

Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 June 2013

Cumulative for May and June 2013

Section H cumulative for April, May and June 2013



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Summary of PHARMAC decisions

EFFECTIVE 1 JUNE 2013

New listings (page 20)

- Macrogol 3350 (Movicol) powder 13.125g, sachets – Special Authority – Retail pharmacy
- Bosentan (pms-Bosentan) tab 62.5 mg and 125 mg – Special Authority – Retail pharmacy
- Aminoacid formula without phenylalanine (PKU Anamix Junior) powder (unflavoured), 29g – Special Authority – Hospital pharmacy [HP3]
- High fat low carbohydrate formula (KetoCal 4:1) powder (unflavoured) – Special Authority – Retail pharmacy

Changes to restrictions (pages 21-23)

- Acarbose – remove brand switch fee
- Metolazone – amend Special Authority criteria
- Ethinyloestradiol with levonorgestrel – remove brand switch fee
- Lamivudine – remove brand switch fee
- Entacapone – remove brand switch fee
- Metoclopramide hydrochloride – addition of note – For metoclopramide oral liquid formulation refer, page 188
- Choramphenicol eye drops 0.5% – addition of note – Funded for use in the ear
- Eye preparations – Change to restriction
- Pilocarpine eye drops 4% – addition of note – subsidised for oral use pursuant to the Standard Formulae

Decreased subsidy (page 24)

- Amiodarone hydrochloride (Cordarone-X) inj 50 mg per ml, 3ml ampoule
- Malathion with permethrin and piperonyl butoxide (Para Plus) spray 0.25% with permethrin 0.5% and piperonyl butoxide 2%, 90 g OP

Increased subsidy (page 24)

- Metyparone (Metopirone) cap 250 mg
- Methycellulose (Midwest) powder, 100 g
- Praziquantel (Biltricide) tab 600 mg

Blood glucose test meter reminder

A reminder that brand change transition arrangements for blood glucose diagnostic test meters will conclude 30 June 2013.

These include:

- The Brand Switch Fee payable for CareSens meters.
- The provision for Pharmacist prescribing of CareSens meters. Qualifying patients will need to present a prescription from their doctor or diabetes nurse to receive a funded meter from 1 July 2013.
- Patient co-payment for CareSens meters. A co-payment will be required on meters dispensed from 1 July 2013.



Bosentan new listing

Pms-Bosentan (bosentan) 62.5 mg and 125 mg tablets will be listed fully funded from 1 June 2013 subject to existing Special Authority criteria for bosentan.

Metolazone

The Special Authority criteria for metolazone will be amended from 1 June 2013 to better reflect current practice. Metolazone will be funded for patients with refractory heart failure who are intolerant or have not responded to loop diuretics and/or loop-thiazide combination therapy.

Lax-Sachets out - of - stock

There is expected to be a stock supply issue for Lax-Sachets (macrogol 3350). Movicol sachets will be listed fully funded subject to Special Authority from June 2013 to cover the shortfall in stock. Lax-Sachets sole supply has been suspended until further notice.

Amoxicillin 125 mg per 5 ml out - of - stock

Ospamox (amoxicillin) 125 mg per 5 ml oral liquid supplied by Sandoz is currently out - of - stock. Pharmacists can dispense the 250 mg per 5 ml strength product and can claim wastage where applicable.

Ticagrelor funding decision delayed

PHARMAC sought feedback on a proposal to list ticagrelor from 1 June 2013 for patients diagnosed with acute coronary syndromes who meet the Special Authority criteria. This proposal is still being considered and will not be listed from 1 June 2013.

News in brief

- Pedialyte Fruit and Pedialyte Plain will be delisted 1 July 2013 due to supplier discontinuation.
 - Ventolin and Broncolin brands of **salbutamol** oral liquid 2 mg per 5 ml will be delisted on 1 August 2013 due to supplies of the Salapin brand now being available.
 - Dr Edward Coughlan has been added to the anti-retroviral prescribers list.
 - **Metoclopramide** oral liquid 1 mg per ml will be added to the list of pharmaceuticals with standardised formula for compounding in Ora products from 1 June 2013.
 - Brand name changes – Pepti Junior Gold (Karicare) to Gold Pepti Junior (Aptamil) and Karicare Food Thickener to Aptamil Feed Thickener.
 - Due to a stock supply issue the Brand Switch Fee that applies to the Alphapharm brand of **zidovudine with lamivudine** tablets has been extended, it will now be delisted 1 July 2013.
 - The proposal to list preservative free eye drops is still being considered, delaying the decision to list from 1 June 2013.
 - **Chloramphenicol** eye drops 0.5% will be funded for use in the ear.
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Tender News

Sole Subsidised Supply changes – effective 1 July 2013

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Baclofen	Tab 10 mg; 100 tab	Pacifen (Mylan)
Nortriptyline hydrochloride	Tab 10 mg; 100 tab	Norpress (Mylan)
Nortriptyline hydrochloride	Tab 25 mg; 180 tab	Norpress (Mylan)
Oxybutynin	Oral liq 5 mg per 5 ml; 473 ml	Apo-Oxybutynin (Apotex)
Oxybutynin	Tab 5 mg; 500 tab	Apo-Oxybutynin (Apotex)
Quinapril	Tab 5 mg; 90 tab	Arrow-Quinapril 5 (Arrow)
Quinapril	Tab 10 mg; 90 tab	Arrow-Quinapril 10 (Arrow)
Quinapril	Tab 20 mg; 90 tab	Arrow-Quinapril 20 (Arrow)

Looking Forward

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

Possible decisions for future implementation 1 July 2013

- Adalimumab (Humira, HumiraPen) 40 mg per 0.8 ml prefilled pen and syringe – listing new strength (20 mg per 0.4 ml prefilled pen) and widening access via amendment of Special Authority
- Amiloride hydrochloride (Apo – Amiloride) tab 5 mg – new listing
- Cetomacrogol with glycerol (Pharmacy Health) crm 90% with glycerol 10% – new listing
- Hyoscine (scopolamine) patches – amend Special Authority criteria
- Pegfilgrastim (Neulastim) Inj 6 mg per 0.6 ml – new listing – Special Authority – Retail pharmacy
- Phenobarbitone sodium (Martindale) inj 200 mg per ml, 1 ml ampoule – new listing – S29 – Special Authority – Retail pharmacy
- Nitrazepam (Nitrados) tab 5 mg – subsidy increase
- Ursodeoxycholic acid – amend Special Authority criteria

(continued)

Possible decisions for future implementation 1 July 2013 (continued)

- Special foods – amendment of Special Authority criteria for the following:
 - Carbohydrate
 - Fat
 - Protein
 - Carbohydrate and Fat
 - Specialised and Elemental Products
 - Adult Products High Calorie
 - High Protein Products
 - Paediatric Products
 - Extensively Hydrolysed formula
 - Fat Modified Products
 - Renal Products
 - Paediatric Products For Children With Chronic Renal Failure
 - Respiratory Products

Sole Subsidised Supply Products – cumulative to June 2013

Generic Name	Presentation	Brand Name	Expiry Date*
Abacavir sulphate	Oral liq 20 mg per ml Tab 300 mg	Ziagen Ziagen	2014
Acarbose	Tab 50 mg and 100 mg	Accarb	2015
Acetazolamide	Tab 250 mg	Diamox	2014
Acetylcysteine	Inj 200 mg per ml, 10 ml	Martindale Acetylcysteine	2015
Aciclovir	Tab dispersible 200 mg, 400 mg & 800 mg	Lovir	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 10 mg Tab 25 mg & 50 mg	Arrow-Amitriptyline Amitrip	2014
Amlodipine	Tab 2.5 mg Tab 5 mg & 10 mg	Apo-Amlodipine Apo-Amlodipine	2014
Amoxicillin	Inj 250 mg, 500 mg & 1 g Cap 250 mg & 500 mg	Ibiamox Alphamox	2014 2013
Amoxicillin clavulanate	Grans for oral liq amoxicillin 125 mg with potassium clavulanate 31.25 mg per 5 ml	Augmentin	2015
	Grans for oral liq amoxicillin 250 mg with potassium clavulanate 62.5 mg per 5 ml	Augmentin	
	Tab 500 mg with potassium clavulanate 125 mg	Curam Duo	2014
Aqueous cream	Crn	AFT	2014
Ascorbic acid	Tab 100 mg	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
Atorvastatin	Tab 10 mg, 20 mg, 40 mg & 80 mg	Zarator	2015
Atropine sulphate	Inj 600 mcg, 1 ml	AstraZeneca	2015
Azathioprine	Tab 50 mg Inj 50 mg	Imuprine Imuran	2013
Azithromycin	Tab 500 mg	Apo-Azithromycin	2015
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

