

Pharmaceutical Management Agency

Update

# New Zealand Pharmaceutical Schedule

Effective 1 March 2013

Cumulative for January, February and March 2013

Section H cumulative for December 2012,  
January, February and March 2013



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## Summary of PHARMAC decisions

EFFECTIVE 1 MARCH 2013

### **New listings (pages 20-26)**

- Sildenafil (Silagra) tab 25 mg and 50 mg – Retail pharmacy – Special Authority
- Gentamicin sulphate (APP Pharmaceuticals) – inj 10 mg per ml, 2 ml – Subsidy by endorsement
- Pramipexole hydrochloride (Dr Reddy's Pramipexole) tab 1 mg
- Oxycodone hydrochloride (OxyNorm) inj 50 mg per ml, 1 ml
- Flutamide (Flutamin S29) tab 250 mg
- Pharmacy Services (BSF Accarb, BSF Zetlam, BSF Alphapharm & BSF Entapone) brand switch fee

### **Changes to restrictions (pages 27-31)**

- Acarbose (Accarb) – addition of brand switch fee payable
- Blood glucose diagnostic test strip (Accu-Chek Performa and Freestyle Optium) – new Special Authority
- Sildenafil – change to Special Authority criteria
- Ethinyloestradiol with levonorgestrel (Ava 30 ED) – removal of brand switch fee payable
- Ethambutol hydrochloride (Myambutol) – addition of S29
- Lamivudine (Zetlam) – addition of brand switch fee payable
- Zidovudine [AZT] with lamivudine (Alphapharm) – addition of brand switch fee payable
- Entacapone (Entapone) – addition of brand switch fee payable
- Extension of BSF on Caresens N, Caresens N POP and Caresens II

### **Decreased subsidy (pages 32-35)**

- Diclofenac sodium (Diclofenac Sandoz) tab EC 50 mg
- Domperidone (Motilium) tab 10 mg
- Doxorubicin (Baxter) inj 1 mg for ECP
- Promethazine hydrochloride (Promethazine Winthrop Elixir) oral liq 5 mg per 5 ml

### **Increased subsidy (pages 32-35)**

- Blood ketone diagnostic test meter (Freestyle Optium) meter
- Ketone blood beta-ketone electrodes (Freestyle Optium Ketone) test strip
- Blood glucose diagnostic test strip (Freestyle Optium and Accu-Chek Performa) blood glucose test strips
- Danthron with poloxamer (Pinorax) oral liq 25 mg with poloxamer 200 mg per 5 ml
- Danthron with poloxamer (Pinorax Forte) oral liq 75 mg with poloxamer 1 g per 5 ml

**Summary of PHARMAC decisions – effective 1 March 2013 (continued)**

- Betamethasone valerate (Beta Cream) crm 0.1%
- Betamethasone valerate (Beta Ointment) oint 0.1%
- Clobetasol propionate (Dermol ) crm 0.05% and oint 0.05%
- Betamethasone valerate (Beta Scalp) scalp app 0.1%
- Trimethoprim (TMP) tab 300 mg
- Baclofen (Pacifen) tab 10 mg
- Tamoxifen citrate (Genox) tab 10 mg

## Ovestin vaginal cream

This is a reminder that Ovestin vaginal cream has no requirement to be discarded one month after opening. If the prescribed quantity equates to one tube per month then this will be subsidised. In all other circumstances only the quantity which equates to the dosing instructions will be subsidised. Providing good hygiene standards are met there is no requirement to discard the applicator after a calendar month's use.



## Sildenafil funded for Raynaud's Phenomenon

From 1 March 2013 sildenafil will be available fully funded for Raynaud's phenomenon, subject to Special Authority criteria. The Special Authority for Raynaud's phenomenon can be applied for electronically while Special Authorities for pulmonary arterial hypertension will continue to be applied for via the PAH panel.

## Changes to chemical names and formulations

Over the next few months there will be changes to some chemical names and formulations in the Pharmaceutical Schedule. This is to bring naming conventions in line with the proposed new Hospital Schedule (Preferred Medicines List).

## Quinapril change of brand

Last month Arrow-Quinapril 5 mg, 10 mg and 20 mg tabs were listed fully funded in the Pharmaceutical Schedule. The Accupril brand of quinapril will be reference priced from 1 April 2013 and delisted from 1 July 2013. There will be a Brand Switch Fee payable on the Arrow brand of quinapril from 1 July to 1 October 2013.



## Omezol Relief 20 mg capsule contains tartrazine

Since October 2012 the Omezol Relief 20 mg brand of omeprazole has contained a small amount of tartrazine in the capsule shell. Although it is rare, some patients may be intolerant to tartrazine, and for these patients the Omezol Relief 20 mg capsule may be opened and the contents consumed or Omezol Relief 10 mg caps can

be dispensed. Alternatively, patients may wish to discuss with their prescriber about alternative medications such as pantoprazole or lansoprazole.

Please note that only the 20 mg strength of Omezol Relief contains tartrazine, and this is clearly indicated on the packaging.

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## Brand Switch Fee on Caresens Meters extended

The BSF on Caresens test strips has been extended to 30 June 2013. This coincides with extending the Pharmacist dispensing of and claiming for the meters without a prescription until 30 June 2013.

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## News in brief

- Dr Rod Ellis-Pegler is no longer practicing in New Zealand, therefore has been removed from the Register of Prescribers approved to apply for a Special Authority for antiretrovirals.
- **Pramipexole hydrochloride** (Dr Reddy's Pramipexole) tab 1 mg will be listed fully funded from 1 March 2013.



# Tender News

Sole Subsidised Supply changes – effective 1 April 2013

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Amitriptyline	Tab 10 mg; 100 tab	Arrow-Amitriptyline (Arrow)
Dexamphetamine sulphate	Tab 5 mg; 100 tab	PSM (API)
Hydrocortisone butyrate	Lipocream 0.1%; 30 g OP & 100 g OP	Locoid Lipocream (CSL)
Hydrocortisone butyrate	Milky emul 0.1%; 100 ml OP	Locoid Crelo (CSL)
Hydrocortisone butyrate	Oint 0.1%; 100 g OP	Locoid (CSL)
Isoniazid	Tab 100 mg; 100 tab	PSM (API)
Isotretinoin	Cap 10 mg; 120 cap	Oratane (Douglas)
Isotretinoin	Cap 20 mg; 120 cap	Oratane (Douglas)
Lansoprazole	Cap 15 mg; 28 cap	Solox (Douglas)
Lansoprazole	Cap 30 mg; 28 cap	Solox (Douglas)
Megestrol acetate	Tab 160 mg; 30 tab	Apo-Megestrol (Apotex)
Nevirapine	Tab 200 mg; 60 tab	Nevirapine Alphapharm (Alphapharm)
Pethidine hydrochloride	Tab 50 mg; 10 tab	PSM (API)
Pethidine hydrochloride	Tab 100 mg; 10 tab	PSM (API)
Phenobarbitone	Tab 15 mg; 500 tab	PSM (API)
Phenobarbitone	Tab 30 mg; 500 tab	PSM (API)
Pizotifen	Tab 500 µg; 100 tab	Sandomigran (Novartis)

## Looking Forward

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

### Possible decisions for future implementation 1 April 2013

- KetoCal 3:1 powder vanilla 300 g OP – Special Authority – Retail pharmacy – new listing
- Benzbromarone (Benzbromaron) tab 100 mg – Special Authority – Retail pharmacy – Section 29 – new listing
- Diazoxide (Proglycem) cap 25 mg and 100 mg – Special Authority – Retail pharmacy – Section 29 – new listing
- Para-amino salicylic acid (Paser) sachet 4 g – Retail pharmacy – Specialist – Section 29 – new listing
- Paromomycin (Humatin) cap 250 mg – Special Authority – Retail pharmacy – Section 29 – new listing

### **Possible decisions for future implementation 1 April 2013 (continued)**

- Tetracycline (Tetracycline Wolff) cap 500 mg – Special Authority – Retail pharmacy – Section 29 – new listing
- Bismuth trioxide (Bismuth) Cap 250 mg – Section 29 – new listing
- Stiripentol (Diacomit) cap 250 mg and sachet 250 mg – Special Authority – Retail pharmacy – Section 29 – new listing
- Pegaspargase (Oncaspar) inj 3,750 IU per 5 ml - PCT only- Specialist – Special Authority - Section 29 – new listing
- Protionamide (Peteha) tab 250 mg – Special Authority – Retail pharmacy- Section 29 –new listing
- Ciprofloxacin tab 250 mg, 500 mg and 750 mg – changes to restrictions
- Clindamycin cap 150 mg and inj 150 mg – amendment to prescribing restriction
- Colistin sulphomethate – amendment to prescribing restriction
- Fusidic acid – amendment to prescribing restriction
- Lincomycin – amendment to prescribing restriction
- Itraconazole – amendment to prescribing restriction
- Ketaconazole – amendment to prescribing restriction
- Isoniazid – amendment to prescribing restriction
- Pyrazinamide – amendment to prescribing restriction
- Rifabutin – amendment to prescribing restriction
- Rifampicin – amendment to prescribing restriction
- Albendazole (GSK) tab 200 mg – Special Authority – Retail pharmacy – new listing
- Primaquine phosphate (Primacin) tab 7.5 mg– Special Authority – Retail pharmacy – new listing
- Pyrimethamine (Daraprim) tab 25 mg – Special Authority – Retail pharmacy – new listing
- Efavirenz (Stocrin) oral liq 30 mg per ml – Special Authority – Retail pharmacy – new listing
- Clofazamine (Lamprene) cap 50 mg – Special Authority – Retail pharmacy – new listing
- Cycloserine (King) cap 250 mg – Special Authority – Retail pharmacy – new listing
- Itraconazole (Sporanox) oral liq 10 mg per ml – Special Authority – Retail pharmacy – new listing
- Sulfadiazine sodium (Wockhardt) tab 500 mg – Special Authority – Retail pharmacy – new listing



## Sole Subsidised Supply Products – cumulative to March 2013

Generic Name	Presentation	Brand Name	Expiry Date*
Abacavir sulphate	Oral liq 20 mg per ml Tab 300 mg	Ziagen Ziagen	2014
<b>Acarbose</b>	<b>Tab 50 mg and 100 mg</b>	<b>Accarb</b>	<b>2015</b>
Acetazolamide	Tab 250 mg	Diamox	2014
Acetylcysteine	Inj 200 mg per ml, 10 ml	Martindale Acetylcysteine	2015
Aciclovir	Tab dispersible 200 mg, 400 mg & 800 mg	Lovir	2013
Allopurinol	Tab 100 mg & 300 mg	Apo-Allopurinol	2014
Amantadine hydrochloride	Cap 100 mg	Symmetrel	2014
Aminophylline	Inj 25 mg per ml, 10 ml	DBL Aminophylline	2014
Amitriptyline	Tab 25 mg & 50 mg	Amitrip	2014
Amlodipine	Tab 2.5 mg Tab 5 mg & 10 mg	Apo-Amlodipine Apo-Amlodipine	2014
Amoxicillin	Inj 250 mg, 500 mg & 1 g Cap 250 mg & 500 mg	Ibiamox Alphamox	2014 2013
Amoxicillin clavulanate	Grans for oral liq amoxicillin 125 mg with potassium clavulanate 31.25 mg per 5 ml	Augmentin	2015
	Grans for oral liq amoxicillin 250 mg with potassium clavulanate 62.5 mg per 5 ml	Augmentin	
	Tab 500 mg with potassium clavulanate 125 mg	Curam Duo	2014
Aqueous cream	Crn	AFT	2014
Ascorbic acid	Tab 100 mg	Vitala-C	2013
Aspirin	Tab 100 mg Tab dispersible 300 mg	Ethics Aspirin EC Ethics Aspirin	2013
Atenolol	Tab 50 mg & 100 mg	Mylan Atenolol	2015
Atorvastatin	Tab 10 mg, 20 mg, 40 mg & 80 mg	Zarator	2015
Atropine sulphate	Inj 600 µg, 1 ml	AstraZeneca	2015
Azathioprine	Tab 50 mg Inj 50 mg	Imuprine Imuran	2013
Bendrofluazide	Tab 2.5 mg & 5 mg	Arrow- Bendrofluazide	2014
Benzathine benzylpenicillin	Inj 1.2 mega u per 2.3 ml	Bicillin LA	2015
Benzylpenicillin sodium (Penicillin G)	Inj 600 mg	Sandoz	2014
Betaxolol hydrochloride	Eye drops 0.5% Eye drops 0.25%	Betoptic Betoptic S	2014
Bezafibrate	Tab long-acting 400 mg	Bezalip Retard	2015

\*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 March 2013

Generic Name	Presentation	Brand Name	Expiry Date*
Bicalutamide	Tab 50 mg	Bicalaccord	2014
Bisacodyl	Tab 5 mg	Lax-Tab	2013
Bisoprolol fumarate	Tab 2.5 mg, 5 mg & 10 mg	Bosvate	2013
Blood glucose diagnostic test meter	Meter with 50 lancets, a lancing device and 10 diagnostic test strips	CareSens N CareSens N POP CareSens II	2015
<b>Blood glucose diagnostic test strip</b>	<b>Blood glucose test strips</b>	<b>CareSens CareSens N</b>	<b>2015</b>
Brimonidine tartrate	Eye drops 0.2%	Arrow-Brimonidine	2014
Cabergoline	Tab 0.5 mg	Dostinex	2015
Calamine	Lotn, BP	PSM	2015
Calcitonin	Inj 100 iu per ml, 1 ml	Miacalcic	2014
Calcium carbonate	Tab 1.25 g (500 mg elemental) Tab eff 1.75 g (1 g elemental)	Arrow-Calcium Calsource	2014
Calcium folinate	Tab 15 mg	DBL Leucovorin Calcium	2014
Candesartan	Tab 4 mg, 8 mg, 16 mg & 32 mg	Candestar	2015
Captopril	Tab 12.5 mg, 25 mg & 50 mg Oral liq 5 mg per ml	m-Captopril Capoten	2013
Cefaclor monohydrate	Grans for oral liq 125 mg per 5 ml	Ranbaxy-Cefaclor	2013
Cefazolin sodium	Inj 500 mg & 1 g	AFT	2014
Ceftriaxone sodium	Inj 500 mg Inj 1 g	Veracol Aspen Ceftriaxone	2013
Cefuroxime sodium	Inj 750 mg	Multichem	2014
Cetomacrogol	Crn BP	PSM	2013
Cetirizine hydrochloride	Oral liq 1 mg per ml Tab 10 mg	Cetirizine - AFT Zetop	2014
Chloramphenicol	Eye oint 1% Eye drops 0.5%	Chlorsig Chlorafast	2015
<b>Chlorhexidine gluconate</b>	<b>Mouthwash 0.2%</b> Handrub 1% with ethanol 70% Soln 4%	<b>healthE healthE Orion</b>	<b>2015</b> 2014
<b>Ciclopirox olamine</b>	<b>Nail-soln 8%</b>	<b>Apo-Ciclopirox</b>	<b>2015</b>
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

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## Sole Subsidised Supply Products – cumulative to March 2013

