

Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 December 2012

Cumulative for September, October, November
and December 2012

Section H effective 1 December 2012



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Summary of PHARMAC decisions

EFFECTIVE 1 DECEMBER 2012

New listings (pages 22-32)

- Calcium carbonate (Roxane) oral liq 1,250 mg per 5 ml (500 mg elemental per 5 ml) – subsidy by endorsement
- Miconazole (Decozol) oral gel 20 mg per g, 40 g OP
- Magnesium sulphate (Martindale) inj 2 mmol per ml, 5 ml
- Amiodarone hydrochloride (Cordarone-X) inj 50 mg per ml, 3 ml, 6 inj pack
- Diltiazem hydrochloride (Apo-Diltiazem CD) cap long-acting 120 mg, 180 mg and 240 mg
- Docetaxel (Taxotere) inj 20 mg per ml, 1 ml and 20 mg per ml, 4 ml
- Sildenafil (Silagra) tab 100 mg – Special Authority - Retail pharmacy
- Azithromycin (Apo-Azithromycin) tab 250 mg and 500 mg – maximum of five days treatment per script, can be waived by endorsement
- Efavirenz with emtricitabine and tenofovir disoproxil fumarate (Atripla) tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil fumarate 300 mg – Special Authority - Retail pharmacy
- Emtricitabine with tenofovir disoproxil (Truvada) tab 200 mg with tenofovir disoproxil fumarate 300 mg – Special Authority - Retail pharmacy
- Etravirine (Intelence) tab 200 mg – Special Authority – Retail pharmacy
- Pamidronate disodium (Pamidronate BNM) inj 3 mg per ml, 10 ml; 6 mg per ml, 10 ml; and 9 mg per ml, 10 ml
- Paracetamol (Parafast) tab 500 mg – new capsule shaped tablet
- Promethazine hydrochloride (Allersoothe) oral liq 5 mg per 5 ml
- Pharmacy services (BSF Ava 20 ED) Brand Switch Fee - No patient co-payment payable – May only be claimed once per patient

Changes to restrictions (pages 33-39)

- Insulin aspart – amendment of chemical name to insulin aspart with insulin aspart protamine
 - Freestyle Optium meter – amendment of chemical name to blood ketone diagnostic test meter and restriction amendment
 - Pioglitazone – removal of Special Authority
 - Magnesium sulphate – line description amendment
 - Ethinyloestradiol with levonorgestrel (Ava 20 ED) tab 20 µg with 100 µg and 7 inert tab – Brand Switch Fee
 - Metoprolol succinate tab long-acting – removal of Brand Switch Fee
 - Somatropin – removal of subject to budgetary cap note
 - Azithromycin tab 500 mg – removal of Special Authority
 - Capecitabine – removal of Special Authority
-

Summary of PHARMAC decisions – effective 1 December 2012 (continued)

- Oxaliplatin – removal of Special Authority
- Gemcitabine hydrochloride – removal of Special Authority
- Irinotecan – removal of Special Authority
- Anagrelide hydrochloride – removal of Special Authority
- Vinorelbine – removal of Special Authority
- Octreotide (somatostatin analogue) short acting – removal of Special Authority
- Octreotide (somatostatin analogue) long acting – amendment to octreotide LAR (somatostatin analogue)

Decreased subsidy (pages 45-50)

- Macrogol 3350 (Movicol) powder 13.125 g, sachets
- Chlorhexidine gluconate (Rivacol) mouthwash 0.2 %
- Enalapril (Arrow-Enalapril) tab 5 mg, 10 mg and 20 mg
- Ciclopirox olamine (Batrafen) nail soln 8%
- Fluorouracil sodium (Efudix) crm 5%
- Lamivudine (Zeffix) tab 100 mg
- Zidovudine [AZT] with lamivudine (Combivir) tab 300 mg with lamivudine 150 mg
- Entacapone (Comtan) tab 200 mg
- Oxycodone hydrochloride (OxyNorm) inj 10 mg per ml, 1 ml and 10 mg per ml, 2ml
- Fluorometholone (FML) eye drops 0.1 %

Increased subsidy (pages 45-50)

- Clonidine hydrochloride (Catapres) tab 150 µg
- Docetaxel (Baxter) inj 1 mg for ECP

Widening access by removing Special Authority on a variety of products

From 1 December 2012, the Special Authority restrictions applying to all presentations of the following medicines will be removed:

- Capecitabine
- Oxaliplatin
- Gemcitabine hydrochloride
- Irinotecan
- Anagrelide hydrochloride
- Vinorelbine
- Octreotide (short acting only)
- Pioglitazone



This will reduce the administration burden and associated costs for prescribers and pharmacists and may assist with the Government 2012/13 health targets of “shorter waits for cancer treatment” and “more heart and diabetes checks”.

Diabetes Nurse Prescribing

In March 2011 a group of 12 diabetes nurses in 4 DHB sites were given prescribing rights for a range of medicines and medical devices. The 4 DHBs demonstration sites initially were Auckland, Hawkes Bay, MidCentral and Hutt Valley.

A further 16 registered nurses practising in diabetes health are being added to the demonstration sites across the country. Some of these nurses will be approved during December 2012, January 2013 and maybe February 2013. Below is a list of those already approved by the Nursing Council. We will continue to inform you

when the additional 16 nurses are added to the list. These nurses have an authorisation on their registration as a “Registered Nurse Diabetes Prescriber”.

| | | |
|--------------------|--|---------------------------------------|
| Auckland | Patricia Ball Mele Kaufusi Jennifer Somerville | 052157 114474 060927 |
| Hawke's Bay | Andrea Rooderkerk Heather Charteris Tony Loversuch | 117987 117839 138813 |
| Mid Central | Mary Meendering Alison Fellerhoff Pauline Giles Kerrie Skeggs | 108408 064890 108269* 112025 |
| Hutt Valley | Anne-Marie Heffernan Hazel Phillips | 148903 160328 |

* Also registered as a Nurse Practitioner

If Pharmacists are presented with a prescription written by a registered nurse practicing in diabetes health and they are not on the above list, we suggest they check the prescriber's registration on the Nursing Council website prior to dispensing [<http://www.nursingcouncil.org.nz>] to ensure subsidies will be paid.

Below is the list of medicines these nurses are permitted to prescribe, and have reimbursed:

The list will be amended from 1 December 2012 to include insulin pump consumables, but not insulin pumps. Registered Nurse Diabetes Prescribers will not be permitted to apply for Special Authority approvals. Any Registered Nurse Diabetes Prescribers' prescription for a medication requiring a Special Authority will only be subsidised if it is for a repeat prescription (i.e. after the initial prescription with Special Authority approval was dispensed).

- Amlodipine
- Aspirin
- Atorvastatin
- Bendrofluazide
- Blood glucose diagnostic test meter
- Blood glucose diagnostic test strip
- **Blood ketone diagnostic test meter**
- Candesartan
- Captopril
- Cilazapril
- Cilazapril with hydrochlorothiazide
- Diltiazem hydrochloride
- Enalapril
- Enalapril with hydrochlorothiazide
- Felodipine
- Glibenclamide
- Gliclazide
- Glipizide
- Glucagon hydrochloride inj 1 mg syringe kit
- Hydrochlorothiazide
- Insulin(s)
- Insulin pen needles
- **Insulin pump accessories, infusion sets and reservoirs**
- Insulin syringes disposable with attached needle
- Ketone blood beta-ketone electrodes test strip
- Lisinopril
- Losartan
- Losartan with hydrochlorothiazide
- Metformin
- Nicotine
- Perindopril
- Quinapril
- Quinapril with hydrochlorothiazide
- Simvastatin
- Sodium nitroprusside test strip
- Trandolapril
- Verapamil hydrochloride

Note – new additions in bold



New combination antiretroviral medicines funded

Atripla and Truvada are two new combination antiretrovirals that will be listed, fully funded subject to Special Authority criteria, from 1 December 2012. Atripla (efavirenz with emtricitabine and tenofovir disoproxil fumarate) counts as 3 antiretrovirals and Truvada (emtricitabine with tenofovir disoproxil fumarate) counts as 2 antiretrovirals

for the purposes of the Special Authority criteria that applies to all antiretroviral medications.

The Intelence brand of etravirine 200 mg tablets is also being listed from 1 December 2012 fully funded subject to the antiretroviral Special Authority criteria.

Changes to funding of diabetes products

The following changes to diabetes management products will take effect from 1 December 2012:

- The FreeStyle Lite, On Call Advanced and Accu-Chek Performa blood glucose diagnostic test meters will be delisted
- The Freestyle Optium meter will move from the blood glucose testing subgroup in the

Alimentary Tract and Metabolism therapeutic group to the Ketone Testing subgroup. The chemical name for this product will change to "blood ketone diagnostic test meter".

- Freestyle Optium meters will be subject to a prescriber note limiting the funding of this meter to the purpose of blood ketone testing only.

Prescription co-payments

On 1 January 2013, the patient co-payment applying to most prescriptions including oral contraceptives, is increasing from \$3 to \$5 per item. This was announced as part of the May 2012 Budget. Minor changes will be made to PHARMAC rules to reflect the increased co-payments. The Ministry of Health will be forwarding resources to healthcare providers to assist with implementing this change.

Sildenafil brand change

The Silagra brand of sildenafil 100 mg tablets, supplied by Arrow Pharmaceuticals, will be listed fully funded subject to Special Authority criteria in the Pharmaceutical Schedule from 1 December 2012. The 25 mg and 50 mg Silagra tablets will be listed from 1 March 2013. All strengths of the Viagra brand of sildenafil will be delisted 1 May 2013. Please note that Viagra will not be reference priced prior to delisting.

Azithromycin brand and restriction change

From 1 December 2012, Apo-Azithromycin 250 mg and 500 mg tablets will be listed fully funded in the Pharmaceutical Schedule. Funding for both the 250 mg and 500 mg tablets will be subject to a maximum of 5 days treatment per prescription unless

waived by endorsement for lung transplant or cystic fibrosis patients. The Special Authority criteria which currently applies to the 500 mg tablets will be removed from 1 December 2012. A limit of 8 x 500 mg tablets will remain available on a Practitioner Supply Order.

Change of brand for diltiazem

Apotex diltiazem, Apo-Diltiazem CD, long-acting capsules 120 mg, 180 mg and 240 mg will be fully funded from 1 December 2012. Cardizem CD brand of diltiazem long-acting capsules 120 mg, 180 mg and 240 mg will be reference priced 1 February 2013 and delisted 1 May 2013.

Pharmacy Brand Switch Fee for Ava 20 ED

Brand Switch Fee (BSF) payments for pharmacies will be payable for dispensings of Ava 20 ED, ethinyloestradiol 20 µg with levonorgestrel 100 µg and 7 inert tabs, from 1 December 2012 to 1 June 2013. The BSF payment is set at \$4.33 "drug cost" with a total payment, including handling fee and mark-up, of \$5.50. Only one BSF may be claimed per patient.

Change to pack size of amiodarone injection

A new 6 injection pack size of Cordarone X (amiodarone) 50 mg per ml, 3 ml injection will be listed fully funded from 1 December 2012. The currently supplied 10 injection pack size will be delisted once supplies have been exhausted. Sanofi anticipate that this will be around June or July 2013. From 1 December 2012, the maximum quantity of amiodarone injections that can be obtained on a PSO will increase from 5 to 6.

Calcium carbonate oral liquid - new listing

The Roxane brand of calcium carbonate oral liquid 1,250 mg per 5 ml (500 mg elemental per 5 ml) will be listed from 1 December 2012. Funding will be restricted to children under the age of 12 years for use as a phosphate binding agent.

New shape for paracetamol tablets

Arrow Pharmaceuticals are changing the shape of Parafast (paracetamol) 500 mg tablets to a capsule shaped tablet. The new tablet shape has a different Pharmacode and stock of the new tablet shape is expected to be available by the end of December 2012.

Delayed listing of the Bezalip tab 200 mg

The listing of Bezalip brand of bezafibrate 200 mg tablets will be delayed to 1 January 2013 but stock may not be available until mid-January. The reference pricing and delisting of Fibalip will be delayed to reflect this change.

News in brief

- The brand name of Apotex's **metformin hydrochloride** 500 mg and 850 mg tablets will change from Apo-Metformin to Apotex from 1 December 2012. These products remain unchanged.
- The chemical name of **insulin aspart** in the insulin - intermediate-acting preparations subgroup will be amended to insulin aspart with insulin aspart protamine from 1 December 2012. There has been no change to the product. This is a schedule amendment only.
- Zerit (**stavudine**) 30 mg capsules will be delisted 1 June 2013 due to supplier discontinuation.
- A new formulation of Premarin (**oestrogens, conjugated, equine**) 300 µg and 625 µg tablets with new Pharmacodes will be listed from 1 December 2012. The existing formulation will be delisted once supplies are exhausted.
- The Megace brand of **megestrol acetate** will be delisted from 1 April 2013. Previous communications had notified an incorrect delisting date of 1 February 2013.
- A new presentation of **docetaxel** (inj 20 mg per ml, 1 ml and inj 20 mg per ml, 4 ml), Taxotere, will be listed from 1 December 2012 in Section B of the Pharmaceutical Schedule.

Tender News

Sole Subsidised Supply changes – effective 1 January 2013

| Chemical Name | Presentation; Pack size | Sole Subsidised Supply brand (and supplier) |
|-------------------------------------|---|---|
| Atorvastatin | Tab 10 mg; 90 tab | Zarator (Pfizer) |
| Atorvastatin | Tab 20 mg; 90 tab | Zarator (Pfizer) |
| Atorvastatin | Tab 40 mg; 90 tab | Zarator (Pfizer) |
| Atorvastatin | Tab 80 mg; 90 tab | Zarator (Pfizer) |
| Chlorhexidine gluconate | Handrub 1% with ethanol 70%; 500 ml | healthE (Jaychem) |
| Diclofenac sodium | Tab long-acting 75 mg; 500 tab | Diclax SR (Douglas) |
| Diclofenac sodium | Tab long-acting 100 mg; 500 tab | Diclax SR (Douglas) |
| Felodopine | Tab long-acting 5 mg; 30 tab | Plendil ER (AstraZeneca) |
| Felodopine | Tab long-acting 10 mg; 30 tab | Plendil ER (AstraZeneca) |
| Flucloxacillin sodium | Cap 250 mg; 250 cap | Staphlex (Mylan) |
| Flucloxacillin sodium | Cap 500 mg; 500 cap | Staphlex (Mylan) |
| Glipizide | Tab 5 mg; 100 tab | Minidiab (Pfizer) |
| Letrozole | Tab 2.5 mg; 30 tab | Letraccord (Arrow) |
| Metformin hydrochloride | Tab immediate-release 500 mg; 1,000 tab | Apotex (Apotex) |
| Metformin hydrochloride | Tab immediate-release 850 mg; 500 tab | Apotex (Apotex) |
| Methylprednisolone sodium succinate | Inj 40 mg per ml, 1 ml; 1 vial | Solu-Medrol (Pfizer) |
| Methylprednisolone sodium succinate | Inj 62.5 mg per ml, 2 ml; 1 vial | Solu-Medrol (Pfizer) |
| Methylprednisolone sodium succinate | Inj 500 mg; 1 vial | Solu-Medrol (Pfizer) |
| Methylprednisolone sodium succinate | Inj 1 g; 1 vial | Solu-Medrol (Pfizer) |
| Oil in water emulsion | Crn; 500 g | healthE Fatty Cream (Jaychem) |
| Testosterone undecanoate | Cap 40 mg; 60 cap | Andriol Testocaps (MSD) |

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 January 2013

- Cyclosporin (Neoral) cap 25 mg, 50 mg, 100 mg – price and subsidy decrease
- Levonorgesterol (Next Choice) 750 µg – new listing
- Lisuride hydrogen maleate (Dopergin) tab 200 µg – price and subsidy decrease
- Posaconazole oral suspension 40 mg per ml – new listing with Special Authority
- Testosterone undecanoate (Reandron 1000) inj 250 mg per ml, 4 ml - new listing – Retail pharmacy-Specialist
- Tramadol SR tab sustained-release 100 mg, 150 mg and 200 mg – new listing
- Venlafaxine (Arrow-Venlafaxine XR) tab 225 mg – new listing – existing Special Authority criteria