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Sole Subsidised Supply Products – cumulative to June 2013

Generic Name	Presentation	Brand Name	Expiry Date*
Bezafibrate	Tab 200 mg Tab long-acting 400 mg	Bezalip 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
Blood glucose diagnostic test strip	Blood glucose test strips	CareSens CareSens N	2015
Brimonidine tartrate	Eye drops 0.2%	Arrow-Brimonidine	2014
Cabergoline	Tab 0.5 mg	Dostinex	2015
Calamine	Lotn, BP	PSM	2015
Calcitonin	Inj 100 iu per ml, 1 ml	Miacalcic	2014
Calcium carbonate	Tab 1.25 g (500 mg elemental) Tab eff 1.75 g (1 g elemental)	Arrow-Calcium Calsource	2014
Calcium folinate	Tab 15 mg	DBL Leucovorin Calcium	2014
Candesartan	Tab 4 mg, 8 mg, 16 mg & 32 mg	Candestar	2015
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 oint 1% Eye drops 0.5%	Chlorsig Chlorafast	2015
Chlorhexidine gluconate	Mouthwash 0.2% Handrub 1% with ethanol 70% Soln 4%	healthE healthE Orion	2015 2014
Ciclopirox olamine	Nail-soln 8%	Apo-Ciclopirox	2015
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

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Generic Name	Presentation	Brand Name	Expiry Date*
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
Clomipramine hydrochloride	Tab 10 mg & 25 mg	Apo-Clomipramine	2015
Clonidine hydrochloride	Tab 150 mcg Inj 150 mcg per ml, 1 ml	Catapres	2015
Clopidogrel	Tab 75 mg	Apo-Clopidogrel	2013
Clotrimazole	Crn 1% Vaginal crn 1% with applicator Vaginal crn 2% with applicator	Clomazol Clomazol Clomazol	2014 2013
Coal tar	Soln BP	Midwest	2013
Colchicine	Tab 500 mcg	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
Cyclosporin	Oral liq 100 mg per ml	Neoral	2015
Cyproterone acetate	Tab 50 mg & 100 mg	Siterone	2015
Cyproterone acetate with ethinyloestradiol	Tab 2 mg with ethinyloestradiol 35 mcg and 7 inert tabs	Ginet 84	2014
Desmopressin	Nasal spray 10 mcg per dose	Desmopressin-PH&T	2014
Dexamethasone	Tab 1 mg & 4 mg Eye oint 0.1% 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
Dexamphetamine sulphate	Tab 5 mg	PSM	2015
Dextrose	Inj 50%, 10 ml	Biomed	2014
Dextrose with electrolytes	Soln with electrolytes	Pedialyte – Fruit Pedialyte – Bubblemum Pedialyte – Plain	2013

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Generic Name	Presentation	Brand Name	Expiry Date*
Diclofenac sodium	Tab EC 25 mg & 50 mg	Apo-Diclo	2015
	Tab long-acting 75 mg & 100 mg Inj 25 mg per ml, 3 ml Eye drops 1 mg per ml Suppos 12.5 mg, 25 mg, 50 mg & 100 mg	Diclac SR Voltaren Voltaren Ophtha Voltaren	2014
Dihydrocodeine tartrate	Tab long-acting 60 mg	DHC Continus	2013
Diltiazem hydrochloride	Cap long-acting 120 mg, 180 mg & 240 mg	Apo-Diltiazem CD	2015
	Tab 30 mg & 60 mg	Dilzem	
Dipyridamole	Tab long-acting 150 mg	Pytazen SR	2014
Docusate sodium	Cap 50 mg	Laxofast 50	2014
	Cap 120 mg	Laxofast 120	
Docusate sodium with sennosides	Tab 50 mg with total sennosides 8 mg	Laxsol	2013
Domperidone	Tab 10 mg	Prokinex	2015
Doxazosin mesylate	Tab 2 mg & 4 mg	Apo-Doxazosin	2014
Doxycycline hydrochloride	Tab 100 mg	Doxine	2014
Emulsifying ointment	Oint BP	AFT	2014
Enalapril	Tab 5 mg, 10 mg & 20 mg	m-Enalapril	2015
Enoxaparin sodium	Inj 20 mg, 40 mg, 60 mg, 80 mg, 100 mg, 120 mg & 150 mg	Clexane	2015
Entacapone	Tab 200 mg	Entapone	2015
Ergometrine maleate	Inj 500 mcg per ml, 1 ml	DBL Ergometrine	2014
Escitalopram	Tab 10 mg & 20 mg	Loxalate	2013
Etidronate disodium	Tab 200 mg	Arrow-Etidronate	2015
Ethinylestradiol	Tab 10 mcg	NZ Medical and Scientific	2015
Ethinylestradiol with levonorgestrel	Tab 20 mcg with levonorgestrel 100 mcg & 7 inert tab	Ava 20 ED	2014
	Tab 30 mcg with levonorgestrel 150 mcg & 7 inert tab	Ava 30 ED	
Exemestane	Tab 25 mg	Aromasin	2014
Felodopine	Tab long-acting 5 mg & 10 mg	Plendil ER	2015
	Tab long-acting 2.5 mg	Plendil ER	
Fentanyl	Transdermal patch 12.5 mcg per hour, 25 mcg per hour, 50 mcg per hour, 75 mcg per hour, 100 mcg per hour	Mylan Fentanyl Patch	2013
Fentanyl citrate	Inj 50 mcg 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

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Generic Name	Presentation	Brand Name	Expiry Date*
Filgrastim	Inj 300 mcg per 0.5 ml Inj 480 mcg per 0.5 ml	Zarzio Zarzio	31/12/15
Finasteride	Tab 5 mg	Rex Medical	2014
Flucloxacillin sodium	Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml	AFT	2015
	Cap 250 mg & 500 mg Inj 250 mg, 500 mg & 1 g	Staphlex Flucloxin	2014
Fluconazole	Cap 50 mg, 150 mg & 200 mg	Ozole	2014
Fluorometholone	Eye drops 0.1%	Flucon	2015
Fluorouracil sodium	Crn 5%	Efudix	2015
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 mcg per dose	Flixonase Hayfever & Allergy	2015
Furosemide	Tab 500 mg	Urex Forte	2015
	Tab 40 mg Inj 10 mg per ml, 2 ml	Diurin 40 Frusemide-Claris	
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
Glipizide	Tab 5 mg	Minidiab	2015
Glycerol	Suppos 3.6 g	PSM	2015
	Liquid	healthE	2013
Glyceryl trinitrate	Aerosol spray 400 mcg per dose	Glytrin	2014
	TDDS 5 mg & 10 mg	Nitroderm TTS	
	Tab 600 mcg	Lycinate	
Haloperidol	Inj 5 mg per ml, 1 ml	Serenace	2013
	Oral liq 2 mg per ml	Serenace	
	Tab 500 mcg, 1.5 mg & 5 mg	Serenace	
Hydrocortisone	Tab 5 mg & 20 mg	Douglas	2015
	Crn 1%	Pharmacy Health	2014
	Powder	ABM	2013
	Inj 50 mg per ml, 1 ml	Solu-Cortef	
Hydrocortisone acetate	Rectal foam 10%, CFC-Free (14 applications)	Colifoam	2015
Hydrocortisone butyrate	Lipocream 0.1%	Locoid Lipocream	2015
	Milky emul 0.1%	Locoid Crelo	
	Oint 0.1%	Locoid	
	Scalp lotn 0.1%	Locoid	

