

Pharmaceutical Management Agency

Update

# New Zealand Pharmaceutical Schedule

Effective 1 December 2013

Cumulative for September, October, November and December 2013



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## Summary of PHARMAC decisions

EFFECTIVE 1 DECEMBER 2013

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

- Mesalazine (Pentasa) suppos 1 g
- Eptacog alfa [Recombinant Factor VIIA] [Xpharm] (NovoSeven RT) inj 1 mg syringe, 2 mg syringe, 5 mg syringe and 8 mg syringe
- Moroctocog alfa [Recombinant Factor VIII] [Xpharm] (Xyntha) inj 250 iu vial, 500 iu vial, 1,000 iu vial, 2,000 iu vial and 3,000 iu vial
- Nonacog alfa [Recombinant Factor IX] [Xpharm] (BenefIX) inj 250 iu vial, 500 iu vial, 1,000 iu vial and 2,000 iu vial
- Octocog alfa [Recombinant Factor VIII] [Xpharm] (Advate) inj 250 iu vial, 500 iu vial, 1,000 iu vial, 1,500 iu vial, 2,000 iu vial and 3,000 iu vial
- Octocog alfa [Recombinant Factor VIII] [Xpharm] (Kogenate FS) inj 250 iu vial, 500 iu vial, 1,000 iu vial, 2,000 iu vial and 3,000 iu vial
- Factor eight inhibitors bypassing agent [Xpharm] (FEIBA) inj 500 U and 1,000 U
- Compound electrolytes (Enerlyte) powder for oral soln
- Spirinolactone (Spiractin) tab 25 mg and 100 mg
- Urea (healthE Urea Cream) crm 10 %, 100 g OP
- Oxytocin (Oxytocin BNM) inj 5 iu per ml, 1 ml ampoule and 10 iu per ml, 1 ml ampoule
- Lamivudine (Lamivudine Alphapharm) tab 150 mg
- Ropinirole hydrochloride (Apo-Ropinirole) tab 0.25 mg, 1 mg, 2 mg and 5 mg
- Pramipexole hydrochloride (Ramipex) tab 0.25 mg and tab 1 mg – S29
- Gabapentin (Arrow-Gabapentin) cap 100 mg, 300 mg, 400 mg
- Olanzapine (Zypine) tab 2.5 mg, 5 mg and 10 mg
- Olanzapine (Zypine ODT) tab orodispersible 5 mg and 10 mg

### **Changes to restrictions, chemical names and presentation (pages 26-29)**

- Compound electrolytes – amendment to presentation description
- Enalapril maleate – removal of brand switch fee
- Cetomacrogol with glycerol – amendment to units of measure
- Oxytocin - amendment to presentation description
- Carbimazole – removal of STAT
- Erythromycin ethyl succinate (E-Mycin) tab 400 mg and grans for oral liq 200 mg per 5 ml – amendment to PSO quantities and addition of RFPP
- Amoxycillin (Alphamox and Ospamox) cap 250 mg, 500 mg and grans for oral liq 250 mg per 5 ml - amendment to PSO quantities and addition of RFPP

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

- Phenoxyethylpenicillin (penicillin V) (Cilicaine VK and AFT) cap potassium salt 500 mg and grans for oral liq 250 mg per 5 ml - amendment to PSO quantities and addition of RFPF
- Benzbromarone (Benzbromarone AL 100) tab 100 mg - addition of note
- Ropinirole hydrochloride – removal of certified exemption
- Naltrexone hydrochloride – amendment of Special Authority
- Montelukast – amendment of Special Authority

### **Decreased subsidy (page 35)**

- Clopidogrel (Apo-Clopidogrel) tab 75 mg
- Tamsulosin hydrochloride (Tamulosin-Rex) cap 400 mcg, 30 cap packsize
- Morphine sulphate (m-Eslon) cap long-acting 10 mg, 30 mg, 60 mg and 100 mg
- Loratadine (Loraclear Hayfever Relief) tab 10 mg

## Antibiotics for the Rheumatic Fever Prevention Programme (RFPP)

From 1 December 2013 the provisions relating to the subsidy of Practitioner Supply Orders (PSO) will change to include PSOs for the Rheumatic Fever Prevention Programme (RFPP). Please refer to the insert provided with this Update for further information.

### PSOs for the Rheumatic Fever Prevention Programme

- A Practitioner may order up to 10 X the maximum amount normally allowed for amoxicillin in course-specific amounts.
- A Practitioner may order up to 2 X the maximum amount normally allowed for phenoxymethyl penicillin and erythromycin in course-specific amounts.
- The pharmacy will dispense each course separately in accordance with the Ministry of Health guidelines.
- The pharmacy will claim service fees for each dispensing as per the Community



Pharmacy Services Agreement.

### Annotation of PSOs for the Rheumatic Fever Prevention Programme

- The name of the RFPP provider must be written on the PSO
- The order quantity must be specified in course-specific amounts on the PSO

There will be additional antibiotics added to the PSO list (Section E Part I) and changes to the maximum quantity of some antibiotics already on the PSO list, for details refer to page 26 of this Update.

## Montelukast access widened

The Special Authority criteria for montelukast will be amended from 1 December 2013. The criteria relating to pre-school wheeze and exercise induced asthma will be widened and clarified so that prescribers can more easily access funded treatment for their patients.

## Benzbromarone prescribing information

Benzbromarone (Benzbromaron AL 100) is funded, subject to Special Authority criteria, as a last-line treatment for gout. It is not registered with Medsafe in New Zealand so must be prescribed and supplied in accordance with section 25 and section 29, respectively, of the Medicines Act 1981.

We have been advised by the New Zealand Rheumatology Association that it has

developed prescribing information for benzbromarone, which it has made available on its website at

[http://www.rheumatology.org.nz/benzbromarone\\_prescriber\\_information.cfm](http://www.rheumatology.org.nz/benzbromarone_prescriber_information.cfm)

We have included a link to this information on the benzbromarone Special Authority form and in the HML restrictions.

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## Haemophilia treatments

From 1 December 2013, a number of haemophilia treatments (recombinant blood factors (VIIa, VIII and IX) and factor eight inhibitors bypassing agent (FEIBA)) will be listed. The products will be listed XPharm and will continue to be managed by the National Haemophilia Management Group and distributed via the existing processes.

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## Brand name change for Mylan olanzapine and spironolactone

Mylan is changing the brand name of its olanzapine from Olanzine and Olanzine D to Zypine and Zypine ODT. Mylan is also changing the brand name of its spironolactone from Spirotone to Spiractin. The new brands, with new Pharmacodes, will be listed from 1 December 2013. Olanzine, Olanzine-D and Spirotone will be delisted at a later date.

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## Gabapentin – new listing

The Arrow-Gabapentin brand of gabapentin 100 mg, 300 mg and 400 mg capsules will be listed from 1 December 2013 subject to the same Special Authority Criteria that currently apply to the Nupentin brand. The Nupentin brand of gabapentin cap 300 mg and 400 mg will have a subsidy reduction from 1 March 2014. From 1 March 2014, the Nupentin brand will be fully funded for patients with a Special Authority for epilepsy prior to March 2014, via a higher subsidy by endorsement.

## Pramipexole – new listing of Ramipex brand

The Ramipex brand of pramipexole 0.25 mg and 1 mg tablets will be listed fully funded from 1 December 2013. Ramipex is an unapproved medicine so must be prescribed and supplied in accordance with section 25 and section 29, respectively, of the Medicines Act 1981.

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## Carbimazole – stock shortage

AFT have notified that there may be a shortage of Neo- Mercazole, (carbimazole). AFT currently still have stock and expect new stock to arrive in January 2014. Due to this potential shortage 'stat dispensing' will be removed from carbimazole 5 mg tablet from 1 December 2013 until further notice. Patients may need to see their prescriber if stock is unavailable.

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## Tender transitions for ropinirole hydrochloride extended

Apo-Ropinirole (ropinirole) tab 0.25 mg, 1 mg, 2 mg and 5 mg, supplied by Apotex NZ Ltd, will be listed from 1 December 2013 as previously notified, however Apotex do not expect to have stock available until mid-December. We are listing this product from the first of the month, so product will be subsidised as soon as it's available. The tender transition dates relating to the reference pricing and delisting of the Mylan brand (Ropin) have been delayed by one month with reference pricing on 1 March 2014 and delisting on 1 June 2014.

Due to the potential for a shortage of stock the certified exemption on ropinirole will be removed from 1 December 2013 until Apotex are able to supply.

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## News in brief

- Moducal (**carbohydrate supplement powder**) will be delisted from 1 June 2014.
- **Novofine** 31G x 6 mm pen needles will be delisted from 1 June 2014.
- Combivir (**zidovudine 300 mg with lamivudine 150 mg tablets**) will be delisted from 1 June 2014. The Alphapharm brand of zidovudine [AZT] with lamivudine will remain subsidised.
- Zofran Zydis (**ondansetron 4 mg dispersible tablets**) will be delisted from 1 March 2014. Dr Reddy's brand of **ondansetron 4 mg dispersible tablets** is back in stock.

## Tender News

Sole Subsidised Supply changes – effective 1 January 2014

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Ascorbic acid	Tab 100 mg; 500 tab	Cvite (Boucher)
Cefaclor monohydrate	Cap 250 mg; 100 cap	Ranbaxy-Cefaclor (Douglas)
Cefaclor monohydrate	Grans for oral liq 125 mg per 5 ml; 100 ml	Ranbaxy-Cefaclor (Douglas)
Clotrimazole	Vaginal crm 1% with applicators; 35 g OP	Clomazol (Multichem)
Clotrimazole	Vaginal crm 2% with applicators; 20 g OP	Clomazol (Multichem)
Hyoscine hydrobromide	Patch 1.5 mg; 2 patch	Scopoderm TTS (Novartis)
Oxycodone hydrochloride	Tab controlled-release 10 mg; 20 tab	Oxydone BNM (InterPharma)
Oxycodone hydrochloride	Tab controlled-release 20 mg; 20 tab	Oxydone BNM (InterPharma)
Oxycodone hydrochloride	Tab controlled-release 40 mg; 20 tab	Oxydone BNM (InterPharma)
Oxycodone hydrochloride	Tab controlled-release 80 mg; 20 tab	Oxydone BNM (InterPharma)
Vitamin B complex	Tab, strong, BPC: 500 tab	Bplex (Boucher)
Vitamins	Tab (BCP cap strength); 500 tab	Mvite (Boucher)

## 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 January 2014

- Eltrombopag (Revolade) tab 25 mg and 50 mg – Special Authority – new listing
- Erlotinib hydrochloride (Tarceva) tab 100 mg and 150 mg reduction in price and subsidy and widening of Special Authority.
- Ethinylloestradiol with levonorgestrel, tab 20 mcg with levonorgestrel 100 mcg and 7 inert tab (Ava 20 ED) and tab 30 mcg with levonorgestrel 150 mcg and 7 inert tab (Ava 30 ED) price and subsidy reduction.
- Fluticasone with salmeterol (Seretide, Seretide Accuhaler) – removal of Special Authority