Sole Subsidised Supply Products – cumulative to December 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 |
| Acetylcysteine | Inj 200 mg per ml, 10 ml | Martindale Acetylcysteine | 2015 |
| Aciclovir | Tab dispersible 200 mg, 400 mg & 800 mg | Lovir | 2013 |
| Allopurinol | Tab 100 mg & 300 mg | Apo-Allopurinol | 2014 |
| Amantadine hydrochloride | Cap 100 mg | Symmetrel | 2014 |
| Aminophylline | Inj 25 mg per ml, 10 ml | DBL Aminophylline | 2014 |
| Amitriptyline | Tab 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 |
| Amoxicillin clavulanate | Tab 500 mg with potassium clavulanate 125 mg | Curam Duo | 2014 |
| Aqueous cream | Crn | AFT | 2014 |
| Ascorbic acid | Tab 100 mg | Vitala-C | 2013 |
| Aspirin | Tab 100 mg Tab dispersible 300 mg | Ethics Aspirin EC Ethics Aspirin | 2013 |
| Atenolol | Tab 50 mg & 100 mg | Mylan Atenolol | 2015 |
| Azathioprine | Tab 50 mg Inj 50 mg | Imuprine Imuran | 2013 |
| Bendrofluazide | Tab 2.5 mg & 5 mg | Arrow- Bendrofluazide | 2014 |
| Benzathine benzylpenicillin | Inj 1.2 mega u per 2.3 ml | Bicillin LA | 2015 |
| Benzylpenicillin sodium (Penicillin G) | Inj 600 mg | Sandoz | 2014 |
| Betaxolol hydrochloride | Eye drops 0.5% Eye drops 0.25% | Betoptic Betoptic S | 2014 |
| Bezafibrate | Tab long-acting 400 mg | Bezalip Retard | 2015 |
| Bicalutamide | Tab 50 mg | Bicalaccord | 2014 |
| Bisacodyl | Tab 5 mg | Lax-Tab | 2013 |
| Bisoprolol fumarate | Tab 2.5 mg, 5 mg & 10 mg | Bosvate | 2013 |
| Blood glucose diagnostic test meter | Meter with 50 lancets, a lancing device and 10 diagnostic test strips | CareSens N CareSens N POP CareSens II | 2015 |
| Brimonidine tartrate | Eye drops 0.2% | Arrow-Brimonidine | 2014 |
| Cabergoline | Tab 0.5 mg | Dostinex | 2015 |

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

Sole Subsidised Supply Products – cumulative to December 2012

| Generic Name | Presentation | Brand Name | Expiry Date* |
|-------------------------------------|---|--|--------------|
| Calamine | Lotn, BP | PSM | 2015 |
| Calcitonin | Inj 100 iu per ml, 1 ml | Miacalcic | 2014 |
| Calcium carbonate | Tab 1.25 g (500 mg elemental) Tab eff 1.75 g (1 g elemental) | Arrow-Calcium Calsource | 2014 |
| Calcium folinate | Tab 15 mg | DBL Leucovorin Calcium | 2014 |
| Candesartan | Tab 4 mg, 8 mg, 16 mg & 32 mg | Candestar | 2015 |
| Captopril | Tab 12.5 mg, 25 mg & 50 mg Oral liq 5 mg per ml | m-Captopril Capoten | 2013 |
| Cefaclor monohydrate | Grans for oral liq 125 mg per 5 ml | Ranbaxy-Cefaclor | 2013 |
| Cefazolin sodium | Inj 500 mg & 1 g | AFT | 2014 |
| Ceftriaxone sodium | Inj 500 mg Inj 1 g | Veracol Aspen Ceftriaxone | 2013 |
| Cefuroxime sodium | Inj 750 mg | Multichem | 2014 |
| Cetomacrogol | Crn BP | PSM | 2013 |
| Cetirizine hydrochloride | Oral liq 1 mg per ml Tab 10 mg | Cetirizine - AFT Zetop | 2014 |
| Chloramphenicol | Eye drops 0.5% | Chlorafast | 2015 |
| 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 |
| Clonidine hydrochloride | Inj 150 µg per ml, 1 ml | Catapres | 2015 |
| Clopidogrel | Tab 75 mg | Apo-Clopidogrel | 2013 |
| Clotrimazole | Crn 1% | Clomazol | 2014 |
| | Vaginal crm 1% with applicator | Clomazol | 2013 |
| | Vaginal crm 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 |
| Crotamiton | Crn 10% | Itch-Soothe | 2015 |
| Cyclizine hydrochloride | Tab 50 mg | Nausicalm | 2015 |
| Cyclophosphamide | Tab 50 mg | Cycloblastin | 2013 |

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Sole Subsidised Supply Products – cumulative to December 2012

| Generic Name | Presentation | Brand Name | Expiry Date* |
|--|--|--|----------------------|
| Cyclosporin | Oral liq 100 mg per ml | Neoral | 2015 |
| Cyproterone acetate | Tab 50 mg & 100 mg | Siterone | 2015 |
| Cyproterone acetate with ethinyloestradiol | Tab 2 mg with ethinyloestradiol 35 µg and 7 inert tabs | Ginet 84 | 2014 |
| Desmopressin | Nasal spray 10 µg per dose | Desmopressin-PH&T | 2014 |
| Dexamethasone | Tab 1 mg & 4 mg Eye oint 0.1% Eye drops 0.1% | Douglas Maxidex Maxidex | 2015 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 |
| Dihydrocodeine tartrate | Tab long-acting 60 mg | DHC Continus | 2013 |
| Diltiazem hydrochloride | Tab 30 mg & 60 mg | Dilzem | 2015 |
| Dipyridamole | Tab long-acting 150 mg | Pytazen SR | 2014 |
| Docusate sodium | Cap 50 mg Cap 120 mg | Laxofast 50 Laxofast 120 | 2014 |
| Docusate sodium with sennosides | Tab 50 mg with total sennosides 8 mg | Laxsol | 2013 |
| Doxazosin mesylate | Tab 2 mg & 4 mg | Apo-Doxazosin | 2014 |
| Doxycycline hydrochloride | Tab 100 mg | Doxine | 2014 |
| Emulsifying ointment | Oint BP | AFT | 2014 |
| Enoxaparin sodium | Inj 20 mg, 40 mg, 60 mg, 80 mg, 100 mg, 120 mg & 150 mg | Clexane | 2015 |
| Ergometrine maleate | Inj 500 µg per ml, 1 ml | DBL Ergometrine | 2014 |
| Escitalopram | Tab 10 mg & 20 mg | Loxalate | 2013 |
| Etidronate disodium | Tab 200 mg | Arrow-Etidronate | 2015 |
| Ethinylloestradiol | Tab 10 µg | NZ Medical and Scientific | 2015 |

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Sole Subsidised Supply Products – cumulative to December 2012

| Generic Name | Presentation | Brand Name | Expiry Date* |
|--|---|------------------------------|--------------|
| Ethinylloestradiol with levonorgestrel | Tab 20 µg with levonorgestrel 100 µg & 7 inert tab | Ava 20 ED | 2014 |
| | Tab 30 µg with levonorgestrel 150 µg & 7 inert tab | Ava 30 ED | |
| Exemestane | Tab 25 mg | Aromasin | 2014 |
| Felodopine | Tab long-acting 2.5 mg | Plendil ER | 2015 |
| Fentanyl | Transdermal patch 12.5 µg per hour, 25 µg per hour, 50 µg per hour, 75 µg per hour, 100 µg per hour | Mylan Fentanyl Patch | 2013 |
| Fentanyl citrate | Inj 50 µg per ml, 2 ml & 10 ml | Boucher and Muir | 2015 |
| Ferrous sulphate | Oral liq 30 mg per 1 ml (6 mg elemental per 1 ml) | Ferodan | 2013 |
| Filgrastim | Inj 300 µg per 0.5 ml | Zarzio | 31/12/15 |
| | Inj 480 µg per 0.5 ml | Zarzio | |
| Finasteride | Tab 5 mg | Rex Medical | 2014 |
| Flucloxacillin sodium | Grans for oral liq 125 mg per 5 ml & 250 mg per 5 ml | AFT | 2015 |
| | Inj 250 mg, 500 mg & 1 g | Flucloxin | 2014 |
| Fluconazole | Cap 50 mg, 150 mg & 200 mg | Ozole | 2014 |
| Fluoxetine hydrochloride | Cap 20 mg | Fluox | 2013 |
| | Tab dispersible 20 mg, scored | Fluox | |
| Flutamide | Tab 250 mg | Flutamin | 2013 |
| Fluticasone propionate | Metered aqueous nasal spray, 50 µg per dose | Flixonase Hayfever & Allergy | 31/1/13 |
| Furosemide | Tab 40 mg | Diurin 40 | 2015 |
| | Inj 10 mg per ml, 2 ml | Frusemide-Claris | 2013 |
| Fusidic acid | Crn 2% | Foban | 2013 |
| | Oint 2% | Foban | |
| Gemfibrozil | Tab 600 mg | Lipazil | 2013 |
| Gentamicin sulphate | Inj 40 mg per ml, 2 ml | Pfizer | 2015 |
| Gliclazide | Tab 80 mg | Apo-Gliclazide | 2014 |
| Glycerol | Liquid | healthE | 2013 |
| Glyceryl trinitrate | Aerosol spray 400 µg per dose | Glytrin | 2014 |
| | TDDS 5 mg & 10 mg | Nitroderm TTS | |
| | Tab 600 µg | Lycinate | |
| Haloperidol | Inj 5 mg per ml, 1 ml | Serenace | 2013 |
| | Oral liq 2 mg per ml | Serenace | |
| | Tab 500 µg, 1.5 mg & 5 mg | Serenace | |
| Hydrocortisone | Tab 5 mg & 20 mg | Douglas | 2015 |
| | Crn 1% | Pharmacy Health | 2014 |
| | Powder | ABM | |
| | Inj 50 mg per ml, 1 ml | Solu-Cortef | 2013 |

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Sole Subsidised Supply Products – cumulative to December 2012

| Generic Name | Presentation | Brand Name | Expiry Date* |
|--|--|------------------------------|--------------|
| Hydrocortisone with miconazole | Crn 1% with miconazole nitrate 2% | Micreme H | 2013 |
| Hydrocortisone with wool fat and mineral oil | Lotn 1% with wool fat hydrous 3% and mineral oil | DP Lotn HC | 2014 |
| Hydroxocobalamin | Inj 1 mg per ml, 1 ml | ABM Hydroxocobalamin | 2015 |
| Hydroxychloroquine sulphate | Tab 200 mg | Plaquenil | 2015 |
| Hyoscine N-butylbromide | Inj 20 mg, 1 ml Tab 10 mg | Buscopan Gastrosoothe | 2014 |
| 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 | 2014 |
| | Tab long-acting 40 mg | 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 | 3TC | 2013 |
| | Tab 150 mg | 3TC | |
| Latanoprost | Eye drops 50 µg per ml | Hysite | 2015 |
| Levonorgestrel | Subdermal implant (2 x 75 mg rods) | Jadelle | 31/12/13 |
| Lignocaine hydrochloride | Viscous soln 2% | Xylocaine Viscous | 2014 |
| | Inj 1%, 5 ml & 20 ml | Xylocaine | |
| 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 | Tab 250 mg & 400 mg | Lithicarb FC | 2015 |
| | Cap 250 mg | Douglas | 2014 |
| Lodoxamide trometamol | Eye drops 0.1% | Lomide | 2014 |
| Loperamide hydrochloride | Cap 2 mg | Diamide Relief | 2013 |
| Loratadine | Oral liq 1 mg per ml | Lorapaed | 2013 |
| | Tab 10 mg | Loraclear Hayfever Relief | |

*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 December 2012

| Generic Name | Presentation | Brand Name | Expiry Date* |
|--|---|--|--------------|
| Lorazepam | Tab 1 mg & 2.5 mg | Ativan | 2013 |
| Losartan | Tab 12.5 mg, 25 mg, 50 mg & 100 mg | Lostaar | 2014 |
| Losartan with hydrochlorothiazide | Tab 50 mg with hydrochlorothiazide 12.5 mg | Arrow-Losartan & Hydrochlorothiazide | 2014 |
| 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 |
| Methylprednisolone | Tab 4 mg & 100 mg | Medrol | 2015 |
| Methylprednisolone acetate | Inj 40 mg per ml | Depo-Medrol | 2015 |
| Methylprednisolone acetate with lignocaine | Inj 40 mg per ml with lignocaine 1 ml | Depo-Medrol with Lidocaine | 2015 |
| Mercaptopurine | Tab 50 mg | Purinethol | 2013 |
| Mesalazine | Enema 1 g per 100 ml Suppos 500 mg | Pentasa Asacol | 2015 2014 |
| Methadone hydrochloride | Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml Tab 5 mg | Biodone Biodone Forte Biodone Extra Forte Methatabs | 2015 2013 |
| Methotrexate | Inj 25 mg per ml, 2 ml & 20 ml | Hospira | 2013 |
| Metoclopramide hydrochloride | Inj 5 mg per ml, 2 ml Tab 10 mg | Pfizer Metamide | 2014 |
| Metoprolol succinate | Tab long-acting 23.75 mg, 47.5 mg, 95 mg & 190 mg | Metoprolol-AFT CR | 2015 |
| Metoprolol tartrate | Inj 1 mg per ml, 5 ml Tab 50 mg & 100 mg Tab long-acting 200 mg | Lopresor Lopresor Slow-Lopresor | 2015 |
| Miconazole nitrate | Crn 2% | Multichem | 2014 |
| Mirtazapine | Tab 30 mg & 45 mg | Avanza | 2015 |
| Mometasone furoate | Crn 0.1% Oint 0.1% | m-Mometasone | 2015 |
| Morphine hydrochloride | Oral liq 1 mg per ml, 2 mg per ml, 5 mg per ml & 10 mg per ml | RA-Morph | 2015 |

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Sole Subsidised Supply Products – cumulative to December 2012

| Generic Name | Presentation | Brand Name | Expiry Date* |
|------------------------------------|--|------------------------------|--------------|
| Morphine sulphate | Inj 5 mg per ml, 1 ml | DBL Morphine Sulphate | 2014 |
| | Inj 10 mg per ml, 1 ml | DBL Morphine Sulphate | |
| | Inj 15 mg per ml, 1 ml | DBL Morphine Sulphate | |
| | Inj 30 mg per ml, 1 ml | DBL Morphine Sulphate | |
| | Tab long-acting 10 mg, 30 mg, 60 mg & 100 mg Cap long-acting 10 mg, 30 mg, 60 mg & 100 mg | Arrow-Morphine LA m-Elson | 2013 |
| Morphine tartrate | Inj 80 mg per ml, 1.5 ml & 5 ml | Hospira | 2013 |
| Mucilaginous laxatives | Dry | Konsyl-D | 2013 |
| Naphazoline hydrochloride | Eye drops 0.1% | Naphcon Forte | 2014 |
| 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) | Habitrol | 2014 |
| | Lozenge 1 mg & 2 mg | Habitrol | |
| | Patch 7 mg, 14 mg & 21 mg | Habitrol | |
| Nicotinic acid | Tab 50 mg & 500 mg | Apo-Nicotinic Acid | 2014 |
| Norfloxacin | Tab 400 mg | Arrow-Norfloxacin | 2014 |
| Norethisterone | Tab 350 µg | Noriday 28 | 2015 |
| | Tab 5 mg | Primolut N | 2014 |
| Nystatin | Oral liq 100,000 u per ml | Nilstat | 2014 |
| | Cap 500,000 u | Nilstat | 2013 |
| | Tab 500,000 u | Nilstat | |
| Octreotide (somatostatin analogue) | Inj 50 µg per ml, 1 ml | Octreotide Max Rx | 2014 |
| | Inj 100 µg per ml, 1 ml | | |
| | Inj 500 µg per ml, 1 ml | | |
| Omeprazole | Cap 10 mg, 20 mg & 40 mg Powder | Omezol Relief Midwest | 2014 |
| | Inj 40 mg | Dr Reddy's Omeprazole | |
| Ondansetron | Tab disp 8 mg | Dr Reddy's Ondansetron | 2013 |
| | Tab 4 mg & 8 mg | Dr Reddy's Ondansetron | |
| Oxazepam | Tab 10 mg & 15 mg | Ox-Pam | 2014 |
| Oxytocin | Inj 5 iu with ergometrine maleate 500 µg per ml, 1 ml | Syntometrine | 2015 |
| Pantoprazole | Inj 40 mg | Pantocid IV | 2014 |
| | Tab 20 mg & 40 mg | Dr Reddy's Pantoprazole | 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 December 2012

| Generic Name | Presentation | Brand Name | Expiry Date* |
|---|--|--|--------------|
| 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 |
| 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 |
| Pioglitazone | Tab 15 mg, 30 mg & 45 mg | Pizaccord | 2015 |
| Poloxamer | Oral drops 10% | Coloxyl | 2014 |
| Potassium chloride | Tab long-acting 600 mg | Span-K | 2015 |
| Pramipexole hydrochloride | Tab 0.125 mg & 0.25 mg | Dr Reddy's Pramipexole | 2013 |
| Pravastatin | Tab 20 mg & 40 mg | Cholvastin | 2014 |
| Procaine penicillin | Inj 1.5 mega u | Cilicaine | 2014 |
| Promethazine hydrochloride | Tab 10 mg & 25 mg | Allersoothe | 2015 |
| Pyridostigmine bromide | Tab 60 mg | Mestinon | 2014 |
| Pyridoxine hydrochloride | Tab 25 mg Tab 50 mg | PyridoxADE Apo-Pyridoxine | 2014 |