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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 mcg per ml, 1 ml & 2 ml	Univent	
Iron polymaltose	Inj 50 mg per ml, 2 ml	Ferrum H	2014
Isoniazid	Tab 100 mg	PSM	2015
Isosorbide mononitrate	Tab 20 mg	Ismo 20	2014
	Tab long-acting 40 mg	Corangin	
Isotretinoin	Cap 10 mg & 20 mg	Oratane	2015
Itraconazole	Cap 100 mg	Itrazole	2013
Ketoconazole	Shampoo 2%	Sebizole	2014
Lactulose	Oral liq 10 g per 15 ml	Laevolac	2013
Lamivudine	Tab 100 mg	Zetlam	2014
	Oral liq 10 mg per ml	3TC	2013
	Tab 150 mg	3TC	
Lansoprazole	Cap 15 mg & 30 mg	Solox	2015
Latanoprost	Eye drops 50 mcg per ml	Hysite	2015
Letrozole	Tab 2.5 mg	Letraccord	2015
Levonorgestrel	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	2013
Lignocaine with prilocaine	Crn 2.5% with prilocaine 2.5% (5 g tubes)	EMLA	2013
	Crn 2.5% with prilocaine 2.5%; 30 g OP	EMLA	
Lisinopril	Tab 5 mg, 10 mg & 20 mg	Arrow-Lisinopril	2015

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Generic Name	Presentation	Brand Name	Expiry Date*
Lithium carbonate	Tab 250 mg & 400 mg Cap 250 mg	Lithicarb FC Douglas	2015 2014
Lodoxamide trometamol	Eye drops 0.1%	Lomide	2014
Loperamide hydrochloride	Cap 2 mg	Diamide Relief	2013
Loratadine	Oral liq 1 mg per ml Tab 10 mg	Lorapaed Loraclear Hayfever Relief	2013
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
Megestrol acetate	Tab 160 mg	Apo-Megestrol	2015
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
Metformin hydrochloride	Tab immediate-release 500 mg & 850 mg	Apotex	2015
Methadone hydrochloride	Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml Tab 5 mg	Biodone Biodone Forte Biodone Extra Forte Methatabs	2015 2013
Methotrexate	Inj 25 mg per ml, 2 ml & 20 ml	Hospira	2013
Methylprednisolone sodium succinate	Inj 40 mg per ml, 1 ml; 62.5 mg per ml, 2 ml; 500 mg & 1 g	Solu-Medrol	2015
Metoclopramide hydrochloride	Inj 5 mg per ml, 2 ml Tab 10 mg	Pfizer Metamide	2014
Metoprolol succinate	Tab long-acting 23.75 mg, 47.5 mg, 95 mg & 190 mg	Metoprolol-AFT CR	2015
Metoprolol tartrate	Inj 1 mg per ml, 5 ml Tab 50 mg & 100 mg Tab long-acting 200 mg	Lopresor Lopresor Slow-Lopresor	2015

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Generic Name	Presentation	Brand Name	Expiry Date*
Miconazole	Oral gel 20 mg per g	Decozol	2015
Miconazole nitrate	Crn 2%	Multichem	2014
Mirtazapine	Tab 30 mg & 45 mg	Avanza	2015
Moclobemide	Tab 150 mg & 300 mg	Apo-Moclobemide	2015
Mometasone furoate	Crn 0.1% Oint 0.1%	m-Mometasone	2015
Morphine hydrochloride	Oral liq 1 mg per ml, 2 mg per ml, 5 mg per ml & 10 mg per ml	RA-Morph	2015
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
Nadolol	Tab 40 mg & 80 mg	Apo-Nadolol	2015
Naproxen	Tab 250 mg	Noflam 250	2015
	Tab 500 mg	Noflam 500	
Naltrexone hydrochloride	Tab 50 mg	Naltraccord	2013
Neostigmine	Inj 2.5 mg per ml, 1 ml	AstraZeneca	2014
Nevirapine	Tab 200 mg	Nevirapine Alphapharm	2015
Nicotine	Gum 2 mg & 4 mg (classic, fruit, mint)	Habitrol	2014
	Lozenge 1 mg & 2 mg	Habitrol	
	Patch 7 mg, 14 mg & 21 mg	Habitrol	
Nicotinic acid	Tab 50 mg & 500 mg	Apo-Nicotinic Acid	2014
Norfloxacin	Tab 400 mg	Arrow-Norfloxacin	2014
Norethisterone	Tab 350 mcg	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	

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

Sole Subsidised Supply Products – cumulative to June 2013

Generic Name	Presentation	Brand Name	Expiry Date*
Octreotide (somatostatin analogue)	Inj 50 mcg per ml, 1 ml Inj 100 mcg per ml, 1 ml Inj 500 mcg per ml, 1 ml	Octreotide Max Rx	2014
Oil in water emulsion	Crn	healthE Fatty Cream	2015
Omeprazole	Cap 10 mg, 20 mg & 40 mg Powder Inj 40 mg	Omezol Relief Midwest Dr Reddy's Omeprazole	2014
Ondansetron	Tab disp 8 mg Tab 4 mg & 8 mg	Dr Reddy's Ondansetron Dr Reddy's Ondansetron	2013
Oxazepam	Tab 10 mg & 15 mg	Ox-Pam	2014
Oxycodone hydrochloride	Inj 50 mg per ml, 1 ml Inj 10 mg per ml, 1 ml & 2 ml	OxyNorm Oxycodone Orion	2015
Oxytocin	Inj 5 iu with ergometrine maleate 500 mcg per ml, 1 ml	Syntometrine	2015
Pamidronate disodium	Inj 3 mg per ml, 10 ml; 6 mg per ml, 10 ml & 9 mg per ml, 10 ml	Pamidronate BNM	2014
Pantoprazole	Inj 40 mg Tab 20 mg & 40 mg	Pantocid IV Dr Reddy's Pantoprazole	2014 2013
Paracetamol	Suppos 500 mg Tab 500 mg Oral liq 120 mg per 5 ml Oral liq 250 mg per 5 ml	Paracare Parafast Ethics Paracetamol Paracare Double Strength	2015 2014
Paracetamol with codeine	Tab paracetamol 500 mg with codeine phosphate 8 mg	Paracetamol + Codeine (Relieve)	2014
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
Pergolide	Tab 0.25 mg & 1 mg	Permax	2014
Permethrin	Crn 5% Lotn 5%	Lyderm A-Scabies	2014
Pethidine hydrochloride	Tab 50 mg & 100 mg Inj 50 mg per ml, 1 ml Inj 50 mg per ml, 2 ml	PSM DBL Pethidine Hydrochloride DBL Pethidine Hydrochloride	2015 2014
Phenobarbitone	Tab 15 mg & 30 mg	PSM	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 June 2013