## Sole Subsidised Supply Products – cumulative to December 2013

Generic Name	Presentation	Brand Name	Expiry Date*
Abacavir sulphate	Oral liq 20 mg per ml Tab 300 mg	Ziagen Ziagen	2014
Acarbose	Tab 50 mg and 100 mg	Accarb	2015
Acetazolamide	Tab 250 mg	Diamox	2014
Acetylcysteine	Inj 200 mg per ml, 10 ml	Martindale Acetylcysteine	2015
Aciclovir	Tab dispersible 200 mg, 400 mg & 800 mg	Lovir	2016
Allopurinol	Tab 100 mg & 300 mg	Apo-Allopurinol	2014
Amantadine hydrochloride	Cap 100 mg	Symmetrel	2014
Aminophylline	Inj 25 mg per ml, 10 ml	DBL Aminophylline	2014
Amiodarone hydrochloride	Inj 50 mg per ml, 3 ml ampoule	Cordarone-X	2016
Amisulpride	Oral liq 100 mg per ml Tab 100 mg, 200 mg & 400 mg	Solian	2016
Amitriptyline	Tab 10 mg Tab 25 mg & 50 mg	Arrow-Amitriptyline Amitrip	2014
Amlodipine	Tab 2.5 mg Tab 5 mg & 10 mg	Apo-Amlodipine Apo-Amlodipine	2014
Amoxicillin	Inj 250 mg, 500 mg & 1 g	Ibiamox	2014
Amoxicillin clavulanate	Grans for oral liq amoxicillin 125 mg with potassium clavulanate 31.25 mg per 5 ml	Augmentin	2015
	Grans for oral liq amoxicillin 250 mg with potassium clavulanate 62.5 mg per 5 ml	Augmentin	
	Tab 500 mg with potassium clavulanate 125 mg	Curam Duo	2014
Aqueous cream	Crm	AFT	2014
Atenolol	Tab 50 mg & 100 mg	Mylan Atenolol	2015
Atorvastatin	Tab 10 mg, 20 mg, 40 mg & 80 mg	Zarator	2015
Atropine sulphate	Inj 600 mcg, 1 ml	AstraZeneca	2015
Azithromycin	Tab 500 mg	Apo-Azithromycin	2015
Baclofen	Tab 10 mg	Pacifen	2016
Bendrofluazide	Tab 2.5 mg & 5 mg	Arrow-Bendrofluazide	2014
Benzathine benzylpenicillin	Inj 1.2 mega u per 2.3 ml	Bicillin LA	2015
Benzylpenicillin sodium (Penicillin G)	Inj 600 mg	Sandoz	2014
Betaxolol hydrochloride	Eye drops 0.5% Eye drops 0.25%	Betoptic Betoptic S	2014

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

## Sole Subsidised Supply Products – cumulative to December 2013

Generic Name	Presentation	Brand Name	Expiry Date*
Bezafibrate	Tab 200 mg Tab long-acting 400 mg	Bezalip Bezalip Retard	2015
Bicalutamide	Tab 50 mg	Bicalaccord	2014
Blood glucose diagnostic test meter	Meter with 50 lancets, a lancing device and 10 diagnostic test strips	CareSens N CareSens N POP CareSens II	2015
Blood glucose diagnostic test strip	Blood glucose test strips	CareSens CareSens N	2015
Boceprevir	Cap 200 mg	Victrelis	2016
Brimonidine tartrate	Eye drops 0.2%	Arrow-Brimonidine	2014
Bupropion hydrochloride	Tab modified-release 150 mg	Zyban	2016
Cabergoline	Tab 0.5 mg	Dostinex	2015
Calamine	Lotn, BP	PSM	2015
Calcitonin	Inj 100 iu per ml, 1 ml	Miacalcic	2014
Calcium carbonate	Tab 1.25 g (500 mg elemental) Tab eff 1.75 g (1 g elemental)	Arrow-Calcium Calsource	2014
Calcium folinate	Tab 15 mg	DBL Leucovorin Calcium	2014
Candesartan	Tab 4 mg, 8 mg, 16 mg & 32 mg	Candestar	2015
Carbomer	Ophthalmic gel 0.3%, 0.5 g	Poly-Gel	2016
Cefalexin monohydrate	Cap 500 mg Grans for oral liq 125 mg per 5 ml & 250 mg per 5 ml	Cephalexin ABM Cefalexin Sandoz	2016 2015
Cefazolin sodium	Inj 500 mg & 1 g	AFT	2014
Cefuroxime sodium	Inj 750 mg	Multichem	2014
Cetirizine hydrochloride	Oral liq 1 mg per ml Tab 10 mg	Cetirizine - AFT Zetop	2014
Chloramphenicol	Eye oint 1% Eye drops 0.5%	Chlorsig Chlorafast	2015
Chlorhexidine gluconate	Mouthwash 0.2% Handrub 1% with ethanol 70% Soln 4%	healthE healthE Orion	2015 2014
Ciclopirox olamine	Nail-soln 8%	Apo-Ciclopirox	2015
Cilazapril	Tab 0.5 mg, 2.5 mg & 5 mg	Zapril	2016
Ciprofloxacin	Tab 250 mg, 500 mg & 750 mg	Cipflox	2014
Citalopram hydrobromide	Tab 20 mg	Arrow-Citalopram	2014
Clarithromycin	Tab 500 mg Tab 250 mg	Apo-Clarithromycin Apo-Clarithromycin	2014
Clindamycin	Cap hydrochloride 150 mg Inj phosphate 150 mg per ml, 4 ml	Clindamycin ABM Dalacin C	2016

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## Sole Subsidised Supply Products – cumulative to December 2013

Generic Name	Presentation	Brand Name	Expiry Date*
Clomiphene citrate	Tab 50 mg	Serophene	2016
Clomipramine hydrochloride	Tab 10 mg & 25 mg	Apo-Clomipramine	2015
Clonidine hydrochloride	Tab 25 mcg Tab 150 mcg Inj 150 mcg per ml, 1 ml	Clonidine BNM Catapres	2015
Clotrimazole	Crn 1%	Clomazol	2014
Codeine phosphate	Tab 15 mg, 30 mg & 60 mg	PSM	2016
Colchicine	Tab 500 mcg	Colgout	2016
Crotamiton	Crn 10%	Itch-Soothe	2015
Cyclizine hydrochloride	Tab 50 mg	Nausicalm	2015
Cyclosporin	Oral liq 100 mg per ml	Neoral	2015
Cyproterone acetate	Tab 50 mg & 100 mg	Siterone	2015
Cyproterone acetate with ethinyloestradiol	Tab 2 mg with ethinyloestradiol 35 mcg and 7 inert tabs	Ginet 84	2014
Desmopressin	Nasal spray 10 mcg per dose	Desmopressin-PH&T	2014
Dexamethasone	Tab 1 mg & 4 mg Eye oint 0.1%	Douglas Maxidex	2015 2014
Dexamethasone with neomycin and polymyxin b sulphate	Eye oint 0.1% with neomycin sulphate 0.35% and polymyxin B sulphate 6,000 u per g Eye drops 0.1% with neomycin sulphate 0.35% and polymyxin B sulphate 6,000 u per ml	Maxitrol  Maxitrol	2014
Dexamphetamine sulphate	Tab 5 mg	PSM	2015
Dextrose	Inj 50%, 10 ml	Biomed	2014
<b>Dextrose with electrolytes</b>	<b>Soln with electrolytes; 1,000 ml OP</b>	<b>Pedialyte-Bubblegum</b>	<b>2016</b>
Diclofenac sodium	Tab EC 25 mg & 50 mg Tab long-acting 75 mg & 100 mg Inj 25 mg per ml, 3 ml Eye drops 1 mg per ml Suppos 12.5 mg, 25 mg, 50 mg & 100 mg	Apo-Diclo Diclax SR Voltaren Voltaren Ophtha Voltaren	2015 2014
Dihydrocodeine tartrate	Tab long-acting 60 mg	DHC Continus	2016
Diltiazem hydrochloride	Cap long-acting 120 mg, 180 mg & 240 mg Tab 30 mg & 60 mg	Apo-Diltiazem CD  Dilzem	2015
Dipyridamole	Tab long-acting 150 mg	Pytazen SR	2014
Docusate sodium	Cap 50 mg Cap 120 mg	Laxofast 50 Laxofast 120	2014
Domperidone	Tab 10 mg	Prokinex	2015

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Generic Name	Presentation	Brand Name	Expiry Date*
Doxazosin mesylate	Tab 2 mg & 4 mg	Apo-Doxazosin	2014
Doxycycline hydrochloride	Tab 100 mg	Doxine	2014
Emulsifying ointment	Oint BP	AFT	2014
Enoxaparin sodium	Inj 20 mg, 40 mg, 60 mg, 80 mg, 100 mg, 120 mg & 150 mg	Clexane	2015
Entacapone	Tab 200 mg	Entapone	2015
Ergometrine maleate	Inj 500 mcg per ml, 1 ml	DBL Ergometrine	2014
Etidronate disodium	Tab 200 mg	Arrow-Etidronate	2015
Ethinylloestradiol	Tab 10 mcg	NZ Medical and Scientific	2015
Ethinylloestradiol with levonorgestrel	Tab 20 mcg with levonorgestrel 100 mcg & 7 inert tab	Ava 20 ED	2014
	Tab 30 mcg with levonorgestrel 150 mcg & 7 inert tab	Ava 30 ED	
Exemestane	Tab 25 mg	Aromasin	2014
Felodopine	Tab long-acting 5 mg & 10 mg	Plendil ER	2015
	Tab long-acting 2.5 mg	Plendil ER	
Fentanyl	Inj 50 mcg per ml, 2 ml & 10 ml	Boucher and Muir	2015
Filgrastim	Inj 300 mcg per 0.5 ml	Zarzio	31/12/15
	Inj 480 mcg per 0.5 ml	Zarzio	
Finasteride	Tab 5 mg	Rex Medical	2014
Flucloxacillin sodium	Grans for oral liq 125 mg per 5 ml	AFT	2015
	Grans for oral liq 250 mg per 5 ml	Staphlex	
	Cap 250 mg & 500 mg Inj 250 mg, 500 mg & 1 g	Flucloxin	2014
Fluconazole	Cap 50 mg, 150 mg & 200 mg	Ozole	2014
Fluorometholone	Eye drops 0.1%	Flucon	2015
Fluorouracil sodium	Crn 5%	Efudix	2015
Fluticasone propionate	Metered aqueous nasal spray, 50 mcg per dose	Flixonase Hayfever & Allergy	2015
Furosemide	Tab 500 mg	Urex Forte	2015
	Tab 40 mg	Diurin 40	
Fusidic acid	Oint 2%	Foban	2016
<b>Gemfibrozil</b>	<b>Tab 600 mg</b>	<b>Lipazil</b>	<b>2016</b>
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

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## Sole Subsidised Supply Products – cumulative to December 2013

Generic Name	Presentation	Brand Name	Expiry Date*
Glyceryl trinitrate	Aerosol spray 400 mcg per dose TDDS 5 mg & 10 mg Tab 600 mcg	Glytrin Nitroderm TTS Lycinate	2014
Haloperidol	Tab 500 mcg, 1.5 mg & 5 mg Oral liq 2 mg per ml Inj 5 mg per ml, 1 ml	Serenace	2016
Hydrocortisone	Inj 100 mg vial Tab 5 mg & 20 mg Crm 1% Powder	Solu-Cortef Douglas Pharmacy Health ABM	2016 2015 2014
Hydrocortisone acetate	Rectal foam 10%, CFC-Free (14 applications)	Colifoam	2015
Hydrocortisone butyrate	Lipocream 0.1% Milky emul 0.1% Oint 0.1% Scalp lotn 0.1%	Locoid Lipocream Locoid Crelo Locoid Locoid	2015
Hydrocortisone with wool fat and mineral oil	Lotn 1% with wool fat hydrous 3% and mineral oil	DP Lotn HC	2014
Hydroxocobalamin	Inj 1 mg per ml, 1 ml	ABM Hydroxocobalamin	2015
Hydroxychloroquine sulphate	Tab 200 mg	Plaquenil	2015
Hyoscine N-butylbromide	Inj 20 mg, 1 ml Tab 10 mg	Buscopan Gastrosoothe	2014
Ibuprofen	Tab 200 mg Tab long-acting 800 mg	Arrowcare Brufen SR	2014
Imiquimod	Crm 5%	Aldara	2014
Indapamide	Tab 2.5 mg	Dapa-Tabs	2016
Ipratropium bromide	Nebuliser soln, 250 mcg per ml, 1 ml Nebuliser soln, 250 mcg per ml, 2 ml	Univent	2016
Iron polymaltose	Inj 50 mg per ml, 2 ml	Ferrum H	2014
Isoniazid	Tab 100 mg	PSM	2015
Isosorbide mononitrate	Tab 20 mg Tab long-acting 40 mg	Ismo 20 Corangin	2014
Isotretinoin	Cap 10 mg & 20 mg	Oratane	2015
Ispaghula (psyllium) husk	Powder for oral soln	Konsyl-D	2016
Itraconazole	Cap 100 mg	Itrazole	2016
Ketoconazole	Shampoo 2%	Sebizole	2014
<b>Lamivudine</b>	<b>Oral liq 10 mg per ml; 240 ml OP</b> Tab 100 mg	<b>3TC</b> Zetlam	<b>2016</b> 2014
Lansoprazole	Cap 15 mg & 30 mg	Solox	2015
Latanoprost	Eye drops 50 mcg per ml	Hysite	2015
Letrozole	Tab 2.5 mg	Letraccord	2015