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

Sole Subsidised Supply Products – cumulative to December 2012

| Generic Name | Presentation | Brand Name | Expiry Date* |
|--|--|---------------------------------|--------------|
| Quinapril with hydrochlorothiazide | Tab 10 mg with hydrochlorothiazide 12.5 mg | Accuretic 10 | 2015 |
| | Tab 20 mg with hydrochlorothiazide 12.5 mg | Accuretic 20 | |
| Ranitidine hydrochloride | Oral liq 150 mg per 10 ml Tab 150 mg & 300 mg | Peptisoothe Arrow-Ranitidine | 2014 |
| Rifabutin | Cap 150 mg | Mycobutin | 2013 |
| Ritonavir | Tab 100 mg | Norvir | 2015 |
| Rizatriptan | Tab orodispersible 10 mg | Rizamelt | 2014 |
| Ropinirole hydrochloride | Tab 0.25 mg, 1 mg, 2 mg & 5 mg | Ropin | 2013 |
| Roxithromycin | Tab 150 mg & 300 mg | Arrow-Roxithromycin | 2015 |
| Salbutamol | Nebuliser soln, 1 mg per ml & 2 mg per ml, 2.5 ml | Asthalin | 2015 |
| Salbutamol with ipratropium bromide | Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml | Duolin | 2015 |
| Sertraline | Tab 50 mg & 100 mg | Arrow-Sertraline | 2013 |
| Simvastatin | Tab 10 mg | Arrow-Simva 10mg | 2014 |
| | Tab 20 mg | Arrow-Simva 20mg | |
| | Tab 40 mg | Arrow-Simva 40mg | |
| | Tab 80 mg | Arrow-Simva 80mg | |
| Sodium chloride | Inj 23.4%, 20 ml | Biomed | 2013 |
| Sodium citrate with sodium lauryl sulphoacetate | Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml | Micolette | 2013 |
| Sodium citro-tartrate | Grans effervescent 4 g sachets | Ural | 2013 |
| Sodium cromoglycate | Eye drops 2% | Rexacrom | 2013 |
| Somatropin | Inj cartridge 16 iu (5.3 mg) | Genotropin | 31/12/12 |
| | Inj cartridge 36 iu (12 mg) | Genotropin | |
| Spacer device | 800 ml | Volumatic Space Chamber Plus | 2015 |
| | 230 ml (single patient) | | |
| Spironolactone | Tab 25 mg & 100 mg | Spirotone | 2013 |
| Sumatriptan | Inj 12 mg per ml, 0.5 ml | Arrow-Sumatriptan | 2013 |
| | Tab 50 mg & 100 mg | Arrow-Sumatriptan | |
| 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 December 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 Crm 0.02% Oint 0.02% 0.1% in Dental Paste USP | Kenacort-A Kenacort-A40 Aristocort Aristocort Oracort | 2014 |
| Tranexamic acid | Tab 500 mg | Cyklokapron | 2013 |
| Tropicamide | Eye drops 0.5% & 1% | Mydriacyl | 2014 |
| Tyloxapol | Eye drops 0.25% | Enuclene | 2014 |
| Ursodeoxycholic acid | Cap 250 mg | Ursosan | 2014 |
| Vancomycin hydrochloride | Inj 500 mg | Mylan | 2014 |
| Verapamil hydrochloride | Tab 40 mg & 80 mg | Isoptin | 2014 |
| Vitamin B complex | Tab, strong, BPC | B-PlexADE | 2013 |
| Vitamins | Tab (BPC cap strength) | MultiADE | 2013 |
| Zidovudine [AZT] | Cap 100 mg Oral liq 10 mg per ml | Retrovir Retrovir | 2013 |
| Zinc and castor oil | Oint BP | Multichem | 2014 |
| Zinc sulphate | Caps 137.4 mg (50 mg elemental) | Zincaps | 2014 |

December 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 December 2012

| | | | | |
|-----|---|----------|---------|---------------------------|
| 26 | CALCIUM CARBONATE – Subsidy by endorsement Oral liq 1,250 mg per 5 ml (500 mg elemental per 5 ml) | 39.00 | 500 ml | ✓ Roxane |
| | Only when prescribed for children under 12 years of age for use as a phosphate binding agent and the prescription is endorsed accordingly. | | | |
| 36 | MICONAZOLE Oral gel 20 mg per g..... | 4.95 | 40 g OP | ✓ Decozol |
| 39 | MAGNESIUM SULPHATE * Inj 2 mmol per ml, 5 ml | 18.35 | 10 | ✓ Martindale |
| 50 | AMIODARONE HYDROCHLORIDE Inj 50 mg per ml, 3 ml – Up to 6 inj available on a PSO | 36.50 | 6 | ✓ Cordarone-X |
| 54 | DILTIAZEM HYDROCHLORIDE * Cap long-acting 120 mg | 31.83 | 500 | ✓ Apo-Diltiazem CD |
| | * Cap long-acting 180 mg | 47.67 | 500 | ✓ Apo-Diltiazem CD |
| | * Cap long-acting 240 mg | 63.58 | 500 | ✓ Apo-Diltiazem CD |
| 57 | SILDENAFIL – Special Authority see SA1086 – Retail pharmacy Tab 100 mg – For sildenafil oral formulation refer, page 182 | 7.45 | 4 | ✓ Silagra |
| 84 | AZITHROMYCIN Maximum of 5 days treatment per prescription; can be waived by endorsement for the following patients: For Endorsement, Patient has either: i. Received a lung transplant and requires treatment or prophylaxis for bronchiolitis obliterans syndrome*; or ii. Cystic fibrosis and has chronic infection with Pseudomonas aeruginosa or Pseudomonas related gram negative organisms*. *Indications marked with * are Unapproved Indications | | | |
| | Tab 250 mg | 10.00 | 30 | ✓ Apo-Azithromycin |
| | Tab 500 mg – Up to 8 tab available on a PSO | 1.25 | 2 | ✓ Apo-Azithromycin |
| 95 | EFAVIRENZ WITH EMTRICITABINE AND TENOFOVIR DISOPROXIL FUMARATE – Special Authority see SA1025 – Retail pharmacy Note: Efavirenz with emtricitabine and tenofovir disoproxil fumarate counts as three anti-retroviral medications for the purposes of the anti-retroviral Special Authority Tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil fumarate 300 mg | 1,313.19 | 30 | ✓ Atripla |
| 95 | EMTRICITABINE WITH TENOFOVIR DISOPROXIL FUMARATE – Special Authority see SA1025 – Retail pharmacy Note: Emtricitabine with tenofovir disoproxil fumarate counts as two anti-retroviral medications for the purposes of the anti-retroviral Special Authority Tab 200 mg with tenofovir disoproxil fumarate 300 mg | 838.20 | 30 | ✓ Truvada |
| 95 | ETRAVIRINE – Special Authority see SA1025 – Retail pharmacy Tab 200 mg | 770.00 | 60 | ✓ Intence |
| 115 | PAMIDRONATE DISODIUM Inj 3 mg per ml, 10 ml | 16.00 | 1 | ✓ Pamidronate BNM |
| | Inj 6 mg per ml, 10 ml | 32.00 | 1 | ✓ Pamidronate BNM |
| | Inj 9 mg per ml, 10 ml | 48.00 | 1 | ✓ Pamidronate BNM |

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 December 2012 (continued)

| | | | | |
|-----|---|--------|--------|------------------------|
| 121 | PARACETAMOL (new capsule shaped tablet) * Tab 500 mg – Up to 30 tab available on a PSO | 9.38 | 1,000 | ✓ Parafast |
| 153 | DOCETAXEL – PCT only – Specialist Inj 20 mg per ml, 1 ml | 68.61 | 1 | ✓ Taxotere |
| | Inj 20 mg per ml, 4 ml | 275.00 | 1 | ✓ Taxotere |
| 169 | PROMETHAZINE HYDROCHLORIDE *‡ Oral liq 5 mg per 5 ml..... | 2.79 | 100 ml | ✓ Allersoothe |
| 180 | PHARMACY SERVICES - May only be claimed once per patient * Brand switch fee..... The Pharmacode for BSF Ava 20 ED is 2427958 (BSF Ava 20 ED Brand switch fee to be delisted 1 June 2013) | 4.33 | 1 fee | ✓ BSF Ava 20 ED |

Effective 1 November 2012

| | | | | |
|----|--|----------|---|----------------------|
| 31 | INSULIN PUMP – Special Authority see SA1237 – Retail pharmacy a) Only on a prescription b) Maximum of 1 insulin pump per prescription c) Maximum of 1 insulin pump per patient each four year period Flat panel, high contrast screen; compatible with standard luer lock infusion sets; waterproof at 12 feet for 24 hours; 0.025 u/hour basal rate; continuous glucose monitoring (CGM) enabled; blue colour | 4,500.00 | 1 | ✓ Animas Vibe |
| | Flat panel, high contrast screen; compatible with standard luer lock infusion sets; waterproof at 12 feet for 24 hours; 0.025 u/hour basal rate; continuous glucose monitoring (CGM) enabled silver colour..... | 4,500.00 | 1 | ✓ Animas Vibe |
| | Flat panel, high contrast screen; compatible with standard luer lock infusion sets; waterproof at 12 feet for 24 hours; 0.025 u/hour basal rate; continuous glucose monitoring (CGM) enabled pink colour | 4,500.00 | 1 | ✓ Animas Vibe |
| | Flat panel, high contrast screen; compatible with standard luer lock infusion sets; waterproof at 12 feet for 24 hours; 0.025 u/hour basal rate; continuous glucose monitoring (CGM) enabled green colour | 4,500.00 | 1 | ✓ Animas Vibe |
| | Flat panel, high contrast screen; compatible with standard luer lock infusion sets; waterproof at 12 feet for 24 hours; 0.025 u/hour basal rate; continuous glucose monitoring (CGM) enabled black colour..... | 4,500.00 | 1 | ✓ Animas Vibe |

▲ 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 November 2012 (continued)

| | | | | |
|----|---|--------|-----|-------------------|
| 42 | DALTEPARIN SODIUM – Special Authority see SA1270 – Retail pharmacy | | | |
| | Inj 2,500 iu per 0.2 ml prefilled syringe | 19.97 | 10 | ✓Fragmin |
| | Inj 5,000 iu per 0.2 ml prefilled syringe | 39.94 | 10 | ✓Fragmin |
| | Inj 7,500 iu per 0.75 ml graduated syringe | 60.03 | 10 | ✓Fragmin |
| | Inj 10,000 iu per 1 ml graduated syringe | 77.55 | 10 | ✓Fragmin |
| | Inj 12,500 iu per 0.5 ml prefilled syringe | 99.96 | 10 | ✓Fragmin |
| | Inj 15,000 iu per 0.6 ml prefilled syringe | 120.05 | 10 | ✓Fragmin |
| | Inj 18,000 iu per 0.72 ml prefilled syringe | 158.47 | 10 | ✓Fragmin |
| | ▶ SA1270 Special Authority for Subsidy | | | |
| | Initial application - (Pregnancy or Malignancy) from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria: | | | |
| | Either: | | | |
| | 1 Low molecular weight heparin treatment is required during a patient's pregnancy; or | | | |
| | 2 For the treatment of venous thromboembolism where the patient has a malignancy. | | | |
| | Initial application - (Venous thromboembolism other than in pregnancy or malignancy) from any relevant practitioner. Approvals valid for 1 month for applications meeting the following criteria: | | | |
| | Any of the following: | | | |
| | 1 For the short-term treatment of venous thromboembolism prior to establishing a therapeutic INR with oral anti-coagulant treatment; or | | | |
| | 2 For the prophylaxis and treatment of venous thromboembolism in high risk surgery; or | | | |
| | 3 To enable cessation/re-establishment of existing oral anticoagulant treatment pre/post surgery; or | | | |
| | 4 For the prophylaxis and treatment of venous thromboembolism in Acute Coronary Syndrome surgical intervention; or | | | |
| | 5 To be used in association with cardioversion of atrial fibrillation. | | | |
| | Renewal - (Pregnancy or Malignancy) from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria: | | | |
| | Either: | | | |
| | 1 Low molecular weight heparin treatment is required during a patient's pregnancy; or | | | |
| | 2 For the treatment of venous thromboembolism where the patient has a malignancy. | | | |
| | Renewal - (Venous thromboembolism other than in pregnancy or malignancy) from any relevant practitioner. Approvals valid for 1 month where low molecular weight heparin treatment or prophylaxis is required for a second or subsequent event (surgery, Acute Coronary Syndrome, cardioversion, or prior to oral anti-coagulation). | | | |
| 48 | LISINAPRIL | | | |
| | * Tab 5 mg | 3.58 | 90 | ✓Arrow-Lisinopril |
| | * Tab 10 mg | 4.08 | 90 | ✓Arrow-Lisinopril |
| | * Tab 20 mg | 4.88 | 90 | ✓Arrow-Lisinopril |
| 56 | MINOXIDIL – Special Authority see SA1271 – Retail pharmacy | | | |
| | ▲ Tab 10 mg | 70.00 | 100 | ✓Loniten |
| | ▶ SA1271 Special Authority for Subsidy | | | |
| | Initial application from any relevant specialist. Approvals valid without further renewal, unless notified, where the patient has severe refractory hypertension which has failed to respond to extensive multiple therapies. | | | |
| 58 | ISOTRETINOIN – Special Authority see SA0955 – Retail pharmacy | | | |
| | Cap 10 mg | 18.71 | 120 | ✓Oratane |
| | Cap 20 mg | 28.91 | 120 | ✓Oratane |

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

New Listings - effective 1 November 2012 (continued)

| | | | | |
|----|---|----------|-------|----------------------------|
| 75 | TOLTERODINE – Special Authority see SA1272 – Retail pharmacy | | | |
| | Tab 1 mg | 14.56 | 56 | ✓ Arrow-Tolterodine |
| | Tab 2 mg | 14.56 | 56 | ✓ Arrow-Tolterodine |
| | ▶ SA1272 Special Authority for Subsidy | | | |
| | Initial application only from a relevant practitioner. Approvals valid without further renewal, unless notified, where the patient has overactive bladder and a documented intolerance of oxybutynin. | | | |
| 88 | VORICONAZOLE – Special Authority see SA1273 – Retail pharmacy | | | |
| | Tab 50 mg | 730.00 | 56 | ✓ Vfend |
| | Tab 200 mg | 2,930.00 | 56 | ✓ Vfend |
| | Powder for oral suspension 40 mg per ml..... | 730.00 | 70 ml | ✓ Vfend |
| | ▶ SA1273 Special Authority for Subsidy | | | |
| | Initial application (invasive fungal infection) only from a haematologist, infectious disease specialist or clinical microbiologist. Approvals valid for 3 months for applications meeting the following criteria: | | | |
| | All of the following: | | | |
| | 1. Patient is immunocompromised; and | | | |
| | 2. Applicant is part of a multidisciplinary team including an infectious disease specialist; and | | | |
| | 3. Any of the following: | | | |
| | 3.1. Patient has proven or probable invasive aspergillus infection; or | | | |
| | 3.2. Patient has possible invasive aspergillus infection; or | | | |
| | 3.3. Patient has fluconazole resistant candidiasis; or | | | |
| | 3.4. Patient has mould strain such as <i>Fusarium</i> spp. and <i>Scedosporium</i> spp. | | | |
| | Renewal (invasive fungal infection) only from a haematologist, infectious disease specialist or clinical microbiologist. Approvals valid for 3 months for applications meeting the following criteria: | | | |
| | All of the following: | | | |
| | 1. Patient is immunocompromised; and | | | |
| | 2. Applicant is part of a multidisciplinary team including an infectious disease specialist; and | | | |
| | 3. Any of the following: | | | |
| | 3.1. Patient continues to require treatment for proven or probable invasive aspergillus infection; or | | | |
| | 3.2. Patient continues to require treatment for possible invasive aspergillus infection; or | | | |
| | 3.3. Patient has fluconazole resistant candidiasis; or | | | |
| | 3.4. Patient has mould strain such as <i>Fusarium</i> spp. and <i>Scedosporium</i> spp. | | | |
| 92 | VALGANCICLOVIR – Special Authority see SA1274 – Retail pharmacy | | | |
| | Tab 450 mg | 3,000.00 | 60 | ✓ Valcyte |
| | ▶ SA1274 Special Authority for Subsidy | | | |
| | Initial application - (transplant cytomegalovirus prophylaxis) only from a relevant specialist. Approvals valid for 3 months where the patient has undergone a solid organ transplant and requires valganciclovir for CMV prophylaxis | | | |
| | Initial application - (Lung transplant cytomegalovirus prophylaxis) only from a relevant specialist. Approvals valid for 6 months for applications meeting the following criteria: | | | |
| | Both: | | | |
| | 1. Patient has undergone a lung transplant; and | | | |
| | 2. Either: | | | |
| | 2.1. The donor was cytomegalovirus positive and the patient is cytomegalovirus negative; or | | | |
| | 2.2. The recipient is cytomegalovirus positive. | | | |
| | Initial application - (Cytomegalovirus in immunocompromised patients) only from a relevant specialist. Approvals valid for 3 months for applications meeting the following criteria: | | | |
| | Both: | | | |
| | 1. Patient is immunocompromised; and | | | |
| | 2. Any of the following | | | |

continued...

