zincaps	2014
Zopiclone	Tab 7.5 mg	Apo-Zopiclone	2014

January changes in bold

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings

Effective 1 January 2012

45	ATORVASTATIN – See prescribing guideline			
	* Tab 10 mg	2.90	30	✓ Dr Reddy's Atorvastatin
	* Tab 20 mg	4.36	30	✓ Dr Reddy's Atorvastatin
	* Tab 40 mg	6.51	30	✓ Dr Reddy's Atorvastatin
	* Tab 80 mg	9.67	30	✓ Dr Reddy's Atorvastatin
54	GLYCERYL TRINITRATE			
	* Aerosol spray 400 µg per dose – Up to 250 dose available on a PSO.....	4.45	250 dose OP	✓ Glytrin
79	CEFAZOLIN SODIUM – Subsidy by endorsement			
	Only if prescribed for dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.			
	Inj 500 mg	3.99	5	✓ AFT
	Inj 1 g	3.99	5	✓ AFT
79	CEFUROXIME SODIUM			
	Inj 750 mg – Maximum of 1 inj per prescription; can be waived by endorsement.....	6.96	5	✓ m-Cefuroxime
	Only if prescribed for dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.			
98	SULINDAC – Additional subsidy by Special Authority see SA1038 – Retail pharmacy			
	* Tab 100 mg	2.66	50	
		(8.55)		Aclin
	* Tab 200 mg	3.36	50	
		(15.10)		Aclin
147	TEMOZOLOMIDE – Special Authority see SA1063 – Retail pharmacy			
	Cap 5 mg	16.00	5	✓ Temaccord
	Cap 20 mg	72.00	5	✓ Temaccord
	Cap 100 mg	350.00	5	✓ Temaccord
	Cap 250 mg	820.00	5	✓ Temaccord

Effective 14 December 2011

143	GEMCITABINE HYDROCHLORIDE – PCT only – Specialist – Special Authority see SA1087			
	Inj 1 g	62.50	1	✓ DBL Gemcitabine

Changes to Restrictions

Effective 1 January 2012

187 Standard Supplements

▶ SA1104 | Special Authority for Subsidy

Initial application — (Children) only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 1 year for applications meeting the following criteria:

All of the following:

- 1 The patient is under 18 years of age; and
- 2 Any of the following:
 - 2.1 The patient has a condition causing malabsorption; or
 - 2.2 The patient has failure to thrive; or
 - 2.3 The patient has increased nutritional requirements; and
- 3 Nutrition goal has been set (eg reach a specific weight or BMI).

Renewal — (Children) 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 1 year for applications meeting the following criteria:

All of the following:

- 1 The patient is under 18 years of age; and
- 2 The treatment remains appropriate and the patient is benefiting from treatment; and
- 3 A nutrition goal has been set (eg reach a specific weight or BMI).

Initial application — (Adults ~~(This category cannot be processed electronically – fax paper copy)~~) only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 3 months for applications meeting the following criteria:

All of the following:

- 1 Any of the following:

Patient is Malnourished

 - 1.1 Patient has a body mass index (BMI) of less than 18.5 kg/m²; or
 - 1.2 Patient has unintentional weight loss greater than 10% within the last 3-6 months; or
 - 1.3 Patient has a BMI of less than 20 kg/m² and unintentional weight loss greater than 5% within the last 3-6 months; and
- 2 Any of the following:

Patient has not responded to first-line dietary measures over a 4 week period by:

 - 2.1 Increasing their food intake frequency (eg snacks between meals); or
 - 2.2 Using high-energy foods (e.g. milkshakes, full fat milk, butter, cream, cheese, sugar etc); or
 - 2.3 Using over the counter supplements (e.g. Complan); and
- 3 A nutrition goal has been set (e.g. to reach a specific weight or BMI).

Renewal — (Adults) 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 6 months for applications meeting the following criteria:

Both:

- 1 A nutrition goal has been set (eg reach a specific weight or BMI); and
- 2 Any of the following:

Patient is Malnourished

 - 2.1 Patient has a body mass index (BMI) of less than 18.5 kg/m²; or
 - 2.2 Patient has unintentional weight loss greater than 10% within the last 3-6 months; or
 - 2.3 Patient has a BMI of less than 20 kg/m² and unintentional weight loss greater than 5% within the last 3-6 months.

