

Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 July 2012

Cumulative for May, June and July 2012

Section H cumulative for April, May, June and July 2012

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Summary of PHARMAC decisions

EFFECTIVE 1 JULY 2012

New listings (pages 22-24)

- Insulin aspart (NovoMix 30 FlexPen) inj 100 iu per ml, 3 ml prefilled pen
- Felodipine (Plendil ER) tab long-acting 5 mg and 10 mg
- Ethinyloestradiol with levonorgestrel (Ava 20 ED) tab 20 µg with levonorgestrel 100 µg and 7 inert tab – up to 84 tab available on a PSO
- Diphtheria and tetanus vaccine (ADT Booster) inj 0.5 ml – Hospital pharmacy [Xpharm] - access criteria apply
- Diphtheria, tetanus, and pertussis vaccine (Boostrix) inj 0.5 ml – Hospital pharmacy [Xpharm] - access criteria apply
- Diphtheria, tetanus, pertussis, and polio vaccine (Infanrix-IPV) inj 0.5 ml – Hospital pharmacy [Xpharm] - access criteria apply
- Diphtheria, tetanus, pertussis, polio, hepatitis B, and haemophilus influenzae type B vaccine (Infanrix-hexa) inj 0.5 ml – Hospital pharmacy [Xpharm] - access criteria apply
- Haemophilus influenzae type B (Act-HIB) inj 0.5 ml – Hospital pharmacy [Xpharm] - access criteria apply
- Hepatitis B vaccine (HBvaxPro) inj 0.5 ml – Hospital pharmacy [Xpharm] - access criteria apply
- Human papillomavirus vaccine (Gardasil) inj 0.5 ml – Hospital pharmacy [Xpharm] - access criteria apply
- Measles, mumps and rubella vaccine (M-M-R II) inj 0.5 ml – Hospital pharmacy [Xpharm] - access criteria apply
- Meningococcal A, C, Y and W-135 vaccine (Menomune) inj 0.5 ml – Hospital pharmacy [Xpharm] - access criteria apply
- Pneumococcal polysaccharide vaccine (Pneumovax 23) inj 0.5 ml – Hospital pharmacy [Xpharm] - access criteria apply
- Pneumococcal vaccine (Synflorix) inj 0.5 ml – Hospital pharmacy [Xpharm] - access criteria apply
- Bacillus Calmette-Guerin vaccine (BCG Vaccine) inj multi-dose vial (10 dose) 0.5 ml – Hospital pharmacy [Xpharm] – access criteria apply
- Pneumococcal (PCV13) vaccine (Prevenar 13) inj 0.5 ml – Hospital pharmacy [Xpharm] – access criteria apply
- Buprenorphine with naloxone (Suboxone) tab sublingual 2 mg with naloxone 0.5 mg and 8 mg with naloxone 2 mg – Special Authority – Retail pharmacy – only on a controlled drug form – no patient co-payment payable

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

Changes to restrictions (pages 26-28)

- Dabigatran (Pradaxa) cap 75 mg, 110 mg and 150 mg – removal of OP from bottle packs – removal of dabigatran not being funded Close Control in amounts less than 4 weeks treatment
- Felodipine (Plendil ER) tab long-acting 2.5 mg – removal of no more than 1 tab per day
- Nicotine (Habitrol) patch 7 mg, 14 mg, and 21 mg; lozenge 1 mg and 2 mg; and gum (classic, fruit and mint) 2 mg and 4 mg – dispensing frequency restriction amendment
- Varenicline tartrate (Champix) tab 1 mg, and tab 0.5 mg x 11 and 1 mg x 14 – dispensing frequency restriction amendment
- Premature birth formula (S26LBW Gold RTF) liquid, 100 ml OP – Special Authority amendment
- Amino acid formula (Elecare, Elecare LCP, Neocate, Neocate Advance, Neocate Gold, and Vivonex Pediatric) powder – Special Authority amendment
- Extensively hydrolysed formula (Pepti Junior Gold) powder – Special Authority amendment
- Close Control rule – removed
- Dispensing Frequency Rule – addition
- Access Exemption Rule – amended access criteria

Increased subsidy (pages 36-39)

- Glucagon hydrochloride (Glucagen Hypokit) inj 1 mg syringe kit
- Oral feed (powder) (Ensure) powder chocolate and vanilla, 900 g OP

Decreased subsidy (pages 36-39)

- Mesalazine (Pentasa) enema 1 g per 100 ml
- Pioglitazone (Pizaccord) tab 15 mg, 30 mg and 45 mg
- Hydroxocobalamin (ABM Hydroxocobalamin) inj 1 mg per ml, 1 ml
- Enoxaparin sodium (Clexane) inj 20 mg, 40 mg, 60 mg, 80 mg, 100 mg, 120 mg and 150 mg
- Felodipine (Plendil ER) tab long-acting 2.5 mg
- Furosemide (Diurin 40) tab 40 mg
- Crotamiton (Itch-Soothe) crm 10%
- Mometasone furoate (m-Mometasone) crm 0.1% and oint 0.1%, 15 g OP and 45 g OP
- Acitretin (Neotigason) cap 10 mg and 25 mg
- Norethisterone (Noriday 28) tab 350 µg
- Cabergoline (Dostinex) tab 0.5 mg, 2 and 8 tab packs
- Roxithromycin (Arrow-Roxithromycin) tab 150 mg and 300 mg

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

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

- Flucloxacillin sodium (AFT) grans for oral liq 125 mg per 5 ml and 250 mg per 5 ml
- Gentamicin sulphate (Pfizer) inj 40 mg per ml, 2 ml
- Etidronate disodium (Arrow-Etidronate) tab 200 mg
- Fentanyl citrate (Boucher and Muir) inj 50 µg per ml, 2 ml and 10 ml
- Methadone hydrochloride oral liquid 2 mg per ml (Biodone) and 10 mg per ml (Biodone Extra Forte)
- Mirtazapine (Avanza) tab 30 mg and 45 mg
- Venlafaxine tab 37.5 mg, 75 mg and 150 mg (Arrow-Venlafaxine XR) and cap 37.5 mg, 75 mg and 150 mg (Efexor XR)
- Cyclizine hydrochloride (Nausicalm) tab 50 mg
- Lithium carbonate (Lithicarb FC) tab 250 mg and 400 mg
- Quetiapine (Quetapel) tab 25 mg, 100 mg, 200 mg and 300 mg
- Risperidone (Risperdal) tab 0.5 mg, 1 mg, 2 mg, 3 mg and 4 mg, and oral liq 1 mg per ml
- Idarubicin hydrochloride inj 5 mg and 10 mg (Zavedos) and inj 1 mg for ECP (Baxter)
- Vinorelbine inj 10 mg per ml, 1 ml and 5 ml (Navelbine) and inj 1 mg for ECP (Baxter)
- Promethazine hydrochloride (Allersoothe) tab 10 mg and 25 mg
- Eformoterol fumarate powder for inhalation, 6 µg per dose, breath activated (Oxis Turbuhaler) and powder for inhalation, 12 µg per dose and monodose device (Foradil)
- Chloramphenicol (Chlorafast) eye drops 0.5%
- Latanoprost (Hysite) eye drops 50 µg per ml, 2.5 ml OP
- Brimonidine tartrate (AFT) eye drops 0.2%, 5 ml OP
- Amino acid formula powder unflavoured, 400 g OP (Elecare and Elecare LCP), and powder vanilla, 400 g OP (Elecare)

Vaccines

From 1 July 2012, PHARMAC will be listing vaccines on the Pharmaceutical Schedule following it becoming responsible for the funding. As the vaccines are delivered mostly by General Practice and school based programmes, the vaccines will continue to be supplied free of charge to those who administer them and will be listed as XPharm on the Pharmaceutical Schedule at a subsidy of \$0.00.

The Immunisation Programme will continue to be run by the Ministry of Health, and ESR will continue to manage the distribution of vaccines. There will be no change to the current payment mechanisms



around the Immunisation Benefit. Going forward PHARMAC will be responsible for considering any changes to the range of funded vaccines, including the eligibility criteria and funding of new vaccines.

No more Close Control from 1 July 2012

Changes to dispensing frequencies are occurring from 1 July 2012. The Close Control rule is being replaced with the Dispensing Frequency Rule and pharmacists will gain more flexibility with dispensing frequencies for their patients. These are explained in more detail below.

'Close Control' becomes 'Dispensing Frequency'

The Dispensing Frequency Rule replaces Close Control from 1 July 2012. The Dispensing Frequency Rule is grouped into three sections:

- Frequency of dispensing for persons in residential care – no changes

- Flexible periods of supply for trial periods or safety – **changes explained below**
- Pharmaceutical supply management – no changes

Flexible periods of supply for trial periods or safety

The section "intellectually impaired, frail, infirm or unable to manage their medicine" has been removed; and is replaced by the Long-Term Condition (LTC) service in the Community Pharmacy Services Agreement. Patients who are eligible for the LTC service can have more frequent dispensing. This is determined by the pharmacist. For patients not eligible under the LTC service (defined

as 'Core' patients under the Pharmacy Services Agreement) who require more frequent than monthly dispensing, the pharmacist needs to get verbal confirmation from the prescriber. Codeine and buprenorphine with naloxone (Suboxone) have been added to the list of safety medicines. Prescribers no longer need to endorse safety medicines. They do need to specify the maximum quantity or period of supply to be dispensed at any one time. Pharmacists are NOT eligible to initiate patients for more frequent dispensings for medicines on the safety list.

Medicines co-prescribed with medicines on the safety list, can be dispensed at the same frequency. This is determined by the pharmacist and annotated on the script accordingly.

Prescribers no longer have to initial each trial medicine, but need to endorse with 'trial period' or 'trial'. Pharmacists cannot initiate patients for trial periods.

Access Exemption changes

Pharmacists can now initiate 'Certified Exemptions' for medicines listed in the Pharmaceutical Schedule marked with an ▲, as well as prescribers.

Flexible Dispensing for pharmacists

A new rule has been added to give pharmacists more flexibility when dispensing some medicines – Section F: Part III (Flexible and Variable Dispensing Periods for Pharmacy). This allows pharmacists to use variable dispensing periods for non Stat

medicines (those not identified with a ✱) in the following situations:

- Stock management, where the original pack(s) result in dispensing greater than 30 days supply; or
- To synchronise a patient's medication where multiple medicines result in uneven supply periods.

Pharmacists must annotate the prescription with the reason for flexible dispensing. Pharmacists cannot dispense greater than the total period of supply.

These changes are not mandatory. If a pharmacist has concern about the clinical appropriateness of altering the dispensing frequency, they should check with the patient's prescriber.

Generally where a prescriber has endorsed the prescription for more frequent dispensing than normal, it would not be good clinical judgement to change the dispensing frequency unless the pharmacist has good reason to believe the patient is stable and compliant.

If prescribers continue to write Close Control and the pharmacist believes this is out of habit, the pharmacist should contact them in the first instance to ensure there is not a clinical reason why the patient should receive more frequent dispensing. This need to be recorded in the first instance but not for future prescriptions for the same medicine and same patient.

Further information and resources can be found on our **website www.pharmac.govt.nz/cc**

Buprenorphine with naloxone (Suboxone) new listing

From 1 July 2012, buprenorphine with naloxone sublingual tablets, Suboxone, will be listed fully subsidised subject to Special Authority criteria for detoxification and maintenance of treatment of opioid dependence.

There will be no patient co-payment required and from the listing date, pharmacies that dispense buprenorphine with naloxone will

be reimbursed as per their Pharmacy Services Agreement; at the same level that currently applies to the dispensing of methadone.

Buprenorphine with naloxone sublingual tablets must be prescribed on a controlled drug form. It has also been added to the Safety List in the Dispensing Frequency rule which automatically enables it to be dispensed more frequently than monthly.

Dabigatran removal of OP restriction and delisting of bottle presentation

The Original Pack (OP) restriction that applies to the bottle presentations of dabigatran (Pradaxa) 110 mg and 150 mg capsules, and to the blister pack of the 75 mg presentation will be removed from 1 July 2012. Pharmacists will no longer be able to claim for an entire pack if dispensing only a portion of the pack.

Boehringer Ingelheim has been supplying Pradaxa in blister packs, listed without an

OP restriction, from 1 April 2012 and has now discontinued supplying the bottle presentation. Bottle presentations of 110mg and 150 mg capsules will be delisted from 1 January 2013.

The restriction that dabigatran will not be funded Close Control in amounts less than 4 weeks of treatment will also be removed from 1 July 2012.



New low dose combined oral contraceptive brand – Ava 20 ED

As a result of the tender there will be a new brand of low dose ethinyloestradiol 20 µg with levonorgestrel 100 µg tablets listing on the Pharmaceutical Schedule. Ava 20 ED (ethinyloestradiol 20 µg ethinyloestradiol with 100 µg levonorgestrel and 7 inert tablets) supplied by Arrow Pharmaceuticals, will be listed fully subsidised from 1 July 2012 and will become the sole subsidised brand from 1 December 2012.

Macrogol 3350 powder – delay in listing

There has been a further delay in the listing of Lax-Sachets brand of macrogol 3350 powder supplied by AFT Pharmaceuticals. This product will now be listed from 1 August 2012, the Movicol brand will now be referenced price from 1 October 2012 and Lax-Sachets will commence sole supply on 1 January 2013.

Upcoming BSF payments for ursodeoxycholic acid and rizatriptan

Brand Switch Fee (BSF) payments for pharmacies will be payable for dispensings of ursodeoxycholic acid (Ursosan) and rizatriptan (Rizamelt) from 1 August 2012 until 1 November 2012.

Sole Supply reinstated for amoxicillin clavulanate (Curam Duo)

From 1 December 2012, Curam Duo will become the sole subsidised brand of amoxicillin clavulanate tablets. The listing of Curam Duo was delayed due to the supplier, Sandoz, being unable to supply at the time. Sandoz began supplying Curam Duo from March 2012. Synermox will be delisted 1 December 2012.



Felodipine long-acting tablet 2.5 mg – removal of restriction

The daily maximum restriction that applies to felodipine 2.5 mg long-acting tablets will be removed from 1 July 2012. The 'no more than 1 tablet per day' restriction will be removed which will permit the subsidy of more than 1 felodipine (Plendil ER) 2.5 mg long-acting tablet per day.

Premature birth formula - Special Authority change

The Special Authority criteria that currently applies to Premature Birth Formula (SA1109), brand name S26LBW Gold RTF, has been amended so that no new approvals will be given for this product. Patients with a current Special Authority approval will continue to be able to access a subsidy for S26LBW Gold RTF and will have ceased treatment when it

S26LBW Gold RFT is ultimately delisted from 1 April 2013.

For new patients an alternative product, Preterm Post-Discharge Infant Formula (S-26 Gold Premgro) was listed fully subsidised under Special Authority criteria from 1 April 2012.

Hospital Sole Supply (HSS) expiry date

The end of June each year sees the expiry of many sole supply contracts. This year is no different. For items listed in Part II of Section H that expire on 30 June 2012, and where there are no further changes to the listing of a product, the HSS expiry have not been reflected in this Update as they have in previous years.



News In brief

- The Regitine brand of **phentolamine mesylate** injection 10 mg per ml will be delisted from 1 January 2013 due to supplier discontinuation.
- From 1 January 2013, the Zerit brand of **stavudine** (D4T) 30 mg capsules will be delisted due to supplier discontinuation. The 40 mg presentation will remain subsidised.
- The Apo-Bromocriptine brand of **bromocriptine** supplied by Apotex will be delisted from 1 January 2013 due to supplier discontinuation. The 2.5 mg capsules will remain listed
- Pfizer's new brand of **atorvastatin** tablets, Zarator, will be listed fully subsidised from 1 August 2012. Zarator has been awarded sole subsidised supply from 1 January 2013. All strengths of atorvastatin brands Lipitor and Dr Reddy's Atorvastatin, will have a subsidy decrease from 1 October 2012 and be delisted from 1 January 2013.
- The subsidy for **candesartan** (Candestar and Atacand) tablets, all strengths, will reduce from 1 August 2012. Candestar has been awarded sole subsidised supply from 1 November 2012. Atacand will be delisted from 1 November 2012. The daily dose dispensing restrictions that currently apply to candesartan will be removed from 1 August 2012. The Special Authority criteria for candesartan will also be amended from 1 August.
- **Eformoterol fumarate** powder for inhalation 6 µg per dose, Oxis Turbuhaler and 12 µg per dose, Foradil, will have a further subsidy decrease from 1 July 2012. This will result in an increased patient part-charge.
- AstraZeneca has changed the price of all its strengths of **metoprolol succinate** long-acting tablets (Betaloc CR). This will result in an increased patient part-charge for most patients as this brand is not fully subsidised. Betaloc CR long-acting tablets will be delisted from 1 September 2012. Metoprolol – AFT CR has been awarded sole subsidised supply from 1 September 2012.
- The price and subsidy for the Elecare brands of **amino acid infant formula** is to be reduced from 1 July 2012. The price and subsidy for Neocate will also decrease from 1 August as a result of reference pricing and a price drop from the supplier. Please note the supplier has notified that it will be reducing the price of Neocate from 12th July. This means that both Elecare and Neocate will remain fully funded.

