

Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 November 2013

Cumulative for September, October and November 2013



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Summary of PHARMAC decisions

EFFECTIVE 1 NOVEMBER 2013

New listings (page 19)

- Lactulose (Laevolac) oral liq 10 g per 15 ml, 500 ml
- Cetomacrogol with glycerol (Pharmacy Health Sorbolene with Glycerin) crm 90% with glycerol 10%, 1,000 g OP
- Paroxetine hydrochloride (Loxamine) tab 20 mg – 90 tab pack size
- Ondansetron (Onrex) tab 4 mg and 8 mg
- Alprazolam (Xanax) tab 250 mcg, 500 mcg and 1 mg
- Methotrexate (Methotrexate Sandoz) inj 7.5 mg, 10 mg, 15 mg, 20 mg, 25 mg and 30 mg pre-filled syringe
- Salbutamol (Ventolin) oral liq 400 mcg per ml, 150 ml
- Oral feed (powder) (Ensure) powder (vanilla) 850 g OP – Special Authority – Hospital Pharmacy [HP3]

Changes to restrictions, chemical names and presentation (pages 23-24)

- Hydralazine hydrochloride (Apresoline) inj 20 mg ampoule – Removal of S29
- Valganciclovir (Valcyte) tab 450 mg – Amendment of Special Authority criteria
- Maprotiline hydrochloride (Ludiomil) tab 75 mg – Removal of S29
- Imipramine hydrochloride (Tofranil) tab 10 mg – Removal of S29
- Salbutamol (Salapin, Ventolin) oral liq 400 mcg per ml – Change in presentation description

Decreased subsidy (page 29)

- Alprazolam (Arrow-Alprazolam) tab 250 mcg and 1 mg
- Mycophenolate mofetil (Ceptolate) tab 500 mg and cap 250 mg; (Myaccord) tab 500 mg and cap 250 mg

Have a problem with a medicine or medical device we fund?

PHARMAC welcomes feedback, including complaints about any medicine we fund. We want to know when we get things right and when we could do better. We particularly want to know about problems with access or compliance, such as when a product is in short supply or you have difficulty interpreting our rules. Some issues should also be reported to other organisations. These include:

Quality complaints should be reported to the importer or supplier in the first instance. A quality complaint could include such issues as: a label that is easily smudged or doesn't stay on the container, a tablet that won't break evenly along a score line, inconsistent viscosity of a liquid medicine. Quality complaints may also be reported to



Medsafe especially if the issue is serious.

Medicine adverse reactions should be reported to the Centre for Adverse Reactions Monitoring (CARM). This includes side effects and/or lack of efficacy of a medicine as a result of a brand change.

Medical device adverse reactions should be reported to Medsafe. A form is available on the Medsafe website. <http://www.medsafe.govt.nz/regulatory/devicesnew/safety.asp>

Mycophenolate mofetil price changes

From 1 February 2014, the Cellcept brand will be the sole subsidised brand of mycophenolate mofetil 250 mg capsules and 500 mg tablets. The Myaccord and Ceptolate brands will have a subsidy reduction from 1 November 2013 and be delisted from 1 February 2014.

Apresoline, Tofranil and Ludiomil – no longer section 29

Apresoline (hydralazine hydrochloride) 20 mg injection, Tofranil (imipramine hydrochloride) 10 mg tablets, and Ludiomil (maprotiline hydrochloride) 25 mg tablets are no longer being supplied under section 29 of the Medicines Act 1981. These products are now registered. The section 29 symbol on these products will be removed from 1 November 2013.

Delay in listing of Amoxicillin

Apo-Amoxi (amoxicillin) 250 mg and 500 mg capsules, supplied by Apotex NZ Ltd, was scheduled to be listed from 1 November 2013. This has been delayed until further notice and the Alphamox brand, supplied by Mylan NZ Ltd, will remain listed until notified. We will continue to keep you informed of the amended listing date.

Carbimazole – stock shortage

AFT have advised that following the closure of the API manufacturing plant for Neo-Mercazole, (carbimazole), that there is a global shortage of stock. We are working with AFT to identify alternative suppliers, however an out-of-stock may occur. Patients may need to see their prescriber if stock is unavailable.

Pramipexole – stock shortage

PHARMAC is working with an alternative supplier of pramipexole, following Dr Reddy's discontinuation of its brand. An announcement on re-supply is expected in the next fortnight.

Ondansetron 4 mg ODT – stock shortage

We have been advised by Dr Reddy's that stock of its brand of ondansetron dispersible tablets 4 mg (Dr Reddy's) is in short supply. There are no supply issues for the dispersible tablets 8 mg (also Dr Reddy's brand). Dr Reddy's expects to be able to re-supply from early November 2013. Patients may need to see their prescriber if stock is unavailable.