Initial application — (Adults transitioning from hospital Discretionary Community Supply) only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

continued...

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions - effective 1 January 2011 (continued)

continued...

- 1 The patient has had up to a 30 day supply of a 1.0 or a 1.5 kcal/ml Standard Oral Supplement; and
- 2 A nutrition goal has been set (eg reach a specific weight or BMI); and
- 3 Any of the following:
Patient is Malnourished
 - 3.1 Patient has a body mass index (BMI) of less than 18.5 kg/m²; or
 - 3.2 Patient has unintentional weight loss greater than 10% within the last 3-6 months; or
 - 3.3 Patient has a BMI of less than 20 kg/m² and unintentional weight loss greater than 5% within the last 3-6 months.

Initial application — (Specific medical condition) only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 1 year for applications meeting the following criteria:

Any of the following:

- 1 Is being fed via a nasogastric tube or a nasogastric tube is to be inserted for feeding; or
- 2 Malignancy and is considered likely to develop malnutrition as a result; or
- 3 Is undergoing a bone marrow transplant; or
- 4 Tempomandibular surgery.

Renewal — (Specific medical condition) 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 1 year for applications meeting the following criteria:

Any of the following:

- 1 Is being fed via a nasogastric tube; or
- 2 Malignancy and is considered likely to develop malnutrition as a result; or
- 3 Has undergone a bone marrow transplant; or
- 4 Tempomandibular surgery.

Initial application — (Chronic disease OR tube feeding) only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Any of the following:

- 1 Is being fed via a tube or a tube is to be inserted for the purpose of feeding (not nasogastric tube - refer to specific medical condition criteria); or
- 2 Cystic Fibrosis; or
- 3 Liver disease; or
- 4 Chronic Renal failure; or
- 5 Inflammatory bowel disease; or
- 6 Chronic obstructive pulmonary disease with hypercapnia; or
- 7 Short bowel syndrome; or
- 8 Bowel fistula; or
- 9 Severe chronic neurological conditions.

Renewal — (Chronic disease OR tube feeding for patients who have previously been funded under Special Authority forms SA0702 or SA0583) 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 without further renewal unless notified for applications meeting the following criteria:

Any of the following:

- 1 Is being fed via a tube or a tube is to be inserted for the purpose of feeding (not nasogastric tube - refer to specific medical condition criteria); or
- 2 Cystic Fibrosis; or
- 3 Liver disease; or
- 4 Chronic Renal failure; or
- 5 Inflammatory bowel disease; or

continued...

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

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

Changes to Restrictions - effective 1 January 2011 (continued)

continued...

- 6 Chronic obstructive pulmonary disease with hypercapnia; or
- 7 Short bowel syndrome; or
- 8 Bowel fistula; or
- 9 Severe chronic neurological conditions.

- 196 EXTENSIVELY HYDROLYSED FORMULA – Special Authority see SA1112 – Hospital pharmacy [HP3]
Powder 15.21 450 g OP ✓ **Pepti Junior Gold**

▶ SA1112]Special Authority for Subsidy

Initial application — (Transition from Old Form (SA0603)) 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 6 months for applications meeting the following criteria:

Either:

- 1 All of the following:
 - 1.1 The infant is currently receiving funded amino acid formula under Special Authority form SA0603; and
 - 1.2 The infant is to be trialled on, or transitioned to, an extensively hydrolysed formula; and
 - 1.3 General Practitioners must include the name of the **dietitian**, relevant specialist or vocationally registered general practitioner and the date contacted; or
- 2 All of the following:
 - 2.1 The patient is currently receiving funded extensively hydrolysed formula under Special Authority form SA0603; and
 - 2.2 An assessment as to whether the infant can be transitioned to a cows milk protein or soy infant formula has been undertaken; and
 - 2.3 The outcome of the assessment is that the infant continues to require an extensively hydrolysed infant formula; and
 - 2.4 General Practitioners must include the name of the **dietitian**, relevant specialist or vocationally registered general practitioner and the date contacted.

