

Pharmaceutical Management Agency

Update

# New Zealand Pharmaceutical Schedule

Effective 1 January 2011

Section H cumulative for December 2010 and January 2011



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## Summary of PHARMAC decisions

EFFECTIVE 1 JANUARY 2011

### **New listings (pages 17-18)**

- Lactulose (Laevolac) oral liq 10 g per 15 ml, 1,000 ml – Only on a prescription
- Sodium chloride (Multichem) inj 0.9%, 5 ml and 10 ml – Up to 5 inj available on a PSO
- Influenza vaccine (Fluvax, Fluarix) inj – Hospital pharmacy [Xpharm]
- Nicotine (Habitrol) gum (classic) 2 mg and 4 mg, 96 pack – Nicotine will not be funded Close Control in amounts less than 4 weeks of treatment
- Pharmacy Services (BSF Imuprine, BSF Dapa-Tabs, BSF Univent, and BSF Arrow Terazosin) brand switch fee – no patient co-payment payable – may only be claimed once per patient per fee

### **Changes to restrictions (pages 19-25)**

- Terazosin hydrochloride (Arrow) tab 1 mg, 2 mg and 5 mg – a brand switch fee may be dispensed from 1 January 2011 until 31 March 2011
  - Indapamide (Dapa-Tabs) tab 2.5 mg – a brand switch fee may be dispensed from 1 January 2011 until 31 March 2011
  - Moxifloxacin (Avelox) tab 400 mg – No patient co-payment payable
  - Dapsone (Dapsone) tab 25 mg and 100 mg – removal of Section 29
  - Bromocriptine mesylate (Apo-Bromocriptine) cap 5 mg – removal of Section 29
  - Gabapentin (Nupentin) cap 100 mg, 300 mg and 400 mg – amended Special Authority criteria
  - Vigabatrin (Sabril) tab 500 mg – amended Special Authority criteria
  - Dexamphetamine sulphate (PSM) tab 5 mg – amended Special Authority criteria
  - Methylphenidate hydrochloride tab immediate-release 5 mg (Rubifen), tab immediate-release 10 mg (Ritalin, Rubifen), tab immediate-release 20 mg (Rubifen), and tab sustained-release 20 mg (Rubifen SR, Ritalin SR) – amended Special Authority criteria
  - Nicotine (Habitrol) gum (fruit, mint) 2 mg and 4 mg, lozenge 1 mg and 2 mg, patch 7 mg, 14 mg and 21 mg – removal of Original Pack (OP) – removal of all dispensing rules that currently apply (with the exception of the rule that Nicotine will not be funded Close Control in amounts less than 4 weeks, which will be retained)
  - Mitomycin C (Arrow) inj 5 mg – removal of Section 29
  - Tretinoin (Vesanoïd) cap 10 mg – addition of PCT – Retail pharmacy-Specialist
  - Azathioprine (Imuprine) tab 50 mg – a brand switch fee may be dispensed from 1 January 2011 until 31 March 2011
  - Ipratropium bromide (Univent) nebuliser soln, 250 µg per ml, 1 ml and 2 ml – a brand switch fee may be dispensed from 1 January 2011 until 31 March 2011
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## Summary of PHARMAC decisions – effective 1 January 2011 (continued)

- Dermatological bases – removal of glycerol with paraffin and cetyl alcohol lotion, oily cream, and zinc cream BP from subsidised list

### **Decreased subsidy (page 26)**

- Vitamins (Healtheries Multi-vitamin tablets) tab (BPC cap strength)
- Captopril (Apo-Captopril) tab 12.5 mg, 25 mg and 50 mg
- Raltegravir potassium (Isentress) tab 400 mg

### **Increased subsidy (page 26)**

- Methotrexate (Baxter) inj 1 mg for ECP

## Pharmacy Brand Switch payments

Brand switch payments for pharmacies will be payable for dispensings of terazosin hydrochloride tablets, indapamide tablets, azathioprine tablets and ipratropium bromide nebuliser solution from 1 January 2011.

The brand switch fee is claimable via a Pharmacode on the first dispensing of each eligible pharmaceutical after 1 January 2011 for patients who have switched brands. Pharmacies should claim a fee even if the patient switched to the Sole Supply brand prior to 1 January 2011. The brand switch fees for each medicine will be paid only once for each patient during the claim period.



The brand switch fee will not be able to be claimed for these medicines for dispensing after 31 March 2011.

Brand switch posters, leaflets and prescription bags are available free of charge. To order please go to [www.pharmaonline.co.nz](http://www.pharmaonline.co.nz)

## Nicotine – change to dispensing rules

The listing of Habitrol larger pack sizes of lozenge 1 mg and 2 mg (216 pack) and patch 7 mg, 14 mg and 21 mg (28 pack) has been delayed due to stock unavailability. We will notify the market of the listing date when stock becomes available. This is expected to be a few months away.