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings - effective 1 November 2012 (continued)

continued...

- 2.1. Patient has cytomegalovirus syndrome or tissue invasive disease, or
- 2.2. Patient has rapidly rising plasma CMV DNA in absence of disease; or
- 2.3. Patient has cytomegalovirus retinitis

Note: for the purpose of this Special Authority "immunocompromised" includes transplant recipients, patients with immunosuppressive diseases (e.g. HIV) or those receiving immunosuppressive treatment for other conditions

Renewal application - (Cytomegalovirus in immunocompromised patients) only from a relevant specialist.

Approvals valid for 3 months for applications meeting the following criteria:

Both:

1. Patient is immunocompromised; and
2. Any of the following
 - 2.1. Patient has cytomegalovirus syndrome or tissue invasive disease, or
 - 2.2. Patient has rapidly rising plasma CMV DNA in absence of disease; or
 - 2.3. Patient has cytomegalovirus retinitis

Note: for the purpose of this Special Authority "immunocompromised" includes transplant recipients, patients with immunosuppressive diseases (e.g. HIV) or those receiving immunosuppressive treatment for other conditions

| | | | | |
|-----|---|-------|-------|----------------------------|
| 95 | NEVIRAPINE – Special Authority see SA1025 – Retail pharmacy Tab 200 mg | 95.94 | 60 | ✓ Nevirapine Alphapharm |
| 123 | AMITRIPTYLINE – Safety medicine; prescriber may determine dispensing frequency Tab 10 mg | 3.32 | 100 | ✓ Arrow-Amitriptyline |
| 140 | ZOPICLONE Tab 7.5 mg | 1.90 | 30 | ✓ Apo-Zopiclone |
| 147 | CARBOPLATIN – PCT only – Specialist Inj 10 mg per ml, 15 ml | 19.50 | 1 | ✓ Carbaccord |
| | Inj 10 mg per ml, 45 ml | 48.50 | 1 | ✓ Carbaccord |
| 180 | PHARMACY SERVICES – May only be claimed once per patient * Brand switch fee..... The Pharmacode for BSF Candestar is 2426781 (BSF Candestar Brand switch fee to be delisted 1 February 2013) | 4.33 | 1 fee | ✓ BSF Candestar |

Effective 1 October 2012

| | | | | |
|----|---|-------|-----------|---------------|
| 30 | ACARBOSE * Tab 50 mg | 9.82 | 90 | ✓ Accarb |
| | * Tab 100 mg | 15.83 | 90 | ✓ Accarb |
| 35 | MACROGOL 3350 – Special Authority see SA0891 – Retail pharmacy Powder 13.125 g, sachets – Maximum of 60 sach per prescription | 10.00 | 30 | ✓ Lax-Sachets |
| 36 | CHLORHEXIDINE GLUCONATE Mouthwash 0.2% | 2.68 | 200 ml OP | ✓ healthE |

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 October 2012 (continued)

| | | | |
|-----|--|----------------|--|
| 48 | ENALAPRIL * Tab 5 mg 1.07 * Tab 10 mg 1.32 * Tab 20 mg – For enalapril oral liquid formulation refer, page 182..... 1.72 | 90 90 90 | ✓ m-Enalapril ✓ m-Enalapril ✓ m-Enalapril |
| 50 | MEXILETINE HYDROCHLORIDE ▲ Cap 150 mg 65.00 ▲ Cap 250 mg 102.00 | 100 100 | ✓ Mexiletine Hydrochloride USP S29 ✓ Mexiletine Hydrochloride USP S29 |
| 56 | NICORANDIL - Special Authority see SA1263 – Retail Pharmacy ▲ Tab 10 mg..... 27.95 ▲ Tab 20 mg 33.28 ▶ SA1263 Special Authority for Subsidy Initial application only from a cardiologist or general physician. Approvals valid for 2 years for applications meeting the following criteria: Both: 1 Patient has refractory angina; and 2 Patient is on the maximal tolerated dose of a beta-blocker, a calcium channel blocker and a long-acting nitrate. Renewal only from a cardiologist or any relevant practitioner in consultation with a cardiologist. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment. | 60 60 | ✓ Ikorel ✓ Ikorel |
| 59 | CICLOPIROX OLAMINE a) Only on a prescription b) Not in combination Nail soln 8% 8.23 | 7 ml OP | ✓ Apo-Ciclopirox |
| 59 | HYDROGEN PEROXIDE * Crm 1%..... 8.56 | 15 g OP | ✓ Crystaderm |
| 91 | LAMIVUDINE – Special Authority see SA0832 – Retail pharmacy Tab 100 mg 32.50 | 28 | ✓ Zetlam |
| 96 | ZIDOVUDINE [AZT] WITH LAMIVUDINE – Special Authority see SA1025 – Retail pharmacy Note: zidovudine [AZT] with lamivudine (combination tablets) counts as two anti-retroviral medications for the purposes of the anti-retroviral Special Authority. Tab 300 mg with lamivudine 150 mg 63.50 | 60 | ✓ Alphapharm |
| 119 | ENTACAPONE ▲ Tab 200 mg 47.92 | 100 | ✓ Entapone |

▲ 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 October 2012 (continued)

| | | | |
|-----|---|---------|---|
| 123 | OXYCODONE HYDROCHLORIDE a) Only on a controlled drug form b) See prescribing guideline below c) No patient co-payment payable d) Safety medicine; prescriber may determine dispensing frequency Inj 10 mg per ml, 1 ml 10.08 Inj 10 mg per ml, 2 ml 19.87 | 5 5 | ✓ Oxycodone Orion ✓ Oxycodone Orion |
| 131 | ONDANSETRON * Tab disp 4 mg 0.68 17.18 | 4 10 | ✓ Dr Reddy's Ondansetron ✓ Zofran Zydys |
| 177 | FLUOROMETHOLONE * Eye drops 0.1% 3.80 | 5 ml OP | ✓ Flucon |
| 180 | PHARMACY SERVICES – May only be claimed once per patient * Brand switch fee 4.33 | 1 fee | ✓ BSF Arrow- Brimonidine |

The Pharmacode for BSF Arrow-Brimonidine is 2425823
(BSF Arrow-Brimonidine Brand switch fee to be delisted 1 January 2013)

Effective 1 September 2012

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

continued...

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)

continued...

▶ 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) 916 7561
Facsimile: (04) 974 7806
Email: ipp@pharmac.govt.nz

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 | ✓ Contact-D |
| 8 mm metal cannula; straight insertion; | | | |
| 60 cm grey line x 10 with 10 needles | 130.00 | 1 OP | ✓ Contact-D |
| 8 mm metal cannula; straight insertion; | | | |
| 110 cm grey line x 10 with 10 needles | 130.00 | 1 OP | ✓ Contact-D |
| Teflon cannula angle insertion 13 mm; 60 cm | | | |
| grey line x 5 with 10 needles | 120.00 | 1 OP | ✓ Comfort Short |
| Teflon cannula angle insertion 17 mm; 60 cm | | | |
| grey line x 5 with 10 needles | 120.00 | 1 OP | ✓ Comfort |
| Teflon cannula angle insertion 17 mm; 110 cm | | | |
| grey line x 5 with 10 needles | 120.00 | 1 OP | ✓ Comfort |
| Teflon cannula straight insertion 6 mm; with | | | |
| auto injector; 60 cm grey line x 10 with 10 needles | 140.00 | 1 OP | ✓ Inset II |
| Teflon cannula straight insertion 6 mm; with | | | |
| auto injector; 60 cm pink line x 10 with 10 needles | 140.00 | 1 OP | ✓ Inset II |
| Teflon cannula straight insertion 6 mm with | | | |
| auto injector; 60 cm blue line x 10 with 10 needles | 140.00 | 1 OP | ✓ Inset II |
| Teflon cannula straight insertion 9 mm with | | | |
| auto injector; 60 cm grey line x 10 with 10 needles | 140.00 | 1 OP | ✓ Inset II |
| Teflon cannula straight insertion 9 mm with | | | |
| auto injector; 60 cm pink line x 10 with 10 needles | 140.00 | 1 OP | ✓ Inset II |
| Teflon cannula straight insertion 9 mm with | | | |
| auto injector; 60 cm blue line x 10 with 10 needles | 140.00 | 1 OP | ✓ Inset II |
| Teflon cannula straight insertion 6 mm with | | | |
| auto injector; 110 cm grey line x 10 with 10 needles | 140.00 | 1 OP | ✓ Inset II |
| Teflon cannula straight insertion 9 mm with | | | |
| auto injector; 110 cm grey line x 10 with 10 needles | 140.00 | 1 OP | ✓ Inset II |
| Teflon cannula angle insertion 13 mm with | | | |
| auto injector; 60 cm grey line x 10 with 10 needles | 140.00 | 1 OP | ✓ Inset 30 |
| Teflon cannula angle insertion 13 mm with | | | |
| auto injector; 60 cm pink line x 10 with 10 needles | 140.00 | 1 OP | ✓ Inset 30 |
| Teflon cannula angle insertion 13 mm with | | | |
| auto injector; 60 cm blue line x 10 with 10 needles | 140.00 | 1 OP | ✓ Inset 30 |
| Teflon cannula angle insertion 13 mm with | | | |
| auto injector; 110 cm grey line x 10 with 10 needles | 140.00 | 1 OP | ✓ Inset 30 |

▶ SA1240 Special Authority for Subsidy

continued...

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings - effective 1 September 2012 (continued)

continued...

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:

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PHARMAC
PO Box 10 254
Wellington

Phone: (04) 916 7561
Facsimile: (04) 974 7806
Email: ipp@pharmac.govt.nz

31 INSULIN PUMP RESERVOIR – Special Authority see SA1240 – Retail Pharmacy

- a) Maximum of 3 packs per prescription,
- b) Maximum of 1 prescription per 90 days.
- c) Only on a prescription

Note: One additional pack of reservoirs will be funded per year (Maximum of 13 packs per annum)

| | | | |
|---|-------|------|--------------------|
| Cartridge 200 U, luer lock x 10..... | 50.00 | 1 OP | ✓IR2020 |
| 10 x luer lock conversion cartridges 1.8 ml for Paradigm pumps | 50.00 | 1 OP | ✓ADR Cartridge 1.8 |
| 10 x luer lock conversion cartridge 3.0 ml for Paradigm pumps | 50.00 | 1 OP | ✓ADR Cartridge 3.0 |

▶ 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) 916 7561
Facsimile: (04) 974 7806
Email: ipp@pharmac.govt.nz

31 INSULIN PUMP ACCESSORIES – Special Authority see SA1240 – Retail Pharmacy

- a) Maximum of 1 cap per prescription,
- b) Maximum of 1 prescription per 180 days
- c) Only on a prescription

| | | | |
|-------------------|-------|---|-----------------------------|
| Battery cap | 32.00 | 1 | ✓Animas 2020 Battery Cap |
|-------------------|-------|---|-----------------------------|

▶ 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:

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PHARMAC
PO Box 10 254
Wellington

Phone: (04) 916 7561
Facsimile: (04) 974 7806
Email: ipp@pharmac.govt.nz

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 pregnant 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.

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. *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 |
|---|---------------------------------|-----|--|
|---|---------------------------------|-----|--|

New Listings - effective 1 September 2012 (continued)

continued...

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 with 50 lancets, a lancing device, and

10 diagnostic test strips – brand switch fee payable

| | | | |
|---------------------------------------|-------|------|---|
| – no patient co-payment payable | 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

| | | | |
|---------------------------------|-------|------------|----------------------------|
| 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..... | 540.00 | 5 | ✓ Zarzio |
| Inj 480 µg per 0.5 ml prefilled syringe..... | 864.00 | 5 | ✓ Zarzio |

▶ 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 $\geq 20\%^*$); 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 $< 0.5 \times 10^9/L$); or
5. Treatment of drug-induced prolonged neutropenia (ANC $< 0.5 \times 10^9/L$).

Note *Febrile neutropenia risk $\geq 20\%$ after taking into account other risk factors as defined by the European Organisation for Research and Treatment of Cancer (EORTC) guidelines.

48 CILAZAPRIL

| | | | |
|--------------------|------|----|----------|
| * Tab 0.5 mg | 2.85 | 90 | ✓ Zapril |
|--------------------|------|----|----------|

55 CHLORTHALIDONE

| | | | |
|-------------------|------|----|--------------------------|
| * Tab 25 mg | 4.80 | 30 | ✓ Igroton ^{S29} |
|-------------------|------|----|--------------------------|

60 CALAMINE

a) Only on a prescription

b) Not in combination

| | | | |
|------------------------|------|-------|------------------|
| Crn, aqueous, BP | 1.77 | 100 g | ✓ Home Essential |
|------------------------|------|-------|------------------|

▲ 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)

| | | | | |
|-----|--|-------|-------------|--|
| 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 CROMOGLYCAT (new pharmacode) Aerosol inhaler, 5 mg per dose CFC-free..... | 28.07 | 112 dose OP | ✓ Intal Forte CFC Free |
| 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 |

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 Restrictions

Effective 1 December 2012

| | | | | |
|---|---|-------|----|-----------------------|
| 29 | INSULIN ASPART WITH INSULIN ASPART PROTAMINE ▲ Inj 100 iu per ml, 3 ml prefilled pen | 52.15 | 5 | ✓ NovoMix 30 FlexPen |
| 31 | BLOOD KETONE DIAGNOSTIC TEST METER (Note: change applies only to Freestyle Optium meters) 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 pregnant 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. 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 | 9.00 | 1 | ✓ Freestyle Optium |
| Note: Meter funded for the purposes of blood ketone diagnostics only. Patient has had one or more episodes of ketoacidosis and is at risk of future episodes. Only one meter per patient will be subsidised every 5 years. | | | | |
| 31 | PIOGLITAZONE — Special Authority see SA0959 — Retail pharmacy * Tab 15 mg | 1.50 | 28 | ✓ <u>Pizaccord</u> |
| | * Tab 30 mg | 2.50 | 28 | ✓ <u>Pizaccord</u> |
| | * Tab 45 mg | 3.50 | 28 | ✓ <u>Pizaccord</u> |
| | ▶ SA0959 Special Authority for Subsidy Initial application — (Patients with type 2 diabetes) from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria: Either: 1 — Patient has not achieved glycaemic control on maximum doses of metformin or a sulphonylurea or where either or both are contraindicated or not tolerated; or 2 — Patient is on insulin. | | | |
| 39 | MAGNESIUM SULPHATE * Inj 49.3% 2 mmol per ml , 5 ml..... | 26.60 | 10 | ✓ Mayne |
| 52 | METOPROLOL SUCCINATE — Brand switch fee payable * 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 |
| 72 | ETHINYL OESTRADIOL WITH LEVONORGESTREL * Tab 20 µg with levonorgestrel 100 µg and 7 inert tab — Up to 84 tab available on a PSO — Brand switch fee payable | 2.95 | 84 | ✓ Ava 20 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 Restrictions - effective 1 December 2012 (continued)

81 GROWTH HORMONES

► SA1279 Special Authority for Subsidy

Special Authority approved by the Growth Hormone Committee

Notes: Subject to budgetary cap. Applications will be considered and approved subject to funding availability.

Application details may be obtained from PHARMAC's website <http://www.pharmac.govt.nz> or:

NZGHC Coordinator

PHARMAC, PO Box 10-254, WELLINGTON

Tel: 0800 808 476, Fax: (09) 929 3221, Email: growthhormone@pharmac.govt.nz

SOMATROPIN – Special Authority see SA1279

| | | | |
|-------------------------------------|--------|---|---------------------|
| * Inj cartridge 16 iu (5.3 mg)..... | 160.00 | 1 | ✓ Genotropin |
| * Inj cartridge 36 iu (12 mg)..... | 360.00 | 1 | ✓ Genotropin |

84 AZITHROMYCIN

Tab 500 mg – Subsidy by endorsement; can be waived by

Special Authority see SA 1130

| | | | |
|---------------------------------------|------|------|-----------------------------|
| - Maximum of 8 available on PSO | 5.95 | 2 OP | ✓ Arrow-Azithromycin |
| | 1.25 | 2 | ✓ Apo-Azithromycin |

a) Maximum one pack (two 500mg tablets) per prescription.

**Maximum of 5 days treatment per prescription; can be waived by endorsement for the following patients:
For Endorsement, Patient has either:**

- i. Received a lung transplant and requires treatment or prophylaxis for bronchiolitis obliterans syndrome*; or
- ii. Cystic fibrosis and has chronic infection with *Pseudomonas aeruginosa* or *Pseudomonas* related gram negative organisms*.