Prednisone tab 1 mg – re-supply

The short supply of Apotex brand of prednisone tablets 1 mg (Apo-Prednisone S29), p'code 2443066 has been resolved. Apotex expect to be able to re-supply the market during the week beginning 14 October 2013.

News in brief

- New pack size of 850 g for **Ensure** oral feed powder to be listed from 1 November 2013.
- Brand name change for levodopa 50 mg with benserazide 12.5 mg tablets from Madopar Dispersible to **Madopar Rapid**.
- **Methotrexate** (Methotrexate Sandoz) inj 7.5 mg, 10 mg 15 mg, 20 mg, 25 mg and 30 mg prefilled syringe – new listing.
- From 1 November, the presentation description for **salbutamol** oral liquid (Salapin and Ventolin) will change from 2 mg per 5 ml to 400 mcg per ml.

Tender News

Sole Subsidised Supply changes – effective 1 December 2013

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Dextrose with electrolytes	Soln with electrolytes; 1,000 ml OP	Pedialyte-Bubblegum (Abbott)
Gemfibrozil	Tab 600 mg; 60 tab	Lipazil (Douglas)
Lamivudine	Oral liq 10 mg per ml; 240 ml OP	3TC (GlaxoSmithKline)
Pindolol	Tab 5 mg; 100 tab	Apo-Pindolol (Apotex)
Pindolol	Tab 10 mg; 100 tab	Apo-Pindolol (Apotex)
Pindolol	Tab 15 mg; 100 tab	Apo-Pindolol (Apotex)

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 December 2013

- Amendment to Practitioner's Supply Order rules relating to certain antibiotics for rheumatic fever prevention.
- Montelukast (Singulair) tab 4 mg, 5 mg and 10 mg - amend Special Authority criteria.

Sole Subsidised Supply Products – cumulative to November 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	2016
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
Amiodarone hydrochloride	Inj 50 mg per ml, 3 ml ampoule	Cordarone-X	2016
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	Crn	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
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

*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 November 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
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
Boceprevir	Cap 200 mg	Victrelis	2016
Brimonidine tartrate	Eye drops 0.2%	Arrow-Brimonidine	2014
Bupropion hydrochloride	Tab modified-release 150 mg	Zyban	2016
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
Cefalexin monohydrate	Cap 500 mg Grans for oral liq 125 mg per 5 ml & 250 mg per 5 ml	Cephalexin ABM Cefalexin Sandoz	2016 2015
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
Cilazapril	Tab 0.5 mg, 2.5 mg & 5 mg	Zapril	2016
Ciprofloxacin	Tab 250 mg, 500 mg & 750 mg	Cipflox	2014
Citalopram hydrobromide	Tab 20 mg	Arrow-Citalopram	2014
Clarithromycin	Tab 500 mg Tab 250 mg	Apo-Clarithromycin Apo-Clarithromycin	2014
Clindamycin	Cap hydrochloride 150 mg Inj phosphate 150 mg per ml, 4 ml	Clindamycin ABM Dalacin C	2016

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Generic Name	Presentation	Brand Name	Expiry Date*
Clomiphene citrate	Tab 50 mg	Serophene	2016
Clomipramine hydrochloride	Tab 10 mg & 25 mg	Apo-Clomipramine	2015
Clonidine hydrochloride	Tab 25 mcg Tab 150 mcg Inj 150 mcg per ml, 1 ml	Clonidine BNM Catapres	2015
Clotrimazole	Crn 1%	Clomazol	2014
Codeine phosphate	Tab 15 mg, 30 mg & 60 mg	PSM	2016
Colchicine	Tab 500 mcg	Colgout	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
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%	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
Dihydrocodeine tartrate	Tab long-acting 60 mg	DHC Continus	2016
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

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Generic Name	Presentation	Brand Name	Expiry Date*
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
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	Inj 50 mcg per ml, 2 ml & 10 ml	Boucher and Muir	2015
Filgrastim	Inj 300 mcg per 0.5 ml	Zarzio	31/12/15
	Inj 480 mcg per 0.5 ml	Zarzio	
Finasteride	Tab 5 mg	Rex Medical	2014
Flucloxacillin sodium	Grans for oral liq 125 mg per 5 ml	AFT	2015
	Grans for oral liq 250 mg per 5 ml		
	Cap 250 mg & 500 mg	Staphlex	
	Inj 250 mg, 500 mg & 1 g	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
Fluticasone propionate	Metered aqueous nasal spray, 50 mcg per dose	Flixonase Hayfever & Allergy	2015
Furosemide	Tab 500 mg	Urex Forte	2015
	Tab 40 mg	Diurin 40	
Fusidic acid	Oint 2%	Foban	2016
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	Glytrin	2014
	TDDS 5 mg & 10 mg	Nitroderm TTS	
	Tab 600 mcg	Lycinate	
Haloperidol	Tab 500 mcg, 1.5 mg & 5 mg Oral liq 2 mg per ml Inj 5 mg per ml, 1 ml	Serenace	2016

