

Pharmaceutical Management Agency

Update

# New Zealand Pharmaceutical Schedule

Effective 1 September 2013



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## Summary of PHARMAC decisions

EFFECTIVE 1 SEPTEMBER 2013

### **New listings (pages 20-21)**

- Mesalazine (Pentasa) modified release granules 1 g sachet – 1 OP
- Tetracosactrin (Synacthen) inj 250 mcg per ml, 1 ml ampoule
- Desmopressin (Minirin) tab 100 mcg and 200 mcg – Special Authority – Retail pharmacy
- Boceprevir (Victrelis) cap 200 mg – Special Authority – Retail pharmacy – note this will be listed under a new TG heading Hepatitis C Treatment
- Risedronate sodium (Risedronate Sandoz) tab 35 mg
- Thiotepea (Tepadina) inj 15 mg – PCT only – Specialist – S29
- Imipramine hydrochloride (Tofranil S29) – S29
- Paraffin liquid with soft white paraffin (Refresh Night Time) eye oint
- Pharmacy Services (BSF Acetec) brand switch fee
- Paediatric oral feed 1 kcal/ml (Pediasure) liquid (chocolate, strawberry and vanilla), 200 ml OP. Note – the packaging has changed to Recloseable Plastic Bottle (RPB) with new Pharmacodes.
- Paediatric oral feed 1 kcal/ml (Pediasure) liquid (vanilla), 250 ml OP

### **Changes to restrictions, chemical names and presentation (pages 22-25)**

- Enalapril maleate – Brand switch fee payable and removal of the stat symbol
- Tetracosactrin (Synacthen) inj 250 mcg amendment of presentation to inj 250 mcg per ml, 1 ml ampoule
- Interferon alpha-2a amended to interferon alfa-2a
- Interferon alpha-2b amended to interferon alfa-2b
- Pegylated interferon alpha-2a amended to pegylated interferon alfa-2a and amendment to Special Authority
- Venlafaxine (Arrow-Venlafaxine XR) tab 37.5 mg, 75 mg, 150 mg and 225 mg – removal of Special Authority
- Risperidone (Risperdal Quicklet) tab orally-disintegrating tablets amended to tab orodispersible
- Cytarabine inj – amendment to presentation description
- Paediatric enteral feed with fibre 0.75 kcal/ml changed to paediatric enteral feed with fibre 0.76 kcal/ml
- Imiglucerase inj 40 iu per ml, 200 iu vial and 400 iu vial amendment to access criteria – note the criteria are not printed in the Schedule.

### **Decreased subsidy (pages 26-27)**

- Vitamin B complex (Bplex and B-PlexADE) tab, strong, BPC
- Ascorbic acid (Vitala-C, Cvite) tab 100 mg
- Vitamins (MultiADE, Mvite) tab (BPC cap strength)

## Summary of PHARMAC decisions – effective 1 September 2013 (continued)

- Potassium iodate (NeuroKare) tab 256 mcg (150 mcg elemental iodine)
- Dextrose with electrolytes (Pedalyte-Bubblegum) soln with electrolytes
- Pegylated interferon alfa-2a (Pegasys) inj 180 mcg prefilled syringe (Pegasys RBV Combination Pack) inj 180 mcg prefilled syringe x 4 with ribavirin tab 200 mg x 112 and inj 180 mcg prefilled syringe x 4 with ribavirin tab 200 mg x 168 – Special Authority – Retail pharmacy
- Lidocaine [lignocaine] hydrochloride (Xylocaine) inj 1 %, 5 ml ampoule and 20 ml ampoule.
- Venlafaxine (Arrow-Venlafaxine XR) tab 37.5 mg, 75 mg, 150 mg, 225 mg
- Cytarabine (Pfizer) inj 20 mg per ml, 5 ml, inj 100 mg per ml, 10 ml vial, inj 100 mg per ml, 20 ml vial – PCT – Retail pharmacy - Specialist
- Cytarabine (Baxter) inj 1 mg for ECP and inj 100 mg intrathecal syringe for ECP – PCT only – Specialist
- Mycophenolate mofetil (Cellcept) tab 500 mg and Cap 250 mg – Special Authority – Retail pharmacy

### Increased subsidy (pages 26-27)

- Pindolol (Apo-Pindolol) tab 5 mg, 10 mg and 15 mg
- Gemfibrozil (Lipazil) tab 600 mg
- Lamivudine (3TC) oral liq 10 mg per ml, 240 ml OP

## New brand of enalapril maleate tablets

Due to a pharmacy level recall of m-Enalapril tablets the Acetec brand of enalapril maleate tablets were listed fully subsidised in the Pharmaceutical Schedule from 12 August 2013. This is a pharmacy level recall led by Multichem. For queries regarding the recall, please contact Multichem directly on 0508 50 77 55. All-at-once dispensing (stat) will be temporarily removed from all strengths of enalapril maleate tablets from 1 September 2013. An additional fee for service will be paid to pharmacy using the Brand Switch Fee mechanism. This will apply



from 1 September 2013 to all packs and presentations.

## Change to the definition of Specialist

From 1 September 2013 the defined list of approved vocational scopes will be removed from the definition of Specialist. All vocational scopes approved by the Medical Council will now be classed as Specialists. This will see the following four new vocational scopes of practice included that were not previously listed for Specialist subsidy:

- General Practice
- Pain Medicine
- Rural Hospital Medicine
- Urgent Care (formerly known as Accident and Medical Practice).



## New listing of mesalazine granules

Mesalazine (Pentasa) modified release granules, 1 g sachets, 120 g OP will be listed from 1 September 2013.

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## Widening of access to imiglucerase

The Special Authority criteria for imiglucerase will be widened from 1 September 2013.

In summary:

- The Special Authority criteria will be widened to include funded access to imiglucerase for some patients with type 3 Gaucher disease;
  - The maximum funded dose of imiglucerase will be increased from 15 iu/kg per month to 30 iu/kg per month for children with type 1 or type 3 Gaucher disease meeting certain criteria.
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## New listing of desmopressin tablets

The Minirin brand of desmopressin tablets, 100 mcg and 200 mcg will be listed fully funded subject to Special Authority criteria for patients with primary nocturnal enuresis or cranial diabetes insipidus from 1 September 2013.

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## Wastage rule amended

From 1 September 2013 the wastage rule will be amended to include any other pharmaceutical that PHARMAC determines, from time to time and notes in the Pharmaceutical Schedule.

This rule will allow pharmacists to claim the remainder of partly-dispensed packs if the remaining stock is not able to be dispensed. If a patient has repeats, the wastage should only be claimed once the prescription is completed. If a patient returns with a new prescription and the pharmacist has not discarded the stock, the pharmacy should unclaim the wastage and continue to use current stock.