A new flavour of Habitrol nicotine gum, “classic”, will be subsidised from 1 January 2011.

All formulations, strengths and pack sizes of nicotine replacement therapy (NRT) will be subject to the following rule from 1 January 2011: “Nicotine will not be funded Close Control in amounts less than 4 weeks of treatment”. All other prescribing and dispensing restrictions for NRT will be removed from 1 January 2011 and monthly dispensing will apply thereafter. NRT will no longer be subsidised as an Original Pack (OP).

## Removal of Section 29 status

A number of pharmaceuticals have recently been granted Ministerial Approval and no longer need to be supplied under Section 29 of the Medicines Act 1981. They are:

- Link Pharmaceutical's brand of dapsone tablets 25 mg and 100 mg;
  - Apotex's Apo-Bromocriptine capsules 5 mg; and
  - Arrow Pharmaceutical's mitomycin C injection 5 mg.
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## Tretinoin – change of restriction

From 1 January 2011, tretinoin caps 10 mg (Vesanoid) will have a “PCT – Retail pharmacy– Specialist” restriction. This means that it can be claimed by DHB hospitals when used for cancer treatment. When dispensed from a community pharmacy it will only be subsidised if it is prescribed by, or on the recommendation of, a specialist.

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## Apo-Clopidogrel tablets

The effective date of the delisting of Apo-Clopidogrel 75 mg tablets, 28 tablet pack only, has been revoked. Previously the 28 tablet pack had been notified as being delisted on 1 February 2011. Both the 90 and 28 tablet packs are currently fully subsidised at the same price and subsidy per tablet. The 28 tablet pack will be delisted once supplies are exhausted. The Apo-Clopidogrel brand of clopidogrel 75 mg tablets will be the Sole Subsidised Supply brand from 1 February 2011.



## Moxifloxacin - removal of patient co-payment

From 1 January 2011 the patient co-payment will be removed for all subsidised prescriptions of moxifloxacin 400 mg tablets. This is to allow patients who receive moxifloxacin for the treatment of tuberculosis to continue to access their medication free of charge. However patients who take moxifloxacin 400 mg tablets for purposes other than tuberculosis will also be exempt from the co-payment. Also from this date moxifloxacin 400 mg tablets will not be eligible for the count towards the Prescription Subsidy Card.

# Tender News

Sole Subsidised Supply changes – effective 1 February 2011

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Ceftriaxone sodium	Inj 500 mg; 1 inj	Veracol (Multichem)
Clopidogrel	Tab 75 mg; 90 tab	Apo-Clopidogrel (Apotex)
Furosemide	Inj 10 mg per ml, 2 ml; 5 inj	Frusemide-Clarix (AFT)
Mucilaginous laxatives	Dry, 500 g OP	Konsyl-D (Mylan)
Sodium cromoglycate	Eye drops 2%; 5 ml OP	Rexacrom (Rex Medical)
Vitamin B complex	Tab, strong, BPC; 500 tab	B-PlexADE (Boucher & Muir)

## 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 implementation 1 February 2011

- Brand Switch Fees – captopril tab, clopidogrel tab, and cilazapril tab
- Caffeine citrate (Biomed) oral liq 20 mg per ml (10 mg base per ml), 25 ml OP – new listing
- Ezetimibe (Ezetrol) tab 10 mg – price and subsidy decrease
- Ezetimibe with simvastatin (Vytorin) tab 10 mg with simvastatin 10 mg, 20 mg, 40 mg and 80 mg – price and subsidy decrease
- Fentanyl (Mylan Fentanyl Patch) transdermal patch 12.5 µg per hour, 25 µg per hour, 50 µg per hour, 75 µg per hour and 100 µg per hour – new listing, Special Authority not required
- Fentanyl (Durogesic) transdermal patch 25 µg per hour, 50 µg per hour, 75 µg per hour and 100 µg per hour – amend Special Authority criteria so that only existing patients can continue with subsidy.
- Potassium citrate (Biomed) oral liq 3 mmol per ml, 200 ml OP – new listing with Special Authority criteria
- Salbutamol with ipratropium bromide (Duolin HFA) aerosol inhaler 100 µg with ipratropium bromide 20 µg per dose, 200 dose OP – new listing
- Sodium chloride (Biomed) soln 7%, 90 ml OP – new listing