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## Sole Subsidised Supply Products – cumulative to December 2013

Generic Name	Presentation	Brand Name	Expiry Date*
Levonorgestrel	Tab 1.5 mg Subdermal implant (2 x 75 mg rods)	Postinor-1 Jadelle	2016 31/12/13
Lidocaine [lignocaine] hydrochloride	Inj 2% ampoule, 5 ml & 20 ml Viscous soln 2%	Lidocaine-Clarix Xylocaine Viscous	2015 2014
Lisinopril	Tab 5 mg, 10 mg & 20 mg	Arrow-Lisinopril	2015
Lithium carbonate	Tab 250 mg & 400 mg Cap 250 mg	Lithicarb FC Douglas	2015 2014
Lodoxamide trometamol	Eye drops 0.1%	Lomide	2014
Losartan	Tab 12.5 mg, 25 mg, 50 mg & 100 mg	Lostaar	2014
Losartan with hydrochlorothiazide	Tab 50 mg with hydrochlorothiazide 12.5 mg	Arrow-Losartan & Hydrochlorothiazide	2014
<b>Macrogol</b>	<b>Powder 13.125 g, sachets</b>	<b>Lax-Sachets</b>	<b>2014</b>
Macrogol 400 and propylene glycol	Eye drops 0.4% and propylene glycol 0.3%, 0.4 ml	Systane Unit Dose	2016
Mask for spacer device	Size 2	EZ-fit Paediatric Mask	2015
Mebendazole	Tab 100 mg	De-Worm	2014
Mebeverine hydrochloride	Tab 135 mg	Colofac	2014
Medroxyprogesterone acetate	Tab 2.5 mg, 5 mg, 10 mg & 100 mg Inj 150 mg per ml, 1 ml syringe	Provera Depo-Provera	2016
Megestrol acetate	Tab 160 mg	Apo-Megestrol	2015
Methotrexate	Inj 25 mg per ml, 2 ml & 20 ml	Hospira	2016
Methylprednisolone	Tab 4 mg & 100 mg	Medrol	2015
Methylprednisolone acetate	Inj 40 mg per ml	Depo-Medrol	2015
Methylprednisolone acetate with lignocaine	Inj 40 mg per ml with lignocaine 1 ml	Depo-Medrol with Lidocaine	2015
Mesalazine	Enema 1 g per 100 ml Suppos 500 mg	Pentasa Asacol	2015 2014
Metformin hydrochloride	Tab immediate-release 500 mg & 850 mg	Apotex	2015
Methadone hydrochloride	Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml	Biodone Biodone Forte Biodone Extra Forte	2015
Methylprednisolone sodium succinate	Inj 40 mg per ml, 1 ml; 62.5 mg per ml, 2 ml; 500 mg & 1 g	Solu-Medrol	2015
Metoclopramide hydrochloride	Inj 5 mg per ml, 2 ml Tab 10 mg	Pfizer Metamide	2014
Metoprolol succinate	Tab long-acting 23.75 mg, 47.5 mg, 95 mg & 190 mg	Metoprolol-AFT CR	2015

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## Sole Subsidised Supply Products – cumulative to December 2013

Generic Name	Presentation	Brand Name	Expiry Date*
Metoprolol tartrate	Inj 1 mg per ml, 5 ml Tab 50 mg & 100 mg Tab long-acting 200 mg	Lopresor Lopresor Slow-Lopresor	2015
Mercaptopurine	Tab 50 mg	Puri-nethol	2016
Miconazole	Oral gel 20 mg per g	Decozol	2015
Miconazole nitrate	Crn 2%	Multichem	2014
Mirtazapine	Tab 30 mg & 45 mg	Avanza	2015
Mitomycin C	Inj 5 mg vial	Arrow	2016
Moclobemide	Tab 150 mg & 300 mg	Apo-Moclobemide	2015
Mometasone furoate	Crn 0.1% Oint 0.1%	m-Mometasone	2015
Morphine hydrochloride	Oral liq 1 mg per ml, 2 mg per ml, 5 mg per ml & 10 mg per ml	RA-Morph	2015
Morphine sulphate	Tab long-acting 10 mg, 30 mg, 60 mg & 100 mg	Arrow-Morphine LA	2016
	Inj 5 mg per ml, 1 ml	DBL Morphine Sulphate	2014
	Inj 10 mg per ml, 1 ml	DBL Morphine Sulphate	
	Inj 15 mg per ml, 1 ml	DBL Morphine Sulphate	
	Inj 30 mg per ml, 1 ml	DBL Morphine Sulphate	
Morphine tartrate	Inj 80 mg per ml, 1.5 ml & 5 ml	Hospira	2016
Naltrexone hydrochloride	Tab 50 mg	Naltraccord	2016
Naphazoline hydrochloride	Eye drops 0.1%	Naphcon Forte	2014
Nadolol	Tab 40 mg & 80 mg	Apo-Nadolol	2015
Naproxen	Tab 250 mg	Noflam 250	2015
	Tab 500 mg	Noflam 500	
Neostigmine	Inj 2.5 mg per ml, 1 ml	AstraZeneca	2014
Nevirapine	Tab 200 mg	Nevirapine Alphapharm	2015
Nicotine	Gum 2 mg & 4 mg (classic, fruit, mint)	Habitrol	2014
	Lozenge 1 mg & 2 mg	Habitrol	
	Patch 7 mg, 14 mg & 21 mg	Habitrol	
Nicotinic acid	Tab 50 mg & 500 mg	Apo-Nicotinic Acid	2014
Norethisterone	Tab 350 mcg	Noriday 28	2015
	Tab 5 mg	Primolut N	2014
Norfloxacin	Tab 400 mg	Arrow-Norfloxacin	2014
Nortriptyline hydrochloride	Tab 10 mg & 25 mg	Norpress	2016

\*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 December 2013

Generic Name	Presentation	Brand Name	Expiry Date*
Nystatin	Oral liq 100,000 u per ml	Nilstat	2014
Octreotide (somatostatin analogue)	Inj 50 mcg per ml, 1 ml Inj 100 mcg per ml, 1 ml Inj 500 mcg per ml, 1 ml	Octreotide Max Rx	2014
Oil in water emulsion	Crn	healthE Fatty Cream	2015
Omeprazole	Cap 10 mg, 20 mg & 40 mg Powder Inj 40 mg	Omezol Relief Midwest Dr Reddy's Omeprazole	2014
Oxazepam	Tab 10 mg & 15 mg	Ox-Pam	2014
Oxybutynin	Oral liq 5 mg per ml Tab 5 mg	Apo-Oxybutynin	2016
Oxycodone hydrochloride	Inj 50 mg per ml, 1 ml Inj 10 mg per ml, 1 ml & 2 ml	OxyNorm Oxycodone Orion	2015
Oxytocin	Inj 5 iu with ergometrine maleate 500 mcg per ml, 1 ml	Syntometrine	2015
Pamidronate disodium	Inj 3 mg per ml, 10 ml; 6 mg per ml, 10 ml & 9 mg per ml, 10 ml	Pamidronate BNM	2014
Pantoprazole	Inj 40 mg	Pantocid IV	2014
Paracetamol	Suppos 500 mg Tab 500 mg Oral liq 120 mg per 5 ml Oral liq 250 mg per 5 ml	Paracare Parafast Ethics Paracetamol Paracare Double Strength	2015 2014
Paracetamol with codeine	Tab paracetamol 500 mg with codeine phosphate 8 mg	Paracetamol + Codeine (Relieve)	2014
Peak flow meter	Low range & normal range	Breath-Alert	2015
Pegylated interferon alfa-2a	Inj 135 mcg prefilled syringe & inj 180 mcg prefilled syringe	Pegasys	2017
Pegylated interferon alfa-2a	Inj 135 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 112 Inj 135 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 168 Inj 180 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 112 Inj 180 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 168	Pegasys RBV Combination Pack Pegasys RBV Combination Pack Pegasys RBV Combination Pack Pegasys RBV Combination Pack	2017
Pergolide	Tab 0.25 mg & 1 mg	Permax	2014
Permethrin	Crn 5% Lotn 5%	Lyderm A-Scabies	2014

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



## Sole Subsidised Supply Products – cumulative to December 2013

Generic Name	Presentation	Brand Name	Expiry Date*
Pethidine hydrochloride	Tab 50 mg & 100 mg Inj 50 mg per ml, 1 ml	PSM DBL Pethidine Hydrochloride	2015 2014
	Inj 50 mg per ml, 2 ml	DBL Pethidine Hydrochloride	
Phenobarbitone	Tab 15 mg & 30 mg	PSM	2015
<b>Pindolol</b>	<b>Tab 5 mg, 10 mg &amp; 15 mg</b>	<b>Apo-Pindolol</b>	<b>2016</b>
Pioglitazone	Tab 15 mg, 30 mg & 45 mg	Pizaccord	2015
Pizotifen	Tab 500 mcg	Sandomigran	2015
Poloxamer	Oral drops 10%	Coloxyl	2014
Potassium chloride	Tab long-acting 600 mg	Span-K	2015
Pravastatin	Tab 20 mg & 40 mg	Cholvastin	2014
Procaine penicillin	Inj 1.5 mega u	Cilicaine	2014
Promethazine hydrochloride	Oral liq 5 mg per 5 ml Tab 10 mg & 25 mg	Allersoothe Allersoothe	2015
Pyridostigmine bromide	Tab 60 mg	Mestinon	2014
Pyridoxine hydrochloride	Tab 25 mg Tab 50 mg	PyridoxADE Apo-Pyridoxine	2014
Quinapril	Tab 5 mg, 10 mg & 20 mg	Arrow-Quinapril	2015
Quinapril with hydrochlorothiazide	Tab 10 mg with hydrochlorothiazide 12.5 mg Tab 20 mg with hydrochlorothiazide 12.5 mg	Accuretic 10 Accuretic 20	2015
Ranitidine hydrochloride	Oral liq 150 mg per 10 ml Tab 150 mg & 300 mg	Peptisoothe Arrow-Ranitidine	2014
Rifabutin	Cap 150 mg	Mycobutin	2016
Ritonavir	Tab 100 mg	Norvir	2015
Rizatriptan	Tab orodispersible 10 mg	Rizamelt	2014
Roxithromycin	Tab 150 mg & 300 mg	Arrow-Roxithromycin	2015
Salbutamol	Nebuliser soln, 1 mg per ml & 2 mg per ml, 2.5 ml	Asthalin	2015
Salbutamol with ipratropium bromide	Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml	Duolin	2015
Sertraline	Tab 50 mg & 100 mg	Arrow-Sertraline	2016
Sildenafil	Tab 25 mg, 50 mg & 100 mg	Silagra	2014
Simvastatin	Tab 10 mg	Arrow-Simva 10mg	2014
	Tab 20 mg	Arrow-Simva 20mg	
	Tab 40 mg	Arrow-Simva 40mg	
	Tab 80 mg	Arrow-Simva 80mg	