Tender News

Sole Subsidised Supply changes – effective 1 August 2012

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Bisoprolol fumarate	Tab 2.5 mg; 30 tab	Bosvate (Douglas)
Bisoprolol fumarate	Tab 5 mg; 30 tab	Bosvate (Douglas)
Bisoprolol fumarate	Tab 10 mg; 30 tab	Bosvate (Douglas)
Clindamycin	Cap hydrochloride 150 mg; 16 cap	Clindamycin ABM (ABM)
Metoprolol tartrate	Inj 1 mg per ml, 5 ml; 5 inj	Lopresor (Novartis)
Metoprolol tartrate	Tab 50 mg; 100 tab	Lopresor (Novartis)
Metoprolol tartrate	Tab 100 mg; 60 tab	Lopresor (Novartis)
Metoprolol tartrate	Tab long-acting 200 mg; 28 tab	Slow-Lopresor (Novartis)
Octreotide (somatostatin analogue)	Inj 50 µg per ml, 1 ml; 5 inj	Octreotide MaxRx (Max Health)
Octreotide (somatostatin analogue)	Inj 100 µg per ml, 1 ml; 5 inj	Octreotide MaxRx (Max Health)
Octreotide (somatostatin analogue)	Inj 500 µg per ml, 1 ml; 5 inj	Octreotide MaxRx (Max Health)
Rizatriptan	Tab orodispersible 10 mg; 30 tab	Rizamelt (Mylan)
Tetrabenazine	Tab 25 mg; 112 tab	Motetis (AFT)
Ursodeoxycholic acid	Cap 250 mg; 100 cap	Ursosan (ABM)
Zinc and castor oil	Oint BP; 500 g	Multichem (Multichem)

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.

Decisions for implementation 1 August 2012

- Amino acid formula powder (Neocate and Neocate LCP) 400 g OP, powder tropical (Neocate Advance) 400 g OP, powder unflavoured (Neocate Advance and Neocate Gold) 400 g OP, and powder vanilla (Neocate Advance) 400 g OP – price and subsidy decrease
- Atorvastatin (Zarator) tab 10 mg, 20 mg, 40 mg and 80 mg – new listing
- Candesartan (Candestar and Atacand) tab 4 mg, 8 mg, 16 mg and 32 mg – removal of daily dose restriction, amended Special Authority criteria and subsidy reduction. Candestar will remain fully subsidised
- Rizatriptan (Rizamelt) tab orodispersible 10 mg – brand switch fee
- Ursodeoxycholic acid (Ursosan) tab 250 mg – brand switch fee

Possible decisions for implementation 1 August 2012

- Eformoterol fumarate powder for inhalation 6 µg per dose, breath activated (Oxis Turbuhaler) and powder for inhalation 12 µg per does, and monodose device (Foradil) – removal of repeat rule
- Gefitinib (Iressa) tab 250 mg – new listing with Special Authority criteria
- Ivermectin (Stromectol) tab 3 mg – new listing with Special Authority criteria
- Montelukast sodium (Singulair) tab 10 mg, and chewable tab 4 mg and 5 mg – new listing with Special Authority criteria

Possible decisions for implementation 1 September 2012

- Atorvastatin (Dr Reddy's Atorvastatin) tab 10 mg, 20 mg, 40 mg and 80 mg – subsidy decrease

Sole Subsidised Supply Products – cumulative to July 2012

Generic Name	Presentation	Brand Name	Expiry Date*
Abacavir sulphate	Oral liq 20 mg per ml Tab 300 mg	Ziagen Ziagen	2014
Acetazolamide	Tab 250 mg	Diamox	2014
Aciclovir	Tab dispersible 200 mg, 400 mg & 800 mg	Lovir	2013
Allopurinol	Tab 100 mg & 300 mg	Apo-Allopurinol	2014
Amantadine hydrochloride	Cap 100 mg	Symmetrel	2014
Aminophylline	Inj 25 mg per ml, 10 ml	DBL Aminophylline	2014
Amitriptyline	Tab 25 mg & 50 mg	Amitrip	2014
Amlodipine	Tab 2.5 mg Tab 5 mg & 10 mg	Apo-Amlodipine Apo-Amlodipine	2014
Amoxicillin	Inj 250 mg, 500 mg & 1 g Cap 250 mg & 500 mg	Ibiamox Alphamox	2014 2013
Aqueous cream	Crn	AFT	2014
Ascorbic acid	Tab 100 mg	Vitala-C	2013
Aspirin	Tab 100 mg Tab dispersible 300 mg	Ethics Aspirin EC Ethics Aspirin	2013
Azathioprine	Tab 50 mg Inj 50 mg	Imuprine Imuran	2013
Bendrofluazide	Tab 2.5 mg & 5 mg	Arrow- Bendrofluazide	2014
Benzylpenicillin sodium (Penicillin G)	Inj 600 mg	Sandoz	2014
Betaxolol hydrochloride	Eye drops 0.5% Eye drops 0.25%	Betoptic Betoptic S	2014
Bicalutamide	Tab 50 mg	Bicalaccord	2014
Bisacodyl	Tab 5 mg	Lax-Tab	2013
Calcitonin	Inj 100 iu per ml, 1 ml	Miacalcic	2014
Calcium carbonate	Tab 1.25 g (500 mg elemental) Tab eff 1.75 g (1 g elemental)	Arrow-Calcium Calsource	2014
Calcium folinate	Tab 15 mg	DBL Leucovorin Calcium	2014
Captopril	Tab 12.5 mg, 25 mg & 50 mg Oral liq 5 mg per ml	m-Captopril Capoten	2013
Cefaclor monohydrate	Grans for oral liq 125 mg per 5 ml	Ranbaxy-Cefaclor	2013
Cefazolin sodium	Inj 500 mg & 1 g	AFT	2014
Ceftriaxone sodium	Inj 500 mg Inj 1 g	Veracol Aspen Ceftriaxone	2013
Cefuroxime sodium	Inj 750 mg	Multichem	2014
Cetomacrogol	Crn BP	PSM	2013

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

Sole Subsidised Supply Products – cumulative to July 2012

Generic Name	Presentation	Brand Name	Expiry Date*
Cetirizine hydrochloride	Oral liq 1 mg per ml Tab 10 mg	Cetirizine - AFT Zetop	2014
Chlorhexidine gluconate	Soln 4%	Orion	2014
Cilazapril	Tab 0.5 mg, 2.5 mg & 5 mg	Zapril	2013
Cilazapril with hydrochlorothiazide	Tab 5 mg with hydrochlorothiazide 12.5 mg	Inhibace Plus	2013
Ciprofloxacin	Tab 250 mg, 500 mg & 750 mg	Cipflox	2014
Citalopram hydrobromide	Tab 20 mg	Arrow-Citalopram	2014
Clarithromycin	Tab 500 mg Tab 250 mg	Apo-Clarithromycin Apo-Clarithromycin	2014
Clopidogrel	Tab 75 mg	Apo-Clopidogrel	2013
Clotrimazole	Crn 1% Vaginal crm 1% with applicator Vaginal crm 2% with applicator	Clomazol Clomazol Clomazol	2014 2013
Coal tar	Soln BP	Midwest	2013
Colchicine	Tab 500 µg	Colgout	2013
Compound electrolytes	Powder for soln for oral use 4.4 g	Electral	2013
Cyclophosphamide	Tab 50 mg	Cycloblastin	2013
Cyproterone acetate with ethinylloestradiol	Tab 2 mg with ethinylloestradiol 35 µg and 7 inert tabs	Ginet 84	2014
Desmopressin	Nasal spray 10 µg per dose	Desmopressin-PH&T	2014
Dexamethasone	Eye oint 0.1% Eye drops 0.1%	Maxidex Maxidex	2014 2013
Dexamethasone sodium phosphate	Inj 4 mg per ml, 1 ml & 2 ml	Hospira	2013
Dexamethasone with neomycin and polymyxin b sulphate	Eye oint 0.1% with neomycin sulphate 0.35% and polymyxin B sulphate 6,000 u per g Eye drops 0.1% with neomycin sulphate 0.35% and polymyxin B sulphate 6,000 u per ml	Maxitrol Maxitrol	2014
Dextrose	Inj 50%, 10 ml	Biomed	2014
Dextrose with electrolytes	Soln with electrolytes	Pedialyte – Fruit Pedialyte – Bubblegum Pedialyte – Plain	2013
Diclofenac sodium	Inj 25 mg per ml, 3 ml Eye drops 1 mg per ml Suppos 12.5 mg, 25 mg, 50 mg & 100 mg	Voltaren Voltaren Ophtha Voltaren	2014
Dihydrocodeine tartrate	Tab long-acting 60 mg	DHC Continus	2013
Dipyridamole	Tab long-acting 150 mg	Pytazen SR	2014

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Sole Subsidised Supply Products – cumulative to July 2012

Generic Name	Presentation	Brand Name	Expiry Date*
Docusate sodium	Cap 50 mg Cap 120 mg	Laxofast 50 Laxofast 120	2014
Docusate sodium with sennosides	Tab 50 mg with total sennosides 8 mg	Laxsol	2013
Doxazosin mesylate	Tab 2 mg & 4 mg	Apo-Doxazosin	2014
Doxycycline hydrochloride	Tab 100 mg	Doxine	2014
Emulsifying ointment	Oint BP	AFT	2014
Ergometrine maleate	Inj 500 µg per ml, 1 ml	DBL Ergometrine	2014
Escitalopram	Tab 10 mg & 20 mg	Loxalate	2013
Exemestane	Tab 25 mg	Aromasin	2014
Fentanyl	Transdermal patch 12.5 µg per hour, 25 µg per hour, 50 µg per hour, 75 µg per hour, 100 µg per hour	Mylan Fentanyl Patch	2013
Ferrous sulphate	Oral liq 30 mg per 1 ml (6 mg elemental per 1 ml)	Ferodan	2013
Finasteride	Tab 5 mg	Rex Medical	2014
Flucloxacillin sodium	Inj 250 mg, 500 mg & 1 g	Flucloxin	2014
Fluconazole	Cap 50 mg, 150 mg & 200 mg	Ozole	2014
Fluoxetine hydrochloride	Cap 20 mg Tab dispersible 20 mg, scored	Fluox Fluox	2013
Flutamide	Tab 250 mg	Flutamin	2013
Fluticasone propionate	Metered aqueous nasal spray, 50 µg per dose	Flixonase Hayfever & Allergy	31/1/13
Furosemide	Inj 10 mg per ml, 2 ml	Frusemide-Claris	2013
Fusidic acid	Crn 2% Oint 2%	Foban Foban	2013
Gabapentin	Cap 100 mg, 300 mg & 400 mg	Nupentin	31/7/12
Gemfibrozil	Tab 600 mg	Lipazil	2013
Gliclazide	Tab 80 mg	Apo-Gliclazide	2014
Glycerol	Liquid	healthE	2013
Glyceryl trinitrate	Aerosol spray 400 µg per dose TDDS 5 mg & 10 mg Tab 600 µg	Glytrin Nitroderm TTS Lycinate	2014
Haloperidol	Inj 5 mg per ml, 1 ml Oral liq 2 mg per ml Tab 500 µg, 1.5 mg & 5 mg	Serenace Serenace Serenace	2013
Hydrocortisone	Crn 1% Powder Inj 50 mg per ml, 1 ml	Pharmacy Health ABM Solu-Cortef	2014 2013

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

Sole Subsidised Supply Products – cumulative to July 2012

Generic Name	Presentation	Brand Name	Expiry Date*
Hydrocortisone with miconazole	Crn 1% with miconazole nitrate 2%	Micreme H	2013
Hydrocortisone with wool fat and mineral oil	Lotn 1% with wool fat hydrous 3% and mineral oil	DP Lotn HC	2014
Hyoscine N-butylbromide	Inj 20 mg, 1 ml Tab 10 mg	Buscopan Gastrosoothe	2014
Ibuprofen	Tab 200 mg	Arrowcare	2014
	Tab long-acting 800 mg	Brufen SR	2013
	Oral liq 100 mg per 5 ml	Fenpaed	
Imiquimod	Crn 5%	Aldara	2014
Indapamide	Tab 2.5 mg	Dapa-Tabs	2013
Ipratropium bromide	Aqueous nasal spray, 0.03%, 15 ml OP	Univent	2013
	Nebuliser soln, 250 µg per ml, 1 ml & 2 ml	Univent	
Iron polymaltose	Inj 50 mg per ml, 2 ml	Ferrum H	2014
Isosorbide mononitrate	Tab 20 mg	Ismo 20	2014
	Tab long-acting 40 mg	Corangin	
Itraconazole	Cap 100 mg	Itrazole	2013
Ketoconazole	Shampoo 2%	Sebizole	2014
Lactulose	Oral liq 10 g per 15 ml	Laevolac	2013
Lamivudine	Oral liq 10 mg per ml	3TC	2013
	Tab 150 mg	3TC	
Levonorgestrel	Subdermal implant (2 x 75 mg rods)	Jadelle	31/12/13
Lignocaine hydrochloride	Viscous soln 2%	Xylocaine Viscous Xylocaine	2014
	Inj 1%, 5 ml & 20 ml		2013
Lignocaine with prilocaine	Crn 2.5% with prilocaine 2.5% (5 g tubes)	EMLA	2013
	Crn 2.5% with prilocaine 2.5%; 30 g OP	EMLA	
Lithium carbonate	Cap 250 mg	Douglas	2014
Lodoxamide trometamol	Eye drops 0.1%	Lomide	2014
Loperamide hydrochloride	Cap 2 mg	Diamide Relief	2013
Loratadine	Oral liq 1 mg per ml	Lorapaed Loraclear Hayfever Relief	2013
	Tab 10 mg		
Lorazepam	Tab 1 mg & 2.5 mg	Ativan	2013
Losartan	Tab 12.5 mg, 25 mg, 50 mg & 100 mg	Lostaar	2014
Losartan with hydrochlorothiazide	Tab 50 mg with hydrochlorothiazide 12.5 mg	Arrow-Losartan & Hydrochlorothiazide	2014

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Sole Subsidised Supply Products – cumulative to July 2012

Generic Name	Presentation	Brand Name	Expiry Date*
Malathion	Liq 0.5% Shampoo 1%	A-Lices A-Lices	2013
Mask for spacer device	Size 2	EZ-fit Paediatric Mask	2015
Mebendazole	Tab 100 mg	De-Worm	2014
Mebeverine hydrochloride	Tab 135 mg	Colofac	2014
Mercaptopurine	Tab 50 mg	Purinethol	2013
Mesalazine	Suppos 500 mg	Asacol	2014
Methadone hydrochloride	Tab 5 mg	Methatabs	2013
Methotrexate	Inj 25 mg per ml, 2 ml & 20 ml	Hospira	2013
Metoclopramide hydrochloride	Inj 5 mg per ml, 2 ml Tab 10 mg	Pfizer Metamide	2014
Miconazole nitrate	Crn 2%	Multichem	2014
Morphine sulphate	Inj 5 mg per ml, 1 ml	DBL Morphine Sulphate	2014
	Inj 10 mg per ml, 1 ml	DBL Morphine Sulphate	
	Inj 15 mg per ml, 1 ml	DBL Morphine Sulphate	
	Inj 30 mg per ml, 1 ml	DBL Morphine Sulphate	
	Tab long-acting 10 mg, 30 mg, 60 mg & 100 mg Cap long-acting 10 mg, 30 mg, 60 mg & 100 mg	Arrow-Morphine LA m-Elson	2013
Morphine tartrate	Inj 80 mg per ml, 1.5 ml & 5 ml	Hospira	2013
Mucilaginous laxatives	Dry	Konsyl-D	2013
Naphazoline hydrochloride	Eye drops 0.1%	Naphcon Forte	2014
Naltrexone hydrochloride	Tab 50 mg	Naltraccord	2013
Neostigmine	Inj 2.5 mg per ml, 1 ml	AstraZeneca	2014
Nicotine	Gum 2 mg & 4 mg (classic, fruit, mint)	Habitrol	2014
	Lozenge 1 mg & 2 mg	Habitrol	
	Patch 7 mg, 14 mg & 21 mg	Habitrol	
Nicotinic acid	Tab 50 mg & 500 mg	Apo-Nicotinic Acid	2014
Norfloxacin	Tab 400 mg	Arrow-Norfloxacin	2014
Norethisterone	Tab 5 mg	Primolut N28	2014
Nystatin	Oral liq 100,000 u per ml	Nilstat	2014
	Cap 500,000 u	Nilstat	2013
	Tab 500,000 u	Nilstat	

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Sole Subsidised Supply Products – cumulative to July 2012

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
Ondansetron	Tab disp 4 mg & 8 mg Tab 4 mg & 8 mg	Dr Reddy's Ondansetron Dr Reddy's Ondansetron	2013
Oxazepam	Tab 10 mg & 15 mg	Ox-Pam	2014
Pantoprazole	Inj 40 mg Tab 20 mg & 40 mg	Pantocid IV Dr Reddy's Pantoprazole	2014 2013
Paracetamol	Tab 500 mg Oral liq 120 mg per 5 ml Oral liq 250 mg per 5 ml	Parafast Ethics Paracetamol Paracare Double Strength	2014
Paracetamol with codeine	Tab paracetamol 500 mg with codeine phosphate 8 mg	Paracetamol + Codeine (Relieve)	2014
Paraffin liquid with soft white paraffin	Eye oint with soft white paraffin	Lacri-Lube	2013
Paroxetine hydrochloride	Tab 20 mg	Loxamine	2013
Peak flow meter	Low range & normal range	Breath-Alert	2015
Pegylated interferon alpha-2A	Inj 135 µg prefilled syringe Inj 180 µg prefilled syringe Inj 135 µg prefilled syringe x 4 with ribavirin tab 200 mg x 112 Inj 135 µg prefilled syringe x 4 with ribavirin tab 200 mg x 168 Inj 180 µg prefilled syringe x 4 with ribavirin tab 200 mg x 112 Inj 180 µg prefilled syringe x 4 with ribavirin tab 200 mg x 168	Pegasys Pegasys Pegasys RBV Combination Pack Pegasys RBV Combination Pack Pegasys RBV Combination Pack Pegasys RBV Combination Pack	31/12/12
Pergolide	Tab 0.25 mg & 1 mg	Permax	2014
Permethrin	Crm 5% Lotn 5%	Lyderm A-Scabies	2014
Pethidine hydrochloride	Inj 50 mg per ml, 1 ml Inj 50 mg per ml, 2 ml	DBL Pethidine Hydrochloride DBL Pethidine Hydrochloride	2014
Phenoxymethylpenicillin (Pencillin V)	Cap potassium salt 250 mg & 500 mg Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml	Cilicaine VK AFT AFT	2013
Poloxamer	Oral drops 10%	Coloxyl	2014
Pramipexole hydrochloride	Tab 0.125 mg & 0.25 mg	Dr Reddy's Pramipexole	2013