## Sole Subsidised Supply Products – cumulative to January 2011

Generic Name	Presentation	Brand Name	Expiry Date*
Acarbose	Tab 50 mg & 100 mg	Glucobay	2012
Acetazolamide	Tab 250 mg	Diamox	2011
<b>Aciclovir</b>	<b>Tab dispersible 200 mg, 400 mg &amp; 800 mg</b>	<b>Lovir</b>	<b>2013</b>
Allopurinol	Tab 100 mg & 300 mg	Apo-Allopurinol	2011
Amantadine hydrochloride	Cap 100 mg	Symmetrel	2011
Amlodipine	Tab 5 mg & 10 mg	Apo-Amlodipine	2011
Amoxicillin	Grans for oral liq 250 mg per 5 ml Drops 125 mg per 1.25 ml	Ospamox Ospamox Paediatric Drops Ibiamox	2012 2011
	Inj 250 mg, 500 mg & 1 g		
Amoxicillin clavulanate	Grans for oral liq amoxicillin 125 mg with potassium clavulanate 31.25 mg per 5 ml	Curam	2012
	Grans for oral liq amoxicillin 250 mg with potassium clavulanate 62.5 mg per 5 ml	Curam	
	Tab amoxicillin 500 mg with potassium clavulanate 125 mg	Synermox	2011
Aqueous cream	Crn 500 g	AFT	2011
<b>Ascorbic acid</b>	<b>Tab 100 mg</b>	<b>Vitala-C</b>	<b>2013</b>
Aspirin	Tab 100 mg	Ethics Aspirin EC Ethics Aspirin	2013
	Tab dispersible 300 mg		
Atenolol	Tab 50 mg & 100 mg	Atenolol Tablet USP	2012
Atropine sulphate	Inj 600 µg, 1 ml	AstraZeneca	2012
<b>Azathioprine</b>	<b>Tab 50 mg</b> Inj 50 mg	<b>Imuprine</b> Imuran	<b>2013</b>
Azithromycin	Tab 500 mg	Arrow-Azithromycin	2012
Baclofen	Tab 10 mg	Pacifen	2012
Bendrofluazide	Tab 2.5 mg & 5 mg	Arrow-Bendrofluazide	2011
Benzylpenicillin sodium (Penicillin G)	Inj 1 mega u	Sandoz	2011
Betamethasone valerate	Scalp app 0.1%	Beta Scalp	2012
Bezafibrate	Tab 200 mg	Fibalip	2011
Bicalutamide	Tab 50 mg	Bicalox	2011
Bisacodyl	Tab 5 mg	Lax-Tab	2013
Brimonidine tartrate	Eye drops 0.2%	AFT	2011
Calamine	Crn, aqueous, BP Lotn, BP	healthE API	2012
Calcitonin	Inj 100 iu per ml, 1 ml	Miacalcic	2011

\*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 January 2011

Generic Name	Presentation	Brand Name	Expiry Date*
Calcitriol	Cap 0.25 µg & 0.5 µg	Airflow	2012
Calcium carbonate	Tab 1.25 g (500 mg elemental) Tab 1.5 g (600 mg elemental) Tab eff 1.7 g (1 g elemental)	Calci-Tab 500 Calci-Tab 600 Calsource	2011
Calcium folinate	Inj 50 mg	Calcium Folate Ebewe	2011
Captopril	Oral liq 5 mg per ml	Capoten	2013
Cefaclor monohydrate	Grans for oral liq 125 mg per 5 ml	Ranbaxy-Cefaclor	2013
Cefazolin sodium	Inj 500 mg & 1 g	Hospira	2011
<b>Ceftriaxone sodium</b>	<b>Inj 1 g</b>	<b>Aspen Ceftriaxone</b>	<b>2013</b>
Cefuroxime sodium	Inj 750 mg & 1.5 g	Zinacef	2011
Cephalexin monohydrate	Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml	Cefalexin Sandoz Cefalexin Sandoz	2012
Cetirizine hydrochloride	Tab 10 mg Oral liq 1 mg per ml	Zetop Cetirizine-AFT	2011
Cetomacrogol	Crn BP	PSM	2013
Chloramphenicol	Eye oint 1%	Chlorsig	2012
Chlorhexidine gluconate	Handrub 1% with ethanol 70% Soln 4%	healthE Orion	2012 2011
Ciclopiroxolamine	Nail soln 8%	Batrafen	2012
Cilazapril with hydrochlorothiazide	Tab 5 mg with hydrochlorothiazide 12.5 mg	Inhibace Plus	2013
Ciprofloxacin	Tab 250 mg, 500 mg & 750 mg	Rex Medical	2011
Citalopram	Tab 20 mg	Arrow-Citalopram	2011
Clobetasol propionate	Crn 0.05% Oint 0.05% Scalp app 0.05%	Dermol Dermol Dermol	2012
Clonazepam	Tab 500 µg & 2 mg	Paxam	2011
Clonidine	TDDS 2.5 mg, 100 µg per day TDDS 5 mg, 200 µg per day TDDS 7.5 mg, 300 µg per day	Catapres-TTS-1 Catapres-TTS-2 Catapres-TTS-3	2012
Clonidine hydrochloride	Inj 150 µg per ml, 1 ml Tab 25 µg Tab 150 µg	Catapres Dixarit Catapres	2012
Clotrimazole	Vaginal crn 1% with applicator Vaginal crn 2% with applicator Crn 1%	Clomazol Clomazol Clomazol	2013 2011
Coal tar	Soln BP	Midwest	2013
Colchicine	Tab 500 µg	Colgout	2013
Crotamiton	Crn 10%	Itch-Soothe	2012