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Generic Name	Presentation	Brand Name	Expiry Date*
Hydrocortisone	Inj 100 mg vial Tab 5 mg & 20 mg Crn 1% Powder	Solu-Cortef Douglas Pharmacy Health ABM	2016 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
Indapamide	Tab 2.5 mg	Dapa-Tabs	2016
Ipratropium bromide	Nebuliser soln, 250 mcg per ml, 1 ml Nebuliser soln, 250 mcg per ml, 2 ml	Univent	2016
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
Ispaghula (psyllium) husk	Powder for oral soln	Konsyl-D	2016
Itraconazole	Cap 100 mg	Itrazole	2016
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	Tab 1.5 mg Subdermal implant (2 x 75 mg rods)	Postinor-1 Jadelle	2016 31/12/13
Lidocaine [lignocaine] hydrochloride	Inj 2% ampoule, 5 ml & 20 ml Viscous soln 2%	Lidocaine-Claris Xylocaine Viscous	2015 2014
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
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
Medroxyprogesterone acetate	Tab 2.5 mg, 5 mg, 10 mg & 100 mg Inj 150 mg per ml, 1 ml syringe	Provera Depo-Provera	2016
Megestrol acetate	Tab 160 mg	Apo-Megestrol	2015
Methotrexate	Inj 25 mg per ml, 2 ml & 20 ml	Hospira	2016
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
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
Mercaptopurine	Tab 50 mg	Puri-nethol	2016
Miconazole	Oral gel 20 mg per g	Decozol	2015
Miconazole nitrate	Crn 2%	Multichem	2014
Mirtazapine	Tab 30 mg & 45 mg	Avanza	2015

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Generic Name	Presentation	Brand Name	Expiry Date*
Mitomycin C	Inj 5 mg vial	Arrow	2016
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	Tab long-acting 10 mg, 30 mg, 60 mg & 100 mg	Arrow-Morphine LA	2016
	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	
Morphine tartrate	Inj 80 mg per ml, 1.5 ml & 5 ml	Hospira	2016
Naltrexone hydrochloride	Tab 50 mg	Naltraccord	2016
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	
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
Norethisterone	Tab 350 mcg	Noriday 28	2015
	Tab 5 mg	Primolut N	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
Octreotide (somatostatin analogue)	Inj 50 mcg per ml, 1 ml	Octreotide Max Rx	2014
	Inj 100 mcg per ml, 1 ml		
	Inj 500 mcg per ml, 1 ml		
Oil in water emulsion	Crn	healthE Fatty Cream	2015

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Generic Name	Presentation	Brand Name	Expiry Date*
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
Pegylated interferon alfa-2a	Inj 135 mcg prefilled syringe & inj 180 mcg prefilled syringe	Pegasys	2017
Pegylated interferon alfa-2a	Inj 135 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 112	Pegasys RBV Combination Pack	2017
	Inj 135 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 168	Pegasys RBV Combination Pack	
	Inj 180 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 112	Pegasys RBV Combination Pack	
	Inj 180 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 168	Pegasys RBV Combination Pack	
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	PSM DBL Pethidine Hydrochloride	2015 2014
	Inj 50 mg per ml, 2 ml	DBL Pethidine Hydrochloride	
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 November 2013

Generic Name	Presentation	Brand Name	Expiry Date*
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 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	Tab 5 mg, 10 mg & 20 mg	Arrow-Quinapril	2015
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	2016
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
Sertraline	Tab 50 mg & 100 mg	Arrow-Sertraline	2016
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 ampoule	Biomed	2016
Sodium citrate with sodium lauryl sulphoacetate	Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml	Micolette	2016
Sodium hyaluronate	Eye drops 1 mg per ml, 10 ml OP	Hylo-Fresh	2016
Spacer device	800 ml 230 ml (single patient)	Volumatic Space Chamber Plus	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 November 2013

Generic Name	Presentation	Brand Name	Expiry Date*
Spironolactone	Tab 25 mg & 100 mg	Spirotone	2016
Sulphasalazine	Tab 500 mg Tab EC 500 mg	Salazopyrin Salazopyrin EN	2016
Sumatriptan	Tab 50 mg & 100 mg Inj 12 mg per ml, 0.5 ml cartridge	Arrow-Sumatriptan	2016
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
Temozolomide	Cap 5 mg, 20 mg, 100 mg & 250 mg	Temaccord	2016
Terazosin	Tab 1 mg, 2 mg & 5 mg	Arrow	2016
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	2016
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
Tretinoin	Crn 0.5 mg per g	ReTrieve	2016
Triamcinolone acetonide	Inj 10 mg per ml, 1 ml Inj 40 mg per ml, 1 ml Crn 0.02% Oint 0.02% 0.1% in Dental Paste USP	Kenacort-A Kenacort-A40 Aristocort Aristocort Oracort	2014
Tropicamide	Eye drops 0.5% & 1%	Mydriacyl	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]	Cap 100 mg & oral liq 10 mg per ml	Retrovir	2016
Zidovudine [AZT] with lamivudine	Tab 300 mg with lamivudine 150 mg	Alphapharm	2014
Zinc and castor oil	Oint BP	Multichem	2014

