

Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 August 2012

Cumulative for May, June, July and August 2012

Section H for August 2012

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Summary of PHARMAC decisions

EFFECTIVE 1 AUGUST 2012

New listings (pages 18-20)

- Metformin hydrochloride (Apo-Metformin) tab immediate-release 500 mg and 850 mg
- Atorvastatin (Zarator) tab 10 mg, 20 mg, 40 mg and 80 mg – prescribing guideline
- Ivermectin (Stromectol) tab 3 mg – Special Authority – Retail pharmacy – up to 100 tab available on a PSO
- Testosterone undecanoate (Andriol Testocaps) cap 40 mg – Retail pharmacy Specialist
- Flucloxacillin sodium (Staphlex) cap 250 mg and 500 mg – Up to 30 250 mg cap available on a PSO
- Poliomyelitis vaccine (IPOL) inj 0.5 ml – Hospital pharmacy [Xpharm] – access criteria apply
- Gefitinib (Iressa) tab 250 mg – Retail pharmacy – Specialist – Special Authority
- Letrozole (Letraccord) tab 2.5 mg
- Salbutamol (Broncolin) oral liq 2 mg per 5 ml – section 29
- Montelukast (Singulair) tab 4 mg , 5 mg and 10 mg – Special Authority – Retail pharmacy
- Pharmacy Services (BSF Rizamelt) brand switch fee – no patient co-payment payable – may only be claimed once per patient
- Pharmacy Services (BSF Ursosan) brand switch fee – no patient co-payment payable – may only be claimed once per patient

Changes to restrictions (pages 25-28)

- Candesartan (Candestar and Atacand) tab 4 mg, 8 mg, 16 mg and 32 mg – removal of daily tablet restriction and Special Authority amendment
- Condoms (Gold Knight) 55 mm – change in size to 56 mm
- Azithromycin (Zithromax) grans for oral liq 200 mg per 5 ml – endorsement criteria amendment
- Diphtheria and tetanus vaccine (ADT Booster) inj 0.5 ml – access criteria amendment
- Hepatitis B vaccine (HBvaxPro) inj 0.5 ml – access criteria amendment
- Meningococcal A, C, Y and W-135 vaccine (Menomune) inj 0.5 ml – access criteria amendment
- Pneumococcal (PCV13) vaccine (Prevenar 13) inj 0.5 ml – access criteria amendment
- Olanzapine pamoate monohydrate (Zyprexa Relprevv) inj 210 mg, 300 mg and 405 mg – Special Authority amendment

Summary of PHARMAC decisions – effective 1 August 2011 (continued)

- Eformoterol fumarate (Oxis Turbuhaler, Foradil) – removal of full subsidy for repeats where initial dispensing was prior to 1 February 2012
- Dietitian prescribing – addition of four products
- Paediatric products – Special Authority amendment
- Standard Supplements – Special Authority amendment
- Rizatriptan (Rizamelt) tab orodispersible 10 mg – brand switch fee
- Ursodeoxycholic acid (Ursosan) cap 250 mg – brand switch fee

Increased subsidy (pages 38-39)

- Water (Multichem) purified for inj, 5 ml, 10 ml and 20 ml
- Potassium chloride (Span-K) tab long-acting 600 mg
- Oxytocin (Syntometrine) inj 5 iu with ergometrine maleate 500 µg per ml, 1 ml
- Methylprednisolone (Medrol) tab 4 mg
- Methylprednisolone acetate (Depo-Medrol) inj 40 mg per ml, 1 ml
- Methylprednisolone acetate with lignocaine (Depo-Medrol with Lidocaine) inj 40 mg per ml with lignocaine 1 ml
- Methylprednisolone sodium succinate (Solu-Medrol) inj 40 mg per ml, 1 ml and 62.5 mg per ml, 2 ml

Decreased subsidy (pages 38-39)

- Lisinopril (Arrow-Lisinopril) tab 5 mg, 10 mg and 20 mg
- Candesartan (Candestar and Atacand) tab 4 mg, 8 mg, 16 mg and 32 mg
- Atenolol (Mylan Atenolol and Atenolol Tablet USP) tab 50 mg and 100 mg
- Methylprednisolone sodium succinate (Solu-Medrol) inj 500 mg and 1 g
- Cyproterone acetate (Siterone) tab 50 mg and 100 mg
- Oxaliplatin (Baxter) inj 1 mg for ECP
- Epirubicin (Baxter) inj 1 mg for ECP
- Cyclosporin (Neoral) oral liq 100 mg per ml
- Amino acid formula (Neocate, Neocate LCP, Neocate Advance and Neocate Gold) powder 400 g OP

Dispensing frequency update

You will no doubt be aware that the Dispensing Frequency rule and amendments to Section F came into effect from 1 July 2012. We have received some enquiries seeking clarification of these rules. The information below aims to reduce some of the confusion. For further details please visit www.pharmac.govt.nz/ccc

- Dispensing to rest homes has not changed
- Prescribers state the dispensing frequency for trial periods but no longer need to initial this
- Codeine and buprenorphine with naloxone have been added to the safety list. Please note the safety list is not new. We have uploaded the list of safety medicines on the website and for these pharmaceuticals prescribers can specify and pharmacists must dispense (or seek verbal clarification from the prescriber) at a higher frequency.
- Patients who were receiving Close Control (e.g. weekly dispensing) should continue to receive weekly dispensings until assessed for LTC. LTC assessments of existing Close Control patients must be done by 31 January 2013.
- Section F: Part III does not allow pharmacists to dispense monthly medicines stat (e.g. inhalers). The only medicines that can be dispensed less frequently are those listed with a ▲ providing the patient meets the conditions.



BSF payments for ursodeoxycholic acid and rizatriptan

Brand Switch Fee (BSF) payments for pharmacies will be payable for dispensings of ursodeoxycholic acid (Ursosan) and rizatriptan (Rizamelt) from 1 August 2012 until 1 November 2012.

Upcoming BSF payments for ethinyloestradiol with levonorgestrel and metoprolol succinate

Brand Switch Fee (BSF) payments for pharmacies will be payable for dispensings of ethinyloestradiol with levonorgestrel (Ava 30 ED) from 1 September 2012 until 1 March 2013 and metoprolol succinate (Metoprolol – AFT CR) from 1 September 2012 until 1 December 2012.

Gefitinib (Iressa) new listing

Gefitinib (Iressa) 250 mg tablets will be listed fully subsidised from 1 August 2012. Gefitinib is subject to Special Authority criteria for first line treatment for patients with locally advanced, or metastatic, unresectable, non-squamous non small cell lung cancer (NSCLC) expressing activating mutations in Epidermal Growth Factor Receptor (EGFR) tyrosine kinase. Being an oral treatment, gefitinib will be far more convenient for patients than current in-hospital chemotherapy treatment.

Montelukast (Singulair) new listing

Montelukast (Singulair) 4 mg, 5 mg and 10 mg tablets, will be listed fully subsidised from 1 August 2012 subject to Special Authority criteria for pre-school wheeze, exercise-induced asthma and aspirin desensitisation.

Ivermectin (Stromectol) new listing

From 1 August 2012, ivermectin (Stromectol) will be listed on the Pharmaceutical Schedule subject to Special Authority criteria for scabies. Up to 100 tablets will be funded when prescribed on a PSO for institutional use. The PSO must be endorsed with the name of the institution and a valid Special Authority for a patient of that institution. Ivermectin is also fully subsidised on a BSO where there is a valid Special Authority for a patient of that institution.

New listing of salbutamol oral liquid

A new brand of salbutamol oral liquid 2 mg per 5 ml will be listed fully funded on the Pharmaceutical Schedule from 1 August 2012. The Broncolin brand will be supplied by AFT Pharmaceuticals and must be supplied and prescribed in accordance with section 29 of the Medicines Act 1981.

Candesartan tablets – removal of restriction and subsidy change

The daily maximum restriction that applies to all strengths of candesartan tablets will be removed from 1 August 2012. Removal of the restrictions will allow subsidy of more than 1 or 1.5 tablets per day. The Special Authority criteria for candesartan will also be amended from 1 August 2012.

The subsidy for candesartan (Candestar and Atacand) tablets, all strengths, will reduce from 1 August 2012. Candestar has been awarded sole subsidised supply from 1 November 2012. Atacand will be delisted from 1 November 2012.

Arrow-Amitriptyline – delay in listing

The Arrow-Amitriptyline brand of amitriptyline 10 mg tablets was to be listed in the Pharmaceutical Schedule from 1 September 2012. Arrow Pharmaceuticals has advised that it will be unable to supply its brand in time. Arrow-Amitriptyline will now be listed from 1 November 2012. The Amirol brand will now be referenced priced from 1 January 2013 and Arrow-Amitriptyline will commence sole supply from 1 April 2013.

Macrogol 3350 powder – delay in listing

There has been a further delay in the listing of Lax-Sachets brand of macrogol 3350 powder supplied by AFT Pharmaceuticals. This product will now be listed from 1 October 2012, reference pricing of Movicol will occur from 1 December 2012 and Lax-Sachets will become sole supply on 1 March 2013.

Vaccine changes

PHARMAC took responsibility for the funding of vaccines from 1 July 2012 and listed a number of vaccines on the Pharmaceutical Schedule.

The restrictions applying to some of the vaccines will be amended from 1 August 2012

to ensure consistency with the Immunisation Handbook 2011.

An additional vaccine will be listed from 1 August 2012. The poliomyelitis vaccine, IPOL 0.5 ml injection will be listed as Xpharm in the Pharmaceutical Schedule.

News In brief

- The Megace brand of **megestrol acetate** 160 mg tablets will be delisted from 1 February 2013 due to supplier discontinuation.
- From 1 February 2013, Minaphlex **amino acid formula without phenylalanine** will be delisted. Minaphlex has been replaced by PKU Anamix Junior LQ.
- The brand name for Pacific Atenolol 50 mg and 100 mg **atenolol** tablets will be amended to Mylan Atenolol.
- Pfizer's new brand of **atorvastatin** tablets, Zarator, will be listed fully subsidised from 1 August 2012. Zarator has been awarded sole subsidised supply from 1 January 2013. All strengths of atorvastatin brands Lipitor and Dr Reddy's Atorvastatin, will have a subsidy decrease from 1 October 2012 and be delisted from 1 January 2013.
- The price and subsidy for the subsidised Neocate range of **amino acid formula** will decrease from 1 August as a result of reference pricing and a price drop from the supplier meaning that Neocate will remain fully funded.



Tender News

Sole Subsidised Supply changes – effective 1 September 2012

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Dexamethasone	Tab 1 mg; 100 tab	Douglas (Douglas)
Dexamethasone	Tab 4 mg; 100 tab	Douglas (Douglas)
Ethinylestradiol with levonorgestrel	Tab 30 µg with levonorgestrel 150 µg and 7 inert tab; 84 tab	Ava 30 ED (Arrow)
Metoprolol succinate	Tab long-acting 23.75 mg; 30 tab	Metoprolol-AFT CR (AFT)
Metoprolol succinate	Tab long-acting 47.5 mg; 30 tab	Metoprolol-AFT CR (AFT)
Metoprolol succinate	Tab long-acting 95 mg; 30 tab	Metoprolol-AFT CR (AFT)
Metoprolol succinate	Tab long-acting 190 mg; 30 tab	Metoprolol-AFT CR (AFT)
Quinapril with hydrochlorothiazide	Tab 10 mg with hydrochlorothiazide 12.5 mg; 30 tab	Accuretic 10 (Pfizer)
Quinapril with hydrochlorothiazide	Tab 20 mg with hydrochlorothiazide 12.5 mg; 30 tab	Accuretic 20 (Pfizer)

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.

Decisions for implementation 1 September 2012

- Enteral feed with fibre 1.5 kcal/ml (Jevity HiCal RTH) liquid 1,000 ml OP – new listing
- Enteral feed 2 kcal/ml (Two Cal HN RTH) liquid 1,000 ml OP – new listing
- Ethinylestradiol with levonorgestrel (Ava 30 ED) tab 30 µg with levonorgestrel 150 µg and 7 inert tab – Brand Switch Fee
- Filgrastim (Zarzio) inj prefilled syringe 300 µg and 480 µg – new listing
- Metoprolol succinate (Metoprolol – AFT CR) tab 23.75 mg, 47.5 mg, 95 mg and 190 mg – Brand Switch Fee
- Paediatric oral feed (Pediasure) powder vanilla 400 g OP – new listing
- Renal enteral feed 2 kcal/ml (Nepro RTH) liquid 500 ml OP – new listing

Sole Subsidised Supply Products – cumulative to August 2012

Generic Name	Presentation	Brand Name	Expiry Date*
Abacavir sulphate	Oral liq 20 mg per ml Tab 300 mg	Ziagen Ziagen	2014
Acetazolamide	Tab 250 mg	Diamox	2014
Aciclovir	Tab dispersible 200 mg, 400 mg & 800 mg	Lovir	2013
Allopurinol	Tab 100 mg & 300 mg	Apo-Allopurinol	2014
Amantadine hydrochloride	Cap 100 mg	Symmetrel	2014
Aminophylline	Inj 25 mg per ml, 10 ml	DBL Aminophylline	2014
Amitriptyline	Tab 25 mg & 50 mg	Amitrip	2014
Amlodipine	Tab 2.5 mg Tab 5 mg & 10 mg	Apo-Amlodipine Apo-Amlodipine	2014
Amoxicillin	Inj 250 mg, 500 mg & 1 g Cap 250 mg & 500 mg	Ibiamox Alphamox	2014 2013
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
Azathioprine	Tab 50 mg Inj 50 mg	Imuprine Imuran	2013
Bendrofluazide	Tab 2.5 mg & 5 mg	Arrow- Bendrofluazide	2014
Benzylpenicillin sodium (Penicillin G)	Inj 600 mg	Sandoz	2014
Betaxolol hydrochloride	Eye drops 0.5% Eye drops 0.25%	Betoptic Betoptic S	2014
Bicalutamide	Tab 50 mg	Bicalaccord	2014
Bisacodyl	Tab 5 mg	Lax-Tab	2013
Bisoprolol fumarate	Tab 2.5 mg, 5 mg & 10 mg	Bosvate	2013
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
Captopril	Tab 12.5 mg, 25 mg & 50 mg Oral liq 5 mg per ml	m-Captopril Capoten	2013
Cefaclor monohydrate	Grans for oral liq 125 mg per 5 ml	Ranbaxy-Cefaclor	2013
Cefazolin sodium	Inj 500 mg & 1 g	AFT	2014
Ceftriaxone sodium	Inj 500 mg Inj 1 g	Veracol Aspen Ceftriaxone	2013
Cefuroxime sodium	Inj 750 mg	Multichem	2014

*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 August 2012

Generic Name	Presentation	Brand Name	Expiry Date*
Cetomacrogol	Crn BP	PSM	2013
Cetirizine hydrochloride	Oral liq 1 mg per ml Tab 10 mg	Cetirizine - AFT Zetop	2014
Chlorhexidine gluconate	Soln 4%	Orion	2014
Cilazapril	Tab 0.5 mg, 2.5 mg & 5 mg	Zapril	2013
Cilazapril with hydrochlorothiazide	Tab 5 mg with hydrochlorothiazide 12.5 mg	Inhibace Plus	2013
Ciprofloxacin	Tab 250 mg, 500 mg & 750 mg	Cipflox	2014
Citalopram hydrobromide	Tab 20 mg	Arrow-Citalopram	2014
Clarithromycin	Tab 500 mg Tab 250 mg	Apo-Clarithromycin Apo-Clarithromycin	2014
Clindamycin	Cap hydrochloride 150 mg	Clindamycin ABM	2013
Clopidogrel	Tab 75 mg	Apo-Clopidogrel	2013
Clotrimazole	Crn 1%	Clomazol	2014
	Vaginal crn 1% with applicator	Clomazol	2013
	Vaginal crn 2% with applicator	Clomazol	
Coal tar	Soln BP	Midwest	2013
Colchicine	Tab 500 µg	Colgout	2013
Compound electrolytes	Powder for soln for oral use 4.4 g	Electral	2013
Cyclophosphamide	Tab 50 mg	Cycloblastin	2013
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%	Maxidex	2014
	Eye drops 0.1%	Maxidex	2013
Dexamethasone sodium phosphate	Inj 4 mg per ml, 1 ml & 2 ml	Hospira	2013
Dexamethasone with neomycin and polymyxin b sulphate	Eye oint 0.1% with neomycin sulphate 0.35% and polymyxin B sulphate 6,000 u per g	Maxitrol	2014
	Eye drops 0.1% with neomycin sulphate 0.35% and polymyxin B sulphate 6,000 u per ml	Maxitrol	
Dextrose	Inj 50%, 10 ml	Biomed	2014
Dextrose with electrolytes	Soln with electrolytes	Pedialyte – Fruit	2013
		Pedialyte – Bubblegum	
		Pedialyte – Plain	
Diclofenac sodium	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	