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Generic Name	Presentation	Brand Name	Expiry Date*
Cyclizine hydrochloride	Tab 50 mg	Nausicalm	2012
Cyclophosphamide	Tab 50 mg	Cycloblastin	2013
Cyproterone acetate	Tab 50 mg & 100 mg	Siterone	2012
Cyproterone acetate with ethinyloestradiol	Tab 2 mg with ethinyloestradiol 35 µg and 7 inert tabs	Ginet 84	2011
Desmopressin	Nasal spray 10 µg per dose	Desmopressin-PH&T	2011
Dexamethasone	Eye drops 0.1%	Maxidex	2013
Dexamethasone sodium phosphate	Inj 4 mg per ml, 1 ml & 2 ml	Hospira	2013
Dextrose	Inj 50%, 10 ml	Biomed	2011
Dextrose with electrolytes	Soln with electrolytes	Pedialyte – Fruit Pedialyte – Bubblegum Pedialyte – Plain	2013
Diclofenac sodium	Tab EC 25 mg & 50 mg Eye drops 1 mg per ml Inj 25 mg per ml, 3 ml Suppos 12.5 mg, 25 mg, 50 mg & 100 mg	Diclofenac Sandoz Voltaren Ophtha Voltaren Voltaren	2012 2011
Dihydrocodeine tartrate	Tab long-acting 60 mg	DHC Continus	2013
Diltiazem hydrochloride	Tab 30 mg & 60 mg Cap long-acting 120 mg, 180 mg & 240 mg	Dilzem Cardizem CD	31/12/11
Dipyridamole	Tab long-acting 150 mg	Pytazen SR	2011
Docusate sodium	Cap 50 mg Cap 120 mg	Laxofast 50 Laxofast 120	2011
Docusate sodium with sennosides	Tab 50 mg with total sennosides 8 mg	Laxsol	2013
Donepezil hydrochloride	Tab 5 mg & 10 mg	Donepezil-Rex	2012
Emulsifying ointment	Oint BP	AFT	2011
Enalapril	Tab 5 mg, 10 mg & 20 mg	Arrow-Enalapril	2012
Enoxaparin sodium (low molecular weight heparin)	Inj 20 mg, 40 mg, 60 mg, 80 mg, 100 mg, 120 mg & 150 mg	Clexane	2012
Entacapone	Tab 200 mg	Comtan	2012
Erythromycin ethyl succinate	Tab 400 mg Grans for oral liq 200 mg per 5 ml Grans for oral liq 400 mg per 5 ml	E-Mycin E-Mycin E-Mycin	2012 2011
Ethinylloestradiol	Tab 10 µg	NZ Medical and Scientific	2012
Etidronate disodium	Tab 200 mg	Arrow-Etidronate	2012
Felodipine	Tab long-acting 5 mg Tab long-acting 10 mg	Felo 5 ER Felo 10 ER	2012

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## Sole Subsidised Supply Products – cumulative to January 2011