*Indications marked with * are Unapproved Indications

b) Maximum of 8 available on PSO

c) subsidised only if prescribed for patients with uncomplicated urethritis or cervicitis proven or presumed to be due to *Chlamydia trachomatis* and their sexual contacts and prescription or PSO is endorsed accordingly.

Special Authority for waiver of rule

Initial application – (cystic fibrosis) only from a respiratory specialist or paediatrician. Approvals valid without further renewal unless notified for applications meeting the following criteria:

All of the following:

- 1 The applicant is part of multidisciplinary team experienced in the management of cystic fibrosis; and
- 2 The patient has been definitively diagnosed with cystic fibrosis*; and
- 3 The patient has chronic infection with *Pseudomonas aeruginosa* or *Pseudomonas* related gram negative organisms as defined by two positive respiratory tract cultures at least three months apart*; and
- 4 The patient has negative cultures for non-tuberculous mycobacteria.

Note: Caution is advised if using azithromycin as an antibiotic in the treatment of cystic fibrosis patients with pneumonia.

Testing for non-tuberculosis mycobacteria should occur annually.

Initial application – (bronchiolitis obliterans syndrome) only from a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

- 1 Patient has received a lung transplant; and
- 2 Azithromycin is to be used for prophylaxis of bronchiolitis obliterans syndrome*; and
- 3 The applicant is experienced in managing patients who have received a lung transplant.

Renewal – (bronchiolitis obliterans syndrome*) only from a relevant specialist. Application valid without further renewal, unless notified, for applications meeting the following criteria:

Both

1. The patient remains well and free from bronchiolitis obliterans syndrome*; and
2. The applicant is experienced in managing patients who have received a lung transplant.

Indications marked with * are Unapproved Indications.

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 December 2012 (continued)

| | | | |
|-----|--|--------|----------------------------|
| 148 | CAPECITABINE – Retail pharmacy-Specialist –Special Authority see SA1049 | | |
| | Tab 150 mg | 115.00 | 60 ✓Xeloda |
| | Tab 500 mg | 705.00 | 120 ✓Xeloda |
| | <p>▶ SA1049 Special Authority for Subsidy Initial application only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria: Any of the following:</p> <p>1 The patient has advanced gastrointestinal malignancy; or 2 The patient has metastatic breast cancer; or 3 The patient has stage III (Duke's stage C) colorectal* cancer and undergone surgery; or 4 Both: 4.1 The patient has stage II (Dukes' stage B) colorectal* cancer and has undergone surgery; and 4.2 Any of the following: 4.2.1 The patient has stage T4 disease; or 4.2.2 The patient has vascular invasion; or 4.2.3 Fewer than 10 lymph nodes were examined at resection; or 5 All of the following: 5.1 The patient has locally advanced (clinically or radiologically staged T3/T4: N0,1,2) rectal cancer; and 5.2 Surgery is planned; and 5.3 Capecitabine to be given prior to surgery (neoadjuvant); and 5.4 Capecitabine to be given at a maximum dose of 825 mg/m2 twice daily in combination with radiation therapy for a maximum of 6 weeks; or 6 Both: 6.1 The patient has poor venous access or needle phobia*; and 6.2 The patient requires a substitute for single agent fluoropyrimidine*. Note: Indications marked with * are Unapproved Indications, # capecitabine is approved for stage III (Duke's stage C) colon cancer. Renewal only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria: Either: 1 The patient requires continued therapy; or 2 The tumour has relapsed and requires re-treatment.</p> | | |
| 148 | OXALIPLATIN – PCT only – Specialist – Special Authority see SA0900 | | |
| | Inj 50 mg | 15.32 | 1 ✓Oxaliplatin Actavis 50 |
| | | 55.00 | ✓Oxaliplatin Ebewe |
| | | 200.00 | ✓Eloxatin |
| | Inj 100 mg | 25.01 | 1 ✓Oxaliplatin Actavis 100 |
| | | 110.00 | ✓Oxaliplatin Ebewe |
| | | 400.00 | ✓Eloxatin |
| | Inj 1 mg for ECP | 0.28 | 1 mg ✓Baxter |
| | <p>▶ SA0900 Special Authority for Subsidy Initial application only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria: Either: 1 Both: 1.1 The patient has metastatic colorectal cancer; and 1.2 To be used for first or second line use as part of a combination chemotherapy regimen; or 2 Both: 2.1 The patient has stage III (Duke's C) colorectal* cancer; and</p> | | |

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 December 2012 (continued)

continued...

2.2 Adjuvant oxaliplatin to be given in combination with a fluoropyrimidine (fluorouracil or capecitabine).
Renewal only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist.
Approvals valid for 12 months for applications meeting the following criteria:

Either:

- 1— The patient requires continued therapy; or
- 2— The tumour has relapsed and requires re-treatment.

Note: Indications marked with * are Unapproved Indications, oxaliplatin is indicated for adjuvant treatment of stage III (Duke's C) colon cancer after complete resection of the primary tumour.

| | | | | |
|-----|--|--------|------|---|
| 150 | GEMCITABINE HYDROCHLORIDE – PCT only – Specialist – Special Authority see SA1087 | | | |
| | Inj 1 g | 62.50 | 1 | ✓ DBL Gemcitabine ✓ Gemcitabine Actavis 1000 ✓ Gemcitabine Ebewe |
| | | 349.20 | | ✓ Gemzar |
| | Inj 200 mg | 12.50 | 1 | ✓ Gemcitabine Actavis 200 ✓ Gemcitabine Ebewe |
| | | 78.00 | | ✓ Gemzar |
| | Inj 1 mg for ECP | 0.07 | 1 mg | ✓ Baxter |

► SA1087 Special Authority for Subsidy

Initial application — (Hodgkin's Disease) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

- 1 The patient has Hodgkin's Disease*; and
- 2 Any of the following:

2.1 Disease has failed to respond to second line salvage chemotherapy treatment; or

2.2 Disease has relapsed following transplant; or

2.3 The patient is unsuitable for, or intolerant to, second line salvage chemotherapy or high dose chemotherapy and transplant; and

3 Gemcitabine to be given for a maximum of 6 treatment cycles.

Note: Indications marked with a * are Unapproved Indications.

Initial application — (T-Cell Lymphoma) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

Both:

- 1— The patient has T-cell Lymphoma*; and
- 2— Gemcitabine to be given for a maximum of 6 treatment cycles.

Note: Indications marked with a * are Unapproved Indications.

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

Both:

- 1— The patient has locally advanced or metastatic, cholangiocarcinoma*; and
- 2— Gemcitabine to be given for a maximum of 8 treatment cycles.

Notes: Cholangiocarcinoma encompasses epithelial tumours of the hepatobiliary tree, including tumours of bile ducts, ampulla of vater and gallbladder.

Indications marked with a * are Unapproved Indications.

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

continued...

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

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

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

continued...

Either:

Both:

1.1 The patient has macroscopically resected (R0) pancreatic carcinoma*; and

1.2 Adjuvant gemcitabine to be administered for a maximum of 6 cycles; or

2—Both:

2.1 The patient has advanced pancreatic carcinoma; and

2.2 The patient is gemcitabine treatment naive.

Note: Indications marked with a * are Unapproved Indications.

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

All of the following:

1—The patient has received gemcitabine for advanced pancreatic carcinoma; and

2—The patient has not received gemcitabine for adjuvant treatment pancreatic carcinoma; and

3—The patient requires continued therapy.

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

Any of the following:

1—The patient has non-small cell lung carcinoma (stage IIIa, or above); or

2—The patient has advanced malignant mesothelioma; or

3—The patient has ovarian, fallopian tube* or primary peritoneal carcinoma*; or

4—The patient has advanced transitional cell carcinoma of the urothelial tract (locally advanced or metastatic).

Note: Indications marked with a * are Unapproved Indications.

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

Either:

1—The patient requires continued therapy; or

2—The tumour has relapsed and requires re-treatment.

| | | | | |
|-----|---|--------|------|---|
| 151 | IRINOTECAN – PCT only – Specialist – Special Authority see SA0878 | | | |
| | Inj 20 mg per ml, 2 ml | 41.00 | 1 | ✓ Camptosar ✓ Irinotecan-Rex ✓ Irinotecan Actavis 40 |
| | | 9.34 | | |
| | Inj 20 mg per ml, 5 ml | 100.00 | 1 | ✓ Camptosar ✓ Irinotecan-Rex ✓ Irinotecan Actavis 100 |
| | | 23.34 | | |
| | Inj 1 mg for ECP | 0.24 | 1 mg | ✓ Baxter |

► SA0878 Special Authority for Subsidy

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

Both:

1—The patient has metastatic colorectal cancer; and

2—Either:

2.1 To be used for first or second line use as part of a combination chemotherapy regimen; or

2.2 As single agent chemotherapy in fluoropyrimidine-relapsed disease.

Renewal only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist.

Approvals valid for 12 months for applications meeting the following criteria:

Either:

1—The patient requires continued therapy; or

2—The tumour has relapsed and requires re-treatment.

▲ 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 December 2012 (continued)

| | | | | |
|---|--|-------|------|------------------------------------|
| 152 | ANAGRELIDE HYDROCHLORIDE – PCT only – Specialist –Special Authority see SA0879 Cap 0.5 mg | CBS | 100 | ✓ Agrylin S29 ✓ Teva S29 |
| <p>SA0879 Special Authority for Subsidy Initial application only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria: Both: 1 The patient has primary thrombocythaemia; and 2 Either: 2.1 is at high risk (previous thromboembolic disease, bleeding or platelet count > 1500/ml); or 2.2 is intolerant or refractory to hydroxyurea or interferon. Renewal only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months where the treatment remains appropriate and the patient is benefiting from treatment. Note: It is recommended that treatment with anagrelide be initiated only on the recommendation of a haematologist.</p> | | | | |
| 156 | VINORELBINE – PCT only – Specialist –Special Authority see SA1013 Inj 10 mg per ml, 1 ml | 12.85 | 1 | ✓ Navelbine ✓ Vinorelbine Ebewe |
| | Inj 10 mg per ml, 5 ml | 64.25 | 1 | ✓ Navelbine ✓ Vinorelbine Ebewe |
| | Inj 1 mg for ECP | 1.45 | 1 mg | ✓ Baxter |

SA1013 Special Authority for Subsidy
Initial application — (Hodgkin's Disease) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:
All of the following:
1 The patient has Hodgkin's Disease*; and
2 Any of the following:
2.1 Disease has failed to respond to second-line salvage chemotherapy treatment; or
2.2 Disease has relapsed following transplant; or
2.3 The patient is unsuitable for, or intolerant to, second-line salvage chemotherapy or high dose chemotherapy and transplant; and
3 Vinorelbine to be given for a maximum of 6 treatment cycles.
Initial application — (T-Cell Lymphoma) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:
Both:
1 The patient has T-cell Lymphoma*; and
2 Vinorelbine to be given for a maximum of 6 treatment cycles.
Initial application — (Other indications) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:
Any of the following:
1 The patient has metastatic breast cancer; or
2 The patient has non-small cell lung cancer (stage IIIa, or above); or
3 All of the following:
3.1 The patient has stage IB-IIIa non-small cell lung cancer; and
3.2 Vinorelbine is to be given as adjuvant treatment in combination with cisplatin; and
3.3 The patient has good performance status (WHO/ECOG grade 0-1).

continued...

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

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

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

continued...

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

Either:

- 1 The patient requires continued therapy; or
- 2 The tumour has relapsed and requires re-treatment.

Note: Indications marked with a * are Unapproved Indications.

| | | | | |
|-----|---|----------|---|---------------------------|
| 162 | OCTREOTIDE (SOMATOSTATIN ANALOGUE) — Special Authority see SA1016 — Retail pharmacy | | | |
| | Inj 50 µg per ml, 1 ml..... | 19.24 | 5 | ✓ Octreotide MaxRx |
| | Inj 100 µg per ml, 1 ml..... | 36.38 | 5 | ✓ Octreotide MaxRx |
| | Inj 500 µg per ml, 1 ml..... | 131.25 | 5 | ✓ Octreotide MaxRx |
| 162 | OCTREOTIDE LAR (SOMATOSTATIN ANALOGUE) — Special Authority see SA1016 — Retail pharmacy | | | |
| | Inj LAR 10 mg prefilled syringe | 1,772.50 | 1 | ✓ Sandostatin LAR |
| | Inj LAR 20 mg prefilled syringe | 2,358.75 | 1 | ✓ Sandostatin LAR |
| | Inj LAR 30 mg prefilled syringe | 2,951.25 | 1 | ✓ Sandostatin LAR |

Changes to Restrictions - effective 1 November 2012

| | | | | |
|----|--|-------|------------|-----------------------------|
| 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 and endorsed accordingly ; or | | | |
| | 5. Prescribed for a patient with a genetic or an acquired disorder of glucose homeostasis excluding type 1 or type 2 diabetes and metabolic syndrome and endorsed accordingly . | | | |
| | Blood glucose test strips | 10.56 | 50 test OP | ✓ CareSens |
| | | | | ✓ CareSens N |
| | | 21.65 | 50 test OP | ✓ Accu-Chek Performa |
| | | | | ✓ FreeStyle Lite |
| | | | | ✓ Freestyle Optium |
| 32 | BLOOD GLUCOSE DIAGNOSTIC TEST STRIP (VISUALLY IMPAIRED) | | | |
| | The number of test strips available on a prescription is restricted to 50 unless: | | | |
| | 1. Prescribed with insulin or a sulphonylurea but are on a different prescription and the prescription is endorsed accordingly; or | | | |
| | 2. Prescribed on the same prescription as insulin or a sulphonylurea in which case the prescription is deemed to be endorsed; or | | | |
| | 3. Prescribed for a pregnant woman with diabetes and endorsed accordingly; or | | | |
| | 4. Prescribed for a patient on home TPN at risk of hypoglycaemia or hyperglycaemia and endorsed accordingly ; or | | | |
| | 5. Prescribed for a patient with a genetic or an acquired disorder of glucose homeostasis excluding type 1 or type 2 diabetes and metabolic syndrome and endorsed accordingly . | | | |
| | 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 | 26.20 | 50 test OP | ✓ SensoCard |

▲ 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 November 2012 (continued)

| | | | | |
|-----|---|----------|-------|-----------------|
| 50 | CANDESARTAN – Special Authority see SA1223– Retail pharmacy - Brand switch fee payable | | | |
| | * Tab 4 mg | 4.13 | 90 | ✓ Candestar |
| | * Tab 8 mg | 6.10 | 90 | ✓ Candestar |
| | * Tab 16 mg | 10.18 | 90 | ✓ Candestar |
| | * Tab 32 mg | 17.66 | 90 | ✓ Candestar |
| 84 | AZITHROMYCIN | | | |
| | Grans for oral liq 200 mg per 5 ml —Subsidy by endorsement.... | 6.60 | 15 ml | ✓ Zithromax |
| | 1. Maximum of 5 days per prescription; and can be waived by endorsement for the following patients: | | | |
| | For Endorsement, patient has either: | | | |
| | i. Received a lung transplant and requires treatment or prophylaxis for bronchiolitis obliterans syndrome*; or | | | |
| | ii. Cystic fibrosis and has chronic infection with Pseudomonas aeruginosa or Pseudomonas related gram negative organisms*. | | | |
| | Note: * Indications marked with * are Unapproved Indications. | | | |
| | 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; and | | | |
| | 4. The prescription is endorsed accordingly (note that treatment of and prophylaxis for pertussis are unapproved indications) | | | |
| 140 | ZOPICLONE | | | |
| | Tab 7.5 mg | 11.90 | 500 | ✓ Apo-Zopiclone |
| | Note- Sole Subsidised Supply has been suspended from 1 November 2012 until 31 August 2013. | | | |
| | 30 tab pack has been listed. | | | |
| 160 | SUNITINIB – Special Authority see SA1266 SA1266+200 – 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 |

▶ ~~SA1266~~**SA1266+200** Special Authority for Subsidy

Initial application - (**RCC**) - 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 Any of the following:
 - 2.1 The patient is treatment naive; or
 - 2.2 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
The patient has intermediate or poor prognosis defined as:
- 5 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

continued...

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

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

Changes to Restrictions - effective 1 November 2012 (continued)

continued...

- 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.

Initial application - (GIST) - 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 The patient has unresectable or metastatic malignant gastrointestinal stromal tumour (GIST); and
- 2 Either:
 - 2.1 The patient's disease has progressed following treatment with imatinib; or
 - 2.2 The patient has documented treatment-limiting intolerance, or toxicity to, imatinib

Renewal - (RCC) - 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.