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Sole Subsidised Supply Products – cumulative to August 2012

Generic Name	Presentation	Brand Name	Expiry Date*
Dihydrocodeine tartrate	Tab long-acting 60 mg	DHC Continus	2013
Dipyridamole	Tab long-acting 150 mg	Pytazen SR	2014
Docusate sodium	Cap 50 mg Cap 120 mg	Laxofast 50 Laxofast 120	2014
Docusate sodium with sennosides	Tab 50 mg with total sennosides 8 mg	Laxsol	2013
Doxazosin mesylate	Tab 2 mg & 4 mg	Apo-Doxazosin	2014
Doxycycline hydrochloride	Tab 100 mg	Doxine	2014
Emulsifying ointment	Oint BP	AFT	2014
Ergometrine maleate	Inj 500 µg per ml, 1 ml	DBL Ergometrine	2014
Escitalopram	Tab 10 mg & 20 mg	Loxalate	2013
Exemestane	Tab 25 mg	Aromasin	2014
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
Ferrous sulphate	Oral liq 30 mg per 1 ml (6 mg elemental per 1 ml)	Ferodan	2013
Finasteride	Tab 5 mg	Rex Medical	2014
Flucloxacillin sodium	Inj 250 mg, 500 mg & 1 g	Flucloxin	2014
Fluconazole	Cap 50 mg, 150 mg & 200 mg	Ozole	2014
Fluoxetine hydrochloride	Cap 20 mg Tab dispersible 20 mg, scored	Fluox Fluox	2013
Flutamide	Tab 250 mg	Flutamin	2013
Fluticasone propionate	Metered aqueous nasal spray, 50 µg per dose	Flixonase Hayfever & Allergy	31/1/13
Furosemide	Inj 10 mg per ml, 2 ml	Frusemide-Claris	2013
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
Gliclazide	Tab 80 mg	Apo-Gliclazide	2014
Glycerol	Liquid	healthE	2013
Glyceryl trinitrate	Aerosol spray 400 µg per dose TDDS 5 mg & 10 mg Tab 600 µg	Glytrin Nitroderm TTS Lycinate	2014
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

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Sole Subsidised Supply Products – cumulative to August 2012

Generic Name	Presentation	Brand Name	Expiry Date*
Hydrocortisone	Crn 1% Powder	Pharmacy Health ABM	2014
	Inj 50 mg per ml, 1 ml	Solu-Cortef	2013
Hydrocortisone with miconazole	Crn 1% with miconazole nitrate 2%	Micreme H	2013
Hydrocortisone with wool fat and mineral oil	Lotn 1% with wool fat hydrous 3% and mineral oil	DP Lotn HC	2014
Hyoscine N-butylbromide	Inj 20 mg, 1 ml	Buscopan Gastrosoothe	2014
	Tab 10 mg		
Ibuprofen	Tab 200 mg	Arrowcare	2014
	Tab long-acting 800 mg	Brufen SR	2013
	Oral liq 100 mg per 5 ml	Fenpaed	
Imiquimod	Crn 5%	Aldara	2014
Indapamide	Tab 2.5 mg	Dapa-Tabs	2013
Ipratropium bromide	Aqueous nasal spray, 0.03%, 15 ml OP	Univent	2013
	Nebuliser soln, 250 µg per ml, 1 ml & 2 ml	Univent	
Iron polymaltose	Inj 50 mg per ml, 2 ml	Ferrum H	2014
Isosorbide mononitrate	Tab 20 mg	Ismo 20 Corangin	2014
	Tab long-acting 40 mg		
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	3TC	2013
	Tab 150 mg	3TC	
Levonorgestrel	Subdermal implant (2 x 75 mg rods)	Jadelle	31/12/13
Lignocaine hydrochloride	Viscous soln 2%	Xylocaine Viscous Xylocaine	2014
	Inj 1%, 5 ml & 20 ml		2013
Lignocaine with prilocaine	Crn 2.5% with prilocaine 2.5% (5 g tubes)	EMLA	2013
	Crn 2.5% with prilocaine 2.5%; 30 g OP	EMLA	
Lithium carbonate	Cap 250 mg	Douglas	2014
Lodoxamide trometamol	Eye drops 0.1%	Lomide	2014
Loperamide hydrochloride	Cap 2 mg	Diamide Relief	2013
Loratadine	Oral liq 1 mg per ml	Lorapaed Loraclear Hayfever Relief	2013
	Tab 10 mg		
Lorazepam	Tab 1 mg & 2.5 mg	Ativan	2013
Losartan	Tab 12.5 mg, 25 mg, 50 mg & 100 mg	Lostaar	2014

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Sole Subsidised Supply Products – cumulative to August 2012

Generic Name	Presentation	Brand Name	Expiry Date*
Losartan with hydrochlorothiazide	Tab 50 mg with hydrochlorothiazide 12.5 mg	Arrow-Losartan & Hydrochlorothiazide	2014
Malathion	Liq 0.5% Shampoo 1%	A-Lices A-Lices	2013
Mask for spacer device	Size 2	EZ-fit Paediatric Mask	2015
Mebendazole	Tab 100 mg	De-Worm	2014
Mebeverine hydrochloride	Tab 135 mg	Colofac	2014
Mercaptopurine	Tab 50 mg	Purinethol	2013
Mesalazine	Suppos 500 mg	Asacol	2014
Methadone hydrochloride	Tab 5 mg	Methatabs	2013
Methotrexate	Inj 25 mg per ml, 2 ml & 20 ml	Hospira	2013
Metoclopramide hydrochloride	Inj 5 mg per ml, 2 ml Tab 10 mg	Pfizer Metamide	2014
Metoprolol tartrate	Inj 1 mg per ml, 5 ml Tab 50 mg & 100 mg Tab long-acting 200 mg	Lopresor Lopresor Slow-Lopresor	2015
Miconazole nitrate	Crn 2%	Multichem	2014
Morphine sulphate	Inj 5 mg per ml, 1 ml Inj 10 mg per ml, 1 ml Inj 15 mg per ml, 1 ml Inj 30 mg per ml, 1 ml Tab long-acting 10 mg, 30 mg, 60 mg & 100 mg Cap long-acting 10 mg, 30 mg, 60 mg & 100 mg	DBL Morphine Sulphate DBL Morphine Sulphate DBL Morphine Sulphate DBL Morphine Sulphate Arrow-Morphine LA m-Elson	2014 2013
Morphine tartrate	Inj 80 mg per ml, 1.5 ml & 5 ml	Hospira	2013
Mucilaginous laxatives	Dry	Konsyl-D	2013
Naphazoline hydrochloride	Eye drops 0.1%	Naphcon Forte	2014
Naltrexone hydrochloride	Tab 50 mg	Naltraccord	2013
Neostigmine	Inj 2.5 mg per ml, 1 ml	AstraZeneca	2014
Nicotine	Gum 2 mg & 4 mg (classic, fruit, mint) Lozenge 1 mg & 2 mg Patch 7 mg, 14 mg & 21 mg	Habitrol Habitrol Habitrol	2014
Nicotinic acid	Tab 50 mg & 500 mg	Apo-Nicotinic Acid	2014
Norfloxacin	Tab 400 mg	Arrow-Norfloxacin	2014

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Sole Subsidised Supply Products – cumulative to August 2012

Generic Name	Presentation	Brand Name	Expiry Date*
Norethisterone	Tab 5 mg	Primolut N28	2014
Nystatin	Oral liq 100,000 u per ml Cap 500,000 u Tab 500,000 u	Nilstat Nilstat Nilstat	2014 2013
Octreotide (somatostatin analogue)	Inj 50 µg per ml, 1 ml Inj 100 µg per ml, 1 ml Inj 500 µg per ml, 1 ml	Octreotide Max Rx	2014
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 Tab 4 mg & 8 mg	Dr Reddy's Ondansetron Dr Reddy's Ondansetron	2013
Oxazepam	Tab 10 mg & 15 mg	Ox-Pam	2014
Pantoprazole	Inj 40 mg Tab 20 mg & 40 mg	Pantocid IV Dr Reddy's Pantoprazole	2014 2013
Paracetamol	Tab 500 mg Oral liq 120 mg per 5 ml Oral liq 250 mg per 5 ml	Parafast Ethics Paracetamol Paracare Double Strength	2014
Paracetamol with codeine	Tab paracetamol 500 mg with codeine phosphate 8 mg	Paracetamol + Codeine (Relieve)	2014
Paraffin liquid with soft white paraffin	Eye oint with soft white paraffin	Lacri-Lube	2013
Paroxetine hydrochloride	Tab 20 mg	Loxamine	2013
Peak flow meter	Low range & normal range	Breath-Alert	2015
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

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Sole Subsidised Supply Products – cumulative to August 2012

Generic Name	Presentation	Brand Name	Expiry Date*
Phenoxyethylpenicillin (Pencillin V)	Cap potassium salt 250 mg & 500 mg Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml	Cilicaine VK AFT AFT	2013
Poloxamer	Oral drops 10%	Coloxyl	2014
Pramipexole hydrochloride	Tab 0.125 mg & 0.25 mg	Dr Reddy's Pramipexole	2013
Pravastatin	Tab 20 mg & 40 mg	Cholvastin	2014
Procaine penicillin	Inj 1.5 mega u	Cilicaine	2014
Pyridostigmine bromide	Tab 60 mg	Mestinon	2014
Pyridoxine hydrochloride	Tab 25 mg Tab 50 mg	PyridoxADE Apo-Pyridoxine	2014
Ranitidine hydrochloride	Oral liq 150 mg per 10 ml Tab 150 mg & 300 mg	Peptisoothe Arrow-Ranitidine	2014
Rifabutin	Cap 150 mg	Mycobutin	2013
Rizatriptan	Tab orodispersible 10 mg	Rizamelt	2014
Ropinirole hydrochloride	Tab 0.25 mg, 1 mg, 2 mg & 5 mg	Ropin	2013
Sertraline	Tab 50 mg & 100 mg	Arrow-Sertraline	2013
Simvastatin	Tab 10 mg Tab 20 mg Tab 40 mg Tab 80 mg	Arrow-Simva 10mg Arrow-Simva 20mg Arrow-Simva 40mg Arrow-Simva 80mg	2014
Sodium chloride	Inj 23.4%, 20 ml	Biomed	2013
Sodium citrate with sodium lauryl sulphoacetate	Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml	Micolette	2013
Sodium citro-tartrate	Grans effervescent 4 g sachets	Ural	2013
Sodium cromoglycate	Eye drops 2%	Rexacrom	2013
Somatropin	Inj cartridge 16 iu (5.3 mg) Inj cartridge 36 iu (12 mg)	Genotropin Genotropin	31/12/12
Spacer device	800 ml 230 ml (single patient)	Volumatic Space Chamber Plus	2015
Spironolactone	Tab 25 mg & 100 mg	Spirotone	2013
Sumatriptan	Inj 12 mg per ml, 0.5 ml Tab 50 mg & 100 mg	Arrow-Sumatriptan Arrow-Sumatriptan	2013
Tamoxifen citrate	Tab 20 mg	Genox	2014
Tamsulosin hydrochloride	Cap 400 µg	Tamsulosin-Rex	2013
Tar with triethanolamine lauryl sulphate and fluorescein	Soln 2.3% with triethanolamine lauryl sulphate and fluorescein sodium, 500 ml & 1,000 ml	Pinetarsol	2014
Temazepam	Tab 10 mg	Normison	2014

*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 August 2012

Generic Name	Presentation	Brand Name	Expiry Date*
Temozolomide	Cap 5 mg, 20 mg, 100 mg & 250 mg	Temaccord	2013
Terazosin hydrochloride	Tab 1 mg, 2 mg & 5 mg	Arrow	2013
Terbinafine	Tab 250 mg	Dr Reddy's Terbinafine	2014
Testosterone cypionate	Inj long-acting 100 mg per ml, 10 ml	Depo-Testosterone	2014
Tetrabenazine	Tab 25 mg	Motetis	2013
Tetracosactrin	Inj 250 µg Inj 1 mg per ml, 1 ml	Synacthen Synacthen Depot	2014
Timolol maleate	Eye drops 0.25% & 0.5%	Arrow-Timolol	2014
Tobramycin	Eye drops 0.3% Eye oint 0.3% Inj 40 mg per ml, 2 ml	Tobrex Tobrex DBL Tobramycin	2014
Tolcapone	Tab 100 mg	Tasmar	2014
Tramadol hydrochloride	Cap 50 mg	Arrow-Tramadol	2014
Triamcinolone acetonide	Inj 10 mg per ml, 1 ml Inj 40 mg per ml, 1 ml Crn 0.02% Oint 0.02% 0.1% in Dental Paste USP	Kenacort-A Kenacort-A40 Aristocort Aristocort Oracort	2014
Tranexamic acid	Tab 500 mg	Cyklokapron	2013
Tropicamide	Eye drops 0.5% & 1%	Mydriacyl	2014
Tyloxapol	Eye drops 0.25%	Enuclene	2014
Ursodeoxycholic acid	Cap 250 mg	Ursosan	2014
Vancomycin hydrochloride	Inj 500 mg	Mylan	2014
Verapamil hydrochloride	Tab 40 mg & 80 mg	Isoptin	2014
Vitamin B complex	Tab, strong, BPC	B-PlexADE	2013
Vitamins	Tab (BPC cap strength)	MultiADE	2013
Zidovudine [AZT]	Cap 100 mg Oral liq 10 mg per ml	Retrovir Retrovir	2013
Zinc and castor oil	Oint BP	Multichem	2014
Zinc sulphate	Caps 137.4 mg (50 mg elemental)	Zincaps	2014
Zopiclone	Tab 7.5 mg	Apo-Zopiclone	2014

August 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 August 2012

31	METFORMIN HYDROCHLORIDE * Tab immediate-release 500 mg..... 12.30 * Tab immediate-release 850 mg..... 10.10	1000 500	✓ Apo-Metformin ✓ Apo-Metformin
45	ATORVASTATIN – See prescribing guideline * Tab 10 mg 2.52 * Tab 20 mg 4.17 * Tab 40 mg 7.32 * Tab 80 mg 16.23	90 90 90 90	✓ Zarator ✓ Zarator ✓ Zarator ✓ Zarator
63	IVERMECTIN – Special Authority see SA1225 – Retail pharmacy Tab 3 mg – up to 100 tab available on a PSO..... 17.20	4	✓ Stromectol
a) PSO for institutional use only. Must be endorsed with the name of the institution for which the PSO is required and a valid Special Authority for patient of that institution			
b) Ivermectin available on BSO provided the BSO includes a valid Special Authority for a patient of the institution			
c) For the purposes of subsidy of ivermectin, institution means age related residential care facilities, disability care facilities or penal institutions			
▶ SA1225 Special Authority for Subsidy			
Initial application (Scabies) from any relevant practitioner. Approvals valid for one month for applications meeting the following criteria:			
Both:			
1 Applying clinician has discussed the diagnosis of scabies with a Dermatologist, Infectious Disease Physician or Clinical Microbiologist; and			
2 Either:			
2.1 Both:			
2.1.1 The patient is in the community; and			
2.1.2 Any of the following:			
2.1.2.1 Patient has a severe scabies hyperinfestation (Crusted/ Norwegian scabies); or			
2.1.2.2 The community patient is physically or mentally unable to comply with the application instructions of topical therapy; or			
2.1.2.3 The patient has previously tried and failed to clear infestation using topical therapy; or			
2.2 All of the following:			
2.2.1 The Patient is a resident in an institution and			
2.2.2 All residents of the institution with scabies or at risk of carriage are to be treated for scabies concurrently; and			
2.2.3 Any of the following:			
2.2.3.1 Patient has a severe scabies hyperinfestation (Crusted/ Norwegian scabies); or			
2.2.3.2 The patient is physically or mentally unable to comply with the application instructions of topical therapy; or			
2.2.3.3 Previous topical therapy has been tried and failed to clear the infestation			
Initial application - (Other parasitic infections) only from a Dermatologist, Infectious Disease Physician or Clinical Microbiologist. Approvals valid for one month for applications meeting the following criteria:			
Any of the following:			
1 Filaricides; or			
2 Cutaneous larva migrans (creeping eruption); or			
3 Stongyloidiasis			
Renewal application (Scabies) from any relevant practitioner. Approvals valid for one month for applications meeting the following criteria			
Both:			

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings - effective 1 August 2012 (continued)

continued...