Initial application only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 6 months for applications meeting the following criteria:

Any of the following:

- 1 Both:
 - 1.1 Cows milk formula is inappropriate due to severe intolerance or allergy to its protein content; and
 - 1.2 Either:
 - 1.2.1 Soy milk formula has been trialled without resolution of symptoms; or
 - 1.2.2 Soy milk formula is considered clinically inappropriate or contraindicated; or
- 2 Severe malabsorption; or
- 3 Short bowel syndrome; or
- 4 Intractable diarrhea; or
- 5 Biliary atresia; or
- 6 Cholestatic liver diseases causing malsorption; or
- 7 Chylous ascite; or
- 8 Chylothorax; or
- 9 Cystic fibrosis; or
- 10 Proven fat malabsorption; or
- 11 Severe intestinal motility disorders causing significant malabsorption; or
- 12 Intestinal failure.

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 6 months for applications meeting the following criteria:

All of the following:

▲ 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 2011 (continued)

continued...

- 1 An assessment as to whether the infant can be transitioned to a cows milk protein or soy infant formula has been undertaken; and
- 2 The outcome of the assessment is that the infant continues to require an extensively hydrolysed infant formula; and
- 3 General Practitioners must include the name of the dietitian, relevant specialist or vocationally registered general practitioner and date contacted.

Renewal —(Step Down from Amino Acid Formula) 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 6 months for applications meeting the following criteria:

All of the following:

- 1 The infant is currently receiving funded amino acid formula; and
- 2 The infant is to be trialled on, or transitioned to, an extensively hydrolysed formula; and
- 3 General Practitioners must include the name of the dietitian, relevant specialist or vocationally registered general practitioner and the date contacted.

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

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Generic Mnfr
✓ fully subsidised

Changes to Subsidy and Manufacturer's Price

Effective 1 January 2012

40	FOLIC ACID († subsidy) Oral liq 50 µg per ml	24.00	25 ml OP	✓ Biomed
53	AMILORIDE († subsidy) ‡ Oral liq 1 mg per ml	30.00	25 ml OP	✓ Biomed
53	METHYLDOPA († subsidy) * Tab 125 mg	14.25	100	✓ Prodopa
	* Tab 250 mg	15.10	100	✓ Prodopa
	* Tab 500 mg	23.15	100	✓ Prodopa
53	SPIRONOLACTONE († subsidy) ‡ Oral liq 5 mg per ml	30.00	25 ml OP	✓ Biomed
54	CHLOROTHIAZIDE († subsidy) ‡ Oral liq 50 mg per ml	26.00	25 ml OP	✓ Biomed
72	DEXAMETHASONE († subsidy) Oral liq 1 mg per ml – Retail pharmacy-Specialist	45.00	25 ml OP	✓ Biomed
	Oral liq prescriptions: 1) Must be written by a Paediatrician or Paediatric Cardiologist; or 2) On the recommendation of a Paediatrician or Paediatric Cardiologist.			
73	TRIAMCINOLONE ACETONIDE († subsidy) Inj 10 mg per ml, 1 ml	23.00	5	✓ Kenacort-A
	Inj 40 mg per ml, 1 ml	56.48	5	✓ Kenacort-A40
80	CLARITHROMYCIN – Maximum of 500 mg per prescription; can be waived by Special Authority see SA1131 (↓ subsidy) Tab 250 mg	4.19 (7.75) (7.75)	14	Klacid Klamycin
84	FLUCONAZOLE (↓ subsidy) Cap 50 mg – Retail pharmacy-Specialist	4.77 (6.82)	28	Pacific
	Cap 150 mg – Subsidy by endorsement	0.91 (1.30)	1	Pacific
	a) Maximum of 1 cap per prescription; can be waived by endorsement - Retail pharmacy - Specialist b) Patient has vaginal candida albicans and the practitioner considers that a topical imidazole (used intra vaginally) is not recommended and the prescription is endorsed accordingly; can be waived by endorsement - Retail pharmacy - Specialist.			
	Cap 200 mg – Retail pharmacy-Specialist	13.34 (19.05)	28	Pacific
84	TRIMETHOPRIM († subsidy) * Tab 300 mg – Up to 30 tab available on a PSO	8.94	50	✓ TMP