Generic Name	Presentation	Brand Name	Expiry Date*
Ferrous sulphate	Oral liq 30 mg per 1 ml (6 mg elemental per 1 ml)	Ferodan	2013
Finasteride	Tab 5 mg	Fintral	2011
Flucloxacillin sodium	Cap 250 mg & 500 mg Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml Inj 250 mg, 500 mg & 1 g	AFT AFT AFT Flucloxin	2012 2011
Fluconazole	Cap 50 mg, 150 mg & 200 mg	Pacific	2011
Fludarabine phosphate	Inj 50 mg Tab 10 mg	Fludara Fludara Oral	2011
Fluorometholone	Eye drops 0.1%	FML	2012
Fluoxetine hydrochloride	Cap 20 mg Tab dispersible 20 mg, scored	Fluox Fluox	2013
Flutamide	Tab 250 mg	Flutamin	2013
Fluticasone propionate	Metered aqueous nasal spray, 50 µg per dose	Flixonase Hayfever & Allergy	31/1/13
Furosemide	Tab 40 mg	Diurin 40	2012
Fusidic acid	Crn 2% Oint 2%	Foban Foban	2013
Gabapentin	Cap 100 mg, 300 mg & 400 mg	Nupentin	31/7/12
Gentamicin sulphate	Inj 40 mg per ml, 2 ml	Pfizer	2012
Gliclazide	Tab 80 mg	Apo-Gliclazide	2011
Glipizide	Tab 5 mg	Minidiab	2011
Glycerol	Liquid	healthE	2013
Glyceryl trinitrate	Tab 600 µg Oral pump spray 400 µg per dose  TDDS 5 mg & 10 mg	Lycinat Nitrolingual Pumpspray Nitroderm TTS	2011
Haloperidol	Inj 5 mg per ml, 1 ml Oral liq 2 mg per ml Tab 500 µg, 1.5 mg & 5 mg	Serenace Serenace Serenace	2013
Hydrocortisone	Inj 50 mg per ml, 1 ml Tab 5 mg & 20 mg Powder Crn 1%, 500 g	Solu-Cortef Douglas ABM PSM	2013 2012 2011
Hydrocortisone acetate	Rectal foam 10%, CFC-free (14 applications)	Colifoam	2012
Hydrocortisone with miconazole	Crn 1% with miconazole nitrate 2%	Micreme H	2013
Hydrocortisone with wool fat and mineral oil	Lotn 1% with wool fat hydrous 3% and mineral oil	DP Lotn HC	2011

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## Sole Subsidised Supply Products – cumulative to January 2011

Generic Name	Presentation	Brand Name	Expiry Date*
Hydroxocobalamin	Inj 1 mg per ml, 1 ml	ABM Hydroxocobalamin	2012
Hydroxychloroquine sulphate	Tab 200 mg	Plaquenil	2012
Hypromellose	Eye drops 0.5%	Methopt	2011
Hysocine N-butylbromide	Inj 20 mg, 1 ml Tab 20 mg	Buscopan Gastrosoothe	2011
Ibuprofen	Oral liq 100 mg per 5 ml Tab 200 mg	Fenpaed Ethics Ibuprofen	2013 2012
<b>Indapamide</b>	<b>Tab 2.5 mg</b>	<b>Dapa-Tabs</b>	<b>2013</b>
<b>Ipratropium bromide</b>	<b>Nebuliser soln, 250 µg per ml, 1 ml &amp; 2 ml</b>	<b>Univent</b>	<b>2013</b>
Iron polymaltose	Inj 50 mg per ml, 2 ml	Ferrum H	2011
Isotretinoin	Cap 10 mg & 20 mg	Oratane	2012
Ketoconazole	Shampoo 2%	Sebizole	2011
Lamivudine	Oral liq 10 mg per ml Tab 150 mg	3TC 3TC	2013
Latanoprost	Eye drops 50 µg per ml	Hysite	2012
Letrozole	Tab 2.5 mg	Letara	2012
Levonorgestrel	Subdermal implant (2 x 75 mg rods)	Jadelle	31/12/13
Lignocaine hydrochloride	Inj 1%, 5 ml & 20 ml	Xylocaine	2013
Lignocaine with prilocaine	Crn 2.5% with prilocaine 2.5% (5 g tubes) Crn 2.5% with prilocaine 2.5%; 30 g OP	EMLA EMLA	2013
Lisinopril	Tab 5 mg, 10 mg & 20 mg	Arrow-Lisinopril	2012
Loratadine	Oral liq 1 mg per ml Tab 10 mg	Lorapaed Loraclear Hayfever Relief	2013
<b>Lorazepam</b>	<b>Tab 1 mg &amp; 2.5 mg</b>	<b>Ativan</b>	<b>2013</b>
<b>Malathion</b>	<b>Liq 0.5% Shampoo 1%</b>	<b>A-Lices A-Lices</b>	<b>2013</b>
Mask for Spacer Device	Device	Foremount Child's Silicone Mask	30/9/11
Mebendazole	Tab 100 mg	De-Worm	2011
Mebeverine hydrochloride	Tab 135 mg	Colofac	2011
Megestrol acetate	Tab 160 mg	Apo-Megestrol	2012
<b>Mercaptopurine</b>	<b>Tab 50 mg</b>	<b>Purinethol</b>	<b>2013</b>
Mesalazine	Enema 1 g per 100 ml	Pentasa	2012
Metformin hydrochloride	Tab immediate-release 500 mg & 850 mg	Apotex	2012

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## Sole Subsidised Supply Products – cumulative to January 2011