- 1 Applying clinician has discussed the diagnosis of scabies with a Dermatologist, Infectious Disease physician or clinical microbiologist; and
- 2 Either:
 - 2.1 Both:
 - 2.1.1 The patient is in the community; and
 - 2.1.2 Any of the following:
 - 2.1.2.1 Patient has a severe scabies hyperinfestation (Crusted/ Norwegian scabies); or
 - 2.1.2.2 The community patient is physically or mentally unable to comply with the application instructions of topical therapy; or
 - 2.1.2.3 The patient has previously tried and failed to clear infestation using topical therapy; or
 - 2.2 All of the following:
 - 2.2.1 The Patient is a resident in an institution and
 - 2.2.2 All residents of the institution with scabies or at risk of carriage are to be treated for scabies concurrently; and
 - 2.2.3 Any of the following:
 - 2.2.3.1 Patient has a severe scabies hyperinfestation (Crusted/ Norwegian scabies); or
 - 2.2.3.2 The patient is physically or mentally unable to comply with the application instructions of topical therapy; or
 - 2.2.3.3 previous topical therapy has been tried and failed to clear the infestation

Note: Ivermectin is no more effective than topical therapy for treatment of standard scabies infestation.

Renewal (Other parasitic infections) from Infectious Disease Clinician, Clinical Microbiologist or Dermatologist.

Approvals valid for one month for applications meeting the following criteria

Patient has subsequent infection of either

- 1 Filaricides: or
- 2 Cutaneous larva migrans (creeping eruption); or
- 3 Strongyloidiasis

74	TESTOSTERONE UNDECANOATE – Retail pharmacy-Specialist Cap 40 mg.....	31.17	60	✓ Andriol Testocaps
83	FLUCLOXACILLIN SODIUM Cap 250 mg – Up to 30 cap available on a PSO Cap 500 mg.....	22.00 74.00	250 500	✓ Staphlex ✓ Staphlex
96	POLIOMYELITIS VACCINE – Hospital pharmacy [Xpharm] Inj 0.5 ml..... A primary course of three doses for previously unvaccinated individuals	0.00	1	✓ IPOL
150	GEFITINIB – Retail pharmacy – Specialist – Special Authority see SA1226 Tab 250 mg	1700.00	30	✓ Iressa

▶ SA1226 Special Authority for Subsidy

Initial application only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 4 months for applications meeting the following criteria:

Either:

- 1 All of the following:
 - 1.1 Patient has treatment naïve locally advanced, or metastatic, unresectable, non-squamous Non Small Cell Lung Cancer (NSCLC); and
 - 1.2 There is documentation confirming that disease expresses activating mutations of EGFR tyrosine kinase; and
 - 1.3 Gefitinib is to be given for a maximum of 3 months; or
- 2 The patient received gefitinib treatment prior to 1 August 2012 and radiological assessment (preferably including CT scan) indicates NSCLC has not progressed.

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
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New Listings - effective 1 August 2012 (continued)

continued...

Renewal application only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 6 months where radiological assessment (preferably including CT scan) indicates NSCLC has not progressed

155	LETROZOLE * Tab 2.5 mg	4.85	30	✓ Letraccord
164	SALBUTAMOL ‡ Oral liq 2 mg per 5 ml	1.20	90 ml	✓ Broncolin S29
165	MONTELUKAST – Special Authority see SA1227 – Retail pharmacy Tab 4 mg	18.48	28	✓ Singulair
	Tab 5 mg	18.48	28	✓ Singulair
	Tab 10 mg	18.48	28	✓ Singulair

► SA1227 Special Authority for Subsidy

Initial application (Pre-school wheeze) from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria:

All of the following:

- 1 To be used for the treatment of intermittent severe wheezing (possibly viral) in children under 5 years; and
- 2 The patient has trialled inhaled corticosteroids at a dose of up to 400 µg per day beclomethasone or budesonide, or 200 µg per day fluticasone for at least one month; and
- 3 The patient continues to have at least three severe exacerbations at least one of which required hospitalisation (defined as in-patient stay or prolonged Emergency Department treatment) in the past 12 months.

Renewal (pre-school wheeze) - only from a relevant practitioner. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefitting from treatment.

Initial application (exercise-induced asthma) from any relevant practitioner. Approvals valid without further renewal, unless notified, for applications meeting the following criteria:

Both:

- 1 Patient is being treated with maximal asthma therapy, including inhaled corticosteroids and long-acting beta adrenoceptor agonists; and
- 2 Patient continues to experience frequent episodes of exercise-induced bronchoconstriction.

Initial application (aspirin desensitisation) only from a Clinical Immunologist or an Allergist. Approvals valid for one year, for applications meeting the following criteria:

1 All of the following:

- 1.1 Patient is undergoing aspirin desensitisation therapy under the supervision of a Clinical Immunologist or Allergist; and
- 1.2 Patient has moderate to severe aspirin-exacerbated respiratory disease or Samter's triad; and
- 1.3 Nasal polyposis, confirmed radiologically or surgically; and
- 1.4 Documented aspirin or NSAID allergy confirmed by aspirin challenge or a clinical history of severe reaction to aspirin or NSAID where challenge would be considered dangerous.

173	PHARMACY SERVICES – May only be claimed once per patient * Brand switch fee.....	4.50	1 fee	✓ BSF Rizamelt
	The Pharmacode for BSF Rizamelt is 2405849 (BSF Rizamelt Brand switch fee to be delisted 1 November 2012)			
	* Brand switch fee.....	4.50	1 fee	✓ BSF Ursosan
	The Pharmacode for BSF Ursosan is 2405857 (BSF Ursosan Brand switch fee to be delisted 1 November 2012)			

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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New Listings - effective 1 July 2012

30	INSULIN ASPART ▲ Inj 100 iu per ml, 3 ml prefilled pen	52.15	5	✓ NovoMix 30 FlexPen
53	FELODIPINE * Tab long-acting 5 mg	3.10	30	✓ Plendil ER
	* Tab long-acting 10 mg	4.60	30	✓ Plendil ER
69	ETHINYLOESTRADIOL WITH LEVONORGESTREL * Tab 20 µg with levonorgestrel 100 µg and 7 inert tab – Up to 84 tab available on a PSO	2.95	84	✓ Ava 20 ED
96	BACILLUS CALMETTE-GUERIN VACCINE – Hospital pharmacy [Xpharm] Inj multi-dose vial (10 dose) 0.5 ml	0.00	1	✓ BCG Vaccine
	For infants at increased risk of tuberculosis. Increased risk is defined as: 1) living in a house or family with a person with current or past history of TB or 2) have one or more household members or carers who within the last 5 years lived in a country with a rate of TB > or equal to 40 per 100,000 for 6 months or longer or 3) during their first 5 years will be living 3 months or longer in a country with a rate of TB > or equal to 40 per 100,000			
	Note a list of countries with high rates of TB are available at www.moh.govt.nz/immunisation or www.bcgatlas.org/index.php			
96	DIPHTHERIA AND TETANUS VACCINE – Hospital pharmacy [Xpharm] Inj 0.5 ml.....	0.00	1	✓ ADT Booster
	For adults aged 45 and 65 years old.			
96	DIPHTHERIA, TETANUS, AND PERTUSSIS VACCINE – Hospital pharmacy [Xpharm] Inj 0.5 ml.....	0.00	1	✓ Boostrix
	For children aged 11 years old.			
96	DIPHTHERIA, TETANUS, PERTUSSIS, AND POLIO VACCINE – Hospital pharmacy [Xpharm] Inj 0.5 ml.....	0.00	1	✓ Infanrix-IPV
	For children aged 4 years old.			
96	DIPHTHERIA, TETANUS, PERTUSSIS, POLIO, HEPATITIS B, AND HAEMOPHILUS INFLUENZAE TYPE B VACCINE – Hospital pharmacy [Xpharm] Inj 0.5 ml.....	0.00	1	✓ Infanrix-hexa
	For children aged 6 weeks, 3 months, and 5 months old.			
96	HAEMOPHILUS INFLUENZAE TYPE B VACCINE – Hospital pharmacy [Xpharm] Inj 0.5 ml.....	0.00	1	✓ Act-HIB
	For children aged 15 months old, children aged 0-16 years with functional asplenia, or for patients pre- and post-splenectomy.			
96	HUMAN PAPILLOMAVIRUS VACCINE – Hospital pharmacy [Xpharm] Inj 0.5 ml.....	0.00	1	✓ Gardasil
	Three doses over a period of six months for young women aged between 12 and 19 years old.			
96	HEPATITIS B VACCINE – Hospital pharmacy [Xpharm] Inj 0.5 ml.....	0.00	1	✓ HBvaxPro
	For household or sexual contacts of known hepatitis B carriers.			

▲ 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

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New Listings - effective 1 July 2012 (continued)

96	MEASLES, MUMPS AND RUBELLA VACCINE – Hospital pharmacy [Xpharm] Inj 0.5 ml.....0.00	1	✓ M-M-R II
	For children aged 15 months and 4 years old or for any individual susceptible to measles, mumps or rubella.		
96	MENINGOCOCCAL A, C, Y AND W-135 VACCINE – Hospital pharmacy [Xpharm] Inj 0.5 ml.....0.00	1	✓ Menomune
	For patients pre-and post-splenectomy or children aged 0-16 years with functional asplenia.		
96	PNEUMOCOCCAL (PCV13) VACCINE – Hospital pharmacy [Xpharm] Inj 0.5 ml.....0.00	1	✓ Prevenar 13
	For high risk children under the age of 5		
96	PNEUMOCOCCAL VACCINE – Hospital pharmacy [Xpharm] Inj 0.5 ml.....0.00	1	✓ Synflorix
	For children aged 6 weeks, 3 months, 5 months, and 15 months old.		
96	PNEUMOCOCCAL POLYSACCHARIDE VACCINE – Hospital pharmacy [Xpharm] Inj 0.5 ml.....0.00	1	✓ Pneumovax 23
	For patients pre-and post-splenectomy or children aged 0-16 years with functional asplenia.		
138	BUPRENORPHINE WITH NALOXONE – Special Authority see SA1203 – Retail pharmacy		
	a) Only on a controlled drug form		
	b) No patient co-payment payable		
	Tab sublingual 2 mg with naloxone 0.5 mg	57.40	28 ✓ Suboxone
	Tab sublingual 8 mg with naloxone 2 mg	166.00	28 ✓ Suboxone

► SA1203 Special Authority for Subsidy

Initial application - (Detoxification) from any medical practitioner. Approvals valid for 1 month for applications meeting the following criteria:

All of the following:

- 1 Patient is opioid dependent; and
- 2 Patient is currently engaged with an opioid treatment service approved by the Ministry of Health; and
- 3 Applicant works in an opioid treatment service approved by the Ministry of Health.

Initial application - (Maintenance treatment) from any medical practitioner. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

- 1 Patient is opioid dependent; and
- 2 Patient will not be receiving methadone; and
- 3 Patient is currently enrolled in an opioid substitution treatment program in a service approved by the Ministry of Health; and
- 4 Applicant works in an opioid treatment service approved by the Ministry of Health.

Renewal – (Detoxification) from any medical practitioner. Approvals valid for 1 month for applications meeting the following criteria:

All of the following:

- 1 Patient is opioid dependent; and
- 2 Patient has previously trialled but failed detoxification with buprenorphine with naloxone with relapse back into opioid use and another attempt is planned; and
- 3 Patient is currently engaged with an opioid treatment service approved by the Ministry of Health; and
- 4 Applicant works in an opioid treatment service approved by the Ministry of Health.

Renewal - (Maintenance treatment) from any medical practitioner. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

continued...

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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New Listings - effective 1 July 2012 (continued)

continued...

- 1 Patient is or has been receiving maintenance therapy with buprenorphine with naloxone (and is not receiving methadone); and
- 2 Patient is currently enrolled in an opioid substitution program in a service approved by the Ministry of Health; and
- 3 Applicant works in an opioid treatment service approved by the Ministry of Health or is a medical practitioner authorised by the service to manage treatment in this patient.

Renewal - (Maintenance treatment where the patient has previously had an initial application for detoxification) from any medical practitioner. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

- 1 Patient received but failed detoxification with buprenorphine with naloxone; and
- 2 Maintenance therapy with buprenorphine with naloxone is planned (and patient will not be receiving methadone); and
- 3 Patient is currently enrolled in an opioid substitution program in a service approved by the Ministry of Health; and
- 4 Applicant works in an opioid treatment service approved by the Ministry of Health.

Effective 1 June 2012

31	SODIUM NITROPRUSSIDE – Maximum of 50 strip per prescription Test strip – Not on a BSO	6.00	50 strip OP	✓ Accu-Chek Ketur-Test
81	AZITHROMYCIN Grans for oral liq 200 mg per 5 ml - Subsidy by endorsement.....	13.20	15 ml	✓ Zithromax
	a) Maximum of 5 days per prescription where the patient is less than one year old; and b) Patient has pertussis and this has been notified to the Medical Officer of Health; or c) Patient has had direct contact with a notified case of pertussis and requires prophylaxis; d) And the prescription is endorsed accordingly (note treatment and prophylaxis of pertussis are unapproved indications)			
98	AURANOFIN Tab 3 mg	68.99	60	✓ Ridaura S29 S29
140	OXALIPLATIN – PCT only – Specialist – Special Authority see SA0900 Inj 50 mg	15.32	1	✓ Oxaliplatin Actavis 50
	Inj 100 mg	25.01	1	✓ Oxaliplatin Actavis 100
147	EPIRUBICIN – PCT only – Specialist Inj 2 mg per ml, 25 ml	39.38	1	✓ DBL Epirubicin Hydrochloride
	Inj 2 mg per ml, 50 ml	58.20	1	✓ DBL Epirubicin Hydrochloride
	Inj 2 mg per ml, 100 ml	94.50	1	✓ DBL Epirubicin Hydrochloride

▲ 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

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New Listings - effective 1 May 2012

51	BISOPROLOL FUMARATE				
	Tab 2.5 mg	3.88	30	✓Bosvate	
	Tab 5 mg	4.74	30	✓Bosvate	
	Tab 10 mg	9.18	30	✓Bosvate	
77	PROPYLTHIOURACIL – Special Authority see SA1199 – Retail Pharmacy				
	Tab 50 mg	35.00	100	✓PTU	S29
	▶ SA1199 Special Authority for Subsidy				
	Initial application only from any relevant practitioner. Approvals valid for 2 years for applications meeting the following criteria:				
	Both:				
	1 The patient has hyperthyroidism; and				
	2 The patient is intolerant of carbimazole or carbimazole is contraindicated.				
	Renewal from any relevant practitioner. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefitting from the treatment.				
170	BRIMONIDINE TARTRATE				
	* Eye Drops 0.2%.....	6.45	5 ml OP	✓Arrow-Brimonidine	

Effective 13 April 2012

140	CARBOPLATIN – PCT only – Specialist				
	Inj 10 mg per ml, 45 ml.....	50.00	1	✓DBL Carboplatin	

Effective 1 April 2012

147	DOXORUBICIN – PCT only – Specialist				
	Inj 50 mg	40.00	1	✓DBL Doxorubicin	
164	SALBUTAMOL				
	‡ Oral liq 2 mg per 5 ml.....	1.99	150 ml	✓Ventolin	

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

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

Check your Schedule for full details
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Changes to Restrictions

Effective 1 August 2012

33	URSODEOXYCHOLIC ACID – Special Authority see SA1188 – Retail pharmacy – brand switch fee payable Cap 250 mg – For ursodeoxycholic acid oral liquid formulation refer, page 175.....	71.50	100	✓Ursosan
49	CANDESARTAN – Special Authority see SA12230933 – Retail pharmacy * Tab 4 mg – No more than 1.5 tab per day	1.38 (12.00) 4.13	30 90	Atacand ✓Candestar
	* Tab 8 mg – No more than 1.5 tab per day	2.03 (12.00) 6.10	30 90	Atacand ✓Candestar
	* Tab 16 mg – No more than 1 tab per day	3.39 (14.50) 10.18	30 90	Atacand ✓Candestar
	* Tab 32 mg – No more than 1 tab per day	5.89 (24.00) 17.66	30 90	Atacand ✓Candestar

➔ ~~SA12230933~~ Special Authority for Subsidy

Initial application only from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Either:

1 Both:

1.1 Patient with congestive heart failure; and

1.2 Either:

1.2.1 Has been treated with, and cannot tolerate, two ACE inhibitors, due to persistent cough; or

1.2.2 Has experienced angioedema on an ACE inhibitor at any time in the past or who have experienced angioedema

2 All of the following:

2.1 Patient with raised blood pressure; and

2.2 Use of fully funded beta blockers or diuretics are contraindicated; or not well tolerated; or insufficient to control blood pressure adequately at appropriate doses; and

2.3 Either:

2.3.1 Has been treated with, and cannot tolerate, two ACE inhibitors, due to persistent cough; or

2.3.2 Has experienced angioedema on an ACE inhibitor at any time in the past or who have experienced angioedema (even if not using an ACE inhibitor) in the last 2 years.