Generic Name	Presentation	Brand Name	Expiry Date*
Clindamycin	Cap hydrochloride 150 mg	Clindamycin ABM	2013
Clomipramine hydrochloride	Tab 10 mg & 25 mg	Apo-Clomipramine	2015
<b>Clonidine hydrochloride</b>	<b>Tab 150 µg</b> Inj 150 µg per ml, 1 ml	<b>Catapres</b>	<b>2015</b>
Clopidogrel	Tab 75 mg	Apo-Clopidogrel	2013
Clotrimazole	Crn 1%	Clomazol	2014
	Vaginal crn 1% with applicator	Clomazol	2013
	Vaginal crn 2% with applicator	Clomazol	
Coal tar	Soln BP	Midwest	2013
Colchicine	Tab 500 µg	Colgout	2013
Compound electrolytes	Powder for soln for oral use 4.4 g	Electral	2013
Crotamiton	Crn 10%	Itch-Soothe	2015
Cyclizine hydrochloride	Tab 50 mg	Nausicalm	2015
Cyclophosphamide	Tab 50 mg	Cycloblastin	2013
Cyclosporin	Oral liq 100 mg per ml	Neoral	2015
Cyproterone acetate	Tab 50 mg & 100 mg	Siterone	2015
Cyproterone acetate with ethinyloestradiol	Tab 2 mg with ethinyloestradiol 35 µg and 7 inert tabs	Ginet 84	2014
Desmopressin	Nasal spray 10 µg per dose	Desmopressin-PH&T	2014
Dexamethasone	Tab 1 mg & 4 mg	Douglas	2015
	Eye oint 0.1%	Maxidex	2014
	Eye drops 0.1%	Maxidex	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	Maxitrol	2014
	Eye drops 0.1% with neomycin sulphate 0.35% and polymyxin B sulphate 6,000 u per ml	Maxitrol	
Dextrose	Inj 50%, 10 ml	Biomed	2014
Dextrose with electrolytes	Soln with electrolytes	Pedialyte – Fruit Pedialyte – Bubblegum Pedialyte – Plain	2013
Diclofenac sodium	Tab long-acting 75 mg & 100 mg	Diclax SR	2015
	Inj 25 mg per ml, 3 ml	Voltaren	2014
	Eye drops 1 mg per ml	Voltaren Ophtha	
	Suppos 12.5 mg, 25 mg, 50 mg & 100 mg	Voltaren	
Dihydrocodeine tartrate	Tab long-acting 60 mg	DHC Continus	2013
Diltiazem hydrochloride	Tab 30 mg & 60 mg	Dilzem	2015

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## Sole Subsidised Supply Products – cumulative to March 2013

Generic Name	Presentation	Brand Name	Expiry Date*
Dipyridamole	Tab long-acting 150 mg	Pytazen SR	2014
Docusate sodium	Cap 50 mg Cap 120 mg	Laxofast 50 Laxofast 120	2014
Docusate sodium with sennosides	Tab 50 mg with total sennosides 8 mg	Laxsol	2013
Doxazosin mesylate	Tab 2 mg & 4 mg	Apo-Doxazosin	2014
Doxycycline hydrochloride	Tab 100 mg	Doxine	2014
Emulsifying ointment	Oint BP	AFT	2014
<b>Enalapril</b>	<b>Tab 5 mg, 10 mg &amp; 20 mg</b>	<b>m-Enalapril</b>	<b>2015</b>
Enoxaparin sodium	Inj 20 mg, 40 mg, 60 mg, 80 mg, 100 mg, 120 mg & 150 mg	Clexane	2015
<b>Entacapone</b>	<b>Tab 200 mg</b>	<b>Entapone</b>	<b>2015</b>
Ergometrine maleate	Inj 500 µg per ml, 1 ml	DBL Ergometrine	2014
Escitalopram	Tab 10 mg & 20 mg	Loxalate	2013
Etidronate disodium	Tab 200 mg	Arrow-Etidronate	2015
Ethinylestradiol	Tab 10 µg	NZ Medical and Scientific	2015
Ethinylestradiol with levonorgestrel	Tab 20 µg with levonorgestrel 100 µg & 7 inert tab Tab 30 µg with levonorgestrel 150 µg & 7 inert tab	Ava 20 ED Ava 30 ED	2014
Exemestane	Tab 25 mg	Aromasin	2014
Felodopine	Tab long-acting 5 mg & 10 mg Tab long-acting 2.5 mg	Plendil ER Plendil ER	2015
Fentanyl	Transdermal patch 12.5 µg per hour, 25 µg per hour, 50 µg per hour, 75 µg per hour, 100 µg per hour	Mylan Fentanyl Patch	2013
Fentanyl citrate	Inj 50 µg per ml, 2 ml & 10 ml	Boucher and Muir	2015
Ferrous sulphate	Oral liq 30 mg per 1 ml (6 mg elemental per 1 ml)	Ferodan	2013
Filgrastim	Inj 300 µg per 0.5 ml Inj 480 µg per 0.5 ml	Zarzio Zarzio	31/12/15
Finasteride	Tab 5 mg	Rex Medical	2014
Flucloxacillin sodium	Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml Cap 250 mg & 500 mg Inj 250 mg, 500 mg & 1 g	AFT Staphlex Flucloxin	2015 2014
Fluconazole	Cap 50 mg, 150 mg & 200 mg	Ozole	2014
<b>Fluorometholone</b>	<b>Eye drops 0.1%</b>	<b>Flucon</b>	<b>2015</b>
<b>Fluorouracil sodium</b>	<b>Crn 5%</b>	<b>Efudix</b>	<b>2015</b>

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## Sole Subsidised Supply Products – cumulative to March 2013

Generic Name	Presentation	Brand Name	Expiry Date*
Fluoxetine hydrochloride	Cap 20 mg Tab dispersible 20 mg, scored	Fluox Fluox	2013
Flutamide	Tab 250 mg	Flutamin	2013
Fluticafone propionate	Metered aqueous nasal spray, 50 µg per dose	Flixonase Hayfever & Allergy	2015
<b>Furosemide</b>	<b>Tab 500 mg</b>	<b>Urex Forte</b>	<b>2015</b>
	Tab 40 mg	Diurin 40	
	Inj 10 mg per ml, 2 ml	Frusemide-Claris	2013
Fusidic acid	Crn 2%	Foban	2013
	Oint 2%	Foban	
Gemfibrozil	Tab 600 mg	Lipazil	2013
Gentamicin sulphate	Inj 40 mg per ml, 2 ml	Pfizer	2015
Gliclazide	Tab 80 mg	Apo-Gliclazide	2014
Glipizide	Tab 5 mg	Minidiab	2015
Glycerol	Suppos 3.6 g	PSM	2015
	Liquid	healthE	2013
Glyceryl trinitrate	Aerosol spray 400 µg per dose	Glytrin	2014
	TDDS 5 mg & 10 mg	Nitroderm TTS	
	Tab 600 µg	Lycinate	
Haloperidol	Inj 5 mg per ml, 1 ml	Serenace	2013
	Oral liq 2 mg per ml	Serenace	
	Tab 500 µg, 1.5 mg & 5 mg	Serenace	
Hydrocortisone	Tab 5 mg & 20 mg	Douglas	2015
	Crn 1%	Pharmacy Health	2014
	Powder	ABM	
	Inj 50 mg per ml, 1 ml	Solu-Cortef	2013
Hydrocortisone acetate	Rectal foam 10%, CFC-Free (14 applications)	Colifoam	2015
Hydrocortisone with miconazole	Crn 1% with miconazole nitrate 2%	Micreme H	2013
Hydrocortisone with wool fat and mineral oil	Lotn 1% with wool fat hydrous 3% and mineral oil	DP Lotn HC	2014
Hydroxocobalamin	Inj 1 mg per ml, 1 ml	ABM Hydroxocobalamin	2015
Hydroxychloroquine sulphate	Tab 200 mg	Plaquenil	2015
Hyoscine N-butylbromide	Inj 20 mg, 1 ml	Buscopan	2014
	Tab 10 mg	Gastrosoothe	
Ibuprofen	Tab 200 mg	Arrowcare	2014
	Tab long-acting 800 mg	Brufen SR	
	Oral liq 100 mg per 5 ml	Fenpaed	2013
Imiquimod	Crn 5%	Aldara	2014
Indapamide	Tab 2.5 mg	Dapa-Tabs	2013

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## Sole Subsidised Supply Products – cumulative to March 2013

Generic Name	Presentation	Brand Name	Expiry Date*
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
<b>Lamivudine</b>	<b>Tab 100 mg</b>	<b>Zetlam</b>	<b>2014</b>
	Oral liq 10 mg per ml	3TC	2013
	Tab 150 mg	3TC	
Latanoprost	Eye drops 50 µg per ml	Hysite	2015
Letrozole	Tab 2.5 mg	Letraccord	2015
Levonorgestrel	Subdermal implant (2 x 75 mg rods)	Jadelle	31/12/13
Lignocaine hydrochloride	Viscous soln 2%	Xylocaine Viscous	2014
	Inj 1%, 5 ml & 20 ml	Xylocaine	2013
Lignocaine with prilocaine	Crn 2.5% with prilocaine 2.5% (5 g tubes)	EMLA	2013
	Crn 2.5% with prilocaine 2.5%; 30 g OP	EMLA	
Lisinopril	Tab 5 mg, 10 mg & 20 mg	Arrow-Lisinopril	2015
Lithium carbonate	Tab 250 mg & 400 mg	Lithicarb FC	2015
	Cap 250 mg	Douglas	2014
Lodoxamide trometamol	Eye drops 0.1%	Lomide	2014
Loperamide hydrochloride	Cap 2 mg	Diamide Relief	2013
Loratadine	Oral liq 1 mg per ml	Lorapaed	2013
	Tab 10 mg	Loraclear Hayfever Relief	
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
<b>Macrogol 3350</b>	<b>Powder 13.125 g, sachets</b>	<b>Lax-Sachets</b>	<b>2014</b>
Malathion	Liq 0.5%	A-Lices	2013
	Shampoo 1%	A-Lices	
Mask for spacer device	Size 2	EZ-fit Paediatric Mask	2015
Mebendazole	Tab 100 mg	De-Worm	2014

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## Sole Subsidised Supply Products – cumulative to March 2013

Generic Name	Presentation	Brand Name	Expiry Date*
Mebeverine hydrochloride	Tab 135 mg	Colofac	2014
Methylprednisolone	Tab 4 mg & 100 mg	Medrol	2015
Methylprednisolone acetate	Inj 40 mg per ml	Depo-Medrol	2015
Methylprednisolone acetate with lignocaine	Inj 40 mg per ml with lignocaine 1 ml	Depo-Medrol with Lidocaine	2015
Mercaptopurine	Tab 50 mg	Purinethol	2013
Mesalazine	Enema 1 g per 100 ml Suppos 500 mg	Pentasa Asacol	2015 2014
Metformin hydrochloride	Tab immediate-release 500 mg & 850 mg	Apotex	2015
Methadone hydrochloride	Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml Tab 5 mg	Biodone Biodone Forte Biodone Extra Forte Methatabs	2015 2013
Methotrexate	Inj 25 mg per ml, 2 ml & 20 ml	Hospira	2013
Methylprednisolone sodium succinate	Inj 40 mg per ml, 1 ml; 62.5 mg per ml, 2 ml; 500 mg & 1 g	Solu-Medrol	2015
Metoclopramide hydrochloride	Inj 5 mg per ml, 2 ml Tab 10 mg	Pfizer Metamide	2014
Metoprolol succinate	Tab long-acting 23.75 mg, 47.5 mg, 95 mg & 190 mg	Metoprolol-AFT CR	2015
Metoprolol tartrate	Inj 1 mg per ml, 5 ml Tab 50 mg & 100 mg Tab long-acting 200 mg	Lopresor Lopresor Slow-Lopresor	2015
Miconazole nitrate	Crn 2%	Multichem	2014
Mirtazapine	Tab 30 mg & 45 mg	Avanza	2015
Mometasone furoate	Crn 0.1% Oint 0.1%	m-Mometasone	2015
Morphine hydrochloride	Oral liq 1 mg per ml, 2 mg per ml, 5 mg per ml & 10 mg per ml	RA-Morph	2015
Morphine sulphate	Inj 5 mg per ml, 1 ml Inj 10 mg per ml, 1 ml Inj 15 mg per ml, 1 ml Inj 30 mg per ml, 1 ml Tab long-acting 10 mg, 30 mg, 60 mg & 100 mg Cap long-acting 10 mg, 30 mg, 60 mg & 100 mg	DBL Morphine Sulphate DBL Morphine Sulphate DBL Morphine Sulphate DBL Morphine Sulphate Arrow-Morphine LA m-Elson	2014 2013
Morphine tartrate	Inj 80 mg per ml, 1.5 ml & 5 ml	Hospira	2013
Mucilaginous laxatives	Dry	Konsyl-D	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 March 2013

Generic Name	Presentation	Brand Name	Expiry Date*
Naphazoline hydrochloride	Eye drops 0.1%	Naphcon Forte	2014
Naproxen	Tab 250 mg Tab 500 mg	Noflam 250 Noflam 500	2015
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) Lozenge 1 mg & 2 mg Patch 7 mg, 14 mg & 21 mg	Habitrol Habitrol Habitrol	2014
Nicotinic acid	Tab 50 mg & 500 mg	Apo-Nicotinic Acid	2014
Norfloxacin	Tab 400 mg	Arrow-Norfloxacin	2014
Norethisterone	Tab 350 µg Tab 5 mg	Noriday 28 Primolut N	2015 2014
Nystatin	Oral liq 100,000 u per ml Cap 500,000 u Tab 500,000 u	Nilstat Nilstat Nilstat	2014 2013
Octreotide (somatostatin analogue)	Inj 50 µg per ml, 1 ml Inj 100 µg per ml, 1 ml Inj 500 µg per ml, 1 ml	Octreotide Max Rx	2014
Oil in water emulsion	Crn	healthE Fatty Cream	2015
Omeprazole	Cap 10 mg, 20 mg & 40 mg Powder Inj 40 mg	Omezol Relief Midwest Dr Reddy's Omeprazole	2014
Ondansetron	Tab disp 8 mg Tab 4 mg & 8 mg	Dr Reddy's Ondansetron Dr Reddy's Ondansetron	2013
Oxazepam	Tab 10 mg & 15 mg	Ox-Pam	2014
<b>Oxycodone hydrochloride</b>	<b>Inj 10 mg per ml, 1 ml &amp; 2 ml</b>	<b>Oxycodone Orion</b>	<b>2015</b>
Oxytocin	Inj 5 iu with ergometrine maleate 500 µg per ml, 1 ml	Syntometrine	2015
Pantoprazole	Inj 40 mg Tab 20 mg & 40 mg	Pantocid IV Dr Reddy's Pantoprazole	2014 2013
Paracetamol	Suppos 500 mg Tab 500 mg Oral liq 120 mg per 5 ml Oral liq 250 mg per 5 ml	Paracare Parafast Ethics Paracetamol Paracare Double Strength	2015 2014
Paracetamol with codeine	Tab paracetamol 500 mg with codeine phosphate 8 mg	Paracetamol + Codeine (Relieve)	2014
Paraffin liquid with soft white paraffin	Eye oint with soft white paraffin	Lacri-Lube	2013

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## Sole Subsidised Supply Products – cumulative to March 2013