▲ 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

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Generic Mnfr
✓ fully subsidised

Changes to Subsidy and Manufacturer's Price - effective 1 January 2012 (continued)

85	METRONIDAZOLE (↑ subsidy)			
	Tab 200 mg – Up to 30 tab available on a PSO	10.45	100	✓ Trichozole
	Tab 400 mg	18.15	100	✓ Trichozole
116	PARACETAMOL (↓ subsidy)			
	* Tab 500 mg – Up to 30 tab available on a PSO	9.38	1,000	✓ Pharmacare
118	DOXEPIN HYDROCHLORIDE (↑ subsidy)			
	Cap 10 mg	6.30	100	✓ Anten
	Cap 25 mg	6.86	100	✓ Anten
	Cap 50 mg	8.55	100	✓ Anten
119	NORTRIPTYLINE HYDROCHLORIDE (↑ subsidy)			
	Tab 10 mg	6.69	100	✓ Norpress
	Tab 25 mg	14.77	180	✓ Norpress
121	CLONAZEPAM (↑ subsidy)			
	Tab 500 µg	6.68	100	✓ Paxam
	Tab 2 mg	12.75	100	✓ Paxam
125	BETAHISTINE DIHYDROCHLORIDE (↑ subsidy)			
	* Tab 16 mg	10.00	84	✓ Vergo 16
167	TIMOLOL MALEATE (↓ subsidy)			
	* Eye drops 0.25%	2.08 (2.37)	5 ml OP	Apo-Timop
	* Eye drops 0.5%	2.08 (2.29)	5 ml OP	Apo-Timop
168	BIMATOPROST – Retail pharmacy-Specialist (↓ subsidy)			
	See prescribing guideline			
	▲ Eye drops 0.03%	18.50	3 ml OP	✓ Lumigan
169	HYPROMELLOSE (↑ price)			
	* Eye drops 0.5%	2.00 (3.92)	15 ml OP	Methopt

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✔ **fully subsidised**

Changes to Sole Subsidised Supply

Effective 1 January 2012

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

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Delisted Items

Effective 1 January 2012

29	OMEPRAZOLE				
	* Cap 10 mg	0.97	30	✓ Dr Reddy's Omeprazole	
	* Cap 20 mg	1.26	30	✓ Dr Reddy's Omeprazole	
	* Cap 40 mg	1.86	30	✓ Dr Reddy's Omeprazole	
39	CHARCOAL				
	* Tab 300 mg	7.13 (9.77)	100		Red Seal
74	OESTRADIOL				
	* TDDS 25 µg per day	3.01 (10.86)	8		Estraderm TTS 25
	a) Higher subsidy of \$10.86 per 8 patch with Special Authority see SA1018				
	b) No more than 2 patch per week				
	c) Only on a prescription				
	* TDDS 50 µg per day	4.12 (13.18)	8		Estraderm TTS 50
	a) Higher subsidy of \$13.18 per 8 patch with Special Authority see SA1018				
	b) No more than 2 patch per week				
	c) Only on a prescription				
	* TDDS 100 µg per day	7.05 (16.14)	8		Estraderm TTS 100
	a) Higher subsidy of \$16.14 per 8 patch with Special Authority see SA1018				
	b) No more than 2 patch per week				
	c) Only on a prescription				
83	CLINDAMYCIN				
	Inj phosphate 150 mg per ml, 4 ml – Retail pharmacy- Specialist	16.00	1	✓ Dalacin C	
	Note – Dalacin C inj phosphate 150 mg per ml, 4 ml, 10 injection pack remains listed.				
92	DARUNAVIR – Special Authority see SA1025 – Retail pharmacy				
	Tab 300 mg	1,190.00	120	✓ Prezista	