Initial application – (ACE inhibitor intolerance) from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Either:

1 Patient has persistent ACE inhibitor induced cough that is not resolved by ACE inhibitor retreat (same or new ACE inhibitor); or

2 Patient has a history of angioedema.

Initial application – (Unsatisfactory response to ACE inhibitor) from any relevant practitioner. Approvals valid without further renewal unless notified where patient is not adequately controlled on maximum tolerated dose of an ACE inhibitor.

67	CONDOMS * 55 56 mm – Up to 144 dev available on a PSO	1.11 13.36	12 144	✓Gold Knight ✓Gold Knight
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▲ Three months supply may be dispensed at one time if endorsed "certified exemption" by the prescriber.

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Restrictions - effective 1 August 2012 (continued)

81	AZITHROMYCIN Grans for oral liq 200 mg per 5 ml – Subsidy by endorsement 13.20	15 ml	✓ Zithromax
	1 Maximum of 5 days per prescription where the patient is less than one year old ; and		
	2 The patient is less than one year old; and		
	3 Either		
	i Patient has pertussis and this has been notified to the Medical Officer of Health; or		
	ii Patient has had direct contact with a notified case of pertussis and requires prophylaxis;		
	4 And the prescription is endorsed accordingly (note that treatment of and prophylaxis for pertussis are unapproved indications)		
96	DIPHTHERIA AND TETANUS VACCINE – Hospital pharmacy [Xpharm] Inj 0.5 ml..... 0.00	1	✓ ADT Booster
	For adults aged 45 and 65 years old, and for susceptible individuals.		
96	HEPATITIS B VACCINE – Hospital pharmacy [Xpharm] Inj 0.5 ml..... 0.00	1	✓ HBvaxPro
	For household or sexual contacts of known hepatitis B carriers, or for children born to mothers who are hepatitis B surface antigen (HBsAg) positive.		
96	MENINGOCOCCAL A, C, Y AND W-135 VACCINE – Hospital pharmacy [Xpharm] Inj 0.5 ml..... 0.00	1	✓ Menomune
	For patients pre-and post-splenectomy or children aged 0-16 years with functional asplenia. For organisation and community-based outbreaks.		
96	PNEUMOCOCCAL (PCV13) VACCINE – Hospital pharmacy [Xpharm] Inj 0.5 ml..... 0.00	1	✓ Prevenar 13
	For high risk children under the age of 5 and those aged less than 16 years pre- or post-splenectomy or with functional asplenia.		
125	RIZATRIPTAN – brand switch fee payable Tab orodispersible 10 mg 18.00	30	✓ Rizamelt
130	OLANZAPINE PAMOATE MONOHYDRATE – Special Authority see SA1146 – Retail pharmacy Inj 210 mg 280.00 Inj 300 mg 460.00 Inj 405 mg 560.00	1 1 1	✓ Zyprexa Relprev ✓ Zyprexa Relprev ✓ Zyprexa Relprev

▶ SA1146] Special Authority for Subsidy

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

All of the following:

- 1 The patient has schizophrenia; and
- 2 The patient has tried but failed to comply with treatment using oral atypical antipsychotic agents; and
- 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 the last 12 months.

Renewal from any relevant practitioner. Approvals valid for 12 months for applications 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 olanzapine depot injection.

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

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 August 2012 (continued)

- 163 EFORMOTEROL FUMARATE – See prescribing guideline
Note: Repeats for eformoterol fumarate will be fully subsidised where the initial dispensing is before 1 February 2012.
- | | | | |
|---|------------------|------------|--------------------------------|
| Powder for inhalation, 6 µg per dose, breath activated | 10.32
(16.90) | 60 dose OP | |
| Powder for inhalation, 12 µg per dose, and monodose device .. | 20.64
(35.80) | 60 dose | Oxis Turbuhaler

Foradil |
- 182 DIETITIAN PRESCRIBING
Prescriptions from Dietitians will only be valid for subsidy where they are for special foods as listed in this section, or where they are the following products:
- FOLIC ACID**
✓ Tab 0.8 mg
- POTASSIUM IODATE**
✓ Tab 256 µg (150 µg elemental iodine)
- SODIUM CHLORIDE**
✓ Inj 23.4%, 20 ml – For sodium chloride oral liquid formulation
- PANCREATIC ENZYME**
✓ Cap EC 10,000 BP u lipase 9,000 BP u amylase and 210 BP u protease
- 187 PAEDIATRIC PRODUCTS
- ▶ SA1224+100 Special Authority for Subsidy
Initial application only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 1 year for applications meeting the following criteria:
Both:
1 infant Child is aged one to eight ten years; and
2 Any of the following:
2.1 the child is being fed via a tube or a tube is to be inserted for the purposes of feeding; or
2.2 any condition causing malabsorption; or
2.3 failure to thrive; or
2.4 increased nutritional requirements.
- 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 1 year for applications meeting the following criteria:
Both:
1 The treatment remains appropriate and the patient is benefiting from treatment; and
2 General Practitioners must include the name of the dietitian, relevant specialist or vocationally registered general practitioner and date contacted.
- 190 STANDARD SUPPLEMENTS
Note – Only the criteria that has been amended is listed below. The other criteria remain unchanged.
- ▶ SA1228+104 Special Authority for Subsidy
Initial application — (Short-term medical condition 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 feed via a nasogastric tube or a nasogastric tube is to be inserted for feeding; 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

Changes to Restrictions - effective 1 August 2012 (continued)

continued...

- 2 Malignancy and is considered likely to develop malnutrition as a result; or
- 3 Is undergoing a bone marrow transplant; or
- 4 Tempomandibular surgery; or
- 5 **Both**

5.1 Pregnant; and

5.2 Any of the following:

- 5.2.1 Patient is in early pregnancy (<13 weeks) and has severe clinical hyperemesis gravidarum requiring admission to hospital and is unlikely to meet her nutritional requirements due to continuing hyperemesis gravidarum; or,
- 5.2.2 Patient has clinical hyperemesis gravidarum continuing past 13 weeks and either there is concern that the patient is unlikely to meet the Institute of Medicine's (1990) recommended weight gain guidelines for pregnancy or the patient's weight has not increased past her booking/pre-pregnancy weight; or,
- 5.2.3 Patient is having multiple births and is under the care of an obstetric team who consider the nutritional needs of the patient are not being met.

Renewal — (**Short-term medical condition** ~~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 feed 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; or
- 5 **Both**

5.1 Pregnant; and:

5.2 Any of the following:

- 5.2.1 Patient is in early pregnancy (<13 weeks) and has severe clinical hyperemesis gravidarum requiring admission to hospital and is unlikely to meet her nutritional requirements due to continuing hyperemesis gravidarum; or,
- 5.2.2 Patient has clinical hyperemesis gravidarum continuing past 13 weeks and either there is concern that the patient is unlikely to meet the Institute of Medicine's (1990) recommended weight gain guidelines for pregnancy or the patient's weight has not increased past her booking/pre-pregnancy weight; or,
- 5.2.3 Patient is having multiple births and is under the care of an obstetric team who consider the nutritional needs of the patient are not being met.

Initial application — (**Long-term medical condition** ~~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; or
- 10 Epidermolysis bullosa; or
- 11 AIDS (CD4 count < 200 cells/mm³); or
- 12 Chronic pancreatitis.

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 July 2012

43	DABIGATRAN Dabigatran will not be funded Close Control in amounts less than 4 weeks of treatment.			
	Cap 75 mg – No more than 2 cap per day.....	148.00	60 OP	✓ Pradaxa
	Cap 110 mg	148.00	60	✓ Pradaxa
			60 OP	✓ Pradaxa
	Cap 150 mg	148.00	60 OP	✓ Pradaxa
			60	✓ Pradaxa
53	FELODIPINE * Tab long-acting 2.5 mg – No more than 1 tab per day	2.90	30	✓ Plendil ER
139	NICOTINE Nicotine will not be funded Close Control under the dispensing frequency rule in amounts less than 4 weeks of treatment.			
	Patch 7 mg – Up to 28 patch available on a PSO	18.13	28	✓ Habitrol
	Patch 14 mg – Up to 28 patch available on a PSO	18.81	28	✓ Habitrol
	Patch 21 mg – Up to 28 patch available on a PSO	19.14	28	✓ Habitrol
	Lozenge 1 mg – Up to 216 loz available on a PSO	19.94	216	✓ Habitrol
	Lozenge 2 mg – Up to 216 loz available on a PSO	24.27	216	✓ Habitrol
	Gum 2 mg (Classic) – Up to 384 piece available on a PSO	36.47	384	✓ Habitrol
	Gum 2 mg (Fruit) – Up to 384 piece available on a PSO	36.47	384	✓ Habitrol
	Gum 2 mg (Mint) – Up to 384 piece available on a PSO	36.47	384	✓ Habitrol
	Gum 4 mg (Classic) – Up to 384 piece available on a PSO	42.04	384	✓ Habitrol
	Gum 4 mg (Fruit) – Up to 384 piece available on a PSO	42.04	384	✓ Habitrol
	Gum 4 mg (Mint) – Up to 384 piece available on a PSO	42.04	384	✓ Habitrol
139	VARENICLINE TARTRATE – Special Authority see SA1161 – Retail pharmacy			
	a) Varenicline will not be funded Close Control under the dispensing frequency rule in amounts less than 2 weeks of treatment.			
	b) A maximum of 3 months' varenicline will be subsidised on each Special Authority approval.			
	Tab 1 mg	67.74	28	✓ Champix
		135.48	56	✓ Champix
	Tab 0.5 mg × 11 and 1 mg × 14	60.48	25 OP	✓ Champix
199	PREMATURE BIRTH FORMULA – Special Authority see SA12211109 SA12211109 – Hospital pharmacy [HP3]			
	Liquid	0.75	100 ml OP	✓ S26LBW Gold RTF
	➡ SA12211109 SA12211109 Special Authority for Subsidy			
	Initial application only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 6 months where the patient is infant weighing less than 1.5 kg at birth. Note: Subsidy for patients approved prior to 1 July 2012. Approvals valid for 6 months. No new approvals will be granted from 1 July 2012.			
199	AMINO ACID FORMULA – Special Authority see SA12191111 SA12191111 – Hospital pharmacy [HP3]			
	Powder	6.00	48.5 g OP	✓ Vivonex Pediatric
		56.00	400 g OP	✓ Neocate
				✓ Neocate LCP
	Powder (tropical)	56.00	400 g OP	✓ Neocate Advance
	Powder (unflavoured)	53.00	400 g OP	✓ Elecare
				✓ Elecare LCP
		56.00		✓ Neocate Advance
				✓ Neocate Gold
	Powder (vanilla)	53.00	400 g OP	✓ Elecare

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 July 2012 (continued)

continued...

▶ SA12191111 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:
All of the following:

- 1—The patient is currently receiving funded amino acid formula under Special Authority form SA0603; and
- 2—An assessment as to whether the infant can be transitioned to a cows milk protein, soy, or extensively hydrolysed infant formula has been undertaken; and
- 3—The outcome of the assessment is that the infant continues to require an amino acid infant formula; and
- 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 Extensively hydrolysed formula has been reasonably trialled and is inappropriate due to documented severe intolerance or allergy or malabsorption; or
- 2 History of anaphylaxis to cows milk protein formula or dairy products; or
- 3 Eosinophilic oesophagitis.

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:

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

200 EXTENSIVELY HYDROLYSED FORMULA – Special Authority see SA12201112 – Hospital pharmacy [HP3]
Powder 15.21 450 g OP ✓ **Pepti Junior Gold**

▶ SA12201112 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.

continued...

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Restrictions - effective 1 July 2012 (continued)

continued...

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 malabsorption; 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:

- 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.

Effective 1 June 2012

26	ALUMINIUM HYDROXIDE (addition of stat dispensing)			
	* Tab 600 mg	12.56	100	✓ Alu-Tab
31	PIOGLITAZONE – Special Authority see SA0959 – Retail pharmacy (addition of stat dispensing)			
	* Tab 15 mg	2.61	28	✓ Pizaccord
	* Tab 30 mg	5.23	28	✓ Pizaccord
	* Tab 45 mg	7.80	28	✓ Pizaccord

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Restrictions - effective 1 June 2012 (continued)

37	ALFACALCIDOL (addition of stat dispensing)		
	* Cap 0.25 µg	26.32	100 ✓ One-Alpha
	* Cap 1 µg	87.98	100 ✓ One-Alpha
	* Oral drops 2 µg per ml	60.68	20 ml OP ✓ One-Alpha
37	MULTIVITAMINS – Special Authority see SA1036 – Retail pharmacy (addition of stat dispensing)		
	* Powder	72.00	200 g OP ✓ Paediatric Seravit
37	VITAMIN A WITH VITAMINS D AND C (addition of stat dispensing)		
	* Soln 1000 u with Vitamin D 400 u and ascorbic acid 30 mg per 10 drops	4.50	10 ml OP ✓ Vitadol C
38	SODIUM FLUORIDE (addition of stat dispensing)		
	* Tab 1.1 mg (0.5 mg elemental)	5.00	100 ✓ PSM
38	POTASSIUM IODATE (addition of stat dispensing)		
	* Tab 256 µg (150 µg elemental iodine)	7.55	90 ✓ NeuroKare
38	FERROUS FUMARATE (addition of stat dispensing)		
	* Tab 200 mg (65 mg elemental)	4.35	100 ✓ Ferro-tab
38	FERROUS FUMARATE WITH FOLIC ACID (addition of stat dispensing)		
	* Tab 310 mg (100 mg elemental) with folic acid 350 µg	4.75	60 ✓ Ferro-F-Tabs
39	IRON POLYMALTOSE (addition of stat dispensing)		
	* Inj 50 mg per ml, 2 ml	19.90	5 ✓ Ferrum H
39	MAGNESIUM SULPHATE (addition of stat dispensing)		
	* Inj 49.3%, 5 ml	26.60	10 ✓ Mayne
41	CLOPIDOGREL (addition of stat dispensing)		
	* Tab 75 mg – For clopidogrel oral liquid formulation refer, page 175	16.25	90 ✓ Apo-Clopidogrel
41	PRASUGREL – Special Authority see SA1201††94 – Retail pharmacy		
	Tab 5 mg	108.00	28 ✓ Effient
	Tab 10 mg	120.00	28 ✓ Effient

► SA1201††94 Special Authority for Subsidy

Initial application - (coronary angioplasty and bare metal stent) from any relevant practitioner. Approvals valid for 6 months where the patient has undergone coronary angioplasty or had a bare metal cardiac stent inserted in the previous 4 weeks and is clopidogrel-allergic*.

Initial application - (drug eluting stent) from any relevant practitioner. Approvals valid for 12 months where the patient has had a drug-eluting cardiac stent inserted in the previous 4 weeks and is clopidogrel-allergic*.

Initial application – (stent thrombosis) from any relevant practitioner. Approvals valid without further renewal unless notified where the patient has experienced cardiac stent thrombosis whilst on clopidogrel.

Renewal - (coronary angioplasty and bare metal stent) from any relevant practitioner. Approvals valid for 6 months where the patient has undergone coronary angioplasty or had a bare metal cardiac stent inserted in the previous 4 weeks and is clopidogrel-allergic*.

Renewal - (drug eluting stent) from any relevant practitioner. Approvals valid for 12 months where the patient has had a drug-eluting cardiac stent inserted in the previous 4 weeks and is clopidogrel-allergic*.

continued...

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Restrictions - effective 1 June 2012 (continued)

continued...

Note: *Clopidogrel allergy is defined as a history of anaphylaxis, urticaria, generalised rash or asthma (in non-asthmatic patients) developing soon after clopidogrel is started and is considered unlikely to be caused by any other treatment.