Renewal - (GIST) - only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 6 months for applications meeting the following criteria:

Both:

The patient has responded to treatment or has stable disease as determined by Choi's modified CT response evaluation criteria as follows:

1 Any of the following:

- 1.1 The patient has had a complete response (disappearance of all lesions and no new lesions), or
 - 1.2 The patient has had a partial response (a decrease in size of $\geq 10\%$ or decrease in tumour density in Hounsfield Units (HU) of $\geq 15\%$ on CT and no new lesions and no obvious progression of non measurable disease), or
 - 1.3 The patient has stable disease (does not meet criteria the two above) and does not have progressive disease and no symptomatic deterioration attributed to tumour progression; and
- 2 The treatment remains appropriate and the patient is benefiting from treatment.**

Notes:

RCC - 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.

GIST - It is recommended that response to treatment be assessed using Choi's modified CT response evaluation criteria (J Clin Oncol, 2007, 25:1753-1759). Progressive disease is defined as either: an increase in tumour size of $\geq 10\%$ and not meeting criteria of partial response (PR) by tumour density (HU) on CT; or: new lesions, or new intratumoral nodules, or increase in the size of the existing intratumoral nodules.

▲ 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 October 2012

| | | | |
|-----|---|---------|--|
| 40 | FILGRASTIM – Special Authority see SA12591252 – Retail pharmacy Inj 300 µg per 0.5 ml prefilled syringe..... 540.00 Inj 480 µg per 0.5 ml prefilled syringe..... 864.00 | 5 5 | ✓ Zarzio ✓ Zarzio |
| | <p>➔ SA12591252 Special Authority for Subsidy Initial application only from a relevant specialist, or vocationally registered general practitioner or medical practitioner on the recommendation of a relevant specialist. Approvals valid without further renewal unless notified for applications meeting the following criteria: Any of the following:</p> <ol style="list-style-type: none"> 1. Prevention of neutropenia in patients undergoing high risk chemotherapy for cancer (febrile neutropenia risk $\geq 20\%$); 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 $< 0.5 \times 10^9/L$); or 5. Treatment of drug-induced prolonged neutropenia (ANC $< 0.5 \times 10^9/L$). <p>Note *Febrile neutropenia risk $\geq 20\%$ after taking into account other risk factors as defined by the European Organisation for Research and Treatment of Cancer (EORTC) guidelines.</p> | | |
| 54 | PERHEXILINE MALEATE – Special Authority see SA12600256 – Retail pharmacy * Tab 100 mg 62.90 | 100 | ✓ Pexsig |
| | <p>➔ SA12600256 Special Authority for Subsidy Initial application only from a cardiologist or general physician. Approvals valid for 2 years for applications meeting the following criteria: Both:</p> <ol style="list-style-type: none"> 1 Patient has refractory angina; and 2 Patient is already on maximal anti-anginal therapy Patient is on the maximal tolerated dose of a beta-blocker, a calcium channel blocker and a long-acting nitrate. <p>Renewal only from a cardiologist or general physician any relevant practitioner in consultation with a cardiologist. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.</p> | | |
| 95 | ABACAVIR SULPHATE WITH LAMIVUDINE – Special Authority see SA1025 – Retail pharmacy Note: Kivexa abacavir with lamivudine (combination tablets) counts as two anti-retroviral medications for the purposes of the anti-retroviral Special Authority. Tab 600 mg with lamivudine 300 mg 630.00 | 30 | ✓ Kivexa |
| 96 | ZIDOVUDINE [AZT] WITH LAMIVUDINE – Special Authority see SA1025 – Retail pharmacy Note: Combivir zidovudine [AZT] with lamivudine (combination tablets) counts as two anti-retroviral medications for the purposes of the anti-retroviral Special Authority. Tab 300 mg with lamivudine 150 mg 667.20 63.50 | 60 | ✓ Combivir ✓ Alphapharm |
| 131 | ONDANSETRON Tab disp 4 mg 0.68 1.70 | 4 10 | ✓ Dr Reddy's Ondansetron ✓ Dr Reddy's Ondansetron |
| | Note: sole supply has been suspended from 1 October 2012. | | |
| 178 | BRIMONIDINE TARTRATE – Brand switch fee payable * Eye Drops 0.2% 6.45 | 5 ml OP | ✓ Arrow-Brimonidine |
| 182 | Pharmaceuticals with standardised formula for compounding in Ora products Sotalol 15 5 mg/ml | | |

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to 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 - brand switch fee payable – no patient co-payment payable | 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.**

SenseCard blood glucose test strips are subsidised only if prescribed for a patient who is severely visually impaired and is using a SenseCard 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 |

▲ 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 September 2012 (continued)

| | | | | |
|----|---|-------|------------|-----------------------|
| 32 | <p>BLOOD GLUCOSE DIAGNOSTIC TEST STRIP (VISUALLY IMPAIRED) The number of test strips available on a prescription is restricted to 50 unless:</p> <ol style="list-style-type: none"> 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. <p>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.</p> | 26.20 | 50 test OP | ✓ SensoCard |
| 52 | <p>METOPROLOL SUCCINATE – Brand switch fee payable</p> <ul style="list-style-type: none"> * Tab long-acting 23.75 mg 0.96 * Tab long-acting 47.5 mg 1.41 * Tab long-acting 95 mg 2.42 * Tab long-acting 190 mg 4.66 | 30 | 30 | ✓ Metoprolol - AFT CR |
| | | 30 | 30 | ✓ Metoprolol - AFT CR |
| | | 30 | 30 | ✓ Metoprolol - AFT CR |
| 72 | <p>ETHINYLLOESTRADIOL WITH LEVONORGESTREL</p> <ul style="list-style-type: none"> * Tab 30 µg with levonorgestrel 150 µg and 7 inert tab – Up to 84 tab available on a PSO – Brand switch fee payable 2.45 | 84 | | ✓ Ava 30 ED |

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 December 2012

| | | | | | |
|-----|---|--|-------------|-------------------|--|
| 35 | MACROGOL 3350 – Special Authority see SA0891 – Retail pharmacy (↓ subsidy) Powder 13.125 g, sachets – Maximum of 60 sach per prescription | 10.00 (18.14) | 30 | | Movicol |
| 36 | CHLORHEXIDINE GLUCONATE (↓ subsidy) Mouthwash 0.2% | 2.68 (3.87) | 200 ml OP | | Rivacol |
| 41 | SODIUM TETRADECYL SULPHATE (↑ price) * Inj 0.5% 2 ml..... * Inj 1% 2 ml..... * Inj 3% 2 ml..... | 23.20 (51.00) 25.00 (55.00) 28.50 (73.00) | 5 5 5 | | Fibro-vein Fibro-vein Fibro-vein |
| 48 | ENALAPRIL (↓ subsidy) * Tab 5 mg | 1.07 | 90 | ✓ Arrow-Enalapril | |
| | * Tab 10 mg | 1.32 | 90 | ✓ Arrow-Enalapril | |
| | * Tab 20 mg – For enalapril oral liquid formulation refer, page 182..... | 1.72 | 90 | ✓ Arrow-Enalapril | |
| 54 | CLONIDINE HYDROCHLORIDE (↑ subsidy) * Tab 150 µg | 34.32 | 100 | ✓ Catapres | |
| 59 | CICLOPIROX OLAMINE (↓ subsidy) a) Only on a prescription b) Not in combination Nail soln 8% | 4.11 (19.85) | 3 g OP | | Batrafen |
| 68 | FLUOROURACIL SODIUM (↓ subsidy) Crm 5%..... | 25.16 | 20 g OP | ✓ Efudix | |
| 91 | LAMIVUDINE – Special Authority see SA0832– Retail pharmacy (↓ subsidy) Tab 100 mg | 32.50 (143.00) | 28 | | Zeffix |
| 96 | ZIDOVUDINE [AZT] WITH LAMIVUDINE – Special Authority see SA1025 – Retail pharmacy (↓ subsidy) Note: Zidovudine [AZT] with lamivudine (combination tablets) counts as two anti-retroviral medications for the purposes of the anti-retroviral Special Authority. Tab 300 mg with lamivudine 150 mg..... | 63.50 (667.20) | 60 | | Combivir |
| 119 | ENTACAPONE (↓ subsidy) ▲ Tab 200 mg | 47.92 (116.00) | 100 | | Comtan |

▲ 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 December 2012 (continued)

| | | | | |
|-----|---|----------------|---------|-----------|
| 123 | OXYCODONE HYDROCHLORIDE (↓ subsidy) a) Only on a controlled drug form b) See prescribing guideline below c) No patient co-payment payable d) Safety medicine; prescriber may determine dispensing frequency | | | |
| | Inj 10 mg per ml, 1 ml | 9.93 | 5 | ✓ OxyNorm |
| | Inj 10 mg per ml, 2 ml | 19.87 | 5 | ✓ OxyNorm |
| 153 | DOCETAXEL (↑ subsidy) Inj 1 mg for ECP | 3.71 | 1 mg | ✓ Baxter |
| 177 | FLUOROMETHOLONE (↓ subsidy) * Eye drops 0.1% | 3.80 (4.05) | 5 ml OP | FML |

Effective 1 November 2012

| | | | | |
|----|---|----------------|-----------|---------------|
| 27 | HYDROCORTISONE ACETATE (↑ subsidy) Rectal foam 10%, CFC-Free (14 applications) | 25.30 | 21.1 g OP | ✓ Colifoam |
| 28 | ATROPINE SULPHATE (↑ subsidy) * Inj 600 µg, 1 ml – Up to 5 inj available on a PSO | 71.00 | 50 | ✓ AstraZeneca |
| 29 | LANSOPRAZOLE (↓ subsidy) * Cap 15 mg | 2.00 | 28 | ✓ Solox |
| | * Cap 30 mg | 2.32 | 28 | ✓ Solox |
| 35 | GLYCEROL (↑ subsidy) * Suppos 3.6 g – Only on a prescription | 6.50 | 20 | ✓ PSM |
| 58 | ISOTRETINOIN – Special Authority see SA0955 – Retail pharmacy (↓ subsidy) Cap 10 mg | 28.07 | 180 | ✓ Oratane |
| | Cap 20 mg | 43.37 | 180 | ✓ Oratane |
| 60 | CALAMINE (↓ subsidy) a) Only on a prescription b) Not in combination Crm, aqueous, BP | 1.77 (2.78) | 100 g | healthE |
| 84 | AZITHROMYCIN (↓ subsidy) Grans for oral liq 200 mg per 5 ml | 6.60 | 15 ml | ✓ Zithromax |
| | 1. Maximum of 5 days per prescription; can be waived by endorsement for the following patients: For Endorsement, patient has either: | | | |
| | i. Received a lung transplant and requires treatment or prophylaxis for bronchiolitis obliterans syndrome*; or | | | |
| | ii. Cystic fibrosis and has chronic infection with Pseudomonas aeruginosa or Pseudomonas related gram negative organisms*. | | | |

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

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

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

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

| | | | | |
|-----|--|----------------|--------|-----------------|
| 86 | AMOXYCILLIN CLAVULANATE (↓ subsidy) | | | |
| | Grans for oral liq amoxicillin 125 mg with potassium clavulanate 31.25 mg per 5 ml – Up to 200 ml available on a PSO..... | 1.61 (2.20) | 100 ml | Curam |
| | Grans for oral liq amoxicillin 250 mg with potassium clavulanate 62.5 mg per 5 ml – Up to 200 ml available on a PSO..... | 2.19 (3.85) | 100 ml | Curam |
| 102 | NAPROXEN (↓ subsidy) | | | |
| | * Tab 250 mg | 21.25 | 500 | ✓ Noflam 250 |
| | * Tab 500 mg | 22.25 | 250 | ✓ Noflam 500 |
| 121 | PARACETAMOL (↑ subsidy) | | | |
| | * Suppos 500 mg..... | 20.70 | 50 | ✓ Paracare |
| 140 | MIDAZOLAM – Safety medicine; prescriber may determine dispensing frequency | | | |
| | Inj 1 mg per ml, 5 ml (↓ subsidy)..... | 10.00 | 10 | ✓ Pfizer |
| | Inj 5 mg per ml, 3 ml (↓ price)..... | 11.90 | 5 | ✓ Pfizer |
| 151 | IRINOTECAN – PCT only – Specialist – Special Authority see SA0878 (↓ subsidy) | | | |
| | Inj 1 mg for ECP..... | 0.24 | 1 mg | ✓ Baxter |
| 161 | MEGESTROL ACETATE – Retail pharmacy-Specialist (↓ subsidy) | | | |
| | Tab 160 mg | 51.55 | 30 | ✓ Apo-Megestrol |
| 176 | CHLORAMPHENICOL (↑ subsidy) | | | |
| | Eye oint 1% | 2.76 | 4 g OP | ✓ Chlorsig |

Effective 1 October 2012

| | | | | |
|----|--|------------------|-----|---|
| 30 | GLIPIZIDE (↓ subsidy) | | | |
| | * Tab 5 mg | 3.00 | 100 | ✓ Minidiab |
| 30 | ACARBOSE (↓ subsidy) | | | |
| | * Tab 50 mg | 9.82 | 90 | ✓ Glucobay |
| | * Tab 100 mg | 15.83 | 90 | ✓ Glucobay |
| 31 | METFORMIN HYDROCHLORIDE (↓ subsidy) | | | |
| | * Tab immediate-release 500 mg..... | 6.15 | 500 | ✓ Apotex |
| | * Tab immediate-release 850 mg..... | 5.05 | 250 | ✓ Apotex |
| 45 | ATORVASTATIN – See prescribing guideline (↓ subsidy) | | | |
| | * Tab 10 mg | 0.84 (18.32) | 30 | ✓ Dr Reddy's Atorvastatin Lipitor |
| | * Tab 20 mg | 1.39 (26.70) | 30 | ✓ Dr Reddy's Atorvastatin Lipitor |
| | * Tab 40 mg | 2.44 (37.02) | 30 | ✓ Dr Reddy's Atorvastatin Lipitor |
| | * Tab 80 mg | 5.41 (110.50) | 30 | ✓ Dr Reddy's Atorvastatin Lipitor |

▲ 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 October 2012 (continued)

| | | | | |
|-----|---|-------------------|-------------|-----------------------|
| 62 | CHLORHEXIDINE GLUCONATE – Subsidy by endorsement (↓ subsidy) a) No more than 500 ml per month b) Only if prescribed for a dialysis patient and the prescription is endorsed accordingly. * Handrub 1% with ethanol 70% | 4.39 | 500 ml | ✓ healthE |
| 63 | OIL IN WATER EMULSION (↓ subsidy) * Crm..... | 2.63 | 500 g | ✓ healthE Fatty Cream |
| 74 | MICONAZOLE NITRATE (↑ price) * Vaginal crm 2% with applicator | 2.75 (4.10) | 40 g OP | Micreme |
| 77 | TESTOSTERONE UNDECANOATE – Retail pharmacy-Specialist (↓ subsidy) Cap 40 mg | 51.95 | 100 | ✓ Arrow-Testosterone |
| 86 | FLUCLOXACILLIN SODIUM (↓ subsidy) Cap 250 mg – Up to 30 cap available on a PSO | 22.00 (32.00) | 250 | AFT |
| | Cap 500 mg | 74.00 (110.00) | 500 | AFT |
| 102 | DICLOFENAC SODIUM (↓ subsidy) * Tab long-acting 75 mg | 24.52 | 500 | ✓ Diclax SR |
| | * Tab long-acting 100 mg | 42.25 | 500 | ✓ Diclax SR |
| 103 | LEFLUNOMIDE(↓ subsidy) Tab 10 mg | 55.00 | 30 | ✓ Arava |
| | Tab 20 mg | 76.00 | 30 | ✓ Arava |
| 123 | OXYCODONE HYDROCHLORIDE (↓ subsidy) a) Only on a controlled drug form b) See prescribing guideline below c) No patient co-payment payable d) Safety medicine; prescriber may determine dispensing frequency Inj 10 mg per ml, 1 ml | 9.93 | 5 | ✓ OxyNorm |
| | Inj 10 mg per ml, 2 ml | 19.87 | 5 | ✓ OxyNorm |
| 163 | LETROZOLE (↓ subsidy) * Tab 2.5 mg | 4.85 (9.00) | 30 | Letara |
| 174 | BECLOMETHASONE DIPROPIONATE (↑ price) Metered aqueous nasal spray, 50 µg per dose | 2.35 (4.85) | 200 dose OP | Alanase |
| | Metered aqueous nasal spray, 100 µg per dose | 2.46 (5.75) | 200 dose OP | Alanase |
| 174 | BUDESONIDE (↑ price) Metered aqueous nasal spray, 50 µg per dose | 2.35 (4.85) | 200 dose OP | Butacort Aqueous |
| | Metered aqueous nasal spray, 100 µg per dose | 2.61 (5.75) | 200 dose OP | Butacort Aqueous |

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Subsidy and Manufacturers Price – effective 1 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 |

▲ 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 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 | ✓ Plaquenil |
| 171 | SALBUTAMOL (↓ subsidy) Nebuliser soln, 1 mg per ml, 2.5 ml - Up to 30 neb available on a PSO | 3.25 | 20 | ✓ Asthalin |
| | Nebuliser soln, 2 mg per ml, 2.5 ml - Up to 30 neb available on a PSO | 3.44 | 20 | ✓ Asthalin |
| 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 | ✓ Duolin |

Changes to General Rules

Effective 1 December 2012

20 3.5 Diabetes Nurse Prescribers' Prescriptions

The following provisions apply to every Prescription written by a Diabetes Nurse Prescriber:

3.5.1 Prescriptions written by a Diabetes Nurse Prescriber for a Community Pharmaceutical will only be subsidised where they are for either:

- a) a Community Pharmaceutical classified as a Prescription Medicine or a Restricted Medicine and which a Diabetes Nurse Prescriber is permitted under regulations to prescribe; or
- b) any other Community Pharmaceutical listed below, ~~being an item that has been identified as being able to be prescribed by a Diabetes Nurse Prescriber, but which is not classified as a Prescription Medicine or a Restricted Medicine:~~
aspirin, blood glucose diagnostic test meter, blood glucose diagnostic test strip, **blood ketone diagnostic test meter**, glucagon hydrochloride inj 1 mg syringe kit, insulin pen needles, insulin syringes disposable with attached needle, **insulin pump accessories**, **insulin pump infusion set**, **insulin pump reservoir**, ketone blood beta-ketone electrodes test strip, nicotine, sodium nitroprusside test strip,

Effective 1 November 2012

15 **"National Immunisation Schedule"** means Section I of the Pharmaceutical Schedule, which is a schedule administered by PHARMAC, being a schedule specifying a programme of vaccinations to promote immunity against the diseases specified in the schedule.