\*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 December 2013

Generic Name	Presentation	Brand Name	Expiry Date*
Sodium chloride	Inj 23.4%, 20 ml ampoule	Biomed	2016
Sodium citrate with sodium lauryl sulphoacetate	Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml	Micolette	2016
Sodium hyaluronate	Eye drops 1 mg per ml, 10 ml OP	Hylo-Fresh	2016
Spacer device	800 ml 230 ml (single patient)	Volumatic Space Chamber Plus	2015
Spirolactone	Tab 25 mg & 100 mg	Spirotone	2016
Sulphasalazine	Tab 500 mg Tab EC 500 mg	Salazopyrin Salazopyrin EN	2016
Sumatriptan	Tab 50 mg & 100 mg Inj 12 mg per ml, 0.5 ml cartridge	Arrow-Sumatriptan	2016
Tamoxifen citrate	Tab 20 mg	Genox	2014
Tar with triethanolamine lauryl sulphate and fluorescein	Soln 2.3% with triethanolamine lauryl sulphate and fluorescein sodium, 500 ml & 1,000 ml	Pinetarsol	2014
Temazepam	Tab 10 mg	Normison	2014
Temozolomide	Cap 5 mg, 20 mg, 100 mg & 250 mg	Temaccord	2016
Terazosin	Tab 1 mg, 2 mg & 5 mg	Arrow	2016
Terbinafine	Tab 250 mg	Dr Reddy's Terbinafine	2014
Testosterone cypionate	Inj long-acting 100 mg per ml, 10 ml	Depo-Testosterone	2014
Testosterone undecanoate	Cap 40 mg	Andriol Testocaps	2015
Tetrabenazine	Tab 25 mg	Motetis	2016
Tetracosactrin	Inj 250 mcg per ml, 1 ml ampoule Inj 1 mg per ml, 1 ml	Synacthen Synacthen Depot	2014
Timolol maleate	Eye drops 0.25% & 0.5%	Arrow-Timolol	2014
Tobramycin	Eye drops 0.3% Eye oint 0.3% Inj 40 mg per ml, 2 ml	Tobrex Tobrex DBL Tobramycin	2014
Tolcapone	Tab 100 mg	Tasmar	2014
Tramadol hydrochloride	Cap 50 mg	Arrow-Tramadol	2014
Tretinoin	Crn 0.5 mg per g	ReTrieve	2016
Triamcinolone acetonide	Inj 10 mg per ml, 1 ml Inj 40 mg per ml, 1 ml Crn 0.02% Oint 0.02% 0.1% in Dental Paste USP	Kenacort-A Kenacort-A40 Aristocort Aristocort Oracort	2014
Tropicamide	Eye drops 0.5% & 1%	Mydriacyl	2014
Ursodeoxycholic acid	Cap 250 mg	Ursosan	2014
Vancomycin hydrochloride	Inj 500 mg	Mylan	2014

\*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 December 2013

Generic Name	Presentation	Brand Name	Expiry Date*
Verapamil hydrochloride	Tab 40 mg & 80 mg	Isoptin	2014
Zidovudine [AZT]	Cap 100 mg & oral liq 10 mg per ml	Retrovir	2016
Zidovudine [AZT] with lamivudine	Tab 300 mg with lamivudine 150 mg	Alphapharm	2014
Zinc and castor oil	Oint BP	Multichem	2014
Zinc sulphate	Caps 137.4 mg (50 mg elemental)	Zincaps	2014

December changes are in bold type

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## New Listings

Effective 1 December 2013

25	MESALAZINE Suppos 1 g .....	54.60	30	✓ Pentasa
46	EPTACOG ALFA [RECOMBINANT FACTOR VIIA] [Xpharm] Inj 1 mg syringe .....	1,163.75	1	✓ NovoSeven RT
	Inj 2 mg syringe .....	2,327.50	1	✓ NovoSeven RT
	Inj 5 mg syringe .....	5,818.75	1	✓ NovoSeven RT
	Inj 8 mg syringe .....	9,310.00	1	✓ NovoSeven RT
	For patients with haemophilia, whose treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.			
46	MOROCTOCOG ALFA [RECOMBINANT FACTOR VIII] [Xpharm] Inj 250 iu vial .....	225.00	1	✓ Xyntha
	Inj 500 iu vial .....	450.00	1	✓ Xyntha
	Inj 1,000 iu vial .....	900.00	1	✓ Xyntha
	Inj 2,000 iu vial .....	1,800.00	1	✓ Xyntha
	Inj 3,000 iu vial .....	2,700.00	1	✓ Xyntha
	For patients with haemophilia, whose treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.			
46	NONACOG ALFA [RECOMBINANT FACTOR IX] [Xpharm] Inj 250 iu vial .....	310.00	1	✓ BeneFIX
	Inj 500 iu vial .....	620.00	1	✓ BeneFIX
	Inj 1,000 iu vial .....	1,240.00	1	✓ BeneFIX
	Inj 2,000 iu vial .....	2,480.00	1	✓ BeneFIX
	For patients with haemophilia, whose treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.			
46	OCTOCOG ALFA [RECOMBINANT FACTOR VIII] [Xpharm] Inj 250 iu vial .....	237.50	1	✓ Advate
		250.00		✓ Kogenate FS
	Inj 500 iu vial .....	475.00	1	✓ Advate
		500.00		✓ Kogenate FS
	Inj 1,000 iu vial .....	950.00	1	✓ Advate
		1,000.00		✓ Kogenate FS
	Inj 1,500 iu vial .....	1,425.00	1	✓ Advate
	Inj 2,000 iu vial .....	1,900.00	1	✓ Advate
		2,000.00		✓ Kogenate FS
	Inj 3,000 iu vial .....	2,850.00	1	✓ Advate
		3,000.00		✓ Kogenate FS
	For patients with haemophilia, whose treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.			
46	FACTOR EIGHT INHIBITORS BYPASSING AGENT [Xpharm] Inj 500 U .....	1,640.00	1	✓ FEIBA
	Inj 1,000 U .....	3,280.00	1	✓ FEIBA
	For patients with haemophilia, whose treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.			

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 December 2013 (continued)

51	COMPOUND ELECTROLYTES Powder for oral soln – Up to 10 sach available on a PSO.....	1.80	10	✓ Enerlyte
58	SPIRONOLACTONE * Tab 25 mg .....	3.65	100	✓ Spiractin
	* Tab 100 mg .....	11.80	100	✓ Spiractin
69	UREA * Crm 10%.....	1.65	100 g OP	✓ healthE Urea Cream
79	OXYTOCIN – Up to 5 inj available on a PSO Inj 5 iu per ml, 1 ml ampoule .....	4.75	5	✓ Oxytocin BNM
	Inj 10 iu per ml, 1 ml ampoule .....	5.98	5	✓ Oxytocin BNM
105	LAMIVUDINE – Special Authority see SA1364 – Retail pharmacy Tab 150 mg .....	52.50	60	✓ Lamivudine Alphapharm
118	ROPINIROLE HYDROCHLORIDE Tab 0.25 mg .....	2.36	100	✓ Apo-Ropinirole
	Tab 1 mg .....	5.32	100	✓ Apo-Ropinirole
	Tab 2 mg .....	7.72	100	✓ Apo-Ropinirole
	Tab 5 mg .....	14.48	100	✓ Apo-Ropinirole
118	PRAMIPEXOLE HYDROCHLORIDE ▲ Tab 0.25 mg .....	7.20	100	✓ Ramipex <sup>S29</sup>
	▲ Tab 1 mg .....	24.39	100	✓ Ramipex <sup>S29</sup>
126	GABAPENTIN – Special Authority see SA1071 – Retail pharmacy ▲ Cap 100 mg .....	7.16	100	✓ Arrow-Gabapentin
	▲ Cap 300 mg – For gabapentin oral liquid formulation refer, page 189 .....	11.00	100	✓ Arrow-Gabapentin
	▲ Cap 400 mg .....	13.75	100	✓ Arrow-Gabapentin
139	OLANZAPINE – Safety medicine; prescriber may determine dispensing frequency Tab 2.5 mg .....	2.00	28	✓ Zypine
	Tab 5 mg .....	3.85	28	✓ Zypine
	Tab orodispersible 5 mg .....	6.36	28	✓ Zypine ODT
	Tab 10 mg .....	6.35	28	✓ Zypine
	Tab orodispersible 10 mg .....	8.76	28	✓ Zypine ODT

### Effective 1 November 2013

39	LACTULOSE – Only on a prescription * Oral liq 10 g per 15 ml .....	3.84	500 ml	✓ Laevolac
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▲ Three months supply may be dispensed at one time if endorsed "certified exemption" by the prescriber.

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

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

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

### Effective 1 October 2013

46	CLOPIDOGREL * Tab 75 mg – For clopidogrel oral liquid formulation refer, page 189 .....	5.48	84	✓ Arrow - Clopid
52	ENALAPRIL MALEATE * Tab 5 mg .....	1.19	100	✓ Ethics Enalapril
	* Tab 10 mg .....	1.47	100	✓ Ethics Enalapril
	* Tab 20 mg – For enalapril maleate oral liquid formulation refer, page 189.....	1.91	100	✓ Ethics Enalapril
61	HYDRALAZINE HYDROCHLORIDE * Inj 20 mg ampoule .....	25.90	5	✓ Apresoline s29 <b>S29</b>
79	TAMSULOSIN HYDROCHLORIDE – Special Authority see SA1032 – Retail pharmacy * Cap 400 mcg .....	13.51	100	✓ Tamsulosin-Rex

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

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

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

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

### Effective 1 September 2013

25	MESALAZINE Modified release granules, 1 g .....	141.72	120 g OP	✓ Pentasa
82	TETRACOSACTRIN * Inj 250 mcg per ml, 1 ml ampoule .....	17.71	1	✓ Synacthen

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

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

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

87 DESMOPRESSIN

Tab 100 mcg – Special Authority see SA1401

– Retail pharmacy..... 36.40 30 ✓ **Minirin**

Tab 200 mcg – Special Authority see SA1401

– Retail pharmacy..... 93.60 30 ✓ **Minirin**

▶ **SA1401** Special Authority for Subsidy

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

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

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

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

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

98 BOCEPREVIR – Special Authority see SA1365 – Retail pharmacy – Wastage rule applies

Cap 200 mg..... 5,015.00 336 ✓ **Victrelis**

▶ **SA1365** Special Authority for Subsidy

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

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

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

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

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

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

113 RISEDRONATE SODIUM

Tab 35 mg ..... 4.00 4 ✓ **Risedronate Sandoz**



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

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

### Effective 12 August 2013

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

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

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## Changes to Restrictions, Chemical Names and Presentations Effective 1 December 2013

51	COMPOUND ELECTROLYTES (amend the presentation description) Powder for <del>oral soln for oral use 4.4 g</del> – Up to 10 sach available on a PSO .....	1.12	5	✓ <b>Electral</b>
		1.80	10	✓ <b>Enerlyte</b>
52	ENALAPRIL MALEATE – Brand switch fee payable (Pharmacode 2445441) * Tab 5 mg .....	0.36	30	✓ <b>Acetec</b>
		5.94	500	✓ <b>Acetec</b>
	* Tab 10 mg .....	0.44	30	✓ <b>Acetec</b>
		7.33	500	✓ <b>Acetec</b>
	* Tab 20 mg – For enalapril maleate oral liquid formulation refer, page 189.....	0.57	30	✓ <b>Acetec</b>
68	CETOMACROGOL WITH GLYCEROL (amendment to units of measure) Crm 90% with glycerol 10%.....	4.50	500 g ml OP	✓ <b>Pharmacy Health Sorbolene with Glycerin</b>
		6.50	1,000 g ml OP	✓ <b>Pharmacy Health Sorbolene with Glycerin</b>
79	OXYTOCIN – Up to 5 inj available on a PSO (amend the presentation description) Inj 5 iu per ml, 1 ml <b>ampoule</b> .....	5.94	5	✓ <b>Syntocinon</b>
		4.75		✓ <b>Oxytocin BNM</b>
	Inj 10 iu per ml, 1 ml <b>ampoule</b> .....	7.48	5	✓ <b>Syntocinon</b>
		5.98		✓ <b>Oxytocin BNM</b>
85	CARBIMAZOLE (removal of STAT) Tab 5 mg .....	10.80	100	✓ <b>Neo-Mercazole</b>
89	ERYTHROMYCIN ETHYL SUCCINATE Tab 400 mg .....	16.95	100	✓ <b>E-Mycin</b>
	a) Up to <del>20</del> <del>30</del> tab available on a PSO b) <b>Up to 2 x the maximum PSO quantity for RFPP – see rule 5.2.6</b>			
	Grans for oral liq 200 mg per 5 ml .....	4.35	100 ml	✓ <b>E-Mycin</b>
	a) Up to <del>300</del> <del>200</del> ml available on a PSO b) <b>Up to 2 x the maximum PSO quantity for RFPP – see rule 5.2.6</b>			
90	AMOXYCILLIN Cap 250 mg .....	16.18	500	✓ <b>Alphamox</b>
	a) Up to 30 cap available on a PSO b) <b>Up to 10 x the maximum PSO quantity for RFPP – see rule 5.2.6</b>			
	Cap 500 mg .....	26.50	500	✓ <b>Alphamox</b>
	a) <b>Up to 30 cap available on a PSO</b> b) <b>Up to 10 x the maximum PSO quantity for RFPP – see rule 5.2.6</b>			
	Grans for oral liq 250 mg per 5 ml .....	1.10	100 ml	✓ <b>Ospamox</b>
	a) Up to <del>300</del> <del>200</del> ml available on a PSO b) <b>Up to 10 x the maximum PSO quantity for RFPP – see rule 5.2.6</b>			