Generic Name	Presentation	Brand Name	Expiry Date*
Methadone hydrochloride	Tab 5 mg	Methatabs	2013
	Oral liq 2 mg per ml	Biodone	2012
	Oral liq 5 mg per ml	Biodone Forte	
	Oral liq 10 mg per ml	Biodone Extra Forte	
Methotrexate	Inj 25 mg per ml, 2 ml & 20 ml	Hospira	2013
	Tab 2.5 mg & 10 mg	Methoblastin	2012
	Inj 100 mg per ml, 10 ml & 50 ml	Methotrexate Ebewe	2011
Methylidopa	Tab 125 mg, 250 mg & 500 mg	Prodopa	2011
Methylprednisolone	Tab 4 mg & 100 mg	Medrol	2012
Methylprednisolone acetate	Inj 40 mg per ml, 1 ml	Depo-Medrol	2011
Methylprednisolone acetate with lignocaine	Inj 40 mg per ml with lignocaine 1 ml	Depo-Medrol with Lidocaine	2011
Methylprednisolone sodium succinate	Inj 40 mg per ml, 1 ml	Solu-Medrol	2012
	Inj 62.5 mg per ml, 2 ml	Solu-Medrol	
	Inj 500 mg	Solu-Medrol	
	Inj 1 g	Solu-Medrol	
Metoclopramide hydrochloride	Inj 5 mg per ml, 2 ml	Pfizer	2011
Miconazole nitrate	Crn 2%	Multichem	2011
Moclobemide	Tab 150 mg & 300 mg	Apo-Moclobemide	2012
Mometasone furoate	Crn 0.1%	m-Mometasone	2012
	Oint 0.1%	m-Mometasone	
Morphine hydrochloride	Oral liq 1 mg per ml	RA-Morph	2012
	Oral liq 2 mg per ml	RA-Morph	
	Oral liq 5 mg per ml	RA-Morph	
	Oral liq 10 mg per ml	RA-Morph	
Morphine sulphate	Cap long-acting 10 mg, 30 mg, 60 mg & 100 mg	m-Elson	2013
	Tab immediate release 10 mg & 20 mg	Sevredol	2012
	Inj 10 mg per ml, 1 ml Inj 30 mg per ml, 1 ml	Mayne Mayne	2011
Morphine tartrate	Inj 80 mg per ml, 1.5 ml & 5 ml	Hospira	2013
Naproxen	Tab 250 mg	Noflam 250	2012
	Tab 500 mg	Noflam 500	
Nevirapine	Oral suspension 10 mg per ml	Viramune Suspension	2012
	Tab 200 mg	Viramune	
Norethisterone	Tab 350 µg	Noriday 28	2012
	Tab 5 mg	Primolut N	2011
Nortriptyline hydrochloride	Tab 10 mg & 25 mg	Norpress	2011
Nystatin	Cap 500,000 u	Nilstat	2013
	Tab 500,000 u	Nilstat	
	Oral liq 100,000 u per ml, 24 ml OP	Nilstat	2011

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## Sole Subsidised Supply Products – cumulative to January 2011

Generic Name	Presentation	Brand Name	Expiry Date*
Omeprazole	Cap 10 mg, 20 mg & 40 mg Inj 40 mg	Dr Reddy's Omeprazole Dr Reddy's Omeprazole	2011
Oxytocin	Inj 5 iu per ml, 1 ml Inj 10 iu per ml, 1 ml Inj 5 iu with ergometrine maleate 500 µg per ml, 1 ml	Syntocinon Syntocinon Syntometrine	2012
Pamidronate disodium	Inj 3 mg per ml, 5 ml Inj 3 mg per ml, 10 ml Inj 6 mg per ml, 10 ml	Pamisol Pamisol Pamisol	2011
Pantoprazole	Tab 20 mg & 40 mg	Dr Reddy's Pantoprazole	2013
Paracetamol	Tab 500 mg Oral liq 120 mg per 5 ml Oral liq 250 mg per 5 ml	Pharmacare Paracare Junior Paracare Double Strength	2011
Paracetamol with codeine	Tab paracetamol 500 mg with codeine phosphate 8 mg	ParaCode	2011
Paraffin liquid with soft white paraffin	Eye oint with soft white paraffin	Lacri-Lube	2013
Paroxetine hydrochloride	Tab 20 mg	Loxamine	2013
Peak Flow Meter	Low range and Normal range	Breath-Alert	30/9/11
Pegylated interferon alpha-2A	Inj 135 µg prefilled syringe Inj 180 µg prefilled syringe Inj 135 µg prefilled syringe x 4 with ribavirin tab 200 mg x 112 Inj 135 µg prefilled syringe x 4 with ribavirin tab 200 mg x 168 Inj 180 µg prefilled syringe x 4 with ribavirin tab 200 mg x 112 Inj 180 µg prefilled syringe x 4 with ribavirin tab 200 mg x 168	Pegasys Pegasys Pegasys RBV Combination Pack Pegasys RBV Combination Pack Pegasys RBV Combination Pack Pegasys RBV Combination Pack	31/12/12
Pergolide	Tab 0.25 mg & 1 mg	Permax	2011
Permethrin	Lotn 5%	A-Scabies	2011
Phenoxyethylpenicillin (Pencillin V)	Cap potassium salt 250 mg & 500 mg Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml	Cilicaine VK AFT AFT	2013
Pindolol	Tab 5 mg, 10 mg & 15 mg	Apo-Pindolol	2012
Pioglitazone	Tab 15 mg, 30 mg & 45 mg	Pizaccord	2012
Pizotifen	Tab 500 µg	Sandomigran	2012
Poloxamer	Oral drops 10%	Coloxyl	2011
Polyvinyl alcohol	Eye drops 1.4% Eye drops 3%	Vistil Vistil Forte	2011

