

Pharmaceutical Management Agency

Update

# New Zealand Pharmaceutical Schedule

Effective 1 September 2012

Section H cumulative for August and September 2012



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## Summary of PHARMAC decisions

EFFECTIVE 1 SEPTEMBER 2012

### New listings (pages 19-23)

- Insulin pump (Animas 2020) black, silver, blue, green and pink, 1 pump – Special Authority – Retail Pharmacy - only on a prescription, maximum of 1 pump per prescription, maximum of 1 insulin pump per patient per four year period
  - Insulin pump infusion sets (Contact-D, Comfort Short, Comfort, Inset II, Inset 30) various presentations, 1 OP – Special Authority – Retail Pharmacy - maximum of 3 packs per prescription, maximum of 1 prescription per 90 days, only on a prescription
  - Insulin pump reservoir (IR2020, ADR cartridge 1.8, ADR cartridge 3.0 for Paradigm insulin pumps) insulin pump reservoir various – Special authority – Retail pharmacy - maximum of 3 packs per prescription, maximum of 1 prescription per 90 days, only on a prescription
  - Insulin pump accessories (Animas 2020 Battery Cap) battery cap – Special authority – Retail pharmacy - maximum of one cap per prescription, maximum of 1 prescription per 180 days, only on a prescription
  - Blood glucose diagnostic test meter (CareSens N, CareSens N POP, CareSens II) 1 meter with 50 lancets, a lancing device and 10 diagnostic test strips – subsidy by endorsement
  - Blood glucose diagnostic test strip (CareSens N, CareSens) 50 test OP – the number of test strips available on a prescription is restricted to 50 unless endorsed
  - Filgrastim (Zarzio) inj 300 µg per 0.5 ml prefilled syringe and 480 µg per 0.5 ml prefilled syringe – Special Authority – Retail Pharmacy
  - Cilazapril (Zapril) tab 0.5 mg, 90 tab – new pack size
  - Calamine (Home Essential) crm, aqueous BP 100g
  - Amoxicillin clavulanate (Augmentin) grans for oral liq 125 mg with potassium clavulanate 31.25 mg per 5 ml and 250 mg with potassium clavulanate 62.5 mg per 5 ml
  - Irinotecan (Irinotecan Actavis 40 and Irinotecan Actavis 100) inj 20 mg per ml, 2 ml and 5 ml – PCT only-Specialist – Special Authority
  - Sodium cromoglycate (Intal Forte CFC Free) aerosol inhaler 5 mg per dose CFC-free – new pharmacode
  - Pharmacy Services (BSF CareSens N, BSF CareSens II & BSF CareSens N POP) brand switch fee – no patient co-payment payable – may only be claimed once per patient
  - Pharmacy Services (BSF Ava 30 ED) brand switch fee – no patient co-payment payable – may only be claimed once per patient
  - Pharmacy Services (BSF Metoprolol - AFT CR) brand switch fee – no patient co-payment payable – may only be claimed once per patient
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## Summary of PHARMAC decisions – effective 1 September 2012 (continued)

- Paediatric oral feed (PediaSure) powder vanilla 900 g OP – Special Authority- Hospital pharmacy [HP3]
- Renal enteral feed 2 kcal/ml (Nepro RTH) liquid 500 ml OP – Special Authority- Hospital pharmacy [HP3]
- Enteral feed with fibre 1.5 kcal/ml (Jevity HiCal RTH) liquid 1,000 ml OP – Special Authority- Hospital pharmacy [HP3]
- Enteral feed 2 kcal/ml (Two Cal HN RTH) liquid 1,000 ml OP – Special Authority- Hospital pharmacy [HP3]

### Changes to restrictions (pages 24-25)

- Blood glucose diagnostic test meter - amendment to prescribing restrictions – two new groups funded – brand switch fee payable
- Blood glucose diagnostic test strip - amendment to prescribing restrictions – two new groups funded
- Blood glucose diagnostic test strip (visually impaired) – move to new chemical with amendment to prescribing restrictions – two new groups funded
- Metoprolol succinate (Metoprolol - AFT CR) tab long-acting 23.75 mg, 47.5 mg, 95 mg and 190 mg – brand switch fee payable
- Ethinyloestradiol with levonorgestrel (Ava 30 ED) tab 30 µg with levonorgestrel 150 µg and 7 inert tab – up to 84 tab available on a PSO - brand switch fee payable

### Increased subsidy (pages 26-27)

- Heparin sodium (Pfizer) inj 5,000 iu per ml, 5 ml
- Clonidine hydrochloride (Catapres) inj 150 µg per ml, 1 ml

### Decreased subsidy (pages 26-27)

- Blood glucose diagnostic test strips (CareSens) 50 test strips and 5 x lancets, 50 test OP
- Atorvastatin (Dr Reddy's Atorvastatin) tab 10 mg, 20 mg, 40 mg and 80 mg
- Felodipine (Felo ER) tab 5 mg and 10 mg
- Calamine (PSM) Lotion, BP, 2,000 ml
- Ethinyloestradiol with levonorgestrel (Loette and Microgynon 20 ED) tab 20 µg with levonorgestrel 100 µg and 7 inert tab
- Hydrocortisone (Douglas) tab 5 mg and 20 mg
- Cabergoline (Arrow-Cabergoline) tab 0.5 mg, 2 and 8 tab packs
- Hydroxychloroquine sulphate (Plaquenil) tab 200 mg
- Salbutamol (Asthalin) nebuliser soln 1 mg per ml, 2.5 ml and 2 mg per ml, 2.5 ml
- Salbutamol with ipratropium bromide (Duolin) nebuliser soln, 2.5 mg with ipratropium bromide 0.5mg per vial, 2.5 ml

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All decisions related to news items are effective from 1 September unless otherwise indicated



- all other blood glucose meters being delisted from 1 December 2012;
  - On Call Advanced and FreeStyle Lite test strips being delisted from 1 March 2013;
- PHARMAC intends to continue funding two alternative brands of test strips on-going, subject to Special Authority criteria. These are:

- Accu-Chek test strips for patients using the Combo pump. To be eligible, people need to have been using a Combo pump before 1 June 2012.
- Freestyle Optium test strips for those patients using the Freestyle Optium (previously known as Optium Xceed) as their only meter for both blood glucose and ketone testing. To be eligible, people need to have been using their Freestyle Optium meter for both testing functions before 1 June 2012.

Sensocard meters and test strips for the vision impaired will not be affected by these changes.

## Implementing the changes

To augment the implementation process, the Pharmaceutical Schedule rules will be amended from 1 September 2012 until 1 March 2013 to allow pharmacists to provide a funded CareSens blood glucose meter to patients during the transition period, where the pharmacist has a record of the patient using insulin or a sulphonylurea.

There will be no patient co-payment payable for CareSens test meters during the transition period 1 September 2012 to 28 February 2013.

Over the coming months, we will be working with Pharmaco NZ, the supplier of the CareSens range of blood glucose management products, to put in place a comprehensive training and implementation package to support the changes to funding for blood glucose diagnostic meters and test strips. This will include training for pharmacists, nurses and clinicians, information and training for patients and support in the form of written materials, online resources and 0800 helpline.

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## BSF – change to Brand Switch Fee payment

The Brand Switch Fee (BSF) payments will be amended from 1 September 2012 following a policy recommendation by the Community Pharmacy Services Operations Group (CPSOG).

Under the new Community Pharmacy Services Agreement (CPSA) BSF payments have been calculated as comprising \$4.50 “drug cost” plus \$1.00 handling fee. However, the calculation failed to include mark-up on the drug cost which brings the fee higher

than the agreed sum of \$5.50 and may affect forecasted expenditure on BSF payments.

New BSF payments being listed from 1 September 2012 will be set at \$4.33 “drug cost” plus \$1.00 handling fee plus 4% mark-up so that the total paid to pharmacies will be \$5.50 for each BSF payment. Details of these payments are below.

BSF payments already being implemented for ursodeoxycholic acid and rizatriptan will remain unchanged.