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Sole Subsidised Supply Products – cumulative to July 2012

Generic Name	Presentation	Brand Name	Expiry Date*
Pravastatin	Tab 20 mg & 40 mg	Cholvastin	2014
Procaine penicillin	Inj 1.5 mega u	Cilicaine	2014
Pyridostigmine bromide	Tab 60 mg	Mestinon	2014
Pyridoxine hydrochloride	Tab 25 mg Tab 50 mg	PyridoxADE Apo-Pyridoxine	2014
Ranitidine hydrochloride	Oral liq 150 mg per 10 ml Tab 150 mg & 300 mg	Peptisooth Arrow-Ranitidine	2014
Rifabutin	Cap 150 mg	Mycobutin	2013
Ropinirole hydrochloride	Tab 0.25 mg, 1 mg, 2 mg & 5 mg	Ropin	2013
Sertraline	Tab 50 mg & 100 mg	Arrow-Sertraline	2013
Simvastatin	Tab 10 mg Tab 20 mg Tab 40 mg Tab 80 mg	Arrow-Simva 10mg Arrow-Simva 20mg Arrow-Simva 40mg Arrow-Simva 80mg	2014
Sodium chloride	Inj 23.4%, 20 ml	Biomed	2013
Sodium citrate with sodium lauryl sulphoacetate	Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml	Micolette	2013
Sodium citro-tartrate	Grans effervescent 4 g sachets	Ural	2013
Sodium cromoglycate	Eye drops 2%	Rexacrom	2013
Somatropin	Inj cartridge 16 iu (5.3 mg) Inj cartridge 36 iu (12 mg)	Genotropin Genotropin	31/12/12
Spacer device	800 ml 230 ml (single patient)	Volumatic Space Chamber Plus	2015
Spirolactone	Tab 25 mg & 100 mg	Spirotone	2013
Sumatriptan	Inj 12 mg per ml, 0.5 ml Tab 50 mg & 100 mg	Arrow-Sumatriptan Arrow-Sumatriptan	2013
Tamoxifen citrate	Tab 20 mg	Genox	2014
Tamsulosin hydrochloride	Cap 400 µg	Tamsulosin-Rex	2013
Tar with triethanolamine lauryl sulphate and fluorescein	Soln 2.3% with triethanolamine lauryl sulphate and fluorescein sodium, 500 ml & 1,000 ml	Pinetarsol	2014
Temazepam	Tab 10 mg	Normison	2014
Temozolomide	Cap 5 mg, 20 mg, 100 mg & 250 mg	Temaccord	2013
Terazosin hydrochloride	Tab 1 mg, 2 mg & 5 mg	Arrow	2013
Terbinafine	Tab 250 mg	Dr Reddy's Terbinafine	2014
Testosterone cypionate	Inj long-acting 100 mg per ml, 10 ml	Depo-Testosterone	2014
Tetracosactrin	Inj 250 µg Inj 1 mg per ml, 1 ml	Synacthen Synacthen Depot	2014

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Sole Subsidised Supply Products – cumulative to July 2012

Generic Name	Presentation	Brand Name	Expiry Date*
Timolol maleate	Eye drops 0.25% & 0.5%	Arrow-Timolol	2014
Tobramycin	Eye drops 0.3% Eye oint 0.3% Inj 40 mg per ml, 2 ml	Tobrex Tobrex DBL Tobramycin	2014
Tolcapone	Tab 100 mg	Tasmar	2014
Tramadol hydrochloride	Cap 50 mg	Arrow-Tramadol	2014
Triamcinolone acetonide	Inj 10 mg per ml, 1 ml Inj 40 mg per ml, 1 ml Crm 0.02% Oint 0.02% 0.1% in Dental Paste USP	Kenacort-A Kenacort-A40 Aristocort Aristocort Oracort	2014
Tranexamic acid	Tab 500 mg	Cyklokapron	2013
Tropicamide	Eye drops 0.5% & 1%	Mydriacyl	2014
Tyloxapol	Eye drops 0.25%	Enuclene	2014
Vancomycin hydrochloride	Inj 500 mg	Mylan	2014
Verapamil hydrochloride	Tab 40 mg & 80 mg	Isoptin	2014
Vitamin B complex	Tab, strong, BPC	B-PlexADE	2013
Vitamins	Tab (BPC cap strength)	MultiADE	2013
Zidovudine [AZT]	Cap 100 mg Oral liq 10 mg per ml	Retrovir Retrovir	2013
Zinc sulphate	Caps 137.4 mg (50 mg elemental)	Zincaps	2014
Zopiclone	Tab 7.5 mg	Apo-Zopiclone	2014

July changes in bold

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

Check your Schedule for full details
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New Listings

Effective 1 July 2012

30	INSULIN ASPART ▲ Inj 100 iu per ml, 3 ml prefilled pen	52.15	5	✓ NovoMix 30 FlexPen
53	FELODIPINE * Tab long-acting 5 mg	3.10	30	✓ Plendil ER
	* Tab long-acting 10 mg	4.60	30	✓ Plendil ER
69	ETHINYLOESTRADIOL WITH LEVONORGESTREL * Tab 20 µg with levonorgestrel 100 µg and 7 inert tab – Up to 84 tab available on a PSO	2.95	84	✓ Ava 20 ED
96	BACILLUS CALMETTE-GUERIN VACCINE – Hospital pharmacy [Xpharm] Inj multi-dose vial (10 dose) 0.5 ml	0.00	1	✓ BCG Vaccine
	For infants at increased risk of tuberculosis. Increased risk is defined as: 1) living in a house or family with a person with current or past history of TB or 2) have one or more household members or carers who within the last 5 years lived in a country with a rate of TB > or equal to 40 per 100,000 for 6 months or longer or 3) during their first 5 years will be living 3 months or longer in a country with a rate of TB > or equal to 40 per 100,000 Note a list of countries with high rates of TB are available at www.moh.govt.nz/immunisation or www.bcgatlas.org/index.php			
96	DIPHTHERIA AND TETANUS VACCINE – Hospital pharmacy [Xpharm] Inj 0.5 ml.....	0.00	1	✓ ADT Booster
	For adults aged 45 and 65 years old.			
96	DIPHTHERIA, TETANUS, AND PERTUSSIS VACCINE – Hospital pharmacy [Xpharm] Inj 0.5 ml.....	0.00	1	✓ Boostrix
	For children aged 11 years old.			
96	DIPHTHERIA, TETANUS, PERTUSSIS, AND POLIO VACCINE – Hospital pharmacy [Xpharm] Inj 0.5 ml.....	0.00	1	✓ Infanrix-IPV
	For children aged 4 years old.			
96	DIPHTHERIA, TETANUS, PERTUSSIS, POLIO, HEPATITIS B, AND HAEMOPHILUS INFLUENZAE TYPE B VACCINE – Hospital pharmacy [Xpharm] Inj 0.5 ml.....	0.00	1	✓ Infanrix-hexa
	For children aged 6 weeks, 3 months, and 5 months old.			
96	HAEMOPHILUS INFLUENZAE TYPE B VACCINE – Hospital pharmacy [Xpharm] Inj 0.5 ml.....	0.00	1	✓ Act-HIB
	For children aged 15 months old, children aged 0-16 years with functional asplenia, or for patients pre- and post-splenectomy.			
96	HUMAN PAPILOMAVIRUS VACCINE – Hospital pharmacy [Xpharm] Inj 0.5 ml.....	0.00	1	✓ Gardasil
	Three doses over a period of six months for young women aged between 12 and 19 years old.			
96	HEPATITIS B VACCINE – Hospital pharmacy [Xpharm] Inj 0.5 ml.....	0.00	1	✓ HBvaxPro
	For household or sexual contacts of known hepatitis B carriers.			

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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New Listings - effective 1 July 2012 (continued)

96	MEASLES, MUMPS AND RUBELLA VACCINE – Hospital pharmacy [Xpharm] Inj 0.5 ml.....0.00	1	✓ M-M-R II
For children aged 15 months and 4 years old or for any individual susceptible to measles, mumps or rubella.			
96	MENINGOCOCCAL A, C, Y AND W-135 VACCINE – Hospital pharmacy [Xpharm] Inj 0.5 ml.....0.00	1	✓ Menomune
For patients pre-and post-splenectomy or children aged 0-16 years with functional asplenia.			
96	PNEUMOCOCCAL (PCV13) VACCINE – Hospital pharmacy [Xpharm] Inj 0.5 ml.....0.00	1	✓ Prevenar 13
For high risk children under the age of 5			
96	PNEUMOCOCCAL VACCINE – Hospital pharmacy [Xpharm] Inj 0.5 ml.....0.00	1	✓ Synflorix
For children aged 6 weeks, 3 months, 5 months, and 15 months old.			
96	PNEUMOCOCCAL POLYSACCHARIDE VACCINE – Hospital pharmacy [Xpharm] Inj 0.5 ml.....0.00	1	✓ Pneumovax 23
For patients pre-and post-splenectomy or children aged 0-16 years with functional asplenia.			
138	BUPRENORPHINE WITH NALOXONE – Special Authority see SA1203 – Retail pharmacy a) Only on a controlled drug form b) No patient co-payment payable		
	Tab sublingual 2 mg with naloxone 0.5 mg	57.40	28 ✓ Suboxone
	Tab sublingual 8 mg with naloxone 2 mg	166.00	28 ✓ Suboxone
<p>▶ SA1203 Special Authority for Subsidy</p> <p>Initial application - (Detoxification) from any medical practitioner. Approvals valid for 1 month for applications meeting the following criteria:</p> <p>All of the following:</p> <ol style="list-style-type: none"> 1 Patient is opioid dependent; and 2 Patient is currently engaged with an opioid treatment service approved by the Ministry of Health; and 3 Applicant works in an opioid treatment service approved by the Ministry of Health. <p>Initial application - (Maintenance treatment) from any medical practitioner. Approvals valid for 12 months for applications meeting the following criteria:</p> <p>All of the following:</p> <ol style="list-style-type: none"> 1 Patient is opioid dependent; and 2 Patient will not be receiving methadone; and 3 Patient is currently enrolled in an opioid substitution treatment program in a service approved by the Ministry of Health; and 4 Applicant works in an opioid treatment service approved by the Ministry of Health. <p>Renewal – (Detoxification) from any medical practitioner. Approvals valid for 1 month for applications meeting the following criteria:</p> <p>All of the following:</p> <ol style="list-style-type: none"> 1 Patient is opioid dependent; and 2 Patient has previously trialled but failed detoxification with buprenorphine with naloxone with relapse back into opioid use and another attempt is planned; and 3 Patient is currently engaged with an opioid treatment service approved by the Ministry of Health; and 4 Applicant works in an opioid treatment service approved by the Ministry of Health. <p>Renewal - (Maintenance treatment) from any medical practitioner. Approvals valid for 12 months for applications meeting the following criteria:</p> <p>All of the following:</p>			

continued...

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

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

Check your Schedule for full details
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New Listings - effective 1 July 2012 (continued)

continued...

- 1 Patient is or has been receiving maintenance therapy with buprenorphine with naloxone (and is not receiving methadone); and
- 2 Patient is currently enrolled in an opioid substitution program in a service approved by the Ministry of Health; and
- 3 Applicant works in an opioid treatment service approved by the Ministry of Health or is a medical practitioner authorised by the service to manage treatment in this patient.

Renewal - (Maintenance treatment where the patient has previously had an initial application for detoxification) from any medical practitioner. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

- 1 Patient received but failed detoxification with buprenorphine with naloxone; and
- 2 Maintenance therapy with buprenorphine with naloxone is planned (and patient will not be receiving methadone); and
- 3 Patient is currently enrolled in an opioid substitution program in a service approved by the Ministry of Health; and
- 4 Applicant works in an opioid treatment service approved by the Ministry of Health.

Effective 1 June 2012

31	SODIUM NITROPRUSSIDE – Maximum of 50 strip per prescription Test strip – Not on a BSO	6.00	50 strip OP	✓ Accu-Chek Ketur-Test
81	AZITHROMYCIN Grans for oral liq 200 mg per 5 ml - Subsidy by endorsement.....	13.20	15 ml	✓ Zithromax
	a) Maximum of 5 days per prescription where the patient is less than one year old; and			
	b) Patient has pertussis and this has been notified to the Medical Officer of Health; or			
	c) Patient has had direct contact with a notified case of pertussis and requires prophylaxis;			
	d) And the prescription is endorsed accordingly (note treatment and prophylaxis of pertussis are unapproved indications)			
98	AURANOFIN Tab 3 mg	68.99	60	✓ Ridaura S29 S29
140	OXALIPLATIN – PCT only – Specialist – Special Authority see SA0900 Inj 50 mg	15.32	1	✓ Oxaliplatin Actavis 50
	Inj 100 mg	25.01	1	✓ Oxaliplatin Actavis 100
147	EPIRUBICIN – PCT only – Specialist Inj 2 mg per ml, 25 ml	39.38	1	✓ DBL Epirubicin Hydrochloride
	Inj 2 mg per ml, 50 ml	58.20	1	✓ DBL Epirubicin Hydrochloride
	Inj 2 mg per ml, 100 ml	94.50	1	✓ DBL Epirubicin Hydrochloride

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 May 2012

51	BISOPROLOL FUMARATE			
	Tab 2.5 mg	3.88	30	✓Bosvate
	Tab 5 mg	4.74	30	✓Bosvate
	Tab 10 mg	9.18	30	✓Bosvate
77	PROPYLTHIOURACIL – Special Authority see SA1199 – Retail Pharmacy			
	Tab 50 mg	35.00	100	✓PTU S29
	<p>▶ SA1199 Special Authority for Subsidy Initial application only from any relevant practitioner. Approvals valid for 2 years for applications meeting the following criteria: Both: 1 The patient has hyperthyroidism; and 2 The patient is intolerant of carbimazole or carbimazole is contraindicated. Renewal from any relevant practitioner. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefitting from the treatment.</p>			
170	BRIMONIDINE TARTRATE			
	* Eye Drops 0.2%.....	6.45	5 ml OP	✓Arrow-Brimonidine

New Listings – effective 13 April 2012

140	CARBOPLATIN – PCT only – Specialist			
	Inj 10 mg per ml, 45 ml	50.00	1	✓DBL Carboplatin

Effective 1 April 2012

147	DOXORUBICIN – PCT only – Specialist			
	Inj 50 mg	40.00	1	✓DBL Doxorubicin
164	SALBUTAMOL			
	‡ Oral liq 2 mg per 5 ml.....	1.99	150 ml	✓Ventolin

▲ 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 July 2012

43	DABIGATRAN Dabigatran will not be funded Close Control in amounts less than 4 weeks of treatment.			
	Cap 75 mg – No more than 2 cap per day.....	148.00	60 0P	✓ Pradaxa
	Cap 110 mg.....	148.00	60	✓ Pradaxa
			60 0P	✓ Pradaxa
	Cap 150 mg	148.00	60 0P	✓ Pradaxa
			60	✓ Pradaxa
53	FELODIPINE * Tab long-acting 2.5 mg – No more than 1 tab per day.....	2.90	30	✓ Plendil ER
139	NICOTINE Nicotine will not be funded Close Control under the dispensing frequency rule in amounts less than 4 weeks of treatment.			
	Patch 7 mg – Up to 28 patch available on a PSO	18.13	28	✓ Habitrol
	Patch 14 mg – Up to 28 patch available on a PSO	18.81	28	✓ Habitrol
	Patch 21 mg – Up to 28 patch available on a PSO	19.14	28	✓ Habitrol
	Lozenge 1 mg – Up to 216 loz available on a PSO.....	19.94	216	✓ Habitrol
	Lozenge 2 mg – Up to 216 loz available on a PSO.....	24.27	216	✓ Habitrol
	Gum 2 mg (Classic) – Up to 384 piece available on a PSO.....	36.47	384	✓ Habitrol
	Gum 2 mg (Fruit) – Up to 384 piece available on a PSO	36.47	384	✓ Habitrol
	Gum 2 mg (Mint) – Up to 384 piece available on a PSO	36.47	384	✓ Habitrol
	Gum 4 mg (Classic) – Up to 384 piece available on a PSO.....	42.04	384	✓ Habitrol
	Gum 4 mg (Fruit) – Up to 384 piece available on a PSO	42.04	384	✓ Habitrol
	Gum 4 mg (Mint) – Up to 384 piece available on a PSO	42.04	384	✓ Habitrol
139	VARENICLINE TARTRATE – Special Authority see SA1161 – Retail pharmacy			
	a) Varenicline will not be funded Close Control under the dispensing frequency rule in amounts less than 2 weeks of treatment.			
	b) A maximum of 3 months' varenicline will be subsidised on each Special Authority approval.			
	Tab 1 mg	67.74	28	✓ Champix
		135.48	56	✓ Champix
	Tab 0.5 mg × 11 and 1 mg × 14	60.48	25 OP	✓ Champix
199	PREMATURE BIRTH FORMULA – Special Authority see SA1221††09 – Hospital pharmacy [HP3]			
	Liquid.....	0.75	100 ml OP	✓ S26LBW Gold RTF
	▶ SA1221††09 Special Authority for Subsidy			
	Initial application only from a dietician, relevant specialist or vocationally registered general practitioner. Approvals valid for 6 months where the patient is infant weighing less than 1.5 kg at birth. Note: Subsidy for patients approved prior to 1 July 2012. Approvals valid for 6 months. No new approvals will be granted from 1 July 2012.			