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

91	PHENOXYMETHYLPENICILLIN (PENICILLIN V) Cap potassium salt 500 mg ..... 11.70	50	✓ Cilicaine VK
	<b>a) Up to 20 cap available on a PSO</b>		
	<b>b) Up to 2 x the maximum PSO quantity for RFPP – see rule 5.2.6</b>		
	Grans for oral liq 250 mg per 5 ml ..... 1.78	100 ml	✓ AFT
	<b>a) Up to 300 200 ml available on a PSO</b>		
	<b>b) Up to 2 x the maximum PSO quantity for RFPP – see rule 5.2.6</b>		
118	BENZBROMARONE – Special Authority see SA1319 – Retail pharmacy (addition of note) Tab 100 mg ..... 45.00	100	✓ Benzbromaron AL 100 S29

#### ▶ SA1319 Special Authority for Subsidy

Initial application from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:

Both:

1 Any of the following:

1.1 The patient has a serum urate level greater than 0.36 mmol/l despite treatment with allopurinol at doses of at least 600 mg/day and appropriate doses of probenecid; or

1.2 The patient has experienced intolerable side effects from allopurinol such that treatment discontinuation is required and serum urate remains greater than 0.36 mmol/l despite appropriate doses of probenecid; or

1.3 Both:

1.3.1 The patient has renal impairment and serum urate remains greater than 0.36 mmol/l despite optimal treatment with allopurinol (see Note); and

1.3.2 The patient has a rate of creatinine clearance greater than or equal to 20 ml/min; or

1.4 All of the following:

1.4.1 The patient is taking azathioprine and requires urate-lowering therapy; and

1.4.2 Allopurinol is contraindicated; and

1.4.3 Appropriate doses of probenecid are ineffective or probenecid cannot be used due to reduced renal function; and

2 The patient is receiving monthly liver function tests.

Renewal from any relevant practitioner. Approvals valid for 2 years for applications meeting the following criteria:

Both:

1 The treatment remains appropriate and the patient is benefitting from the treatment; and

2 There is no evidence of liver toxicity and patient is continuing to receive regular (at least every three months) liver function tests.

Notes: Benzbromarone has been associated with potentially fatal hepatotoxicity.

Optimal treatment with allopurinol in patients with renal impairment is defined as treatment to the creatinine clearance-adjusted dose of allopurinol then, if serum urate remains greater than 0.36 mmol/l, a gradual increase of the dose of allopurinol to 600 mg or the maximum tolerated dose.

**The New Zealand Rheumatology Association has developed information for prescribers which can be accessed from its website at [http://www.rheumatology.org.nz/benzbromarone\\_prescriber\\_information.cfm](http://www.rheumatology.org.nz/benzbromarone_prescriber_information.cfm)**

118	ROPINIROLE HYDROCHLORIDE (removal of certified exemption) Tab 0.25 mg ..... 2.36	84	✓ Apo-Ropinirole
	6.20		✓ Ropin
	Tab 1 mg ..... 5.32	84	✓ Apo-Ropinirole
	15.95		✓ Ropin
	Tab 2 mg ..... 7.72	84	✓ Apo-Ropinirole
	24.95		✓ Ropin
	Tab 5 mg ..... 14.48	84	✓ Apo-Ropinirole
	38.00		✓ Ropin

▲ 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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## Changes to Restrictions - effective 1 December 2013 (continued)

144	NALTREXONE HYDROCHLORIDE – Special Authority see <b>SA14081397</b> – Retail pharmacy Tab 50 mg .....	76.00	30	✓ <b>Naltraccord</b>
<p>➔ <b>SA14081397</b> Special Authority for Subsidy Initial application from any <b>relevant medical</b> practitioner. Approvals valid for 6 months for applications meeting the following criteria: Both: 1 Patient is currently enrolled in a recognised comprehensive treatment programme for alcohol dependence; and 2 Applicant works in or with a community Alcohol and Drug Service contracted to one of the District Health Boards or accredited against the New Zealand Alcohol and Other Drug Sector Standard or the National Mental Health Sector Standard.</p> <p>Renewal from any <b>relevant medical</b> practitioner. Approvals valid for 6 months for applications meeting the following criteria: Both: 1 Compliance with the medication (prescriber determined); and 2 Any of the following: 2.1 Patient is still unstable and requires further treatment; or 2.2 Patient achieved significant improvement but requires further treatment; or 2.3 Patient is well controlled but requires maintenance therapy.</p>				
155	IMATINIB MESILATE MESYLATE – Special Authority see SA0643 (amendment to chemical name) Tab 100 mg .....	2,400.00	60	✓ <b>Glivec</b>
180	MONTELUKAST – Special Authority see <b>SA14091227</b> – Retail pharmacy Prescribing Guideline: Clinical evidence indicates that the effectiveness of montelukast is strongest when montelukast is used in short treatment courses. Tab 4 mg .....	18.48	28	✓ <b>Singulair</b>
	Tab 5 mg .....	18.48	28	✓ <b>Singulair</b>
	Tab 10 mg .....	18.48	28	✓ <b>Singulair</b>
<p>➔ <b>SA14091227</b> Special Authority for Subsidy Initial application (Pre-school wheeze) from any relevant practitioner. Approvals valid for one year for applications meeting the following criteria: <b>All of the following Both:</b> 1 To be used for the treatment of intermittent severe wheezing (possibly viral) in children under 5 years; and 2 The patient has trialed inhaled corticosteroids at a dose of up to 400 µg per day beclomethasone or budesonide, or 200 µg per day fluticasone for at least one month; and 3 The patient continues to have <b>has had</b> at least three <b>episodes in the previous 12 months of acute wheeze severe enough to seek medical attention</b>, severe exacerbations at least one of which required hospitalisation defined as in-patient stay or prolonged Emergency Department treatment) in the past 12 months.</p> <p>Renewal (pre-school wheeze) - only from a relevant practitioner. Approvals valid for two years where the treatment remains appropriate and the patient is benefitting from treatment.</p> <p>Initial application (exercise-induced asthma) from any relevant practitioner. Approvals valid without further renewal, unless notified, for applications meeting the following criteria: Both: 1 Patient is <del>being treated</del> <b>has been trialed</b> with maximal asthma therapy, including inhaled corticosteroids and long-acting beta-adrenoceptor agonists; and 2 Patient continues to receive optimal inhaled corticosteroid therapy; and 3 <b>Patient continues to experience frequent episodes of exercise-induced bronchoconstriction.</b></p> <p>Initial application (aspirin desensitisation) only from a clinical immunologist or allergist. Approvals valid for one year, for applications meeting the following criteria: All of the following:</p>				

*continued...*

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

*continued...*

- 1 Patient is undergoing aspirin desensitisation therapy under the supervision of a clinical immunologist or allergist; and
- 2 Patient has moderate to severe aspirin-exacerbated respiratory disease or Samter's triad; and
- 3 Nasal polyposis, confirmed radiologically or surgically; and
- 4 Documented aspirin or NSAID allergy confirmed by aspirin challenge or a clinical history of severe reaction to aspirin or NSAID where challenge would be considered dangerous.

## Effective 1 November 2013

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

➔ SA14041274 Special Authority for Subsidy

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

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

**Both:**

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

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

**Both:**

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

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

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

**Both:**

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

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

**Both:**

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

*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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## Changes to Restrictions - effective 1 November 2013 (continued)

continued...

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

Renewal application - (Cytomegalovirus in immunocompromised patients) only from a relevant specialist.

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

Both:

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

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

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

## Effective 1 October 2013

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

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

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

52	PERINDOPRIL (removal of subsidy by endorsement) From 1 August 2013 to 30 September 2013 the Coversyl brand of perindopril will be funded by Endorsement to the level of the ex-manufacturer price listed in the Schedule for patients who were previously accessing the higher subsidy by endorsement for perindopril prior to 1 May 2013. * Tab 2 mg – Higher subsidy of up to \$18.50 per 30 tab with Endorsement .....	3.75 (18.50)	30	✓ Apo-Perindopril Coversyl
	* Tab 4 mg – Higher subsidy of up to \$25.00 per 30 tab with Endorsement .....	4.80 (25.00)	30	✓ Apo-Perindopril Coversyl
115	ZOLEDRONIC ACID – Special Authority see SA1187 – Retail pharmacy (addition of OP) Soln for infusion 5 mg in 100 ml.....	600.00	100 ml	OP ✓ Aclasta
122	OXYCODONE HYDROCHLORIDE (amendment to presentation description) a) Only on a controlled drug form b) See prescribing guideline c) No patient co-payment payable d) Safety medicine; prescriber may determine dispensing frequency Cap immediate-release 5 mg .....	2.83	20	✓ OxyNorm
	Cap immediate-release 10 mg .....	5.58	20	✓ OxyNorm
	Cap immediate-release 20 mg .....	9.77	20	✓ OxyNorm
130	HYOSCINE HYDROBROMIDE HYOSCINE (SCOPOLAMINE) – Special Authority see SA1387 – Retail pharmacy (change to chemical name) Patch 1.5 mg .....	11.95	2	✓ Scopoderm TTS

### Effective 1 September 2013

52	ENALAPRIL MALEATE – Brand switch fee payable (Pharmacode 2445441) - see page 187 for details Tab 5 mg .....	0.36 1.07 5.94	30 90 500	✓ Acetec ✓ m-Enalapril ✓ Acetec
	Tab 10 mg .....	0.44 1.32 7.33	30 90 500	✓ Acetec ✓ m-Enalapril ✓ Acetec
	Tab 20 mg – For enalapril maleate oral liquid formulation refer, page 189.....	0.57 1.72	30 90	✓ Acetec ✓ m-Enalapril

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

82	TETRACOSACTRIN (amendment to presentation) * Inj 250 mcg per ml, 1 ml ampoule .....	17.71 177.18	1 10	✓ Synacthen ✓ Synacthen
106	Guidelines for the use of interferon in the treatment of hepatitis C: Physicians considering treatment of patients with hepatitis C should discuss cases with a gastroenterologist or an infectious disease physician. All subjects undergoing treatment require careful monitoring for side effects. Patients should be otherwise fit. Hepatocellular carcinoma should be excluded by ultrasound examination and alpha-fetoprotein level. Criteria for Treatment 1) Diagnosis			

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

continued...

- Anti-HCV positive on at least two occasions with a positive PCR for HCV-RNA and preferably confirmed by a supplementary RIBA test; or
- PCR-RNA positive for HCV on at least 2 occasions if antibody negative; or
- Anti-HCV positive on at least two occasions with a positive supplementary RIBA test with a negative PCR for HCV

RNA but with a liver biopsy consistent with 2(b) following.

Exclusion Criteria

- 1) Autoimmune liver disease. (Interferon may exacerbate autoimmune liver disease as well as other autoimmune diseases such as thyroid disease).
- 2) Pregnancy.
- 3) Neutropenia ( $<2.0 \times 10^9$ ) and/or thrombocytopenia.
- 4) Continuing alcohol abuse and/or continuing intravenous drug users.

Dosage

The current recommended dosage is 3 million units of interferon **ALFA-2A** ~~ALPHA-2A~~ or interferon **ALFA-2B** ~~ALPHA-2B~~ administered subcutaneously 3 times a week for 52 weeks (twelve months)

Exit Criteria

The patient's response to interferon treatment should be reviewed at either three or four months. Interferon treatment should be discontinued in patients who do not show a substantial reduction (50%) in their mean pre-treatment ALlevel at this stage.