45	GEMFIBROZIL (addition of stat dispensing) * Tab 600 mg 14.00	60	✓ Lipazil
45	PRAVASTATIN – See prescribing guideline (addition of stat dispensing) * Tab 20 mg 5.44 * Tab 40 mg 9.28	30 30	✓ Cholvastin ✓ Cholvastin
51	CARVEDILOL (addition of stat dispensing) * Tab 6.25 mg 21.00 * Tab 12.5 mg 27.00 * Tab 25 mg – For carvedilol oral liquid formulation refer, page 175 33.75	30 30 30	✓ Dilatrend ✓ Dilatrend ✓ Dilatrend
53	ISRADIPINE (addition of stat dispensing) * Cap long-acting 2.5 mg 7.50 * Cap long-acting 5 mg 7.85	30 30	✓ Dynacirc-SRO ✓ Dynacirc-SRO
62	ZINC AND CASTOR OIL (addition of stat dispensing) * Oint BP 3.83 (5.11)	500 g	✓ Multichem PSM
69	ETHINYLLOESTRADIOL WITH LEVONORGESTREL * Tab 30 µg with levonorgestrel 150 µg and 7 inert tab 2.45 (6.62) (14.49) (16.50)	84	✓ Ava 30 ED Levlen ED Monofeme Nordette 28 Microgynon 30 ED
	a) Higher subsidy of up to \$15.00 per 84 tab with Special Authority see SA0500 on the preceding page b) Up to 84 tab available on a PSO		
71	FINASTERIDE – Special Authority see SA0928 – Retail pharmacy (addition of stat dispensing) * Tab 5 mg 5.10	30	✓ Rex Medical
71	TAMSULOSIN HYDROCHLORIDE – Special Authority see SA1032 – Retail pharmacy (addition of stat dispensing) * Cap 400 µg 5.98	30	✓ Tamsulosin-Rex
85	TERBINAFINE (addition of stat dispensing) * Tab 250 mg – For terbinafine oral liquid formulation refer, page 175 1.78	14	✓ Dr Reddy's Terbinafine
98	MELOXICAM – Special Authority see SA1034 – Retail pharmacy (addition of stat dispensing) * Tab 7.5 mg 11.50	30	✓ Arrow-Meloxicam
109	ALENDRONATE SODIUM – Special Authority see SA1039 – Retail pharmacy (addition of stat dispensing) * Tab 70 mg 22.90	4	✓ Fosamax

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Restrictions - effective 1 June 2012 (continued)

109	ALENDRONATE SODIUM WITH CHOLECALCIFEROL – Special Authority see SA1039 – Retail pharmacy (addition of stat dispensing) * Tab 70 mg with cholecalciferol 5,600 iu	22.90	4	✓ Fosamax Plus
109	ALENDRONATE SODIUM – Special Authority see SA0949 – Retail pharmacy (addition of stat dispensing) * Tab 40 mg	133.00	30	✓ Fosamax
110	RALOXIFENE HYDROCHLORIDE – Special Authority see SA1138 – Retail pharmacy (addition of stat dispensing) * Tab 60 mg	53.76	28	✓ Evista
119	MOCLOBEMIDE (addition of stat dispensing) Note: There is a significant cost differential between moclobemide and fluoxetine (moclobemide being about three times more expensive). For depressive syndromes it is therefore more cost-effective to start treatment with fluoxetine first before considering prescribing moclobemide. * Tab 150 mg	69.23	500	✓ Apo-Moclobemide
	* Tab 300 mg	31.33	100	✓ Apo-Moclobemide
119	PHENELZINE SULPHATE (addition of stat dispensing) * Tab 15 mg	95.00	100	✓ Nardil
119	TRANLYCYPROMINE SULPHATE (addition of stat dispensing) * Tab 10 mg	22.94	50	✓ Parnate
120	ESCITALOPRAM (addition of stat dispensing) * Tab 10 mg	2.65	28	✓ Loxalate
	* Tab 20 mg	4.20	28	✓ Loxalate
120	PAROXETINE HYDROCHLORIDE (addition of stat dispensing) * Tab 20 mg	2.38	30	✓ Loxamine
120	SERTRALINE (addition of stat dispensing) * Tab 50 mg	5.40	90	✓ Arrow-Sertraline
	* Tab 100 mg	9.60	90	✓ Arrow-Sertraline
126	ONDANSETRON (addition of stat dispensing) * Tab 4 mg	5.10	30	✓ Dr Reddy's Ondansetron
	* Tab disp 4 mg	1.70	10	✓ Dr Reddy's Ondansetron
	* Tab 8 mg	1.70	10	✓ Dr Reddy's Ondansetron
	* Tab disp 8 mg	2.00	10	✓ Dr Reddy's Ondansetron
155	ANASTROZOLE (addition of stat dispensing) * Tab 1 mg	26.55	30	✓ Aremed ✓ Arimidex ✓ DP-Anastrozole
155	EXEMESTANE (addition of stat dispensing) * Tab 25 mg	22.57	30	✓ Aromasin

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 June 2012 (continued)

155	LETROZOLE (addition of stat dispensing) * Tab 2.5 mg	26.55	30	✓ Letara
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Effective 1 May 2012

44	SODIUM CHLORIDE Not funded for use as a nasal drop. Only funded for nebuliser use when in conjunction with an antibiotic intended for nebuliser use. Inj 23.4%, 20 ml - For sodium chloride oral liquid formulation refer, page 178	31.25	5	✓ Biomed
58	CYCLOPIROXOLAMINE CICLOPIROX OLAMINE a) Only on a prescription b) Not in combination Nail soln 8%	19.85	3 g OP	✓ Batrafen
	Soln 1%	4.36	20 ml OP	Batrafen
		(11.54)		
143	GEMCITABINE HYDROCHLORIDE – PCT only – Specialist – Special Authority see SA1087 Inj 1 g	62.50	1	✓ Gemcitabine Actavis 1000 \$29
	Inj 200 mg	12.50	1	✓ Gemcitabine Actavis 200 \$29
152	SUNITINIB – Special Authority see SA1200 1162 – Retail pharmacy Cap 12.5 mg	2,315.38	28	✓ Sutent
	Cap 25 mg	4,630.77	28	✓ Sutent
	Cap 50 mg	9,261.54	28	✓ Sutent

► **SA1200 1162** Special Authority for Subsidy

Initial application only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 3 months for applications meeting the following criteria:

All of the following:

- 1 The patient has metastatic renal cell carcinoma; and
- 2 **Either Any of the following:**
 - 2.1 The patient is sunitinib treatment naive; or
 - 2.2 The patient received sunitinib prior to 1 November 2010 and disease has not progressed; and **The patient has only received prior cytokine treatment; or**
 - 2.3 **The patient has only received prior treatment with an investigational agent within the confines of a bona fide clinical trial which has Ethics Committee approval; or**
 - 2.4 **Both**
 - 2.4.1 **The patient has discontinued pazopanib within 3 months of starting treatment due to intolerance; and**
 - 2.4.2 **The cancer did not progress whilst on pazopanib; and**
- 3 The patient has good performance status (WHO/ECOG grade 0-2); and
- 4 The disease is of predominant clear cell histology; and
- 5 The patient has intermediate or poor prognosis defined as :
 - Any of the following:
 - 5.1 Lactate dehydrogenase level > 1.5 times upper limit of normal; or
 - 5.2 Haemoglobin level < lower limit of normal; or
 - 5.3 Corrected serum calcium level > 10 mg/dL (2.5 mmol/L) ; or
 - 5.4 Interval of < 1 year from original diagnosis to the start of systemic therapy; or
 - 5.5 Karnofsky performance score of ≤ 70; or
 - 5.6 ≥ 2 sites of organ metastasis; and
- 6 Sunitinib to be used for a maximum of 2 cycles.

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 2012 (continued)

continued...

Renewal only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist.
Approvals valid for 3 months for applications meeting the following criteria:

Both:

- 1 No evidence of disease progression; and
- 2 The treatment remains appropriate and the patient is benefiting from treatment.

Notes:

Sunitinib treatment should be stopped if disease progresses.

Poor prognosis patients are defined as having at least 3 of criteria 5.1-5.6. Intermediate prognosis patients are defined as having 1 or 2 of criteria 5.1-5.6

156 Immune Modulators **Protein-Tyrosine Kinase Inhibitors**

LAPATINIB DITOSYLATE – Special Authority see SA1191 – Retail pharmacy

Tab 250 mg 1,899.00 70 ✓ **Tykerb**

170 Glaucoma Preparations - Carbonic Anhydrase Inhibitors

Prescribing Guidelines

Trusopt, Cosopt and Azopt are subsidised for use as either monotherapy or as an adjunctive agent for the treatment of glaucoma. Trusopt, Cosopt and Azopt should not be prescribed for a person in whom less expensive first-line agents for the treatment of glaucoma are not contraindicated unless:

- 1) that person has previously trialled all other such subsidised agents (except brimonidine tartrate); and
- 2) those trials have indicated that that person does not respond adequately to treatment with those other agents.

170 ACETAZOLAMIDE

* Tab 250 mg – For acetazolamide oral liquid formulation refer,
page 175 17.03 100 ✓ **Diamox**

BRINZOLAMIDE (change to stat dispensing)

▲ * Eye Drops 1% 9.77 5 ml OP ✓ **Azopt**

DORZOLAMIDE HYDROCHLORIDE

* Eye drops 2% 9.77 5 ml OP
(13.95) Trusopt

DORZOLAMIDE HYDROCHLORIDE WITH TIMOLOL MALEATE

* Eye drops 2% with timolol maleate 0.5% 15.50 5 ml OP ✓ **Cosopt**

Glaucoma Preparations - Prostaglandin Analogues

Prescribing Guideline

Bimatoprost, lantanoprost and travoprost are subsidised for use in the treatment of glaucoma as either monotherapy or as an adjunctive agent for patients in whom prostaglandin analogue monotherapy has been ineffective in controlling intraocular pressure. Bimatoprost, lantanoprost and travoprost should not be prescribed for a person in whom less expensive first-line agents for the treatment of glaucoma are not contraindicated unless:

- 1) That person has previously trialled all other such subsidised agents (beta-blockers, pilocarpine, carbonic-anhydrase inhibitors); and
- 2) Those trials have indicated that that person does not respond adequately to treatment with those other agents.

BIMATOPROST – Retail pharmacy-Specialist (change to stat dispensing)

See prescribing guideline above

▲ * Eye drops 0.03% 18.50 3 ml OP ✓ **Lumigan**

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 2012 (continued)

170 LATANOPROST – Retail pharmacy-Specialist (change to stat dispensing)

See-prescribing guideline above

▲ * Eye drops 50 µg per ml, 2.5 ml 9.75 2.5 ml OP ✓ **Hysite**

TRAVOPROST – Retail pharmacy-Specialist (change to stat dispensing)

See-prescribing guideline above

▲ * Eye drops 0.004% 19.50 2.5 ml OP ✓ **Travatan**

170 Glaucoma Preparations - Other

BRIMONIDINE TARTRATE —See-prescribing guideline below

* Eye Drops 0.2% 6.45 5 ml OP ✓ **Arrow-Brimonidine**
7.93 ✓ **AFT**

Prescribing Guidelines

Brimonidine tartrate is subsidised for use as either monotherapy or as an adjunctive agent for the treatment of glaucoma. Brimonidine tartrate should not be prescribed for a person in whom less expensive first line agents for the treatment of glaucoma are not contraindicated unless:

- that person has previously trialled all other such subsidised agents (except dorzolamide hydrochloride); and
- those trials have indicated that that person does not respond adequately to or does not tolerate treatment with those other agents.

171 BRIMONIDINE TARTRATE WITH TIMOLOL MALEATE —See-prescribing guideline below (change to stat dispensing)

▲ * Eye drops 0.2% with timolol maleate 0.5% 18.50 5 ml OP ✓ **Combigan**

Prescribing Guidelines

Combigan is subsidised for use as either monotherapy or as an adjunctive agent for the treatment of glaucoma. Combigan should only be prescribed when:

- 1) less expensive first line agents for the treatment of glaucoma are contraindicated; or
- 2) the response to such subsidised agents is inadequate; or
- 3) the patient cannot tolerate such subsidised agents.

178 Standard Formulae

SODIUM CHLORIDE ORAL LIQUID

Sodium chloride inj 23.4%, 20ml qs

Water qs

(Only funded if prescribed for treatment of hyponatraemia)

▲ 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)
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Brand or
Generic Mnfr
✓ fully subsidised

Changes to Subsidy and Manufacturer's Price

Effective 1 August 2012

44	WATER († subsidy) 1) On a prescription or Practitioner's Supply Order only when on the same form as an injection listed in the Pharmaceutical Schedule requiring a solvent or diluent; or 2) On a bulk supply order; or 3) When used in the extemporaneous compounding of eye drops. Purified for inj, 5 ml – Up to 5 inj available on a PSO 10.25 Purified for inj, 10 ml – Up to 5 inj available on a PSO 11.25 Purified for inj, 20 ml – Up to 5 inj available on a PSO 6.50	50 50 20	✓ Multichem ✓ Multichem ✓ Multichem
44	POTASSIUM CHLORIDE († subsidy) * Tab long-acting 600 mg 7.42	200	✓ Span-K
49	LISINAPRIL (↓ subsidy) * Tab 5 mg 1.19 * Tab 10 mg 1.36 * Tab 20 mg 1.63	30 30 30	✓ Arrow-Lisinopril ✓ Arrow-Lisinopril ✓ Arrow-Lisinopril
49	CANDESARTAN – Special Authority see SA1223 – Retail pharmacy (↓ subsidy) * Tab 4 mg 4.13 1.38 (12.00) * Tab 8 mg 6.10 2.03 (12.00) * Tab 16 mg 10.18 3.39 (14.50) * Tab 32 mg 17.66 5.89 (24.00)	90 30 90 30 90 30 90 30	✓ Candestar Atacand ✓ Candestar Atacand ✓ Candestar Atacand ✓ Candestar Atacand
51	ATENOLOL (↓ subsidy) * Tab 50 mg 5.56 11.12 * Tab 100 mg 9.12 18.24	500 1,000 500 1,000	✓ Mylan Atenolol ✓ Atenolol Tablet USP ✓ Mylan Atenolol ✓ Atenolol Tablet USP
62	WOOL FAT WITH MINERAL OIL – Only on a prescription († price) * Lotn hydrous 3% with mineral oil 1.40 (4.53) 5.60 (11.95)	250 ml OP 1,000 ml	DP Lotion DP Lotion
71	OXYTOCIN – Up to 5 inj available on a PSO († subsidy) Inj 5 iu with ergometrine maleate 500 µg per ml, 1 ml 11.13	5	✓ Syntometrine
73	METHYLPREDNISOLONE – Retail pharmacy-Specialist († subsidy) * Tab 4 mg 60.00	100	✓ Medrol
73	METHYLPREDNISOLONE ACETATE († subsidy) Inj 40 mg per ml, 1 ml 6.70	1	✓ Depo-Medrol

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Subsidy and Manufacturers Price – effective 1 August 2012 (continued)

73	METHYLPREDNISOLONE ACETATE WITH LIGNOCAINE (↑ subsidy) Inj 40 mg per ml with lignocaine 1 ml	7.50	1	✓ Depo-Medrol with Lidocaine
73	METHYLPREDNISOLONE SODIUM SUCCINATE – Retail pharmacy-Specialist (↑ subsidy) Inj 40 mg per ml, 1 ml	7.50	1	✓ Solu-Medrol
	Inj 62.5 mg per ml, 2 ml	18.50	1	✓ Solu-Medrol
73	METHYLPREDNISOLONE SODIUM SUCCINATE – Retail pharmacy-Specialist (↓ subsidy) Inj 500 mg	18.00	1	✓ Solu-Medrol
	Inj 1 g	37.50	1	✓ Solu-Medrol
74	CYPROTERONE ACETATE – Retail pharmacy-Specialist (↓ subsidy) Tab 50 mg	18.80	50	✓ Siterone
	Tab 100 mg	34.25	50	✓ Siterone
140	OXALIPLATIN – PCT only – Specialist – Special Authority see SA0900 (↓ subsidy) Inj 1 mg for ECP	0.28	1 mg	✓ Baxter
147	EPIRUBICIN – PCT only – Specialist (↓ subsidy) Inj 1 mg for ECP	0.82	1 mg	✓ Baxter
160	CYCLOSPORIN (↓ subsidy) Oral liq 100 mg per ml	198.13	50 ml OP	✓ Neoral
199	AMINO ACID FORMULA – Special Authority see SA1111 – Hospital pharmacy [HP3] (↓ subsidy) Powder	53.00	400 g OP	✓ Neocate ✓ Neocate LCP
	Powder (tropical).....	53.00	400 g OP	✓ Neocate Advance
	Powder (unflavoured).....	53.00	400 g OP	✓ Neocate Advance ✓ Neocate Gold
	Powder (vanilla)	53.00	400 g OP	✓ Neocate Advance