Generic Name	Presentation	Brand Name	Expiry Date*
Paroxetine hydrochloride	Tab 20 mg	Loxamine	2013
Peak flow meter	Low range & normal range	Breath-Alert	2015
Pergolide	Tab 0.25 mg & 1 mg	Permax	2014
Permethrin	Crn 5% Lotn 5%	Lyderm A-Scabies	2014
Pethidine hydrochloride	Inj 50 mg per ml, 1 ml Inj 50 mg per ml, 2 ml	DBL Pethidine Hydrochloride DBL Pethidine Hydrochloride	2014
Phenoxymethylpenicillin (Pencillin V)	Cap potassium salt 250 mg & 500 mg Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml	Cilicaine VK  AFT AFT	2013
Pioglitazone	Tab 15 mg, 30 mg & 45 mg	Pizaccord	2015
Poloxamer	Oral drops 10%	Coloxyl	2014
Potassium chloride	Tab long-acting 600 mg	Span-K	2015
Pramipexole hydrochloride	Tab 0.125 mg & 0.25 mg	Dr Reddy's Pramipexole	2013
Pravastatin	Tab 20 mg & 40 mg	Cholvastin	2014
Procaine penicillin	Inj 1.5 mega u	Cilicaine	2014
Promethazine hydrochloride	Tab 10 mg & 25 mg	Allersoothe	2015
Pyridostigmine bromide	Tab 60 mg	Mestinon	2014
Pyridoxine hydrochloride	Tab 25 mg Tab 50 mg	PyridoxADE Apo-Pyridoxine	2014
Quinapril with hydrochlorothiazide	Tab 10 mg with hydrochlorothiazide 12.5 mg Tab 20 mg with hydrochlorothiazide 12.5 mg	Accuretic 10  Accuretic 20	2015
Ranitidine hydrochloride	Oral liq 150 mg per 10 ml Tab 150 mg & 300 mg	Peptisoothe Arrow-Ranitidine	2014
Rifabutin	Cap 150 mg	Mycobutin	2013
Ritonavir	Tab 100 mg	Norvir	2015
Rizatriptan	Tab orodispersible 10 mg	Rizamelt	2014
Ropinirole hydrochloride	Tab 0.25 mg, 1 mg, 2 mg & 5 mg	Ropin	2013
Roxithromycin	Tab 150 mg & 300 mg	Arrow- Roxithromycin	2015
Salbutamol	Nebuliser soln, 1 mg per ml & 2 mg per ml, 2.5 ml	Asthalin	2015
Salbutamol with ipratropium bromide	Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml	Duolin	2015

\*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 March 2013

Generic Name	Presentation	Brand Name	Expiry Date*
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
Spacer device	800 ml 230 ml (single patient)	Volumatic Space Chamber Plus	2015
Spironolactone	Tab 25 mg & 100 mg	Spirotone	2013
Sumatriptan	Inj 12 mg per ml, 0.5 ml Tab 50 mg & 100 mg	Arrow-Sumatriptan Arrow-Sumatriptan	2013
Tamoxifen citrate	Tab 20 mg	Genox	2014
Tamsulosin hydrochloride	Cap 400 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
Testosterone undecanoate	Cap 40 mg	Andriol Testocaps	2015
Tetrabenazine	Tab 25 mg	Motetis	2013
Tetracosactrin	Inj 250 µg Inj 1 mg per ml, 1 ml	Synacthen Synacthen Depot	2014
Timolol maleate	Eye drops 0.25% & 0.5%	Arrow-Timolol	2014
Tobramycin	Eye drops 0.3% Eye oint 0.3% Inj 40 mg per ml, 2 ml	Tobrex Tobrex DBL Tobramycin	2014
Tolcapone	Tab 100 mg	Tasmar	2014
Tramadol hydrochloride	Cap 50 mg	Arrow-Tramadol	2014

\*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 March 2013

Generic Name	Presentation	Brand Name	Expiry Date*
Triamcinolone acetonide	Inj 10 mg per ml, 1 ml Inj 40 mg per ml, 1 ml Crm 0.02% Oint 0.02% 0.1% in Dental Paste USP	Kenacort-A Kenacort-A40 Aristocort Aristocort Oracort	2014
Tranexamic acid	Tab 500 mg	Cyklokapron	2013
Tropicamide	Eye drops 0.5% & 1%	Mydriacyl	2014
Tyloxapol	Eye drops 0.25%	Enuclene	2014
Ursodeoxycholic acid	Cap 250 mg	Ursosan	2014
Vancomycin hydrochloride	Inj 500 mg	Mylan	2014
Verapamil hydrochloride	Tab 40 mg & 80 mg	Isoptin	2014
Vitamin B complex	Tab, strong, BPC	B-PlexADE	2013
Vitamins	Tab (BPC cap strength)	MultiADE	2013
Zidovudine [AZT]	Cap 100 mg Oral liq 10 mg per ml	Retrovir Retrovir	2013
<b>Zidovudine [AZT] with lamivudine</b>	<b>Tab 300 mg with lamivudine 150 mg</b>	<b>Alphapharm</b>	<b>2014</b>
Zinc and castor oil	Oint BP	Multichem	2014
Zinc sulphate	Caps 137.4 mg (50 mg elemental)	Zincaps	2014

**March 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.

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Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## New Listings

### Effective 1 March 2013

58	SILDENAFIL – Special Authority see SA1293 – Retail pharmacy Tab 25 mg ..... 1.85 Tab 50 mg ..... 1.85	4 4	✓ Silagra ✓ Silagra
88	GENTAMICIN SULPHATE Inj 10 mg per ml, 2 ml – Subsidy by endorsement ..... 175.10	25	✓ APP Pharmaceuticals S29
Only if prescribed for a dialysis or cystic fibrosis patient or for prophylaxis of endocarditis and the prescription is endorsed accordingly.			
119	PRAMIPEXOLE HYDROCHLORIDE ▲ Tab 1 mg ..... 7.20	30	✓ Dr Reddy's Pramipexole
123	OXYCODONE HYDROCHLORIDE a) Only on a controlled drug form b) See prescribing guideline below c) No patient co-payment payable d) Safety medicine; prescriber may determine dispensing frequency Inj 50 mg per ml, 1 ml ..... 60.00	5	✓ OxyNorm
158	FLUTAMIDE – Retail pharmacy-Specialist Tab 250 mg ..... 16.50	30	✓ Flutamin S29 S29
177	PHARMACY SERVICES - May only be claimed once per patient * Brand switch fee..... 4.33 The Pharmacode for BSF Zetlam is 2433257 (BSF Zetlam Brand switch fee to be delisted 1 June 2013) * Brand switch fee..... 4.33 The Pharmacode for BSF Alphapharm is 2433494 (BSF Alphapharm Brand switch fee to be delisted 1 June 2013) * Brand switch fee..... 4.33 The Pharmacode for BSF Entapone is 2433249 (BSF Entapone Brand switch fee to be delisted 1 June 2013) * Brand switch fee..... 4.33 The Pharmacode for BSF Accarb is 2433486 (BSF Accarb Brand switch fee to be delisted 1 June 2013)	1 fee 1 fee 1 fee 1 fee	✓ BSF Zetlam ✓ BSF Alphapharm ✓ BSF Entapone ✓ BSF Accarb

### Effective 1 February 2013

51	QUINAPRIL * Tab 5 mg ..... 3.44 * Tab 10 mg ..... 4.64 * Tab 20 mg ..... 6.34	90 90 90	✓ Arrow-Quinapril 5 ✓ Arrow-Quinapril 10 ✓ Arrow-Quinapril 20
53	ATENOLOL * Oral liq 25 mg per 5 ml..... 21.25 Restricted to children under 12 years of age.	300 ml OP	✓ Atenolol AFT S29

Patients pay a manufacturer's surcharge when  
the Manufacturer's Price is greater than the Subsidy  
20

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

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

86	FLUCLOXACILLIN SODIUM Grans for oral liq 125 mg per 5 ml – Up to 200 ml available on a PSO .....	2.49	100 ml	✓ <b>AFT</b>
	Grans for oral liq 250 mg per 5 ml – Up to 200 ml available on a PSO .....	3.25	100 ml	✓ <b>AFT</b>
	Note – this listing is for a sugar free formulation with new pharmacodes.			
102	CAPSAICIN – Special Authority see SA1289 – Retail pharmacy Crn 0.025% .....	9.95	45 g OP	✓ <b>Zostrix</b>
	▶ SA1289 Special Authority for Subsidy Initial application from any relevant practitioner. Approvals valid without further renewal unless notified where the patient has osteoarthritis that is not responsive to paracetamol and oral non-steroidal anti-inflammatories are contraindicated.			
126	VENLAFAXINE – Special Authority see SA1061 – Retail pharmacy Tab 225 mg .....	35.12	28	✓ <b>Arrow-Venlafaxine XR</b>
160	AZATHIOPRINE – Retail pharmacy-Specialist * Tab 50 mg – For azathioprine oral liquid formulation refer, page 179 .....	18.45	100	✓ <b>Imuran</b>
171	FLUTICASONE PROPIONATE Metered aqueous nasal spray, 50 µg per dose .....	2.30	120 dose OP	✓ <b>Flixonase Hayfever &amp; Allergy</b>
	Note – this Flixonase Hayfever & Allergy has different packaging and a new pharmacode			
191	ENTERAL/ORAL FEED 1KCAL/ML – Special Authority see SA1098 – Hospital pharmacy [HP3] Powder (unflavoured) .....	78.97	400 g OP	✓ <b>Heparon Junior</b>

### New Listings - effective 1 January 2013

32	INSULIN PUMP – Special Authority see SA1237– Retail pharmacy a) Only on a prescription b) Maximum of 1 insulin pump per prescription c) Maximum of 1 insulin pump per patient each four year period			
	Min basal rate 0.05 U/h; clear colour .....	4,400.00	1	✓ <b>Paradigm 522</b> ✓ <b>Paradigm 722</b>
	Min basal rate 0.05 U/h; smoke colour .....	4,400.00	1	✓ <b>Paradigm 522</b> ✓ <b>Paradigm 722</b>
	Min basal rate 0.05 U/h; purple colour .....	4,400.00	1	✓ <b>Paradigm 522</b> ✓ <b>Paradigm 722</b>
	Min basal rate 0.05 U/h; pink colour .....	4,400.00	1	✓ <b>Paradigm 522</b> ✓ <b>Paradigm 722</b>
	Min basal rate 0.05 U/h; blue colour .....	4,400.00	1	✓ <b>Paradigm 522</b> ✓ <b>Paradigm 722</b>

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

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

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(Mnfr's price)  
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Generic Mnfr  
✓ fully subsidised

### New Listings - effective 1 January 2013 (continued)

35	<p>INSULIN PUMP RESERVOIR – Special Authority see SA1240 – Retail pharmacy</p> <p>a) Maximum of 3 packs per prescription, b) Maximum of 1 prescription per 90 days. c) Only on a prescription</p> <p>Note: One additional pack of reservoirs will be funded per year (Maximum of 13 packs per annum)</p>			
	Cartridge for 5 and 7 series pump; 1.8 ml x 10 .....	50.00	1 OP	✓ <b>Paradigm 1.8 Reservoir</b>
	Cartridge for 7 series pump; 3.0 ml x 10 .....	50.00	1 OP	✓ <b>Paradigm 3.0 Reservoir</b>
	Syringe and cartridge for 50X pump, 3.0 ml x 10.....	50.00	1 OP	✓ <b>50X 3.0 Reservoir</b>
34	<p>INSULIN PUMP INFUSION SET (TEFLON CANNULA, ANGLE INSERTION) – Special Authority see SA1240 – Retail pharmacy</p> <p>a) Maximum of 3 packs per prescription, b) Maximum of 1 prescription per 90 days. c) Only on a prescription</p> <p>Note: One additional pack of infusion sets will be funded per year (Maximum of 13 packs per annum)</p>			
	13 mm teflon cannula; angle insertion; 45 cm line x 10 with 10 needles;.....	130.00	1 OP	✓ <b>Paradigm Silhouette MMT-368</b>
	13 mm teflon cannula; angle insertion; 60 cm line x 10 with 10 needles;.....	130.00	1 OP	✓ <b>Paradigm Silhouette MMT-381</b>
	13 mm teflon cannula; angle insertion; 80 cm line x 10 with 10 needles;.....	130.00	1 OP	✓ <b>Paradigm Silhouette MMT-383</b>
	13 mm teflon cannula; angle insertion; 120 cm line x 10 with 10 needles;.....	130.00	1 OP	✓ <b>Paradigm Silhouette MMT-382</b>
	17 mm teflon cannula; angle insertion; 110 cm line x 10 with 10 needles; luer lock.....	130.00	1 OP	✓ <b>Silhouette MMT-371</b>
	17 mm teflon cannula; angle insertion; 60 cm line x 10 with 10 needles; luer lock.....	130.00	1 OP	✓ <b>Silhouette MMT-373</b>
	17 mm teflon cannula; angle insertion; 110 cm line x 10 with 10 needles;.....	130.00	1 OP	✓ <b>Paradigm Silhouette MMT-377</b>
	17 mm teflon cannula; angle insertion; 60 cm line x 10 with 10 needles;.....	130.00	1 OP	✓ <b>Paradigm Silhouette MMT-378</b>
	17 mm teflon cannula; angle insertion; 80 cm line x 10 with 10 needles;.....	130.00	1 OP	✓ <b>Paradigm Silhouette MMT-384</b>
34	<p>INSULIN PUMP INFUSION SET (TEFLON CANNULA, STRAIGHT INSERTION) – Special Authority see SA1240 – Retail pharmacy</p> <p>a) Maximum of 3 packs per prescription, b) Maximum of 1 prescription per 90 days. c) Only on a prescription</p> <p>Note: One additional pack of infusion sets will be funded per year (Maximum of 13 packs per annum)</p>			
	9 mm teflon cannula; straight insertion; 80 cm tubing x 10 with 10 needles; .....	130.00	1 OP	✓ <b>Paradigm Quick-Set MMT-386</b>

*continued...*

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

*continued...*

6 mm teflon cannula; straight insertion; 80 cm tubing x 10 with 10 needles; .....	130.00	1 OP	✓ <b>Paradigm Quick-Set MMT-387</b>
9 mm teflon cannula; straight insertion; 110 cm tubing x 10 with 10 needles; luer lock.....	130.00	1 OP	✓ <b>Quick-Set MMT-390</b>
6 mm teflon cannula; straight insertion; 110 cm tubing x 10 with 10 needles; luer lock.....	130.00	1 OP	✓ <b>Quick-Set MMT-391</b>
9 mm teflon cannula; straight insertion; 60 cm tubing x 10 with 10 needles; luer lock.....	130.00	1 OP	✓ <b>Quick-Set MMT-392</b>
6 mm teflon cannula; straight insertion; 60 cm tubing x 10 with 10 needles; luer lock.....	130.00	1 OP	✓ <b>Quick-Set MMT-393</b>
9 mm teflon cannula; straight insertion; 106 cm tubing x 10 with 10 needles; .....	130.00	1 OP	✓ <b>Paradigm Quick-Set MMT-396</b>
9 mm teflon cannula; straight insertion; 60 cm tubing x 10 with 10 needles; .....	130.00	1 OP	✓ <b>Paradigm Quick-Set MMT-397</b>
6 mm teflon cannula; straight insertion; 110 cm tubing x 10 with 10 needles; .....	130.00	1 OP	✓ <b>Paradigm Quick-Set MMT-398</b>
6 mm teflon cannula; straight insertion; 60 cm tubing x 10 with 10 needles; .....	130.00	1 OP	✓ <b>Paradigm Quick-Set MMT-399</b>
<b>34</b> INSULIN PUMP INFUSION SET (STEEL CANNULA) – Special Authority see SA1240 – Retail pharmacy			
a) Maximum of 3 packs per prescription,			
b) Maximum of 1 prescription per 90 days.			
c) Only on a prescription			
Note: One additional pack of infusion sets will be funded per year (Maximum of 13 packs per annum)			
6 mm steel needle; 29 G; manual insertion; 60 cm tubing x 10 with 10 needles; luer lock.....	130.00	1 OP	✓ <b>Sure-T MMT-863</b>
6 mm steel needle; 29 G; manual insertion; 60 cm tubing x 10 with 10 needles; .....	130.00	1 OP	✓ <b>Paradigm Sure-T MMT-864</b>
6 mm steel needle; 29 G; manual insertion; 80 cm tubing x 10 with 10 needles; luer lock.....	130.00	1 OP	✓ <b>Sure-T MMT-865</b>
6 mm steel needle; 29 G; manual insertion; 80 cm tubing x 10 with 10 needles; .....	130.00	1 OP	✓ <b>Paradigm Sure-T MMT-866</b>
8 mm steel needle; 29 G; manual insertion; 60 cm tubing x 10 with 10 needles; luer lock.....	130.00	1 OP	✓ <b>Sure-T MMT-873</b>
8 mm steel needle; 29 G; manual insertion; 60 cm tubing x 10 with 10 needles; .....	130.00	1 OP	✓ <b>Paradigm Sure-T MMT-874</b>
8 mm steel needle; 29 G; manual insertion; 80 cm tubing x 10 with 10 needles; luer lock.....	130.00	1 OP	✓ <b>Sure-T MMT-875</b>
8 mm steel needle; 29 G; manual insertion; 80 cm tubing x 10 with 10 needles; .....	130.00	1 OP	✓ <b>Paradigm Sure-T MMT-876</b>
10 mm steel needle; 29 G; manual insertion; 60 cm tubing x 10 with 10 needles; luer lock.....	130.00	1 OP	✓ <b>Sure-T MMT-883</b>

*continued...*

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

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

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Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

### New Listings - effective 1 January 2013 (continued)

continued...