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## Sole Subsidised Supply Products – cumulative to January 2011

Generic Name	Presentation	Brand Name	Expiry Date*
Potassium chloride	Tab long-acting 600 mg	Span-K	2012
Prednisone	Tab 1 mg, 2.5 mg, 5 mg & 20 mg	Apo-Prednisone	2011
Prednisone sodium phosphate	Oral liq 5 mg per ml	Redipred	2012
Pregnancy tests – hCG urine	Cassette	Innovacon hCG One Step Pregnancy Test	2012
Procaine penicillin	Inj 1.5 mega u	Cilicaine	2011
Promethazine hydrochloride	Oral liq 5 mg per 5 ml	Promethazine	2012
	Tab 10 mg & 25 mg	Winthrop Elixir Allersoothe	2011
Quinapril	Tab 5 mg, 10 mg & 20 mg	Accupril	2011
Quinapril with hydrochlorothiazide	Tab 10 mg with hydrochlorothiazide 12.5 mg	Accuretic 10	2011
	Tab 20 mg with hydrochlorothiazide 12.5 mg	Accuretic 20	
Quinine sulphate	Tab 300 mg	Q 300	2012
Rifabutin	Cap 150 mg	Mycobutin	2013
Ropinirole hydrochloride	Tab 0.25 mg, 1 mg, 2 mg & 5 mg	Ropin	2013
Roxithromycin	Tab 150 mg & 300 mg	Arrow-Roxithromycin	2012
Salbutamol	Oral liq 2 mg per 5 ml	Salapin	2013
	Nebuliser soln, 1 mg per ml, 2.5 ml Nebuliser soln, 2 mg per ml, 2.5 ml	Asthalin Asthalin	2012
Salbutamol with ipratropium bromide	Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml	Duolin	2012
Selegiline hydrochloride	Tab 5 mg	Apo-Selegiline	2012
Simvastatin	Tab 10 mg	Arrow-Simva 10 mg	2011
	Tab 20 mg	Arrow-Simva 20 mg	
	Tab 40 mg	Arrow-Simva 40 mg	
	Tab 80 mg	Arrow-Simva 80 mg	
Sodium chloride	Inj 23.4%, 20 ml	Biomed	2013
<b>Sodium citrate with sodium lauryl sulphoacetate</b>	<b>Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml</b>	<b>Micolette</b>	<b>2013</b>
Sodium citro-tartrate	Grans effervescent 4 g sachets	Ural	2013
Sodium cromoglycate	Nasal spray, 4%	Rex	2012
Somatropin	Inj cartridge 16 iu (5.3 mg)	Genotropin	31/12/12
	Inj cartridge 36 iu (12 mg)	Genotropin	
Sotalol	Tab 80 mg & 160 mg	Mylan	2012
Spacer Device	230 ml, autoclavable & single patient	Space Chamber	30/9/11
Spironolactone	Tab 25 mg & 100 mg	Spirotone	2013
Sumatriptan	Tab 50 mg & 100 mg	Arrow-Sumatriptan	2013