Effective 1 July 2012

27	MESALAZINE (↓ subsidy) Enema 1 g per 100 ml	44.12	7	✓ Pentasa
29	GLUCAGON HYDROCHLORIDE (↑ subsidy) Inj 1 mg syringe kit - up to 5 kit available on a PSO	32.00	1	✓ Glucagen Hypokit
31	PIOGLITAZONE – Special Authority see SA0959 – Retail pharmacy (↓ subsidy) * Tab 15 mg	1.50	28	✓ Pizaccord
	* Tab 30 mg	2.50	28	✓ Pizaccord
	* Tab 45 mg	3.50	28	✓ Pizaccord
37	HYDROXOCOBALAMIN (↓ subsidy) * Inj 1 mg per ml, 1 ml – Up to 6 inj available on a PSO	5.10	3	✓ ABM Hydroxocobalamin

▲ 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
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Changes to Subsidy and Manufacturers Price – effective 1 July 2012 (continued)

42	ENOXAPARIN SODIUM – Special Authority see SA1174 – Retail pharmacy (↓ subsidy)			
	Inj 20 mg	37.24	10	✓Clexane
	Inj 40 mg	49.69	10	✓Clexane
	Inj 60 mg	74.91	10	✓Clexane
	Inj 80 mg	99.86	10	✓Clexane
	Inj 100 mg	125.06	10	✓Clexane
	Inj 120 mg	155.40	10	✓Clexane
	Inj 150 mg	177.60	10	✓Clexane
52	METOPROLOL SUCCINATE (↑ price)			
	* Tab long-acting 23.75 mg	0.96 (7.50)	30	Betaloc CR
	* Tab long-acting 47.5 mg	1.41 (7.50)	30	Betaloc CR
	* Tab long-acting 95 mg	2.42 (7.50)	30	Betaloc CR
52	METOPROLOL SUCCINATE (↓ price)			
	* Tab long-acting 190 mg	4.66 (7.50)	30	Betaloc CR
53	FELODIPINE (↓ subsidy)			
	* Tab long-acting 2.5 mg	2.90	30	✓Plendil ER
54	FUROSEMIDE (↓ subsidy)			
	* Tab 40 mg – Up to 30 tab available on a PSO	10.25	1,000	✓Diurin 40
59	CROTAMITON (↓ subsidy)			
	a) Only on a prescription			
	b) Not in combination			
	Crn 10%	3.48	20 g OP	✓Itch-Soothe
61	MOMETASONE FUROATE (↓ subsidy)			
	Crn 0.1%	1.78	15 g OP	✓m-Mometasone
		3.42	45 g OP	✓m-Mometasone
	Oint 0.1%	1.78	15 g OP	✓m-Mometasone
		3.42	45 g OP	✓m-Mometasone
63	ACITRETIN – Special Authority see SA0954 – Retail pharmacy (↓ subsidy)			
	Cap 10 mg	35.95	100	✓Neotigason
	Cap 25 mg	85.40	100	✓Neotigason
70	NORETHISTERONE (↓ subsidy)			
	* Tab 350 µg – Up to 84 tab available on a PSO	6.00	84	✓Noriday 28
78	CABERGOLINE (↓ subsidy)			
	Tab 0.5 mg – Maximum of 2 tab per prescription; can be waived by Special Authority see SA1031	6.25 25.00	2 8	✓Dostinex ✓Dostinex

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 Subsidy and Manufacturers Price – effective 1 July 2012 (continued)

82	ROXITHROMYCIN (↓ subsidy)			
	Tab 150 mg	7.48	50	✓ Arrow-Roxithromycin
	Tab 300 mg	14.40	50	✓ Arrow-Roxithromycin
83	FLUCLOXACILLIN SODIUM (↓ subsidy)			
	Grans for oral liq 125 mg per 5 ml – Up to 200 ml available on a PSO	2.49	100 ml	✓ AFT
	Grans for oral liq 250 mg per 5 ml – Up to 200 ml available on a PSO	3.25	100 ml	✓ AFT
84	GENTAMICIN SULPHATE (↓ subsidy)			
	Inj 40 mg per ml, 2 ml – Subsidy by endorsement	6.50	10	✓ Pfizer
	Only if prescribed for a dialysis or cystic fibrosis patient or for prophylaxis of endocarditis and the prescription is endorsed accordingly.			
109	ETIDRONATE DISODIUM – See prescribing guideline (↓ subsidy)			
	* Tab 200 mg	15.80	100	✓ Arrow-Etidronate
117	FENTANYL CITRATE (↓ subsidy)			
	a) Only on a controlled drug form			
	b) No patient co-payment payable			
	Inj 50 µg per ml, 2 ml	4.50	10	✓ Boucher and Muir
	Inj 50 µg per ml, 10 ml	11.77	10	✓ Boucher and Muir
117	METHADONE HYDROCHLORIDE (↓ subsidy)			
	a) Only on a controlled drug form			
	b) No patient co-payment payable			
	c) Extemporaneously compounded methadone will only be reimbursed at the rate of the cheapest form available (methadone powder, not methadone tablets).			
	‡ Oral liq 2 mg per ml	5.55	200 ml	✓ Biodone
	‡ Oral liq 10 mg per ml	6.55	200 ml	✓ Biodone Extra Forte
120	MIRTAZAPINE – Special Authority see SA0994 – Retail pharmacy (↓ subsidy)			
	Tab 30 mg	8.78	30	✓ Avanza
	Tab 45 mg	13.95	30	✓ Avanza
120	VENLAFAXINE – Special Authority see SA1061 – Retail pharmacy (↓ subsidy)			
	Tab 37.5 mg	12.67	28	✓ Arrow-Venlafaxine XR
	Tab 75 mg	19.00	28	✓ Arrow-Venlafaxine XR
	Tab 150 mg	23.41	28	✓ Arrow-Venlafaxine XR
	Cap 37.5 mg	15.84	28	✓ Efexor XR
	Cap 75 mg	31.67	28	✓ Efexor XR
	Cap 150 mg	38.82	28	✓ Efexor XR
125	CYCLIZINE HYDROCHLORIDE (↓ subsidy)			
	Tab 50 mg	0.59	10	✓ Nausicalm

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

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Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$

Per

Brand or
Generic Mnfr
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Changes to Subsidy and Manufacturers Price – effective 1 July 2012 (continued)

128	LITHIUM CARBONATE (↓ subsidy)				
	Tab 250 mg	34.30	500	✓Lithicarb FC	
	Tab 400 mg	12.83	100	✓Lithicarb FC	
128	QUETIAPINE (↓ subsidy)				
	Tab 25 mg	10.50	90	✓Quetapel	
	Tab 100 mg	21.00	90	✓Quetapel	
	Tab 200 mg	36.00	90	✓Quetapel	
	Tab 300 mg	60.00	90	✓Quetapel	
129	RISPERIDONE (↓ subsidy)				
	Tab 0.5 mg	1.17 (2.86)	20		Risperdal
	Tab 1 mg	6.00 (16.92)	60		Risperdal
	Tab 2 mg	11.00 (33.84)	60		Risperdal
	Tab 3 mg	15.00 (50.78)	60		Risperdal
	Tab 4 mg	20.00 (67.68)	60		Risperdal
	Oral liq 1 mg per ml	18.35 (25.26)	30 ml		Risperdal
147	IDARUBICIN HYDROCHLORIDE – PCT only – Specialist (↓ subsidy)				
	Inj 5 mg	100.00	1	✓Zavedos	
	Inj 10 mg	200.00	1	✓Zavedos	
	Inj 1 mg for ECP	22.20	1 mg	✓Baxter	
149	VINORELBINE – PCT only – Specialist – Special Authority see SA1013 (↓ subsidy)				
	Inj 10 mg per ml, 1 ml	12.85	1	✓Navelbine	
	Inj 10 mg per ml, 5 ml	64.25	1	✓Navelbine	
	Inj 1 mg for ECP	1.45	1 mg	✓Baxter	
162	PROMETHAZINE HYDROCHLORIDE (↓ subsidy)				
	* Tab 10 mg	1.99	50	✓Allersoothe	
	* Tab 25 mg	2.99	50	✓Allersoothe	
163	EFORMOTEROL FUMARATE – See prescribing guideline (↓ subsidy)				
	Note: Repeats for eformoterol fumarate will be fully subsidised where the initial dispensing is before 1 February 2012.				
	Powder for inhalation, 6 µg per dose, breath activated	10.32 (16.90)	60 dose OP		Oxis Turbuhaler
	Powder for inhalation, 12 µg per dose, and monodose device.....	20.64 (35.80)	60 dose		Foradil
168	CHLORAMPHENICOL (↓ subsidy)				
	Eye drops 0.5%	1.20	10 ml OP	✓Chlorafast	
170	LATANOPROST – Retail pharmacy-Specialist (↓ subsidy)				
	* Eye drops 50 µg per ml, 2.5 ml	1.99	2.5 ml OP	✓Hysite	

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Subsidy and Manufacturers Price – effective 1 July 2012 (continued)

170	BRIMONIDINE TARTRATE (↓ subsidy) * Eye Drops 0.2%.....	6.45	5 ml OP	✓AFT
193	ORAL FEED (POWDER) – Special Authority see SA1104 – Hospital pharmacy [HP3] (↑ subsidy) Powder (chocolate)	13.00	900 g OP	✓Ensure
	Powder (vanilla)	13.00	900 g OP	✓Ensure
199	AMINO ACID FORMULA – Special Authority see SA1219 – Hospital pharmacy [HP3] (↓ subsidy) Powder (unflavoured).....	53.00	400 g OP	✓Elecare ✓Elecare LCP
	Powder (vanilla)	53.00	400 g OP	✓Elecare

Effective 1 June 2012

52	METOPROLOL SUCCINATE (↓ subsidy) * Tab long-acting 23.75 mg	0.96 (2.18)	30	✓Myloc CR Betacloc CR
	* Tab long-acting 47.5 mg	1.41 (2.74)	30	✓Myloc CR Betacloc CR
	* Tab long-acting 95 mg	2.42 (4.71)	30	✓Myloc CR Betacloc CR
	* Tab long-acting 190 mg	4.66 (8.51)	30	✓Myloc CR Betacloc CR
69	ETHINYLLOESTRADIOL WITH LEVONORGESTREL (↓ subsidy) * Tab 30 µg with levonorgestrel 150 µg and 7 inert tab – Up to 84 tab available on a PSO	2.45 (6.62)	84	Levlen ED Monofeme Nordette 28 Microgynon 30 ED
		(14.49)		
		(16.50)		
73	DEXAMETHASONE (↓ subsidy) * Tab 1 mg – Retail pharmacy-Specialist	5.87	100	✓Douglas
	Up to 30 tab available on a PSO			
	* Tab 4 mg – Retail pharmacy-Specialist	8.16	100	✓Douglas
	Up to 30 tab available on a PSO			
155	MYCOPHENOLATE MOFETIL – Special Authority see SA1041 – Retail pharmacy (↓ subsidy) Dispensing pharmacy should check which brand to dispense with the prescriber if prescribed generically. Tab 500 mg	60.00	50	✓Myaccord
	Cap 250 mg	60.00	100	✓Myaccord

Effective 1 May 2012

33	URSODEOXYCHOLIC ACID – Special Authority see SA1188 – Retail pharmacy (↓ subsidy) Cap 300 mg – For ursodeoxycholic acid oral liquid formulation refer, page 75.....	71.50	100	✓Actigall
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▲ Three months supply may be dispensed at one time if endorsed "certified exemption" by the prescriber.

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Subsidy and Manufacturers Price – effective 1 May 2012 (continued)

52	METOPROLOL SUCCINATE (↓ subsidy)			
	* Tab long-acting 23.75 mg	0.96	30	✓ Metoprolol - AFT CR
	* Tab long-acting 47.5 mg	1.41	30	✓ Metoprolol - AFT CR
	* Tab long-acting 95 mg	2.42	30	✓ Metoprolol - AFT CR
	* Tab long-acting 190 mg	4.66	30	✓ Metoprolol - AFT CR
52	METOPROLOL TARTRATE (↓ subsidy)			
	* Tab 50 mg – For metoprolol tartrate oral liquid formulation refer, page 175	16.00	100	✓ Lopresor
	* Tab 100 mg	21.00	60	✓ Lopresor
	* Tab long-acting 200 mg	18.00	28	✓ Slow-Lopresor
	* Inj 1 mg per ml, 5 ml	24.00	5	
		(34.00)		Betaloc
62	ZINC AND CASTOR OIL (↓ subsidy)			
	Oint BP	3.83	500 g	
		(5.11)		PSM
83	CLINDAMYCIN (↓ subsidy)			
	Cap hydrochloride 150 mg – Maximum of 4 cap per prescription; can be waived by endorsement - Retail pharmacy -Specialist	9.90	16	✓ Dalacin C
125	RIZATRIPTAN (↓ subsidy)			
	Tab orodispersible 10 mg	1.80	3	
		(17.56)		Maxalt Melt
125	DOMPERIDONE (↑ subsidy)			
	* Tab 10 mg – For domperidone oral liquid formulation refer, page 175	11.99	100	✓ Motilium
154	OCTREOTIDE (SOMATOSTATIN ANALOGUE) – Special Authority see SA1016 – Retail pharmacy (↓ subsidy)			
	Inj 50 µg per ml, 1 ml	19.24	5	
		(25.65)		Hospira
		(43.50)		Sandostatin
	Inj 100 µg per ml, 1 ml	36.38	5	
		(48.50)		Hospira
		(81.00)		Sandostatin
	Inj 500 µg per ml, 1 ml	131.25	5	
		(175.00)		Hospira
		(399.00)		Sandostatin
164	DORNASE ALFA – Special Authority see SA0611– Retail pharmacy (↓ subsidy)			
	Nebuliser soln, 2.5 mg per 2.5 ml ampoule	250.00	6	✓ Pulmozyme
179	ACETYLCYSTEINE – Retail pharmacy-Specialist (↑ subsidy)			
	Inj 200 mg per ml, 10 ml	178.00	10	✓ Martindale Acetylcysteine

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 General Rules

Effective 1 July 2012

14 "Close Control" means dispensing:

- in quantities less than one 90-Day Lot (or for oral contraceptives, less than one 180-Day Lot) for a Community Pharmaceutical referred to in Section F Part I, or
- in quantities less than a Monthly Lot for any other Community Pharmaceutical, where any of A), or B) or C) apply;
- This Close Control rule defines patient groups or medicines which are eligible for more frequent dispensing periods and the conditions that must be met to enable any claim for payment for additional dispensing to be made:

A) Frequency of dispensing for persons in residential care

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, provided the following conditions are met:

- i) the quantity or period of supply to be dispensed at any one time is not less than 28 days' supply (except under conditions outlined in B.i below); and
- ii) the prescribing Practitioner or dispensing pharmacist has
 - 1) included the name of the patient's residential placement or facility on the prescription; and
 - 2) included the patient's NH number on the prescription; and
 - 3) specified the maximum quantity or period of supply to be dispensed at any one time.

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 B.i below.

B) Flexible periods of supply for trial periods or safety

The Schedule specifies for community patients a default length of dispensing (monthly/three monthly) for each pharmaceutical. Prescribers can request, and pharmacists may dispense, a higher frequency of dispensing in the following circumstances:

If the prescribing Practitioner has met the prescribing conditions set out in B.iii below, and the pharmaceutical or patient fits within the provisions of B.i and B.ii below, a pharmacist may dispense more frequently than the Schedule default period of supply:

i) Trial Periods

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); or

ii) Safety

1) the Community Pharmaceutical is any of the following:

- a) a tri-cyclic antidepressant; or
- b) an antipsychotic; or
- c) a benzodiazepine; or
- d) a Class B Controlled Drug; or

2) The Community Pharmaceutical has been prescribed for a patient who:

- a) is not a resident in a Penal Institution, or one of the residential placements or facilities referenced in clause A above; and
- b) in the opinion of the prescribing Practitioner, is intellectually impaired or frail, infirm or unable to manage their medicine without additional support.

For B.i and B.ii all of the following conditions must be met:

iii) The prescribing Practitioner has:

- 1) endorsed each Community Pharmaceutical on the Prescription clearly with the words "Close Control" or "CC"; and
- 2) initialled the endorsement in their own handwriting; 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

Changes to General Rules– effective 1 July 2012 (continued)

continued...

- 3) specified the maximum quantity or period of supply to be dispensed at any one time.
 - 4) For trial periods each Community Pharmaceutical on the Prescription must be endorsed with either "Close Control Trial" or "CCT" and the period of supply included e.g. CC Trial 1 week.
- G) Pharmaceutical Supply Management
More 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:
- i) PHARMAC has approved and notified pharmacists to annotate prescriptions for a specified Community Pharmaceutical(s) "Close Control" without prescriber endorsement for a specified time; and
 - ii) the dispensing pharmacist has:
 - 1) clearly annotated each of the approved Community Pharmaceuticals that appear on the prescription with the words "Close Control" or "CC"; and
 - 2) initialled the annotation in their own handwriting; and
 - 3) 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.