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 July 2012 (continued)

199	AMINO ACID FORMULA – Special Authority see SA12191111 – Hospital pharmacy [HP3]		
	Powder	6.00	48.5 g OP ✓ Vivonex Pediatric
		56.00	400 g OP ✓ Neocate
			✓ Neocate LCP
	Powder (tropical)	56.00	400 g OP ✓ Neocate Advance
	Powder (unflavoured)	53.00	400 g OP ✓ Elecare
			✓ Elecare LCP
		56.00	✓ Neocate Advance
			✓ Neocate Gold
	Powder (vanilla)	53.00	400 g OP ✓ Elecare

▶ SA12191111 Special Authority for Subsidy

Initial application — (Transition from Old Form (SA0603)) only from a dietitian, relevant specialist, vocationally-registered

general practitioner or general practitioner on the recommendation of a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 6 months for applications meeting the following criteria: All of the following:

- 1—The patient is currently receiving funded amino acid formula under Special Authority form SA0603; and
- 2—An assessment as to whether the infant can be transitioned to a cows milk protein, soy, or extensively hydrolysed infant formula has been undertaken; and
- 3—The outcome of the assessment is that the infant continues to require an amino acid infant formula; and
- 4—General Practitioners must include the name of the dietitian, relevant specialist or vocationally-registered general practitioner and the date contacted.

Initial application only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 6 months for applications meeting the following criteria:

Any of the following:

- 1 Extensively hydrolysed formula has been reasonably trialled and is inappropriate due to documented severe intolerance or allergy or malabsorption; or
- 2 History of anaphylaxis to cows milk protein formula or dairy products; or
- 3 Eosinophilic oesophagitis.

Renewal only from a dietitian, relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

- 1 An assessment as to whether the infant can be transitioned to a cows milk protein, soy, or extensively hydrolysed infant formula has been undertaken; and
- 2 The outcome of the assessment is that the infant continues to require an amino acid infant formula; and
- 3 General Practitioners must include the name of the dietitian, relevant specialist or vocationally registered general practitioner and date contacted.

200	EXTENSIVELY HYDROLYSED FORMULA – Special Authority see SA12201112 – Hospital pharmacy [HP3]		
	Powder	15.21	450 g OP ✓ Pepti Junior Gold

▶ SA12201112 Special Authority for Subsidy

Initial application — (Transition from Old Form (SA0603)) only from a dietitian, relevant specialist, vocationally-registered general practitioner or general practitioner on the recommendation of a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 6 months for applications meeting the following criteria:

Either:

1—All of the following:

- 1.1 The infant is currently receiving funded amino acid formula under Special Authority form SA0603; and
- 1.2 The infant is to be trialled on, or transitioned to, an extensively hydrolysed formula; 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

Changes to Restrictions - effective 1 July 2012 (continued)

continued...

- 1.3 General Practitioners must include the name of the dietitian, relevant specialist or vocationally registered general practitioner and the date contacted; or
- 2 All of the following:
 - 2.1 The patient is currently receiving funded extensively hydrolysed formula under Special Authority form SA0603; and
 - 2.2 An assessment as to whether the infant can be transitioned to a cows milk protein or soy infant formula has been undertaken; and
 - 2.3 The outcome of the assessment is that the infant continues to require an extensively hydrolysed infant formula; and
 - 2.4 General Practitioners must include the name of the dietitian, relevant specialist or vocationally registered general practitioner and the date contacted.

Initial application only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 6 months for applications meeting the following criteria:

Any of the following:

- 1 Both:
 - 1.1 Cows milk formula is inappropriate due to severe intolerance or allergy to its protein content; and
 - 1.2 Either:
 - 1.2.1 Soy milk formula has been trialled without resolution of symptoms; or
 - 1.2.2 Soy milk formula is considered clinically inappropriate or contraindicated; or
- 2 Severe malabsorption; or
- 3 Short bowel syndrome; or
- 4 Intractable diarrhea; or
- 5 Biliary atresia; or
- 6 Cholestatic liver diseases causing malabsorption; or
- 7 Chylous ascite; or
- 8 Chylothorax; or
- 9 Cystic fibrosis; or
- 10 Proven fat malabsorption; or
- 11 Severe intestinal motility disorders causing significant malabsorption; or
- 12 Intestinal failure.

Renewal only from a dietitian, relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

- 1 An assessment as to whether the infant can be transitioned to a cows milk protein or soy infant formula has been undertaken; and
- 2 The outcome of the assessment is that the infant continues to require an extensively hydrolysed infant formula; and
- 3 General Practitioners must include the name of the dietitian, relevant specialist or vocationally registered general practitioner and date contacted.

Renewal —(Step Down from Amino Acid Formula) only from a dietitian, relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a dietitian, relevant specialist or vocationally registered general practitioner.

Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

- 1 The infant is currently receiving funded amino acid formula; and
- 2 The infant is to be trialled on, or transitioned to, an extensively hydrolysed formula; and
- 3 General Practitioners must include the name of the dietitian, relevant specialist or vocationally registered general practitioner and the date contacted.

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 June 2012

26	ALUMINIUM HYDROXIDE (addition of stat dispensing) * Tab 600 mg	12.56	100	✓ Alu-Tab
31	PIOGLITAZONE – Special Authority see SA0959 – Retail pharmacy (addition of stat dispensing) * Tab 15 mg	2.61	28	✓ Pizaccord
	* Tab 30 mg	5.23	28	✓ Pizaccord
	* Tab 45 mg	7.80	28	✓ Pizaccord
37	ALFACALCIDOL (addition of stat dispensing) * Cap 0.25 µg	26.32	100	✓ One-Alpha
	* Cap 1 µg	87.98	100	✓ One-Alpha
	* Oral drops 2 µg per ml	60.68	20 ml OP	✓ One-Alpha
37	MULTIVITAMINS – Special Authority see SA1036 – Retail pharmacy (addition of stat dispensing) * Powder	72.00	200 g OP	✓ Paediatric Seravit
37	VITAMIN A WITH VITAMINS D AND C (addition of stat dispensing) * Soln 1000 u with Vitamin D 400 u and ascorbic acid 30 mg per 10 drops	4.50	10 ml OP	✓ Vitadol C
38	SODIUM FLUORIDE (addition of stat dispensing) * Tab 1.1 mg (0.5 mg elemental)	5.00	100	✓ PSM
38	POTASSIUM IODATE (addition of stat dispensing) * Tab 256 µg (150 µg elemental iodine)	7.55	90	✓ NeuroKare
38	FERROUS FUMARATE (addition of stat dispensing) * Tab 200 mg (65 mg elemental)	4.35	100	✓ Ferro-tab
38	FERROUS FUMARATE WITH FOLIC ACID (addition of stat dispensing) * Tab 310 mg (100 mg elemental) with folic acid 350 µg	4.75	60	✓ Ferro-F-Tabs
39	IRON POLYMALTOSE (addition of stat dispensing) * Inj 50 mg per ml, 2 ml	19.90	5	✓ Ferrum H
39	MAGNESIUM SULPHATE (addition of stat dispensing) * Inj 49.3%, 5 ml	26.60	10	✓ Mayne
41	CLOPIDOGREL (addition of stat dispensing) * Tab 75 mg – For clopidogrel oral liquid formulation refer, page 175	16.25	90	✓ Apo-Clopidogrel
41	PRASUGREL – Special Authority see SA12011194 – Retail pharmacy Tab 5 mg	108.00	28	✓ Effient
	Tab 10 mg	120.00	28	✓ Effient

➔ ~~SA12011194~~ Special Authority for Subsidy

Initial application - (coronary angioplasty and bare metal stent) from any relevant practitioner. Approvals valid for 6 months where the patient has undergone coronary angioplasty or had a bare metal cardiac stent inserted in the previous 4 weeks and is clopidogrel-allergic*.

continued...

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions - effective 1 June 2012 (continued)

continued...

Initial application - (drug eluting stent) from any relevant practitioner. Approvals valid for 12 months where the patient has had a drug-eluting cardiac stent inserted in the previous 4 weeks and is clopidogrel-allergic*.

Initial application – (stent thrombosis) from any relevant practitioner. Approvals valid without further renewal unless notified where the patient has experienced cardiac stent thrombosis whilst on clopidogrel.

Renewal - (coronary angioplasty and bare metal stent) from any relevant practitioner. Approvals valid for 6 months where the patient has undergone coronary angioplasty or had a bare metal cardiac stent inserted in the previous 4 weeks and is clopidogrel-allergic*.

Renewal - (drug eluting stent) from any relevant practitioner. Approvals valid for 12 months where the patient has had a drug-eluting cardiac stent inserted in the previous 4 weeks and is clopidogrel-allergic*.

Note: *Clopidogrel allergy is defined as a history of anaphylaxis, urticaria, generalised rash or asthma (in non-asthmatic patients) developing soon after clopidogrel is started and is considered unlikely to be caused by any other treatment.

45	GEMFIBROZIL (addition of stat dispensing) * Tab 600 mg 14.00	60	✓ Lipazil
45	PRAVASTATIN – See prescribing guideline (addition of stat dispensing) * Tab 20 mg 5.44 * Tab 40 mg 9.28	30	✓ Cholvastin ✓ Cholvastin
51	CARVEDILOL (addition of stat dispensing) * Tab 6.25 mg 21.00 * Tab 12.5 mg 27.00 * Tab 25 mg – For carvedilol oral liquid formulation refer, page 175 33.75	30	✓ Dilatrend ✓ Dilatrend ✓ Dilatrend
53	ISRADIPINE (addition of stat dispensing) * Cap long-acting 2.5 mg 7.50 * Cap long-acting 5 mg 7.85	30	✓ Dynacirc-SRO ✓ Dynacirc-SRO
62	ZINC AND CASTOR OIL (addition of stat dispensing) * Oint BP 3.83 (5.11)	500 g	✓ Multichem PSM
69	ETHINYLOESTRADIOL WITH LEVONORGESTREL * Tab 30 µg with levonorgestrel 150 µg and 7 inert tab..... 2.45 (6.62) (14.49) (16.50)	84	✓ Ava 30 ED Levlen ED Monofeme Nordette 28 Microgynon 30 ED
	a) Higher subsidy of up to \$15.00 per 84 tab with Special Authority see SA0500 on the preceding page b) Up to 84 tab available on a PSO		
71	FINASTERIDE – Special Authority see SA0928 – Retail pharmacy (addition of stat dispensing) * Tab 5 mg 5.10	30	✓ Rex Medical
71	TAMSULOSIN HYDROCHLORIDE – Special Authority see SA1032 – Retail pharmacy (addition of stat dispensing) * Cap 400 µg 5.98	30	✓ Tamsulosin-Rex

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 June 2012 (continued)

85	TERBINAFINE (addition of stat dispensing) * Tab 250 mg – For terbinafine oral liquid formulation refer, page 175	1.78	14	✓ Dr Reddy's Terbinafine
98	MELOXICAM – Special Authority see SA1034 – Retail pharmacy (addition of stat dispensing) * Tab 7.5 mg	11.50	30	✓ Arrow-Meloxicam
109	ALENDRONATE SODIUM – Special Authority see SA1039 – Retail pharmacy (addition of stat dispensing) * Tab 70 mg	22.90	4	✓ Fosamax
109	ALENDRONATE SODIUM WITH CHOLECALCIFEROL – Special Authority see SA1039 – Retail pharmacy (addition of stat dispensing) * Tab 70 mg with cholecalciferol 5,600 iu	22.90	4	✓ Fosamax Plus
109	ALENDRONATE SODIUM – Special Authority see SA0949 – Retail pharmacy (addition of stat dispensing) * Tab 40 mg	133.00	30	✓ Fosamax
110	RALOXIFENE HYDROCHLORIDE – Special Authority see SA1138 – Retail pharmacy (addition of stat dispensing) * Tab 60 mg	53.76	28	✓ Evista
119	MOCLOBEMIDE (addition of stat dispensing) Note: There is a significant cost differential between moclobemide and fluoxetine (moclobemide being about three times more expensive). For depressive syndromes it is therefore more cost-effective to start treatment with fluoxetine first before considering prescribing moclobemide. * Tab 150 mg	69.23	500	✓ Apo-Moclobemide
	* Tab 300 mg	31.33	100	✓ Apo-Moclobemide
119	PHENELZINE SULPHATE (addition of stat dispensing) * Tab 15 mg	95.00	100	✓ Nardil
119	TRANLYCPROMINE SULPHATE (addition of stat dispensing) * Tab 10 mg	22.94	50	✓ Parnate
120	ESCITALOPRAM (addition of stat dispensing) * Tab 10 mg	2.65	28	✓ Loxalate
	* Tab 20 mg	4.20	28	✓ Loxalate
120	PAROXETINE HYDROCHLORIDE (addition of stat dispensing) * Tab 20 mg	2.38	30	✓ Loxamine
120	SERTRALINE (addition of stat dispensing) * Tab 50 mg	5.40	90	✓ Arrow-Sertraline
	* Tab 100 mg	9.60	90	✓ Arrow-Sertraline

▲ 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 June 2012 (continued)

126	ONDANSETRON (addition of stat dispensing)					
	* Tab 4 mg	5.10	30	✓ Dr Reddy's Ondansetron		
	* Tab disp 4 mg	1.70	10	✓ Dr Reddy's Ondansetron		
	* Tab 8 mg	1.70	10	✓ Dr Reddy's Ondansetron		
	* Tab disp 8 mg	2.00	10	✓ Dr Reddy's Ondansetron		
155	ANASTROZOLE (addition of stat dispensing)					
	* Tab 1 mg	26.55	30	✓ Aramed ✓ Arimidex ✓ DP-Anastrozole		
155	EXEMESTANE (addition of stat dispensing)					
	* Tab 25 mg	22.57	30	✓ Aromasin		
155	LETROZOLE (addition of stat dispensing)					
	* Tab 2.5 mg	26.55	30	✓ Letara		

Effective 1 May 2012

44	SODIUM CHLORIDE Not funded for use as a nasal drop. Only funded for nebuliser use when in conjunction with an antibiotic intended for nebuliser use. Inj 23.4%, 20 ml - For sodium chloride oral liquid formulation refer, page 178	31.25	5	✓ Biomed		
58	CICLOPIROXOLAMINE CICLOPIROX OLAMINE a) Only on a prescription b) Not in combination Nail soln 8%	19.85	3 g OP	✓ Batrafen		
	Soln 1%	4.36	20 ml OP			
	(11.54)			Batrafen		
143	GEMCITABINE HYDROCHLORIDE – PCT only – Specialist – Special Authority see SA1087 Inj 1 g	62.50	1	✓ Gemcitabine Actavis 1000 \$29		
	Inj 200 mg	12.50	1	✓ Gemcitabine Actavis 200 \$29		

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 May 2012 (continued)

152	SUNITINIB – Special Authority see SA1200 1162 – Retail pharmacy		
	Cap 12.5 mg	2,315.38	28 ✓Sutent
	Cap 25 mg	4,630.77	28 ✓Sutent
	Cap 50 mg	9,261.54	28 ✓Sutent

SA1200 ~~1162~~ Special Authority for Subsidy

Initial application only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 3 months for applications meeting the following criteria:

All of the following:

- 1 The patient has metastatic renal cell carcinoma; and
- 2 **Either Any of the following:**
 - 2.1 The patient is sunitinib treatment naive; or
 - 2.2 ~~The patient received sunitinib prior to 1 November 2010 and disease has not progressed;~~ and **The patient has only received prior cytokine treatment; or**
 - 2.3 **The patient has only received prior treatment with an investigational agent within the confines of a bona fide clinical trial which has Ethics Committee approval; or**
 - 2.4 **Both**
 - 2.4.1 **The patient has discontinued pazopanib within 3 months of starting treatment due to intolerance; and**
 - 2.4.2 **The cancer did not progress whilst on pazopanib; and**
- 3 The patient has good performance status (WHO/ECOG grade 0-2); and
- 4 The disease is of predominant clear cell histology; and
- 5 The patient has intermediate or poor prognosis defined as :

Any of the following:

 - 5.1 Lactate dehydrogenase level > 1.5 times upper limit of normal; or
 - 5.2 Haemoglobin level < lower limit of normal; or
 - 5.3 Corrected serum calcium level > 10 mg/dL (2.5 mmol/L) ; or
 - 5.4 Interval of < 1 year from original diagnosis to the start of systemic therapy; or
 - 5.5 Karnofsky performance score of ≤ 70; or
 - 5.6 ≥ 2 sites of organ metastasis; and
- 6 Sunitinib to be used for a maximum of 2 cycles.

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

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

Both:

- 1 No evidence of disease progression; and
- 2 The treatment remains appropriate and the patient is benefiting from treatment.

Notes:

Sunitinib treatment should be stopped if disease progresses.