## **BSF payments for CareSens blood glucose diagnostic test meters**

Brand Switch Fee (BSF) payments for pharmacies will be payable for dispensings of CareSens N, CareSens N POP and CareSens II blood glucose diagnostic test meters from 1 September 2012 to 1 March 2013. Please note that the BSF payments are on the newly listed meters which include 50 lancets, a lancing device and 10 diagnostic test strips with each meter.

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## **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 to 1 March 2013 and metoprolol succinate (Metoprolol - AFT CR) from 1 September 2012 to 1 December 2012.

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## **Nupentin supplied in bottles**

The Nupentin brand of gabapentin 100 mg and 300 mg capsules are now to be supplied in bottles instead of blisters. There are new Pharmacodes for the bottled packs and these will be subsidised from 1 September 2012. The 400 mg capsules will change to bottled packaging at a later date.

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## **Referring patients to LTC**

PHARMAC has received a number of inquiries regarding the process for prescribers to refer patients to the Long Term Condition service. Prescribers can annotate a prescription with "Refer for LTC" or similar to draw to the pharmacist's attention that the patient should be assessed for the LTC service.

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## **Intal Forte CFC Free and Vicrom Inhalers**

A new Pharmacode has been issued for Intal Forte CFC Free inhalers.

As a result, we have included Intal Forte CFC Free inhalers in the new listings effective from 1 September 2012. This means that Vicrom inhalers will continue to be listed under its own Pharmacode and allows pharmacists to claim for remaining Vicrom stock until it is delisted on 1 March 2013.

## Filgrastim

The Zarzio brand of Filgrastim injection 300 µg per 0.5 ml and 480 µg per 0.5 ml prefilled syringes will be listed from 1 September 2012. The injections are fully subsidised subject to Special Authority criteria for cancer-induced neutropenia as well as neutropenia caused by non-cancer indications.

By listing filgrastim in the community, this means that more patients will be able to access funded filgrastim.

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## News In brief

- The Prefrin brand of **phenylephrine hydrochloride** eye drops 0.12 % will be delisted from 1 March 2013 due to supplier discontinuation.
- The brand name for the API brand of **calamine** lotion, BP will be amended to PSM from 1 September 2012.
- A new 90 tablet pack size for **cilazapril** (Zapril) 0.5 mg tablets will be listed from 1 September 2012.

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## Dispensing Frequency quiz winner announced

Congratulations to Unichem Leamington Pharmacy of Cambridge which won the quiz for the Dispensing Frequency. Morning tea will be delivered to its staff by a PHARMAC employee shortly. Thank you to everyone who took the time to answer the quiz.





# Tender News

Sole Subsidised Supply changes – effective 1 October 2012

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Acetylcysteine	Inj 200 mg per ml, 10 ml; 10 inj	Martindale Acetylcysteine (Max Health)
Benzathine benzylpenicillin	Inj 1.2 mega u per 2.3 ml; 10 inj	Bicillin LA (Pfizer)
Brimonidine tartrate	Eye drops 0.2%; 5 ml OP	Arrow-Brimonidine (Arrow)
Chloramphenicol	Eye drops 0.5%; 10 ml OP	Chlorafast (Arrow)
Crotamiton	Crn 10%; 20 g OP	Itch-Soothe (AFT)
Cyclizine hydrochloride	Tab 50 mg; 10 tab	Nausicalm (AFT)
Diltiazem hydrochloride	Tab 30 mg; 100 tab	Dilzem (Douglas)
Diltiazem hydrochloride	Tab 60 mg; 100 tab	Dilzem (Douglas)
Enoxaparin sodium	Inj 20 mg; 10 inj	Clexane (Sanofi-Aventis)
Enoxaparin sodium	Inj 40 mg; 10 inj	Clexane (Sanofi-Aventis)
Enoxaparin sodium	Inj 60 mg; 10 inj	Clexane (Sanofi-Aventis)
Enoxaparin sodium	Inj 80 mg; 10 inj	Clexane (Sanofi-Aventis)
Enoxaparin sodium	Inj 100 mg; 10 inj	Clexane (Sanofi-Aventis)
Enoxaparin sodium	Inj 120 mg; 10 inj	Clexane (Sanofi-Aventis)
Enoxaparin sodium	Inj 150 mg; 10 inj	Clexane (Sanofi-Aventis)
Etidronate disodium	Tab 200 mg; 100 tab	Arrow-Etidronate (Arrow)
Fentanyl citrate	Inj 50 µg per ml, 2 ml; 10 inj	Boucher & Muir (Boucher & Muir)
Fentanyl citrate	Inj 50 µg per ml, 10 ml; 10 inj	Boucher & Muir (Boucher & Muir)
Flucloxacillin	Grans for oral liq 125 mg per ml; 100 ml	AFT (AFT)
Flucloxacillin	Grans for oral liq 250 mg per ml; 100 ml	AFT (AFT)
Furosemide	Tab 40 mg; 1,000 tab	Diurin 40 (Mylan)
Gentamicin sulphate	Inj 40 mg per ml, 2 ml; 10 inj	Pfizer (Pfizer)
Hydroxocobalamin	Inj 1 mg per ml, 1 ml; 3 inj	ABM Hydroxocobalamin (ABM)
Latanoprost	Eye drops 50 µg per ml; 2.5 ml OP	Hysite (Pfizer)
Lithium carbonate	Tab 250 mg; 500 tab	Lithicarb FC (Mylan)
Lithium carbonate	Tab 400 mg; 100 tab	Lithicarb FC (Mylan)
Mesalazine	Enema 1 g per 100 ml; 7 enema	Pentasa (Pharmaco)
Methadone hydrochloride	Oral liq 2 mg per ml; 200 ml	Biodone (Biomed)
Methadone hydrochloride	Oral liq 5 mg per ml; 200 ml	Biodone Forte (Biomed)
Methadone hydrochloride	Oral liq 10 mg per ml; 200 ml	Biodone Extra Forte (Biomed)

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Mirtazapine	Tab 30 mg; 30 tab	Avanza (MSD)
Mirtazapine	Tab 45 mg; 30 tab	Avanza (MSD)
Mometasone furoate	Crn 0.1%; 15 g OP	m-Mometasone (Multichem)
Mometasone furoate	Crn 0.1%; 45 g OP	m-Mometasone (Multichem)
Mometasone furoate	Oint 0.1%; 15 g OP	m-Mometasone (Multichem)
Mometasone furoate	Oint 0.1%; 45 g OP	m-Mometasone (Multichem)
Norethisterone	Tab 350 µg; 84 tab	Noriday 28 (Pfizer)
Pioglitazone	Tab 15 mg; 28 tab	Pizaccord (Douglas)
Pioglitazone	Tab 30 mg; 28 tab	Pizaccord (Douglas)
Pioglitazone	Tab 45 mg; 28 tab	Pizaccord (Douglas)
Promethazine hydrochloride	Tab 10 mg; 50 tab	Allersoothe (AFT)
Promethazine hydrochloride	Tab 25 mg; 50 tab	Allersoothe (AFT)
Roxithromycin	Tab 150 mg; 50 tab	Arrow-Roxithromycin (Arrow)
Roxithromycin	Tab 300 mg; 50 tab	Arrow-Roxithromycin (Arrow)

## Looking Forward

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

### **Possible decisions for implementation 1 October 2012**

- Bevacizumab (Avastin) inj 25 mg per ml, 4 ml and 16 ml – new listing – PCT only – Specialist – Special Authority
- Blood Glucose Diagnostic Test Meters (CareSens II and CareSens POP) – delist
- Leflunomide (Arava) tab 10 mg and 20 mg – price and subsidy decrease
- Valganciclovir (Valcyte) tab 450 mg – new listing – Special Authority – Retail pharmacy