	10 mm steel needle; 29 G; manual insertion; 60 cm tubing x 10 with 10 needles; .....	130.00	1 OP	✓ <b>Paradigm Sure-T MMT-884</b>
	10 mm steel needle; 29 G; manual insertion; 80 cm tubing x 10 with 10 needles; luer lock.....	130.00	1 OP	✓ <b>Sure-T MMT-885</b>
	10 mm steel needle; 29 G; manual insertion; 80 cm tubing x 10 with 10 needles; .....	130.00	1 OP	✓ <b>Paradigm Sure-T MMT-886</b>
34	INSULIN PUMP INFUSION SET (TEFLON CANNULA, STRAIGHT INSERTION WITH INSERTION DEVICE) – Special Authority see SA1240 – Retail pharmacy a) Maximum of 3 packs per prescription, b) Maximum of 1 prescription per 90 days. c) Only on a prescription Note: One additional pack of infusion sets will be funded per year (Maximum of 13 packs per annum)			
	6 mm teflon cannula; straight insertion; insertion device; 45 cm pink tubing x 10 with 10 needles; .....	130.00	1 OP	✓ <b>Paradigm Mio MMT-921</b>
	6 mm teflon cannula; straight insertion; insertion device; 60 cm pink tubing x 10 with 10 needles .....	130.00	1 OP	✓ <b>Paradigm Mio MMT-923</b>
	6 mm teflon cannula; straight insertion; insertion device; 80 cm pink tubing x 10 with 10 needles; .....	130.00	1 OP	✓ <b>Paradigm Mio MMT-925</b>
	6 mm teflon cannula; straight insertion; insertion device; 45 cm blue tubing x 10 with 10 needles .....	130.00	1 OP	✓ <b>Paradigm Mio MMT-941</b>
	6 mm teflon cannula; straight insertion; insertion device; 60 cm blue tubing x 10 with 10 needles .....	130.00	1 OP	✓ <b>Paradigm Mio MMT-943</b>
	6 mm teflon cannula; straight insertion; insertion device; 80 cm blue tubing x 10 with 10 needles .....	130.00	1 OP	✓ <b>Paradigm Mio MMT-945</b>
	6 mm teflon cannula; straight insertion; insertion device; 80 cm clear tubing x 10 with 10 needles .....	130.00	1 OP	✓ <b>Paradigm Mio MMT-965</b>
	9 mm teflon cannula; straight insertion; insertion device; 80 cm clear tubing x 10 with 10 needles .....	130.00	1 OP	✓ <b>Paradigm Mio MMT-975</b>
39	CALCITRIOL			
	* Cap 0.25 µg.....	10.10	100	✓ <b>Calcitriol-AFT</b>
	* Cap 0.5 µg.....	18.73	100	✓ <b>Calcitriol-AFT</b>
47	BEZAFIBRATE			
	* Tab 200 mg .....	9.70	90	✓ <b>Bezalip</b>
61	CALAMINE			
	a) Only on a prescription			
	b) Not in combination			
	Crn, aqueous, BP .....	1.77	100 g	✓ <b>Pharmacy Health</b>

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 January 2013 (continued)

73	LEVONORGESTREL * Tab 750 µg .....	12.50	2	✓ Next Choice
77	TESTOSTERONE UNDECANOATE – Retail pharmacy-Specialist Inj 250 mg per ml, 4 ml .....	86.00	1	✓ Reandron 1000
86	PENICILLIN G BENZATHINE [BENZATHINE BENZYL PENICILLIN] Inj 1.2 mega u per 2 ml – Up to 5 inj available on a PSO .....	315.00	10	✓ Bicillin LA
89	POSACONAZOLE – Special Authority see SA1285 – Retail pharmacy Oral liq 40 mg per ml .....	761.13	105 ml OP	✓ Noxafil
<p>▶ SA1285 Special Authority for Subsidy Initial application only from a haematologist or infectious disease specialist. Approvals valid for 6 weeks for patients meeting the following criteria: Either:</p> <ol style="list-style-type: none"> <li>1. Patient has acute myeloid leukaemia and is to be treated with high dose remission induction, re-induction or consolidation chemotherapy; or</li> <li>2. Patient has received a stem cell transplant and has graft versus host disease and is on significant immunosuppressive therapy*.</li> </ol> <p>Renewal only from a haematologist or infectious disease specialist. Approvals valid for 6 weeks for patients meeting the following criteria: Either:</p> <ol style="list-style-type: none"> <li>1. Patient has acute myeloid leukaemia and is to be treated with high dose remission induction, re-induction or consolidation therapy; or</li> <li>2. Patient has received a stem cell transplant and has graft versus host disease and is on significant immunosuppression* and requires on going posaconazole treatment.</li> </ol> <p>* Graft versus host disease (GVHD) on significant immunosuppression is defined as acute GVHD, grade II to IV, or extensive chronic GVHD, or if they were being treated with intensive immunosuppressive therapy consisting of either high-dose corticosteroids (≥ 1 mg per kilogram of body weight per day for patients with acute GVHD or ≥ 0.8 mg per kilogram every other day for patients with chronic GVHD), antithymocyte globulin, or a combination of two or more immunosuppressive agents or types of treatment.</p>				
102	DICLOFENAC SODIUM * Tab EC 25 mg .....	4.00	100	✓ Apo-Diclo
	* Tab EC 50 mg .....	16.00	500	✓ Apo-Diclo
119	LEVODOPA WITH CARBIDOPA (new formulation) Tab 100 mg with carbidopa 25 mg – For levodopa with carbidopa oral liquid formulation refer, page 179 .....	20.00	100	✓ Sinemet
	Tab long-acting 200 mg with carbidopa 50 mg .....	47.50	100	✓ Sinemet CR
	Tab 250 mg with carbidopa 25 mg .....	40.00	100	✓ Sinemet
121	TRAMADOL HYDROCHLORIDE Tab sustained-release 100 mg .....	2.14	20	✓ Tramal SR 100
	Tab sustained-release 150 mg .....	3.21	20	✓ Tramal SR 150
	Tab sustained-release 200 mg .....	4.28	20	✓ Tramal SR 200
131	DOMPERIDONE * Tab 10 mg - For domperidone oral liquid formulation refer, page 179 .....	3.25	100	✓ Prokinex
140	INTERFERON BETA-1-ALPHA – Special Authority see SA1062 Inj 6 million iu per 0.5 ml pen injector .....	1,425.10	4	✓ Avonex Pen

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

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

**New Listings - effective 1 January 2013 (continued)**

152	DOXORUBICIN – PCT only – Specialist			
	Inj 50 mg .....	17.00	1	✓ <b>Arrow-Doxorubicin</b>
	Inj 200 mg .....	65.00	1	✓ <b>Arrow-Doxorubicin</b>
178	PHARMACY SERVICES - May only be claimed once per patient			
	* Brand switch fee.....	4.33	1 fee	✓ <b>BSF Plendil ER</b>
	The Pharmacode for BSF Plendil ER is 2430231			
	(BSF Plendil ER Brand switch fee to be delisted 1 April 2013)			

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 March 2013

29	ACARBOSE – <b>Brand switch fee payable (Pharmacode 2433486) - see page 177 for details</b>			
	* Tab 50 mg .....	9.82	90	✓ <b>Accarb</b>
	* Tab 100 mg .....	15.83	90	✓ <b>Accarb</b>
31	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 endorsed accordingly; or			
	2) Prescribed on the same prescription as insulin or a sulphonylurea in which case the prescription is deemed to be endorsed; or			
	3) Prescribed for a pregnant woman with diabetes and endorsed accordingly; or			
	4) Prescribed for a patient on home TPN at risk of hypoglycaemia or hyperglycaemia and endorsed accordingly; or			
	5) Prescribed for a patient with a genetic or an acquired disorder of glucose homeostasis excluding type 1 or type 2 diabetes and metabolic syndrome and endorsed accordingly.			
	Blood glucose test strips – <b>Note differing brand requirements below</b> .....			
		28.75	50 test OP	✓ <b>Accu-Chek Performa</b>
		28.75	50 test OP	✓ <b>Freestyle Optium</b>
	a) <b>Accu-Chek Performa brand: Special Authority see SA1294 – Retail pharmacy</b>			
	b) <b>Freestyle Optium brand: Special Authority see SA1291 – Retail pharmacy</b>			
	➔ <b>SA1294</b> Special Authority for Subsidy			
	Notes: Special Authority criteria and application details may be obtained from PHARMACs website <a href="http://www.pharmac.govt.nz">http://www.pharmac.govt.nz</a> and can be sent to:			
	PHARMAC			
	PO Box 10 254 Facsimile: (04) 916 7571,			
	Wellington, Email: <a href="mailto:bgstrips@pharmac.govt.nz">bgstrips@pharmac.govt.nz</a>			
	➔ <b>SA1291</b> Special Authority for Subsidy			
	Notes: Special Authority criteria and application details may be obtained from PHARMACs website <a href="http://www.pharmac.govt.nz">http://www.pharmac.govt.nz</a> and can be sent to:			
	PHARMAC			
	PO Box 10 254, Facsimile: (04) 916 7571			
	Wellington, Email: <a href="mailto:bgstrips@pharmac.govt.nz">bgstrips@pharmac.govt.nz</a>			
58	Phosphodiesterase Type 5 Inhibitors			
	➔ <b>SA1086</b> Special Authority for Subsidy			
	Special Authority approved by the Pulmonary Arterial Hypertension Panel			
	Notes: Application details may be obtained from PHARMAC's website <a href="http://www.pharmac.govt.nz">http://www.pharmac.govt.nz</a> or:			
	The Coordinator, PAH Panel			
	PHARMAC, PO Box 10-254, WELLINGTON			
	Tel: (04) 916 7512, Fax: (04) 974 4858, Email: <a href="mailto:PAH@pharmac.govt.nz">PAH@pharmac.govt.nz</a>			
	SILDENAFIL – Special Authority see <b>SA1293+086</b> – Retail pharmacy			
	Tab 25 mg .....	1.85	4	✓ <b>Silagra</b>
		39.00	4	✓ <b>Viagra</b>
	Tab 50 mg .....	1.85	4	✓ <b>Silagra</b>
		43.50	4	✓ <b>Viagra</b>
	Tab 100 mg – For sildenafil oral liquid formulation refer,			
	page 179 .....	7.45	4	✓ <b>Silagra</b>
	➔ <b>SA1293</b> Special Authority for Subsidy (Form name is sildenafil)			
	Initial application – Raynaud's phenomenon*.			

*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 March 2013 (continued)

*continued...*

**Applications from any relevant practitioner. Approvals valid without further renewal unless notified for patients meeting the following criteria:**

- 1 Patient has Raynaud's phenomenon; and
- 2 Patient has severe digital ischaemia (defined as severe pain requiring hospital admission or with a high likelihood of digital ulceration; digital ulcers; or gangrene); and
- 3 Patient is following lifestyle management (proper body insulation, avoidance of cold exposure, smoking cessation support, avoidance of sympathomimetic drugs); and
- 4 Patient has persisting severe symptoms despite treatment with calcium channel blockers and nitrates (unless contraindicated or not tolerated).

### Notes

- 1 Sildenafil is also funded for patients with Pulmonary Arterial Hypertension who are approved by the Pulmonary Arterial Hypertension Panel (an application must be made to the Panel).

Application details may be obtained from:

The Coordinator, PAH Panel

PHARMAC, PO Box 10 254, Wellington

Phone: (04) 916 7512 Facsimile: (04) 974 4858 Email: PAH@pharmac.govt.nz

- 2 Indications marked with an \* are Unapproved Indications.