Poor prognosis patients are defined as having at least 3 of criteria 5.1-5.6. Intermediate prognosis patients are defined as having 1 or 2 of criteria 5.1-5.6

156	Immune Modulators Protein-Tyrosine Kinase Inhibitors		
	LAPATINIB DITOSYLATE – Special Authority see SA1191 – Retail pharmacy		
	Tab 250 mg	1,899.00	70 ✓Tykerb

170 Glaucoma Preparations - Carbonic Anhydrase Inhibitors

Prescribing Guidelines

Trusopt, Cosopt and Azopt are subsidised for use as either monotherapy or as an adjunctive agent for the treatment of glaucoma. Trusopt, Cosopt and Azopt should not be prescribed for a person in whom less expensive first line agents for the treatment of glaucoma are not contraindicated unless:

- 1) ~~that person has previously trialled all other such subsidised agents (except brimonidine tartrate); and~~
- 2) ~~those trials have indicated that that person does not respond adequately to treatment with those other agents.~~

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$

Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions - effective 1 May 2012 (continued)

170	ACETAZOLAMIDE * Tab 250 mg – For acetazolamide oral liquid formulation refer, page 175	17.03	100	✓ Diamox
	BRINZOLAMIDE (change to stat dispensing) ▲ * Eye Drops 1%	9.77	5 ml OP	✓ Azopt
	DORZOLAMIDE HYDROCHLORIDE * Eye drops 2%	9.77 (13.95)	5 ml OP	Trusopt
	DORZOLAMIDE HYDROCHLORIDE WITH TIMOLOL MALEATE * Eye drops 2% with timolol maleate 0.5%	15.50	5 ml OP	✓ Cosopt
	Glaucoma Preparations - Prostaglandin Analogues Prescribing Guideline Bimatoprost, lantanoprost and travoprost are subsidised for use in the treatment of glaucoma as either monotherapy or as an adjunctive agent for patients in whom prostaglandin analogue monotherapy has been ineffective in controlling intraocular pressure. Bimatoprost, lantanoprost and travoprost should not be prescribed for a person in whom less expensive first line agents for the treatment of glaucoma are not contraindicated unless: 1) That person has previously trialled all other such subsidised agents (beta-blockers, pilocarpine, carbonic anhydrase inhibitors); and 2) Those trials have indicated that that person does not respond adequately to treatment with those other agents.			
	BIMATOPROST – Retail pharmacy-Specialist (change to stat dispensing) See prescribing guideline above ▲ * Eye drops 0.03%	18.50	3 ml OP	✓ Lumigan
170	LATANOPROST – Retail pharmacy-Specialist (change to stat dispensing) See prescribing guideline above ▲ * Eye drops 50 µg per ml, 2.5 ml	9.75	2.5 ml OP	✓ Hysite
	TRAVOPROST – Retail pharmacy-Specialist (change to stat dispensing) See prescribing guideline above ▲ * Eye drops 0.004%	19.50	2.5 ml OP	✓ Travatan
170	Glaucoma Preparations - Other BRIMONIDINE TARTRATE — See prescribing guideline below * Eye Drops 0.2%	6.45 7.93	5 ml OP	✓ Arrow-Brimonidine ✓ AFT
	Prescribing Guidelines Brimonidine tartrate is subsidised for use as either monotherapy or as an adjunctive agent for the treatment of glaucoma. Brimonidine tartrate should not be prescribed for a person in whom less expensive first line agents for the treatment of glaucoma are not contraindicated unless: • that person has previously trialled all other such subsidised agents (except dorzolamide hydrochloride); and • those trials have indicated that that person does not respond adequately to or does not tolerate treatment with those other agents.			

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 May 2012 (continued)

171 BRIMONIDINE TARTRATE WITH TIMOLOL MALEATE —See prescribing guideline below (change to stat dispensing)

▲ * Eye drops 0.2% with timolol maleate 0.5%..... 18.50 5 ml OP ✓ **Combigan**

Prescribing Guidelines

Combigan is subsidised for use as either monotherapy or as an adjunctive agent for the treatment of glaucoma. Combigan should only be prescribed when:

- 1) less expensive first line agents for the treatment of glaucoma are contraindicated; or
- 2) the response to such subsidised agents is inadequate; or
- 3) the patient cannot tolerate such subsidised agents.

178 Standard Formulae

SODIUM CHLORIDE ORAL LIQUID

Sodium chloride inj 23.4%, 20ml qs

Water qs

(Only funded if prescribed for treatment of hyponatraemia)

▲ 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 July 2012

27	MESALAZINE (↓ subsidy) Enema 1 g per 100 ml	44.12	7	✓ Pentasa
29	GLUCAGON HYDROCHLORIDE (↑ subsidy) Inj 1 mg syringe kit - up to 5 kit available on a PSO	32.00	1	✓ Glucagen Hypokit
31	PIOGLITAZONE – Special Authority see SA0959 – Retail pharmacy (↓ subsidy) * Tab 15 mg	1.50	28	✓ Pizaccord
	* Tab 30 mg	2.50	28	✓ Pizaccord
	* Tab 45 mg	3.50	28	✓ Pizaccord
37	HYDROXOCOBALAMIN (↓ subsidy) * Inj 1 mg per ml, 1 ml – Up to 6 inj available on a PSO	5.10	3	✓ ABM Hydroxocobalamin
42	ENOXAPARIN SODIUM – Special Authority see SA1174 – Retail pharmacy (↓ subsidy) Inj 20 mg	37.24	10	✓ Clexane
	Inj 40 mg	49.69	10	✓ Clexane
	Inj 60 mg	74.91	10	✓ Clexane
	Inj 80 mg	99.86	10	✓ Clexane
	Inj 100 mg	125.06	10	✓ Clexane
	Inj 120 mg	155.40	10	✓ Clexane
	Inj 150 mg	177.60	10	✓ Clexane
52	METOPROLOL SUCCINATE (↑ price) * Tab long-acting 23.75 mg	0.96 (7.50)	30	Betaloc CR
	* Tab long-acting 47.5 mg	1.41 (7.50)	30	Betaloc CR
	* Tab long-acting 95 mg	2.42 (7.50)	30	Betaloc CR
52	METOPROLOL SUCCINATE (↓ price) * Tab long-acting 190 mg	4.66 (7.50)	30	Betaloc CR
53	FELODIPINE (↓ subsidy) * Tab long-acting 2.5 mg	2.90	30	✓ Plendil ER
54	FUROSEMIDE (↓ subsidy) * Tab 40 mg – Up to 30 tab available on a PSO	10.25	1,000	✓ Diurin 40
59	CROTAMITON (↓ subsidy) a) Only on a prescription b) Not in combination Crm 10%	3.48	20 g OP	✓ Itch-Soothie

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Subsidy and Manufacturers Price – effective 1 July 2012 (continued)

61	MOMETASONE FUROATE (↓ subsidy)			
	Crn 0.1%	1.78	15 g OP	✓ m-Mometasone
		3.42	45 g OP	✓ m-Mometasone
	Oint 0.1%	1.78	15 g OP	✓ m-Mometasone
		3.42	45 g OP	✓ m-Mometasone
63	ACITRETIN – Special Authority see SA0954 – Retail pharmacy (↓ subsidy)			
	Cap 10 mg	35.95	100	✓ Neotigason
	Cap 25 mg	85.40	100	✓ Neotigason
70	NORETHISTERONE (↓ subsidy)			
	* Tab 350 µg – Up to 84 tab available on a PSO	6.00	84	✓ Noriday 28
78	CABERGOLINE (↓ subsidy)			
	Tab 0.5 mg – Maximum of 2 tab per prescription; can be waived by Special Authority see SA1031	6.25	2	✓ Dostinex
		25.00	8	✓ Dostinex
82	ROXITHROMYCIN (↓ subsidy)			
	Tab 150 mg	7.48	50	✓ Arrow- Roxithromycin
	Tab 300 mg	14.40	50	✓ Arrow- Roxithromycin
83	FLUCLOXACILLIN SODIUM (↓ subsidy)			
	Grans for oral liq 125 mg per 5 ml – Up to 200 ml available on a PSO	2.49	100 ml	✓ AFT
	Grans for oral liq 250 mg per 5 ml – Up to 200 ml available on a PSO	3.25	100 ml	✓ AFT
84	GENTAMICIN SULPHATE (↓ subsidy)			
	Inj 40 mg per ml, 2 ml – Subsidy by endorsement	6.50	10	✓ Pfizer
	Only if prescribed for a dialysis or cystic fibrosis patient or for prophylaxis of endocarditis and the prescription is endorsed accordingly.			
109	ETIDRONATE DISODIUM – See prescribing guideline (↓ subsidy)			
	* Tab 200 mg	15.80	100	✓ Arrow-Etidronate
117	FENTANYL CITRATE (↓ subsidy)			
	a) Only on a controlled drug form			
	b) No patient co-payment payable			
	Inj 50 µg per ml, 2 ml	4.50	10	✓ Boucher and Muir
	Inj 50 µg per ml, 10 ml	11.77	10	✓ Boucher and Muir
117	METHADONE HYDROCHLORIDE (↓ subsidy)			
	a) Only on a controlled drug form			
	b) No patient co-payment payable			
	c) Extemporaneously compounded methadone will only be reimbursed at the rate of the cheapest form available (methadone powder, not methadone tablets).			
	‡ Oral liq 2 mg per ml	5.55	200 ml	✓ Biodone
	‡ Oral liq 10 mg per ml	6.55	200 ml	✓ Biodone Extra Forte

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

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

120	MIRTAZAPINE – Special Authority see SA0994 – Retail pharmacy (↓ subsidy)			
	Tab 30 mg	8.78	30	✓Avanza
	Tab 45 mg	13.95	30	✓Avanza
120	VENLAFAXINE – Special Authority see SA1061 – Retail pharmacy (↓ subsidy)			
	Tab 37.5 mg	12.67	28	✓Arrow-Venlafaxine XR
	Tab 75 mg	19.00	28	✓Arrow-Venlafaxine XR
	Tab 150 mg	23.41	28	✓Arrow-Venlafaxine XR
	Cap 37.5 mg	15.84	28	✓Efexor XR
	Cap 75 mg	31.67	28	✓Efexor XR
	Cap 150 mg	38.82	28	✓Efexor XR
125	CYCLIZINE HYDROCHLORIDE (↓ subsidy)			
	Tab 50 mg	0.59	10	✓Nausicalm
128	LITHIUM CARBONATE (↓ subsidy)			
	Tab 250 mg	34.30	500	✓Lithicarb FC
	Tab 400 mg	12.83	100	✓Lithicarb FC
128	QUETIAPINE (↓ subsidy)			
	Tab 25 mg	10.50	90	✓Quetapel
	Tab 100 mg	21.00	90	✓Quetapel
	Tab 200 mg	36.00	90	✓Quetapel
	Tab 300 mg	60.00	90	✓Quetapel
129	RISPERIDONE (↓ subsidy)			
	Tab 0.5 mg	1.17 (2.86)	20	Risperdal
	Tab 1 mg	6.00 (16.92)	60	Risperdal
	Tab 2 mg	11.00 (33.84)	60	Risperdal
	Tab 3 mg	15.00 (50.78)	60	Risperdal
	Tab 4 mg	20.00 (67.68)	60	Risperdal
	Oral liq 1 mg per ml	18.35 (25.26)	30 ml	Risperdal
147	IDARUBICIN HYDROCHLORIDE – PCT only – Specialist (↓ subsidy)			
	Inj 5 mg	100.00	1	✓Zavedos
	Inj 10 mg	200.00	1	✓Zavedos
	Inj 1 mg for ECP	22.20	1 mg	✓Baxter
149	VINORELBINE – PCT only – Specialist – Special Authority see SA1013 (↓ subsidy)			
	Inj 10 mg per ml, 1 ml	12.85	1	✓Navelbine
	Inj 10 mg per ml, 5 ml	64.25	1	✓Navelbine
	Inj 1 mg for ECP	1.45	1 mg	✓Baxter

Patients pay a manufacturer's surcharge when the Manufacturer's Price is greater than the Subsidy
38

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Subsidy and Manufacturers Price – effective 1 July 2012 (continued)

162	PROMETHAZINE HYDROCHLORIDE (↓ subsidy)			
	* Tab 10 mg	1.99	50	✓ Allersoothe
	* Tab 25 mg	2.99	50	✓ Allersoothe
163	EFORMOTEROL FUMARATE – See prescribing guideline (↓ subsidy)			
	Note: Repeats for eformoterol fumarate will be fully subsidised where the initial dispensing is before 1 February 2012.			
	Powder for inhalation, 6 µg per dose, breath activated	10.32 (16.90)	60 dose OP	Oxis Turbuhaler
	Powder for inhalation, 12 µg per dose, and monodose device.....	20.64 (35.80)	60 dose	Foradil
168	CHLORAMPHENICOL (↓ subsidy)			
	Eye drops 0.5%.....	1.20	10 ml OP	✓ Chlorafast
170	LATANOPROST – Retail pharmacy-Specialist (↓ subsidy)			
	* Eye drops 50 µg per ml, 2.5 ml	1.99	2.5 ml OP	✓ Hysite
170	BRIMONIDINE TARTRATE (↓ subsidy)			
	* Eye Drops 0.2%.....	6.45	5 ml OP	✓ AFT
193	ORAL FEED (POWDER) – Special Authority see SA1104 – Hospital pharmacy [HP3] (↑ subsidy)			
	Powder (chocolate)	13.00	900 g OP	✓ Ensure
	Powder (vanilla)	13.00	900 g OP	✓ Ensure
199	AMINO ACID FORMULA – Special Authority see SA1219 – Hospital pharmacy [HP3] (↓ subsidy)			
	Powder (unflavoured).....	53.00	400 g OP	✓ Elecare ✓ Elecare LCP
	Powder (vanilla)	53.00	400 g OP	✓ Elecare

Effective 1 June 2012

52	METOPROLOL SUCCINATE (↓ subsidy)			
	* Tab long-acting 23.75 mg	0.96 (2.18)	30	✓ Myloc CR Betaloc CR
	* Tab long-acting 47.5 mg	1.41 (2.74)	30	✓ Myloc CR Betaloc CR
	* Tab long-acting 95 mg	2.42 (4.71)	30	✓ Myloc CR Betaloc CR
	* Tab long-acting 190 mg	4.66 (8.51)	30	✓ Myloc CR Betaloc CR
69	ETHINYLLOESTRADIOL WITH LEVONORGESTREL (↓ subsidy)			
	* Tab 30 µg with levonorgestrel 150 µg and 7 inert tab – Up to 84 tab available on a PSO.....	2.45 (6.62)	84	Levlen ED Monofeme Nordette 28 Microgynon 30 ED
		(14.49)		
		(16.50)		

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

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

73	DEXAMETHASONE (↓ subsidy)			
	* Tab 1 mg – Retail pharmacy-Specialist	5.87	100	✓ Douglas
	Up to 30 tab available on a PSO			
	* Tab 4 mg – Retail pharmacy-Specialist	8.16	100	✓ Douglas
	Up to 30 tab available on a PSO			
155	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	60.00	50	✓ Myaccord
	Cap 250 mg	60.00	100	✓ Myaccord

Effective 1 May 2012

33	URSODEOXYCHOLIC ACID – Special Authority see SA1188 – Retail pharmacy (↓ subsidy)			
	Cap 300 mg – For ursodeoxycholic acid oral liquid formulation			
	refer, page 75	71.50	100	✓ Actigall
52	METOPROLOL SUCCINATE (↓ subsidy)			
	* Tab long-acting 23.75 mg	0.96	30	✓ Metoprolol - AFT CR
	* Tab long-acting 47.5 mg	1.41	30	✓ Metoprolol - AFT CR
	* Tab long-acting 95 mg	2.42	30	✓ Metoprolol - AFT CR
	* Tab long-acting 190 mg	4.66	30	✓ Metoprolol - AFT CR
52	METOPROLOL TARTRATE (↓ subsidy)			
	* Tab 50 mg – For metoprolol tartrate oral liquid formulation			
	refer, page 175	16.00	100	✓ Lopresor
	* Tab 100 mg	21.00	60	✓ Lopresor
	* Tab long-acting 200 mg	18.00	28	✓ Slow-Lopresor
	* Inj 1 mg per ml, 5 ml	24.00	5	
	(34.00)			Betaloc
62	ZINC AND CASTOR OIL (↓ subsidy)			
	Oint BP	3.83	500 g	
	(5.11)			PSM
83	CLINDAMYCIN (↓ subsidy)			
	Cap hydrochloride 150 mg – Maximum of 4 cap per prescription;			
	can be waived by endorsement - Retail pharmacy			
	-Specialist	9.90	16	✓ Dalacin C
125	RIZATRIPTAN (↓ subsidy)			
	Tab orodispersible 10 mg	1.80	3	
	(17.56)			Maxalt Melt
125	DOMPERIDONE (↑ subsidy)			
	* Tab 10 mg – For domperidone oral liquid formulation			
	refer, page 175	11.99	100	✓ Motilium

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Subsidy and Manufacturers Price – effective 1 May 2012 (continued)

154	OCTREOTIDE (SOMATOSTATIN ANALOGUE) – Special Authority see SA1016 – Retail pharmacy (↓ subsidy)		
	Inj 50 µg per ml, 1 ml	19.24	5
		(25.65)	Hospira
		(43.50)	Sandostatin
	Inj 100 µg per ml, 1 ml	36.38	5
		(48.50)	Hospira
		(81.00)	Sandostatin
	Inj 500 µg per ml, 1 ml	131.25	5
		(175.00)	Hospira
		(399.00)	Sandostatin
164	DORNASE ALFA – Special Authority see SA0611– Retail pharmacy (↓ subsidy)		
	Nebuliser soln, 2.5 mg per 2.5 ml ampoule	250.00	6
			✓ Pulmozyme
179	ACETYLCYSTEINE – Retail pharmacy-Specialist (↑ subsidy)		
	Inj 200 mg per ml, 10 ml	178.00	10
			✓ Martindale Acetylcysteine

▲ 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 July 2012

14 "Close Control" means dispensing:

- in quantities less than one 90 Day Lot (or for oral contraceptives, less than one 180 Day Lot) for a Community Pharmaceutical referred to in Section F Part I, or
- in quantities less than a Monthly Lot for any other Community Pharmaceutical, where any of A), or B) or C) apply.
- This Close Control rule defines patient groups or medicines which are eligible for more frequent dispensing periods and the conditions that must be met to enable any claim for payment for additional dispensing to be made.