The wastage rule is different from the Original Pack rule where the entirety of the pack must be claimed at each dispensing. We note that it is considered fraud to claim wastage and then dispense and claim for the remaining product.



## New listing of boceprevir capsules

Boceprevir (Victrelis) 200 mg capsules will be listed fully funded from 1 September 2013 subject to Special Authority criteria for patients with chronic hepatitis C, genotype 1. The wastage rule will be applied to boceprevir to allow pharmacy to dispense in frequencies less than monthly, i.e. weekly dispensings, without the risk that the remainder of the pack would not be collected.

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## Special Authority removed from Arrow-Venlafaxine XR

The Special Authority that currently applies to the Arrow-Venlafaxine XR brand of venlafaxine tablets listed in Section B of the Pharmaceutical Schedule will be removed from 1 September 2013. The price and subsidy for Arrow-Venlafaxine XR will also be reduced from 1 September 2013. There will be no change to the listing of the efexor XR brand of venlafaxine capsules, which will remain subject to the same Special Authority that currently applies to it.

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## Oxycodone controlled-release tablet brand-switch

The brand change for oxycodone controlled-release tablets does not include the 5 mg tablets. The Oxycontin brand of oxycodone controlled-release 5 mg tablets will remain listed and fully funded.

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## Adalimumab Special Authority application form

The Ministry of Health has informed PHARMAC that the Special Authority application form for adalimumab SA1371 is now available for on-line processing for all criteria.

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## Tofranil out-of-stock

Imipramine hydrochloride (Tofranil) 10 mg and 25 mg tablets, supplied by AFT, are temporarily out-of-stock. AFT has sourced imipramine hydrochloride (Tofranil S29) 10 mg tablets which will be supplied under Section 29 of the Medicines Act 1981 and will be listed fully funded from 1 September 2013. The S29 stock is expected to be available in the week beginning 19 August 2013. AFT will supply stock directly to the pharmacy for free for dispensing prior to 1 September 2013.

## Lacri-Lube brand name change

Refresh Night Time is the new brand name for Lacri-Lube. Refresh Night Time will be listed from 1 September 2013 and Lacri-Lube will be delisted 1 March 2014. A new Pharmacode will apply for Refresh Night Time.

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## Pediasure packaging change

Pediasure packaging will change from cans to re-closable plastic bottles. The new packaging, with new Pharmacodes, will be listed from 1 September 2013. The old packaging will be delisted from 1 March 2014.

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## News in brief

- The Imuran brand of azathioprine 50 mg tablets will be delisted 1 March 2014. Stock of Mylan's brand of azathioprine 50 mg tablets (Imuprine) is now available.
- Norinyl-1/28 oral contraceptive (norethisterone with mestranol) will be delisted 1 March 2014.
- The Bicillin LA brand of penicillin G benzathine inj 1.2 mega units per 2 ml will be delisted 1 March 2014. Bicillin LA (benzathine benzylpenicillin) is back in stock.



# Tender News

Sole Subsidised Supply changes – effective 1 October 2013

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Aciclovir	Tab dispersible 200 mg; 25 tab	Lovir (Douglas)
Aciclovir	Tab dispersible 400 mg; 56 tab	Lovir (Douglas)
Aciclovir	Tab dispersible 800 mg; 35 tab	Lovir (Douglas)
Ciclopirox olamine	Nail-soln 8%; 7 ml OP	Apo-Ciclopirox (Apotex)
Cilazapril	Tab 0.5 mg; 90 tab	Zapril (Mylan)
Cilazapril	Tab 2.5 mg; 90 tab	Zapril (Mylan)
Cilazapril	Tab 5 mg; 90 tab	Zapril (Mylan)
Clindamycin	Inj phosphate 150 mg per ml, 4 ml; 10 inj	Dalacin C (Pfizer)
Clomiphene citrate	Tab 50 mg; 10 tab	Serophene (Merck)
Clonidine hydrochloride	Tab 25 mcg; 112 tab	Clonidine BNM (Boucher and Muir)
Dihydrocodeine tartrate	Tab long-acting 60 mg; 60 tab	DHC Continus (MundiPharm)
Fusidic acid	Oint 2%; 15 g OP	Foban (AFT)
Ipratropium bromide	Nebuliser soln, 250 mcg per ml, 1 ml; 20 neb	Univent (Rex Medical)
Ipratropium bromide	Nebuliser soln, 250 mcg per ml, 2 ml; 20 neb	Univent (Rex Medical)
Ispaghula (psyllium) husk	Powder for oral soln; 500 g OP	Konsyl-D (Mylan)
Levonorgestrel	Tab 1.5 mg; 1 tab	Postinor-1 (Bayer)
Lidocaine [lignocaine] hydrochloride	Inj 2% ampoule, 5 ml; 25 inj	Lidocaine-Clarix (Multichem)
Lidocaine [lignocaine] hydrochloride	Inj 2% ampoule, 20 ml; 1 inj	Lidocaine-Clarix (Multichem)
Medroxyprogesterone acetate	Inj 150 mg per ml, 1 ml syringe; 1 inj	Depo-Provera (Pfizer)
Medroxyprogesterone acetate	Tab 2.5 mg; 30 tab	Provera (Pfizer)
Medroxyprogesterone acetate	Tab 5 mg; 100 tab	Provera (Pfizer)
Medroxyprogesterone acetate	Tab 10 mg; 30 tab	Provera (Pfizer)
Medroxyprogesterone acetate	Tab 100 mg; 100 tab	Provera (Pfizer)
Methotrexate	Inj 25 mg per ml, 2 ml; 5 inj	Hospira (Hospira)
Methotrexate	Inj 25 mg per ml, 20 ml; 1 inj	Hospira (Hospira)
Morphine sulphate	Tab long-acting 10 mg; 10 tab	Arrow-Morphine LA (Arrow)
Morphine sulphate	Tab long-acting 30 mg; 10 tab	Arrow-Morphine LA (Arrow)
Morphine sulphate	Tab long-acting 60 mg; 10 tab	Arrow-Morphine LA (Arrow)
Morphine sulphate	Tab long-acting 100 mg; 10 tab	Arrow-Morphine LA (Arrow)
Morphine tartrate	Inj 80 mg per ml, 1.5 ml; 5 inj	Hospira (Hospira)
Morphine tartrate	Inj 80 mg per ml, 5 ml; 5 inj	Hospira (Hospira)