### 107 INTERFERON **ALFA-2A** ~~ALPHA-2A~~ – PCT – Retail pharmacy-Specialist (amendment to chemical name)

a) See prescribing guideline

b) Prescriptions must be written by, or on the recommendation of, an internal medicine physician or ophthalmologist

Inj 3 m iu prefilled syringe .....	31.32	1	✓ <b>Roferon-A</b>
Inj 6 m iu prefilled syringe .....	62.64	1	✓ <b>Roferon-A</b>
Inj 9 m iu prefilled syringe .....	93.96	1	✓ <b>Roferon-A</b>

### 107 INTERFERON **ALFA-2B** ~~ALPHA-2B~~ – PCT – Retail pharmacy-Specialist (amendment to chemical name)

a) See prescribing guideline

b) Prescriptions must be written by, or on the recommendation of, an internal medicine physician or ophthalmologist

Inj 18 m iu, 1.2 ml multidose pen .....	187.92	1	✓ <b>Intron-A</b>
Inj 30 m iu, 1.2 ml multidose pen .....	313.20	1	✓ <b>Intron-A</b>
Inj 60 m iu, 1.2 ml multidose pen .....	626.40	1	✓ <b>Intron-A</b>

### 107 PEGYLATED INTERFERON **ALFA-2A** ~~ALPHA-2A~~ – Special Authority see **SA14001365**

– Retail pharmacy

See prescribing guideline

Inj 135 mcg prefilled syringe.....	1,448.00	4	✓ <b>Pegasys</b>
Inj 180 mcg prefilled syringe.....	900.00	4	✓ <b>Pegasys</b>
Inj 180 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 112 .....	1,159.84	1 OP	✓ <b>Pegasys RBV Combination Pack</b>
Inj 180 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 168 .....	1,290.00	1 OP	✓ <b>Pegasys RBV Combination Pack</b>

► **SA14001365** Special Authority for Subsidy

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

continued...

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

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



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

*continued...*

Both:

1. Any of the following:
  - 1.1 Patient has chronic hepatitis C, genotype 1, 4, 5 or 6 infection; or
  - 1.2 Patient has chronic hepatitis C and is co-infected with HIV; or
  - 1.3 Patient has chronic hepatitis C genotype 2 or 3 and has received a liver transplant; and
2. Maximum of 48 weeks therapy.

Notes:

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

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

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

**All of the following:**

- 1 Patient has chronic hepatitis C, genotype 1; and
- 2 Patient has had previous treatment with pegylated interferon and ribavirin; and
- 3 Either:
  - 3.1 Patient has responder relapsed; or
  - 3.2 Patient was a partial responder; and
- 4 Patient is to be treated in combination with boceprevir; and
- 5 Maximum of 48 weeks therapy.

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

**All of the following**

1. Patient has chronic hepatitis C, genotype 1; and
2. Patient has had previous treatment with pegylated interferon and ribavirin; and
3. Any of the following:
  - 3.1. Patient has responder relapsed; or
  - 3.2. Patient was a partial responder; or
  - 3.3. Patient received interferon treatment prior to 2004; and
4. Patient is to be treated in combination with boceprevir; and
5. Maximum of 48 weeks therapy.

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

Both:

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

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

All of the following:

- 1 Patient has confirmed Hepatitis B infection (HBsAg positive for more than 6 months); and
- 2 Patient is Hepatitis B treatment-naïve; and
- 3 ALT > 2 times Upper Limit of Normal; and
- 4 HBV DNA < 10 log<sub>10</sub> IU/ml; and
- 5 Either:
  - 5.1 HBeAg positive; or
  - 5.2 serum HBV DNA ≥ 2,000 units/ml and significant fibrosis (≥ Metavir Stage F2 or moderate fibrosis); and
- 6 Compensated liver disease; and
- 7 No continuing alcohol abuse or intravenous drug use; and

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

continued...

- 8 Not co-infected with HCV, HIV or HDV; and  
9 Neither ALT nor AST > 10 times upper limit of normal; and  
10 No history of hypersensitivity or contraindications to pegylated interferon; and  
11 Maximum of 48 weeks therapy.

Notes:

Approved dose is 180 mcg once weekly.

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

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

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

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

125	VENLAFAXINE—Special Authority see SA1061—Retail pharmacy			
	Tab 37.5 mg .....	5.06	28	✓ Arrow-Venlafaxine XR
	Tab 75 mg .....	6.44	28	✓ Arrow-Venlafaxine XR
	Tab 150 mg .....	8.86	28	✓ Arrow-Venlafaxine XR
	Tab 225 mg .....	14.34	28	✓ Arrow-Venlafaxine XR
	Cap 37.5 mg – Special Authority see SA1061			
	– Retail pharmacy .....	8.71	28	✓ Efexor XR
	Cap 75 mg – Special Authority see SA1061			
	– Retail pharmacy .....	17.42	28	✓ Efexor XR
	Cap 150 mg – Special Authority see SA1061			
	– Retail pharmacy .....	21.35	28	✓ Efexor XR
136	RISPERIDONE – Special Authority see SA0927 – Retail pharmacy			
	Safety medicine; prescriber may determine dispensing frequency			
	<b>Tab orodispersible</b> Orally disintegrating tablets 0.5 mg .....	21.42	28	✓ Risperdal Quicklet
	<b>Tab orodispersible</b> Orally disintegrating tablets 1 mg .....	42.84	28	✓ Risperdal Quicklet
	<b>Tab orodispersible</b> Orally disintegrating tablets 2 mg .....	85.71	28	✓ Risperdal Quicklet
148	CYTARABINE			
	Inj <del>100 mg</del> <b>20 mg per ml, 5 ml vial</b>			
	– PCT – Retail pharmacy-Specialist .....	55.00	5	✓ Pfizer
		80.00		✓ Mayne
	Inj <del>1 g</del> <b>100 mg per ml, 10 ml vial</b> – PCT			
	– Retail pharmacy-Specialist.....	8.83	1	✓ Pfizer
		42.65		✓ Mayne
	Inj <del>2 g</del> <b>100 mg per ml, 20 ml vial</b> – PCT			
	– Retail pharmacy-Specialist.....	17.65	1	✓ Pfizer
		34.47		✓ Mayne
204	PAEDIATRIC ENTERAL FEED WITH FIBRE <b>0.76 0.75</b> KCAL/ML – Special Authority see SA1196			
	– Hospital pharmacy [HP3]			
	Liquid.....	4.00	500 ml OP	✓ Nutri Low Energy Multi Fibre

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

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## Changes to Subsidy and Manufacturer's Price

### Effective 1 December 2013

46	CLOPIDOGREL (↓ subsidy) * Tab 75 mg – For clopidogrel oral liquid formulation refer, page 189.....	5.87 (16.25)	90	
				Apo-Clopidogrel
79	TAMSULOSIN HYDROCHLORIDE – Special Authority see SA1032 – Retail pharmacy (↓ subsidy) * Cap 400 mcg .....	4.05 (5.98)	30	
				Tamsulosin-Rex
122	MORPHINE SULPHATE (↓ subsidy) a) Only on a controlled drug form b) No patient co-payment payable c) Safety medicine; prescriber may determine dispensing frequency			
	Cap long-acting 10 mg .....	1.70	10	✓ m-Eslon
	Cap long-acting 30 mg .....	2.50	10	✓ m-Eslon
	Cap long-acting 60 mg .....	5.40	10	✓ m-Eslon
	Cap long-acting 100 mg .....	6.38	10	✓ m-Eslon
176	LORATADINE (↓ subsidy) * Tab 10 mg .....	1.30 (2.09)	100	
				Loraclear Hayfever Relief

### Effective 1 November 2013

137	ALPRAZOLAM – Safety medicine; prescriber may determine dispensing frequency (↓ subsidy) Tab 250 mcg..... ‡ Safety cap for extemporaneously compounded oral liquid preparations. Tab 1 mg .....	2.50 5.00	50 50	✓ Arrow-Alprazolam ✓ Arrow-Alprazolam
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
161	MYCOPHENOLATE MOFETIL - Special Authority see SA1041 – Retail pharmacy (↓ subsidy) Dispensing pharmacy should check which brand to dispense with the prescriber if prescribed generically. Tab 500 mg .....	25.00 (60.00)	50	✓ Myaccord Ceptolate
	Cap 250 mg .....	12.50 (30.00)	50	Ceptolate
		25.00	100	✓ Myaccord

### Effective 1 October 2013

78	CLOTRIMAZOLE * Vaginal crm 1% with applicators (↑ subsidy)..... * Vaginal crm 2% with applicators (↓ subsidy).....	1.45 2.20	35 g OP 20 g OP	✓ Clomazol ✓ Clomazol
88	CEFACLOR MONOHYDRATE (↑ subsidy) Cap 250 mg .....	26.00	100	✓ Ranbaxy-Cefaclor

▲ 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 October 2013 (continued)

122	OXYCODONE HYDROCHLORIDE (↓ subsidy)			
	a) Only on a controlled drug form			
	b) See prescribing guideline			
	c) No patient co-payment payable			
	d) Safety medicine; prescriber may determine dispensing frequency			
	Tab controlled-release 10 mg .....	6.75	20	
		(11.14)		OxyContin
	Tab controlled-release 20 mg .....	11.50	20	
		(18.93)		OxyContin
	Tab controlled-release 40 mg .....	18.50	20	
		(33.29)		OxyContin
	Tab controlled-release 80 mg .....	34.00	20	
		(58.03)		OxyContin

## Effective 1 September 2013

42	VITAMIN B COMPLEX (↓ subsidy)			
	* Tab, strong, BPC .....	4.30	500	✓ B-PlexADE ✓ Bplex
42	ASCORBIC ACID (↓ subsidy)			
	a) No more than 100 mg per dose			
	b) Only on a prescription			
	* Tab 100 mg .....	7.00	500	✓ Vitala-C ✓ Cvite
42	VITAMINS (↓ subsidy)			
	* Tab (BPC cap strength) .....	7.60	1,000	✓ MultiADE ✓ Mvite
43	POTASSIUM IODATE (↓ subsidy)			
	* Tab 256 mcg (150 mcg elemental iodine) .....	6.53	90	✓ NeuroKare
51	DEXTROSE WITH ELECTROLYTES (↓ subsidy)			
	Soln with electrolytes .....	6.55	1,000 ml OP	✓ Pedialyte – Bubblegum
56	PINDOLOL (↑ subsidy)			
	* Tab 5 mg .....	9.72	100	✓ Apo-Pindolol
	* Tab 10 mg .....	15.62	100	✓ Apo-Pindolol
	* Tab 15 mg .....	23.46	100	✓ Apo-Pindolol
59	GEMFIBROZIL (↑ subsidy)			
	* Tab 600 mg .....	17.60	60	✓ Lipazil
105	LAMIVUDINE – Special Authority see SA1364 – Retail pharmacy (↑ subsidy)			
	Oral liq 10 mg per ml .....	102.50	240 ml OP	✓ 3TC

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

107	PEGYLATED INTERFERON ALFA-2A – Special Authority see SA1400 – Retail pharmacy (↓ subsidy) See prescribing guideline		
	Inj 180 mcg prefilled syringe.....	900.00	4 ✓ <b>Pegasys</b>
	Inj 180 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 112.....	1,159.84	1 OP ✓ <b>Pegasys RBV Combination Pack</b>
	Inj 180 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 168 .....	1,290.00	1 OP ✓ <b>Pegasys RBV Combination Pack</b>
119	LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE (↓ subsidy)		
	Inj 1%, 5 ml ampoule – Up to 25 inj available on a PSO.....	17.50 (35.00)	50 Xylocaine
	Inj 1%, 20 ml ampoule – Up to 5 inj available on a PSO.....	12.00 (20.00)	5 Xylocaine
125	VENLAFAXINE (↓ subsidy)		
	Tab 37.5 mg .....	5.06	28 ✓ <b>Arrow-Venlafaxine XR</b>
	Tab 75 mg .....	6.44	28 ✓ <b>Arrow-Venlafaxine XR</b>
	Tab 150 mg .....	8.86	28 ✓ <b>Arrow-Venlafaxine XR</b>
	Tab 225 mg .....	14.34	28 ✓ <b>Arrow-Venlafaxine XR</b>
148	CYTARABINE (↓ subsidy)		
	Inj 20 mg per ml, 5 ml vial – PCT – Retail pharmacy-Specialist.....	55.00	5 ✓ <b>Pfizer</b>
	Inj 100 mg per ml, 10 ml vial – PCT – Retail pharmacy-Specialist.....	8.83	1 ✓ <b>Pfizer</b>
	Inj 100 mg per ml, 20 ml vial – PCT – Retail pharmacy-Specialist.....	17.65	1 ✓ <b>Pfizer</b>
	Inj 1 mg for ECP – PCT only – Specialist .....	0.11	10 mg ✓ <b>Baxter</b>
	Inj 100 mg intrathecal syringe for ECP – PCT only – Specialist.....	11.00	100 mg OP ✓ <b>Baxter</b>
161	MYCOPHENOLATE MOFETIL – Special Authority see SA1041 – Retail pharmacy (↓ subsidy) Dispensing pharmacy should check which brand to dispense with the prescriber if prescribed generically.		
	Tab 500 mg .....	25.00	50 ✓ <b>Cellcept</b>
	Cap 250 mg .....	25.00	100 ✓ <b>Cellcept</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