Generic Name	Presentation	Brand Name	Expiry Date*
Phenoxyethylpenicillin (Pencillin V)	Cap potassium salt 250 mg & 500 mg Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml	Cilicaine VK AFT AFT	2013
Pioglitazone	Tab 15 mg, 30 mg & 45 mg	Pizaccord	2015
Pizotifen	Tab 500 mcg	Sandomigran	2015
Poloxamer	Oral drops 10%	Coloxyl	2014
Potassium chloride	Tab long-acting 600 mg	Span-K	2015
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	Oral liq 5 mg per 5 ml Tab 10 mg & 25 mg	Allersoothe Allersoothe	2015
Pyridostigmine bromide	Tab 60 mg	Mestinon	2014
Pyridoxine hydrochloride	Tab 25 mg Tab 50 mg	PyridoxADE Apo-Pyridoxine	2014
Quinapril with hydrochlorothiazide	Tab 10 mg with hydrochlorothiazide 12.5 mg Tab 20 mg with hydrochlorothiazide 12.5 mg	Accuretic 10 Accuretic 20	2015
Ranitidine hydrochloride	Oral liq 150 mg per 10 ml Tab 150 mg & 300 mg	Peptisoothe Arrow-Ranitidine	2014
Rifabutin	Cap 150 mg	Mycobutin	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
Sildenafil	Tab 25 mg, 50 mg & 100 mg	Silagra	2014
Simvastatin	Tab 10 mg Tab 20 mg Tab 40 mg Tab 80 mg	Arrow-Simva 10mg Arrow-Simva 20mg Arrow-Simva 40mg Arrow-Simva 80mg	2014
Sodium chloride	Inj 23.4%, 20 ml	Biomed	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 June 2013

Generic Name	Presentation	Brand Name	Expiry Date*
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
Spacer device	800 ml 230 ml (single patient)	Volumatic Space Chamber Plus	2015
Spironolactone	Tab 25 mg & 100 mg	Spirotone	2013
Sumatriptan	Inj 12 mg per ml, 0.5 ml Tab 50 mg & 100 mg	Arrow-Sumatriptan Arrow-Sumatriptan	2013
Tamoxifen citrate	Tab 20 mg	Genox	2014
Tamsulosin hydrochloride	Cap 400 mcg	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
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
Testosterone undecanoate	Cap 40 mg	Andriol Testocaps	2015
Tetrabenazine	Tab 25 mg	Motetis	2013
Tetracosactrin	Inj 250 mcg 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
Ursodeoxycholic acid	Cap 250 mg	Ursosan	2014
Vancomycin hydrochloride	Inj 500 mg	Mylan	2014

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

Sole Subsidised Supply Products – cumulative to June 2013

Generic Name	Presentation	Brand Name	Expiry Date*
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
Zidovudine [AZT] with lamivudine	Tab 300 mg with lamivudine 150 mg	Alphapharm	2014
Zinc and castor oil	Oint BP	Multichem	2014
Zinc sulphate	Caps 137.4 mg (50 mg elemental)	Zincaps	2014

June changes are in bold type

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings

Effective 1 June 2013

39	MACROGOL 3350 – Special Authority see SA0891 – Retail pharmacy Powder 13.125 g, sachets - Maximum of 60 sach per prescription	18.14	30	✓ Movicol
62	BOSENTAN – Special Authority see SA0967 – Retail pharmacy Tab 62.5 mg	2,000.00	60	✓ pms-Bosentan
	Tab 125 mg	2,000.00	60	✓ pms-Bosentan
211	AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA1108 – Hospital pharmacy [HP3] Powder (unflavoured), 29 g	330.12	30	✓ PKU Anamix Junior
213	HIGH FAT LOW CARBOHYDRATE FORMULA – Special Authority see SA1197 – Retail pharmacy Powder (unflavoured)	35.50	300 g OP	✓ KetoCal 4:1

Effective 6 May 2013

72	MALATHION WITH PERMETHRIN AND PIPERONYL BUTOXIDE Spray 0.25% with permethrin 0.5% and piperonyl butoxide 2%.....	11.95	90 g OP	✓ Para Plus
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Effective 1 May 2013

52	PERINDOPRIL * Tab 2 mg	3.75	30	✓ Apo-Perindopril
	* Tab 4 mg	4.80	30	✓ Apo-Perindopril
57	CLONIDINE HYDROCHLORIDE * Tab 25 mcg.....	15.09	112	✓ Clonidine BNM
58	METOLAZONE – Special Authority see SA1323 – Retail pharmacy Tab 5 mg	CBS	50	✓ Zaxoxlyn ^{S29}
61	HYDRALAZINE HYDROCHLORIDE – Special Authority see SA1321 – Retail pharmacy * Tab 25 mg	CBS	56	✓ Onelink ^{S29}
119	LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE Inj 2%, 5 ml – Up to 5 inj available on a PSO.....	6.90	25	✓ Lidocaine-Claris
	Inj 2%, 20 ml – Up to 5 inj available on a PSO.....	2.40	1	✓ Lidocaine-Claris
186	PHARMACY SERVICES – May only be claimed once per patient Brand switch fee	4.33	1 fee	✓ BSF Apo-Diltiazem CD
	The Pharmacode for BSF Apo-Diltiazem CD is 2437775			

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 June 2013

29	ACARBOSE – Brand switch fee payable (Pharmacode 2433257) – see page 177 for details * Tab 50 mg 9.82 90 ✓ Accarb * Tab 100 mg 15.83 90 ✓ Accarb
58	METOLAZONE – Special Authority see SA1323 – Retail pharmacy Tab 5 mg CBS 50 ✓ Zaroxolyn ^{S29} 1 ✓ Metolazone ^{S29}
	SA1323 Special Authority for Subsidy Initial application from any relevant practitioner. Approvals valid without further renewal unless notified where used for applications meeting the following criteria: the treatment of patients with refractory heart failure who are intolerant or have not responded to loop diuretics and/or loop-thiazide combination therapy. Either: 1) For the treatment of heart failure in patients who are intolerant or have not responded to ACE inhibitors and/or angiotensin receptor blockers; or 2) For the treatment of heart failure, in patients in whom treatment with ACE inhibitors and/or angiotensin receptor blockers is not tolerated due to renal impairment.
72	ETHINYLOESTRADIOL WITH LEVONORGESTREL * Tab 20 mcg with levonorgestrel 100 mcg and 7 inert tab – Up to 84 tab available on a PSO – Brand switch fee payable (Pharmacode 2427958) – see page 177 for details 2.95 84 ✓ Ava 20 ED
98	LAMIVUDINE – Special Authority see SA0832 – Retail pharmacy – Brand switch fee payable (Pharmacode 2433257) – see page 177 for details Tab 100 mg 32.50 28 ✓ Zetlam
118	ENTACAPONE – Brand switch fee payable (Pharmacode 2433249) – see page 177 for details ▲ Tab 200 mg 47.92 100 ✓ Entapone
131	METOCLOPRAMIDE HYDROCHLORIDE * Tab 10 mg – For metoclopramide oral liquid formulation refer, page 188 3.95 100 ✓ Metamide
182	CHLORAMPHENICOL Eye drops 0.5% 1.20 10 ml OP ✓ Chlorafast Funded for use in the ear* Indications marked with* are Unapproved Indications.
182	EYE PREPARATIONS Eye preparations are only funded for use in the eye, unless explicitly stated otherwise. The exception is pilocarpine eye drops 1%, 2% and 4% which are subsidised for oral use pursuant to the Standard Formulae.
184	PILOCARPINE Eye drops 4% - Subsidised for oral use pursuant to the Standard Formulae 7.99 15 ml OP ✓ Isopto Carpine