## Sole Subsidised Supply changes – effective 1 October 2013 (continued)

Naltrexone hydrochloride	Tab 50 mg; 30 tab	Naltraccord (Arrow)
Rifabutin	Cap 150 mg; 30 cap	Mycobutin (Pfizer)
Sertraline	Tab 50 mg; 90 tab	Arrow-Sertraline (Arrow)
Sertraline	Tab 100 mg; 90 tab	Arrow-Sertraline (Arrow)
Sodium chloride	Inj 23.4%; 20 ml; 5 inj	Biomed (Biomed)
Sodium citrate with sodium lauryl sulphoacetate	Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml; 50 enema	Micolette (AFT)
Spironolactone	Tab 25 mg; 100 tab	Spirotone (Mylan)
Spironolactone	Tab 100 mg; 100 tab	Spirotone (Mylan)
Sumatriptan	Inj 12 mg per ml, 0.5 ml cartridge; 2 OP	Arrow-Sumatriptan (Arrow)
Sumatriptan	Tab 50 mg; 100 tab	Arrow-Sumatriptan (Arrow)
Sumatriptan	Tab 100 mg; 100 tab	Arrow-Sumatriptan (Arrow)
Temozolomide	Cap 5 mg; 5 cap	Temaccord (Douglas)
Temozolomide	Cap 20 mg; 5 cap	Temaccord (Douglas)
Temozolomide	Cap 100 mg; 5 cap	Temaccord (Douglas)
Temozolomide	Cap 250 mg; 5 cap	Temaccord (Douglas)
Tetrabenazine	Tab 25 mg; 112 tab	Motetis (Douglas)
Terazosin	Tab 1 mg; 28 tab	Arrow (Arrow)
Terazosin	Tab 2 mg; 28 tab	Arrow (Arrow)
Terazosin	Tab 5 mg; 28 tab	Arrow (Arrow)
Tretinoin	Crn 0.5 mg per g; 50 g OP	ReTrieve (Valeant)

## 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 October 2013**

- Riluzole (Rilutek) 50 mg tablets – Special Authority – Retail pharmacy

## Sole Subsidised Supply Products – cumulative to September 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
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
<b>Amiodarone hydrochloride</b>	<b>Inj 50 mg per ml, 3 ml ampoule</b>	<b>Cordarone-X</b>	<b>2016</b>
Amisulpride	Oral liq 100 mg per ml Tab 100 mg, 200 mg & 400 mg	Solian	2016
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	Ibiamox	2014
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	Crm	AFT	2014
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
Azithromycin	Tab 500 mg	Apo-Azithromycin	2015
Baclofen	Tab 10 mg	Pacifen	2016
Bendrofluaizide	Tab 2.5 mg & 5 mg	Arrow- Bendrofluaizide	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%	Betoptic	2014
	Eye drops 0.25%	Betoptic S	
Bezafibrate	Tab 200 mg	Bezalip	2015
	Tab long-acting 400 mg	Bezalip Retard	
Bicalutamide	Tab 50 mg	Bicalaccord	2014

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

## Sole Subsidised Supply Products – cumulative to September 2013

Generic Name	Presentation	Brand Name	Expiry Date*
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
<b>Boceprevir</b>	<b>Cap 200 mg</b>	<b>Victrelis</b>	<b>2016</b>
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
Carbomer	Ophthalmic gel 0.3%, 0.5 g	Poly-Gel	2016
Cefazolin sodium	Inj 500 mg & 1 g	AFT	2014
Cefuroxime sodium	Inj 750 mg	Multichem	2014
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
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
Clomipramine hydrochloride	Tab 10 mg & 25 mg	Apo-Clomipramine	2015
Clonidine hydrochloride	Tab 150 mcg Inj 150 mcg per ml, 1 ml	Catapres	2015
Clotrimazole	Crn 1%	Clomazol	2014
Codeine phosphate	Tab 15 mg, 30 mg & 60 mg	PSM	2016
Crotamiton	Crn 10%	Itch-Soothe	2015
Cyclizine hydrochloride	Tab 50 mg	Nausicalm	2015
Cyclosporin	Oral liq 100 mg per ml	Neoral	2015
Cyproterone acetate	Tab 50 mg & 100 mg	Siterone	2015

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## Sole Subsidised Supply Products – cumulative to September 2013

Generic Name	Presentation	Brand Name	Expiry Date*
Cyproterone acetate with ethinylloestradiol	Tab 2 mg with ethinylloestradiol 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%	Douglas Maxidex	2015 2014
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
Diclofenac sodium	Tab EC 25 mg & 50 mg 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	Apo-Diclo Diclax SR Voltaren Voltaren Ophtha Voltaren	2015  2014
Diltiazem hydrochloride	Cap long-acting 120 mg, 180 mg & 240 mg Tab 30 mg & 60 mg	Apo-Diltiazem CD  Dilzem	2015
Dipyridamole	Tab long-acting 150 mg	Pytazen SR	2014
Docusate sodium	Cap 50 mg Cap 120 mg	Laxofast 50 Laxofast 120	2014
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
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
Etidronate disodium	Tab 200 mg	Arrow-Etidronate	2015
Ethinylloestradiol	Tab 10 mcg	NZ Medical and Scientific	2015
Ethinylloestradiol with levonorgestrel	Tab 20 mcg with levonorgestrel 100 mcg & 7 inert tab Tab 30 mcg with levonorgestrel 150 mcg & 7 inert tab	Ava 20 ED  Ava 30 ED	2014
Exemestane	Tab 25 mg	Aromasin	2014
Felodopine	Tab long-acting 5 mg & 10 mg Tab long-acting 2.5 mg	Plendil ER Plendil ER	2015

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## Sole Subsidised Supply Products – cumulative to September 2013

Generic Name	Presentation	Brand Name	Expiry Date*
Fentanyl	Inj 50 mcg per ml, 2 ml & 10 ml	Boucher and Muir	2015
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 Cap 250 mg & 500 mg Inj 250 mg, 500 mg & 1 g	AFT  Staphlex Flucloxin	2015  2014
Fluconazole	Cap 50 mg, 150 mg & 200 mg	Ozole	2014
Fluorometholone	Eye drops 0.1%	Flucon	2015
Fluorouracil sodium	Crn 5%	Efudix	2015
Fluticasone propionate	Metered aqueous nasal spray, 50 mcg per dose	Flixonase Hayfever & Allergy	2015
Furosemide	Tab 500 mg Tab 40 mg	Urex Forte Diurin 40	2015
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
Glyceryl trinitrate	Aerosol spray 400 mcg per dose TDDS 5 mg & 10 mg Tab 600 mcg	Glytrin Nitroderm TTS Lycinate	2014
Hydrocortisone	Tab 5 mg & 20 mg Crn 1% Powder	Douglas Pharmacy Health ABM	2015 2014
Hydrocortisone acetate	Rectal foam 10%, CFC-Free (14 applications)	Colifoam	2015
Hydrocortisone butyrate	Lipocream 0.1% Milky emul 0.1% Oint 0.1% Scalp lotn 0.1%	Locoid Lipocream Locoid Crelo Locoid Locoid	2015
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 Tab long-acting 800 mg	Arrowcare Brufen SR	2014
Imiquimod	Crn 5%	Aldara	2014