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

Sole Subsidised Supply Products – cumulative to November 2013

Generic Name	Presentation	Brand Name	Expiry Date*
Zinc sulphate	Caps 137.4 mg (50 mg elemental)	Zincaps	2014

November 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 November 2013

39	LACTULOSE – Only on a prescription * Oral liq 10 g per 15 ml.....	3.84	500 ml	✓ Laevolac
69	CETOMACROGOL WITH GLYCEROL Crm 90% with glycerol 10%	6.50	1,000 g OP	✓ Pharmacy Health Sorbolene with Glycerin
124	PAROXETINE HYDROCHLORIDE * Tab 20 mg	4.32	90	✓ Loxamine
131	ONDANSETRON * Tab 4 mg	5.51	50	✓ Onrex
	* Tab 8 mg	6.19	50	✓ Onrex
137	ALPRAZOLAM – Safety medicine; prescriber may determine dispensing frequency Tab 250 mcg	2.50	50	✓ Xanax
	‡ Safety cap for extemporaneously compounded oral liquid preparations. Tab 500 mcg.....	3.25	50	✓ Xanax
	‡ Safety cap for extemporaneously compounded oral liquid preparations. Tab 1 mg	5.00	50	✓ Xanax
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
149	METHOTREXATE * Inj 7.5 mg prefilled syringe.....	17.19	1	✓ Methotrexate Sandoz
	* Inj 10 mg prefilled syringe.....	17.25	1	✓ Methotrexate Sandoz
	* Inj 15 mg prefilled syringe.....	17.38	1	✓ Methotrexate Sandoz
	* Inj 20 mg prefilled syringe.....	17.50	1	✓ Methotrexate Sandoz
	* Inj 25 mg prefilled syringe.....	17.63	1	✓ Methotrexate Sandoz
	* Inj 30 mg prefilled syringe.....	17.75	1	✓ Methotrexate Sandoz
178	SALBUTAMOL ‡ Oral liq 400 mcg per ml	2.06	150 ml	✓ Ventolin
207	ORAL FEED (POWDER) – Special Authority see SA1228 – Hospital pharmacy [HP3] Powder (vanilla)	13.00	850 g OP	✓ Ensure

Effective 1 October 2013

46	CLOPIDOGREL * Tab 75 mg – For clopidogrel oral liquid formulation refer, page 189	5.48	84	✓ Arrow - Clopid
52	ENALAPRIL MALEATE * Tab 5 mg	1.19	100	✓ Ethics Enalapril
	* Tab 10 mg	1.47	100	✓ Ethics Enalapril
	* Tab 20 mg – For enalapril maleate oral liquid formulation refer, page 189.....	1.91	100	✓ Ethics Enalapril

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
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Brand or
Generic Mnfr
✓ fully subsidised

New Listings - effective 1 October 2013 (continued)

61	HYDRALAZINE HYDROCHLORIDE * Inj 20 mg ampoule	25.90	5	✓ Apresoline s29 S29
79	TAMSULOSIN HYDROCHLORIDE – Special Authority see SA1032 – Retail pharmacy * Cap 400 mcg	13.51	100	✓ Tamsulosin-Rex
119	RILUZOLE– Special Authority see SA1403 – Retail pharmacy – Wastage rule applies Tab 50 mg	400.00	56	✓ Rilutek
<p>▶ SA1403 Special Authority for Subsidy Initial application only from a neurologist or respiratory specialist. Approvals valid for 6 months for applications meeting the following criteria: All of the following:</p> <ol style="list-style-type: none"> 1 The patient has amyotrophic lateral sclerosis with disease duration of 5 years or less; and 2 The patient has at least 60 percent of predicted forced vital capacity within 2 months prior to the initial application; and 3 The patient has not undergone a tracheostomy; and 4 The patient has not experienced respiratory failure; and 5 Any of the following: <ol style="list-style-type: none"> 5.1 The patient is ambulatory; or 5.2 The patient is able to use upper limbs; or 5.3 The patient is able to swallow. <p>Renewal from any relevant practitioner. Approvals valid for 18 months for applications meeting the following criteria: All of the following:</p> <ol style="list-style-type: none"> 1 The patient has not undergone a tracheostomy, and 2 The patient has not experienced respiratory failure; and 3 Any of the following: <ol style="list-style-type: none"> 3.1 The patient is ambulatory; or 3.2 The patient is able to use upper limbs; or 3.3 The patient is able to swallow. 				
123	MAPROTILINE HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency Tab 75 mg – wastage rule applies	14.01	20	✓ Ludiomil s29 S29
147	CYCLOPHOSPHAMIDE Tab 50 mg – PCT – Retail pharmacy-Specialist – wastage rule applies	158.00	100	✓ Procytox S29
160	TAMOXIFEN CITRATE * Tab 10 mg	2.63	60	✓ Genox
	* Tab 20 mg	2.63	30	✓ Genox
	Note – these are new packsizes with new Pharmacodes.			
176	LORATADINE * Tab 10 mg	1.30	100	✓ Lorafix