If a dispensing frequency is expressly stated in the Medicines Act, Medicines Regulations or Pharmacy Services Agreement a pharmacy can dispense at that specified dispensing frequency. However, no claim shall be made to any DHB for subsidised payment for dispensing fees in any case where dispensing occurs more frequently than authorised by the provisions of the Schedule.

15 Dispensing Frequency Rule

The Pharmaceutical Schedule specifies for community patients a default period of supply for each Community Pharmaceutical.

"Frequent Dispensing" means dispensing:

- in quantities less than one 90 Day Lot (or for oral contraceptives, less than one 180 Day Lot) for a Community Pharmaceutical referred to in Section F Part I, or
- in quantities less than a Monthly Lot for any other Community Pharmaceutical, where any of A), or B) or C) apply.
- The Dispensing Frequency Rule defines patient groups or medicines eligible for more frequent dispensing periods; and the conditions that must be met to enable any claim for payment of handling fees for the additional dispensings made.

A. Frequency of dispensing for persons in residential care

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, provided the following conditions are met:

- I. the quantity or period of supply to be dispensed at any one time is not less than 28 days' supply (except under conditions outlined in B.i below); and
- II. the prescribing Practitioner or dispensing pharmacist has
 - 1) included the name of the patient's residential placement or facility on the prescription; and
 - 2) included the patient's NHI number on the prescription; and
 - 3) specified the maximum quantity or period of supply to be dispensed at any one time.

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 B.(i) below.

continued...

Changes to General Rules– effective 1 July 2012 (continued)

continued...

B. Flexible periods of supply for trial periods or safety

The Schedule specifies for community patients a default length of dispensing (monthly/three monthly/six monthly) for each pharmaceutical. If a pharmacist considers more frequent dispensing is required, this can occur as follows:

- For 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 dispensing frequency should be no more often than monthly. If more frequent dispensings than monthly are necessary for non-LTC patients under this rule, prescriber approval is required. Verbal approval is acceptable, provided that it is annotated by the pharmacist on the prescription and dated.

Note this does not override alternative dispensing frequencies as expressly stated in the Medicines Act, Medicines Regulations, Pharmacy Services Agreement, Pharmaceutical Schedule or under parts i) Trial Periods or ii) 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:

i) Trial Periods

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 all of the following conditions must be met:

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 at any one time.

All of the following conditions must be met:

The Community Pharmaceutical has been prescribed for a patient who is not a resident in a Penal Institution.

ii) Safety and co-prescribed medicines

A. The Community Pharmaceutical is any of the following:

- a) a tri-cyclic antidepressant; or
- b) an antipsychotic; or
- c) a benzodiazepine; or
- d) a Class B Controlled Drug; or
- e) codeine (includes combination products)
- f) buprenorphine with naloxone

All of the following conditions must be met:

The Community Pharmaceutical has been prescribed for a patient who is not a resident in a Penal Institution, or one of the residential placements or facilities referenced in clause A above.

The prescribing Practitioner has:

- Assessed clinical risk and determined the patient requires more a frequent period of dispensing than specified in the Pharmaceutical Schedule; and
- specified the maximum quantity or period of supply to be dispensed at any one time.

B. The Community Pharmaceutical is co-prescribed with one of the community pharmaceuticals listed above on the safety list and has been prescribed for a patient who is not a resident in a Penal Institution, or one of the residential placements or facilities referenced in clause A above.

The Dispensing Pharmacist has:

- Assessed clinical risk and determined the patient requires a more frequent period of dispensing than specified in the Pharmaceutical Schedule;
- annotated the prescription with the amended dispensing quantity and frequency and the criteria for doing so.

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

Changes to General Rules – effective 1 July 2012 (continued)

continued...

C. Pharmaceutical Supply Management

More 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:

- i) 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
- ii) the dispensing pharmacist has:
 - 1) clearly annotated each of the approved Community Pharmaceuticals that appear on the prescription with the words "out of stock" or "OOS"; and
 - 2) initialled the annotation in their own handwriting; and
 - 3) 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 dispensing where dispensing occurs more frequently than specified by PHARMAC to manage the supply management issue.

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 Care 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.

- 21 3.1.7 If a Community Pharmaceutical:
- a) is stable for a limited period only, and the Practitioner has endorsed the Prescription with the words "unstable medicine" and has specified the maximum quantity that may be dispensed at any one time; or
 - b) is stable for a limited period only, and the Contractor has endorsed the Prescription with the words "unstable medicine" and has specified the maximum quantity that should be dispensed at any one time in all the circumstances of the particular case; or
 - c) is ~~Close Control~~ **Under the Dispensing Frequency Rule**,
The actual quantity dispensed will be subsidised in accordance with any such specification.

- 21 Oral Contraceptives
- 3.2.2 Where the period of treatment specified in the Prescription does not exceed six Months, the Community Pharmaceutical is to be dispensed:
- a) in Lots as specified in on the Prescription if the Community Pharmaceutical is ~~Close Control~~ **Under the Dispensing Frequency Rule**; or
 - b) where no Lots are specified, in one Lot sufficient to provide treatment for the period prescribed.
- 3.2.4 Where a Community Pharmaceutical is ~~on~~ **on** a Prescription is ~~Close Control~~ **Under the Dispensing Frequency Rule** and a repeat on the Prescription remains unfulfilled after six Months from the date the Community Pharmaceutical was first dispensed only the actual quantity supplied by the Contractor within this time limit will be eligible for Subsidy.

207 SECTION F: PART I

A Community Pharmaceutical identified with a * within the other sections of the Pharmaceutical Schedule:

- a) is exempt from any requirement to dispense in Monthly Lots;
- b) will only be subsidised if it is dispensed in a 90 Day Lot unless it is ~~Close Control~~ **Under the Dispensing Frequency Rule**.

A Community Pharmaceutical that is an oral contraceptive and that is identified with a * within the other sections of the Pharmaceutical Schedule:

- a) is exempt from any requirement to dispense in Monthly Lots;
- b) will only be subsidised if it is dispensed in a 180 Day Lot unless it is ~~Close Control~~ **Under the Dispensing Frequency Rule**.

Changes to General Rules – effective 1 July 2012 (continued)

207 SECTION F: PART II:

CERTIFIED EXEMPTIONS AND ACCESS EXEMPTIONS TO MONTHLY DISPENSING

A Community Pharmaceutical, other than a Community Pharmaceutical identified with a * within the others sections of the Pharmaceutical Schedule, may be dispensed in a 90 Day Lot if:

- a) the Community Pharmaceutical is identified with a ▲ within the other sections of the Pharmaceutical Schedule and the prescriber/**pharmacist** has endorsed/**annotated** the Prescription item(s) on the Prescription to which the exemption applies "certified exemption". In endorsing/**annotating** the Prescription items for a certified exemption, the prescriber/**pharmacist** is certifying that:
 - i) the patient wishes to have the medicine dispensed in a quantity greater than a Monthly Lot; and
 - ii) the patient has been stabilised on the same medicine for a reasonable period of time; and
 - iii) the prescriber/pharmacist has reason to believe the patient will continue on the medicine and is compliant; or
- b) a patient, who has difficulty getting to and from a pharmacy, signs the back of the Prescription to qualify for an Access Exemption. In signing the Prescription, the patient or his or her nominated representative must also certify which of the following criteria they meet:
 - ii) Have limited physical mobility;
 - iii) Live and work more than 30 minutes from the nearest pharmacy by their normal form of transport;
 - iiii) Are relocating to another area;
 - iv) Are travelling extensively and will be out of town when the repeat prescriptions are due; or

Section F: Part III: Flexible and Variable Dispensing Periods for Pharmacy

A Community Pharmaceutical, other than a Community Pharmaceutical identified with a * within the others sections of the Pharmaceutical Schedule, may be dispensed in variable dispensing periods under the following conditions:

- a) for stock management where the original pack(s) result in dispensing greater than 30 days supply,
 - b) to synchronise a patients medication where multiple medicines result in uneven supply periods, note if dispensing a medicine other than a Pharmaceutical identified with a * please refer to Section F; Part II
- Note – the total quantity and dispensing period can not exceed the total quantity and period prescribed on the prescription.**

▲ 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 Brand Name

Effective 1 August 2012

51	ATENOLOL				
	* Tab 50 mg	5.56	500	✓ Pacific Atenolol	
				Mylan Atenolol	
	* Tab 100 mg	9.12	500	✓ Pacific Atenolol	
				Mylan Atenolol	

Effective 1 July 2012

128	LITHIUM CARBONATE				
	Tab 250 mg	34.30	500	✓ Lithicarb	Lithicarb FC
	Tab 400 mg	12.83	100	✓ Lithicarb	Lithicarb FC
198	AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see 1108 – Hospital pharmacy [HP3]				
	Liquid (berry)	15.65	62.5 ml OP	✓ PKU Lophlex LQ 10	
		31.20	125 ml OP	✓ PKU Lophlex LQ 20	
	Liquid (citrus)	15.65	62.5 ml OP	✓ PKU Lophlex LQ 10	
		31.20	125 ml OP	✓ PKU Lophlex LQ 20	
	Liquid (orange)	15.65	62.5 ml OP	✓ PKU Lophlex LQ 10	
		31.20	125 ml OP	✓ PKU Lophlex LQ 20	

Effective 1 May 2012

31	KETONE BLOOD BETA-KETONE ELECTRODES – Maximum of 20 strip per prescription				
	Test strip – Not on a BSO	7.07	10 strip OP	✓ Freestyle Optium Ketone	
				Optium Blood Ketone Test Strips	
31	BLOOD GLUCOSE DIAGNOSTIC TEST METER – Subsidy by endorsement				
	a) Maximum of 1 meter per prescription				
	b)				
	1) A diagnostic blood glucose test meter is subsidised for patients who begin insulin or sulphonylurea therapy after 1 March 2005 or is prescribed for a pregnant woman with diabetes.				
	2) Only one meter per patient. No further prescriptions will be subsidised. The prescription must be endorsed accordingly.				
	Meter	9.00	1	✓ Freestyle Optium	
				Optium Xceed	
32	BLOOD GLUCOSE DIAGNOSTIC TEST STRIP				
	The number of test strips available on a prescription is restricted to 50 unless:				
	1) Prescribed with insulin or a sulphonylurea but are on a different prescription and the prescription is endorsed accordingly; or				
	2) Prescribed on the same prescription as insulin or a sulphonylurea in which case the prescription is deemed to be endorsed;				
	or				
	3) Prescribed for a pregnant woman with diabetes and endorsed accordingly.				
	SensoCard blood glucose test strips are subsidised only if prescribed for a patient who is severely visually impaired and is using a SensoCard Plus Talking Blood Glucose Monitor.				
	Blood glucose test strips	21.65	50 test OP	✓ Freestyle Optium	
				Optium 5-second test	

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ **fully subsidised**

Changes to Brand Name – effective 1 May 2012 (continued)

143	GEMCITABINE HYDROCHLORIDE – PCT only – Specialist – Special Authority see SA1087			
	Inj 1 g	62.50	1	✓ Gemcitabine Actavis 1000
	Inj 200 mg	12.50	1	✓ Gemcitabine Actavis 200
165	SODIUM CROMOGLYCAT			
	Aerosol inhaler, 5 mg per dose CFC-free	28.07	112 dose OP	✓ Intal Forte CFC Free Vierom

Changes to Sole Subsidised Supply

Effective 1 August 2012

For the list of new Sole Subsidised Supply products effective 1 August 2012 refer to the bold entries in the cumulative Sole Subsidised Supply table pages 10-17.

▲ 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 August 2012

33	URSODEOXYCHOLIC ACID – Special Authority see SA1188– Retail pharmacy Cap 300 mg – For ursodeoxycholic acid oral liquid formulation refer, page 175	179.00	100	✓ Actigall
52	METOPROLOL TARTRATE * Inj 1 mg per ml, 5 ml	24.08 (34.00)	5	Betaloc
62	ZINC AND CASTOR OIL * Oint BP	3.83 (5.11)	500 g	PSM
83	CLINDAMYCIN Cap hydrochloride 150 mg – Maximum of 4 cap per prescription; can be waived by endorsement – Retail pharmacy – Specialist	9.90	16	✓ Dalacin C
115	TETRABENAZINE Tab 25 mg	178.00	112	✓ Xenazine 25
125	RIZATRIPTAN Tab orodispersible 10 mg	1.80 (17.56)	3	Maxalt Melt
154	OCTREOTIDE (SOMATOSTATIN ANALOGUE) – Special Authority see SA1016 – Retail pharmacy Inj 50 µg per ml, 1 ml	19.24 (25.65) (43.50)	5	Hospira Sandostatin
	Inj 100 µg per ml, 1 ml	36.38 (48.50) 81.00	5	Hospira Sandostatin
	Inj 500 µg per ml, 1 ml	131.25 (175.00) (399.00)	5	Hospira Sandostatin

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

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Delisted Items - effective 1 June 2012

28	CLARITHROMYCIN Tab 500 mg – Subsidy by endorsement.....	10.95 (23.30)	14	Klamycin
	a) Maximum of 14 tab per prescription b) Subsidised only if prescribed for helicobacter pylori eradication and prescription is endorsed accordingly. Note: the prescription is considered endorsed if clarithromycin is prescribed in conjunction with a proton pump inhibitor and either amoxicillin or metronidazole.			
55	GLYCERYL TRINITRATE * Oral pump spray 400 µg per dose – Up to 250 dose available on a PSO	4.45	250 dose OP	✓ Nitrolingual Pumpspray
80	CEFUROXIME SODIUM Inj 750 mg – Maximum of 1 inj per prescription; can be waived by endorsement.....	6.96 (10.71)	5	Zinacef
80	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 (5.00)	5	Hospira
	Inj 1 g	3.99 (8.00)	5	Hospira
113	QUININE SULPHATE * Tab 200 mg	15.95 (17.20)	250	Q 200
148	TEMOZOLOMIDE – Special Authority see SA1063 – Retail pharmacy Cap 5 mg	16.00	5	✓ Temodal
	Cap 20 mg	72.00	5	✓ Temodal
	Cap 100 mg	350.00	5	✓ Temodal
	Cap 250 mg	820.00	5	✓ Temodal
173	PHARMACY SERVICES – May only be claimed once per patient * Brand switch fee..... The Pharmacode for BSF Lostaar is 2397145 * Brand switch fee.....	0.01 0.01	1 fee	✓ BSF Lostaar
	The Pharmacode for BSF Arrow-Losartan is 2397153		1 fee	✓ BSF Arrow-Losartan & Hydrochlorothiazide

Effective 1 May 2012

31	SODIUM NITROPRUSSIDE – Maximum of 50 strip per prescription * Test strip – Not on a BSO	14.14	20 strip OP	✓ Ketostix
38	CALCIUM CARBONATE * Tab 1.25 g (500 mg elemental)..... * Tab 1.5 g (600 mg elemental)	6.38 7.66	250 250	✓ Calci-Tab 500 ✓ Calci-Tab 600

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Delisted Items - effective 1 May 2012 (continued)

85	ORNIDAZOLE Tab 500 mg	12.38	10	✓Tiberal
97	IBUPROFEN – Additional subsidy by Special Authority see SA1038 – Retail pharmacy * Tab 200 mg	12.75	1,000	✓Ethics Ibuprofen
173	PHARMACY SERVICES * Brand switch fee	0.01	1 fee	✓BSF Bicalaccord
The Pharmacode for BSF Bicalaccord is 2397137				
188	PAEDIATRIC ORAL FEED 1.5KCAL/ML – Special Authority see SA1100 – Hospital pharmacy [HP3] Liquid (strawberry)	1.60	200 ml OP	✓NutriniDrink
	Liquid (vanilla).....	1.60	200 ml OP	✓NutriniDrink
188	PAEDIATRIC ORAL FEED WITH FIBRE 1.5KCAL/ML – Special Authority see SA1100 – Hospital pharmacy [HP3] Liquid (chocolate)	1.60	200 ml OP	✓NutriniDrink Multifibre
	Liquid (strawberry)	1.60	200 ml OP	✓NutriniDrink Multifibre
	Liquid (vanilla)	1.60	200 ml OP	✓NutriniDrink Multifibre
198	AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA1108 – Hospital pharmacy [HP3] Liquid (tropical)	30.00	250 ml OP	✓Easiphen
198	AMINOACID FORMULA WITH MINERALS WITHOUT PHENYLALANINE – Special Authority see SA1108 – Retail pharmacy Powder	23.38	100 g OP	✓Metabolic Mineral Mixture