17 **"Section B"** of this Pharmaceutical Schedule means the list of Community Pharmaceuticals—eligible for Subsidies included in the Schedule:

"Section C" of this Pharmaceutical Schedule means the list of community extemporaneously compounded preparations and galenicals eligible for Subsidies included in the Schedule.

"Section D" of this Pharmaceutical Schedule means the list of community special foods eligible for Subsidies included in the Schedule:

"Section E Part I" of this Pharmaceutical Schedule means the list of Community Pharmaceuticals eligible for Subsidies and available on a Practitioner's Supply Order included in the Schedule:

"Section E Part II" of this Pharmaceutical Schedule means the list of rural areas for the purpose of community Practitioner's Supply Orders included in the Schedule:

"Section F Part I" of this Pharmaceutical Schedule means the part of Section F relating to the exemption from dispensing in Monthly Lots, and requirement to dispense in 90-Day Lots or 180-Day Lots, as applicable, in respect of the Community Pharmaceuticals referred to in this part of Section F:

"Section F Part II" of this Pharmaceutical Schedule means the part of Section F relating to the exemption from dispensing in Monthly Lots in respect of the Community Pharmaceuticals referred to in this part of Section F;

"Section G" of this Pharmaceutical Schedule means the list of Community Pharmaceuticals eligible for reimbursement of safety caps:

"Section H" of this Pharmaceutical Schedule means the general rules for Hospital Pharmaceuticals and the lists of National Contract Pharmaceuticals and any associated DV Pharmaceuticals, of Discretionary Community Supply Pharmaceuticals and Assessed Pharmaceuticals included in Section H of the Schedule:

"Section H Part I" of this Pharmaceutical Schedule means the general rules for Hospital Pharmaceuticals:

"Section H Part II" of this Pharmaceutical Schedule means the list of National Contract Pharmaceuticals, the relevant Price, an indication of whether the Pharmaceutical has HSS and any associated DV Pharmaceuticals and DV Limit:

"Section H Part III" of this Pharmaceutical Schedule means the list of Discretionary Community Supply Pharmaceuticals:

▲ 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 November 2012 (continued)

- 18 PART II
COMMUNITY PHARMACEUTICALS SUBSIDY
- 2.1 Community Pharmaceuticals eligible for Subsidy include every medicine, therapeutic medical device or related product, or related thing listed in Sections B to G **and I** of the Schedule subject to:
- 2.1.1 clauses 2.2 of the Schedule; and
 - 2.1.2 clauses 3.1 to 5.4 of the Schedule; and
 - 2.1.3 the conditions (if any) specified in Sections B to G **and I** of the Schedule;
- 24 5.4 Pharmaceutical Cancer Treatment
- 5.4.1 DHBs must provide access to Pharmaceutical Cancer Treatments for the treatment of cancers in their DHB hospitals, and/or in association with Outpatient services provided in their DHB hospitals.
 - 5.4.2 DHBs must only provide access to Pharmaceuticals for the treatment of cancer that are listed as Pharmaceutical Cancer Treatments in Sections A to G of the Schedule, provided that DHBs may provide access to an unlisted pharmaceutical for the treatment of cancer where that unlisted pharmaceutical:
 - a) has Named Patient Pharmaceutical Assessment (NPPA) approval;
 - b) is being used as part of a bona fide clinical trial which has Ethics Committee approval;
 - c) is being used and funded as part of a paediatric oncology service; or
 - d) was being used to treat the patient in question prior to 1 July 2005.
 - 5.4.3 A DHB hospital pharmacy that holds a claiming agreement for Pharmaceutical Cancer Treatments with the Funder may claim a Subsidy for a Pharmaceutical Cancer Treatment marked as "PCT" or "PCT only" in Sections A to G of this Schedule subject to that Pharmaceutical Cancer Treatment being dispensed in accordance with:
 - a) Part 1;
 - b) clauses 2.1 to 2.3;
 - c) clauses 3.1 to 3.4; and
 - d) clause 5.4,of Section A of the Schedule
 - 5.4.4 A Contractor (other than a DHB hospital pharmacy) may only claim a Subsidy for a Pharmaceutical Cancer Treatment marked as "PCT" in Sections A to G of the Schedule subject to that Pharmaceutical Cancer Treatment being dispensed in accordance with the rules applying to Sections A to G of the Schedule.
 - 5.4.5 Some indications for Pharmaceutical Cancer Treatments listed in the Schedule are Unapproved Indications. Some of these formed part of the October 2001 ~~direction from~~ **decision by** the Minister of Health as to pharmaceuticals and indications for which DHBs must provide ~~funding access~~. As far as reasonably practicable, these Unapproved Indications are marked in the Schedule. However, PHARMAC makes no representation and gives no guarantee as to the accuracy of this information. Practitioners prescribing Pharmaceutical Cancer Treatments for such Unapproved Indications should:
 - a) be aware of and comply with their obligations under sections 25 and 29 of the Medicines Act 1981, as applicable, and otherwise under ~~the Medicines Act~~ **that Act** and the Medicines Regulations 1984;
 - b) be aware of and comply with their obligations under the Health and Disability Commissioner's Code of Consumer Rights, including the requirement to obtain informed consent from the patient (PHARMAC recommends that Practitioners obtain written consent); and
 - c) exercise their own skill, judgement, expertise and discretion, and make their own prescribing decisions with respect to the use of an unapproved Pharmaceutical Cancer Treatment or a Pharmaceutical Cancer Treatment for an Unapproved Indication.
 - 5.4.6 **Applications to add pharmaceuticals, and add or amend indications for Pharmaceutical Cancer Treatments, may be made in writing by pharmaceutical suppliers and/or clinicians to PHARMAC. Applications should follow the *Guidelines for Funding Applications to PHARMAC 2010*, a copy of which is available from PHARMAC or PHARMAC's website.**

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 November 2012 (continued)

- 25 5.8 Conflict in Provisions
If any rules in Sections B-G and Section I of this Schedule conflict with the rules in Section A, the rules in Sections B-G and Section I apply.

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.**

▲ 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 December 2012

| | | | | | |
|----|--------------------------------------|-------|-------|-----------------|--|
| 31 | METFORMIN HYDROCHLORIDE | | | | |
| | * Tab immediate-release 500 mg..... | 12.30 | 1,000 | ✓ Apo-Metformin | |
| | | | | Apotex | |
| | * Tab immediate-release 850 mg | 10.10 | 500 | ✓ Apo-Metformin | |
| | | | | Apotex | |

Effective 1 November 2012

| | | | | | |
|----|---|-------|------|---------------------------|--|
| 31 | INSULIN PUMP RESERVOIR – Special Authority see SA1240 – Retail pharmacy | | | | |
| | a) Maximum of 3 packs per prescription, | | | | |
| | b) Maximum of 1 prescription per 90 days. | | | | |
| | c) Only on a prescription | | | | |
| | Note: One additional pack of reservoirs will be funded per year (Maximum of 13 packs per annum) | | | | |
| | Cartridge 200 IU, luer lock x 10..... | 50.00 | 1 OP | ✓ IR2020 Animas | |
| | | | | Cartridge | |
| 31 | INSULIN PUMP ACCESSORIES – Special Authority see SA1240 – Retail pharmacy | | | | |
| | a) Maximum of 1 cap per prescription, | | | | |
| | b) Maximum of 1 prescription per 180 days | | | | |
| | c) Only on a prescription | | | | |
| | Battery cap..... | 32.00 | 1 | ✓ Animas 2020 Battery- | |
| | | | | Cap | |
| | | | | Animas Battery Cap | |

Effective 1 October 2012

| | | | | | |
|-----|--|-------|------------|---------------------|--|
| 205 | AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA1108 – Hospital pharmacy [HP3] | | | | |
| | Liquid (berry juicy berries)..... | 15.65 | 62.5 ml OP | ✓ PKU Lophlex LQ 10 | |
| | | 31.20 | 125 ml OP | ✓ PKU Lophlex LQ 20 | |
| | Liquid (orange juicy orange) | 15.65 | 62.5 ml OP | ✓ PKU Lophlex LQ 10 | |
| | | 31.20 | 125 ml OP | ✓ PKU Lophlex LQ 20 | |

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 Section E Part I

Effective 1 December 2012

| | | | | | |
|-----|--------------------------|--|--|--|----|
| 209 | AMIODARONE HYDROCHLORIDE | | | | |
| | ✓ Inj 50 mg per ml, 3 ml | | | | 56 |

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ **fully subsidised**

Changes to Sole Subsidised Supply

Effective 1 December 2012

For the list of new Sole Subsidised Supply products effective 1 December 2012 refer to the bold entries in the cumulative Sole Subsidised Supply table pages 12-21.

▲ 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 December 2012

| | | | | |
|-----|---|-------------------------------------|------------|---|
| 31 | BLOOD GLUCOSE DIAGNOSTIC TEST METER – Subsidy by endorsement Meter | 9.00 | 1 | ✓FreeStyle Lite ✓On Call Advanced ✓Accu-Chek Performa |
| | | 19.00 | | |
| 32 | INSULIN PEN NEEDLES – Maximum of 100 dev per prescription | | | |
| | * 29 g × 12.7 mm | 11.75 | 100 | ✓SC Profi-Fine |
| | * 31 g × 5 mm | 11.75 | 100 | ✓SC Profi-Fine |
| | * 31 g × 6 mm | 11.75 | 100 | ✓Fine Ject |
| | * 31 g × 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 × 12.7 mm needle | 13.00 | 100 | ✓DM Ject |
| | * Syringe 0.3 ml with 31 g × 8 mm needle | 13.00 | 100 | ✓DM Ject |
| | * Syringe 0.5 ml with 29 g × 12.7 mm needle | 13.00 | 100 | ✓DM Ject |
| | * Syringe 0.5 ml with 31 g × 8 mm needle | 13.00 | 100 | ✓DM Ject |
| | * Syringe 1 ml with 29 g × 12.7 mm needle | 13.00 | 100 | ✓DM Ject |
| | * Syringe 1 ml with 31 g × 8 mm needle | 13.00 | 100 | ✓DM Ject |
| 53 | PROPRANOLOL * Tab 40 mg | 4.65 | 100 | ✓Cardinol |
| 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 (16.50) (16.50) | 84 | Loette Microgynon 20 ED |
| 82 | GESTRINONE – Retail pharmacy-Specialist Cap 2.5 mg | 101.87 | 8 OP | ✓Dimetriose |
| 82 | CABERGOLINE 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 |
| 86 | AMOXYCILLIN CLAVULANATE Tab amoxicillin 500 mg with potassium clavulanate 125 mg – Up to 30 tab available on a PSO | 26.00 | 100 | ✓Synermox |
| 103 | INDOMETHACIN * Suppos 100 mg | 14.50 | 30 | ✓Arthrexin |
| 149 | CLADRIBINE – PCT only – Specialist Inj 2 mg per ml, 5 ml | 873.00 | 1 | ✓Litak S29 |
| 180 | PHARMACY SERVICES Brand switch fee | 4.50 | 1 | ✓BSF Metoprolol – AFT CR |

Patients pay a manufacturer's surcharge when
the Manufacturer's Price is greater than the Subsidy
56

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

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

Delisted Items – effective 25 November 2012

| | | | | |
|----|--------------------|-------|-------|-----------------------|
| 51 | ATENOLOL | | | |
| | * Tab 50 mg | 12.36 | 1,000 | ✓ Atenolol Tablet USP |
| | * Tab 100 mg | 21.46 | 1,000 | ✓ Atenolol Tablet USP |

Effective 1 November 2012

| | | | | |
|-----|--|-----------------|-------|---------------|
| 31 | INSULIN PUMP – Special Authority see SA1237 | | | |
| | a) Only on a prescription | | | |
| | b) Maximum of 1 insulin pump per prescription | | | |
| | c) Maximum of 1 insulin pump per patient each four year period | | | |
| | Flat panel, high contrast screen; compatible with standard luer lock infusion sets; waterproof at 12 feet for 24 hours; 0.025 U/h basal rate; 0.05 U incremental bolus; black colour..... | 4,500.00 | 1 | ✓ Animas 2020 |
| | 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..... | 4,500.00 | 1 | ✓ Animas 2020 |
| | 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 | 4,500.00 | 1 | ✓ Animas 2020 |
| | 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 | 4,500.00 | 1 | ✓ Animas 2020 |
| | 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 | 4,500.00 | 1 | ✓ Animas 2020 |
| 50 | CANDESARTAN – Special Authority see SA0933 – Retail pharmacy | | | |
| | * Tab 4 mg | 1.38 (12.00) | 30 | Atacand |
| | * Tab 8 mg | 2.03 (12.00) | 30 | Atacand |
| | * Tab 16 mg | 3.39 (14.50) | 30 | Atacand |
| | * Tab 32 mg | 5.89 (24.00) | 30 | Atacand |
| 180 | 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 | | | |

▲ 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 November 2012 (continued)

| | | | | |
|-----|--|--------|-------|------------|
| 205 | AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA1108 – Hospital pharmacy [HP3] Sachets (pineapple/vanilla) 29 g | 330.10 | 30 OP | ✓Minaphlex |
|-----|--|--------|-------|------------|

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. | 6.00 9.00 | 1 | ✓CareSens POP ✓CareSens II |
| 66 | CONDOMS * 49 mm – Up to 144 dev available on a PSO | 1.11 13.36 | 12 144 | ✓Gold Knight ✓Gold Knight |
| 79 | CEFACLOR MONOHYDRATE Cap 250 mg | 24.57 | 100 | ✓Cefaclor Sandoz |
| 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 | 178.00 (255.35) | 10 | Hospira |

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 Betacloc CR |
| | * Tab long-acting 47.5 mg | 1.41 (7.50) | 30 | ✓Myloc CR Betacloc CR |
| | * Tab long-acting 95 mg | 2.42 (7.50) | 30 | ✓Myloc CR Betacloc CR |
| | * Tab long-acting 190 mg | 4.66 (7.50) | 30 | ✓Myloc CR Betacloc CR |

| 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 (continued)

| | | | | |
|-----|---|--------------------------------------|--------|---|
| 72 | ETHINYLOESTRADIOL 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) (14.49) (16.50) | 84 | Leven ED Monofeme Nordette 28 Microgynon 30 ED |
| 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 January 2013

| | | | |
|-----|---|----------------------------|--|
| 31 | METFORMIN HYDROCHLORIDE * Tab immediate-release 500 mg.....6.15 * Tab immediate-release 850 mg.....5.05 | 500 250 | ✓Apotex ✓Apotex |
| 45 | ATORVASTATIN – See prescribing guideline * Tab 10 mg0.84 * Tab 20 mg1.39 * Tab 40 mg2.44 * Tab 80 mg5.41 (18.32) (26.70) (37.02) (110.50) | 30 30 30 30 30 | ✓Dr Reddy's Atorvastatin Lipitor ✓Dr Reddy's Atorvastatin Lipitor ✓Dr Reddy's Atorvastatin Lipitor ✓Dr Reddy's Atorvastatin Lipitor |
| 53 | FELODIPINE * Tab long-acting 5 mg9.30 * Tab long-acting 10 mg13.80 | 90 90 | ✓Felo 5 ER ✓Felo 10 ER |
| 77 | TESTOSTERONE UNDECANOATE – Retail pharmacy-Specialist Cap 40 mg51.95 | 100 | ✓Arrow-Testosterone |
| 77 | METHYLPREDNISOLONE SODIUM SUCCINATE – Retail pharmacy-Specialist Inj 40 mg per ml, 1 ml151.40 Inj 62.5 mg per ml, 2 ml412.59 | 25 25 | ✓Solu-Medrol ✓Solu-Medrol |
| 86 | FLUCLOXACILLIN SODIUM Cap 250 mg – Up to 30 cap available on a PSO22.00 Cap 500 mg74.00 (32.00) (110.00) | 250 500 | AFT AFT |
| 163 | LETROZOLE * Tab 2.5 mg4.85 (9.00) | 30 | Letara |
| 180 | PHARMACY SERVICES – May only be claimed once per patient * Brand switch fee.....4.33 | 1 fee | ✓BSF Arrow- Brimonidine |
| | The Pharmacode for BSF Arrow-Brimonidine is 2425823 | | |