## Sole Subsidised Supply Products – cumulative to September 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 September 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% Vaginal crm 1% with applicator Vaginal crm 2% with applicator	Clomazol Clomazol Clomazol	2014 2013
Coal tar	Soln BP	Midwest	2013
Colchicine	Tab 500 µg	Colgout	2013
Compound electrolytes	Powder for soln for oral use 4.4 g	Electral	2013
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
<b>Dexamethasone</b>	<b>Tab 1 mg &amp; 4 mg</b> Eye oint 0.1% Eye drops 0.1%	<b>Douglas</b> Maxidex Maxidex	<b>2015</b> 2014 2013
Dexamethasone sodium phosphate	Inj 4 mg per ml, 1 ml & 2 ml	Hospira	2013
Dexamethasone with neomycin and polymyxin b sulphate	Eye oint 0.1% with neomycin sulphate 0.35% and polymyxin B sulphate 6,000 u per g Eye drops 0.1% with neomycin sulphate 0.35% and polymyxin B sulphate 6,000 u per ml	Maxitrol  Maxitrol	2014
Dextrose	Inj 50%, 10 ml	Biomed	2014
Dextrose with electrolytes	Soln with electrolytes	Pedialyte – Fruit Pedialyte – Bubblegum Pedialyte – Plain	2013
Diclofenac sodium	Inj 25 mg per ml, 3 ml Eye drops 1 mg per ml Suppos 12.5 mg, 25 mg, 50 mg & 100 mg	Voltaren Voltaren Ophtha Voltaren	2014

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## Sole Subsidised Supply Products – cumulative to September 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
<b>Ethinylestradiol with levonorgestrel</b>	<b>Tab 30 µg with levonorgestrel 150 µg &amp; 7 inert tab</b>	<b>Ava 30 ED</b>	<b>2014</b>
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 September 2012

Generic Name	Presentation	Brand Name	Expiry Date*
Hydrocortisone	Crn 1% Powder Inj 50 mg per ml, 1 ml	Pharmacy Health ABM	2014
		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 Tab 10 mg	Buscopan	2014
		Gastrosoothe	
Ibuprofen	Tab 200 mg Tab long-acting 800 mg Oral liq 100 mg per 5 ml	Arrowcare	2014
		Brufen SR	
		Fenpaed	2013
Imiquimod	Crn 5%	Aldara	2014
Indapamide	Tab 2.5 mg	Dapa-Tabs	2013
Ipratropium bromide	Aqueous nasal spray, 0.03%, 15 ml OP Nebuliser soln, 250 µg per ml, 1 ml & 2 ml	Univent	2013
		Univent	
Iron polymaltose	Inj 50 mg per ml, 2 ml	Ferrum H	2014
Isosorbide mononitrate	Tab 20 mg Tab long-acting 40 mg	Ismo 20	2014
		Corangin	
Itraconazole	Cap 100 mg	Itrazole	2013
Ketoconazole	Shampoo 2%	Sebizole	2014
Lactulose	Oral liq 10 g per 15 ml	Laevolac	2013
Lamivudine	Oral liq 10 mg per ml Tab 150 mg	3TC	2013
		3TC	
Levonorgestrel	Subdermal implant (2 x 75 mg rods)	Jadelle	31/12/13
Lignocaine hydrochloride	Viscous soln 2% Inj 1%, 5 ml & 20 ml	Xylocaine Viscous	2014
		Xylocaine	2013
Lignocaine with prilocaine	Crn 2.5% with prilocaine 2.5% (5 g tubes) Crn 2.5% with prilocaine 2.5%; 30 g OP	EMLA	2013
		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 Tab 10 mg	Lorapaed	2013
		Loraclear Hayfever Relief	
Lorazepam	Tab 1 mg & 2.5 mg	Ativan	2013
Losartan	Tab 12.5 mg, 25 mg, 50 mg & 100 mg	Lostaar	2014

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## Sole Subsidised Supply Products – cumulative to September 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
<b>Metoprolol succinate</b>	<b>Tab long-acting 23.75 mg, 47.5 mg, 95 mg &amp; 190 mg</b>	<b>Metoprolol-AFT CR</b>	<b>2015</b>
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 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

\*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 September 2012

Generic Name	Presentation	Brand Name	Expiry Date*
Norethisterone	Tab 5 mg	Primolut N28	2014
Nystatin	Oral liq 100,000 u per ml	Nilstat	2014
	Cap 500,000 u	Nilstat	2013
	Tab 500,000 u	Nilstat	
Octreotide (somatostatin analogue)	Inj 50 µg per ml, 1 ml	Octreotide Max Rx	2014
	Inj 100 µg per ml, 1 ml		
	Inj 500 µg per ml, 1 ml		
Omeprazole	Cap 10 mg, 20 mg & 40 mg	Omezol Relief Midwest Dr Reddy's Omeprazole	2014
	Powder		
	Inj 40 mg		
Ondansetron	Tab disp 4 mg & 8 mg	Dr Reddy's Ondansetron	2013
	Tab 4 mg & 8 mg	Dr Reddy's Ondansetron	
Oxazepam	Tab 10 mg & 15 mg	Ox-Pam	2014
Pantoprazole	Inj 40 mg	Pantocid IV	2014
	Tab 20 mg & 40 mg	Dr Reddy's Pantoprazole	2013
Paracetamol	Tab 500 mg	Parafast Ethics Paracetamol Paracare Double Strength	2014
	Oral liq 120 mg per 5 ml		
	Oral liq 250 mg per 5 ml		
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	Pegasys	31/12/12
	Inj 180 µg prefilled syringe	Pegasys	
	Inj 135 µg prefilled syringe x 4 with ribavirin tab 200 mg x 112	Pegasys RBV Combination Pack	
		Pegasys RBV Combination Pack	
	Inj 135 µg prefilled syringe x 4 with ribavirin tab 200 mg x 168	Pegasys RBV Combination Pack	
		Pegasys RBV Combination Pack	
	Inj 180 µg prefilled syringe x 4 with ribavirin tab 200 mg x 112	Pegasys RBV Combination Pack	
Inj 180 µg prefilled syringe x 4 with ribavirin tab 200 mg x 168	Pegasys RBV Combination Pack		
Pergolide	Tab 0.25 mg & 1 mg	Permax	2014
Permethrin	Crn 5%	Lyderm	2014
	Lotn 5%	A-Scabies	
Pethidine hydrochloride	Inj 50 mg per ml, 1 ml	DBL Pethidine Hydrochloride DBL Pethidine Hydrochloride	2014
	Inj 50 mg per ml, 2 ml		

\*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 September 2012

Generic Name	Presentation	Brand Name	Expiry Date*
Phenoxymethylpenicillin (Pencillin V)	Cap potassium salt 250 mg & 500 mg Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml	Cilicaine VK  AFT AFT	2013
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
<b>Quinapril with hydrochlorothiazide</b>	<b>Tab 10 mg with hydrochlorothiazide 12.5 mg Tab 20 mg with hydrochlorothiazide 12.5 mg</b>	<b>Accuretic 10  Accuretic 20</b>	<b>2015</b>
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
Spirolactone	Tab 25 mg & 100 mg	Spirotone	2013
Sumatriptan	Inj 12 mg per ml, 0.5 ml Tab 50 mg & 100 mg	Arrow-Sumatriptan Arrow-Sumatriptan	2013
Tamoxifen citrate	Tab 20 mg	Genox	2014
Tamsulosin hydrochloride	Cap 400 µg	Tamsulosin-Rex	2013

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

## Sole Subsidised Supply Products – cumulative to September 2012

Generic Name	Presentation	Brand Name	Expiry Date*
Tar with triethanolamine lauryl sulphate and fluorescein	Soln 2.3% with triethanolamine lauryl sulphate and fluorescein sodium, 500 ml & 1,000 ml	Pinetarsol	2014
Temazepam	Tab 10 mg	Normison	2014
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 Crms 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

### September 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 September 2012

31	<p>INSULIN PUMP – Special Authority see SA1237</p> <p>a) Only on a prescription</p> <p>b) Maximum of 1 insulin pump per prescription</p> <p>c) Maximum of 1 insulin pump per patient each four year period</p> <p>Flat panel, high contrast screen; compatible with standard luer lock infusion sets; waterproof at 12 feet for 24 hours; 0.025 U/h basal rate; 0.05 U incremental bolus; black colour.....</p> <p>Flat panel, high contrast screen; compatible with standard luer lock infusion sets; waterproof at 12 feet for 24 hours; 0.025 U/h basal rate; 0.05 U incremental bolus; silver colour.....</p> <p>Flat panel, high contrast screen; compatible with standard luer lock infusion sets; waterproof at 12 feet for 24 hours; 0.025 U/h basal rate; 0.05 U incremental bolus; blue colour .....</p> <p>Flat panel, high contrast screen; compatible with standard luer lock infusion sets; waterproof at 12 feet for 24 hours; 0.025 U/h basal rate; 0.05 U incremental bolus; green colour .....</p> <p>Flat panel, high contrast screen; compatible with standard luer lock infusion sets; waterproof at 12 feet for 24 hours; 0.025 U/h basal rate; 0.05 U incremental bolus; pink colour .....</p>	4,500.00	1	✓ Animas 2020
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▶ SA1237 Special Authority for Subsidy  
Special Authority approved by PHARMAC.