## Changes to General Rules

Effective 1 December 2013

### Section A: General Rules

#### 5.2 Practitioner's Supply Orders

The following provisions apply to the supply of Community Pharmaceuticals to Practitioners under a Practitioner's Supply Order:

- 5.2.1 Subject to clause 5.2.3 and 5.2.6, a Practitioner may only order under a Practitioner's Supply Order those Community Pharmaceuticals listed in Section E Part I and only in such quantities as set out in Section E Part I that the Practitioner requires to ensure medical supplies are available for emergency use, teaching and demonstration purposes, and for provision to certain patient groups where individual prescription is not practicable.
- 5.2.2 Any order for a Class B Controlled Drug or for buprenorphine hydrochloride must be written on a Special Practitioner's Supply Order Controlled Drug Form supplied by the Ministry of Health.
- 5.2.3 A Practitioner may order such Community Pharmaceuticals as he or she expects to be required for personal administration to patients under the Practitioner's care if:
- the Practitioner's normal practice is in the specified areas listed in Section E Part II of the Schedule, or if the Practitioner is a locum for a Practitioner whose normal practice is in such an area.
  - the quantities ordered are reasonable for up to one Month's supply under the conditions normally existing in the practice. (The Practitioner may be called on by the Ministry of Health to justify the amounts of Community Pharmaceuticals ordered.)
- 5.2.4 No Community Pharmaceutical ordered under a Practitioner's Supply order will be eligible for Subsidy unless:
- the Practitioner's Supply Order is made on a form supplied for that purpose by the Ministry of Health, or approved by the Ministry of Health and which:
    - is personally signed and dated by the Practitioner; and
    - sets out the Practitioner's address; and
    - sets out the Community Pharmaceuticals and quantities, and;
  - all the requirements of Sections B and C of the Schedule applicable to that pharmaceutical are met.
- 5.2.5 The Ministry of Health may, at any time, on the recommendation of an Advisory Committee appointed by the Ministry of Health for that purpose, by public notification, declare that a Practitioner specified in such a notice is not entitled to obtain supplies of Community Pharmaceuticals under Practitioner's Supply Orders until such time as the Ministry of Health notifies otherwise.
- 5.2.6 A Practitioner working in the Rheumatic Fever Prevention Programme (RFPP) may order under a Practitioner's Supply Order such Community Pharmaceuticals (identified below) as he or she requires to ensure medical supplies are available for patients with suspected or confirmed Group A Streptococcal throat infections for the purposes of the RFPP in the following circumstances:**
- the RFPP provider name is written on the Practitioner's Supply Order; and
  - the total quantity ordered does not exceed a multiple of:
    - ten times the Practitioner's Supply Order current maximum listed in Section E Part I for amoxicillin grans for oral liq 250 mg per 5 ml, amoxicillin cap 250 mg and amoxicillin cap 500 mg; or
    - two times the Practitioner's Supply Order current maximum listed in Section E Part I for phenoxymethyl penicillin grans for oral liquid 250 mg per 5 ml, phenoxymethyl penicillin cap 500 mg, erythromycin ethyl succinate grans for oral liq 200 mg per 5 ml and erythromycin ethyl succinate tab 400 mg; and
  - the practitioner must specify the order quantity in course-specific amounts on the Practitioner's Supply Order (e.g. 10 x 300 ml amoxicillin grans for oral liq 250 mg per 5 ml). This will enable the pharmacy to dispense each course separately and claim multiple service fees as per the Community Pharmacy Services Agreement.

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

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

## Effective 1 September 2013

- 15 "Specialist", in relation to a Prescription, **means** a doctor who holds a current annual practising certificate and who satisfies the criteria set out in paragraphs (a) or (b) or (c) or (d) below:
- a)
    - i) the doctor is vocationally registered in accordance with the criteria set out by the Medical Council of New Zealand and the HPCA Act 2003 and who has written the prescription in the course of practising in that area of medicine; **and or**
    - ii) ~~the doctor's vocational scope of practice is one of those listed below: — anaesthetics, cardiothoracic surgery, dermatology, diagnostic radiology, emergency medicine, general surgery, internal medicine, neurosurgery, obstetrics and gynaecology, occupational medicine, ophthalmology, oral and maxillofacial surgery, otolaryngology head and neck surgery, orthopaedic surgery, paediatric surgery, paediatrics, pathology, plastic and reconstructive surgery, psychological medicine or psychiatry, public health medicine, radiation oncology, rehabilitation medicine, urology and venereology; or~~
  - b) the doctor is recognised by the Ministry of Health as a specialist for the purposes of this Schedule and receives remuneration from a DHB at a level which that DHB considers appropriate for specialists and who has written that prescription in the course of practising in that area of medicine; **or**
  - c) the doctor is recognised by the Ministry of Health as a specialist in relation to a particular area of medicine for the purpose of writing Prescriptions and who has written the Prescription in the course of practising in that area of medicine; **or**
  - d) the doctor writes the prescription on DHB stationery and is appropriately authorised by the relevant DHB to do so.
- 18 3.3 Original Packs, Certain Antibiotics and Unapproved Medicines
- 3.3.1 Notwithstanding clauses 3.1 and 3.3 of the Schedule, if a Practitioner prescribes or orders a Community Pharmaceutical that is identified as an Original Pack (OP) on the Pharmaceutical Schedule and is packed in a container from which it is not practicable to dispense lesser amounts, every reference in those clauses to an amount or quantity eligible for Subsidy, is deemed to be a reference:
- a) where an amount by weight or volume of the Community Pharmaceutical is specified in the Prescription, to the smallest container of the Community Pharmaceutical, or the smallest number of containers of the Community Pharmaceutical, sufficient to provide that amount; and
  - b) in every other case, to the amount contained in the smallest container of the Community Pharmaceutical that is manufactured in, or imported into, New Zealand.
- 3.3.2 If a Community Pharmaceutical is either:
- a) the liquid oral form of an antibiotic to which a diluent must be added by the Contractor at the time of dispensing; or
  - b) an unapproved medicine supplied under Section 29 of the Medicines Act 1981, but excluding any medicine listed as Cost, Brand, Source of Supply, or
  - c) **any other pharmaceutical that PHARMAC determines, from time to time and notes in the Pharmaceutical Schedule.**
- and it is prescribed or ordered by a Practitioner in an amount that does not coincide with the amount contained in one or more standard packs of that Community Pharmaceutical, Subsidy will be paid for the amount prescribed or ordered by the Practitioner in accordance with either clause 3.1 or clause 3.3 of the Schedule, and for the balance of any pack or packs from which the Community Pharmaceutical has been dispensed. At the time of dispensing the Contractor must keep a record of the quantity discarded. To ensure wastage is reduced, the Contractor should reduce the amount dispensed to make it equal to the quantity contained in a whole pack where:

*continued...*

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

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ **fully subsidised**

## Changes to General Rules - effective 1 September 2013 (continued)

*continued...*

- a) the difference between the amount dispensed and the amount prescribed by the Practitioner is less than 10% (eg; if a prescription is for 105 mls then a 100ml pack would be dispensed); and
- b) in the reasonable opinion of the Contractor the difference would not affect the efficacy of the course of treatment prescribed by the Practitioner.

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



Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## Changes to Brand Name

Effective 1 December 2013

43	CALCIUM GLUCONATE * Inj 10%, 10 ml.....	21.40	10	✓ Hospira Mayne
43	MAGNESIUM SULPHATE * Inj 2 mmol per ml, 5 ml .....	26.60	10	✓ Hospira Mayne
48	HEPARIN SODIUM Inj 1,000 iu per ml, 5 ml .....	13.36	10	✓ Hospira Mayne
		66.80	50	✓ Hospira Mayne
	Inj 1,000 iu per ml, 35 ml .....	16.00	1	✓ Hospira Mayne
	Inj 5,000 iu per ml, 1 ml .....	14.20	5	✓ Hospira Mayne
	Inj 25,000 iu per ml, 0.2 ml .....	9.50	5	✓ Hospira Mayne
61	ADRENALINE Inj 1 in 1,000, 1 ml ampoule – Up to 5 inj available on a PSO .....	5.25	5	✓ Hospira Mayne
	Inj 1 in 10,000, 10 ml ampoule – Up to 5 inj available on a PSO .....	27.00	5	✓ Hospira Mayne
62	PAPAVERINE HYDROCHLORIDE * Inj 12 mg per ml, 10 ml ampoule .....	73.12	5	✓ Hospira Mayne
92	GENTAMICIN SULPHATE Inj 10 mg per ml, 1 ml – Subsidy by endorsement .....	8.56	5	✓ Hospira Mayne
	Only if prescribed for a dialysis or cystic fibrosis patient or complicated urinary tract infection and the prescription is endorsed accordingly.			
126	DIAZEPAM – Safety medicine; prescriber may determine dispensing frequency Inj 5 mg per ml, 2 ml – Subsidy by endorsement .....	9.24	5	✓ Hospira Mayne
	a) Up to 5 inj available on a PSO			
	b) Only on a PSO			
	c) PSO must be endorsed "not for anaesthetic procedures".			
126	PHENYTOIN SODIUM * Inj 50 mg per ml, 2 ml – Up to 5 inj available on a PSO .....	69.24	5	✓ Hospira Mayne
	* Inj 50 mg per ml, 5 ml – Up to 5 inj available on a PSO .....	77.27	5	✓ Hospira Mayne
131	HYOSCINE HYDROBROMIDE * Inj 400 mcg per ml, 1 ml .....	6.66	5	✓ Hospira Mayne
147	CISPLATIN – PCT only – Specialist Inj 1 mg per ml, 50 ml .....	15.00	1	✓ Hospira DBL Cisplatin
	Inj 1 mg per ml, 100 ml .....	21.00	1	✓ Hospira DBL Cisplatin
148	CALCIUM FOLINATE Inj 3 mg per ml, 1 ml – PCT – Retail pharmacy-Specialist .....	17.10	5	✓ Hospira Mayne

▲ 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 Brand Name - effective 1 December 2013 (continued)

148	CYTARABINE Inj 20 mg per ml, 5 ml vial – PCT – Retail pharmacy-Specialist.....	80.00	5	✓ Hospira Mayne
	Inj 500 mg – PCT – Retail pharmacy-Specialist.....	95.36	5	✓ Hospira Mayne
	Inj 100 mg per ml, 10 ml vial – PCT – Retail pharmacy-Specialist.....	42.65	5	✓ Hospira Mayne
	Inj 100 mg per ml, 20 ml vial – PCT – Retail pharmacy-Specialist.....	34.47	1	✓ Hospira Mayne
149	FLUOROURACIL SODIUM Inj 25 mg per ml, 100 ml – PCT only – Specialist.....	13.55	1	✓ Hospira Mayne
149	METHOTREXATE * Inj 2.5 mg per ml, 2 ml – PCT – Retail pharmacy-Specialist .....	23.65	5	✓ Hospira Mayne
151	ETOPOSIDE Inj 20 mg per ml, 5 ml – PCT – Retail pharmacy-Specialist.....	25.00	1	✓ Hospira Mayne
154	VINBLASTINE SULPHATE Inj 10 mg – PCT – Retail pharmacy-Specialist.....	27.50	1	✓ Hospira Mayne
		137.50	5	✓ Hospira Mayne
177	PROMETHAZINE HYDROCHLORIDE * Inj 25 mg per ml, 2 ml – Up to 5 inj available on a PSO .....	11.00	5	✓ Hospira Mayne
187	DEFERRIOXAMINE MESYLATE * Inj 500 mg .....	99.00	10	✓ Hospira Mayne
187	NALOXONE HYDROCHLORIDE a) Up to 5 inj available on a PSO b) Only on a PSO * Inj 400 mcg per ml, 1 ml .....	33.00	5	✓ Hospira Mayne