Effective 1 February 2013

| | | | |
|----|--|----------------|---|
| 49 | LISINOPRIL * Tab 5 mg1.19 * Tab 10 mg1.36 * Tab 20 mg1.63 | 30 30 30 | ✓Arrow-Lisinopril ✓Arrow-Lisinopril ✓Arrow-Lisinopril |
|----|--|----------------|---|

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 February 2013 (continued)

| | | | | |
|-----|---|----------------|--------|----------------|
| 60 | CALAMINE a) Only on a prescription b) Not in combination Crm, aqueous, BP | 1.77 (2.78) | 100 g | healthE |
| 86 | AMOXYCILLIN CLAVULANATE Grans for oral liq amoxicillin 125 mg with potassium clavulanate 31.25 mg per 5 ml – Up to 200 ml available on a PSO..... | 1.61 (2.20) | 100 ml | Curam |
| | Grans for oral liq amoxicillin 250 mg with potassium clavulanate 62.5 mg per 5 ml – Up to 200 ml available on a PSO..... | 2.19 (3.85) | 100 ml | Curam |
| 180 | PHARMACY SERVICES – May only be claimed once per patient * Brand switch fee..... The Pharmacode for BSF Candestar is 2426781 | 4.33 | 1 fee | ✓BSF Candestar |

Effective 1 March 2013

| | | | | |
|----|--|------------------|------------|-------------------|
| 30 | ACARBOSE * Tab 50 mg | 9.82 | 90 | ✓Glucobay |
| | * Tab 100 mg | 15.83 | 90 | ✓Glucobay |
| 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 and endorsed accordingly; or 5. Prescribed for a patient with a genetic or an acquired disorder of glucose homeostasis excluding type 1 or type 2 diabetes and metabolic syndrome and endorsed accordingly. | | | |
| | Blood glucose test strips | 21.65 | 50 test OP | ✓FreeStyle Lite |
| | Blood glucose test strips × 50 and lancets × 5 | 19.10 | 50 test OP | ✓On Call Advanced |
| 35 | MACROGOL 3350 – Special Authority see SA0891 below – Retail pharmacy Powder 13.125 g, sachets – Maximum of 60 sach per prescription | 10.00 (18.14) | 30 | Movicol |
| 36 | CHLORHEXIDINE GLUCONATE Mouthwash 0.2% | 2.68 (3.87) | 200 ml OP | Rivacol |
| 48 | CILZAPRIL * Tab 0.5 mg | 0.95 | 30 | ✓Zapril |

▲ 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 March 2013 (continued)

| | | | | |
|-----|---|----------------|--|--|
| 48 | ENALAPRIL * Tab 5 mg 1.07 * Tab 10 mg 1.32 * Tab 20 mg – For enalapril oral liquid formulation refer, page 182 1.72 | 90 90 90 | | ✓ Arrow-Enalapril ✓ Arrow-Enalapril ✓ Arrow-Enalapril |
| 59 | CICLOPIROX OLAMINE a) Only on a prescription b) Not in combination Nail soln 8% 4.11 (19.85) | 3 g OP | | Batrafen |
| 91 | LAMIVUDINE – Special Authority see SA0832– Retail pharmacy Tab 100 mg 32.50 (143.00) | 28 | | Zeffix |
| 96 | ZIDOVUDINE [AZT] WITH LAMIVUDINE – Special Authority see SA1025 – Retail pharmacy Note: Zidovudine [AZT] with lamivudine counts as two anti-retroviral medications for the purposes of the anti-retroviral Special Authority. Tab 300 mg with lamivudine 150 mg 63.50 (667.20) | 60 | | Combivir |
| 103 | LEFLUNOMIDE Tab 10 mg 55.00 Tab 20 mg 76.00 | 30 30 | | ✓ AFT-Leflunomide ✓ AFT-Leflunomide |
| 119 | ENTACAPONE ▲ Tab 200 mg 47.92 (116.00) | 100 | | Comtan |
| 123 | OXYCODONE HYDROCHLORIDE a) Only on a controlled drug form b) See prescribing guideline below c) No patient co-payment payable d) Safety medicine; prescriber may determine dispensing frequency Inj 10 mg per ml, 1 ml 9.93 Inj 10 mg per ml, 2 ml 19.87 | 5 5 | | ✓ OxyNorm ✓ OxyNorm |
| 173 | SODIUM CROMOGLYCATE Aerosol inhaler, 5 mg per dose CFC-free 28.07 | 112 dose OP | | ✓ Vicrom |
| 177 | FLUOROMETHOLONE * Eye drops 0.1% 3.80 (4.05) | 5 ml OP | | FML |
| 179 | PHENYLEPHRINE HYDROCHLORIDE * Eye drops 0.12% 4.47 | 15 ml OP | | ✓ Prefrin |

| 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)

| | | | |
|-----|--|------|---------------------------|
| 180 | PHARMACY SERVICES – May only be claimed once per patient | | |
| | Brand switch fee | 4.33 | 1 fee ✓BSF Ava 30 ED |
| | The Pharmacode for BSF Ava 30 ED is 2405865 | | |
| | Brand switch fee | 4.33 | 1 fee ✓BSF CareSens II |
| | The Pharmacode for BSF CareSens II is 2423146 | | |
| | Brand switch fee | 4.33 | 1 fee ✓BSF CareSens N |
| | The Pharmacode for BSF CareSens N is 2423138 | | |
| | Brand switch fee | 4.33 | 1 fee ✓BSF CareSens N POP |
| | The Pharmacode for BSF CareSens N POP is 2423154 | | |

Effective 1 April 2013

| | | | |
|-----|--|-------|----------------------------|
| 28 | FAMOTIDINE – Only on a prescription | | |
| | * Tab 20 mg | 8.10 | 250 ✓Famox |
| 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; and endorsed accordingly or | | |
| | 5. Prescribed for a patient with a genetic or an acquired disorder of glucose homeostasis excluding type 1 or type 2 diabetes and metabolic syndrome and endorsed accordingly. | | |
| | Blood glucose test strips × 50 and lancets × 5 | 10.56 | 50 test OP ✓CareSens |
| 58 | ISOTRETINOIN – Special Authority see SA0955 – Retail pharmacy | | |
| | Cap 10 mg | 28.07 | 180 ✓Oratane |
| | Cap 20 mg | 43.37 | 180 ✓Oratane |
| 59 | HYDROGEN PEROXIDE | | |
| | * Crm 1%..... | 8.56 | 10 g OP ✓Crystacide |
| 205 | PREMATURE BIRTH FORMULA – Special Authority see SA1221 – Hospital pharmacy [HP3] | | |
| | Liquid..... | 0.75 | 100 ml OP ✓S26LBW Gold RTF |

Effective 1 May 2013

| | | | |
|----|---|--------|-------------|
| 26 | CALCIUM CARBONATE WITH AMINOACETIC ACID | | |
| | * Tab 420 mg with aminoacetic acid 180 mg – | | |
| | Higher subsidy of \$6.30 per 100 tab with Endorsement..... | 3.00 | 100 |
| | | (6.30) | Titralac |
| | Additional subsidy by endorsement is available for pregnant women. The prescription must be endorsed accordingly. | | |
| 43 | RIVAROXABAN – Special Authority see SA1066 – Retail pharmacy | | |
| | Tab 10 mg | 306.00 | 30 ✓Xarelto |

▲ 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 May 2013 (continued)

| | | | | | |
|-----|-------------------------|-------|----------|---|-----------------|
| 66 | CALCIPOTRIOL | | | | |
| | Oint 50 µg per g | 20.20 | 30 g OP | ✓ | Daivonex |
| | Soln 50 µg per ml | 33.79 | 60 ml OP | ✓ | Daivonex |
| 179 | TYLOXAPOL | | | | |
| | * Eye drops 0.25% | 8.63 | 15 ml OP | ✓ | <u>Enuclene</u> |

Effective 1 June 2013

| | | | | | |
|-----|--|--------|-------|---|---------------|
| 50 | AMIODARONE HYDROCHLORIDE | | | | |
| | Inj 50 mg per ml, 3 ml – Up to 6 inj available on a PSO | 60.84 | 10 | ✓ | Cordarone-X |
| 95 | STAVUDINE [D4T] – Special Authority see SA1025 – Retail pharmacy | | | | |
| | Cap 30 mg | 377.80 | 60 | ✓ | Zerit |
| 180 | PHARMACY SERVICES - May only be claimed once per patient | | | | |
| | * Brand switch fee..... | 4.33 | 1 fee | ✓ | BSF Ava 20 ED |
| | The Pharmacode for BSF Ava 20 ED is 2427958 | | | | |

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

Section H changes to Part II

Effective 1 December 2012

| | | | |
|----|--|--|---|
| 19 | AZITHROMYCIN Tab 250 mg 10.00 Tab 500 mg – 1% DV Feb-13 to 2015 1.25 Note – Arrow-Azithromycin 500 mg tab to be delisted 1 February 2013 | 30 2 | Apo-Azithromycin Apo-Azithromycin |
| 22 | CALCIUM CARBONATE Oral liq 1,250 mg per 5 ml (500 mg elemental per 5 ml) 39.00 | 500 ml | Roxane |
| 26 | CLONIDINE HYDROCHLORIDE (↑ price and addition of HSS) Tab 150 µg – 1% DV Feb-13 to 2015 34.32 | 100 | Catapres |
| 30 | DILTIAZEM HYDROCHLORIDE Cap long-acting 120 mg – 5% DV Feb-13 to 2015 31.83 Cap long-acting 180 mg – 5% DV Feb-13 to 2015 47.67 Cap long-acting 240 mg – 5% DV Feb-13 to 2015 63.58 Note – Cardizem CD cap long-acting 120 mg, 180 mg and 240 mg to be delisted 1 February 2013 | 500 500 500 | Apo-Diltiazem CD Apo-Diltiazem CD Apo-Diltiazem CD |
| 31 | EFAVIRENZ WITH EMTRICITABINE AND TENOFOVIR DISOPROXIL FUMARATE Tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil fumarate 300 mg 1,313.19 | 30 | Atripla |
| 31 | EMTRICITABINE WITH TENOFOVIR DISOPROXIL FUMARATE Tab 200 mg with tenofovir disoproxil fumarate 300 mg 838.20 | 30 | Truvada |
| 32 | ETANERCEPT Inj 50 mg prefilled syringe 1,899.92 | 4 | Enbrel |
| 33 | ETRAVIRINE Tab 200 mg 770.00 | 60 | Intelence |
| 35 | FLUOROURACIL SODIUM (↓ price and addition of HSS) Crn 5% – 1% DV Feb-13 to 2015 25.16 | 20 g | Efudix |
| 36 | FUROSEMIDE (addition of HSS) Tab 500 mg – 1% DV Feb-13 to 2015 25.00 | 50 | Urex Forte |
| 37 | HEPARIN WITH SODIUM CHLORIDE (delisted) Inf 25,000 iu with 0.9% sodium chloride 7.25 7.67 | 250 ml 500 ml | Baxter Baxter |
| 39 | IMPENEM WITH CILASTATIN Inj 500 mg with cilastatin 500 mg – 1% DV Dec-12 to 2014 18.37 | 1 | Primaxin |
| 40 | INSULIN ASPART WITH INSULIN ASPART PROTAMINE (change to chemical name) Inj 100 iu per ml, 3 ml prefilled pen 52.15 | 5 | NovoMix 30 FlexPen |

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

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

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

| | | | | |
|----|---|----------|--------|--|
| 45 | MAGNESIUM SULPHATE Inj 2 mmol per ml, 5 ml – 1% DV Feb-13 to 2015 | 18.35 | 10 | Martindale |
| 45 | MAGNESIUM SULPHATE (change to line description) Inj 49.3% 2 mmol per ml , 5 ml | 26.60 | 10 | Mayne |
| | Note – Mayne inj to be delisted 1 February 2013 | | | |
| 45 | METFORMIN HYDROCHLORIDE (brand name change) Tab immediate-release 500 mg – 1% DV Oct-12 to 2015 | 12.30 | 1,000 | Apotex Metformin Apotex |
| | Tab immediate-release 850 mg – 1% DV Oct-12 to 2015 | 10.10 | 500 | Apotex Metformin Apotex |
| 48 | METOPROLOL TARTRATE Inj 1 mg per ml, 5 ml – 1% DV Dec-12 to 2015 | 24.00 | 5 | Lopressor |
| 49 | MICONAZOLE Oral gel 20 mg per g – 1% DV Feb-13 to 2015 | 4.95 | 40 g | Decozol |
| 52 | ONDANSETRON Inj 2 mg per ml, 4 ml | 2.98 | 5 | Ondanaccord |
| 54 | PAMIDRONATE DISODIUM Inj 3 mg per ml, 10 ml – 1% DV Feb-13 to 2014 | 16.00 | 1 | Pamidronate BNM |
| | Inj 6 mg per ml, 10 ml – 1% DV Feb-13 to 2014 | 32.00 | 1 | Pamidronate BNM |
| | Inj 9 mg per ml, 10 ml – 1% DV Feb-13 to 2014 | 48.00 | 1 | Pamidronate BNM |
| | Note – Pamisol inj 3 mg per ml, 6 mg per ml and 9 mg per ml, 10 ml to be delisted 1 February 2013. | | | |
| 58 | PROMETHAZINE HYDROCHLORIDE Oral liq 5 mg per 5 ml – 1% DV Feb-13 to 2015 | 2.79 | 100 ml | Allersoothe |
| | Note – Promethazine Winthrop Elixir to be delisted 1 February 2013 | | | |
| 55 | PARAFFIN White soft – 1% DV Feb-13 to 2015 | 0.92 | 10 g | healthE |
| | Note – Paraffin yellow soft (PSM) to be delisted 1 February 2013. | | | |
| | Note – DV Limit applies to pack sizes of 30 g or less, and to white soft paraffin and yellow soft paraffin. | | | |
| 58 | RECOMBINANT FACTOR VIII Inj 250 IU | 225.00 | 1 | Xyntha |
| | Inj 500 IU | 450.00 | 1 | Xyntha |
| | Inj 1,000 IU | 900.00 | 1 | Xyntha |
| | Inj 2,000 IU | 1,800.00 | 1 | Xyntha |
| | Inj 3,000 IU | 2,700.00 | 1 | Xyntha |
| | Note – This listing is for dual chamber syringe presentation with new Pharmacodes. | | | |
| 62 | SILDENAFIL Tab 100 mg – 1% DV May-13 to 2014 | 7.45 | 4 | Silagra |
| 65 | TEMOZOLOMIDE Cap 5 mg – 1% DV Mar-12 to 2014 2013 | 16.00 | 5 | Temaccord |
| | Cap 20 mg – 1% DV Mar-12 to 2014 2013 | 72.00 | 5 | Temaccord |
| | Cap 100 mg – 1% DV Mar-12 to 2014 2013 | 350.00 | 5 | Temaccord |
| | Cap 250 mg – 1% DV Mar-12 to 2014 2013 | 820.00 | 5 | Temaccord |

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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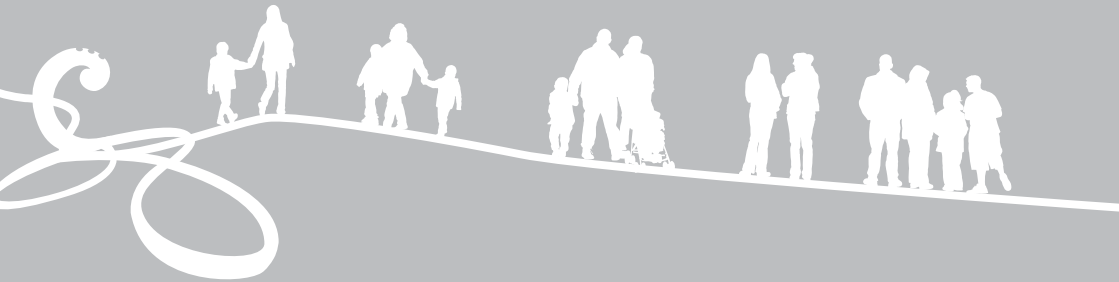
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