Effective 1 September 2013

25	MESALAZINE Modified release granules, 1 g	141.72	120 g OP	✓ Pentasa
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Patients pay a manufacturer's surcharge when the Manufacturer's Price is greater than the Subsidy
20

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)

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 x10⁹ /l or Albumin <35 g/l.

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

113	RISEDRONATE SODIUM Tab 35 mg	4.00	4	✓ Risedronate Sandoz
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▲ Three months supply may be dispensed at one time if endorsed "certified exemption" by the prescriber.

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings - effective 1 September 2013 (continued)

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
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Changes to Restrictions, Chemical Names and Presentations Effective 1 November 2013

61	HYDRALAZINE HYDROCHLORIDE (remove the S29 symbol) * Inj 20 mg ampoule	25.90	5	✓ Apresoline s29 S29
101	VALGANCICLOVIR – Special Authority see SA14041274 – Retail pharmacy Tab 450 mg	3,000.00	60	✓ Valcyte

▶ SA14041274] Special Authority for Subsidy

Initial application - (transplant cytomegalovirus prophylaxis) only from a relevant specialist. Approvals valid for 3 months where the patient has undergone a solid organ transplant and requires valganciclovir for CMV prophylaxis

Renewal application - (transplant cytomegalovirus prophylaxis) only from a relevant specialist. Approvals valid for 3 months for applications meeting the following criteria:

Both:

- 1 Patient has undergone a solid organ transplant and received anti-thymocyte globulin and requires valganciclovir therapy for CMV prophylaxis; and
- 2 Patient is to receive a maximum of 90 days of valganciclovir prophylaxis following anti-thymocyte globulin

Initial application - (cytomegalovirus prophylaxis following anti-thymocyte globulin) only from a relevant specialist. Approvals valid for 3 months for applications meeting the following criteria:

Both:

- 1 Patient has undergone a solid organ transplant and received valganciclovir under Special Authority more than 2 years ago (27 months); and
- 2 Patient has received anti-thymocyte globulin and requires valganciclovir for CMV prophylaxis

Renewal - (cytomegalovirus prophylaxis following anti-thymocyte globulin) only from a relevant specialist. Approvals valid for 3 months where the patient has received a further course of anti-thymocyte globulin and requires valganciclovir for CMV prophylaxis.

Initial application - (Lung transplant cytomegalovirus prophylaxis) only from a relevant specialist. Approvals valid for 6 months for applications meeting the following criteria:

Both:

1. Patient has undergone a lung transplant; and
2. Either:
 - 2.1. The donor was cytomegalovirus positive and the patient is cytomegalovirus negative; or
 - 2.2. The recipient is cytomegalovirus positive.

Initial application - (Cytomegalovirus in immunocompromised patients) only from a relevant specialist. Approvals valid for 3 months for applications meeting the following criteria:

Both:

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

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

Renewal application - (Cytomegalovirus in immunocompromised patients) only from a relevant specialist. Approvals valid for 3 months for applications meeting the following criteria:

Both:

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

continued...

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

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

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

continued...

2.3. Patient has cytomegalovirus retinitis

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

123	MAPROTILINE HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency (remove the S29 symbol) Tab 75 mg –wastage rule applies	14.01	20	✓Ludiomil s29 S29
123	IMIPRAMINE HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency –wastage rule applies (remove the S29 symbol) Tab 10 mg	6.58	60	✓Tofranil s29 S29
178	SALBUTAMOL (amendment to presentation description) ‡ Oral liq 2 mg per 5 ml 400 mcg per ml	1.99 2.06	150 ml	✓Salapin ✓Ventolin

Effective 1 October 2013

52	ENALAPRIL MALEATE (addition of STAT dispensing) * Tab 5 mg	0.36 1.07 1.19 5.94	30 90 100 500	✓Acetec ✓m-Enalapril ✓Ethics Enalapril ✓Acetec
	* Tab 10 mg	0.44 1.32 1.47 7.33	30 90 100 500	✓Acetec ✓m-Enalapril ✓Ethics Enalapril ✓Acetec
	* Tab 20 mg – For enalapril maleate oral liquid formulation refer, page 189	0.57 1.72 1.91	30 90 100	✓Acetec ✓m-Enalapril ✓Ethics Enalapril