▲ 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

Effective 1 May 2013

52	<p>PERINDOPRIL</p> <p>Perindopril will be funded to the level of the ex-manufacturer price listed in the Schedule for patients who were taking these ACE inhibitors for the treatment of congestive heart failure prior to 1 June 1998. The prescription must be endorsed accordingly. We recommend that the words used to indicate eligibility are "certified condition" or an appropriate description of the patient such as "congestive heart failure", "CHF", "congestive cardiac failure" or "CCF". Definition of Congestive Heart Failure At the request of some prescribers the PTAC Cardiovascular subcommittee has provided a definition of congestive heart failure for the purposes of the funding of the manufacturer's surcharge: "Clinicians should use their clinical judgement. Existing patients would be eligible for the funding of the surcharge if the patient shows signs and symptoms of congestive heart failure, and requires or has in the past required concomitant treatment with a diuretic. The definition could also be considered to include patients post myocardial infarction with an ejection fraction of less than 40%."</p> <p>* Tab 2 mg – Higher subsidy of \$18.50 per 30 tab with Endorsement.....</p> <p style="text-align: right;">3.75 30 ✓ Apo-Perindopril (18.50) Coversyl</p> <p>* Tab 4 mg – Higher subsidy of \$25.00 per 30 tab with Endorsement.....</p> <p style="text-align: right;">4.80 30 ✓ Apo-Perindopril (25.00) Coversyl</p>
52	<p>TRANDO LAPRIL</p> <p>Higher subsidy by endorsement is available Trandolapril will be funded to the level of the ex-manufacturer price listed in the Schedule for patients who were taking these ACE inhibitors trandolapril for the treatment of congestive heart failure prior to 1 June 1998. The prescription must be endorsed accordingly. We recommend that the words used to indicate eligibility are "certified condition" or an appropriate description of the patient such as "congestive heart failure", "CHF", "congestive cardiac failure" or "CCF". Definition of Congestive Heart Failure At the request of some prescribers the PTAC Cardiovascular subcommittee has provided a definition of congestive heart failure for the purposes of the funding of the manufacturer's surcharge: "Clinicians should use their clinical judgement. Existing patients would be eligible for the funding of the surcharge if the patient shows signs and symptoms of congestive heart failure, and requires or has in the past required concomitant treatment with a diuretic. The definition could also be considered to include patients post myocardial infarction with an ejection fraction of less than 40%." For the purposes of this endorsement, congestive heart failure includes patients post myocardial infarction with an ejection fraction of less than 40%. Patients who started on trandolapril after 1 June 1998 are not eligible for full subsidy by endorsement.</p> <p>* Cap 1 mg – Higher subsidy of \$18.67 per 28 cap with Endorsement.....</p> <p style="text-align: right;">3.06 28 Gopten (18.67)</p> <p>* Cap 2 mg – Higher subsidy of \$27.00 per 28 cap with Endorsement.....</p> <p style="text-align: right;">4.43 28 Gopten (27.00)</p>
57	<p>DILTIAZEM HYDROCHLORIDE</p> <p>* Cap long-acting 120 mg – Brand switch fee payable (Pharmacode 2437775).....</p> <p style="text-align: right;">31.83 500 ✓ Apo-Diltiazem CD</p> <p>* Cap long-acting 180 mg – Brand switch fee payable (Pharmacode 2437775).....</p> <p style="text-align: right;">47.67 500 ✓ Apo-Diltiazem CD</p> <p>* Cap long-acting 240 mg – Brand switch fee payable (Pharmacode 2437775).....</p> <p style="text-align: right;">63.58 500 ✓ Apo-Diltiazem CD</p>

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions - effective 1 May 2013 (continued)

91	CIPROFLOXACIN – Subsidy by endorsement 1) Subsidised only if: a) Patient has: i) microbiologically confirmed and clinically significant pseudomonas infection; or ii) prostatitis; or iii) pyelonephritis; or iv) gonorrhoea; b) Prescription or PSO is written by, or on the recommendation of, an infectious disease physician or a clinical microbiologist; and 2) The prescription or PSO is endorsed accordingly. Recommended for patients with the any of the following: i) microbiologically confirmed and clinically significant pseudomonas infection; or ii) prostatitis; or iii) pyelonephritis; or iv) gonorrhoea; or				
	Tab 250 mg – Up to 5 tab available on a PSO	2.20	28	✓ Ciproflox	
	Tab 500 mg – Up to 5 tab available on a PSO	3.00	28	✓ Ciproflox	
		10.71	100	✓ Ciproflox	
	Tab 750 mg	5.15	28	✓ Ciproflox	
		5.52	30	✓ Ciprofloxacin Rex	
92	CLINDAMYCIN Cap hydrochloride 150 mg – Maximum of 4 cap per prescription; can be waived by endorsement – Retail pharmacy-Specialist... Specialist must be an infectious disease physician or a clinical microbiologist Inj phosphate 150 mg per ml, 4 ml – Retail pharmacy-Specialist... Prescriptions must be written by, or on the recommendation of, an infectious disease physician or a clinical microbiologist.	9.90	16	✓ Clindamycin ABM	
		160.00	10	✓ Dalacin C	
94	ITRACONAZOLE Cap 100 mg – Subsidy by endorsement Funded for tinea vesicolor where topical treatment has not been successful and diagnosis has been confirmed by mycology, or for tinea unguium where terbinafine has not been successful in eradication or the patient is intolerant to terbinafine and diagnosis has been confirmed by mycology and the prescription is endorsed accordingly. Can be waived by endorsement - Retail pharmacy - Specialist. Specialist must be an infectious disease physician, clinical microbiologist, clinical immunologist or dermatologist.	4.25	15	✓ Itrazole	
96	ISONIAZID – Retail pharmacy-Specialist a) No patient co-payment payable b) Prescriptions must be written by, or on the recommendation of, an internal medicine physician, paediatrician, clinical microbiologist, dermatologist or public health physician				
	* Tab 100 mg	20.00	100	✓ PSM	
	* Tab 100 mg with rifampicin 150 mg	90.04	100	✓ Rifinah	
	* Tab 150 mg with rifampicin 300 mg	179.57	100	✓ Rifinah	
119	LIGNOCAINE HYDROCHLORIDE LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE Viscous soln 2%..... Inj 1%, 5 ml – Up to 5 inj available on a PSO	55.00	200 ml	✓ Xylocaine Viscous	
		35.00	50	✓ Xylocaine	
	Inj 2%, 5 ml – Up to 5 inj available on a PSO	23.00	50	✓ Xylocaine	
		6.90	25	✓ Lidocaine-Claris	
	Inj 1%, 20 ml – Up to 5 inj available on a PSO	20.00	5	✓ Xylocaine	
	Inj 2%, 20 ml – Up to 5 inj available on a PSO	15.00	5	✓ Xylocaine	
		2.40	1	✓ Lidocaine-Claris	

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Subsidy and Manufacturer's Price

Effective 1 June 2013

53	AMIODARONE HYDROCHLORIDE (↓ subsidy) Inj 50 mg per ml, 3 ml ampoule – Up to 6 inj available on a PSO.....	22.80	6	✓ Cordarone-X
72	MALATHION WITH PERMETHRIN AND PIPERONYL BUTOXIDE (↓ subsidy) Spray 0.25% with permethrin 0.5% and piperonyl butoxide 2%.....	11.15	90 g OP	✓ Para Plus
87	METYPAPONE (↑ subsidy) Cap 250 mg – Retail pharmacy-Specialist	520.00	50	✓ Metopirone
88	PRAZQUANTEL (↑ subsidy) Tab 600 mg	68.00	8	✓ Biltricide
193	METHYLCELLULOSE (↑ subsidy) Powder	36.95	100 g	✓ MidWest

Effective 1 May 2013

52	PERINDOPRIL (↑ subsidy) Tab 2 mg	3.75 (18.50)	30	Coversyl
	Tab 4 mg	4.80 (25.00)	30	Coversyl
66	CALAMINE (↑ price) a) Only on a prescription b) Not in combination Crm, aqueous, BP	1.77 (3.80)	100 g	Home Essential
78	LEVONORGESTREL (↓ subsidy) * Tab 1.5 mg	3.50	1	✓ Postinor-1
	a) Maximum of 2 tab per prescription b) Up to 5 tab available on a PSO			
120	CODEINE PHOSPHATE (↓ subsidy) – Safety medicine; prescriber may determine dispensing frequency Tab 15 mg	4.75	100	✓ PSM
	Tab 30 mg	5.80	100	✓ PSM
	Tab 60 mg	12.50	100	✓ PSM
132	AMISULPRIDE (↓ subsidy) – Safety medicine; prescriber may determine dispensing frequency Tab 100 mg	6.22	30	✓ Solian
	Tab 200 mg	21.92	60	✓ Solian
	Tab 400 mg	44.52	60	✓ Solian
	Oral liq 100 mg per ml	52.50	60 ml	✓ Solian