72	ETHINYLOESTRADIOL WITH LEVONORGESTREL * Tab 30 µg with levonorgestrel 150 µg and 7 inert tab.....2.45	84	✓ <b>Ava 30 ED</b>
	a) Brand switch fee payable (Pharmacode 2405865) – see page 177 for details		
	b) Up to 84 tab available on a PSO		
90	ETHAMBUTOL HYDROCHLORIDE – No patient co-payment payable (addition of <b>S29</b> ) Tab 100 mg .....48.01	56	✓ <b>Myambutol S29</b>
	Tab 400 mg .....49.34	56	✓ <b>Myambutol S29</b>
92	LAMIVUDINE – Special Authority see SA0832 – Retail pharmacy Tab 100 mg – <b>Brand switch fee payable</b> (Pharmacode 2433257) - see page 177 for details.....32.50	28	✓ <b>Zetlam</b>
98	ZIDOVUDINE [AZT] WITH LAMIVUDINE – Special Authority see SA1025– Retail pharmacy – <b>Brand switch fee payable (Pharmacode 2433494) - see page 177 for details</b> Note: zidovudine [AZT] with lamivudine (combination tablets) counts as two anti-retroviral medications for the purposes of the anti-retroviral Special Authority. Tab 300 mg with lamivudine 150 mg.....63.50	60	✓ <b>Alphapharm</b>
119	ENTACAPONE – <b>Brand switch fee payable (Pharmacode 2433249) - see page 177 for details</b> ▲ Tab 200 mg .....47.92	100	✓ <b>Entapone</b>
180	PHARMACY SERVICES – May only be claimed once per patient * Brand switch fee.....4.33	1 fee	✓ <b>BSF CareSens N</b>
	The Pharmacode for BSF CareSens N is 2423138 (BSF CareSens N Brand switch fee to be delisted 1 March July 2013)		
	* Brand switch fee.....4.33	1 fee	✓ <b>BSF CareSens II</b>
	The Pharmacode for BSF CareSens II is 2423146 (BSF CareSens II Brand switch fee to be delisted 1 March July 2013)		
	* Brand switch fee.....4.33	1 fee	✓ <b>BSF CareSens N POP</b>
	The Pharmacode for BSF CareSens N POP is 2423154 (BSF CareSens N POP Brand switch fee to be delisted 1 March July 2013)		

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 February 2013

52	CANDESARTAN – Special Authority see SA1223 – Retail pharmacy Brand switch fee payable (Pharmacode 2426781) – see page 177 for details			
	Tab 4 mg .....	4.13	90	✓ <b>Candestar</b>
	Tab 8 mg .....	6.10	90	✓ <b>Candestar</b>
	Tab 16 mg .....	10.18	90	✓ <b>Candestar</b>
	Tab 32 mg .....	17.66	90	✓ <b>Candestar</b>
191	Paediatric Products for Children Awaiting Liver Transplant ▶ SA1098 Special Authority for Subsidy Initial application only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 3 years where the patient is a child (up to 18 years) who is awaiting liver transplant <b>requires a liver transplant.</b> 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 3 years for applications meeting the following criteria: Both: 1 The treatment remains appropriate and the patient is benefiting from treatment; and 2 General Practitioners must include the name of the dietitian, relevant specialist or vocationally registered general practitioner and date contacted.			
205	HIGH FAT <b>LOW CARBOHYDRATE</b> FORMULA WITH VITAMINS, MINERALS AND TRACE ELEMENTS AND LOW IN PROTEIN AND CARBOHYDRATE – Special Authority see SA1197 – Retail pharmacy Powder (vanilla) .....	35.50	300 g OP	✓ <b>KetoCal</b>

### Effective 1 January 2013

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

*continued...*

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

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

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

continued...

	Flat panel, high-contrast screen; compatible with standard luer lock infusion sets; waterproof at 12 feet for 24 hours; 0.025 u/hour basal rate; continuous glucose monitoring (CGM) enabled <b>Min basal rate 0.025 U/h; black colour</b> .....	4,500.00	1	✓ Animas Vibe
34	INSULIN PUMP INFUSION SET ( <b>STEEL CANNULA</b> ) – Special Authority see SA1240 – Retail Pharmacy a) Maximum of 3 packs per prescription, b) Maximum of 1 prescription per 90 days. c) Only on a prescription Note: One additional pack of infusion sets will be funded per year (Maximum of 13 packs per annum)			
	6 mm <del>metal</del> <b>steel</b> cannula; straight insertion; 60 cm grey line x 10 with 10 needles .....	130.00	1 OP	✓ Contact-D
	8 mm <del>metal</del> <b>steel</b> cannula; straight insertion; 60 cm grey line x 10 with 10 needles .....	130.00	1 OP	✓ Contact-D
	8 mm <del>metal</del> <b>steel</b> cannula; straight insertion; 110 cm grey line x 10 with 10 needles .....	130.00	1 OP	✓ Contact-D
34	INSULIN PUMP INFUSION SET ( <b>TEFLON CANNULA, STRAIGHT INSERTION WITH INSERTION DEVICE</b> ) – Special Authority see SA1240 – Retail Pharmacy a) Maximum of 3 packs per prescription, b) Maximum of 1 prescription per 90 days. c) Only on a prescription Note: One additional pack of infusion sets will be funded per year (Maximum of 13 packs per annum)			
	<del>Teflon cannula straight insertion 6 mm; with auto-injector; 6 mm Teflon cannula; straight insertion; Insertion device; 60 cm</del> grey line x 10 with 10 needles .....	140.00	1 OP	✓ Inset II
	<del>Teflon cannula straight insertion 6 mm; with auto-injector; 6 mm Teflon cannula; straight insertion; Insertion device; 60 cm</del> pink line x 10 with 10 needles .....	140.00	1 OP	✓ Inset II
	<del>Teflon cannula straight insertion 6 mm; with auto-injector; 6 mm Teflon cannula; straight insertion; Insertion device; 60 cm</del> blue line x 10 with 10 needles .....	140.00	1 OP	✓ Inset II
	<del>Teflon cannula straight insertion 9 mm; with auto-injector; 9 mm Teflon cannula; straight insertion; Insertion device; 60 cm</del> grey line x 10 with 10 needles .....	140.00	1 OP	✓ Inset II
	<del>Teflon cannula straight insertion 9 mm; with auto-injector; 9 mm Teflon cannula; straight insertion; Insertion device; 60 cm</del> pink line x 10 with 10 needles .....	140.00	1 OP	✓ Inset II
	<del>Teflon cannula straight insertion 9 mm; with auto-injector; 9 mm Teflon cannula; straight insertion; Insertion device; 60 cm</del> blue line x 10 with 10 needles .....	140.00	1 OP	✓ Inset II
	<del>Teflon cannula straight insertion 6 mm; with auto-injector; 6 mm Teflon cannula; straight insertion; Insertion device; 110 cm</del> grey line x 10 with 10 needles .....	140.00	1 OP	✓ Inset II
	<del>Teflon cannula straight insertion 9 mm; with auto-injector; 9 mm Teflon cannula; straight insertion; Insertion device; 110 cm</del> grey line x 10 with 10 needles .....	140.00	1 OP	✓ Inset II

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

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

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

- 34 INSULIN PUMP INFUSION SET (**TEFLON CANNULA, ANGLE INSERTION**) – Special Authority see SA1240  
– Retail Pharmacy  
a) Maximum of 3 packs per prescription,  
b) Maximum of 1 prescription per 90 days.  
c) Only on a prescription

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

Teflon cannula angle insertion 13 mm;

**13 mm Teflon cannula; angle insertion;**

60 cm grey line x 5 with 10 needles ..... 120.00 1 OP ✓ **Comfort Short**

Teflon cannula angle insertion 17 mm;

**17 mm Teflon cannula; angle insertion;**

60 cm grey line x 5 with 10 needles ..... 120.00 1 OP ✓ **Comfort**

Teflon cannula angle insertion 17 mm;

**17 mm Teflon cannula; angle insertion;**

110 cm grey line x 5 with 10 needles ..... 120.00 1 OP ✓ **Comfort**

- 34 INSULIN PUMP INFUSION SET (**TEFLON CANNULA, ANGLE INSERTION WITH INSERTION DEVICE**)  
– Special Authority see SA1240 – Retail Pharmacy  
a) Maximum of 3 packs per prescription,  
b) Maximum of 1 prescription per 90 days.  
c) Only on a prescription

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

Teflon cannula angle insertion 13 mm with

auto injector; **13 mm Teflon cannula; angle insertion;**

**Insertion device;** 60 cm grey line x 10 with 10 needles ..... 140.00 1 OP ✓ **Inset 30**

Teflon cannula angle insertion 13 mm with

auto injector; **13 mm Teflon cannula; angle insertion;**

**Insertion device;** 60 cm pink line x 10 with 10 needles ..... 140.00 1 OP ✓ **Inset 30**

Teflon cannula angle insertion 13 mm with

auto injector; **13 mm Teflon cannula; angle insertion;**

**Insertion device;** 60 cm blue line x 10 with 10 needles ..... 140.00 1 OP ✓ **Inset 30**

Teflon cannula angle insertion 13 mm with

auto injector; **13 mm Teflon cannula; angle insertion;**

**Insertion device;** 110 cm grey line x 10 with 10 needles... 140.00 1 OP ✓ **Inset 30**

- 54 FELODIPINE

\* Tab long-acting 5 mg – **Brand switch fee payable**

(Pharmacode 2430231) - see page 177 for details ..... 3.10 30 ✓ **Plendil ER**

\* Tab long-acting 10 mg – **Brand switch fee payable**

(Pharmacode 2430231) - see page 177 for details ..... 4.60 30 ✓ **Plendil ER**

- 73 Antiandrogen Oral Contraceptives

Prescribers may code prescriptions “contraceptive” (code “O”) when used as indicated for contraception. The period of supply and prescription charge will be as per other contraceptive, as follows:

- ~~\$3.00~~ **\$5.00** prescription charge (patient co-payment) will apply.
- prescription may be written for up to six months supply.

Prescriptions coded in any other way are subject to the non-contraceptive prescription charges, and the non-contraceptive period of supply. ie. Prescriptions may be written for up to three months supply

- 176 BRIMONIDINE TARTRATE

\* Eye Drops 0.2% – **Brand switch fee payable**

(Pharmacode 2425823) – see page 177 for details ..... 6.45 5 ml OP ✓ **Arrow-Brimonidine**

▲ 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 March 2013

30	BLOOD KETONE DIAGNOSTIC TEST METER († subsidy) Meter funded for the purposes of blood ketone diagnostics only. Patient has had one or more episodes of ketoacidosis and is at risk of future episodes. Only one meter per patient will be subsidised every 5 years. Meter .....	40.00	1	✓ Freestyle Optium
30	KETONE BLOOD BETA-KETONE ELECTRODES – Maximum of 20 strip per prescription († subsidy) Test strip – Not on a BSO .....	15.50	10 strip OP	✓ Freestyle Optium Ketone
31	BLOOD GLUCOSE DIAGNOSTIC TEST STRIP († subsidy) The number of test strips available on a prescription is restricted to 50 unless: 1) Prescribed with insulin or a sulphonylurea but are on a different prescription and endorsed accordingly; or 2) Prescribed on the same prescription as insulin or a sulphonylurea in which case the prescription is deemed to be endorsed; or 3) Prescribed for a pregnant woman with diabetes and endorsed accordingly; or 4) Prescribed for a patient on home TPN at risk of hypoglycaemia or hyperglycaemia and endorsed accordingly; or 5) Prescribed for a patient with a genetic or an acquired disorder of glucose homeostasis excluding type 1 or type 2 diabetes and metabolic syndrome and endorsed accordingly. Blood glucose test strips – Note differing brand requirements below .....	28.75	50 test OP	✓ Accu-Chek Performa
		28.75	50 test OP	✓ Freestyle Optium
	a) Accu-Chek Performa brand: Special Authority see SA1294 – Retail pharmacy			
	b) Freestyle Optium brand: Special Authority see SA1291 – Retail pharmacy			
37	DANTHRON WITH POLOXAMER – Only on a prescription († subsidy) Note: Only for the prevention or treatment of constipation in the terminally ill. Oral liq 25 mg with poloxamer 200 mg per 5 ml..... Oral liq 75 mg with poloxamer 1 g per 5 ml.....	21.30	300 ml	✓ Pinorax
		43.60	300 ml	✓ Pinorax Forte
62	BETAMETHASONE VALERATE († subsidy) * Crm 0.1%..... * Oint 0.1% .....	3.50	50 g OP	✓ Beta Cream
		3.50	50 g OP	✓ Beta Ointment
62	CLOBETASOL PROPIONATE († subsidy) * Crm 0.05%..... * Oint 0.05% .....	3.68	30 g OP	✓ Dermal
		3.68	30 g OP	✓ Dermal
68	BETAMETHASONE VALERATE († subsidy) * Scalp app 0.1% .....	7.75	100 ml OP	✓ Beta Scalp
68	CLOBETASOL PROPIONATE († subsidy) * Scalp app 0.05%.....	6.96	30 ml OP	✓ Dermal
88	TRIMETHOPRIM († subsidy) * Tab 300 mg – Up to 30 tab available on a PSO .....	9.28	50	✓ TMP
102	DICLOFENAC SODIUM (‡ subsidy) * Tab EC 50 mg .....	1.60 (2.13)	50	Diclofenac Sandoz

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 March 2013 (continued)

118	BACLOFEN (↑ subsidy) * Tab 10 mg – For baclofen oral liquid formulation refer, page 179 .....	5.10	100	✓ <b>Pacifen</b>
131	DOMPERIDONE (↓ subsidy) * Tab 10 mg – For domperidone oral liquid formulation refer, page 179.....	3.25 (11.99)	100	Motilium
151	DOXORUBICIN – PCT only – Specialist (↓ subsidy) Inj 1 mg for ECP .....	0.37	1 mg	✓ <b>Baxter</b>
160	TAMOXIFEN CITRATE (↑ subsidy) * Tab 10 mg .....	17.50	100	✓ <b>Genox</b>
166	PROMETHAZINE HYDROCHLORIDE (↓ subsidy) *‡ Oral liq 5 mg per 5 ml.....	2.79 (3.10)	100 ml	Promethazine Winthrop Elixir

### Effective 1 February 2013

38	MICONAZOLE (↓ subsidy) Oral gel 20 mg per g .....	4.95 (8.70)	40 g OP	Daktarin
44	PROTAMINE SULPHATE (↑ price) * Inj 10 mg per ml, 5 ml .....	22.40 (101.61)	10	Artex
47	BEZAFIBRATE (↓ subsidy) * Tab 200 mg .....	9.70	90	✓ <b>Fibalip</b>
54	NADOLOL (↑ subsidy) * Tab 40 mg .....	15.57	100	✓ <b>Apo-Nadolol</b>
	* Tab 80 mg .....	23.74	100	✓ <b>Apo-Nadolol</b>
55	DILTIAZEM HYDROCHLORIDE (↓ subsidy) * Cap long-acting 120 mg .....	1.91 (4.34)	30	Cardizem CD
	* Cap long-acting 180 mg .....	2.86 (6.50)	30	Cardizem CD
	* Cap long-acting 240 mg .....	3.81 (8.67)	30	Cardizem CD
85	ERYTHROMYCIN LACTOBIONATE (↑ subsidy) Inj 1 g .....	16.00	1	✓ <b>Erythrocin IV</b>

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

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

### Changes to Subsidy and Manufacturers Price - effective 1 February 2013 (continued)

85	AZITHROMYCIN (↓ subsidy) Maximum of 5 days treatment per prescription; can be waived by endorsement for the following patients: For Endorsement, patient has either: i) Received a lung transplant and requires treatment or prophylaxis for bronchiolitis obliterans syndrome *; or ii) Cystic fibrosis and has chronic infection with Pseudomonas aeruginosa or Pseudomonas related gram negative organisms * Indications marked with * are Unapproved Indications Tab 500 mg – Up to 8 tab available on a PSO .....	1.25	2 OP	✓ <b>Arrow-Azithromycin</b>
115	PAMIDRONATE DISODIUM (↓ subsidy) Inj 3 mg per ml, 10 ml .....	16.00 (37.50)	1	Pamisol
	Inj 6 mg per ml, 10 ml .....	32.00 (75.00)	1	Pamisol
	Inj 9 mg per ml, 10 ml .....	48.00 (112.50)	1	Pamisol
125	MOCLOBEMIDE 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 (↑ subsidy) .....	81.83	500	✓ <b>Apo-Moclobemide</b>
	* Tab 300 mg (↓ subsidy) .....	29.51	100	✓ <b>Apo-Moclobemide</b>
165	DEXTROCHLORPHENIRAMINE MALEATE (↑ price) * Tab 2 mg .....	1.01 (5.99)	20	Polaramine
		2.02 (8.40)	40	Polaramine
183	GLYCERIN WITH SODIUM SACCHARIN – Only in combination (↓ subsidy) Only in combination with Ora-Plus. Suspension .....	35.50	473 ml	✓ <b>Ora-Sweet SF</b>
183	GLYCERIN WITH SUCROSE – Only in combination (↓ subsidy) Only in combination with Ora-Plus. Suspension .....	35.50	473 ml	✓ <b>Ora-Sweet</b>
184	METHYLCELLULOSE (↓ subsidy) Suspension – Only in combination .....	35.50	473 ml	✓ <b>Ora-Plus</b>
184	METHYLCELLULOSE WITH GLYCERIN AND SODIUM SACCHARIN – Only in combination (↓ subsidy) Suspension .....	35.50	473 ml	✓ <b>Ora-Blend SF</b>
184	METHYLCELLULOSE WITH GLYCERIN AND SUCROSE – Only in combination (↓ subsidy) Suspension .....	35.50	473 ml	✓ <b>Ora-Blend</b>