Note: the removal of the stat symbol will be temporary due to a stock recall

52	PERINDOPRIL (removal of subsidy by endorsement) From 1 August 2013 to 30 September 2013 the Coversyl brand of perindopril will be funded by Endorsement to the level of the ex-manufacturer price listed in the Schedule for patients who were previously accessing the higher subsidy by endorsement for perindopril prior to 1 May 2013. * Tab 2 mg – Higher subsidy of up to \$18.50 per 30 tab with Endorsement	3.75 (18.50)	30	✓Apo-Perindopril Coversyl
	* Tab 4 mg – Higher subsidy of up to \$25.00 per 30 tab with Endorsement	4.80 (25.00)	30	✓Apo-Perindopril Coversyl
115	ZOLEDRONIC ACID – Special Authority see SA1187 – Retail pharmacy (addition of OP) Soln for infusion 5 mg in 100 ml	600.00	100 ml OP	✓Aclasta

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

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

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

122	OXYCODONE HYDROCHLORIDE (amendment to presentation description)			
	a) Only on a controlled drug form			
	b) See prescribing guideline			
	c) No patient co-payment payable			
	d) Safety medicine; prescriber may determine dispensing frequency			
	Cap immediate-release 5 mg	2.83	20	✓ OxyNorm
	Cap immediate-release 10 mg	5.58	20	✓ OxyNorm
	Cap immediate-release 20 mg	9.77	20	✓ OxyNorm
130	HYOSCINE HYDROBROMIDE HYOSCINE (SCOPOLAMINE) – Special Authority see SA1387 – Retail pharmacy (change to chemical name)			
	Patch 1.5 mg	11.95	2	✓ Scopoderm TTS

Effective 1 September 2013

52	ENALAPRIL MALEATE – Brand switch fee payable (Pharmacode 2445441) - see page 187 for details			
	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

Note: the removal of the stat symbol will be temporary due to a stock recall

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 ⁹) and/or thrombocytopenia.			
	4) Continuing alcohol abuse and/or continuing intravenous drug users.			
	Dosage			

continued...

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

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

Check your Schedule for full details
Schedule page ref

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Changes to Restrictions - effective 1 September 2013 (continued)

continued...

The current recommended dosage is 3 million units of interferon **alfa-2a** or interferon **alfa-2b** 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 ALFA-2A ALPHA-2A – 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
107	INTERFERON ALFA-2B ALPHA-2B – 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	✓ Intron-A
	Inj 30 m iu, 1.2 ml multidose pen	313.20	1	✓ Intron-A
	Inj 60 m iu, 1.2 ml multidose pen	626.40	1	✓ Intron-A
107	PEGYLATED INTERFERON ALFA-2A ALPHA-2A – Special Authority see SA1400			
	– Retail pharmacy			
	See prescribing guideline			
	Inj 135 mcg prefilled syringe.....	1,448.00	4	✓ Pegasys
	Inj 180 mcg prefilled syringe.....	900.00	4	✓ Pegasys
	Inj 180 mcg prefilled syringe × 4 with ribavirin			
	tab 200 mg × 112	1,159.84	1 OP	✓ Pegasys RBV
				Combination Pack
	Inj 180 mcg prefilled syringe × 4 with ribavirin			
	tab 200 mg × 168	1,290.00	1 OP	✓ Pegasys RBV
				Combination Pack

▶ **SA1400** 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:

continued...

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions - effective 1 September 2013 (continued)

continued...

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**
- 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 log₁₀ 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- α -2a~~ **Interferon alfa-2a** is 180 mcg once weekly.

In patients with renal insufficiency (calculated creatinine clearance less than 50ml/min), Pegylated ~~Interferon- α -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- α -2a~~ **Interferon alfa-2a** is not approved for use in children.

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

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

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

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

Check your Schedule for full details
Schedule page ref

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Generic Mnfr
✓ fully subsidised

Changes to Subsidy and Manufacturer's Price

Effective 1 November 2013

137	ALPRAZOLAM – Safety medicine; prescriber may determine dispensing frequency (↓ subsidy)			
	Tab 250 mcg.....	2.50	50	✓ Arrow-Alprazolam
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
	Tab 1 mg	5.00	50	✓ Arrow-Alprazolam
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
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	✓ Myaccord
		(60.00)		Ceptolate
	Cap 250 mg	12.50	50	
		(30.00)		Ceptolate
		25.00	100	✓ Myaccord