Notes: Application details may be obtained from PHARMAC's website <http://www.pharmac.govt.nz>, and applications should be sent to:

The IPP Co-ordinator  
PHARMAC  
PO Box 10 254  
Wellington

Phone: (04) 460 4990  
Facsimile: (04) 916 7571  
Email: [ipp@pharmac.govt.nz](mailto:ipp@pharmac.govt.nz)

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

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## New Listings - effective 1 September 2012 (continued)

31	INSULIN PUMP INFUSION SET – Special Authority see SA1240 – Retail Pharmacy		
	a) Maximum of 3 packs per prescription,		
	b) Maximum of 1 prescription per 90 days.		
	c) Only on a prescription		
	Note: One additional pack of infusion sets will be funded per year (Maximum of 13 packs per annum)		
	6 mm metal cannula; straight insertion;		
	60 cm grey line x 10 with 10 needles.....	130.00	1 OP ✓ <b>Contact-D</b>
	8 mm metal cannula; straight insertion;		
	60 cm grey line x 10 with 10 needles.....	130.00	1 OP ✓ <b>Contact-D</b>
	8 mm metal cannula; straight insertion;		
	110 cm grey line x 10 with 10 needles.....	130.00	1 OP ✓ <b>Contact-D</b>
	Teflon cannula angle insertion 13 mm; 60 cm		
	grey line x 5 with 10 needles.....	120.00	1 OP ✓ <b>Comfort Short</b>
	Teflon cannula angle insertion 17 mm; 60 cm		
	grey line x 5 with 10 needles.....	120.00	1 OP ✓ <b>Comfort</b>
	Teflon cannula angle insertion 17 mm; 110 cm		
	grey line x 5 with 10 needles.....	120.00	1 OP ✓ <b>Comfort</b>
	Teflon cannula straight insertion 6 mm; with		
	auto injector; 60 cm grey line x 10 with 10 needles.....	140.00	1 OP ✓ <b>Inset II</b>
	Teflon cannula straight insertion 6 mm; with		
	auto injector; 60 cm pink line x 10 with 10 needles.....	140.00	1 OP ✓ <b>Inset II</b>
	Teflon cannula straight insertion 6 mm with		
	auto injector; 60 cm blue line x 10 with 10 needles.....	140.00	1 OP ✓ <b>Inset II</b>
	Teflon cannula straight insertion 9 mm with		
	auto injector; 60 cm grey line x 10 with 10 needles.....	140.00	1 OP ✓ <b>Inset II</b>
	Teflon cannula straight insertion 9 mm with		
	auto injector; 60 cm pink line x 10 with 10 needles.....	140.00	1 OP ✓ <b>Inset II</b>
	Teflon cannula straight insertion 9 mm with		
	auto injector; 60 cm blue line x 10 with 10 needles.....	140.00	1 OP ✓ <b>Inset II</b>
	Teflon cannula straight insertion 6 mm with		
	auto injector; 110 cm grey line x 10 with 10 needles.....	140.00	1 OP ✓ <b>Inset II</b>
	Teflon cannula straight insertion 9 mm with		
	auto injector; 110 cm grey line x 10 with 10 needles.....	140.00	1 OP ✓ <b>Inset II</b>
	Teflon cannula angle insertion 13 mm with		
	auto injector; 60 cm grey line x 10 with 10 needles.....	140.00	1 OP ✓ <b>Inset 30</b>
	Teflon cannula angle insertion 13 mm with		
	auto injector; 60 cm pink line x 10 with 10 needles.....	140.00	1 OP ✓ <b>Inset 30</b>
	Teflon cannula angle insertion 13 mm with		
	auto injector; 60 cm blue line x 10 with 10 needles.....	140.00	1 OP ✓ <b>Inset 30</b>
	Teflon cannula angle insertion 13 mm with		
	auto injector; 110 cm grey line x 10 with 10 needles.....	140.00	1 OP ✓ <b>Inset 30</b>

► SA1240 Special Authority for Subsidy  
Special Authority approved by PHARMAC.

Notes: Application details may be obtained from PHARMAC's website <http://www.pharmac.govt.nz>, and applications should be sent to:

The IPP Co-ordinator  
PHARMAC  
PO Box 10 254  
Wellington

Phone: (04) 460 4990  
Facsimile: (04) 916 7571  
Email: [ipp@pharmac.govt.nz](mailto:ipp@pharmac.govt.nz)



Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## New Listings - effective 1 September 2012 (continued)

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; or 4. Prescribed for a patient on home TPN at risk of hypoglycaemia or hyperglycaemia; or 5. Prescribed for a patient with a genetic or an acquired disorder of glucose homeostasis excluding type 1 or type 2 diabetes and metabolic syndrome Blood glucose test strips .....	10.56	50 test OP	✓ CareSens ✓ CareSens N
40	FILGRASTIM – Special Authority see SA1252 – Retail pharmacy Inj 300 µg per 0.5 ml prefilled syringe..... Inj 480 µg per 0.5 ml prefilled syringe.....	540.00 864.00	5 5	✓ Zarzio ✓ Zarzio
<p>▶ SA1252 Special Authority for Subsidy Initial application from 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. Prevention of neutropenia in patients undergoing high risk chemotherapy for cancer (febrile neutropenia risk ≥ 20%*); or 2. Peripheral blood stem cell mobilisation in patients undergoing haematological transplantation; or 3. Peripheral blood stem cell mobilisation or bone marrow donation from healthy donors for transplantation; or 4. Treatment of severe chronic neutropenia (ANC &lt; 0.5 x 10<sup>9</sup>/L); or 5. Treatment of drug-induced prolonged neutropenia (ANC &lt; 0.5 x 10<sup>9</sup>/L). Note *Febrile neutropenia risk ≥ 20% after taking into account other risk factors as defined by the European Organisation for Research and Treatment of Cancer (EORTC) guidelines.</p>				
48	CILAZAPRIL * Tab 0.5 mg .....	2.85	90	✓ Zapril
60	CALAMINE a) Only on a prescription b) Not in combination Crm, aqueous, BP .....	1.77	100 g	✓ Home Essential
86	AMOXYCILLIN CLAVULANATE Grans for oral liq amoxicillin 125 mg with potassium clavulanate 31.25 mg per 5 ml – Up to 200 ml available on a PSO .....	1.61	100 ml	✓ Augmentin
	Grans for oral liq amoxicillin 250 mg with potassium clavulanate 62.5 mg per 5 ml – Up to 200 ml available on a PSO.....	2.19	100 ml	✓ Augmentin
151	IRINOTECAN – PCT only – Specialist – Special Authority see SA0878 Inj 20 mg per ml, 2 ml .....	9.34	1	✓ Irinotecan Actavis 40
	Inj 20 mg per ml, 5 ml .....	23.34	1	✓ Irinotecan Actavis 100
173	SODIUM CROMOGLYCATE (new pharmacode) Aerosol inhaler, 5 mg per dose CFC-free .....	28.07	112 dose OP	✓ Intal Forte CFC Free

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 September 2012 (continued)