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Items to be Delisted

Effective 1 April 2012

80	CLARITHROMYCIN – Maximum of 500 mg per prescription; can be waived by Special Authority see SA1131 Tab 250 mg	4.19 (7.75)	14		
					Klacid Klamycin
84	FLUCONAZOLE Cap 50 mg – Retail pharmacy-Specialist	4.77 (6.82)	28		
	Cap 150 mg – Subsidy by endorsement	0.91 (1.30)	1		Pacific Pacific
	a Maximum of 1 cap per prescription; can be waived by endorsement - Retail pharmacy - Specialist b) Patient has vaginal candida albicans and the practitioner considers that a topical imidazole (used intra-vaginally) is not recommended and the prescription is endorsed accordingly; can be waived by endorsement - Retail pharmacy - Specialist.				
	Cap 200 mg – Retail pharmacy-Specialist	13.34 (19.05)	28		Pacific
116	PARACETAMOL * Tab 500 mg – Up to 30 tab available on a PSO	9.38	1,000	✓	Pharmacare
167	TIMOLOL MALEATE * Eye drops 0.25%	2.08 (2.37)	5 ml OP		Apo-Timop
	* Eye drops 0.5%	2.08 (2.29)	5 ml OP		Apo-Timop

Effective 1 July 2012

50	DIGOXIN * Tab 62.5 µg – Up to 30 tab available on a PSO	5.56	200	✓	Lanoxin PG
	* Tab 250 µg – Up to 30 tab available on a PSO	6.05	100	✓	Lanoxin
	Note – Lanoxin PG tab 62.5 µg, 240 tab pack, and Lanoxin tab 250 µg 240 tab pack, remain subsidised.				
98	SULINDAC – Additional subsidy by Special Authority see SA1038 – Retail pharmacy * Tab 100 mg	5.32 (17.10)	100		Daclin
	* Tab 200 mg	6.72 (30.20)	100		Daclin

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

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

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

Effective 1 January 2012

17	AMILORIDE († price) Oral liq 1 mg per ml	30.00	25 ml	Biomed
19	ATORVASTATIN Tab 10 mg	2.90	30	Dr Reddy's Atorvastatin
	Tab 20 mg	4.36	30	Dr Reddy's Atorvastatin
	Tab 40 mg	6.51	30	Dr Reddy's Atorvastatin
	Tab 80 mg	9.67	30	Dr Reddy's Atorvastatin
20	BETAHISTINE DIHYDROCHLORIDE († price) Tab 16 mg	10.00	84	Vergo 16
23	CEFACLOR MONOHYDRATE (removal of HSS) Cap 250 mg – 1% DV Mar-12 to 2013	24.57	100	Cefaclor Sandoz
23	CEFAZOLIN SODIUM Inj 500 mg – 1% DV Mar-12 to 2014	3.99	5	AFT
	Inj 1 g – 1% DV Mar-12 to 2014	3.99	5	AFT
	Note – Hospira cefazolin sodium inj 500 mg and 1 g to be delisted 1 March 2012.			
23	CEFUROXIME SODIUM Inj 750 mg – 1% DV Mar-12 to 2014	6.96	5	m-Cefuroxime
	Note – Zinacef inj 750 mg to be delisted 1 March 2012.			
24	CHLORHEXIDINE IN ALCOHOL Soln 2% with 70% alcohol, 500 ml (tinted red)	114.72	12	healthE
24	CHLOROTHIAZIDE († price) Oral liq 50 mg per ml	26.00	25 ml	Biomed
25	CLARITHROMYCIN (HSS delayed) Tab 500mg – 1% DV Apr-12 Jan-12 to 2014	10.95	14	Apo-Clarithromycin
25	CLONAZEPAM († price) Tab 500 µg	6.68	100	Paxam
	Tab 2 mg	12.75	100	Paxam
28	DEXAMETHASONE († price) Oral liq 1 mg per ml	45.00	25 ml	Biomed
30	EFAVIRENZ Tab 50 mg	158.33	30	Stocrin
	Tab 200 mg	474.99	90	Stocrin
	Tab 600 mg	474.99	30	Stocrin

Products with Hospital Supply Status (HSS) are in **bold**.