Effective 1 October 2013

78	CLOTRIMAZOLE			
	* Vaginal crm 1% with applicators (↑ subsidy).....	1.45	35 g OP	✓ Clomazol
	* Vaginal crm 2% with applicators (↑ subsidy).....	2.20	20 g OP	✓ Clomazol
88	CEFACLOR MONOHYDRATE (↑ subsidy)			
	Cap 250 mg	26.00	100	✓ Ranbaxy-Cefaclor
122	OXYCODONE HYDROCHLORIDE (↓ subsidy)			
	a) Only on a controlled drug form			
	b) See prescribing guideline			
	c) No patient co-payment payable			
	d) Safety medicine; prescriber may determine dispensing frequency			
	Tab controlled-release 10 mg	6.75	20	
		(11.14)		OxyContin
	Tab controlled-release 20 mg	11.50	20	
		(18.93)		OxyContin
	Tab controlled-release 40 mg	18.50	20	
		(33.29)		OxyContin
	Tab controlled-release 80 mg	34.00	20	
		(58.03)		OxyContin

Effective 1 September 2013

42	VITAMIN B COMPLEX (↓ subsidy)			
	* Tab, strong, BPC	4.30	500	✓ B-PlexADE
				✓ Bplex

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

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

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

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 – Bubblugum
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	✓Pegasy
	Inj 180 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 112	1,159.84	1 OP	✓Pegasy RBV Combination Pack
	Inj 180 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 168	1,290.00	1 OP	✓Pegasy RBV Combination Pack
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
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

Check your Schedule for full details
Schedule page ref

Subsidy
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✓ fully subsidised

Changes to Subsidy and Manufacturer's Price - effective 1 September 2013 (continued)

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 November 2013

- 14 "Pharmaceutical" means a medicine, therapeutic medical device, or related product or related thing listed in Sections B to I H of the Schedule.

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 venerology; 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:

continued...

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 General Rules - effective 1 September 2013 (continued)

continued...

- 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
- 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.

Changes to Brand Name

Effective 1 November 2013

116	BENZBROMARONE – Special Authority see SA1319 – Retail pharmacy Tab 100 mg	45.00	100	✓ Benzbromaron Benzbromaron AL 100 S29
118	LEVODOPA WITH BENSERAZIDE * Tab dispersible 50 mg with benserazide 12.5 mg	10.00	100	✓ Madopar Dispersible Madopar Rapid

Changes to Section I

Effective 1 October 2013

225	HEPATITIS A VACCINE – Hospital pharmacy [Xpharm] Children, aged 1–4 years inclusive who reside in Ashburton district; or Children, aged 1–9 years inclusive, residing in Ashburton; or Children, aged 1–9 years inclusive, who attend a preschool or school in Ashburton; or Children, aged older than 9 years, who attend a school with children aged 9 years old or less, in Ashburton Inj	0.00	1	✓ Havrix Junior
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▲ Three months supply may be dispensed at one time if endorsed "certified exemption" by the prescriber.

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

Check your Schedule for full details
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Delisted Items

Effective 1 November 2013

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

Effective 1 October 2013

46	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
58	CLONIDINE HYDROCHLORIDE * Tab 25 mcg.....	13.47	100	✓ Dixarit
65	CICLOPIROX OLAMINE a) Only on a prescription b) Not in combination Nail soln 8%	19.85	3 g OP	✓ Batrafen
78	LEVONORGESTREL * Tab 750 mcg	3.50	2	✓ Next Choice
76	ETHINYLLOESTRADIOL WITH DESOGESTREL * Tab 20 mcg with desogestrel 150 mcg	6.62 (16.50)	63	Mercilon 21
	a) Higher subsidy of \$13.80 per 63 tab with Special Authority see SA0500 b) Up to 63 tab available on a PSO			
	* Tab 30 mcg with desogestrel 150 mcg	6.62 (16.50)	63	Marvelon 21
	a) Higher subsidy of \$13.80 per 63 tab with Special Authority see SA0500 b) Up to 63 tab available on a PSO			
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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Delisted Items - effective 1 October 2013 (continued)

88	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	1	✓Mylan
		4.04		✓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	1	Fucidin
		(17.80)		
	Only if prescribed for a dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.			
119	LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE Inj 2%, 5 ml ampoule – Up to 5 inj available on a PSO.....	13.80	50	✓Xylocaine
	Inj 2%, 20 ml ampoule – Up to 5 inj available on a PSO.....	12.00	5	✓Xylocaine
130	SUMATRIPTAN Tab 50 mg	1.19	4	✓Arrow-Sumatriptan
	Tab 100 mg	1.10	4	✓Arrow-Sumatriptan
	Note – Arrow-Sumatriptan tab 50 mg and 100 mg in 100 tab pack size remains subsidised.			
185	HOMATROPINE HYDROBROMIDE * Eye drops 2%	7.18	15 ml OP	✓Isopto Homatropine
187	PHARMACY SERVICES * Brand switch fee	4.33	1 fee	✓BSF Arrow-Quinapril