Changes to General Rules

Effective 1 May 2013

- 18 3.3 Original Packs, Certain Antibiotics and Unapproved Medicines
- 3.3.2 If a Community Pharmaceutical is either:
- a) the liquid oral form of an antibiotic to which a diluent must be added by the Contractor at the time of dispensing; or
 - b) an unapproved medicine supplied under Section 29 of the Medicines Act 1981 **excluding any medicine listed as Cost, Brand, Source of Supply**, and it is prescribed or ordered by a Practitioner in an amount that does not coincide with the amount contained in one or more standard packs of that Community Pharmaceutical, Subsidy will be paid for the amount prescribed or ordered by the Practitioner in accordance with either clause 3.1 or clause 3.3 of the Schedule, and for the balance of any pack or packs from which the Community Pharmaceutical has been dispensed. At the time of dispensing the Contractor must keep a record of the quantity discarded. To ensure wastage is reduced, the Contractor should reduce the amount dispensed to make it equal to the quantity contained in a whole pack where:
 - a) the difference the amount dispensed and the amount prescribed by the Practitioner is less than 10% (eg; if a prescription is for 105 mls then a 100 ml pack would be dispensed); and
 - b) in the reasonable opinion of the Contractor the difference would not affect the efficacy of the course of treatment prescribed by the Practitioner.

Note: For the purposes of audit and compliance it is an act of fraud to claim wastage and then use the wastage amount for any subsequent prescription.

Effective 1 April 2013

- 13 "Hospital Pharmacy-Specialist" means that the Community Pharmaceutical is not eligible for Subsidy unless it is supplied by a hospital or pharmacy contracted to the Funder to dispense as a hospital pharmacy to an Outpatient either:
- a) on a Prescription signed by a Specialist, or
 - b) where the treatment with the Community Pharmaceutical has been recommended by a Specialist, on the Prescription of a practitioner which is either:
 - i) endorsed with the words "recommended by [name of specialist and year of authorisation]" and signed by the Practitioner, or
 - ii) **endorsed with the word 'protocol' which means "initiated in accordance with DHB hospital approved protocol"**,
 - iii) annotated by the dispensing pharmacist, following verbal confirmation from the Practitioner of the name of the Specialist and date of recommendation, with the words "recommended by [name of specialist and date of authorisation], confirmed by [practitioner]". Where the Contractor has an electronic record of such an Endorsement or Annotation from a previous prescription for the same Community Pharmaceutical written by a prescriber for the same patient, they may annotate the prescription accordingly.

"As recommended by a Specialist" to be interpreted as **either**:

- 1)
 - a) follows a substantive consultation with an appropriate Specialist;
 - b) the consultation to relate to the Patient for whom the Prescription is written;
 - c) consultation to mean communication by referral, telephone, letter, facsimile or email;
 - d) except in emergencies consultation to precede annotation of the Prescription; and
 - e) both the specialist and the General Practitioner must keep a written record of the consultation; or
- 2) **treatment with the Community Pharmaceutical has been initiated in accordance with a DHB hospital approved protocol**

▲ 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 April 2013 (continued)

- 15 “Retail Pharmacy-Specialist” means that the Community Pharmaceutical is only eligible for Subsidy if it is either:
- a) supplied on a Prescription or Practitioner’s Supply Order signed by a Specialist, or,
 - b) in the case of treatment recommended by a Specialist, supplied on a Prescription or Practitioner’s Supply Order and either:
 - i) endorsed with the words “recommended by [name of Specialist and year of authorisation]” and signed by the Practitioner, or
 - ii) **endorsed with the word ‘protocol’ which means “initiated in accordance with DHB hospital approved protocol”, or**
 - iii) Annotated by the dispensing pharmacist, following verbal confirmation from the Practitioner of the name of the Specialist and date of recommendation, with the words “recommended by [name of specialist and year of authorisation], confirmed by [practitioner]”. Where the Contractor has an electronic record of such an Endorsement or Annotation from a previous prescription for the same Community Pharmaceutical written by a prescriber for the same patient, they may annotate the prescription accordingly.

“As recommended by a Specialist” to be interpreted as **either**:

- 1)
 - a) follows a substantive consultation with an appropriate Specialist;
 - b) the consultation to relate to the Patient for whom the Prescription is written;
 - c) consultation to mean communication by referral, telephone, letter, facsimile or email;
 - d) except in emergencies consultation to precede annotation of the Prescription; and
 - e) both the Specialist and the General Practitioner must keep a written record of consultation; **or**
- 2) **treatment with the Community Pharmaceutical has been initiated in accordance with a DHB hospital approved protocol.**

Changes to Brand Name

Effective 1 June 2013

209	FOOD THICKENER – Special Authority see SA1106 – Hospital pharmacy [HP3] Powder 7.25	380 g OP	✓ Karicare Feed Thickener Aptamil Feed Thickener
212	EXTENSIVELY HYDROLYSED FORMULA – Special Authority see SA1220 – Hospital pharmacy [HP3] Powder 15.21	450 g OP	✓ Pepti Junior Gold Aptamil Gold Pepti Junior

Effective 1 May 2013

85	LEVOTHYROXINE Tab 50 mcg 1.71	28	✓ Goldshield Mercury Pharma
	‡ Safety cap for extemporaneously compounded oral liquid preparations.		
	Tab 100 mcg 1.78	28	✓ Goldshield Mercury Pharma
	‡ Safety cap for extemporaneously compounded oral liquid preparations.		

▲ 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 Section I

Effective 1 May 2013

224 INFLUENZA VACCINE – Hospital pharmacy [Xpharm]

Inj 90.00 10 ✓Fluarix
✓Fluvax

- A) is available each year for patients who meet the following criteria, as set by PHARMAC:
- a) all people 65 years of age and over;
 - b) people under 65 years of age **with who**:
 - i) **have** the following cardiovascular disease:
 - 1) ischaemic heart disease,
 - 2) congestive heart disease,
 - 3) rheumatic heart disease,
 - 4) congenital heart disease, or
 - 5) cerebo-vascular disease;
 - ii) **have** the following chronic respiratory disease:
 - 1) asthma, if on a regular preventative therapy, or
 - 2) other chronic respiratory disease with impaired lung function;
 - ~~iii) are children aged four and under who have been hospitalised for respiratory illness or have a history of significant respiratory illness.~~
 - ~~iii) **have** diabetes;~~
 - ~~iv) **have** chronic renal disease;~~
 - ~~v) **have** any cancer, excluding basal and squamous skin cancers if not invasive;~~
 - ~~vi) **have any of** the following other conditions:

 - a) autoimmune disease,
 - b) immune suppression,
 - c) HIV,
 - d) transplant recipients,
 - e) neuromuscular and CNS diseases,
 - f) haemoglobinopathies, or
 - g) **are** children on long term aspirin; **or**~~
 - ~~vii) **are pregnancy pregnant**;~~
 - c) people under 18 years of age living within the boundaries of the Canterbury District Health Board
 - d) are children aged four and under who have been hospitalised for respiratory illness or have a history of significant respiratory illness**
- Unless meeting other the criteria above**, the following conditions are excluded from funding:
- a) asthma not requiring regular preventative therapy,
 - b) hypertension and/or dyslipidaemia without evidence of end-organ disease.
- B) Doctors are the only Contractors entitled to claim payment from the Funder for the supply of influenza vaccine to patients eligible under the above criteria for subsidised immunisation and they may only do so in respect of the influenza vaccine listed in the Pharmaceutical Schedule.
- C) Individual DHBs may fund patients over and above the above criteria. The claiming process for these additional patients should be determined between the DHB and Contractor.
- D) Stock of the seasonal influenza vaccine is typically available from February until late July with suppliers being required to ensure supply until at least 30 June. Exact start and end dates for each season will be notified each year.