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## Sole Subsidised Supply Products – cumulative to September 2013

Generic Name	Presentation	Brand Name	Expiry Date*
Iron polymaltose	Inj 50 mg per ml, 2 ml	Ferrum H	2014
Isoniazid	Tab 100 mg	PSM	2015
Isosorbide mononitrate	Tab 20 mg Tab long-acting 40 mg	Ismo 20 Corangin	2014
Isotretinoin	Cap 10 mg & 20 mg	Oratane	2015
Ketoconazole	Shampoo 2%	Sebizole	2014
Lamivudine	Tab 100 mg	Zetlam	2014
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
Lisinopril	Tab 5 mg, 10 mg & 20 mg	Arrow-Lisinopril	2015
Lithium carbonate	Tab 250 mg & 400 mg Cap 250 mg	Lithicarb FC Douglas	2015 2014
Lodoxamide trometamol	Eye drops 0.1%	Lomide	2014
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
Macrogol 400 and propylene glycol	Eye drops 0.4% and propylene glycol 0.3%, 0.4 ml	Systane Unit Dose	2016
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
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	Biodone Biodone Forte Biodone Extra Forte	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 September 2013

Generic Name	Presentation	Brand Name	Expiry Date*
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
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 Inj 10 mg per ml, 1 ml Inj 15 mg per ml, 1 ml Inj 30 mg per ml, 1 ml	DBL Morphine Sulphate DBL Morphine Sulphate DBL Morphine Sulphate DBL Morphine Sulphate	2014
Naphazoline hydrochloride	Eye drops 0.1%	Naphcon Forte	2014
Nadolol	Tab 40 mg & 80 mg	Apo-Nadolol	2015
Naproxen	Tab 250 mg Tab 500 mg	Noflam 250 Noflam 500	2015
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) Lozenge 1 mg & 2 mg Patch 7 mg, 14 mg & 21 mg	Habitrol Habitrol Habitrol	2014
Nicotinic acid	Tab 50 mg & 500 mg	Apo-Nicotinic Acid	2014
Norethisterone	Tab 350 mcg Tab 5 mg	Noriday 28 Primolut N	2015 2014
Norfloxacin	Tab 400 mg	Arrow-Norfloxacin	2014
Nortriptyline hydrochloride	Tab 10 mg & 25 mg	Norpress	2016
Nystatin	Oral liq 100,000 u per ml	Nilstat	2014

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



## Sole Subsidised Supply Products – cumulative to September 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
Oxazepam	Tab 10 mg & 15 mg	Ox-Pam	2014
Oxybutynin	Oral liq 5 mg per ml Tab 5 mg	Apo-Oxybutynin	2016
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	Pantocid IV	2014
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
Peak flow meter	Low range & normal range	Breath-Alert	2015
<b>Pegylated interferon alfa-2a</b>	<b>Inj 135 mcg prefilled syringe &amp; inj 180 mcg prefilled syringe</b>	<b>Pegasys</b>	<b>2017</b>
<b>Pegylated interferon alfa-2a</b>	<b>Inj 135 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 112</b> <b>Inj 135 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 168</b> <b>Inj 180 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 112</b> <b>Inj 180 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 168</b>	<b>Pegasys RBV Combination Pack</b> <b>Pegasys RBV Combination Pack</b> <b>Pegasys RBV Combination Pack</b> <b>Pegasys RBV Combination Pack</b>	<b>2017</b>
Pergolide	Tab 0.25 mg & 1 mg	Permax	2014
Permethrin	Crn 5% Lotn 5%	Lyderm A-Scabies	2014

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

## Sole Subsidised Supply Products – cumulative to September 2013

Generic Name	Presentation	Brand Name	Expiry Date*
Pethidine hydrochloride	Tab 50 mg & 100 mg Inj 50 mg per ml, 1 ml	PSM DBL Pethidine Hydrochloride DBL Pethidine Hydrochloride	2015
	Inj 50 mg per ml, 2 ml		2014
Phenobarbitone	Tab 15 mg & 30 mg	PSM	2015
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
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	Allersoothe Allersoothe	2015
	Tab 10 mg & 25 mg		
Pyridostigmine bromide	Tab 60 mg	Mestinon	2014
Pyridoxine hydrochloride	Tab 25 mg	PyridoxADE Apo-Pyridoxine	2014
	Tab 50 mg		
Quinapril	Tab 5 mg, 10 mg & 20 mg	Arrow-Quinapril	2015
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	Peptisoothe Arrow-Ranitidine	2014
	Tab 150 mg & 300 mg		
Ritonavir	Tab 100 mg	Norvir	2015
Rizatriptan	Tab orodispersible 10 mg	Rizamelt	2014
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
Sildenafil	Tab 25 mg, 50 mg & 100 mg	Silagra	2014
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 hyaluronate	Eye drops 1 mg per ml, 10 ml OP	Hylo-Fresh	2016
Spacer device	800 ml	Volumatic Space Chamber Plus	2015
	230 ml (single patient)		

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

## Sole Subsidised Supply Products – cumulative to September 2013

Generic Name	Presentation	Brand Name	Expiry Date*
Tamoxifen citrate	Tab 20 mg	Genox	2014
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
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
Tetracosactrin	Inj 250 mcg per ml, 1 ml ampoule 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
Tropicamide	Eye drops 0.5% & 1%	Mydracyl	2014
Ursodeoxycholic acid	Cap 250 mg	Ursosan	2014
Vancomycin hydrochloride	Inj 500 mg	Mylan	2014
Verapamil hydrochloride	Tab 40 mg & 80 mg	Isoptin	2014
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

September 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
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## New Listings

Effective 1 September 2013

25	MESALAZINE Modified release granules, 1 g .....	141.72	120 g OP	✓ Pentasa
82	TETRACOSACTRIN * Inj 250 mcg per ml, 1 ml ampoule .....	17.71	1	✓ Synacthen
87	DESMOPRESSIN Tab 100 mcg – Special Authority see SA1401 – Retail pharmacy.....	36.40	30	✓ Minirin
	Tab 200 mcg – Special Authority see SA1401 – Retail pharmacy.....	93.60	30	✓ Minirin

► SA1401 Special Authority for Subsidy

Initial application (Nocturnal enuresis) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:

1. The patient has primary nocturnal enuresis; and
2. The nasal forms of desmopressin are contraindicated; and
3. An enuresis alarm is contraindicated.