A) Frequency of dispensing for persons in residential care

Pharmaceuticals can be dispensed in quantities of not less than 28 days to:

- any person whose placement in a Residential Disability Care institution is funded by the Ministry of Health or a DHB; or
- a person assessed as requiring long term residential care services and residing in an age related residential care facility;

on the request of the person, their agent or caregiver or community residential service provider, provided the following conditions are met:

- i) the quantity or period of supply to be dispensed at any one time is not less than 28 days' supply (except under conditions outlined in B.i below); and
- ii) the prescribing Practitioner or dispensing pharmacist has
 - 1) included the name of the patient's residential placement or facility on the prescription; and
 - 2) included the patient's NHI number on the prescription; and
 - 3) specified the maximum quantity or period of supply to be dispensed at any one time.

Any person meeting the criteria above who is being initiated onto a new medicine or having their dose changed is able to have their medicine dispensed in accordance with B.i below.

B) Flexible periods of supply for trial periods or safety

The Schedule specifies for community patients a default length of dispensing (monthly/three monthly) for each pharmaceutical. Prescribers can request, and pharmacists may dispense, a higher frequency of dispensing in the following circumstances:

If the prescribing Practitioner has met the prescribing conditions set out in B.iii below, and the pharmaceutical or patient fits within the provisions of B.i and B.ii below, a pharmacist may dispense more frequently than the Schedule default period of supply:

i) Trial Periods

The Community Pharmaceutical has been prescribed for a patient who requires close monitoring due to recent initiation onto, or dose change for, the Community Pharmaceutical (applicable to the patient's first changed Prescription only); or

ii) Safety

1) the Community Pharmaceutical is any of the following:

- a) a tri-cyclic antidepressant; or
- b) an antipsychotic; or
- c) a benzodiazepine; or
- d) a Class B Controlled Drug; or

2) The Community Pharmaceutical has been prescribed for a patient who:

- a) is not a resident in a Penal Institution, or one of the residential placements or facilities referenced in clause A above; and
- b) in the opinion of the prescribing Practitioner, is intellectually impaired or frail, infirm or unable to manage their medicine without additional support.

For B.i and B.ii all of the following conditions must be met:

iii) The prescribing Practitioner has:

- 1) endorsed each Community Pharmaceutical on the Prescription clearly with the words "Close Control" or "CC"; and
- 2) initialled the endorsement in their own handwriting; and

continued...

Changes to General Rules– effective 1 July 2012 (continued)

continued...

- 3) specified the maximum quantity or period of supply to be dispensed at any one time;
- 4) For trial periods each Community Pharmaceutical on the Prescription must be endorsed with either "Close Control Trial" or "CCT" and the period of supply included e.g. CC Trial-1 week;
- G) **Pharmaceutical Supply Management**
More frequent dispensing may be required from time to time to manage stock supply issues or emergency situations:
Pharmacists may dispense more frequently than the Schedule would otherwise allow when all of the following conditions are met:
- PHARMAC has approved and notified pharmacists to annotate prescriptions for a specified Community Pharmaceutical(s) "Close Control" without prescriber endorsement for a specified time; and
 - the dispensing pharmacist has:
 - clearly annotated each of the approved Community Pharmaceuticals that appear on the prescription with the words "Close Control" or "CC"; and
 - initialled the annotation in their own handwriting; and
 - has complied with maximum quantity or period of supply to be dispensed at any one time, as specified by PHARMAC at the time of notification.

If a dispensing frequency is expressly stated in the Medicines Act, Medicines Regulations or Pharmacy Services Agreement a pharmacy can dispense at that specified dispensing frequency. However, no claim shall be made to any DHB for subsidised payment for dispensing fees in any case where dispensing occurs more frequently than authorised by the provisions of the Schedule.

15 Dispensing Frequency Rule

The Pharmaceutical Schedule specifies for community patients a default period of supply for each Community Pharmaceutical.

"Frequent Dispensing" means dispensing:

- in quantities less than one 90 Day Lot (or for oral contraceptives, less than one 180 Day Lot) for a Community Pharmaceutical referred to in Section F Part I, or
- in quantities less than a Monthly Lot for any other Community Pharmaceutical, where any of A), or B) or C) apply.
- The Dispensing Frequency Rule defines patient groups or medicines eligible for more frequent dispensing periods; and the conditions that must be met to enable any claim for payment of handling fees for the additional dispensings made.

A. Frequency of dispensing for persons in residential care

Pharmaceuticals can be dispensed in quantities of not less than 28 days to:

- any person whose placement in a Residential Disability Care institution is funded by the Ministry of Health or a DHB; or
- a person assessed as requiring long term residential care services and residing in an age related residential care facility;

on the request of the person, their agent or caregiver or community residential service provider, provided the following conditions are met:

- the quantity or period of supply to be dispensed at any one time is not less than 28 days' supply (except under conditions outlined in B.i below); and
- the prescribing Practitioner or dispensing pharmacist has
 - included the name of the patient's residential placement or facility on the prescription; and
 - included the patient's NHI number on the prescription; and
 - specified the maximum quantity or period of supply to be dispensed at any one time.

Any person meeting the criteria above who is being initiated onto a new medicine or having their dose changed is able to have their medicine dispensed in accordance with B.(i) below.

continued...

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to General Rules– effective 1 July 2012 (continued)

continued...

B. Flexible periods of supply for trial periods or safety

The Schedule specifies for community patients a default length of dispensing (monthly/three monthly/six monthly) for each pharmaceutical. If a pharmacist considers more frequent dispensing is required, this can occur as follows:

- For LTC patients dispensing frequency can occur as often as the dispensing pharmacist deems appropriate to meet the patients compliance and adherence needs;
- For non-LTC patients dispensing frequency should be no more often than monthly. If more frequent dispensings than monthly are necessary for non-LTC patients under this rule, prescriber approval is required. Verbal approval is acceptable, provided that it is annotated by the pharmacist on the prescription and dated.

Note this does not override alternative dispensing frequencies as expressly stated in the Medicines Act, Medicines Regulations, Pharmacy Services Agreement, Pharmaceutical Schedule or under parts i) Trial Periods or ii) safety and co-prescribed medicines below.

Pharmacy would claim handling fees only on repeats under the above scenarios.

Prescribers can request, and pharmacists may dispense a higher frequency of dispensing in the following circumstances:

i) Trial Periods

The Community Pharmaceutical has been prescribed for a patient who requires close monitoring due to recent initiation onto, or dose change for, the Community Pharmaceutical (applicable to the patient's first changed Prescription only); and all of the following conditions must be met:

The prescribing Practitioner has:

- endorsed each Community Pharmaceutical on the Prescription clearly with the words "Trial Period", or "Trial"; and
- specified the maximum quantity or period of supply to be dispensed at any one time.

All of the following conditions must be met:

The Community Pharmaceutical has been prescribed for a patient who is not a resident in a Penal Institution.

ii) Safety and co-prescribed medicines

A. The Community Pharmaceutical is any of the following:

- a) a tri-cyclic antidepressant; or
- b) an antipsychotic; or
- c) a benzodiazepine; or
- d) a Class B Controlled Drug; or
- e) codeine (includes combination products)
- f) buprenorphine with naloxone

All of the following conditions must be met:

The Community Pharmaceutical has been prescribed for a patient who is not a resident in a Penal Institution, or one of the residential placements or facilities referenced in clause A above.

The prescribing Practitioner has:

- Assessed clinical risk and determined the patient requires more a frequent period of dispensing than specified in the Pharmaceutical Schedule; and
- specified the maximum quantity or period of supply to be dispensed at any one time.

B. The Community Pharmaceutical is co-prescribed with one of the community pharmaceuticals listed above on the safety list and has been prescribed for a patient who is not a resident in a Penal Institution, or one of the residential placements or facilities referenced in clause A above.

The Dispensing Pharmacist has:

- Assessed clinical risk and determined the patient requires a more frequent period of dispensing than specified in the Pharmaceutical Schedule;
- annotated the prescription with the amended dispensing quantity and frequency and the criteria for doing so.

continued...

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

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

Changes to General Rules – effective 1 July 2012 (continued)

continued...

C. Pharmaceutical Supply Management

More frequent dispensing may be required from time to time to manage stock supply issues or emergency situations. Pharmacists may dispense more frequently than the Schedule would otherwise allow when all of the following conditions are met:

- i) PHARMAC has approved and notified pharmacists to annotate prescriptions for a specified Community Pharmaceutical(s) "out of stock" without prescriber endorsement for a specified time; and
- ii) the dispensing pharmacist has:
 - 1) clearly annotated each of the approved Community Pharmaceuticals that appear on the prescription with the words "out of stock" or "OOS"; and
 - 2) initialled the annotation in their own handwriting; and
 - 3) has complied with maximum quantity or period of supply to be dispensed at any one time, as specified by PHARMAC at the time of notification.

Note – no claim shall be made to any DHB for subsidised dispensing where dispensing occurs more frequently than specified by PHARMAC to manage the supply management issue.

NOTE patients who have had more frequent dispensings due to being "intellectually impaired, frail, infirm or unable to manage their medicines" will continue to receive the same frequency of dispensings until they are assessed to see if they are eligible for additional support under the Long-Term Care service. The structure of the remainder fee payment provides funding for pharmacy to continue to provide more frequent dispensings for patients until they are assessed.

- 21 3.1.7 If a Community Pharmaceutical:
- a) is stable for a limited period only, and the Practitioner has endorsed the Prescription with the words "unstable medicine" and has specified the maximum quantity that may be dispensed at any one time; or
 - b) is stable for a limited period only, and the Contractor has endorsed the Prescription with the words "unstable medicine" and has specified the maximum quantity that should be dispensed at any one time in all the circumstances of the particular case; or
 - c) is ~~Close Control~~ **Under the Dispensing Frequency Rule**,
The actual quantity dispensed will be subsidised in accordance with any such specification.
- 21 Oral Contraceptives
- 3.2.2 Where the period of treatment specified in the Prescription does not exceed six Months, the Community Pharmaceutical is to be dispensed:
- a) in Lots as specified in on the Prescription if the Community Pharmaceutical ~~is Close Control~~ **is Under the Dispensing Frequency Rule**; or
 - b) where no Lots are specified, in one Lot sufficient to provide treatment for the period prescribed.
- 3.2.4 Where a Community Pharmaceutical ~~in on~~ a Prescription ~~is Close Control~~ **is Under the Dispensing Frequency Rule** and a repeat on the Prescription remains unfulfilled after six Months from the date the Community Pharmaceutical was first dispensed only the actual quantity supplied by the Contractor within this time limit will be eligible for Subsidy.
- 207 SECTION F: PART I
- A Community Pharmaceutical identified with a * within the other sections of the Pharmaceutical Schedule:
- a) is exempt from any requirement to dispense in Monthly Lots;
 - b) will only be subsidised if it is dispensed in a 90 Day Lot unless it is ~~Close Control~~ **Under the Dispensing Frequency Rule**.
- A Community Pharmaceutical that is an oral contraceptive and that is identified with a * within the other sections of the Pharmaceutical Schedule:
- a) is exempt from any requirement to dispense in Monthly Lots;
 - b) will only be subsidised if it is dispensed in a 180 Day Lot unless it is ~~Close Control~~ **Under the Dispensing Frequency Rule**.

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$

Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to General Rules – effective 1 July 2012 (continued)

207 SECTION F: PART II:

CERTIFIED EXEMPTIONS AND ACCESS EXEMPTIONS TO MONTHLY DISPENSING

A Community Pharmaceutical, other than a Community Pharmaceutical identified with a * within the others sections of the Pharmaceutical Schedule, may be dispensed in a 90 Day Lot if:

- a) the Community Pharmaceutical is identified with a ▲ within the other sections of the Pharmaceutical Schedule and the prescriber/**pharmacist** has endorsed/**annotated** the Prescription item(s) on the Prescription to which the exemption applies "certified exemption". In endorsing/**annotating** the Prescription items for a certified exemption, the prescriber/**pharmacist** is certifying that:
- the patient wishes to have the medicine dispensed in a quantity greater than a Monthly Lot; and
 - the patient has been stabilised on the same medicine for a reasonable period of time; and
 - the prescriber/pharmacist has reason to believe the patient will continue on the medicine and is compliant; or
- b) a patient, who has difficulty getting to and from a pharmacy, signs the back of the Prescription to qualify for an Access Exemption. In signing the Prescription, the patient or his or her nominated representative must also certify which of the following criteria they meet:
- Have limited physical mobility;
 - Live and work more than 30 minutes from the nearest pharmacy by their normal form of transport;
 - Are relocating to another area;
 - Are travelling extensively and will be out of town when the repeat prescriptions are due; or

Section F: Part III: Flexible and Variable Dispensing Periods for Pharmacy

A Community Pharmaceutical, other than a Community Pharmaceutical identified with a * within the others sections of the Pharmaceutical Schedule, may be dispensed in variable dispensing periods under the following conditions:

- for stock management where the original pack(s) result in dispensing greater than 30 days supply,**
- to synchronise a patients medication where multiple medicines result in uneven supply periods, note if dispensing a medicine other than a Pharmaceutical identified with a * please refer to Section F; Part II Note – the total quantity and dispensing period can not exceed the total quantity and period prescribed on the prescription.**

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 Brand Name

Effective 1 July 2012

128	LITHIUM CARBONATE					
	Tab 250 mg	34.30	500	✓ Lithicarb	Lithicarb FC	
	Tab 400 mg	12.83	100	✓ Lithicarb	Lithicarb FC	
198	AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see 1108 – Hospital pharmacy [HP3]					
	Liquid (berry)	15.65	62.5 ml OP	✓ PKU Lophlex LQ	LQ 10	
		31.20	125 ml OP	✓ PKU Lophlex LQ	LQ 20	
	Liquid (citrus).....	15.65	62.5 ml OP	✓ PKU Lophlex LQ	LQ 10	
		31.20	125 ml OP	✓ PKU Lophlex LQ	LQ 20	
	Liquid (orange)	15.65	62.5 ml OP	✓ PKU Lophlex LQ	LQ 10	
		31.20	125 ml OP	✓ PKU Lophlex LQ	LQ 20	

Effective 1 May 2012

31	KETONE BLOOD BETA-KETONE ELECTRODES – Maximum of 20 strip per prescription					
	Test strip – Not on a BSO	7.07	10 strip OP	✓ Freestyle Optium Ketone	Optium Blood Ketone Test Strips	
31	BLOOD GLUCOSE DIAGNOSTIC TEST METER – Subsidy by endorsement					
	a) Maximum of 1 meter per prescription					
	b)					
	1) A diagnostic blood glucose test meter is subsidised for patients who begin insulin or sulphonylurea therapy after 1 March 2005 or is prescribed for a pregnant woman with diabetes.					
	2) Only one meter per patient. No further prescriptions will be subsidised. The prescription must be endorsed accordingly.					
	Meter	9.00	1	✓ Freestyle Optium Optium Xceed		
32	BLOOD GLUCOSE DIAGNOSTIC TEST STRIP					
	The number of test strips available on a prescription is restricted to 50 unless:					
	1) Prescribed with insulin or a sulphonylurea but are on a different prescription and the prescription is endorsed accordingly; or					
	2) Prescribed on the same prescription as insulin or a sulphonylurea in which case the prescription is deemed to be endorsed;					
	or					
	3) Prescribed for a pregnant woman with diabetes and endorsed accordingly.					
	SensoCard blood glucose test strips are subsidised only if prescribed for a patient who is severely visually impaired and is using a SensoCard Plus Talking Blood Glucose Monitor.					
	Blood glucose test strips	21.65	50 test OP	✓ Freestyle Optium Optium 5-second test		
143	GEMCITABINE HYDROCHLORIDE – PCT only – Specialist – Special Authority see SA1087					
	Inj 1 g	62.50	1	✓ Gemcitabine Actavis 1000		
	Inj 200 mg	12.50	1	✓ Gemcitabine Actavis 200		

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ **fully subsidised**

Changes to Brand Name – effective 1 May 2012 (continued)

165	SODIUM CROMOGLYCATÉ					
	Aerosol inhaler, 5 mg per dose CFC-free.....	28.07	112 dose OP	✓	Intal Forte	
					CFC Free	
					Vierom	

Changes to Sole Subsidised Supply

Effective 1 July 2012

For the list of new Sole Subsidised Supply products effective 1 July 2012 refer to the bold entries in the cumulative Sole Subsidised Supply table pages 14-21.