Expiry date of HSS period is 30 June of the year indicated unless otherwise stated

Section H page ref	Price (ex man. excl. GST) \$ Per	Brand or Generic Manufacturer
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Section H changes Part II - effective 1 January 2012 (continued)

34	FOLIC ACID (↑ price) Oral liq 50 µg per ml	24.00	25 ml	Biomed
36	GLYCERYL TRINITRATE Aerosol spray 400 µg per dose – 1% DV Mar-12 to 2014	4.45	250 dose	Glytrin Note – Nitrolingual Pumpspray aerosol spray 400 µg per dose to be delisted 1 March 2012.
38	HYPROMELLOSE (↑ price) Eye drops 0.5%	3.92	15 ml	Methopt
38	IMIPENEM WITH CILASTATIN (↓ price) Inj 500 mg with cilastatin 500 mg	18.37	1	Primaxin
44	MEROPENEM Inj 500 mg – 1% DV Mar-12 to 2014	10.50	1	Penembact Penembact
	Inj 1 g – 1% DV Mar-12 to 2014	21.00	1	
	Note – Merrem inj 500 mg and 1 g to be delisted 1 March 2012.			
45	METHYLDOPA (↑ price) Tab 125 mg	14.25	100	Prodopa
	Tab 250 mg	15.10	100	Prodopa
	Tab 500 mg	23.15	100	Prodopa
46	METRONIDAZOLE (↑ price) Tab 200 mg	10.45	100	Trichozole
	Tab 400 mg	18.15	100	Trichozole
49	NORTRIPTYLINE HYDROCHLORIDE (↑ price) Tab 10 mg	6.69	100	Norpress
	Tab 25 mg	14.77	250	Norpress
59	SODIUM CHLORIDE (↓ price) Inj 0.9%, 10 ml	11.50	50	Multichem
60	SPIRONOLACTONE (↑ price) Oral liq 5 mg per ml	30.00	25 ml	Biomed
61	TEMOZOLOMIDE Cap 5 mg – 1% DV Mar-12 to 2014	16.00	5	Temaccord Temaccord Temaccord Temaccord
	Cap 20 mg – 1% DV Mar-12 to 2014	72.00	5	
	Cap 100 mg – 1% DV Mar-12 to 2014	350.00	5	
	Cap 250 mg – 1% DV Mar-12 to 2014	820.00	5	
	Note – Temodal cap 5 mg, 20 mg, 100 mg and 250 mg to be delisted 1 March 2012.			
63	TRIAMCINOLONE ACETONIDE (↑ price) Inj 10 mg per ml, 1 ml	23.00	5	Kenacort-A
	Inj 40 mg per ml, 1 ml	56.48	5	Kenacort-A40

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

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

63	TRIAMCINOLONE ACETONIDE			
	Inj 10 mg per ml, 5 ml	10.31	1	Kenacort-A
	Inj 40 mg per ml, 5 ml	23.44	1	Kenacort-A40

Note – Kenacort-A inj 10 mg per ml, 5 ml and Kenacort-A40 inj 40 mg per ml, 5 ml delisted 1 January 2012.

63	TRIMETHOPRIM († price)			
	Tab 300 mg	8.94	50	TMP

Effective 14 December 2011

35	GEMCITABINE HYDROCHLORIDE			
	Inj 1 g	62.50	1	DBL Gemcitabine

Effective 1 December 2011

17	AMLODIPINE			
	Tab 2.5 mg – 1% DV Mar-12 to 2014	2.45	100	Apo-Amlodipine
20	BETAMETHASONE DIPROPIONATE WITH CALCIPOTRIOL			
	Oint 500 µg with calcipotriol 50 µg	26.12	30 g	Daivobet
	Topical gel 500 µg with calcipotriol 50 µg	26.12	30 g	Daivobet
21	CALCIPOTRIOL (↓ price)			
	Crm 50 µg per g	16.00	30 g	Daivonex
		45.00	100 g	Daivonex
	Oint 50 µg per g	45.00	100 g	Daivonex
	Soln 50 µg per ml	16.00	30 ml	Daivonex
22	CALCIUM CARBONATE			
	Tab 1.25 g (500 mg elemental) – 1% DV Feb-12 to 2014	6.38	250	Arrow-Calcium
23	CEFACLOR MONOHYDRATE (Addition of HSS)			
	Cap 250 mg – 1% DV Mar-12 to 2013	24.57	100	Cefaclor Sandoz
27	DANTROLENE SODIUM HEMIHEPTAHYDRATE			
	Inj 20 mg	800.00	6	Dantrium IV
34	FUSIDIC ACID (↓ price)			
	Eye drops 1%	4.50	5 g	Fucithalmic
36	GLYCERIN WITH SODIUM SACCHARIN (↓ price)			
	Suspension	36.80	473 ml	Ora-Sweet SF
36	GLYCERIN WITH SUCROSE (↓ price)			
	Suspension	36.80	473 ml	Ora-Sweet
42	MASK FOR SPACER DEVICE			
	Size 2	2.99	1	EZ-fit Paediatric Mask