Initial application (Diabetes insipidus) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:

1. The patient has cranial diabetes insipidus; and
2. The nasal forms of desmopressin are contraindicated

Renewal from any relevant practitioner. Approvals valid for 12 months where the treatment remains appropriate and the patient is benefiting from treatment.

98	BOCEPREVIR – Special Authority see SA1365 – Retail pharmacy – Wastage rule applies Cap 200 mg .....	5,015.00	336	✓ Victrelis
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► SA1365 Special Authority for Subsidy

Initial application — (chronic hepatitis C – genotype 1, first-line) from gastroenterologist, infectious disease physician or general physician Approvals valid for 18 months for applications meeting the following criteria: All of the following:

- 1 Patient has chronic hepatitis C, genotype 1; and
- 2 Patient has not received prior pegylated interferon treatment; and
- 3 Patient has IL-28B genotype CT or TT; and
- 4 Patient is to be treated in combination with pegylated interferon and ribavirin; and
- 5 Patient is hepatitis C protease inhibitor treatment-naive; and
- 6 Maximum of 44 weeks therapy.

Initial application — (chronic hepatitis C – genotype 1, second-line) from gastroenterologist, infectious disease physician or general physician. Approvals valid for 18 months for applications meeting the following criteria: All of the following:

- 1 Patient has chronic hepatitis C, genotype 1; and
- 2 Patient has received pegylated interferon treatment; and
- 3 Any of the following:
  - 3.1. Patient was a responder relapser; or
  - 3.2. Patient was a partial responder; or
  - 3.3. Patient received pegylated interferon prior to 2004; and
- 4 Patient is to be treated in combination with pegylated interferon and ribavirin; and
- 5 Maximum of 44 weeks therapy.

Note: Due to risk of severe sepsis boceprevir should not be initiated if either Platelet count <100 x10<sup>9</sup> /l or Albumin <35 g/l.

Note: the wastage rule applies to boceprevir to allow dispensing to occur more frequently than monthly.

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 September 2013 (continued)

113	RISEDRONATE SODIUM Tab 35 mg .....	4.00	4	✓ Risedronate Sandoz
123	IMIPRAMINE HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency – Wastage rule applies Tab 10 mg .....	6.58	60	✓ Tofranil S29 S29
148	THIOTEPA – PCT only – Specialist Inj 15 mg .....	CBS	1	✓ Tepadina S29
186	PARAFFIN LIQUID WITH SOFT WHITE PARAFFIN * Eye oint with soft white paraffin .....	3.63	3.5 g OP	✓ Refresh Night Time
187	PHARMACY SERVICES – May only be claimed once per patient Brand switch fee .....	4.33	1 fee	✓ BSF Acetec
	The Pharmacode for BSF Acetec is 2445441			
202	PAEDIATRIC ORAL FEED 1KCAL/ML – Special Authority see SA1379 – Hospital pharmacy [HP3] Liquid (chocolate) .....	1.07	200 ml OP	✓ Pediasure
	Liquid (strawberry) .....	1.07	200 ml OP	✓ Pediasure
	Liquid (vanilla) .....	1.07	200 ml OP	✓ Pediasure
	Note – the packaging has changed to Recloseable Plastic Bottle (RPB) with new Pharmacodes.			
202	PAEDIATRIC ORAL FEED 1KCAL/ML – Special Authority see SA1379 – Hospital pharmacy [HP3] Liquid (vanilla) .....	1.34	250 ml OP	✓ Pediasure

### Effective 12 August 2013

52	ENALAPRIL MALEATE * Tab 5 mg .....	0.36	30	✓ Acetec
		5.94	500	✓ Acetec
	* Tab 10 mg .....	0.44	30	✓ Acetec
		7.33	500	✓ Acetec
	* Tab 20 mg – For enalapril maleate oral liquid formulation refer, page 189 .....	0.57	30	✓ Acetec

▲ 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, Chemical Names and Presentations Effective 1 September 2013

52	ENALAPRIL MALEATE – <b>Brand switch fee payable (Pharmacode 2445441) - see page 187 for details</b>			
	Tab 5 mg .....	0.36	30	✓ Acetec
		1.07	90	✓ m-Enalapril
		5.94	500	✓ Acetec
	Tab 10 mg .....	0.44	30	✓ Acetec
		1.32	90	✓ m-Enalapril
		7.33	500	✓ Acetec
	Tab 20 mg – For enalapril maleate oral liquid formulation refer, page 189 .....	0.57	30	✓ Acetec
		1.72	90	✓ m-Enalapril
	<b>Note: the removal of the stat symbol will be temporary due to a stock recall</b>			
82	TETRACOSACTRIN (amendment to presentation)			
	* Inj 250 mcg per ml, 1 ml ampoule .....	17.71	1	✓ Synacthen
		177.18	10	✓ Synacthen
106	Guidelines for the use of interferon in the treatment of hepatitis C: Physicians considering treatment of patients with hepatitis C should discuss cases with a gastroenterologist or an infectious disease physician. All subjects undergoing treatment require careful monitoring for side effects. Patients should be otherwise fit. Hepatocellular carcinoma should be excluded by ultrasound examination and alpha-fetoprotein level. Criteria for Treatment			
	1) Diagnosis			
	• Anti-HCV positive on at least two occasions with a positive PCR for HCV-RNA and preferably confirmed by a supplementary RIBA test; or			
	• PCR-RNA positive for HCV on at least 2 occasions if antibody negative; or			
	• Anti-HCV positive on at least two occasions with a positive supplementary RIBA test with a negative PCR for HCV RNA but with a liver biopsy consistent with 2(b) following.			
	Exclusion Criteria			
	1) Autoimmune liver disease. (Interferon may exacerbate autoimmune liver disease as well as other autoimmune diseases such as thyroid disease).			
	2) Pregnancy.			
	3) Neutropenia (<2.0 × 10 <sup>9</sup> ) and/or thrombocytopenia.			
	4) Continuing alcohol abuse and/or continuing intravenous drug users.			
	Dosage			
	The current recommended dosage is 3 million units of interferon <b>alfa-2a</b> <del>alpha-2a</del> or interferon <del>alpha-2b</del> <b>alfa-2b</b> administered subcutaneously 3 times a week for 52 weeks (twelve months)			
	Exit Criteria			
	The patient's response to interferon treatment should be reviewed at either three or four months. Interferon treatment should be discontinued in patients who do not show a substantial reduction (50%) in their mean pre-treatment ALlevel at this stage.			
107	INTERFERON <b>ALFA-2A</b> <del>ALPHA-2A</del> – PCT – Retail pharmacy-Specialist (amendment to chemical name)			
	a) See prescribing guideline			
	b) Prescriptions must be written by, or on the recommendation of, an internal medicine physician or ophthalmologist			
	Inj 3 m iu prefilled syringe .....	31.32	1	✓ Roferon-A
	Inj 6 m iu prefilled syringe .....	62.64	1	✓ Roferon-A
	Inj 9 m iu prefilled syringe .....	93.96	1	✓ Roferon-A