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 September 2012

52	METOPROLOL SUCCINATE				
	* Tab long-acting 23.75 mg	0.96	30	✓ Myloc CR	
		(7.50)		Betaloc CR	
	* Tab long-acting 47.5 mg	1.41	30	✓ Myloc CR	
		(7.50)		Betaloc CR	
	* Tab long-acting 95 mg	2.42	30	✓ Myloc CR	
		(7.50)		Betaloc CR	
	* Tab long-acting 190 mg	4.66	30	✓ Myloc CR	
		(7.50)		Betaloc CR	
69	ETHINYLLOESTRADIOL WITH LEVONORGESTREL				
	* Tab 30 µg with levonorgestrel 150 µg and 7 inert tab				
	– Up to 84 tab available on a PSO	2.45	84		Levlen ED
		(6.62)			Monofeme
		(14.49)			Nordette 28
		(16.50)			Microgynon 30 ED

Effective 1 October 2012

170	BRIMONIDINE TARTRATE				
	* Eye Drops 0.2%	6.45	5 ml OP	✓ AFT	
179	ACETYLCYSTEINE – Retail pharmacy-Specialist				
	Inj 200 mg per ml, 10 ml	137.06	10		Hospira
		(255.35)			

Effective 1 November 2012

49	CANDESARTAN – Special Authority see SA1223 on the next page – Retail pharmacy				
	* Tab 4 mg	1.38	30		Atacand
		(12.00)			
	* Tab 8 mg	2.03	30		Atacand
		(12.00)			
	* Tab 16 mg	3.39	30		Atacand
		(14.50)			
	* Tab 32 mg	5.89	30		Atacand
		(24.00)			
173	PHARMACY SERVICES				
	* Brand switch fee	4.50	1 fee	✓ BSF Rizamelt	
	The Pharmacode for BSF Rizamelt is 2405849				
	* Brand switch fee	4.50	1 fee	✓ BSF Ursosan	
	The Pharmacode for BSF Ursosan is 2405857				
198	AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA1108 – Hospital pharmacy [HP3]				
	Sachets (pineapple/vanilla) 29 g	330.10	30 OP	✓ Minaphlex	

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Items to be Delisted – effective 25 November 2012

51	ATENOLOL			
	* Tab 50 mg	11.12	1,000	✓ Atenolol Tablet USP
	* Tab 100 mg	18.24	1,000	✓ Atenolol Tablet USP

Effective 1 December 2012

32	INSULIN PEN NEEDLES – Maximum of 100 dev per prescription			
	* 29 g x 12.7 mm	11.75	100	✓ SC Profi-Fine
	* 31 g x 5 mm	11.75	100	✓ SC Profi-Fine
	* 31 g x 6 mm	11.75	100	✓ Fine Ject
	* 31 g x 8 mm	11.75	100	✓ SC Profi-Fine
33	INSULIN SYRINGES, DISPOSABLE WITH ATTACHED NEEDLE – Maximum of 100 dev per prescription			
	* Syringe 0.3 ml with 29 g x 12.7 mm needle	13.00	100	✓ DM Ject
	* Syringe 0.3 ml with 31 g x 8 mm needle	13.00	100	✓ DM Ject
	* Syringe 0.5 ml with 29 g x 12.7 mm needle	13.00	100	✓ DM Ject
	* Syringe 0.5 ml with 31 g x 8 mm needle	13.00	100	✓ DM Ject
	* Syringe 1 ml with 29 g x 12.7 mm needle	13.00	100	✓ DM Ject
	* Syringe 1 ml with 31 g x 8 mm needle	13.00	100	✓ DM Ject
52	PROPRANOLOL			
	* Tab 40 mg	4.65	100	✓ Cardinol
79	GESTRINONE – Retail pharmacy-Specialist			
	Cap 2.5 mg	101.87	8 OP	✓ Dimetriose
82	AMOXYCILLIN CLAVULANATE			
	Tab amoxicillin 500 mg with potassium clavulanate 125 mg – Up to 30 tab available on a PSO	26.00	100	✓ Synermox
98	INDOMETHACIN			
	* Suppos 100 mg	14.50	30	✓ Arthrexin
142	CLADRIBINE – PCT only – Specialist			
	Inj 2 mg per ml, 5 ml	873.00	1	✓ Litak ^{S29}

Effective 1 January 2013

43	DABIGATRAN			
	Cap 110 mg	148.00	60	✓ Pradaxa
	Cap 150 mg	148.00	60	✓ Pradaxa
	Note – these are the bottles Pharmacocode 2377578 (110 mg cap) and 2377551 (150 mg cap)			
48	PHENTOLAMINE MESYLATE			
	* Inj 10 mg per ml, 1 ml	17.97 (31.65)	5	Regitine
73	NANDROLONE DECANOATE – Retail pharmacy-Specialist			
	Inj 50 mg per ml, 1 ml	21.16	1	✓ Deca-Durabolin Orgaject ^{S29}

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 February 2013

153	MEGESTROL ACETATE – Retail pharmacy-Specialist Tab 160 mg	57.92	30	✓ Megace
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▲ 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 August 2012

17	ALPROSTADIL (continuation of HSS) Inj 0.5 mg per ml, 1 ml – 1% DV Oct-12 to 2015	1,417.50	5	Prostin VR
17	AMIKACIN SULPHATE (↑ price) Inj 5 mg per ml, 5 ml	176.00	10	Biomed
18	AMOXYCILLIN CLAVULANATE (reinstate HSS) Tab amoxicillin 500 mg with potassium clavulanate 125 mg – 1% DV Aug-12 to 2014	12.55	100	Curam Duo
18	AMPHOTERICIN B (continuation of HSS) Liposomal inj 50 mg vial – 1% DV Oct-12 to 2015	3,450.00	10	AmBisome
18	ATENOLOL (↓ price, amended brand name and addition of HSS) Tab 50 mg – 1% DV Oct-12 to 2015	5.56	500	Pacific Atenolol Mylan Atenolol Atenolol Tablet USP
		11.12	1,000	
	Tab 100 mg – 1% DV Oct-12 to 2015	9.12	500	Pacific Atenolol Mylan Atenolol Atenolol Tablet USP
		18.24	1,000	
Note – Atenolol Tablet USP tab 50 mg and 100 mg to be delisted 1 October 2012				
Note – Pacific Atenolol has changed its name to Mylan Atenolol				
19	ATORVASTATIN (new listing) Tab 10 mg – 1% DV Oct-12 to 2015	2.52	90	Zarator
	Tab 20 mg – 1% DV Oct-12 to 2015	4.17	90	Zarator
	Tab 40 mg – 1% DV Oct-12 to 2015	7.32	90	Zarator
	Tab 80 mg – 1% DV Oct-12 to 2015	16.23	90	Zarator
Note – Lipitor and Dr Reddy's Atorvastatin tab 10 mg, 20 mg, 40 mg and 80 mg to be delisted 1 October 2012				
19	BACLOFEN (new listing) Inj 0.05 mg per ml, 1 ml – 1% DV Oct-12 to 2015	11.55	1	Lioresal Intrathecal
19	BACLOFEN (↑ price, amended presentation description and continuation of HSS) Inj 10 mg 2 mg per ml, 5 ml – 1% DV Oct-12 to 2015	209.29	1	Lioresal Intrathecal
20	BEZAFIBRATE (addition of HSS) Tab long-acting 400 mg – 1% DV Oct-12 to 2015	5.70	30	Bezalip Retard
21	BUPIVACAINE HYDROCHLORIDE (continuation of HSS) Inj 0.25%, 20 ml – 1% DV Oct-12 to 2015	35.00	5	Marcain
	Inj 0.5%, 10 ml theatre pack – 1% DV Oct-12 to 2015	28.00	5	Marcain
	Inj 0.5%, 20 ml theatre pack – 1% DV Oct-12 to 2015 (↑ price)	28.00	5	Marcain

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

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

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

23	CANDESARTAN (↓ price and addition of HSS)		
	Tab 4 mg – 1% DV Nov-12 to 2015	4.13	90
		12.00	30
	Tab 8 mg – 1% DV Nov-12 to 2015	6.10	90
		12.00	30
	Tab 16 mg – 1% DV Nov-12 to 2015	10.18	90
		14.50	30
	Tab 32 mg – 1% DV Nov-12 to 2015	17.66	90
		24.00	30
	Note – Atacand tab 4 mg, 8 mg, 16 mg and 32 mg to be delisted 1 November 2012		
23	CASPOFUNGIN (continuation of HSS)		
	Inj 50 mg – 1% DV Oct-12 to 2015	667.50	1
	Inj 70 mg – 1% DV Oct-12 to 2015	862.50	1
24	CEFEPIME HYDROCHLORIDE (new listing)		
	Inj 1 g – 1% DV Oct-12 to 2015	8.80	1
	Inj 1 g, 15 ml (↓ price)	8.80	1
	Inj 2 g – 1% DV Oct-12 to 2015	17.60	1
	Inj 1 g, 77 ml (↓ price)	17.60	1
	Note – Maxipime inj 1 g, 15 ml and 2 g, 77 ml to be delisted 1 October 2012		
25	CHLORHEXIDINE (↓ price and continuation of HSS)		
	Crn 1% obstetric – 1% DV Oct-12 to 2015	1.24	50 g
			healthE
27	CYCLOSPORIN		
	Oral liq 100 mg per ml		
	– 1% DV Oct-12 to 2015 (↓ price and addition of HSS)	198.13	50 ml
	Inf 50 mg per ml, 5 ml		
	– 1% DV Oct-12 to 2015 (continuation of HSS)	276.30	10
			Sandimmun
28	CYPROTERONE ACETATE (↓ price and continuation of HSS)		
	Tab 50 mg – 1% DV Oct-12 to 2015	18.80	50
	Tab 100 mg – 1% DV Oct-12 to 2015	34.25	50
			Siterone
			Siterone
34	FLUCLOXACILLIN SODIUM (new listing)		
	Cap 250 mg – 1% DV Oct-12 to 2015	22.00	250
	Cap 500 mg – 1% DV Oct-12 to 2015	74.00	500
	Note – AFT cap 250 mg and 500 mg to be delisted 1 October 2012		
			Staphlex
			Staphlex
36	GEFITINIB (new listing)		
	Tab 250 mg	1,700.00	30
			Iressa
42	IVERMECTIN (↓ price)		
	Tab 3 mg	17.20	4
			Stromectol
44	LETROZOLE (new listing)		
	Tab 2.5 mg – 1% DV Oct-12 to 2015	4.85	30
	Note – Letara tab 2.5 mg to be delisted 1 October 2012		
			Letraccord

Products with Hospital Supply Status (HSS) are in **bold**.
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Section H page ref	Price		Brand or Generic Manufacturer
	(ex man. excl. GST) \$	Per	

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

44	LIGNOCAINE (new listing) Gel 2% – 1% DV Oct-12 to 2015	3.40	20 ml	Orion
	Note – Xylocaine Jelly, 30 ml to be delisted 1 October 2012			
45	LISINAPRIL (↓ price) Tab 5 mg	1.19	30	Arrow-Lisinopril
	Tab 10 mg	1.36	30	Arrow-Lisinopril
	Tab 20 mg	1.63	30	Arrow-Lisinopril
46	MEGESTROL ACETATE Tab 160 mg	57.92	30	Megace
	Note – Megace to be delisted 1 October 2012			
46	METFORMIN HYDROCHLORIDE (new listing) Tab immediate-release 500 mg – 1% DV Oct-12 to 2015	12.30	1,000	Apo-Metformin
	Tab immediate-release 850 mg – 1% DV Oct-12 to 2015	10.10	500	Apo-Metformin
	Note – Apotex 500 mg and 850 mg to be delisted 1 October 2012			
47	METHYLPREDNISOLONE (continuation of HSS) Tab 4 mg – 1% DV Oct-12 to 2015 (↑ price)	60.00	100	Medrol
	Tab 100 mg – 1% DV Oct-12 to 2015	166.52	20	Medrol
48	METHYLPREDNISOLONE ACETATE (↑ price and addition of HSS) Inj 40 mg per ml, 1 ml – 1% DV Oct-12 to 2015	6.70	1	Depo-Medrol
48	METHYLPREDNISOLONE ACETATE WITH LIGNOCAINE (↑ price and addition of HSS) Inj 40 mg per ml with lignocaine 10 mg per ml, 1 ml – 1% DV Oct-12 to 2015	7.50	1	Depo-Medrol with Lidocaine
48	METHYLPREDNISOLONE SODIUM SUCCINATE (continuation of HSS) Inj 40 mg per ml, 1 ml – 1% DV Oct-12 to 2015 (↑ price)	7.50	1	Solu-Medrol
	Inj 62.5 mg per ml, 2 ml – 1% DV Oct-12 to 2015 (↑ price)	18.50	1	Solu-Medrol
	Inj 500 mg – 1% DV Oct-12 to 2015 (↓ price)	18.00	1	Solu-Medrol
	Inj 1 g – 1% DV Oct-12 to 2015 (↓ price)	37.50	1	Solu-Medrol
	Note – Solu-Medrol inj 40 mg per ml, 1 ml (25 pack) and inj 62.5 mg per ml, 2 ml (25 pack) to be delisted 1 October 2012			
49	MONTELUKAST (new listing) Tab 4 mg	18.48	28	Singulair
	Tab 5 mg	18.48	28	Singulair
	Tab 10 mg	18.48	28	Singulair
49	MORPHINE HYDROCHLORIDE (continuation of HSS) Oral liq 1 mg per ml – 1% DV Oct-12 to 2015	8.84	200 ml	RA-Morph
	Oral liq 2 mg per ml – 1% DV Oct-12 to 2015	11.62	200 ml	RA-Morph
	Oral liq 5 mg per ml – 1% DV Oct-12 to 2015	14.65	200 ml	RA-Morph
	Oral liq 10 mg per ml – 1% DV Oct-12 to 2015	21.55	200 ml	RA-Morph

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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 August 2012 (continued)

53	OXYTOCIN WITH ERGOMETRINE MALEATE (amend chemical name, † price and continuation of HSS) Inj 5 iu with ergometrine maleate 500 µg per ml, 1 ml – 1% DV Oct-12 to 2015	11.13	5	Syntometrine
56	POTASSIUM CHLORIDE († price and continuation of HSS) Tab long-acting 600 mg – 1% DV Oct-12 to 2015	7.42	200	Span-K
61	RITONAVIR (addition of HSS) Tab 100 mg – 1% DV Oct-12 to 2015	43.31	30	Norvir
62	SALBUTAMOL (new listing) Oral liq 2 mg per 5 ml.....	1.20	90 ml	Broncolin
64	SODIUM HYALURONATE Ophthalmic inj 14 mg per ml – 1% DV Oct-12 to 2015 (continuation of HSS)	50.00	1	Healon GV
	Ophthalmic soln 10 mg per ml, 1 ml – 1% DV Oct-12 to 2015 (new listing)	30.00	1	Provisc
	Note – Healon ophthalmic solution 10 mg per ml, 0.85 ml to be delisted 1 October 2012			
66	TESTOSTERONE UNDECANOATE (new listing) Cap 40 mg – 1% DV Oct-12 to 2015	31.17	60	Andriol Testocaps
	Note – Arrow-Testosterone cap 40 mg to be delisted 1 October 2012			
68	WATER († price) Purified for inj 5 ml.....	10.25	50	Multichem
	Purified for inj 10 ml.....	11.25	50	Multichem
	Purified for inj 20 ml.....	6.50	20	Multichem

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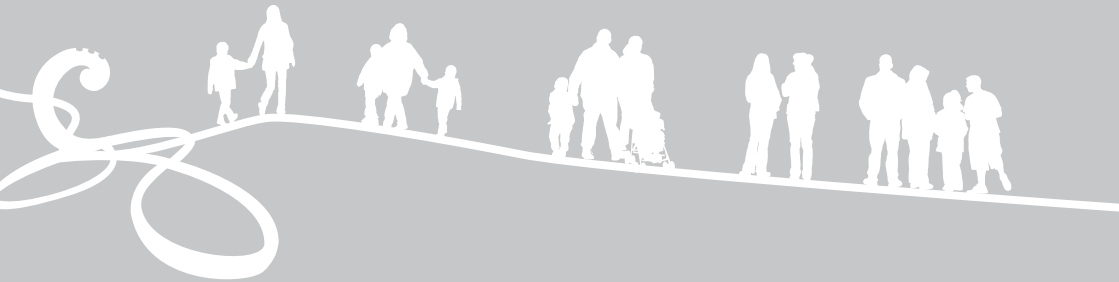
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