180	PHARMACY SERVICES – May only be claimed once per patient		
	* Brand switch fee.....	4.33	1 fee ✓BSF CareSens N
	The Pharmacode for BSF CareSens N is 2423138 (BSF CareSens N Brand switch fee to be delisted 1 March 2013)		
	* Brand switch fee.....	4.33	1 fee ✓BSF CareSens II
	The Pharmacode for BSF CareSens II is 2423146 (BSF CareSens II Brand switch fee to be delisted 1 March 2013)		
	* Brand switch fee.....	4.33	1 fee ✓BSF CareSens N POP
	The Pharmacode for BSF CareSens N POP is 2423154 (BSF CareSens N POP Brand switch fee to be delisted 1 March 2013)		
	* Brand switch fee.....	4.33	1 fee ✓BSF Ava 30 ED
	The Pharmacode for BSF Ava 30 ED is 2405865 (BSF Ava 30 ED Brand switch fee to be delisted 1 March 2013)		
	* Brand switch fee.....	4.33	1 fee ✓BSF Metoprolol - AFT CR
	The Pharmacode for BSF Metoprolol - AFT CR is 2405873 (BSF Metoprolol AFT - CR Brand switch fee to be delisted 1 December 2012)		
195	PAEDIATRIC ORAL FEED – Special Authority see SA1224 – Hospital pharmacy [HP3]		
	Powder (vanilla) .....	20.00	900 g OP ✓Pediasure
195	RENAL ENTERAL FEED 2 KCAL/ML – Special Authority see SA1101– Hospital pharmacy [HP3]		
	Liquid.....	6.08	500 ml OP ✓Nepro RTH
200	ENTERAL FEED WITH FIBRE 1.5 KCAL/ML – Special Authority see SA1228– Hospital pharmacy [HP3]		
	Liquid .....	7.00	1,000 ml OP ✓Jevity HiCal RTH
202	ENTERAL FEED 2 KCAL/ML – Special Authority see SA1195 – Hospital pharmacy [HP3]		
	Liquid .....	11.00	1,000 ml OP ✓Two Cal HN RTH

▲ 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 September 2012

### 31 BLOOD GLUCOSE DIAGNOSTIC TEST METER – Subsidy by endorsement

a) Maximum of 1 meter per prescription

b)

†) A diagnostic blood glucose test meter is subsidised for a patients who:

- i. is **receiving** begin insulin or sulphonylurea therapy **after 1 March 2005**; or
- ii. is **prescribed for a pregnant woman with and has** diabetes; or
- iii. is **on home TPN at risk of hypoglycaemia or hyperglycaemia**; or
- iv. **has a genetic or an acquired disorder of glucose homeostasis excluding type 1 or type 2 diabetes and metabolic syndrome.**

2) Only one meter per patient. No further prescriptions will be subsidised. The prescription must be endorsed accordingly.

**Only one CareSens meter per patient. No further prescriptions will be subsidised for patients who already have a CareSens meter. For the avoidance of doubt patients who have previously received a funded meter, other than CareSens, are eligible for a CareSens meter.**

**The prescription must be endorsed accordingly.**

**Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of insulin or sulphonylureas.**

Meter .....	6.00	1	✓ CareSens POP
	9.00		✓ CareSens II
			✓ FreeStyle Lite
			✓ Freestyle Optium
			✓ On Call Advanced
	19.00		✓ Accu-Chek Performa
Meter with 50 lancets, a lancing device, and 10 diagnostic strips - <b>brand switch fee payable</b> – <b>no patient co-payment payable</b> .....	20.00	1 OP	✓ CareSens N
			✓ CareSens N POP
			✓ CareSens II

### 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; or
4. **Prescribed for a patient on home TPN at risk of hypoglycaemia or hyperglycaemia; or**
5. **Prescribed for a patient with a genetic or an acquired disorder of glucose homeostasis excluding type 1 or type 2 diabetes and metabolic syndrome.**

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 .....	10.56	50 test OP	✓ CareSens
			✓ CareSens N
	21.65	50 test OP	✓ Accu-Chek Performa
			✓ FreeStyle Lite
			✓ Freestyle Optium
Blood glucose test strips × 50 and lancets × 5 .....	19.10	50 test OP	✓ On Call Advanced
	10.56		✓ CareSens



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 September 2012 (continued)

32	<p><b>BLOOD GLUCOSE DIAGNOSTIC TEST STRIP (VISUALLY IMPAIRED)</b>  <b>The number of test strips available on a prescription is restricted to 50 unless:</b></p> <ol style="list-style-type: none"> <li>1. Prescribed with insulin or a sulphonylurea but are on a different prescription and the prescription is endorsed accordingly; or</li> <li>2. Prescribed on the same prescription as insulin or a sulphonylurea in which case the prescription is deemed to be endorsed; or</li> <li>3. Prescribed for a pregnant woman with diabetes and endorsed accordingly; or</li> <li>4. Prescribed for a patient on home TPN at risk of hypoglycaemia or hyperglycaemia; or</li> <li>5. Prescribed for a patient with a genetic or an acquired disorder of glucose homeostasis excluding type 1 or type 2 diabetes and metabolic syndrome.</li> </ol> <p><b>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.</b></p>			
	Blood glucose test strips .....	26.20	50 test OP	✓ SensoCard
52	<p><b>METOPROLOL SUCCINATE – Brand switch fee payable</b></p> <ul style="list-style-type: none"> <li>* Tab long-acting 23.75 mg .....</li> <li>* Tab long-acting 47.5 mg .....</li> <li>* Tab long-acting 95 mg .....</li> <li>* Tab long-acting 190 mg .....</li> </ul>	0.96 1.41 2.42 4.66	30 30 30 30	✓ Metoprolol - AFT CR ✓ Metoprolol - AFT CR ✓ Metoprolol - AFT CR ✓ Metoprolol - AFT CR
72	<p><b>ETHINYLLOESTRADIOL WITH LEVONORGESTREL</b>            * Tab 30 µg with levonorgestrel 150 µg and 7 inert tab –            Up to 84 tab available on a PSO – <b>Brand switch fee payable</b> .....</p>	2.45	84	✓ Ava 30 ED

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

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## Changes to Subsidy and Manufacturer's Price

Effective 1 September 2012

32	BLOOD GLUCOSE DIAGNOSTIC TEST STRIP (↓ subsidy) The number of test strips available on a prescription is restricted to 50 unless: 1. Prescribed with insulin or a sulphonylurea but are on a different prescription and the prescription is endorsed accordingly; or 2. Prescribed on the same prescription as insulin or a sulphonylurea in which case the prescription is deemed to be endorsed; or 3. Prescribed for a pregnant woman with diabetes and endorsed accordingly; or 4. Prescribed for a patient on home TPN at risk of hypoglycaemia or hyperglycaemia; or 5. Prescribed for a patient with a genetic or an acquired disorder of glucose homeostasis excluding type 1 or type 2 diabetes and metabolic syndrome. Blood glucose test strips × 50 and lancets × 5 .....	10.56	50 test OP	✓ CareSens
42	HEPARIN SODIUM (↑ subsidy) Inj 5,000 iu per ml, 5 ml .....	182.00	50	✓ Pfizer
45	ATORVASTATIN – See prescribing guideline (↓ subsidy) * Tab 10 mg .....	2.47	30	✓ Dr Reddy's Atorvastatin
	* Tab 20 mg .....	3.73	30	✓ Dr Reddy's Atorvastatin
	* Tab 40 mg .....	5.51	30	✓ Dr Reddy's Atorvastatin
	* Tab 80 mg .....	8.20	30	✓ Dr Reddy's Atorvastatin
53	FELODIPINE (↓ subsidy) * Tab long-acting 5 mg .....	9.30	90	✓ Felo 5 ER
	* Tab long-acting 10 mg .....	13.80	90	✓ Felo 10 ER
54	CLONIDINE HYDROCHLORIDE (↑ subsidy) * Inj 150 µg per ml, 1 ml .....	16.07	5	✓ Catapres
60	CALAMINE (↓ subsidy) a) Only on a prescription b) Not in combination Lotn, BP .....	13.45	2,000 ml	✓ PSM
72	ETHINYLLOESTRADIOL WITH LEVONORGESTREL (↓ subsidy) * Tab 20 µg with levonorgestrel 100 µg and 7 inert tab - Up to 84 tab available on a PSO .....	2.95 (16.50) (16.50)	84	Loette Microgynon 20 ED
76	HYDROCORTISONE (↓ subsidy) * Tab 5 mg .....	8.10	100	✓ Douglas
	* Tab 20 mg - For hydrocortisone oral liquid formulation refer, page 182 .....	20.32	100	✓ Douglas