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

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

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Check your Schedule for full details
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Delisted Items - effective 1 September 2013 (continued)

207 ENTERAL FEED WITH FIBRE 1 KCAL/ML – Special Authority see SA1228 – Hospital pharmacy [HP3]
Liquid..... 2.65 500 ml OP ✓ Nutrison Multi Fibre

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

39	MACROGOL 3350 – Special Authority see SA0891 – Retail pharmacy Powder 13.125 g, sachets – Maximum of 60 sach per prescription	18.14	30	✓ Movicol
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			

Effective 1 January 2014

59	CHLORTALIDONE [CHLORTHALIDONE] * Tab 25 mg	4.80	30	✓ Igroton ^{S29}
	Note – The delist date has been extended from 1 October 2013 to 1 January 2014.			

Effective 1 February 2014

161	MYCOPHENOLATE MOFETIL – Special Authority see SA1041 – Retail pharmacy Dispensing pharmacy should check which brand to dispense with the prescriber if prescribed generically. Tab 500 mg	25.00 (60.00)	50	✓ Myaccord Ceptolate
	Cap 250 mg	12.50 (30.00) 25.00	50 100	Ceptolate ✓ Myaccord

Effective 1 March 2014

77	NORETHISTERONE WITH MESTRANOL * Tab 1 mg with mestranol 50 mcg and 7 inert tab.....	6.62 (13.80)	84	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	✓ Bicillin LA
161	AZATHIOPRINE – Retail pharmacy-Specialist * Tab 50 mg – For azathioprine oral liquid formulation refer, page 189.....	18.45	100	✓ Imuran
186	PARAFFIN LIQUID WITH SOFT WHITE PARAFFIN * Eye oint with soft white paraffin	3.63	3.5 g OP	✓ Lacri-Lube
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 O	✓ PediaSure
		1.27	237 ml OP	✓ PediaSure

Note – Replacement PediaSure packs were listed 1 September 2013.

▲ 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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Subsidy
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Brand or
Generic Mnfr
✓ fully subsidised

Items to be Delisted - effective 1 April 2014

131	ONDANSETRON * Tab disp 4 mg	0.68	4	✓ Dr Reddy's Ondansetron
Note – Dr Reddy's Ondansetron tab dispersible 4 mg in the 100 pack size remains subsidised.				
147	CYCLOPHOSPHAMIDE Tab 50 mg – PCT – Retail pharmacy-Specialist.....	25.71	50	✓ Cycloblastin
177	BUDESONIDE Powder for inhalation, 200 mcg per dose	15.20	200 dose OP	✓ Budenocort
	Powder for inhalation, 400 mcg per dose	25.60	200 dose OP	✓ Budenocort

Effective 1 May 2014

52	ENALAPRIL MALEATE * Tab 5 mg	1.07	90	✓ m-Enalapril
	* Tab 10 mg	1.32	90	✓ m-Enalapril
	* Tab 20 mg – For enalapril maleate oral liquid formulation refer, page 189.....	1.72	90	✓ m-Enalapril
86	LEVOTHYROXINE * Tab 25 mcg	43.24	1,000	✓ Synthroid
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
	* Tab 50 mcg	45.00	1,000	✓ Synthroid
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
Note – Synthroid in the 90 tablet pack size remain subsidised.				
149	METHOTREXATE * Inj 25 mg per ml, 40 ml – PCT – Retail pharmacy - Specialist	25.00	1	✓ DBL Methotrexate S29
207	ORAL FEED (POWDER) – Special Authority see SA1228 – Hospital pharmacy [HP3] Powder (vanilla)	13.00	900 g OP	✓ Ensure

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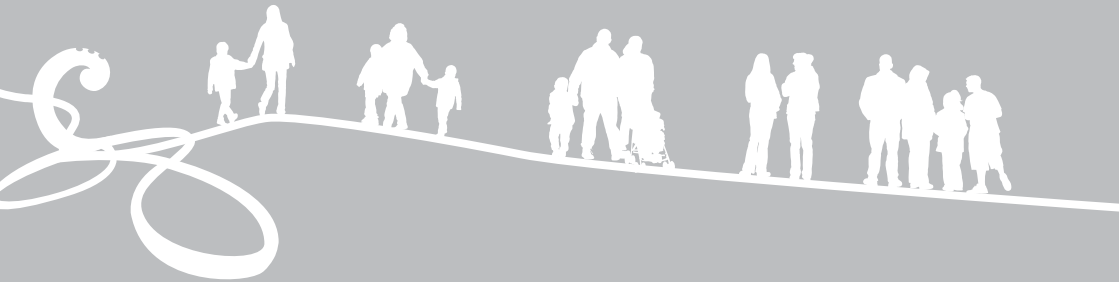
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