Patients pay a manufacturer's surcharge when the Manufacturer's Price is greater than the Subsidy  
22

**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 September 2013 (continued)

107	INTERFERON <b>ALFA-2B ALPHA-2B</b> – PCT – Retail pharmacy-Specialist (amendment to chemical name)		
	a) See prescribing guideline		
	b) Prescriptions must be written by, or on the recommendation of, an internal medicine physician or ophthalmologist		
	Inj 18 m iu, 1.2 ml multidose pen .....	187.92	1 ✓ <b>Intron-A</b>
	Inj 30 m iu, 1.2 ml multidose pen .....	313.20	1 ✓ <b>Intron-A</b>
	Inj 60 m iu, 1.2 ml multidose pen .....	626.40	1 ✓ <b>Intron-A</b>
107	PEGYLATED INTERFERON <b>ALFA-2A ALPHA-2A</b> – Special Authority see <b>SA14001365</b>		
	– Retail pharmacy		
	See prescribing guideline		
	Inj 135 mcg prefilled syringe .....	1,448.00	4 ✓ <b>Pegasys</b>
	Inj 180 mcg prefilled syringe .....	900.00	4 ✓ <b>Pegasys</b>
	Inj 180 mcg prefilled syringe × 4 with ribavirin		
	tab 200 mg × 112 .....	1,159.84	1 OP ✓ <b>Pegasys RBV Combination Pack</b>
	Inj 180 mcg prefilled syringe × 4 with ribavirin		
	tab 200 mg × 168 .....	1,290.00	1 OP ✓ <b>Pegasys RBV Combination Pack</b>

➔ **SA14001365** Special Authority for Subsidy

Initial application — (chronic hepatitis C - genotype 1, 4, 5 or 6 infection or co-infection with HIV or genotype 2 or 3 post liver transplant) from any specialist. Approvals valid for 18 months for applications meeting the following criteria:

Both:

1. Any of the following:

1.1 Patient has chronic hepatitis C, genotype 1, 4, 5 or 6 infection; or

1.2 Patient has chronic hepatitis C and is co-infected with HIV; or

1.3 Patient has chronic hepatitis C genotype 2 or 3 and has received a liver transplant; and

2. Maximum of 48 weeks therapy.

Notes:

Consider stopping treatment if there is absence of a virological response (defined as at least a 2-log reduction in viral load) following 12 weeks of treatment since this is predictive of treatment failure.

Consider reducing treatment to 24 weeks if serum HCV RNA level at Week 4 is undetectable by sensitive PCR assay (less than 50IU/ml) AND Baseline serum HCV RNA is less than 400,000IU/ml.

**Renewal application — (Chronic hepatitis C – genotype 1 infection) from gastroenterologist, infectious disease physician or general physician. Approvals valid for 18 months for patients meeting the following criteria:**

**All of the following:**

**1 Patient has chronic hepatitis C, genotype 1; and**

**2 Patient has had previous treatment with pegylated interferon and ribavirin; and**

**3 Either:**

**3.1 Patient has responder relapsed; or**

**3.2 Patient was a partial responder; and**

**4 Patient is to be treated in combination with boceprevir; and**

**5 Maximum of 48 weeks therapy.**

**Initial application (Chronic Hepatitis C – genotype 1 infection treatment more than 4 years prior) from a gastroenterologist, infectious disease physician or general physician. Approvals valid for 18 months for patients meeting the following criteria:**

**All of the following**

**1. Patient has chronic hepatitis C, genotype 1; and**

**2. Patient has had previous treatment with pegylated interferon and ribavirin; and**

*continued...*

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

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

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Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## Changes to Restrictions - effective 1 September 2013 (continued)

continued...

### 3. Any of the following:

- 3.1. Patient has responder relapsed; or
- 3.2. Patient was a partial responder; or
- 3.3. Patient received interferon treatment prior to 2004; and

### 4. Patient is to be treated in combination with boceprevir; and

### 5. Maximum of 48 weeks therapy.

Initial application — (chronic hepatitis C - genotype 2 or 3 infection without co-infection with HIV) from any specialist. Approvals valid for 12 months for applications meeting the following criteria:

Both:

- 1. Patient has chronic hepatitis C, genotype 2 or 3 infection; and
- 2. Maximum of 6 months therapy.

Initial application — (Hepatitis B) only from a gastroenterologist, infectious disease specialist or general physician. Approvals valid for 18 months for applications meeting the following criteria:

All of the following:

- 1 Patient has confirmed Hepatitis B infection (HBsAg positive for more than 6 months); and
- 2 Patient is Hepatitis B treatment-naive; and
- 3 ALT > 2 times Upper Limit of Normal; and
- 4 HBV DNA < 10 log<sub>10</sub> IU/ml; and
- 5 Either:
  - 5.1 HBeAg positive; or
  - 5.2 serum HBV DNA ≥ 2,000 units/ml and significant fibrosis (≥ Metavir Stage F2 or moderate fibrosis); and
- 6 Compensated liver disease; and
- 7 No continuing alcohol abuse or intravenous drug use; and
- 8 Not co-infected with HCV, HIV or HDV; and
- 9 Neither ALT nor AST > 10 times upper limit of normal; and
- 10 No history of hypersensitivity or contraindications to pegylated interferon; and
- 11 Maximum of 48 weeks therapy.

Notes:

Approved dose is 180 mcg once weekly.

The recommended dose of Pegylated ~~Interferon alpha-2a~~ **Interferon alfa-2a** is 180 mcg once weekly.

In patients with renal insufficiency (calculated creatinine clearance less than 50ml/min), Pegylated ~~Interferon alpha-2a~~ **Interferon alfa-2a** dose should be reduced to 135 mcg once weekly.

In patients with neutropaenia and thrombocytopaenia, dose should be reduced in accordance with the datasheet guidelines.

Pegylated ~~Interferon alpha-2a~~ **Interferon alfa-2a** is not approved for use in children.