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 January 2013

28	LANSOPRAZOLE (↓ subsidy)			
	* Cap 15 mg .....	2.00	28	✓ Lanzol Relief
	* Cap 30 mg .....	2.32	28	✓ Lanzol Relief
77	PREDNISOLONE SODIUM PHOSPHATE (↑ subsidy)			
	* Oral liq 5 mg per ml – Up to 30 ml available on a PSO .....	10.45	30 ml OP	✓ Redipred
	Restricted to children under 12 years of age.			
97	NEVIRAPINE – Special Authority see SA1025 – Retail pharmacy (↓ subsidy)			
	Tab 200 mg .....	95.94 (319.80)	60	Viramune
119	LISURIDE HYDROGEN MALEATE (↓ subsidy)			
	▲ Tab 200 µg .....	25.00	30	✓ Dopergin
123	PETHIDINE HYDROCHLORIDE (↑ subsidy)			
	a) Only on a controlled drug form			
	b) No patient co-payment payable			
	c) Safety medicine; prescriber may determine dispensing frequency			
	Tab 50 mg .....	3.95	10	✓ PSM
	Tab 100 mg .....	5.80	10	✓ PSM
124	AMITRIPTYLINE – Safety medicine; prescriber may determine dispensing frequency (↓ subsidy)			
	Tab 10 mg .....	1.66 (2.77)	50	Amirol
129	PHENOBARBITONE (↑ subsidy)			
	For phenobarbitone oral liquid refer, page 185			
	* Tab 15 mg .....	28.00	500	✓ PSM
	* Tab 30 mg .....	29.00	500	✓ PSM
131	PIZOTIFEN (↑ subsidy)			
	* Tab 500 µg .....	23.21	100	✓ Sandomigran
148	CARBOPLATIN – PCT only – Specialist (↓ subsidy)			
	Inj 1 mg for ECP .....	0.13	1 mg	✓ Baxter
148	CISPLATIN – PCT only – Specialist (↓ susidy)			
	Inj 1 mg per ml, 50 ml .....	15.00	1	✓ DBL Cisplatin
	Inj 1 mg per ml, 100 ml .....	21.00	1	✓ DBL Cisplatin
160	MEGESTROL ACETATE – Retail pharmacy-Specialist (↓ subsidy)			
	Tab 160 mg .....	51.55 (57.92)	30	Megace
165	CYCLOSPORIN (↓ subsidy)			
	Cap 25 mg .....	44.63	50	✓ Neoral
	Cap 50 mg .....	88.91	50	✓ Neoral
	Cap 100 mg .....	177.81	50	✓ Neoral

▲ 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 January 2013

#### 9 Patient costs

##### Community Pharmaceutical costs met by the Government

Most of the cost of a subsidised prescription Community Pharmaceutical is met by the Government through the Pharmaceutical Budget. The Government pays a subsidy for the Community Pharmaceutical to Contractors, and a fee covering distribution and pharmacy dispensing services. The subsidy paid to Contractors does not necessarily represent the final cost to Government of subsidising a particular Community Pharmaceutical. The final cost will depend on the nature of PHARMAC's contractual arrangements with the supplier. Fully subsidised medicines are identified with a ✓ in the product's Schedule listing.

##### SALBUTAMOL

Aerosol inhaler 100 µg per dose .....	3.80	✓ Fully subsidised brand
	(6.00)	Higher priced brand

##### Pharmaceutical Co-Payments

Some Community Pharmaceutical costs are met by the patient. Generally a patient pays a prescription charge. In addition a patient will sometimes pay a manufacturer's surcharge, after hours service fee and any special packaging fee.

##### PRESCRIPTION CHARGE

From ~~1 September 2008~~ **1 January 2013**, everyone who is eligible for publicly funded health and disability services should in most circumstances pay only ~~\$3~~ **\$5** for subsidised medicines.

All prescriptions from a public hospital, a midwife and a Family Planning Clinic are covered for ~~\$3~~ **\$5** co-payments.

Prescriptions from the following providers are approved for ~~\$3~~ **\$5** co-payments on subsidised medicines if they meet the specified criteria:

- After Hours Accident and Medical Services with a DHB or a PHO contract.
- Youth Health Clinics with a DHB or a PHO contract.
- Dentists who write a prescription that relates to a service being provided under a DHB contract.
- Private specialists (for example, ophthalmologists and orthopaedics) who write a prescription for a patient receiving a publicly funded service contracted by the DHB.
- General practitioners who write a prescription during normal business hours to a person who is not enrolled in the general practice provided the person is eligible for publicly funded health and disability services and the general practice is part of a PHO.
- Hospices that have a contract with a DHB.

Patients can check whether they are eligible for publicly funded health and disability services by referring to the Eligibility Direction on the Ministry of Health's website.

To check if a medicine is fully subsidised, refer to the Pharmaceutical Schedule on PHARMAC's website or ask your pharmacist or general practitioner.

DHBs have a list of eligible providers in their respective regions. Any provider/prescriber not specifically listed by a DHB as an approved provider/prescriber should be regarded as not approved.

NOTE: Information sourced from Ministry of Health Website, for more information please visit [www.moh.govt.nz](http://www.moh.govt.nz)

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 January 2013

148	CISPLATIN – PCT only – Specialist			
	Inj 1 mg per ml, 50 ml .....	15.00	1	✓ <del>Mayne</del> DBL Cisplatin
	Inj 1 mg per ml, 100 ml .....	21.00	1	✓ <del>Mayne</del> DBL Cisplatin

## Changes to PSO

Effective 1 January 2013

209	<b>PENICILLIN G BENZATHINE [BENZATHINE BENZYL PENICILLIN]</b>			
	✓ Inj 1.2 mega u per 2 ml 5			

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

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

## Changes to Section I

### Effective 1 February 2013

- 216 INFLUENZA VACCINE – Hospital pharmacy [Xpharm]
- A) is available ~~from 1 March until vaccine supplies are exhausted~~ each year for patients who meet the following criteria, as set by the Ministry of Health **PHARMAC:**
- a) all people 65 years of age and over;
  - b) people under 65 years of age with:
    - i) the following cardiovascular disease:
      - 1) ischaemic heart disease,
      - 2) congestive heart disease,
      - 3) rheumatic heart disease,
      - 4) congenital heart disease, or
      - 5) cerebo-vascular disease;
    - ii) the following chronic respiratory disease:
      - 1) asthma, if on a regular preventative therapy, or
      - 2) other chronic respiratory disease with impaired lung function;
    - iii) diabetes;
    - iv) chronic renal disease;
    - v) any cancer, excluding basal and squamous skin cancers if not invasive;
    - vi) the following other conditions:
      - a) autoimmune disease,
      - b) immune suppression,
      - c) HIV,
      - d) transplant recipients,
      - e) neuromuscular and CNS diseases,
      - f) haemoglobinopathies,
      - g) children on long term aspirin, or
      - h) pregnancy.
  - c) people under 18 years of age living within the boundaries of the Canterbury District Health Board.
- The following conditions are excluded from funding:
- a) asthma not requiring regular preventative therapy,
  - b) hypertension and/or dyslipidaemia without evidence of end-organ disease.
- B) Doctors are the only Contractors entitled to claim payment from the Funder for the supply of influenza vaccine to patients eligible under the above criteria for subsidised immunisation and they may only do so in respect of the influenza vaccine listed in the Pharmaceutical Schedule.
- C) Individual DHBs may fund patients over and above the above criteria. The claiming process for these additional patients should be determined between the DHB and Contractor.
- ~~D) Influenza Vaccine does not fall within the definition Community Pharmaceutical as it is not funded directly from the Pharmaceutical Budget. Pharmacists are unable to claim for the dispensing of influenza vaccine from the Funder.~~
- D) Stock of the seasonal influenza vaccine is typically available from February until late July with suppliers being required to ensure supply until at least 30 June. Exact start and end dates for each season will be notified each year.**

### Effective 1 January 2013

- 217 DIPHTHERIA, TETANUS AND PERTUSSIS VACCINE – Hospital pharmacy [Xpharm]  
For children aged 11 years old **and pregnant women between gestational weeks 28 and 38 during epidemics**
- |                 |      |   |            |
|-----------------|------|---|------------|
| Inj 0.5 ml..... | 0.00 | 1 | ✓ Boostrix |
|-----------------|------|---|------------|

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## Delisted Items

Effective 1 March 2013

29	ACARBOSE * Tab 50 mg ..... * Tab 100 mg .....	9.82 15.83	90 90	✓ Glucobay ✓ Glucobay	
31	BLOOD GLUCOSE DIAGNOSTIC TEST STRIP The number of test strips available on a prescription is restricted to 50 unless: 1. Prescribed with insulin or a sulphonylurea but are on a different prescription and the prescription is endorsed accordingly; or 2. Prescribed on the same prescription as insulin or a sulphonylurea in which case the prescription is deemed to be endorsed; or 3. Prescribed for a pregnant woman with diabetes and endorsed accordingly; or 4. Prescribed for a patient on home TPN at risk of hypoglycaemia or hyperglycaemia and endorsed accordingly; or 5. Prescribed for a patient with a genetic or an acquired disorder of glucose homeostasis excluding type 1 or type 2 diabetes and metabolic syndrome and endorsed accordingly.	Blood glucose test strips ..... Blood glucose test strips × 50 and lancets × 5 .....	21.65 19.10	50 test OP 50 test OP	✓ FreeStyle Lite ✓ On Call Advanced
36	MACROGOL 3350 – Special Authority see SA0891 – Retail pharmacy Powder 13.125 g, sachets – Maximum of 60 sach per prescription .....	10.00 (18.14)	30	Movicol	
37	CHLORHEXIDINE GLUCONATE Mouthwash 0.2% .....	2.68 (3.87)	200 ml OP	Rivacol	
50	CILAZAPRIL * Tab 0.5 mg .....	0.95	30	✓ Zapril	
50	ENALAPRIL * Tab 5 mg ..... * Tab 10 mg ..... * Tab 20 mg – For enalapril oral liquid formulation refer, page 179.....	1.07 1.32 1.72	9 90 90	✓ Arrow-Enalapril ✓ Arrow-Enalapril ✓ Arrow-Enalapril	
60	CICLOPIROX OLAMINE a) Only on a prescription b) Not in combination Nail soln 8% .....	4.11 (19.85)	3 g OP	Batrafen	
92	LAMIVUDINE – Special Authority see SA0832– Retail pharmacy Tab 100 mg .....	32.50 (143.00)	28	Zeffix	
98	ZIDOVUDINE [AZT] WITH LAMIVUDINE – Special Authority see SA1025 – Retail pharmacy Zidovudine [AZT] with lamivudine counts as two anti-retroviral medications for the purposes of the anti-retroviral Special Authority. Tab 300 mg with lamivudine 150 mg .....	63.50 (667.20)	60	Combivir	

▲ 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 March 2013 (continued)

103	LEFLUNOMIDE				
	* Tab 10 mg .....	55.00	30	✓AFT-Leflunomide	
	* Tab 20 mg .....	76.00	30	✓AFT-Leflunomide	
119	ENTACAPONE				
	▲ Tab 200 mg .....	47.92 (116.00)	100		Comtan
123	OXYCODONE HYDROCHLORIDE				
	a) Only on a controlled drug form				
	b) See prescribing guideline below				
	c) No patient co-payment payable				
	d) Safety medicine; prescriber may determine dispensing frequency				
	Inj 10 mg per ml, 1 ml .....	9.93	5	✓OxyNorm	
	Inj 10 mg per ml, 2 ml .....	19.87	5	✓OxyNorm	
170	SODIUM CROMOGLYCATE				
	Aerosol inhaler, 5 mg per dose CFC-free .....	28.07	112 dose OP	✓Vicrom	
174	FLUOROMETHOLONE				
	* Eye drops 0.1% .....	3.80 (4.05)	5 ml OP		FML
177	PHARMACY SERVICES – may only be claimed once per patient				
	Brand switch fee.....	4.33	1 fee	✓BSF Ava 30 ED	

### Effective 1 February 2013

61	CALAMINE				
	a) Only on a prescription				
	b) Not in combination				
	Crn, aqueous, BP .....	1.77 (2.78)	100 g		healthE
86	AMOXYCILLIN CLAVULANATE				
	Grans for oral liq amoxicillin 125 mg with potassium clavulanate				
	31.25 mg per 5 ml – Up to 200 ml available on a PSO.....	1.61 (2.20)	100 ml		Curam
	Grans for oral liq amoxicillin 250 mg with potassium clavulanate				
	62.5 mg per 5 ml – Up to 200 ml available on a PSO.....	2.19 (3.85)	100 ml		Curam
103	AURANOFIN				
	Tab 3 mg .....	68.99	60	✓Ridaura	
171	FLUTICASONE PROPIONATE				
	Metered aqueous nasal spray, 50 µg per dose .....	2.30	120 dose OP	✓Flixonase Hayfever & Allergy	
180	PHARMACY SERVICES – May only be claimed once per patient				
	* Brand switch fee.....	4.33	1 fee	✓BSF Candestar	

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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### Delisted Items – effective 1 January 2013

30	METFORMIN HYDROCHLORIDE			
	* Tab immediate-release 500 mg.....	6.15	500	✓ Apotex
	* Tab immediate-release 850 mg.....	5.05	250	✓ Apotex
	Note – Apotex tab immediate-release 500 mg, 1,000 mg tab pack, and 850 mg, 500 tab pack, remain subsidised.			
44	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	ATORVASTATIN			
	* Tab 10 mg .....	0.84	30	✓ Dr Reddy's Atorvastatin Lipitor
		(18.32)		
	* Tab 20 mg .....	1.39	30	✓ Dr Reddy's Atorvastatin Lipitor
		(26.70)		
	* Tab 40 mg .....	2.44	30	✓ Dr Reddy's Atorvastatin Lipitor
		(37.02)		
	* Tab 80 mg .....	5.41	30	✓ Dr Reddy's Atorvastatin Lipitor
		(110.50)		
50	PHENTOLAMINE MESYLATE			
	* Inj 10 mg per ml, 1 ml .....	17.97	5	
		(31.65)		Regitine
54	FELODIPINE			
	* Tab long-acting 5 mg .....	9.30	90	✓ Felo 5 ER
	* Tab long-acting 10 mg .....	13.80	90	✓ Felo 10 ER
76	NANDROLONE DECANOATE			
	Inj 50 mg per ml, 1 ml .....	21.16	1	✓ Deca-Durabolin Orgject <b>S29</b>
77	TESTOSTERONE UNDECANOATE – Retail pharmacy- Specialist			
	Cap 40 mg .....	51.95	100	✓ Arrow-Testosterone
77	METHYLPREDNISOLONE SODIUM SUCCINATE – Retail pharmacy – Specialist			
	Inj 40 mg per ml, 1 ml .....	151.40	25	✓ Solu-Medrol
	Inj 62.5 mg per ml, 2 ml .....	412.59	25	✓ Solu-Medrol
86	FLUCLOXACILLIN SODIUM			
	Cap 250 mg – Up to 30 caps available on a PSO .....	22.00	250	
		(32.00)		AFT
	Cap 500 mg .....	74.00	500	
		(110.00)		AFT