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 September 2012 (continued)

82	CABERGOLINE (↓ subsidy) Tab 0.5 mg - Maximum of 2 tab per prescription; can be waived by Special Authority see SA1031 .....	6.25 (16.50) 25.00 (66.00)	2  8	  Arrow-Cabergoline Arrow-Cabergoline
89	HYDROXYCHLOROQUINE SULPHATE (↓ subsidy) * Tab 200 mg .....	18.00	100	✓ <b>Plaquenil</b>
171	SALBUTAMOL (↓ subsidy) Nebuliser soln, 1 mg per ml, 2.5 ml - Up to 30 neb available on a PSO .....	3.25	20	✓ <b>Asthalin</b>
	Nebuliser soln, 2 mg per ml, 2.5 ml - Up to 30 neb available on a PSO .....	3.44	20	✓ <b>Asthalin</b>
172	SALBUTAMOL WITH IPRATROPIUM BROMIDE (↓ subsidy) Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml - Up to 20 neb available on a PSO .....	3.75	20	✓ <b>Duolin</b>

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

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## Changes to General Rules

Effective 1 September 2012

- 16 **"Pharmacist"** means a person registered with the Pharmacy Council of New Zealand and who holds a current annual practicing certificate under the HPCA Act 2003.
- 16 **"Practitioner"** means a Doctor, a Dentist, a Dietitian, a Midwife, a Nurse Prescriber, ~~or an~~ Optometrist or a Pharmacist as those terms are defined in the Pharmaceutical Schedule.
- 21 **3.6 Pharmacists' prescriptions**  
**The following apply to every prescription written by a Pharmacist**
- 3.6.1 Prescriptions written by a Pharmacist for a Community Pharmaceutical will only be subsidised where they are for the CareSens, CareSens N and CareSens N POP blood glucose diagnostic meters and annotated appropriately.**
- 3.6.2 The prescribing and dispensing of blood glucose diagnostic meters by Pharmacists must be in accordance with regulations 41 and 42 of the Medicines Regulations 1984.**

## Changes to Brand Name

Effective 1 September 2012

- 60 CALAMINE  
a) Only on a prescription  
b) Not in combination  
Lotn, BP ..... 13.45 2,000 ml ✓PSM API

## Changes to Sole Subsidised Supply

Effective 1 September 2012

For the list of new Sole Subsidised Supply products effective 1 September 2012 refer to the bold entries in the cumulative Sole Subsidised Supply table pages 11-18.

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## Delisted Items

Effective 1 September 2012

34	MUCILAGINOUS LAXATIVES – Only on a prescription				
	* Sugar Free.....	3.31 (10.60)	275 g OP		Mucilax
52	METOPROLOL SUCCINATE				
	* Tab long-acting 23.75 mg .....	0.96 (7.50)	30		✓ Myloc CR Betoloc CR
	* Tab long-acting 47.5 mg .....	1.41 (7.50)	30		✓ Myloc CR Betoloc CR
	* Tab long-acting 95 mg .....	2.42 (7.50)	30		✓ Myloc CR Betoloc CR
	* Tab long-acting 190 mg .....	4.66 (7.50)	30		✓ Myloc CR Betoloc CR
72	ETHINYLLOESTRADIOL WITH LEVONORGESTREL				
	* Tab 30 µg with levonorgestrel 150 µg and 7 inert tab – Up to 84 tab available on a PSO.....	2.45 (6.62)	84		Levien ED Monofeme Nordette 28 Microgynon 30 ED
		(14.49)			
		(16.50)			
187	PROPYLENE GLYCOL				
	Only in extemporaneously compounded methyl hydroxybenzoate 10% solution.				
	Liq .....	12.00	500 ml		✓ ABM

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

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## Items to be Delisted

### Effective 1 October 2012

31	BLOOD GLUCOSE DIAGNOSTIC TEST METER – Subsidy by endorsement			
	a) Maximum of 1 meter per prescription			
	b) A diagnostic blood glucose test meter is subsidised for a patient who:			
	i. is receiving insulin or sulphonylurea therapy; or			
	ii. is a pregnant woman with diabetes; or			
	iii. is on home TPN at risk of hypoglycaemia or hyperglycaemia; or			
	iv. has a genetic or an acquired disorder of glucose homeostasis excluding type 1 or type 2 diabetes and metabolic syndrome.			
	Only one CareSens meter per patient. No further prescriptions will be subsidised for patients who already have a CareSens meter. For the avoidance of doubt patients who have previously received a funded meter, other than CareSens, are eligible for a CareSens meter.			
	The prescription must be endorsed accordingly.			
	Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of insulin or sulphonylureas.			
	Meter .....	6.00	1	✓ CareSens POP
		9.00		✓ CareSens II

### Effective 1 December 2012

31	BLOOD GLUCOSE DIAGNOSTIC TEST METER – Subsidy by endorsement			
	Meter .....	6.00	1	✓ FreeStyle Lite
		19.00		✓ On Call Advanced
				✓ Accu-Chek Performa
53	FELODIPINE			
	* Tab long-acting 5 mg .....	9.30	90	✓ Felo 5 ER
	* Tab long-acting 10 mg .....	13.80	90	✓ Felo 10 ER
72	ETHINYLLOESTRADIOL WITH LEVONORGESTREL			
	* Tab 20 µg with levonorgestrel 100 µg and 7 inert tab – Up to			
	84 tab available on a PSO .....	2.95	84	
		(16.50)		Loette
		(16.50)		Microgynon 20 ED
82	CABERGOLINE			
	Tab 0.5 mg – Maximum of 2 tab per prescription; can be			
	waived by Special Authority see SA1031 .....	6.25	2	
		(16.50)		Arrow-Cabergoline
		25.00	8	
		(66.00)		Arrow-Cabergoline
180	PHARMACY SERVICES – May only be claimed once per patient			
	Brand switch fee.....	4.50	1 fee	✓ BSF Metoprolol - AFT CR
	The Pharmacode for BSF Metoprolol - AFT CR is 2405873			

### Effective 1 March 2013

165	SODIUM CROMOGLYCATE			
	Aerosol inhaler, 5 mg per dose CFC-free.....	28.07	112 dose OP	✓ Vicrom

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

**Items to be Delisted – effective 1 March 2013 (continued)**

179	PHENYLEPHRINE HYDROCHLORIDE * Eye drops 0.12%.....	4.47	15 ml OP	✓ <b>Pretrin</b>
180	PHARMACY SERVICES – May only be claimed once per patient			
	Brand switch fee .....	4.33	1 fee	✓ <b>BSF Ava 30 ED</b>
	The Pharmacode for BSF Ava 30 ED is 2405865			
	Brand switch fee .....	4.33	1 fee	✓ <b>BSF CareSens II</b>
	The Pharmacode for BSF CareSens II is 2423146			
	Brand switch fee .....	4.33	1 fee	✓ <b>BSF CareSens N</b>
	The Pharmacode for BSF CareSens N is 2423138			
	Brand switch fee .....	4.33	1 fee	✓ <b>BSF CareSens N POP</b>
	The Pharmacode for BSF CareSens N POP is 2423154			