125	VENLAFAXINE—Special Authority see SA1061—Retail pharmacy			
	Tab 37.5 mg .....	5.06	28	✓ Arrow-Venlafaxine XR
	Tab 75 mg .....	6.44	28	✓ Arrow-Venlafaxine XR
	Tab 150 mg .....	8.86	28	✓ Arrow-Venlafaxine XR
	Tab 225 mg .....	14.34	28	✓ Arrow-Venlafaxine XR
	Cap 37.5 mg – Special Authority see SA1061			
	– Retail pharmacy .....	8.71	28	✓ Efexor XR
	Cap 75 mg – Special Authority see SA1061			
	– Retail pharmacy .....	17.42	28	✓ Efexor XR
	Cap 150 mg – Special Authority see SA1061			
	– Retail pharmacy .....	21.35	28	✓ Efexor XR



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 September 2013 (continued)

136	RISPERIDONE – Special Authority see SA0927 – Retail pharmacy Safety medicine; prescriber may determine dispensing frequency			
	<b>Tab orodispersible</b> Orally disintegrating tablets 0.5 mg .....	21.42	28	✓ <b>Risperdal Quicklet</b>
	<b>Tab orodispersible</b> Orally disintegrating tablets 1 mg .....	42.84	28	✓ <b>Risperdal Quicklet</b>
	<b>Tab orodispersible</b> Orally disintegrating tablets 2 mg .....	85.71	28	✓ <b>Risperdal Quicklet</b>
148	CYTARABINE			
	Inj 100 mg <b>20 mg per ml, 5 ml vial</b>			
	– PCT – Retail pharmacy-Specialist .....	55.00	5	✓ <b>Pfizer</b>
		80.00		✓ <b>Mayne</b>
	Inj 4 g <b>100 mg per ml, 10 ml vial</b> – PCT			
	– Retail pharmacy-Specialist.....	8.83	1	✓ <b>Pfizer</b>
		42.65		✓ <b>Mayne</b>
	Inj 2 g <b>100 mg per ml, 20 ml vial</b> – PCT			
	– Retail pharmacy-Specialist.....	17.65	1	✓ <b>Pfizer</b>
		34.47		✓ <b>Mayne</b>
204	PAEDIATRIC ENTERAL FEED WITH FIBRE <b>0.76</b> <del>0.75</del> KCAL/ML – Special Authority see SA1196 – Hospital pharmacy [HP3]			
	Liquid.....	4.00	500 ml OP	✓ <b>Nutrini Low Energy Multi Fibre</b>

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

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## Changes to Subsidy and Manufacturer's Price

Effective 1 September 2013

42	VITAMIN B COMPLEX (↓ subsidy) * Tab, strong, BPC .....	4.30	500	✓ B-PlexADE ✓ Bplex
42	ASCORBIC ACID (↓ subsidy) a) No more than 100 mg per dose b) Only on a prescription * Tab 100 mg .....	7.00	500	✓ Vitala-C ✓ Cvite
42	VITAMINS (↓ subsidy) * Tab (BPC cap strength) .....	7.60	1,000	✓ MultiADE ✓ Mvite
43	POTASSIUM IODATE (↓ subsidy) * Tab 256 mcg (150 mcg elemental iodine) .....	6.53	90	✓ NeuroKare
51	DEXTROSE WITH ELECTROLYTES (↓ subsidy) Soln with electrolytes .....	6.55	1,000 ml OP	✓ Pedialyte – Bubblegum
56	PINDOLOL (↑ subsidy) * Tab 5 mg .....	9.72	100	✓ Apo-Pindolol
	* Tab 10 mg .....	15.62	100	✓ Apo-Pindolol
	* Tab 15 mg .....	23.46	100	✓ Apo-Pindolol
59	GEMFIBROZIL (↑ subsidy) * Tab 600 mg .....	17.60	60	✓ Lipazil
105	LAMIVUDINE – Special Authority see SA1364 – Retail pharmacy (↑ subsidy) Oral liq 10 mg per ml .....	102.50	240 ml OP	✓ 3TC
107	PEGYLATED INTERFERON ALFA-2A – Special Authority see SA1400 – Retail pharmacy (↓ subsidy) See prescribing guideline			
	Inj 180 mcg prefilled syringe .....	900.00	4	✓ <u>Pegasys</u>
	Inj 180 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 112 .....	1,159.84	1 OP	✓ <u>Pegasys RBV Combination Pack</u>
	Inj 180 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 168 .....	1,290.00	1 OP	✓ <u>Pegasys RBV Combination Pack</u>
119	LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE (↓ subsidy) Inj 1%, 5 ml ampoule – Up to 25 inj available on a PSO .....	17.50 (35.00)	50	Xylocaine
	Inj 1%, 20 ml ampoule – Up to 5 inj available on a PSO .....	12.00 (20.00)	5	Xylocaine

Check your Schedule for full details Schedule page ref		Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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### Changes to Subsidy and Manufacturer's Price - effective 1 September 2013 (continued)

125	VENLAFAXINE (↓ subsidy)			
	Tab 37.5 mg .....	5.06	28	✓ Arrow-Venlafaxine XR
	Tab 75 mg .....	6.44	28	✓ Arrow-Venlafaxine XR
	Tab 150 mg .....	8.86	28	✓ Arrow-Venlafaxine XR
	Tab 225 mg .....	14.34	28	✓ Arrow-Venlafaxine XR
148	CYTARABINE (↓ subsidy)			
	Inj 20 mg per ml, 5 ml vial – PCT			
	– Retail pharmacy-Specialist.....	55.00	5	✓ Pfizer
	Inj 100 mg per ml, 10 ml vial – PCT			
	– Retail pharmacy-Specialist.....	8.83	1	✓ Pfizer
	Inj 100 mg per ml, 20 ml vial – PCT			
	– Retail pharmacy-Specialist.....	17.65	1	✓ Pfizer
	Inj 1 mg for ECP – PCT only – Specialist .....	0.11	10 mg	✓ Baxter
	Inj 100 mg intrathecal syringe for ECP – PCT only			
	– Specialist.....	11.00	100 mg OP	✓ Baxter
161	MYCOPHENOLATE MOFETIL – Special Authority see SA1041 – Retail pharmacy (↓ subsidy)			
	Dispensing pharmacy should check which brand to dispense with the prescriber if prescribed generically.			
	Tab 500 mg .....	25.00	50	✓ Cellcept
	Cap 250 mg .....	25.00	100	✓ Cellcept