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

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

**Delisted Items – effective 1 January 2013 (continued)**

152	DOCETAXEL – PCT only - Specialist			
	Inj 20 mg .....	460.00	1	✓Taxotere
	Inj 80 mg .....	1,650.00	1	✓Taxotere
161	LETROZOLE			
	* Tab 2.5 mg .....	4.85 (9.00)	30	Letara
178	PHARMACY SERVICES – May only be claimed once per patient			
	* Brand switch fee.....	4.33	1 fee	✓BSF Arrow- Brimonidine

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 April 2013

27	FAMOTIDINE * Tab 40 mg .....	11.35	250	✓ Famox
28	LANSOPRAZOLE * Cap 15 mg .....	2.00	28	✓ Lanzol Relief
	* Cap 30 mg .....	2.32	28	✓ Lanzol Relief
50	LISINAPRIL Tab 5 mg .....	1.19	30	✓ Arrow-Lisinopril
	Tab 10 mg .....	1.36	30	✓ Arrow-Lisinopril
	Tab 20 mg .....	1.63	30	✓ Arrow-Lisinopril
97	NEVIRAPINE – Special Authority see SA1025 – Retail pharmacy Tab 200 mg .....	95.94 (319.80)	60	Viramune
124	AMITRIPTYLINE – Safety medicine; prescriber may determine dispensing frequency Tab 10 mg .....	1.66 (2.77)	50	Amirol
160	MEGESTROL ACETATE – Retail pharmacy-Specialist Tab 160 mg .....	51.55 (57.92)	30	Megace
178	PHARMACY SERVICES – May only be claimed once per patient * Brand switch fee.....	4.33	1 fee	✓BSF Plendil ER

### Effective 1 May 2013

38	MICONAZOLE Oral gel 20 mg per g .....	4.95 (8.70)	40 g OP	Daktarin
55	DILTIAZEM HYDROCHLORIDE Cap long-acting 120 mg .....	1.91 (4.34)	30	Cardizem CD
	Cap long-acting 180 mg .....	2.86 (6.50)	30	Cardizem CD
	Cap long-acting 240 mg .....	3.81 (8.67)	30	Cardizem CD
58	SILDENAFIL – Special Authority see SA1086 – Retail pharmacy Tab 25 mg .....	39.00	4	✓ Viagra
	Tab 50 mg .....	43.50	4	✓ Viagra
	Tab 100 mg – For sildenafil oral liquid formulation refer, page 179.....	47.00	4	✓ Viagra

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

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

### Items to be Delisted – effective 1 May 2013 (continued)

85	AZITHROMYCIN Maximum of 5 days treatment per prescription; can be waived by endorsement for the following patients: For Endorsement, patient has either: i) Received a lung transplant and requires treatment or prophylaxis for bronchiolitis obliterans syndrome *; or ii) Cystic fibrosis and has chronic infection with Pseudomonas aeruginosa or Pseudomonas related gram negative organisms * Indications marked with * are Unapproved Indications Tab 500 mg – Up to 8 tab available on a PSO .....	1.25	2 OP	✓ <b>Arrow-Azithromycin</b>
115	PAMIDRONATE DISODIUM Inj 3 mg per ml, 10 ml .....	16.00 (37.50)	1	Pamisol
	Inj 6 mg per ml, 10 ml .....	32.00 (75.00)	1	Pamisol
	Inj 9 mg per ml, 10 ml .....	48.00 (112.50)	1	Pamisol
204	AMINO ACID FORMULA – Special Authority see SA1219 – Hospital pharmacy [HP3] Powder (tropical).....	53.00	400 g OP	✓ <b>Neocate Advance</b>

### Effective 1 June 2013

47	BEZAFIBRATE * Tab 200 mg .....	9.70	90	✓ <b>Fibalip</b>
102	DICLOFENAC SODIUM * Tab EC 25 mg .....	1.63	50	✓ <b>Diclofenac Sandoz</b>
	* Tab EC 50 mg .....	1.60 (2.13)	50	Diclofenac Sandoz
131	DOMPERIDONE * Tab 10 mg – For domperidone oral liquid formulation refer, page 179 .....	3.25 (11.99)	100	Motilium
166	PROMETHAZINE HYDROCHLORIDE *‡ Oral liq 5 mg per 5 ml .....	2.79 (3.10)	100 ml	Promethazine Winthrop Elixir
177	PHARMACY SERVICES * Brand switch fee.....	4.33	1 fee	✓ <b>BSF Zetlam</b> ✓ <b>BSF Alphapharm</b> ✓ <b>BSF Entapone</b> ✓ <b>BSF Accarb</b>

### Effective 1 July 2013

28	PANTOPRAZOLE * Inj 40 mg .....	6.50	1	✓ <b>Pantocid IV</b>
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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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### Items to be Delisted – effective 1 July 2013 (continued)

54	PROPRANOLOL Tab 10 mg .....	3.55	100	✓Cardinol
61	CALAMINE a) Only on a prescription b) Not in combination Crm, aqueous, BP .....	1.77	100 g	✓Home Essential
63	METHYLPREDNISOLONE SODIUM SUCCINATE – Retail pharmacy-Specialist Inj 500 mg .....	18.00	1	✓Solu-Medrol
Note – this discontinuation applies only to Pharmacode 265349. The preservative free presentation remains listed.				
119	LEVODOPA WITH CARBIDOPA * Tab 100 mg with carbidopa 25 mg – For levodopa with carbidopa oral liquid formulation refer, page 180 .....	20.00	100	✓Sinemet
	* Tab long-acting 200 mg with carbidopa 50 mg .....	47.50	100	✓Sinemet CR
	* Tab 250 mg with carbidopa 25 mg .....	40.00	100	✓Sinemet
Note – new presentations of Sinemet and Sinemet CR were listed 1 January 2013.				
177	PHARMACY SERVICES * Brand switch fee.....	4.33	1 fee	✓BSF CareSens N ✓BSF CareSens II ✓BSF CareSens N POP
127	GABAPENTIN Cap 100 mg .....	7.16	100	✓Nupentin
	Cap 300 mg .....	11.50	100	✓Nupentin
Note – the Nupentin capsules in the blister pack are to be delisted. The Nupentin capsules in bottles will remain listed as fully funded.				
204	AMINO ACID FORMULA – Special Authority see SA1219 – Hospital pharmacy [HP3] Powder .....	53.00	400 g OP	✓Neocate

### Effective 1 August 2013

97	ETRAVIRINE – Special Authority see SA1025 – Retail pharmacy Tab 100 mg .....	770.00	120	✓Intelence
191	ENTERAL/ORAL FEED 1KCAL/ML – Special Authority see SA1098 – Hospital pharmacy [HP3] Powder .....	78.97	400 g OP	✓Generaid Plus

### Effective 1 September 2013

31	INSULIN PEN NEEDLES – Maximum of 100 dev per prescription * 29 g × 12.7 mm.....	10.50	100	✓ABM
32	INSULIN SYRINGES, DISPOSABLE WITH ATTACHED NEEDLE – Maximum of 100 dev per prescription * Syringe 0.3 ml with 29 g × 12.7 mm needle .....	13.00	100	✓ABM
	* Syringe 0.5 ml with 29 g × 12.7 mm needle .....	13.00	100	✓ABM
	* Syringe 0.5 ml with 31 g × 8 mm needle .....	13.00	100	✓ABM

▲ 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 March 2013

18	BACLOFEN († price) Tab 10 mg .....	5.10	100	Pacifen
19	BETAMETHASONE VALERATE († price) Scalp app 0.1% .....	7.75	100 ml	Beta Scalp
20	BLOOD <del>GLUCOSE</del> <b>KETONE</b> DIAGNOSTIC TEST METER (change of chemical name and † price) 1 meter with 50 lancets, a lancing device, and 10 diagnostic test strips .....	40.00	1	Freestyle Optium
20	BLOOD GLUCOSE DIAGNOSTIC TEST STRIP († price) Blood glucose test strips .....	28.75	50 test	Freestyle Optium Accu-Chek Performa
25	CLOBETASOL PROPIONATE († price) Crm 0.05%..... Oint 0.05%..... Scalp app 0.05%.....	3.68 3.68 6.96	30 g 30 g 30 ml	Dermol Dermol Dermol
27	DANTHRON WITH POLOXAMER († price) Oral liq 25 mg with poloxamer 200 mg per 5 ml..... Oral liq 75 mg with poloxamer 1 g per 5 ml.....	21.30 43.60	300 ml 300 ml	Pinorax Pinorax Forte
39	INSULIN PEN NEEDLES (delisting) 29 g × 12.7 mm..... Note – ABM 29 g × 12.7 mm to be delisted 1 May 2013	10.50	100	ABM
40	INSULIN SYRINGES, DISPOSABLE WITH ATTACHED NEEDLE (delisting) Syringe 0.3 ml with 29 g × 12.7 mm needle .....	13.00	100	ABM
	Syringe 0.5 ml with 29 g × 12.7 mm needle .....	13.00	100	ABM
	Syringe 0.5 ml with 31 g × 8 mm needle .....	13.00	100	ABM
	Note – ABM syringe 0.3 ml with 29 g × 12.7 mm needle, 0.5 ml with 29 g × 12.7 mm needle and 0.5 ml with 31 g × 8 mm needle to be delisted 1 May 2013			
41	KETONE BLOOD BETA-KETONE ELECTRODES († price) Test strips.....	15.50	10 strip	Freestyle Optium Ketone
52	OXYCODONE HYDROCHLORIDE Inj 50 mg per ml, 1 ml – <b>1% DV May-13 to 2015</b> .....	60.00	5	<b>OxyNorm</b>
55	PRAMIPEXOLE HYDROCHLORIDE Tab 1 mg .....	7.20	30	Dr Reddy's Pramipexole
60	SILDENAFIL Tab 25 mg – <b>1% DV May-13 to 2014</b> ..... Tab 50 mg – <b>1% DV May-13 to 2014</b> .....	1.85 1.85	4 4	<b>Silagra</b> <b>Silagra</b>

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**Section H changes to Part II - effective 1 March 2013 (continued)**

63	TAMOXIFEN CITRATE (↑ price) Tab 10 mg .....	17.50	100	Genox
65	TRIMETHOPRIM (↑ price) Tab 300 mg .....	9.28	50	TMP

**Effective 1 February 2013**

18	ATENOLOL Oral liq 25 mg per 5 ml .....	21.25	300 ml	Atenolol AFT
18	AZATHIOPRINE Tab 50 mg .....	18.45	100	Imuran
19	BEZAFIBRATE (↓ price) Tab 200 mg .....	9.70	90	Fibalip
	Note – Fibalip tab 200 mg to be delisted 1 March 2013			
22	CAPSAICIN Crn 0.025% .....	9.95	45 g	Zostrix
31	ERYTHROMYCIN LACTOBIONATE Inj 300 mg .....	70.97	5	Mayne
	Inj 1 g (↑ price) .....	16.00	1	Erythrocin IV
	Note – Mayne inj 300 mg delisted 1 February 2013			
31	ENTERAL/ORAL FEED 1 KCAL/ML Powder (unflavoured) .....	78.97	400 g	Heparon Junior
32	ETRAVIRINE (delisting) Tab 100 mg .....	770.00	120	Intelligence
	Note – Intelligence tab 100 mg to be delisted 1 August 2013			
33	FLUCLOXACILLIN SODIUM Grans for oral liq 125 mg per 5 ml – <b>1% DV Sep-12 to 2015</b> .....	2.49	100 ml	<b>AFT</b>
	Grans for oral liq 250 mg per 5 ml – <b>1% DV Sep-12 to 2015</b> .....	3.25	100 ml	<b>AFT</b>
	Note – this listing is a sugar-free formulation with new pharmacodes			
35	FLUTICASONE PROPIONATE Metered aqueous nasal spray, 50 µg per dose – <b>1% DV Apr-13 to 2015</b> .....	2.30	120 dose	<b>Flixonase Hayfever &amp; Allergy</b>
36	GLYCERIN WITH SODIUM SACCHARIN (↓ price) Suspension .....	35.50	473 ml	Ora-Sweet SF
36	GLYCERIN WITH SUCROSE (↓ price) Suspension .....	35.50	473 ml	Ora-Sweet

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### Section H changes to Part II - effective 1 February 2013 (continued)

37	HIGH FAT <b>LOW CARBOHYDRATE</b> FORMULA WITH VITAMINS, MINERALS AND TRACE ELEMENTS AND LOW IN PROTEIN AND CARBOHYDRATE (amended chemical name) Powder (vanilla) .....	35.50	300 g	KetoCal
46	METHYLCELLULOSE (↓ price) Suspension .....	35.50	473 ml	Ora-Plus
46	METHYLCELLULOSE WITH GLYCERIN AND SODIUM SACCHARIN (↓ price) Suspension .....	35.50	473 ml	Ora-Blend SF
46	METHYLCELLULOSE WITH GLYCERIN AND SUCROSE (↓ price) Suspension .....	35.50	473 ml	Ora-Blend
48	MOCLOBEMIDE (addition of HSS) Tab 150 mg – 1% DV Apr-13 to 2015 (↑ price) .....	81.83	500	<b>Apo-Moclobemide</b>
	Tab 300 mg – 1% DV Apr-13 to 2015 (↓ price) .....	29.51	100	<b>Apo-Moclobemide</b>
49	NADOLOL (↑ price and addition of HSS) Tab 40 mg – 1% DV Apr-13 to 2015 .....	15.57	100	<b>Apo-Nadolol</b>
	Tab 80 mg – 1% DV Apr-13 to 2015 .....	23.74	100	<b>Apo-Nadolol</b>
51	ONDANSETRON (delisting) Inj 2 mg per ml, 2 ml .....	14.40	5	Zofran
	Inj 2 mg per ml, 4 ml .....	23.20	5	Zofran
	Note – Zofran inj 2 mg per ml, 2 ml and 2 mg per ml, 4 ml will be delisted from 1 April 2013			
53	PARACETAMOL Inj 10 mg per ml, 100 ml – 1% DV Apr-13 to 2014 .....	22.50	10	<b>Paracetamol-AFT</b>
57	QUINAPRIL Tab 5 mg – 1% DV Apr-13 to 2015 .....	3.44	90	<b>Arrow-Quinapril 5</b>
	Tab 10 mg – 1% DV Apr-13 to 2015 .....	4.64	90	<b>Arrow-Quinapril 10</b>
	Tab 20 mg – 1% DV Apr-13 to 2015 .....	6.34	90	<b>Arrow-Quinapril 20</b>
	Note – Accupril tab 5 mg, 10 mg and 20 mg will be delisted from 1 April 2013			
57	RECOMBINANT COAGULATION FACTOR VIIA Combination pack (powder and diluent for inj) 8 mg .....	9,310.00	1	NovoSeven RT
66	VENLAFAXINE Tab 225 mg .....	35.12	28	Arrow-Venlafaxine XR