▲ 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 September 2012

17	AMIKACIN SULPHATE (addition of HSS) Inj 5 mg per ml, 5 ml – <b>1% DV Nov-12 to 2015</b> .....	176.00	10	<b>Biomed</b>
18	AMOXYCILLIN CLAVULANATE Grans for oral liq 125 mg with potassium clavulanate 31.25 mg per 5 ml – <b>1% DV Nov-12 to 2015</b> .....	1.61	100 ml	<b>Augmentin</b>
	Grans for oral liq 250 mg with potassium clavulanate 62.5 mg per 5 ml – <b>1% DV Nov-12 to 2015</b> .....	2.19	100 ml	<b>Augmentin</b>
	Note – Curam grans for oral liq to be delisted 1 November 2012.			
19	ATORVASTATIN (↓ price) Tab 10 mg .....	2.47	30	Dr Reddy's Atorvastatin
	Tab 20 mg .....	3.73	30	Dr Reddy's Atorvastatin
	Tab 40 mg .....	5.51	30	Dr Reddy's Atorvastatin
	Tab 80 mg .....	8.20	30	Dr Reddy's Atorvastatin
	Note – Dr Reddy's Atorvastatin tab 10 mg, 20 mg, 40 mg and 80 mg to be delisted 1 October 2012.			
21	BLOOD GLUCOSE DIAGNOSTIC TEST METER 1 meter with 50 lancets, a lancing device, and 10 diagnostic test strips .....	20.00	1	CareSens N CareSens N POP CareSens II
21	BLOOD GLUCOSE DIAGNOSTIC TEST METER (delisting) Meter .....	9.00 6.00	1	CareSens II CareSens POP
	Note – CareSens II and CareSens POP meters (without lancets and test strips) will be delisted 1 October 2012.			
21	BLOOD GLUCOSE DIAGNOSTIC TEST STRIP Blood glucose test strips .....	10.56	50 test	CareSens N CareSens
21	BLOOD GLUCOSE DIAGNOSTIC TEST STRIP (↓ price) Blood glucose test strips × 50 and lancets × 5 .....	10.56	50 test	CareSens
22	CALAMINE Crm, aqueous, BP – <b>1% DV Nov-12 to 2015</b> .....	1.77	100 g	<b>Home-Essential PSM</b>
	Lotn, BP – <b>1% DV Nov-12 to 2015</b> .....	13.45	2,000 ml	
26	CLONIDINE HYDROCHLORIDE (↑ price and addition of HSS) Inj 150 µg per ml, 1 ml – <b>1% DV Nov-12 to 2015</b> .....	16.07	5	<b>Catapres</b>

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
<b>Section H changes to Part II - effective 1 September 2012 (continued)</b>			
31	ENTERAL FEED 2 KCAL/ML Liquid .....	11.00 1,000 ml	Two Cal HN RTH
32	ENTERAL FEED WITH FIBRE 1.5 KCAL/ML Liquid .....	7.00 1,000 ml	Jevity HiCal RTH
32	EPHEDRINE SULPHATE Inj 30 mg per ml, 1 ml – <b>1% DV Nov-12 to 2014</b> .....	66.00 10	<b>Max Health</b>
	Note – Mayne ephedrine sulphate inj 30 mg per ml, 1 ml to be delisted 1 November 2012.		
34	FILGRASTIM (new listing) Inj 300 µg per 0.5 ml prefilled syringe – <b>1% DV Jan-13 to 31 Dec 2015</b> .....	540.00 5	<b>Zarzio</b>
	Inj 480 µg per 0.5 ml prefilled syringe – <b>1% DV Jan-13 to 31 Dec 2015</b> .....	864.00 5	<b>Zarzio</b>
34	FILGRASTIM (delisting) Inj 300 µg per 0.5 ml prefilled syringe .....	135.00 1	Neupogen
	Inj 480 µg per 0.5 ml prefilled syringe .....	216.00 1	Neupogen
	Note – Neupogen inj 300 µg per 0.5 ml prefilled syringe and inj 480 µg per 0.5 ml prefilled syringe to be delisted 1 January 2013.		
38	HEPARIN SODIUM (↑ price) Inj 5,000 iu per ml, 5 ml .....	182.00 50	Pfizer
38	HYDROCORTISONE (↓ price and addition of HSS) Tab 5 mg – <b>1% DV Nov-12 to 2015</b> .....	8.10 100	<b>Douglas</b>
	Tab 20 mg – <b>1% DV Nov-12 to 2015</b> .....	20.32 100	<b>Douglas</b>
39	HYDROXYCHLOROQUINE SULPHATE (↓ price and addition of HSS) Tab 200 mg – <b>1% DV Nov-12 to 2015</b> .....	18.00 100	<b>Plaquenil</b>
42	IRINOTECAN Inj 20 mg per ml, 2 ml – <b>1% DV Nov-12 to 2015</b> .....	9.34 1	<b>Irinotecan Actavis 40</b>
	Inj 20 mg per ml, 5 ml – <b>1% DV Nov-12 to 2015</b> .....	23.34 1	<b>Irinotecan Actavis 100</b>
	Note – Irinotecan-Rex inj 20 mg per ml, 2 ml and 5 ml to be delisted 1 November 2012.		
54	PAEDIATRIC ORAL FEED Powder (vanilla) .....	20.00 900 g	Pediasure
60	RENAL ENTERAL FEED 2 KCAL/ML Liquid.....	6.08 500 ml	Nepro RTH
62	SALBUTAMOL (↓ price and addition of HSS) Nebuliser soln, 1 mg per ml, 2.5 ml – <b>1% DV Nov-12 to 2015</b> ...	3.25 20	<b>Asthalin</b>
	Nebuliser soln, 2 mg per ml, 2.5 ml – <b>1% DV Nov-12 to 2015</b> ...	3.44 20	<b>Asthalin</b>
62	SALBUTAMOL WITH IPRATROPIUM BROMIDE (↓ price and addition of HSS) Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml – <b>1% DV Nov-12 to 2015</b> .....	3.75 20	<b>Duolin</b>

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 September 2012 (continued)**

69	ZINC AND CASTOR OIL (amended presentation) <b>Cream Ointment – 1% DV Apr-12 to 2014</b> .....	1.63	20 g	<b>Orion</b>
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**Effective 1 August 2012**

17	ALPROSTADIL (continuation of HSS) Inj 0.5 mg per ml, 1 ml – <b>1% DV Oct-12 to 2015</b> .....	1,417.50	5	<b>Prostin VR</b>
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 – <b>1% DV Aug-12 to 2014</b> .....	12.55	100	<b>Curam Duo</b>
18	AMPHOTERICIN B (continuation of HSS) Liposomal inj 50 mg vial – <b>1% DV Oct-12 to 2015</b> .....	3,450.00	10	<b>AmBisome</b>
18	ATENOLOL (↓ price, amended brand name and addition of HSS) Tab 50 mg – <b>1% DV Oct-12 to 2015</b> .....	5.56	500	Pacific Atenolol <b>Mylan Atenolol</b>
		11.12	1,000	Atenolol Tablet USP
	Tab 100 mg – <b>1% DV Oct-12 to 2015</b> .....	9.12	500	Pacific Atenolol <b>Mylan Atenolol</b>
		18.24	1,000	Atenolol Tablet USP

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 – <b>1% DV Oct-12 to 2015</b> .....	2.52	90	<b>Zarator</b>
	Tab 20 mg – <b>1% DV Oct-12 to 2015</b> .....	4.17	90	<b>Zarator</b>
	Tab 40 mg – <b>1% DV Oct-12 to 2015</b> .....	7.32	90	<b>Zarator</b>
	Tab 80 mg – <b>1% DV Oct-12 to 2015</b> .....	16.23	90	<b>Zarator</b>
	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 – <b>1% DV Oct-12 to 2015</b> .....	11.55	1	<b>Lioresal Intrathecal</b>
19	BACLOFEN († price, amended presentation description and continuation of HSS) Inj <del>10 mg</del> <b>2 mg per ml, 5 ml – 1% DV Oct-12 to 2015</b> .....	209.29	1	<b>Lioresal Intrathecal</b>
20	BEZAFIBRATE (addition of HSS) Tab long-acting 400 mg – <b>1% DV Oct-12 to 2015</b> .....	5.70	30	<b>Bezalip Retard</b>
21	BUPIVACAINE HYDROCHLORIDE (continuation of HSS) Inj 0.25%, 20 ml – <b>1% DV Oct-12 to 2015</b> .....	35.00	5	<b>Marcain</b>
	Inj 0.5%, 10 ml theatre pack – <b>1% DV Oct-12 to 2015</b> .....	28.00	5	<b>Marcain</b>
	Inj 0.5%, 20 ml theatre pack – <b>1% DV Oct-12 to 2015</b> († price) .....	28.00	5	<b>Marcain</b>