### Effective 1 November 2013

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

## Changes to Section I

Effective 1 October 2013

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

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## Delisted Items

### Effective 1 December 2013

32	INSULIN SYRINGES, DISPOSABLE WITH ATTACHED NEEDLE – Maximum of 100 dev per prescription * Syringe 0.3 ml with 31 g × 8 mm needle .....	13.00	100	✓ ABM
39	MACROGOL 3350 – Special Authority see SA0891 – Retail pharmacy Powder 13.125 g, sachets – Maximum of 60 sach per prescription .....	18.14	30	✓ Movicol
75	CONDOMS * 53 mm extra strength – Up to 144 dev available on a PSO .....	1.11 13.36	12 144	✓ Gold Knight ✓ Gold Knight
187	PHARMACY SERVICES Brand switch fee .....	4.33	1 fee	✓ BSF Acetec
194	METHYLCELLULOSE Powder .....	14.00	100 g	✓ ABM

### Effective 1 November 2013

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

### Effective 1 October 2013

46	SODIUM TETRADECYL SULPHATE * Inj 0.5% 2 ml .....	23.20 (51.00)	5	Fibro-vein
	* Inj 1% 2 ml .....	25.00 (55.00)	5	Fibro-vein
58	CLONIDINE HYDROCHLORIDE * Tab 25 mcg.....	13.47	100	✓ Dixarit
65	CICLOPIROX OLAMINE a) Only on a prescription b) Not in combination Nail soln 8% .....	19.85	3 g OP	✓ Batrafen
78	LEVONORGESTREL * Tab 750 mcg .....	3.50	2	✓ Next Choice

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 October 2013 (continued)

76	ETHINYLLOESTRADIOL WITH DESOGESTREL * Tab 20 mcg with desogestrel 150 mcg .....	6.62 (16.50)	63	Mercilon 21
	a) Higher subsidy of \$13.80 per 63 tab with Special Authority see SA0500			
	b) Up to 63 tab available on a PSO			
	* Tab 30 mcg with desogestrel 150 mcg .....	6.62 (16.50)	63	Marvelon 21
	a) Higher subsidy of \$13.80 per 63 tab with Special Authority see SA0500			
	b) Up to 63 tab available on a PSO			
88	CEFOXITIN SODIUM – Retail pharmacy-Specialist – Subsidy by endorsement Only if prescribed for dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.			
	Inj 1 g .....	55.00	5	✓Mayne
88	CEFUROXIME SODIUM Inj 250 mg – Maximum of 3 inj per prescription; can be waived by endorsement .....	20.97	10	✓Mayne
	Waiver by endorsement must state that the prescription is for dialysis or cystic fibrosis patient.			
	Inj 1.5 g – Retail pharmacy-Specialist – Subsidy by endorsement .....	2.65 4.04	1	✓Mylan ✓Zinacef
	Only if prescribed for dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.			
92	FUSIDIC ACID Inj 500 mg sodium fusidate per 10 ml – Retail pharmacy- Specialist – Subsidy by endorsement .....	12.87 (17.80)	1	Fucidin
	Only if prescribed for a dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.			
119	LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE Inj 2%, 5 ml ampoule – Up to 5 inj available on a PSO .....	13.80	50	✓Xylocaine
	Inj 2%, 20 ml ampoule – Up to 5 inj available on a PSO .....	12.00	5	✓Xylocaine
130	SUMATRIPTAN Tab 50 mg .....	1.19	4	✓Arrow-Sumatriptan
	Tab 100 mg .....	1.10	4	✓Arrow-Sumatriptan
	Note – Arrow-Sumatriptan tab 50 mg and 100 mg in 100 tab pack size remains subsidised.			
185	HOMATROPINE HYDROBROMIDE * Eye drops 2% .....	7.18	15 ml OP	✓Isopto Homatropine
187	PHARMACY SERVICES * Brand switch fee .....	4.33	1 fee	✓BSF Arrow-Quinapril

### Effective 1 September 2013

31	INSULIN PEN NEEDLES – Maximum of 100 dev per prescription * 29 g x 12.7 mm.....	10.50	100	✓ABM
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▲ Three months supply may be dispensed at one time if endorsed "certified exemption" by the prescriber.

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

### Delisted Items - effective 1 September 2013 (continued)

32	INSULIN SYRINGES, DISPOSABLE WITH ATTACHED NEEDLE – Maximum of 100 dev per prescription			
	* Syringe 0.3 ml with 29 g × 12.7 mm needle .....	13.00	100	✓ABM
	* Syringe 0.5 ml with 29 g × 12.7 mm needle .....	13.00	100	✓ABM
	* Syringe 0.5 ml with 31 g × 8 mm needle .....	13.00	100	✓ABM
107	PEGYLATED INTERFERON ALFA-2A – Special Authority see SA1365 – Retail pharmacy			
	See prescribing guideline			
	Inj 135 mcg prefilled syringe .....	362.00	1	✓Pegasys
	Inj 180 mcg prefilled syringe .....	450.00	1	✓Pegasys
199	FAT SUPPLEMENT – Special Authority see SA1374 – Hospital pharmacy [HP3]			
	Oil .....	28.73	250 ml OP	✓Liquigen
207	ENTERAL FEED 1KCAL/ML – Special Authority see SA1228 – Hospital pharmacy [HP3]			
	Liquid .....	2.65	500 ml OP	✓Nutrison Standard RTH
207	ENTERAL FEED WITH FIBRE 1 KCAL/ML – Special Authority see SA1228 – Hospital pharmacy [HP3]			
	Liquid .....	2.65	500 ml OP	✓Nutrison Multi Fibre

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 January 2014

59	CHLORTALIDONE [CHLOROTHALIDONE]				
	* Tab 25 mg .....	4.80	30	✓ Igroton	S29
	Note – The delist date has been extended from 1 October 2013 to 1 January 2014.				
122	OXYCODONE HYDROCHLORIDE				
	a) Only on a controlled drug form				
	b) See prescribing guideline				
	c) No patient co-payment payable				
	d) Safety medicine; prescriber may determine dispensing frequency				
	Tab controlled-release 10 mg .....	6.75	20		
		(11.14)		OxyContin	
	Tab controlled-release 20 mg .....	11.50	20		
		(18.93)		OxyContin	
	Tab controlled-release 40 mg .....	18.50	20		
		(33.29)		OxyContin	
	Tab controlled-release 80 mg .....	34.00	20		
		(58.03)		OxyContin	
225	INFLUENZA VACCINE – Hospital pharmacy [Xpharm]				
	Inj .....	90.00	10	✓ Fluvax	

### Effective 1 February 2014

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

### Effective 1 March 2014

46	CLOPIDOGREL				
	* Tab 75 mg – For clopidogrel oral liquid formulation refer, page 189 .....	5.87	90		
		(16.25)		Apo-Clopidogrel	
77	NORETHISTERONE WITH MESTRANOL				
	* Tab 1 mg with mestranol 50 mcg and 7 inert tab.....	6.62	84		
		(13.80)		Norinyl-1/28	
	a) Higher subsidy of \$13.80 per 84 tab with Special Authority see SA0500				
	b) Up to 84 tab available on a PSO				
79	TAMSULOSIN HYDROCHLORIDE – Special Authority see SA1032 – Retail pharmacy				
	* Cap 400 mcg .....	4.05	30		
		(5.98)		Tamsulosin-Rex	

▲ 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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### Items to be Delisted - effective 1 March 2014 (continued)

90	PENICILLIN G BENZATHINE [BENZATHINE BENZYL PENICILLIN] Inj 1.2 mega u per 2 ml – Up to 5 inj available on a PSO.....	315.00	10	✓ <b>Bicillin LA</b>
131	ONDANSETRON * Tab disp 4 mg .....	17.18	10	✓ <b>Zofran Zydys</b>
161	AZATHIOPRINE – Retail pharmacy-Specialist * Tab 50 mg – For azathioprine oral liquid formulation refer, page 189.....	18.45	100	✓ <b>Imuran</b>
176	LORATADINE * Tab 10 mg .....	1.30 (2.09)	100	Loraclear Hayfever Relief
186	PARAFFIN LIQUID WITH SOFT WHITE PARAFFIN * Eye oint with soft white paraffin .....	3.63	3.5 g OP	✓ <b>Lacri-Lube</b>
202	PAEDIATRIC ORAL FEED 1KCAL/ML – Special Authority see SA1379 – Hospital pharmacy [HP3] Liquid (chocolate) .....	1.07	200 ml OP	✓ <b>Pediasure</b>
	Liquid (strawberry) .....	1.07	200 ml OP	✓ <b>Pediasure</b>
	Liquid (vanilla) .....	1.07	200 ml OP	✓ <b>Pediasure</b>
		1.27	237 ml OP	✓ <b>Pediasure</b>

Note – Replacement Pediasure packs were listed 1 September 2013.

### Effective 1 April 2014

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

### Effective 1 May 2014

52	ENALAPRIL MALEATE * Tab 5 mg .....	1.07	90	✓ <b>m-Enalapril</b>
	* Tab 10 mg .....	1.32	90	✓ <b>m-Enalapril</b>
	* Tab 20 mg – For enalapril maleate oral liquid formulation refer, page 189.....	1.72	90	✓ <b>m-Enalapril</b>



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 May 2014 (continued)

86	LEVOTHYROXINE			
	* Tab 25 mcg .....	43.24	1,000	✓ Synthroid
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
	* Tab 50 mcg .....	45.00	1,000	✓ Synthroid
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
	Note – Synthroid in the 90 tablet pack size remain subsidised.			
149	METHOTREXATE			
	* Inj 25 mg per ml, 40 ml – PCT			
	– Retail pharmacy - Specialist .....	25.00	1	✓ DBL Methotrexate S29
207	ORAL FEED (POWDER) – Special Authority see SA1228 – Hospital pharmacy [HP3]			
	Powder (vanilla) .....	13.00	900 g OP	✓ Ensure

### Effective 1 June 2014

31	INSULIN PEN NEEDLES – Maximum of 100 dev per prescription			
	* 31 x 6 mm .....	10.50 (26.00)	100	NovoFine
105	ZIDOVUDINE [AZT] WITH LAMIVUDINE – Special Authority see SA1364 – Retail pharmacy			
	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 .....	667.20	60	✓ Combivir
197	CARBOHYDRATE SUPPLEMENT – Special Authority see SA1373 – Hospital pharmacy [HP3]			
	Powder .....	1.30 (12.00)	368 g OP	Moducal

▲ 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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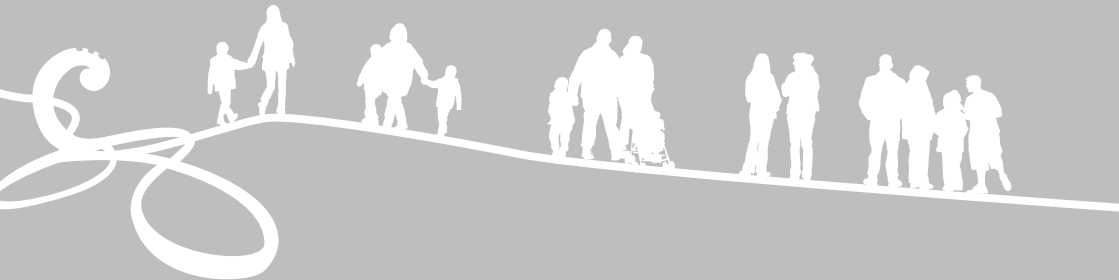
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