▲ 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 September 2013

- 15 "Specialist", in relation to a Prescription, **means** a doctor who holds a current annual practising certificate and who satisfies the criteria set out in paragraphs (a) or (b) or (c) or (d) below:
- a)
    - i) the doctor is vocationally registered in accordance with the criteria set out by the Medical Council of New Zealand and the HPCA Act 2003 and who has written the prescription in the course of practising in that area of medicine; **and or**
    - ii) ~~the doctor's vocational scope of practice is one of those listed below: — anaesthetics, cardiothoracic surgery, dermatology, diagnostic radiology, emergency medicine, general surgery, internal medicine, neurosurgery, obstetrics and gynaecology, occupational medicine, ophthalmology, oral and maxillofacial surgery, otolaryngology head and neck surgery, orthopaedic surgery, paediatric surgery, paediatrics, pathology, plastic and reconstructive surgery, psychological medicine or psychiatry, public health medicine, radiation oncology, rehabilitation medicine, urology and venereology; or~~
  - b) the doctor is recognised by the Ministry of Health as a specialist for the purposes of this Schedule and receives remuneration from a DHB at a level which that DHB considers appropriate for specialists and who has written that prescription in the course of practising in that area of medicine; **or**
  - c) the doctor is recognised by the Ministry of Health as a specialist in relation to a particular area of medicine for the purpose of writing Prescriptions and who has written the Prescription in the course of practising in that area of medicine; **or**
  - d) the doctor writes the prescription on DHB stationery and is appropriately authorised by the relevant DHB to do so.
- 18 3.3 Original Packs, Certain Antibiotics and Unapproved Medicines
- 3.3.1 Notwithstanding clauses 3.1 and 3.3 of the Schedule, if a Practitioner prescribes or orders a Community Pharmaceutical that is identified as an Original Pack (OP) on the Pharmaceutical Schedule and is packed in a container from which it is not practicable to dispense lesser amounts, every reference in those clauses to an amount or quantity eligible for Subsidy, is deemed to be a reference:
- a) where an amount by weight or volume of the Community Pharmaceutical is specified in the Prescription, to the smallest container of the Community Pharmaceutical, or the smallest number of containers of the Community Pharmaceutical, sufficient to provide that amount; and
  - b) in every other case, to the amount contained in the smallest container of the Community Pharmaceutical that is manufactured in, or imported into, New Zealand.
- 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, but excluding any medicine listed as Cost, Brand, Source of Supply, or
  - c) **any other pharmaceutical that PHARMAC determines, from time to time and notes in the Pharmaceutical Schedule.**
- 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 between the amount dispensed and the amount prescribed by the Practitioner is less than 10% (eg; if a prescription is for 105 mls then a 100ml 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.

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 2013

31	INSULIN PEN NEEDLES – Maximum of 100 dev per prescription * 29 g × 12.7 mm.....	10.50	100	✓ABM
32	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	✓ABM
	* Syringe 0.5 ml with 29 g × 12.7 mm needle .....	13.00	100	✓ABM
	* Syringe 0.5 ml with 31 g × 8 mm needle .....	13.00	100	✓ABM
107	PEGYLATED INTERFERON ALFA-2A – Special Authority see SA1365 – Retail pharmacy See prescribing guideline			
	Inj 135 mcg prefilled syringe.....	362.00	1	✓Pegasys
	Inj 180 mcg prefilled syringe .....	450.00	1	✓Pegasys
199	FAT SUPPLEMENT – Special Authority see SA1374 – Hospital pharmacy [HP3] Oil.....	28.73	250 ml OP	✓Liquigen
207	ENTERAL FEED 1KCAL/ML – Special Authority see SA1228 – Hospital pharmacy [HP3] Liquid.....	2.65	500 ml OP	✓Nutrison Standard RTH
207	ENTERAL FEED WITH FIBRE 1 KCAL/ML – Special Authority see SA1228 – Hospital pharmacy [HP3] Liquid.....	2.65	500 ml OP	✓Nutrison Multi Fibre

▲ 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 December 2013

187	PHARMACY SERVICES – May only be claimed once per patient			
	Brand switch fee .....	4.33	1 fee	✓ <b>BSF Acetec</b>
	The Pharmacode for BSF Acetec is 2445441			

### Effective 1 March 2014

77	NORETHISTERONE WITH MESTRANOL			
	* Tab 1 mg with mestranol 50 mcg and 7 inert tab.....	6.62	84	
		(13.80)		Norinyl-1/28
	a) Higher subsidy of \$13.80 per 84 tab with Special Authority see SA0500			
	b) Up to 84 tab available on a PSO			
90	PENICILLIN G BENZATHINE [BENZATHINE BENZYL PENICILLIN]			
	Inj 1.2 mega u per 2 ml – Up to 5 inj available on a PSO.....	315.00	10	✓ <b>Bicillin LA</b>
161	AZATHIOPRINE – Retail pharmacy-Specialist			
	* Tab 50 mg – For azathioprine oral liquid formulation refer, page 189.....	18.45	100	✓ <b>Imuran</b>
186	PARAFFIN LIQUID WITH SOFT WHITE PARAFFIN			
	* Eye oint with soft white paraffin .....	3.63	3.5 g OP	✓ <b>Lacri-Lube</b>
202	PAEDIATRIC ORAL FEED 1KCAL/ML – Special Authority see SA1379 – Hospital pharmacy [HP3]			
	Liquid (chocolate) .....	1.07	200 ml OP	✓ <b>Pediasure</b>
	Liquid (strawberry) .....	1.07	200 ml OP	✓ <b>Pediasure</b>
	Liquid (vanilla) .....	1.07	200 ml O	✓ <b>Pediasure</b>
		1.27	237 ml OP	✓ <b>Pediasure</b>

Note – Replacement Pediasure packs were listed 1 September 2013.

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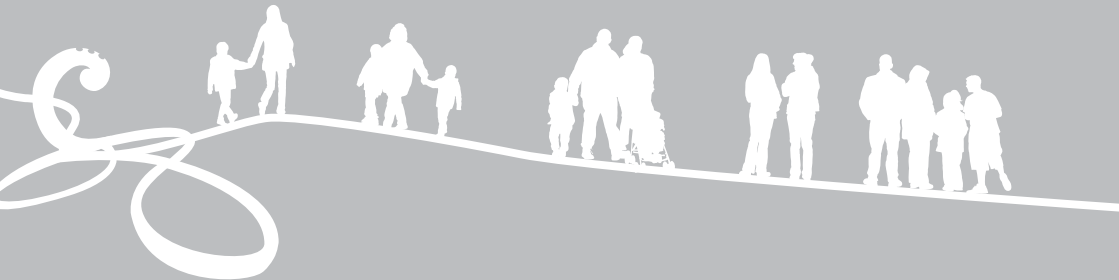
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