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15	ACICLOVIR Inj 250 mg – 1% DV Mar-13 to 2015 .....	14.09	5	<b>Zovirax IV</b>
	Note – Pfizer inj 250 mg to be delisted 1 March 2013			
19	BEZAFIBRATE Tab 200 mg – 1% DV Mar-13 to 2015 .....	9.70	90	<b>Bezalip</b>
	Note – Fibalip tab 200 mg to be delisted 1 March 2013			

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**Section H changes to Part II - effective 1 January 2013 (continued)**

21	CALAMINE (change of HSS brand) Crm aqueous, BP – <b>1% DV Mar-13 to 2015</b> .....	1.77	100 g	<b>Pharmacy Health</b>
	Note – Home Essential crm aqueous, BP to be delisted from 1 March 2013			
21	CALCITRIOL Cap 0.25 µg .....	10.10	100	Calcitriol-AFT
	Cap 0.5 µg .....	18.73	100	Calcitriol-AFT
22	CALCIUM GLUCONATE (pack size change) Gel, 2.5%, 50 g .....	<del>420.00</del> 21.00	<del>20</del> 1	healthE healthE
23	CETOMACROGOL (pack size change) Crm BP 100 g .....	<del>33.00</del> 1.65	<del>20</del> 1	healthE healthE
24	CHLORHEXIDINE (pack size change) Foaming liquid 4%, 50ml .....	<del>37.20</del> 1.86	<del>20</del> 1	healthE healthE
	Soln 5%, 500 ml .....	<del>186.00</del> 15.50	<del>12</del> 1	healthE healthE
24	CHLORHEXIDINE GLUCONATE (pack size change) Obstetric lotion 1%, 200 ml .....	<del>81.00</del> 6.75	<del>12</del> 1	healthE healthE
24	CHLORHEXIDINE IN ALCOHOL (pack size change) Soln 0.5% with 70% alcohol, 25 ml (tinted pink) .....	<del>232.50</del> 1.55	<del>150</del> 1	healthE healthE
	Soln 0.5% with 70% alcohol, 100 ml (tinted pink) .....	<del>31.80</del> 2.65	<del>12</del> 1	healthE healthE
	Soln 0.5% with 70% alcohol, 100 ml (tinted red) .....	<del>34.80</del> 2.90	<del>12</del> 1	healthE healthE
	Soln 0.5% with 70% alcohol, 500 ml (tinted pink) .....	<del>65.40</del> 5.45	<del>12</del> 1	healthE healthE
	Soln 0.5% with 70% alcohol, 500 ml (tinted red) .....	<del>70.80</del> 5.90	<del>12</del> 1	healthE healthE
	Soln 2% with 70% alcohol, 100 ml (tinted pink) .....	<del>42.48</del> 3.54	<del>12</del> 1	healthE healthE
	Soln 2% with 70% alcohol, 100 ml (tinted red) .....	<del>46.32</del> 3.86	<del>12</del> 1	healthE healthE
	Soln 2% with 70% alcohol, 500 ml (tinted red) .....	<del>114.72</del> 9.56	<del>12</del> 1	healthE healthE
26	CYCLOSPORIN (↓ price) Cap 25 mg .....	44.63	50	Neoral
	Cap 50 mg .....	88.91	50	Neoral
	Cap 100 mg .....	177.81	50	Neoral
28	DEXAMPHETAMINE SULPHATE (addition of HSS) Tab 5 mg – <b>1% DV Mar-13 to 2015</b> .....	16.50	100	<b>PSM</b>

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**Section H changes to Part II - effective 1 January 2013 (continued)**

28	DICLOFENAC SODIUM Tab EC 25 mg – 1% DV Mar-13 to 2015 .....	4.00	100	<b>Apo-Diclo</b>
	Tab EC 50 mg – 1% DV Mar-13 to 2015 .....	16.00	500	<b>Apo-Diclo</b>
29	DOMPERIDONE Tab 10 mg – 1% DV Mar-13 to 2015 .....	3.25	100	<b>Prokinex</b>
30	DOXORUBICIN Inj 50 mg – 1% DV Mar-13 to 2015 .....	17.00	1	<b>Arrow-Doxorubicin</b>
	Inj 200 mg – 1% DV Mar-13 to 2015 .....	65.00	1	<b>Arrow-Doxorubicin</b>
	Note – Doxorubicin Ebewe and DBL Doxorubicin inj 50 mg and 100 mg to be delisted 1 March 2013			
32	ETHINYLOESTRADIOL WITH LEVONORGESTREL Tab 50 µg with levonorgestrel 125 µg and 7 inert tab.....	9.45	84	Microgynon 50 ED
38	HYDROCORTISONE BUTYRATE (addition of HSS) Lipocream 0.1% – 1% DV Mar-13 to 2015 .....	2.30	30 g	<b>Locoid Lipocream</b>
		6.85	100 g	<b>Locoid Lipocream</b>
	Oint 0.1% – 1% DV Mar-13 to 2015 .....	6.85	100 g	<b>Locoid</b>
	Milky emul 0.1% – 1% DV Mar-13 to 2015 .....	6.85	100 ml	<b>Locoid Crelo</b>
	Scalp lotn 0.1% – 1% DV Mar-13 to 2015 .....	3.65	100 ml	<b>Locoid</b>
38	HYDROXYETHYL STARCH 130/0.4 WITH MAGNESIUM CHLORIDE, POTASSIUM CHLORIDE, SODIUM ACETATE AND SODIUM CHLORIDE Inj 6% with magnesium chloride 0.03%, potassium chloride 0.03%, sodium acetate 0.463% and sodium chloride 0.6%, 500ml.....	198.00	20	Volulyte 6%
38	HYDROXYETHYL STARCH 130/0.4 WITH SODIUM CHLORIDE (chemical name and presentation amended) Inj 6% with sodium chloride 0.9 %, 500 ml .....	198.00	20	Voluven
40	IODINE WITH ALCOHOL (pack size change) Soln 1% with 70% alcohol, 100 ml.....	<del>111.60</del>	<del>12</del>	<del>healthE</del>
		9.30	1	healthE
41	ISOPROPYL ALCOHOL (pack size change) Soln 70%, 500 ml.....	<del>67.80</del>	<del>12</del>	<del>healthE</del>
		5.65	1	healthE
41	ISONIAZID (addition of HSS) Tab 100 mg – 1% DV Mar-13 to 2015 .....	20.00	100	<b>PSM</b>
43	LEVODOPA WITH CARBIDOPA (new formulation) Tab 100 mg with carbidopa 25 mg .....	20.00	100	Sinemet
	Tab 250 mg with carbidopa 25 mg .....	40.00	100	Sinemet
	Tab long-acting 200 mg with carbidopa 50 mg .....	47.50	100	Sinemet CR
	Note – Sinemet and Sinemet CR (previous presentations) to be delisted 1 July 2013.			
43	LEVONORGESTREL Tab 750 µg .....	12.50	2	Next Choice

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**Section H changes to Part II - effective 1 January 2013 (continued)**

43	LISURIDE HYDROGEN MALEATE (↓ price) Tab 200 µg .....	25.00 30	Dopergin
47	METHYLPREDNISOLONE SODIUM SUCCINATE Inj 500 mg – <b>1% DV Oct-12 to 2015</b> .....	18.00 1	<b>Solu-Medrol</b>
	Note – Solu-Medrol inj 500 mg to be delisted 1 March 2013. Note the preservative free presentation remains available and on HSS.		
50	OIL IN WATER EMULSION (pack size change) Crm 100 g .....	<del>32.00 20</del> 1.60 1	<del>healthE</del> healthE
53	PANTOPRAZOLE Inj 40 mg – <b>1% DV Sep-11 to 2014</b> .....	<del>6.50 1</del>	<del>Pantocid IV</del>
	Note – Pantocid IV delisted 1 January 2013		
54	PETHIDINE HYDROCHLORIDE (↑ price and addition of HSS) Tab 50 mg – <b>1% DV Mar-13 to 2015</b> .....	3.95 10	<b>PSM</b>
	Tab 100 mg – <b>1% DV Mar-13 to 2015</b> .....	5.80 10	<b>PSM</b>
54	PHENOBARBITONE (↑ price and addition of HSS) Tab 15 mg – <b>1% DV Mar-13 to 2015</b> .....	28.00 500	<b>PSM</b>
	Tab 30 mg – <b>1% DV Mar-13 to 2015</b> .....	29.00 500	<b>PSM</b>
54	PIZOTIFEN (↑ price and addition of HSS) Tab 500 µg – <b>1% DV Mar-13 to 2015</b> .....	23.21 100	<b>Sandomigran</b>
55	POSACONAZOLE Oral liq 40 mg per ml .....	761.13 105 ml	Noxafil
55	PREDNISOLONE SODIUM PHOSPHATE (↑ price) Oral liq 5 mg per ml .....	10.45 30 ml	Redipred
58	RETINOL PALMITATE (pack size change) Oint 50 g .....	<del>57.20 20</del> 2.86 1	<del>healthE</del> healthE
62	SOFT WHITE PARAFFIN WITH PARAFFIN LIQUID (pack size change) Oint 50% with 50% paraffin liquid, 100 g .....	<del>62.00 20</del> 3.10 1	<del>healthE</del> healthE
62	SORBOLENE WITH GLYCERIN (pack size change) Crm with 10% glycerine, 100 g .....	<del>64.00 20</del> 3.20 1	<del>healthE</del> healthE
	Crm with 10% glycerine, 500 ml .....	<del>87.60 12</del> 7.30 1	<del>healthE</del> healthE
64	TESTOSTERONE UNDECANOATE Inj 250 mg per ml, 4 ml .....	86.00 1	Reandron 1000

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### Section H changes to Part II - effective 1 January 2013 (continued)

65	TRAMADOL HYDROCHLORIDE (↓ price, brand name change)			
	Tab sustained-release 100 mg.....	2.14	20	Tramal <b>SR 100 Retard</b>
	Tab sustained-release 150 mg.....	3.21	20	Tramal <b>SR 150 Retard</b>
	Tab sustained-release 200 mg.....	4.28	20	Tramal <b>SR 200 Retard</b>

### Effective 1 December 2012

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

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

40	INSULIN ASPART <b>WITH INSULIN ASPART PROTAMINE</b> (change to chemical name) Inj 100 iu per ml, 3 ml prefilled pen .....	52.15 5	NovoMix 30 FlexPen
45	MAGNESIUM SULPHATE Inj 2 mmol per ml, 5 ml – <b>1% DV Feb-13 to 2015</b> .....	18.35 10	<b>Martindale</b>
45	MAGNESIUM SULPHATE (change to line description) Inj <del>49.3%</del> <b>2 mmol per ml</b> , 5 ml .....	26.60 10	Mayne
	Note – Mayne inj to be delisted 1 February 2013		
45	METFORMIN HYDROCHLORIDE (brand name change) Tab immediate-release 500 mg – <b>1% DV Oct-12 to 2015</b> .....	12.30 1,000	Apo-Metformin <b>Apotex</b>
	Tab immediate-release 850 mg – <b>1% DV Oct-12 to 2015</b> .....	10.10 500	Apo-Metformin <b>Apotex</b>
48	METOPROLOL TARTRATE Inj 1 mg per ml, 5 ml – <b>1% DV Dec-12 to 2015</b> .....	24.00 5	<b>Lopresor</b>
49	MICONAZOLE Oral gel 20 mg per g – <b>1% DV Feb-13 to 2015</b> .....	4.95 40 g	<b>Decozol</b>
52	ONDANSETRON Inj 2 mg per ml, 4 ml .....	2.98 5	Ondanaccord
54	PAMIDRONATE DISODIUM Inj 3 mg per ml, 10 ml – <b>1% DV Feb-13 to 2014</b> .....	16.00 1	<b>Pamidronate BNM</b>
	Inj 6 mg per ml, 10 ml – <b>1% DV Feb-13 to 2014</b> .....	32.00 1	<b>Pamidronate BNM</b>
	Inj 9 mg per ml, 10 ml – <b>1% DV Feb-13 to 2014</b> .....	48.00 1	<b>Pamidronate BNM</b>
	Note – Pamisol inj 3 mg per ml, 6 mg per ml and 9 mg per ml, 10 ml to be delisted 1 February 2013.		
55	PARAFFIN White soft – <b>1% DV Feb-13 to 2015</b> .....	0.92 10 g	<b>healthE</b>
	Note – Paraffin yellow soft (PSM) to be delisted 1 February 2013.		
	Note – DV Limit applies to pack sizes of 30 g or less, and to white soft paraffin and yellow soft paraffin.		
58	PROMETHAZINE HYDROCHLORIDE Oral liq 5 mg per 5 ml – <b>1% DV Feb-13 to 2015</b> .....	2.79 100 ml	<b>Allersoothe</b>
	Note – Promethazine Winthrop Elixir to be delisted 1 February 2013		
58	RECOMBINANT FACTOR VIII Inj 250 IU .....	225.00 1	Xyntha
	Inj 500 IU .....	450.00 1	Xyntha
	Inj 1,000 IU .....	900.00 1	Xyntha
	Inj 2,000 IU .....	1,800.00 1	Xyntha
	Inj 3,000 IU .....	2,700.00 1	Xyntha
	Note – This listing is for dual chamber syringe presentation with new Pharmacodes.		
62	SILDENAFIL Tab 100 mg – <b>1% DV May-13 to 2014</b> .....	7.45 4	<b>Silagra</b>

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

65	TEMOZOLOMIDE			
	Cap 5 mg – 1% DV Mar-12 to <del>2014</del> 2013	16.00	5	<b>Temaccord</b>
	Cap 20 mg – 1% DV Mar-12 to <del>2014</del> 2013	72.00	5	<b>Temaccord</b>
	Cap 100 mg – 1% DV Mar-12 to <del>2014</del> 2013	350.00	5	<b>Temaccord</b>
	Cap 250 mg – 1% DV Mar-12 to <del>2014</del> 2013	820.00	5	<b>Temaccord</b>

### Section H changes to Part III

#### Effective 1 January 2013

##### ALBENDAZOLE

Tab 200 mg ..... Albenza  
Zentel

Indefinite supply to cover treatment of hydatid disease, strongyloidiasis, toxocarasis, ancylostomiasis, neurocysticercosis and schistosomiasis (where first line treatment has failed) until EG **NPPA** funding is approved (Section 29)

##### DEXTROSE

Inj 5%, 10 ml

Where required for antibiotic treatment funded under DCS or **HEG NPPA**

##### NETILMICIN

Inj 150 mg per 1.5 ml

Up to 2 weeks supply for any appropriate indication (extension for up to 6 weeks supply for endocarditis should be applied for under ~~Hospital~~ **HEG NPPA**)

##### SODIUM CHLORIDE

Tab 600 mg Slow Sodium

Indefinite supply for salt wasting nephropathy (Section 29)

Inj 0.9%

Where required for injection of antibiotic treatment funded under DCS or **HEG NPPA**

##### WATER

Purified for inj

Where required for injection of antibiotic treatment funded under DCS or **HEG NPPA**

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