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Delisted Items

Effective 1 June 2013

53	AMIODARONE HYDROCHLORIDE Inj 50 mg per ml, 3 ml ampoule – Up to 6 inj available on a PSO.....	60.84	10	✓Cordarone-X
59	BEZAFIBRATE *Tab 200 mg	9.70	90	✓Fibalip
104	STAVUDINE [D4T] – Special Authority see SA1025 – Retail pharmacy Cap 30 mg	377.80	60	✓Zerit
109	DICLOFENAC SODIUM *Tab EC 25 mg..... *Tab EC 50 mg	1.63 1.60 (2.13)	50 50	✓Diclofenac Sandoz Diclofenac Sandoz
130	DOMPERIDONE *Tab 10 mg – For domperidone oral liquid formulation refer, page 188.....	3.25 (11.99)	100	Motilium
176	PROMETHAZINE HYDROCHLORIDE *‡ Oral liq 5 mg per 5 ml	2.79 (3.10)	100 ml	Promethazine Winthrop Elixir
186	PHARMACY SERVICES *Brand switch fee	4.33	1 fee	✓BSF Accarb ✓BSF Ava 20 ED ✓BSF Entapone ✓BSF Zetlam

Effective 1 May 2013

24	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 (6.30)	100	Titralac
Additional subsidy by endorsement is available for pregnant women. The prescription must be endorsed accordingly.				
40	MICONAZOLE Oral gel 20 mg per g	4.95 (8.70)	40 g OP	Daktarin
47	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

Delisted Items - effective 1 May 2013 (continued)

57	DILTIAZEM HYDROCHLORIDE				
	Cap long-acting 120 mg	1.91			
		(4.34)		Cardizem CD	
	Cap long-acting 180 mg	2.86			
		(6.50)		Cardizem CD	
	Cap long-acting 240 mg	3.81			
		(8.67)		Cardizem CD	
63	SILDENAFIL – Special Authority see SA1293 – Retail pharmacy				
	Tab 25 mg	39.00	4	✓ Viagra	
	Tab 50 mg	43.50	4	✓ Viagra	
	Tab 100 mg – For sildenafil oral liquid formulation refer, page 179	47.00	4	✓ Viagra	
72	CALCIPOTRIOL				
	Oint 50 mcg per g	20.20	30 g OP	✓ Daivonex	
	Soin 50 mcg per ml	33.79	60 ml OP	✓ Daivonex	
89	AZITHROMYCIN – Maximum of 5 days treatment per prescription; can be waived by endorsement 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 500 mg – Up to 8 tab available on a PSO	1.25	2 OP	✓ Arrow-Azithromycin	
113	PAMIDRONATE DISODIUM				
	Inj 3 mg per ml, 10 ml	16.00	1		
		(37.50)		Pamisol	
	Inj 6 mg per ml, 10 ml	32.00	1		
		(75.00)		Pamisol	
	Inj 9 mg per ml, 10 ml	48.00	1		
		(112.50)		Pamisol	
185	TYLOXAPOL				
	* Eye drops 0.25%	8.63	15 ml OP	✓ <u>Enuclene</u>	
212	AMINO ACID FORMULA – Special Authority see SA1219 – Hospital pharmacy [HP3]				
	Powder (tropical)	53.00	400 g OP	✓ Neocate Advance	

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 July 2013

49	DEXTROSE WITH ELECTROLYTES Soln with electrolytes.....	6.60 6.75	1,000 ml OP	✓ Pedialyte - Fruit ✓ Pedialyte - Plain
186	PHARMACY SERVICES * Brand switch fee	4.33	1 fee	✓ BSF Alphapharm

Effective 1 August 2013

178	SALBUTAMOL ‡ Oral liq 2 mg per 5 ml	1.20 1.99	90 ml 150 ml	✓ Broncolin ^{S29} ✓ Ventolin
186	PHARMACY SERVICES - May only be claimed once per patient * Brand switch fee.....	4.33	1 fee	✓ BSF Apo-Diltiazem CD

Effective 1 October 2013

45	SODIUM TETRADECYL SULPHATE * Inj 0.5% 2 ml	23.20 (51.00)	5	Fibro-vein
	* Inj 1% 2 ml	25.00 (55.00)	5	Fibro-vein
88	CEFOXITIN SODIUM – Retail pharmacy-Specialist – Subsidy by endorsement Only if prescribed for dialysis or cystic fibrosis patient and the prescription is endorsed accordingly. Inj 1 g.....	55.00	5	✓ Mayne
89	CEFUROXIME SODIUM Inj 250 mg – Maximum of 3 inj per prescription; can be waived by endorsement	20.97	10	✓ Mayne
	Waiver by endorsement must state that the prescription is for dialysis or cystic fibrosis patient. Inj 1.5 g – Retail pharmacy-Specialist – Subsidy by endorsement	2.65 4.04	1	✓ Mylan ✓ Zinacef
	Only if prescribed for dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.			
92	FUSIDIC ACID Inj 500 mg sodium fusidate per 10 ml – Retail pharmacy- Specialist – Subsidy by endorsement.....	12.87 (17.80)	1	Fucidin
	Only if prescribed for a dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.			
184	HOMATROPINE HYDROBROMIDE * Eye drops 2%.....	7.18	15 ml OP	✓ Isopto Homatropine

▲ 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

Effective 1 November 2013

181	SODIUM CROMOGLYCATÉ Nasal spray, 4%	15.85	22 ml OP	✓ Rex
211	AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA1108 – Hospital pharmacy [HP3] Sachets (tropical)	324.00	30	✓ Phlexy 10

Effective 1 December 2013

31	INSULIN SYRINGES, DISPOSABLE WITH ATTACHED NEEDLE – Maximum of 100 dev per prescription * Syringe 0.3 ml with 31 g × 8 mm needle	13.00	100	✓ ABM
75	CONDOMS * 53 mm extra strength – Up to 144 dev available on a PSO	1.11 13.36	12 144	✓ Gold Knight ✓ Gold Knight
193	METHYLCELLULOSE Powder	14.00	100 g	✓ ABM

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

Effective 1 June 2013

16	AMIODARONE HYDROCHLORIDE Inj 50 mg per ml, 3 ml ampoule – 1% DV Aug-13 to 2016	22.80	6	Cordarone-X
16	AMINOACID WITHOUT PHENYLALANINE Powder (unflavoured), 29 g	330.12	30	PKU Anamix Junior
20	BOSENTAN Tab 62.5 mg	2,000.00	60	pms-Bosentan
	Tab 125 mg	2,000.00	60	pms-Bosentan
27	DAUNORUBICIN (addition of HSS) Inj 2 mg per ml, 10 ml – 1% DV Aug-13 to 2016	118.72	1	Pfizer
37	HIGH FAT LOW CARBOHYDRATE FORMULA Powder (unflavoured)	35.50	300 g	KetoCal 4:1
39	INSULIN SYRINGES, DISPOSABLE WITH ATTACHED NEEDLE (delisting) Syringe 0.3 ml with 31 g x 8 mm needle	13.00	100	ABM
	Note – ABM syringe 0.3 ml with 31 g x 8 mm needle to be delisted from 1 August 2013			
43	MACROGOL 3350 Powder 13.125 g, sachets	18.14	30	Movicol
43	MACROGOL 3350 (HSS suspension) Powder 13.125 g, sachets – 1% DV Dec-12 to 31/05/13	10.00	30	Lax-Sachets
45	METHYLCELLULOSE (delisting) Powder	14.00	100 g	ABM
	Note – ABM powder to be delisted from 1 July 2013			
59	SALBUTAMOL (delisting) Oral liq 2 mg per 5 ml	1.20	90 ml	Broncolin
	Note – Broncolin oral liq 2 mg per 5 ml to be delisted 1 July 2013			
62	Sugammadex Inj 100 mg per ml, 2 ml	1,200.00	10	Bridion
	Inj 100 mg per ml, 5 ml	3,000.00	10	Bridion