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 – <b>1% DV Nov-12 to 2015</b> .....	4.13	90	<b>Candestar</b>
		12.00	30	Atacand
	Tab 8 mg – <b>1% DV Nov-12 to 2015</b> .....	6.10	90	<b>Candestar</b>
		12.00	30	Atacand
	Tab 16 mg – <b>1% DV Nov-12 to 2015</b> .....	10.18	90	<b>Candestar</b>
		14.50	30	Atacand
	Tab 32 mg – <b>1% DV Nov-12 to 2015</b> .....	17.66	90	<b>Candestar</b>
		24.00	30	Atacand
	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 – <b>1% DV Oct-12 to 2015</b> .....	667.50	1	<b>Cancidas</b>
	Inj 70 mg – <b>1% DV Oct-12 to 2015</b> .....	862.50	1	<b>Cancidas</b>
24	CEFEPIME HYDROCHLORIDE (new listing)			
	Inj 1 g – <b>1% DV Oct-12 to 2015</b> .....	8.80	1	<b>DBL Cefepime</b>
	Inj 1 g, 15 ml (↓ price) .....	8.80	1	Maxipime
	Inj 2 g – <b>1% DV Oct-12 to 2015</b> .....	17.60	1	<b>DBL Cefepime</b>
	Inj 1 g, 77 ml (↓ price) .....	17.60	1	Maxipime
	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 – <b>1% DV Oct-12 to 2015</b> .....	1.24	50 g	healthE
27	CYCLOSPORIN			
	Oral liq 100 mg per ml			
	– <b>1% DV Oct-12 to 2015</b> (↓ price and addition of HSS) .....	198.13	50 ml	<b>Neoral</b>
	Inf 50 mg per ml, 5 ml			
	– <b>1% DV Oct-12 to 2015</b> (continuation of HSS) .....	276.30	10	<b>Sandimmun</b>
28	CYPROTERONE ACETATE (↓ price and continuation of HSS)			
	Tab 50 mg – <b>1% DV Oct-12 to 2015</b> .....	18.80	50	<b>Siterone</b>
	Tab 100 mg – <b>1% DV Oct-12 to 2015</b> .....	34.25	50	<b>Siterone</b>
34	FLUCLOXACILLIN SODIUM (new listing)			
	Cap 250 mg – <b>1% DV Oct-12 to 2015</b> .....	22.00	250	<b>Staphlex</b>
	Cap 500 mg – <b>1% DV Oct-12 to 2015</b> .....	74.00	500	<b>Staphlex</b>
	Note – AFT cap 250 mg and 500 mg to be delisted 1 October 2012			
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 – <b>1% DV Oct-12 to 2015</b> .....	4.85	30	<b>Letraccord</b>
	Note – Letara tab 2.5 mg to be delisted 1 October 2012			

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

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

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

44	LIGNOCAINE (new listing) Gel 2% – <b>1% DV Oct-12 to 2015</b> .....	3.40	20 ml	<b>Orion</b>
	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 – <b>1% DV Oct-12 to 2015</b> .....	12.30	1,000	<b>Apo-Metformin</b>
	Tab immediate-release 850 mg – <b>1% DV Oct-12 to 2015</b> .....	10.10	500	<b>Apo-Metformin</b>
	Note – Apotex 500 mg and 850 mg to be delisted 1 October 2012			
47	METHYLPREDNISOLONE (continuation of HSS) Tab 4 mg – <b>1% DV Oct-12 to 2015</b> (↑ price) .....	60.00	100	<b>Medrol</b>
	Tab 100 mg – <b>1% DV Oct-12 to 2015</b> .....	166.52	20	<b>Medrol</b>
48	METHYLPREDNISOLONE ACETATE (↑ price and addition of HSS) Inj 40 mg per ml, 1 ml – <b>1% DV Oct-12 to 2015</b> .....	6.70	1	<b>Depo-Medrol</b>
48	METHYLPREDNISOLONE ACETATE WITH LIGNOCAINE (↑ price and addition of HSS) Inj 40 mg per ml with lignocaine 10 mg per ml, 1 ml – <b>1% DV Oct-12 to 2015</b> .....	7.50	1	<b>Depo-Medrol with Lidocaine</b>
48	METHYLPREDNISOLONE SODIUM SUCCINATE (continuation of HSS) Inj 40 mg per ml, 1 ml – <b>1% DV Oct-12 to 2015</b> (↑ price) .....	7.50	1	<b>Solu-Medrol</b>
	Inj 62.5 mg per ml, 2 ml – <b>1% DV Oct-12 to 2015</b> (↑ price) .....	18.50	1	<b>Solu-Medrol</b>
	Inj 500 mg – <b>1% DV Oct-12 to 2015</b> (↓ price) .....	18.00	1	<b>Solu-Medrol</b>
	Inj 1 g – <b>1% DV Oct-12 to 2015</b> (↓ price) .....	37.50	1	<b>Solu-Medrol</b>
	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 – <b>1% DV Oct-12 to 2015</b> .....	8.84	200 ml	<b>RA-Morph</b>
	Oral liq 2 mg per ml – <b>1% DV Oct-12 to 2015</b> .....	11.62	200 ml	<b>RA-Morph</b>
	Oral liq 5 mg per ml – <b>1% DV Oct-12 to 2015</b> .....	14.65	200 ml	<b>RA-Morph</b>
	Oral liq 10 mg per ml – <b>1% DV Oct-12 to 2015</b> .....	21.55	200 ml	<b>RA-Morph</b>

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)

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 – <b>1% DV Oct-12 to 2015</b> .....	11.13	5	<b>Syntometrine</b>
56	POTASSIUM CHLORIDE (↑ price and continuation of HSS) Tab long-acting 600 mg – <b>1% DV Oct-12 to 2015</b> .....	7.42	200	<b>Span-K</b>
61	RITONAVIR (addition of HSS) Tab 100 mg – <b>1% DV Oct-12 to 2015</b> .....	43.31	30	<b>Norvir</b>
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 – <b>1% DV Oct-12 to 2015</b> (continuation of HSS) .....	50.00	1	<b>Healon GV</b>
	Ophthalmic soln 10 mg per ml, 1 ml – <b>1% DV Oct-12 to 2015</b> (new listing) .....	30.00	1	<b>Provisc</b>
	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 – <b>1% DV Oct-12 to 2015</b> .....	31.17	60	<b>Andriol Testocaps</b>
	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

### Section H changes to Part III

#### Effective 1 September 2012

71	FILGRASTIM Inj 300 µg per 0.5 ml prefilled syringe	<b>Zarzio</b> Neupogen
	Inj 300 µg per 1 ml vial	Neupogen
	Inj 480 µg per 0.5 ml prefilled syringe	<b>Zarzio</b> Neupogen
	Indefinite supply for <b>any of the following indications</b> any appropriate indication for the management of patients with cancer:	
	<b>Prevention of neutropenia in patients undergoing high risk chemotherapy for cancer (febrile neutropenia risk ≥ 20%*)</b>	
	<b>Peripheral blood stem cell mobilisation in patients undergoing haematological transplantation</b>	
	<b>Peripheral blood stem cell mobilisation or bone marrow donation from healthy donors for transplantation</b>	
	<b>Treatment of severe chronic neutropenia (ANC &lt; 0.5 x 10<sup>9</sup>/L)</b>	
	<b>Treatment of drug-induced prolonged neutropenia (ANC &lt; 0.5 x 10<sup>9</sup>/L)</b>	
	Note – Neupogen inj 300 µg per 0.5 ml prefilled syringe and inj 480 µg per 0.5 ml prefilled syringe to be delisted 1 January 2013.	

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

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