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Delisted Items

Effective 1 July 2012

50	DIGOXIN			
	* Tab 62.5 µg – Up to 30 tab available on a PSO	5.56	200	✓ Lanoxin PG
	* Tab 250 µg – Up to 30 tab available on a PSO	6.05	100	✓ Lanoxin
	Note – Lanoxin PG tab 62.5 µg, 240 tab pack, and Lanoxin tab 250 µg 240 tab pack, remain subsidised.			
98	SULINDAC – Additional subsidy by Special Authority see SA1038 – Retail pharmacy			
	* Tab 100 mg	5.32	100	
		(17.10)		Daclin
	* Tab 200 mg	6.72	100	
		(30.20)		Daclin

Effective 1 June 2012

28	CLARITHROMYCIN			
	Tab 500 mg – Subsidy by endorsement.....	10.95	14	
		(23.30)		Klamycin
	a) Maximum of 14 tab per prescription			
	b) Subsidised only if prescribed for helicobacter pylori eradication and prescription is endorsed accordingly.			
	Note: the prescription is considered endorsed if clarithromycin is prescribed in conjunction with a proton pump inhibitor and either amoxicillin or metronidazole.			
55	GLYCERYL TRINITRATE			
	* Oral pump spray 400 µg per dose – Up to 250 dose available on a PSO	4.45	250 dose OP	✓ Nitrolingual Pumpspray
80	CEFUROXIME SODIUM			
	Inj 750 mg – Maximum of 1 inj per prescription; can be waived by endorsement.....	6.96	5	
		(10.71)		Zinacef
80	CEFAZOLIN SODIUM – Subsidy by endorsement			
	Only if prescribed for dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.			
	Inj 500 mg	3.99	5	
		(5.00)		Hospira
	Inj 1 g	3.99	5	
		(8.00)		Hospira
113	QUININE SULPHATE			
	* Tab 200 mg	15.95	250	
		(17.20)		Q 200
148	TEMOZOLOMIDE – Special Authority see SA1063 – Retail pharmacy			
	Cap 5 mg	16.00	5	✓ Temodal
	Cap 20 mg	72.00	5	✓ Temodal
	Cap 100 mg	350.00	5	✓ Temodal
	Cap 250 mg	820.00	5	✓ Temodal

▲ 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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Delisted Items - effective 1 June 2012 (continued)

173	PHARMACY SERVICES – May only be claimed once per patient * Brand switch fee.....	0.01	1 fee	✓BSF Lostaar
	The Pharmacode for BSF Lostaar is 2397145			
	* Brand switch fee.....	0.01	1 fee	✓BSF Arrow-Losartan & Hydrochlorothiazide
	The Pharmacode for BSF Arrow-Losartan is 2397153			

Effective 1 May 2012

31	SODIUM NITROPRUSSIDE – Maximum of 50 strip per prescription * Test strip – Not on a BSO	14.14	20 strip OP	✓Ketostix
38	CALCIUM CARBONATE * Tab 1.25 g (500 mg elemental)..... * Tab 1.5 g (600 mg elemental)	6.38 7.66	250 250	✓Calci-Tab 500 ✓Calci-Tab 600
85	ORNIDAZOLE Tab 500 mg	12.38	10	✓Tiberal
97	IBUPROFEN – Additional subsidy by Special Authority see SA1038 – Retail pharmacy * Tab 200 mg	12.75	1,000	✓Ethics Ibuprofen
173	PHARMACY SERVICES * Brand switch fee	0.01	1 fee	✓BSF Bicalaccord
	The Pharmacode for BSF Bicalaccord is 2397137			
188	PAEDIATRIC ORAL FEED 1.5KCAL/ML – Special Authority see SA1100 – Hospital pharmacy [HP3] Liquid (strawberry)	1.60	200 ml OP	✓NutriniDrink
	Liquid (vanilla).....	1.60	200 ml OP	✓NutriniDrink
188	PAEDIATRIC ORAL FEED WITH FIBRE 1.5KCAL/ML – Special Authority see SA1100 – Hospital pharmacy [HP3] Liquid (chocolate)	1.60	200 ml OP	✓NutriniDrink Multifibre
	Liquid (strawberry)	1.60	200 ml OP	✓NutriniDrink Multifibre
	Liquid (vanilla)	1.60	200 ml OP	✓NutriniDrink Multifibre
198	AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA1108 – Hospital pharmacy [HP3] Liquid (tropical)	30.00	250 ml OP	✓Easiphen
198	AMINOACID FORMULA WITH MINERALS WITHOUT PHENYLALANINE – Special Authority see SA1108 – Retail pharmacy Powder	23.38	100 g OP	✓Metabolic Mineral Mixture

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 August 2012

33	URSODEOXYCHOLIC ACID – Special Authority see SA1188 – Retail pharmacy Cap 300 mg – For ursodeoxycholic acid oral liquid formulation refer, page 175.....	71.50	100	✓ Actigall
52	METOPROLOL TARTRATE * Inj 1 mg per ml, 5 ml	24.00 (34.00)	5	Betaloc
62	ZINC AND CASTOR OIL Oint BP.....	3.83 5.11	500 g	PSM
83	CLINDAMYCIN Cap hydrochloride 150 mg – Maximum of 4 cap per prescription; can be waived by endorsement - Retail pharmacy - Specialist.....	9.90	16	✓ Dalacin C
115	TETRABENAZINE Tab 25 mg	178.00	112	✓ Xenazine 25
125	RIZATRIPTAN Tab orodispersible 10 mg.....	1.80 (17.56)	3	Maxalt Melt
154	OCTREOTIDE (SOMATOSTATIN ANALOGUE) – Special Authority see SA1016 – Retail pharmacy Inj 50 µg per ml, 1 ml	19.24 (25.65) (43.50)	5	Hospira Sandostatin
	Inj 100 µg per ml, 1 ml	36.38 (48.50) 81.00	5	Hospira Sandostatin
	Inj 500 µg per ml, 1 ml	131.25 (175.00) (399.00)	5	Hospira Sandostatin

Effective 1 September 2012

52	METOPROLOL SUCCINATE * Tab long-acting 23.75 mg	0.96 (7.50)	30	✓ Myloc CR Betaloc CR
	* Tab long-acting 47.5 mg	1.41 (7.50)	30	✓ Myloc CR Betaloc CR
	* Tab long-acting 95 mg	2.42 (7.50)	30	✓ Myloc CR Betaloc CR
	* Tab long-acting 190 mg	4.66 (7.50)	30	✓ Myloc CR Betaloc CR

▲ 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 September 2012 (continued)

69	ETHINYLOESTRADIOL WITH LEVONORGESTREL * Tab 30 µg with levonorgestrel 150 µg and 7 inert tab – Up to 84 tab available on a PSO	2.45 (6.62) (14.49) (16.50)	84		Levlen ED Monofeme Nordette 28 Microgynon 30 ED
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Items to be Delisted – effective 1 October 2012

170	BRIMONIDINE TARTRATE * Eye Drops 0.2%	6.45	5 ml OP	✓ AFT	
179	ACETYLCYSTEINE – Retail pharmacy-Specialist Inj 200 mg per ml, 10 ml	137.06 (255.35)	10		Hospira

Effective 25 November 2012

51	ATENOLOL * Tab 50 mg	12.36	1,000	✓ <u>Atenolol Tablet USP</u>	
	* Tab 100 mg	21.46	1,000	✓ <u>Atenolol Tablet USP</u>	

Effective 1 December 2012

32	INSULIN PEN NEEDLES – Maximum of 100 dev per prescription * 29 g x 12.7 mm	11.75	100	✓ SC Profi-Fine	
	* 31 g x 5 mm	11.75	100	✓ SC Profi-Fine	
	* 31 g x 6 mm	11.75	100	✓ Fine Ject	
	* 31 g x 8 mm	11.75	100	✓ SC Profi-Fine	
33	INSULIN SYRINGES, DISPOSABLE WITH ATTACHED NEEDLE – Maximum of 100 dev per prescription * Syringe 0.3 ml with 29 g x 12.7 mm needle	13.00	100	✓ DM Ject	
	* Syringe 0.3 ml with 31 g x 8 mm needle	13.00	100	✓ DM Ject	
	* Syringe 0.5 ml with 29 g x 12.7 mm needle	13.00	100	✓ DM Ject	
	* Syringe 0.5 ml with 31 g x 8 mm needle	13.00	100	✓ DM Ject	
	* Syringe 1 ml with 29 g x 12.7 mm needle	13.00	100	✓ DM Ject	
	* Syringe 1 ml with 31 g x 8 mm needle	13.00	100	✓ DM Ject	
52	PROPRANOLOL * Tab 40 mg	4.65	100	✓ Cardinol	
79	GESTRINONE – Retail pharmacy-Specialist Cap 2.5 mg	101.87	8 OP	✓ Dimetriose	
82	AMOXYCILLIN CLAVULANATE Tab amoxicillin 500 mg with potassium clavulanate 125 mg – Up to 30 tab available on a PSO	26.00	100	✓ Synermox	
98	INDOMETHACIN * Suppos 100 mg	14.50	30	✓ Arthrexin	

Patients pay a manufacturer's surcharge when
the Manufacturer's Price is greater than the Subsidy
52

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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Items to be Delisted – effective 1 December 2012 (continued)

142	CLADRIBINE – PCT only – Specialist Inj 2 mg per ml, 5 ml	873.00	1	✓ Litak S29
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Effective 1 January 2013

43	DABIGATRAN Cap 110 mg	148.00	60	✓ Pradaxa
	Cap 150 mg	148.00	60	✓ Pradaxa
	Note – these are the bottles Pharmacode 2377578 (110 mg cap) and 2377551 (150 mg cap)			
48	PHENTOLAMINE MESYLATE * Inj 10 mg per ml, 1 ml	17.97 (31.65)	5	Regitine
73	NANDROLONE DECANOATE – Retail pharmacy-Specialist Inj 50 mg per ml, 1 ml	21.16	1	✓ Deca-Durabolin Orgaject S29

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

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

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

Effective 1 July 2012

16	ACITRETIN (↓ price)			
	Cap 10 mg	35.95	100	Neotigason
	Cap 25 mg	85.40	100	Neotigason
17	AMINO ACID FORMULA (↓ price)			
	Powder (unflavoured)	53.00	400 g	Elecare Elecare LCP
	Powder (vanilla)	53.00	400 g	Elecare
18	ATENOLOL (removal of note)			
	Note: HSS Status has been transferred to Atenolol Tablet USP tab 50 mg and 100 mg from Pacific Atenolol. Pacific Atenolol remains listed.			
	Tab 50 mg – 1% DV May-10 to 2012.....	6.18	500	Pacific Atenolol
		12.36	1,000	Atenolol Tablet USP
	Tab 100 mg – 1% DV May-10 to 2012.....	10.73	500	Pacific Atenolol
		21.46	1,000	Atenolol Tablet USP
	Note – Atenolol Tablet USP 50 mg and 100 mg to be delisted 25 November 2012.			
19	ATRACURIUM BESYLATE (↓ price and continuation of HSS)			
	Inj 10 mg per ml, 2.5 ml – 1% DV Sep-12 to 2015	6.13	5	Tracrium
	Inj 10 mg per ml, 5 ml – 1% DV Sep-12 to 2015	9.19	5	Tracrium
20	BENZATHINE BENZYL PENICILLIN (addition of HSS)			
	Inj 1.2 mega u per 2.3 ml – 1% DV Sep-12 to 2015	315.00	10	Bicillin LA
21	BUPRENORPHINE WITH NALOXONE (new listing)			
	Tab sublingual 2 mg with naloxone 0.5 mg	57.40	28	Suboxone
	Tab sublingual 8 mg with naloxone 2 mg	166.00	28	Suboxone
21	CABERGOLINE (new listing)			
	Tab 0.5 mg – 1% DV Sep-12 to 2015	6.25	2	Dostinex
		25.00	8	Dostinex
24	CHLORAMPHENICOL (↓ price and continuation of HSS)			
	Eye drops 0.5% – 1% DV Sep-12 to 2015	1.20	10 ml	Chlorafast
26	CROTAMITON (↓ price and continuation of HSS)			
	Crm 10% – 1% DV Sep-12 to 2015	3.48	20 g	Itch-Soothe
26	CYCLIZINE HYDROCHLORIDE (↓ price and continuation of HSS)			
	Tab 50 mg – 1% DV Sep-12 to 2015	0.59	10	Nausicalm
27	DABIGATRAN			
	Cap 110 mg	148.00	60	Pradaxa
	Cap 150 mg	148.00	60	Pradaxa
	Note – Pradaxa cap 110 mg (p'code 2377578) and cap 150 mg (p'code 2377551) bottle presentations to be delisted 1 September 2012			

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

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

Section H page ref	Price (ex man. excl. GST) \$ Per	Brand or Generic Manufacturer
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Section H changes to Part II - effective 1 July 2012 (continued)

28	DEXTROSE (discontinuation) Inj 50%, 50 ml – 1% DV Sep-11 to 2014.....	10.85	1	Biomed
	Note – Biomed inj 50%, 50 ml to be delisted 1 September 2012. Biomed's inj 50%, 10 ml and 90 ml remain available.			
29	DILTIAZEM HYDROCHLORIDE (addition of HSS) Tab 30 mg – 5% DV Sep-12 to 2015	4.60	100	Dilzem
	Tab 60 mg – 5% DV Sep-12 to 2015	8.50	100	Dilzem
29	DOPAMINE HYDROCHLORIDE (↓ price and continuation of HSS) Inj 40 mg per ml, 5 ml – 1% DV Sep-12 to 2015	69.77	10	Martindale
30	ENOXAPARIN SODIUM (↓ price and continuation of HSS) Inj 20 mg – 1% DV Sep-12 to 2015	37.24	10	Clexane
	Inj 40 mg – 1% DV Sep-12 to 2015	49.69	10	Clexane
	Inj 60 mg – 1% DV Sep-12 to 2015	74.91	10	Clexane
	Inj 80 mg – 1% DV Sep-12 to 2015	99.86	10	Clexane
	Inj 100 mg – 1% DV Sep-12 to 2015	125.06	10	Clexane
	Inj 120 mg – 1% DV Sep-12 to 2015	155.40	10	Clexane
	Inj 150 mg – 1% DV Sep-12 to 2015	177.60	10	Clexane
32	ETIDRONATE DISODIUM (↓ price and continuation of HSS) Tab 200 mg – 1% DV Sep-12 to 2015	15.80	100	Arrow-Etidronate
32	FELODIPINE (new listing) Tab long-acting 2.5 mg – 1% DV Sep-12 to 2015	2.90	30	Plendil ER
	Tab long-acting 5 mg – 1% DV Sep-12 to 2015	3.10	30	Plendil ER
	Tab long-acting 10 mg – 1% DV Sep-12 to 2015	4.60	30	Plendil ER
	Note – Felo 5 ER and Felo 10 ER to be delisted 1 September 2012.			
32	FENTANYL CITRATE (↓ price and continuation of HSS) Inj 50 µg per ml, 2 ml – 1% DV Sep-12 to 2015	4.50	10	Boucher and Muir
	Inj 50 µg per ml, 10 ml – 1% DV Sep-12 to 2015	11.77	10	Boucher and Muir
33	FLUCLOXACILLIN SODIUM (↓ price and continuation of HSS) Grans for oral liq 125 mg per 5 ml – 1% DV Sep-12 to 2015	2.49	100 ml	AFT
	Grans for oral liq 250 mg per 5 ml – 1% DV Sep-12 to 2015	3.25	100 ml	AFT
34	FUROSEMIDE (↓ price and continuation of HSS) Tab 40 mg – 1% DV Sep-12 to 2015	10.25	1,000	Diurin 40
35	GENTAMICIN SULPHATE (↓ price and continuation of HSS) Inj 40 mg per ml, 2 ml – 1% DV Sep-12 to 2015	6.50	10	Pfizer
35	GLUCAGON HYDROCHLORIDE (new listing) Inj 1 mg syringe kit.....	32.00	1	Glucagen Hypokit
37	HYDROXOCOBALAMIN (↓ price, brand name change and continuation of HSS) Inj 1 mg per ml, 1 ml – 1% DV Sep-12 to 2015	5.10	3	ABM ABM Hydroxocobalamin

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

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

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

38	IDARUBICIN HYDROCHLORIDE (↓ price and continuation of HSS)			
	Inj 5 mg – 1% DV Sep-12 to 2015	100.00	1	Zavedos
	Inj 10 mg – 1% DV Sep-12 to 2015	200.00	1	Zavedos
38	INSULIN ASPART (new listing)			
	Inj 100 iu per ml, 3 ml prefilled pen	52.15	5	NovoMix 30 FlexPen
41	LATANOPROST (new listing)			
	Eye drops 50 µg per ml – 1% DV Sep-12 to 2015	1.99	2.5 ml	Hysite
43	LITHIUM CARBONATE (new listing)			
	Tab 250 mg – 1% DV Sep-12 to 2015	34.30	500	Lithicarb FC
	Tab 400 mg – 1% DV Sep-12 to 2015	12.83	100	Lithicarb FC
44	MESALAZINE (↓ price and continuation of HSS)			
	Enema 1 g per 100 ml – 1% DV Sep-12 to 2015	44.12	7	Pentasa
44	METHADONE HYDROCHLORIDE (continuation of HSS)			
	Oral liq 2 mg per ml – 1% DV Sep-12 to 2015 (↓ price)	5.55	200 ml	Biodone
	Oral liq 5 mg per ml – 1% DV Sep-12 to 2015	5.55	200 ml	Biodone Forte
	Oral liq 10 mg per ml – 1% DV Sep-12 to 2015 (↓ price)	6.55	200 ml	Biodone Extra Forte
46	METOPROLOL SUCCINATE (↑ price)			
	Tab long-acting 23.75 mg	7.50	30	Betaloc CR
	Tab long-acting 47.5 mg	7.50	30	Betaloc CR
	Tab long-acting 95 mg	7.50	30	Betaloc CR
	Note - Betaloc CR tab long-acting 23.75 mg, 47.5 mg and 95 mg to be delisted 1 September 2012			
46	METOPROLOL SUCCINATE (↓ price)			
	Tab long-acting 190 mg	7.50	30	Betaloc CR
	Note - Betaloc CR tab long-acting 190 mg to be delisted 1 September 2012			
46	MIRTAZAPINE (↓ price and addition of HSS)			
	Tab 30 mg – 1% DV Sep-12 to 2015	8.78	30	Avanza
	Tab 45 mg – 1% DV Sep-12 to 2015	13.95	30	Avanza
47	MOMETASONE FUROATE (↓ price and addition of HSS)			
	Crn 0.1% – 1% DV Sep-12 to 2015	1.78	15 g	m-Mometasone
		3.42	45 g	m-Mometasone
	Oint 0.1% – 1% DV Sep-12 to 2015	1.78	15 g	m-Mometasone
		3.42	45 g	m-Mometasone
52	PHENTOLAMINE MESYLATE (discontinuation)			
	Inj 10 mg per ml, 1 ml	31.65	1	Regitine
	Note – Regitine inj 10 mg per ml, 1 ml to be delisted 1 September 2012.			
53	PIOGLITAZONE (↓ price and continuation of HSS)			
	Tab 15 mg – 1% DV Sep-12 to 2015	1.50	28	Pizaccord
	Tab 30 mg – 1% DV Sep-12 to 2015	2.50	28	Pizaccord
	Tab 45 mg – 1% DV Sep-12 to 2015	3.50	28	Pizaccord