Effective 1 May 2013

16	AMISULPRIDE (↓ price and addition of HSS) Tab 100 mg – 1% DV Jul-13 to 2016	6.22	30	Solian
	Tab 200 mg – 1% DV Jul-13 to 2016	21.92	60	Solian
	Tab 400 mg – 1% DV Jul-13 to 2016	44.52	60	Solian
	Oral liq 100 mg per ml – 1% DV Jul-13 to 2016	52.50	60 ml	Solian

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

Section H changes to Part II – effective 1 May 2013 (continued)

17	AMOXICILLIN (delisting) Drops 100 mg per ml 4.00 Note – Ospamox drops 100 mg per ml to be delisted from 1 July 2013	30 ml	Ospamox
22	CEFOTAXIME (delisting) Inj 2 g 2.60 Note – Cefotaxime Sandoz inj 2 g to be delisted from 1 July 2013	1	Cefotaxime Sandoz
25	CLONIDINE HYDROCHLORIDE Tab 25 mcg – 1% DV Jul-13 to 2015 15.09 Note – Dixarit tab 25 mcg to be delisted 1 July 2013	112	Clonidine BNM
26	CODEINE PHOSPHATE (↓ price and addition of HSS) Tab 15 mg – 1% DV Jul-13 to 2016 4.75 Tab 30 mg – 1% DV Jul-13 to 2016 5.80 Tab 60 mg – 1% DV Jul-13 to 2016 12.50	100 100 100	PSM PSM PSM
29	DORIPENEM (delisting) Vial for infusion 500 mg 454.50 Note – Doribax vial for infusion 500 mg to be delisted from 1 July 2013	10	Doribax
42	LEVONORGESTREL Tab 1.5 mg – 1% DV Jul-13 to 2016 3.50 Note – Next Choice tab 750 mcg to be delisted 1 July 2013	1	Postinor-1
42	LIGNOCAINE HYDROCHLORIDE LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE (amended chemical name) Pump spray 10%, 50 ml CFC-free – 1% DV Nov-10 to 2013 75.00 Viscous soln 2% – 1% DV Sep-11 to 2014 55.00 Inj 1%, 2 ml 57.60 Inj 1%, 5 ml 35.00 Inj 1%, 5 ml – 1% DV Jul-13 to 2015 8.75 Inj 1%, 20 ml 20.00 Inj 1%, 20 ml – 1% DV Jul-13 to 2015 2.40 Inj 2%, 2 ml 62.40 Inj 2%, 5 ml 23.00 Inj 2%, 5 ml – 1% DV Jul-13 to 2015 6.90 Inj 2%, 20 ml 15.00 Inj 2%, 20 ml – 1% DV Jul-13 to 2015 2.40 Note – Xylocaine inj 1% 2 ml, 1% 5 ml, 1% 20 ml, 2% 2 ml, 2% 5 ml, 2% 20 ml to be delisted 1 July 2013.	50 ml 200 ml 50 50 25 5 1 50 50 25 5 1	Xylocaine Xylocaine Viscous Xylocaine Xylocaine Lidocaine-Claris Xylocaine Lidocaine-Claris Xylocaine Lidocaine-Claris Xylocaine Lidocaine-Claris Xylocaine Lidocaine-Claris
46	MICONAZOLE NITRATE (delisting) Powder 2% 8.50 Note – Daktarin powder 2% to be delisted from 1 July 2013	30 g	Daktarin
7	MORPHINE SULPHATE (delisting) Inj 1 mg per ml, 30 ml prefilled syringe 75.00 Note - Biomed inj 1 mg per ml, 30 ml prefilled syringe to be delisted from 1 July 2013.	10	Biomed

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

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

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

Section H changes to Part II – effective 1 May 2013 (continued)

52	PERINDOPRIL			
	Tab 2 mg	3.75	30	Apo-Perindopril
	Tab 4 mg	4.80	30	Apo-Perindopril
55	PROPOFOL (delisting)			
	Inj 2%, 50 ml pre-filled syringe.....	60.00	1	Diprivan
	Note – Diprivan Inj 2%, 50 ml pre-filled syringe to be delisted from 1 July 2013.			
57	RETINOL PALMITATE (delisting)			
	Oint 25 g	2.00	1	PSM
	Oint 50 g	2.86	1	healthE
	Note – PSM and healthE oint 25 g and 50 g to be delisted from 1 July 2013.			
61	SODIUM HYALURONATE (amendment to line item description)			
	Ophthalmic inj 14 mg per ml, 0.55 ml			
	– 1% DV Oct-12 to 2015	50.00	1	Healon GV
	Ophthalmic inj 14 mg per ml, 0.85 ml			
	– 1% DV May-13 to 2015	50.00	1	Healon GV
	Note – Clarification of line description with a new Pharmacode applied to the new presentation.			
61	SORBOLENE WITH GLYCERIN (↓ price)			
	Crm with 10% glycerine, 100 g	2.72	1	healthE
	Crm with 10% glycerine, 500 ml	5.46	1	healthE

Effective 1 April 2013

18	BACLOFEN (↓ price and addition of HSS)			
	Tab 10 mg - 1% DV Jun-13 to 2016.....	3.85	100	Pacifen
19	BENZBROMARONE			
	Tab 100 mg	45.00	100	Benzbromaron
19	BISMUTH TRIOXIDE			
	Tab 120 mg	32.50	112	De-Nol
24	CHLORTHALIDONE (delisting)			
	Tab 25 mg	4.80	30	Igroton
	Note – Igroton tab 25 mg to be delisted from 1 June 2013			
28	DIAZOXIDE			
	Cap 25 mg	110.00	100	Proglicem
	Cap 100 mg	280.00	100	Proglicem
29	DOCETAXEL (new listing and change to HSS)			
	Inj 20 mg – 1% DV Sep-11 to 30 April 2013	48.75	1	Docetaxel Ebewe
	Inj 20 mg – 1% DV May-13 to 2014	48.75	1	Docetaxel Sandoz
	Inj 80 mg – 1% DV Sep-11 to 30 April 2013	195.00	1	Docetaxel Ebewe
	Inj 80 mg – 1% DV May-13 to 2014	195.00	1	Docetaxel Sandoz

Section H page ref	Price (ex man. excl. GST) \$ Per	Brand or Generic Manufacturer
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Section H changes to Part II – effective 1 April 2013 (continued)

37	GLYCERYL TRINITRATE Oint 0.2%	22.00	30g	Rectogesic
37	HIGH FAT LOW CARBOHYDRATE FORMULA Powder (vanilla) (amendment to brand name)	35.50	300 g	KetoCal 4:1
	Powder (unflavoured)	35.50	300 g	KetoCal 3:1
50	NITAZOXANIDE Tab 500 mg	1680.00	30	Alinia
50	NORTRIPTYLINE HYDROCHLORIDE (↓ price and addition of HSS) Tab 10 mg - 1% DV Jun-13 to 2016	4.00	100	Norpress
	Tab 25 mg - 1% DV Jun-13 to 2016	9.00	180	Norpress
52	OXYBUTYNYN (addition of HSS) Tab 5 mg - 1% DV Jun-13 to 2016 (↓ price)	11.20	500	Apo-Oxybutynin
	Oral liq 5 mg per 5 ml - 1% DV Jun-13 to 2016 (↑ price)	56.45	473 ml	Apo-Oxybutynin
53	PARA-AMINO SALICYLIC ACID Grans for oral liq 4 g sachet	280.00	30	Paser
53	PAROMOMYCIN Cap 250 mg	126.00	16	Humatin
53	PEGASPARGASE Inj 3,750 IU per 5 ml	3,005.00	1	Oncaspar
56	PROTIONAMIDE Tab 250 mg	305.00	100	Peteha
63	STIRIPENTOL Cap 250 mg	509.29	60	Diacomit
	Powder for oral liq 250 mg sachet	509.29	60	Diacomit
63	TETRACYCLINE Cap 500 mg	46.00	30	Tetracyclin Wolff

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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Pharmaceuticals and brands

New Zealand
Permit No. 478



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