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

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

Section H changes Part II - effective 1 December 2011 (continued)

45	METHYLCELLULOSE (↓ price) Suspension	36.80	473 ml	Ora-Plus
45	METHYLCELLULOSE WITH GLYCERIN AND SODIUM SACCHARIN (↓ price) Suspension	36.80	473 ml	Ora-Blend SF
45	METHYLCELLULOSE WITH GLYCERIN AND SUCROSE (↓ price) Suspension	36.80	473 ml	Ora-Blend
46	METHYLPREDNISOLONE SODIUM SUCCINATE Inj 40 mg per ml, 1 ml – 1% DV Dec-09 to 2012	6.06	1	Solu-Medrol
	Inj 62.5 mg per ml, 2 ml – 1% DV Dec-09 to 2012	16.50	1	Solu-Medrol
46	METOPROLOL TARTRATE Inj 1 mg per ml, 5 ml	24.00	5	Lopresor
50	PACLITAXEL Inj 100 mg	91.67	1	Paclitaxel Actavis
	Inj 150 mg	137.50	1	Paclitaxel Actavis
	Inj 300 mg	275.00	1	Paclitaxel Actavis
	Note – HSS still remains on Paclitaxel Ebewe			
51	PEAK FLOW METER Low Range	11.44	1	Breath-Alert
	Normal Range	11.44	1	Breath-Alert
55	QUININE SULPHATE Tab 200 mg	17.20	250	Q 200
	Note – Q 200 tab 200 mg to be delisted 1 February 2012.			
56	REMIFENTANIL HYDROCHLORIDE (delayed HSS and delisting) Inj 1 mg vial – 1% DV Feb Jan-12 to 2014	27.95	5	Remifentanil-AFT
		50.75		Ultiva
	Inj 2 mg vial – 1% DV Feb Jan -12 to 2014	41.80	5	Remifentanil-AFT
		101.50		Ultiva
	Note – HSS for Remifentanil-AFT delayed from January 2012 until February 2012. The delisting of Ultiva inj 1 mg and 2 mg has also been delayed until 1 February 2012.			
60	SPACER DEVICE 230 ml (single patient).....	4.72	1	Space Chamber Plus
62	TESTOSTERONE CYPIONATE (↑ price) Inj long-acting 100 mg per ml, 10 ml – 1% DV Feb-12 to 2014	76.50	1	Depo-Testosterone

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

Effective 1 December 2011

- 14 Discretionary Community Supply Pharmaceuticals
- 7.5 Subject to rules 7.6 **and 7.7**, DHB Hospitals must not fund for use in the community, any pharmaceuticals that are not Discretionary Community Supply Pharmaceuticals unless they have been approved under Hospital Exceptional Circumstances.
- 7.6 DHB Hospitals may fund from their own budgets, any Pharmaceutical that is listed in Sections A-G of the Pharmaceutical Schedule without Hospital Exceptional Circumstances (HEC) approval provided that:
- a) the quantity supplied does not exceed that sufficient for:
 - i) up to 5 days treatment, or one original pack (where appropriate to provide less); or
 - ii) more than 5 days treatment, provided that the relevant DHB Hospital has a dispensing for discharge policy and the quantity supplied is in accordance with that policy; and
 - b) the Pharmaceutical is supplied consistent with any restrictions applying to that Pharmaceutical in Sections A-G of the Pharmaceutical Schedule.
- 7.7 DHB Hospitals may fund from their own budgets any Pharmaceutical without Hospital Exceptional Circumstances approval provided that the Pharmaceutical is only being supplied to the patient for them to use in the 24 hours leading up to a procedure to be performed in a DHB Hospital.**

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