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

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

Section H page ref	Price (ex man. excl. GST) \$ Per	Brand or Generic Manufacturer
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Section H changes to Part II - effective 1 July 2012 (continued)

54	PROMETHAZINE HYDROCHLORIDE (↓ price and addition of HSS)			
	Tab 10 mg - 1% DV Sep-12 to 2015	1.99	50	Allersoothe
	Tab 25 mg - 1% DV Sep-12 to 2015	2.99	50	Allersoothe
55	QUETIAPINE (↓ price)			
	Tab 25 mg	10.50	90	Quetapel
	Tab 100 mg	21.00	90	Quetapel
	Tab 200 mg	36.00	90	Quetapel
	Tab 300 mg	60.00	90	Quetapel
55	QUINAPRIL WITH HYDROCHLOROTHIAZIDE (addition of HSS)			
	Tab 10 mg with hydrochlorothiazide 12.5 mg – 1% DV Aug-12 to 2015	3.37	30	Accuretic 10
	Tab 20 mg with hydrochlorothiazide 12.5 mg – 1% DV Aug-12 to 2015	4.57	30	Accuretic 20
56	RECOMBINANT COAGULATION FACTOR VIIA (new listing)			
	Combination pack (powder and diluent for inj) 1 mg.....	1,163.75	1	NovoSeven RT
	Combination pack (powder and diluent for inj) 2 mg.....	2,327.50	1	NovoSeven RT
	Combination pack (powder and diluent for inj) 5 mg.....	5,818.75	1	NovoSeven RT
57	RISPERIDONE (↓ price)			
	Tab 0.5 mg	2.86	20	Risperdal
	Tab 1 mg	16.92	60	Risperdal
	Tab 2 mg	33.84	60	Risperdal
	Tab 3 mg	50.78	60	Risperdal
	Tab 4 mg	67.68	60	Risperdal
	Oral liq 1 mg per ml.....	25.26	30 ml	Risperdal
57	ROCURONIUM BROMIDE (new listing)			
	Inj 10 mg per ml, 5 ml – 1% DV Sep-12 to 2015	38.25	10	DBL Rocuronium Bromide
	Note – Arrow-Rocuronium inj 10 mg per ml, 5 ml to be delisted 1 September 2012			
57	ROCURONIUM BROMIDE (↓ price)			
	Inj 10 mg per ml, 5 ml	38.25	10	Arrow-Rocuronium
	Note – Arrow-Rocuronium inj 10 mg per ml, 5 ml to be delisted 1 September 2012			
58	ROXITHROMYCIN (↓ price and continuation of HSS)			
	Tab 150 mg – 1% DV Sep-12 to 2015	7.48	50	Arrow-Roxithromycin
	Tab 300 mg – 1% DV Sep-12 to 2015	14.40	50	Arrow-Roxithromycin
60	STANDARD SUPPLEMENT ORAL FEED (POWDER) (↑ price)			
	Powder (chocolate)	13.00	900 g	Ensure
	Powder (vanilla)	13.00	900 g	Ensure

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

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

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

64	VENLAFAXINE (↓ price)			
	Cap 37.5 mg	15.84	28	Efexor XR
	Tab 37.5 mg	12.67	28	Arrow-Venlafaxine XR
	Cap 75 mg	31.67	28	Efexor XR
	Tab 75 mg	19.00	28	Arrow-Venlafaxine XR
	Cap 150 mg	38.82	28	Efexor XR
	Tab 150 mg	23.41	28	Arrow-Venlafaxine XR
64	VINORELBINE (↓ price and continuation of HSS)			
	Inj 10 mg per ml, 1 ml – 1% DV Sep-12 to 2015	12.85	1	Navelbine
	Inj 10 mg per ml, 5 ml – 1% DV Sep-12 to 2015	64.25	1	Navelbine

Effective 1 June 2012

18	AMOXYCILLIN CLAVULANATE			
	Tab amoxicillin 500 mg with potassium clavulanate 125 mg ...	26.00	100	Synermox
	Note – Synermox tab to be delisted 1 August 2012			
18	ATENOLOL			
	Tab 50 mg	12.36	1, 000	Atenolol Tablet USP
	Tab 100 mg	21.46	1, 000	Atenolol Tablet USP
	Note – Atenolol Tablet USP 50 mg and 100 mg to be delisted 25 November 2012			
19	AZITHROMYCIN			
	Grans for oral liq 200 mg per 5 ml	13.20	15 ml	Zithromax
25	CLADRIBINE			
	Inj 2 mg per ml, 5 ml	873.00	1	Litak
	Note – Litak inj 2 mg per ml, 5 ml to be delisted 1 August 2012			
28	DEXAMETHASONE			
	Tab 1 mg – 1% DV Aug-12 to 2015	5.87	100	Douglas
	Tab 4 mg – 1% DV Aug-12 to 2015	8.16	100	Douglas
31	EPIRUBICIN			
	Inj 2 mg per ml, 25 ml – 1% DV Aug-12 to 2015	39.38	1	DBL Epirubicin Hydrochloride
	Inj 2 mg per ml, 50 ml – 1% DV Aug-12 to 2015	58.20	1	DBL Epirubicin Hydrochloride
	Inj 2 mg per ml, 100 ml – 1% DV Aug-12 to 2015	94.50	1	DBL Epirubicin Hydrochloride
	Note – Epirubicin Ebewe inj 2 mg per ml, 25 ml, 50 ml and 100 ml to be delisted 1 August 2012			
39	INSULIN PEN NEEDLES			
	29 g × 12.7 mm	11.75	100	SC Profi-Fine
	31 g × 5 mm	11.75	100	SC Profi-Fine
	31 g × 8 mm	11.75	100	SC Profi-Fine
	Note – SC Profi-Fine 29g x 12.7 mm, 31g x 5 mm and 31 g x 8 mm to be delisted 1 August 2012			

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

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

Section H page ref	Price (ex man. excl. GST) \$ Per	Brand or Generic Manufacturer
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Section H changes to Part II - effective 1 June 2012 (continued)

39	INSULIN SYRINGES, DISPOSABLE WITH ATTACHED NEEDLE			
	Syringe 0.3 ml with 29 g x 12.7 mm needle	13.00	100	DM Ject
	Syringe 0.3 ml with 31 g x 8 mm needle	13.00	100	DM Ject
	Syringe 0.5 ml with 29 g x 12.7 mm needle	13.00	100	DM Ject
	Syringe 0.5 ml with 31 g x 8 mm needle	13.00	100	DM Ject
	Syringe 1 ml with 29 g x 12.7 mm needle	13.00	100	DM Ject
	Syringe 1 ml with 31 g x 8 mm needle	13.00	100	DM Ject
	Note – DM Ject syringe 0.3 ml with 29 g x 12.7 mm needle, 0.3 ml with 31 g x 8 mm needle, 0.5 ml with 29 g x 12.7 mm needle, 0.5 ml with 31 g x 8 mm needle, 1 ml with 29 g x 12.7 mm needle and 1 ml with 31 g x 8 mm needle to be delisted 1 August 2012			
46	METOPROLOL SUCCINATE (↓ price)			
	Tab long-acting 23.75 mg	0.96	30	Myloc CR
	Tab long-acting 47.5 mg	1.41	30	Myloc CR
	Tab long-acting 95 mg	2.42	30	Myloc CR
	Tab long-acting 190 mg	4.66	30	Myloc CR
	Note – Myloc CR tab long acting 23.75 mg, 47.5 mg, 95 mg and 190 mg to be delisted 1 September 2012			
48	MYCOPHENOLATE MOFETIL (↓ price)			
	Tab 500 mg	60.00	50	Myaccord
	Cap 250 mg	60.00	100	Myaccord
50	OXALIPLATIN			
	Inj 50 mg – 1% DV Aug-12 to 2015	15.32	1	Oxaliplatin Actavis 50
	Inj 100 mg – 1% DV Aug-12 to 2015	25.01	1	Oxaliplatin Actavis 100
	Note – Oxaliplatin Ebewe inj 50 mg and 100 mg to be delisted 1 August 2012			
52	PARECOXIB			
	Inj 40 mg	100.00	10	Dynastat
56	RECOMBINANT FACTOR VIII			
	Inj 3,000 IU	3,000.00	1	Kogenate FS
60	SODIUM NITROPRUSSIDE			
	Test strip	6.00	50	Accu-Chek Ketur-Test

Effective 1 May 2012

16	ACETYLCYSTEINE (↓ price and addition of HSS)			
	Inj 200 mg per ml, 10 ml – 1% DV Jul-12 to 2015	178.00	10	Martindale Acetylcysteine
19	BARIUM SULPHATE (amended brand name)			
	Oral suspension 2.2%, 250 ml	175.00	24	GP Plus+ CT Plus+

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

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

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

20	BISOPROLOL FUMARATE				
	Tab 2.5 mg	3.88	30	Bosvate	
	Tab 5 mg	4.74	30	Bosvate	
	Tab 10 mg	9.18	30	Bosvate	
20	BLOOD GLUCOSE DIAGNOSTIC TEST METER				
	Meter	9.00	1	Freestyle Optium Optium Xceed	
20	BLOOD GLUCOSE DIAGNOSTIC TEST STRIP				
	Blood glucose test strips	21.65	50 test	Freestyle Optium Optium 5 second test	
21	BRIMONIDINE TARTRATE				
	Eye drops 0.2% – 1% DV Jul-12 to 2014	6.45	5 ml	Arrow-Brimonidine	
	Note – AFT brimonidine tartrate eye drops 0.2% to be delisted 1 July 2012				
29	DORNASE ALFA				
	Nebuliser soln, 2.5 mg per 2.5 ml amp	250.00	6	Pulmozyme	
40	KETONE BLOOD BETA-KETONE ELECTRODES				
	Test strips	7.07	10 strip	Freestyle Optium Ketone Optium Blood Ketone Test Strips	
46	METOPROLOL SUCCINATE (↓ price and addition of HSS)				
	Tab long-acting 23.75 mg – 1% DV Sep-12 to 2015	0.96	30	Metoprolol - AFT CR	
	Tab long-acting 47.5 mg – 1% DV Sep-12 to 2015	1.41	30	Metoprolol - AFT CR	
	Tab long-acting 95 mg – 1% DV Sep-12 to 2015	2.42	30	Metoprolol - AFT CR	
	Tab long-acting 190 mg – 1% DV Sep-12 to 2015	4.66	30	Metoprolol - AFT CR	
	Note – Betaloc CR and Myloc CR tab long-acting 23.75 mg, 47.5 mg, 95 mg & 190 mg to be delisted 1 September 2012				
46	METOPROLOL TARTRATE				
	Tab 50 mg – 1% DV Aug-12 to 2015	16.00	100	Lopresor	
	Tab 100 mg – 1% DV Aug-12 to 2015	21.00	60	Lopresor	
46	METOPROLOL TARTRATE (↓ price)				
	Tab long-acting 200 mg – 1% DV Aug-12 to 2015	18.00	28	Slow-Lopresor	
55	PROPYLTHIOURACIL				
	Tab 50 mg	35.00	100	PTU	
58	SALBUTAMOL (HSS suspended)				
	Oral liq 2 mg per 5 ml – 1% DV Sep-10 to 2013	1.99	150 ml	Salapin	
62	TETRABENAZINE				
	Tab 25 mg – 1% DV Jul 12 to 2015	178.00	112	Motetis	

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

Section H page ref	Price (ex man. excl. GST) \$ Per	Brand or Generic Manufacturer
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Effective 1 April 2012

17	AMINO ACID FORMULA Powder (vanilla) 56.00	400 g	Neocate Advance
	Powder (unflavoured) 56.00	400 g	Neocate Gold
17	AMINOACID FORMULA WITHOUT PHENYLALANINE Liquid (berry) 13.10	125 ml	PKU Anamix Junior LQ
	Liquid (orange) 13.10	125 ml	PKU Anamix Junior LQ
	Liquid (unflavoured) 13.10	125 ml	PKU Anamix Junior LQ

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

23	CEFACLOR MONOHYDRATE Cap 250 mg 24.57	100	Ranbaxy-Cefaclor
	Note: Cefaclor Sandoz cap 250 mg to be delisted 1 June 2012		
27	DABIGATRAN Cap 110 mg 148.00	60	Pradaxa
	Cap 150 mg 148.00	60	Pradaxa
	Note: This is a new listing of blister packed capsules. New pharmacode.		
30	ENTERAL FEED 1.5 KCAL/ML Liquid 7.00	1,000 ml	Nutrison Energy
30	ENTERAL FEED 2 KCAL/ML Liquid 5.50	500 ml	Nutrison Concentrated
33	FLUDARABINE PHOSPHATE Tab 10 mg – 1% DV Jun-12 to 2015 433.50	20	Fludara Oral
37	HIGH FAT FORMULA WITH VITAMINS, MINERALS AND TRACE ELEMENTS AND LOW IN PROTEIN AND CARBOHYDRATE Powder (vanilla) 35.50	300 g	KetoCal
41	LAPATINIB DITOSYLATE Tab 250 mg 1,899.00	70	Tykerb
51	PROPRANOLOL Tab 10 mg 3.65	100	Apo-Propranolol
	Tab 40 mg 4.65	100	Apo-Propranolol
51	PAEDIATRIC ENTERAL FEED WITH FIBRE 0.75 KCAL/ML Liquid 4.00	500 ml	Nutrini Low Energy Multi Fibre
51	PAEDIATRIC ENTERAL FEED WITH FIBRE 1.5KCAL/ML Liquid 6.00	500 ml	Nutrini Energy Multi Fibre

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

Section H page ref	Price (ex man. excl. GST) \$ Per	Brand or Generic Manufacturer
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Section H changes to Part II - effective 1 April 2012 (continued)

52	PAZOPANIB Tab 200 mg 1,334.70	30	Votrient
	Tab 400 mg 2,669.40	30	Votrient
54	PRAMIPEXOLE HYDROCHLORIDE Tab 0.125 mg – 1% DV Jun-12 to 2013 1.95	30	Dr Reddy's Pramipexole
	Tab 0.25 mg – 1% DV Jun-12 to 2013 2.40	30	Dr Reddy's Pramipexole
	Tab 0.5 mg 4.20	30	Dr Reddy's Pramipexole
54	PRASUGREL Tab 5 mg 108.00	28	Effient
	Tab 10 mg 120.00	28	Effient
54	PREMATURE BIRTH FORMULA Powder 0.75	100 ml	S26LBW Gold RTF
54	PRETERM POST-DISCHARGE INFANT FORMULA Powder 15.25	400 g	S-26 Gold Premgro
60	STANDARD SUPPLEMENT ORAL FEED (POWDER) 1.0KCAL/ML (amended chemical name)		
	Powder (chocolate) 9.50	900 g	Ensure
			Sustagen Hospital Formula
	Powder (vanilla) 9.50	900 g	Ensure
			Sustagen Hospital Formula
60	STANDARD SUPPLEMENT ORAL FEED (POWDER) (new listing) Powder (vanilla) 9.50	900 g	Fortisip
63	TRIAMCINOLONE ACETONIDE (↓ price and addition of HSS) Inj 10 mg per ml, 1 ml – 1% DV Jun-12 to 2014 21.90	5	Kenacort-A
	Inj 40 mg per ml, 1 ml – 1% DV Jun-12 to 2014 53.79	5	Kenacort-A40

Section H changes to Part III

Effective 1 June 2012

68	INDOMETHACIN Supp 100 mg S29 For any indication approved by the hospital service
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Products with Hospital Supply Status (HSS) are in **bold**.
Expiry date of HSS period is 30 June of the year indicated unless otherwise stated

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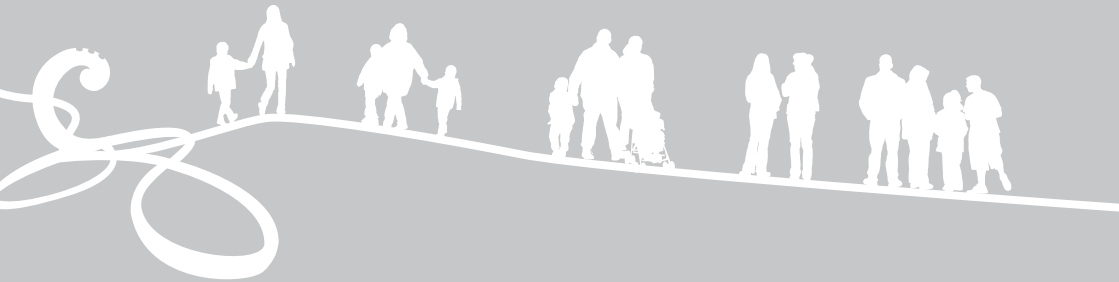
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