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

## Sole Subsidised Supply Products – cumulative to January 2011

Generic Name	Presentation	Brand Name	Expiry Date*
Tamsulosin hydrochloride	Cap 400 µg	Tamsulosin-Rex	2013
Tar with triethanolamine lauryl sulphate and fluorescein	Soln 2.3%	Pinetarsol	2011
Temazepam	Tab 10 mg	Normison	2011
<b>Terazosin hydrochloride</b>	<b>Tab 1 mg, 2 mg &amp; 5 mg</b>	<b>Arrow</b>	<b>2013</b>
Terbinafine	Tab 250 mg	Apo-Terbinafine	2011
Testosterone cypionate	Inj long-acting 100 mg per ml, 10 ml	Depo-Testosterone	2011
Testosterone undecanoate	Cap 40 mg	Arrow-Testosterone	2012
Tetracosactrin	Inj 250 µg Inj 1 mg per ml, 1 ml	Synacthen Synacthen Depot	2011
Timolol maleate	Tab 10 mg Eye drops 0.25% & 0.5%	Apo-Timol Apo-Timop	2012 2011
Tramadol hydrochloride	Cap 50 mg	Arrow-Tramadol	2011
Tranexamic acid	Tab 500 mg	Cycklokapron	2013
Triamcinolone acetonide	Crn 0.02% Oint 0.02% Inj 40 mg per ml, 1 ml 0.1% in Dental Paste USP	Aristocort Aristocort Kenacort-A40 Oracort	2011
Trimethoprim	Tab 300 mg	TMP	2011
Tropisetron	Cap 5 mg	Navoban	2012
Ursodeoxycholic acid	Cap 300 mg	Actigall	2011
Vancomycin hydrochloride	Inj 50 mg per ml, 10 ml	Pacific	2011
Zidovudine [AZT]	Cap 100 mg Oral liq 10 mg per ml	Retrovir Retrovir	2013
Zinc and castor oil	Oint BP	PSM	2011
Zinc sulphate	Cap 137.4 mg (50 mg elemental)	Zincaps	2011
Zopiclone	Tab 7.5 mg	Apo-Zopiclone	2011

### January changes in bold

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

## New Listings

### Effective 1 January 2011

34	LACTULOSE – Only on a prescription * Oral liq 10 g per 15 ml .....	7.68	1,000 ml	✓ <b>Laevolac</b>
43	SODIUM CHLORIDE Inj 0.9%, 5 ml – Up to 5 inj available on a PSO .....	10.85	50	✓ <b>Multichem</b>
	Inj 0.9%, 10 ml – Up to 5 inj available on a PSO .....	11.50	50	✓ <b>Multichem</b>
98	INFLUENZA VACCINE – Hospital pharmacy [Xpharm] A) is available 1 March until vaccine supplies are exhausted each year for patients who meet the following criteria, as set by the Ministry of Health: a) all people 65 years of age and over; b) people under 65 years of age with: i) the following cardiovascular disease: 1) ischaemic heart disease, 2) congestive heart disease, 3) rheumatic heart disease, 4) congenital heart disease, or 5) cerebo-vascular disease; ii) the following chronic respiratory disease: 1) asthma, if on a regular preventative therapy, or 2) other chronic respiratory disease with impaired lung function; iii) diabetes; iv) chronic renal disease; v) any cancer, excluding basal and squamous skin cancers if not invasive; vi) the following other conditions: a) autoimmune disease, b) immune suppression, c) HIV, d) transplant recipients, e) neuromuscular and CNS diseases, f) haemoglobinopathies, or g) children on long term aspirin. c) people under 65 years of age who are: i) pregnant; or ii) morbidly obese d) children aged over 6 months and under 5 years who are from high deprivation backgrounds The following conditions are excluded from funding: a) asthma not requiring regular preventative therapy, b) hypertension and/or dyslipidaemia without evidence of end-organ disease, B) Doctors are the only Contractors entitled to claim payment from the Funder for the supply of influenza vaccine to patients eligible under the above criteria for subsidised immunisation and they may only do so in respect of the influenza vaccine listed in the Pharmaceutical Schedule. C) Individual DHBs may fund patients over and above the above criteria. The claiming process for these additional patients should be determined between the DHB and Contractor. D) Influenza Vaccine does not fall within the definition Community Pharmaceutical as it is not funded directly from the Pharmaceutical Budget. Pharmacists are unable to claim for the dispensing of influenza vaccine from the Funder. Inj .....	90.00	10	✓ <b>Fluvax</b> ✓ <b>Fluarix</b>

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

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

**New listings - effective 1 January 2011 (continued)**

142	<p>NICOTINE</p> <p>Nicotine will not be funded Close Control in amounts less than 4 weeks of treatment.</p> <p>Gum 2 mg (Classic) ..... 14.97 96 ✓ <b>Habitrol</b></p> <p>Gum 4 mg (Classic) ..... 20.02 96 ✓ <b>Habitrol</b></p>		
171	<p>PHARMACY SERVICES – May only be claimed once per patient.</p> <p>* Brand switch fee..... 0.01 1 fee ✓ <b>BSF Imuprine</b></p> <p>The Pharmacode for BSF Imuprine is 2377829</p> <p>* Brand switch fee..... 0.01 1 fee ✓ <b>BSF Dapa-Tabs</b></p> <p>The Pharmacode for BSF Dapa-Tabs is 2377837</p> <p>* Brand switch fee..... 0.01 1 fee ✓ <b>BSF Univent</b></p> <p>The Pharmacode for BSF Univent is 2377845</p> <p>* Brand switch fee..... 0.01 1 fee ✓ <b>BSF Arrow Terazosin</b></p> <p>The Pharmacode for BSF Arrow Terazosin is 2377853</p> <p><i>(BSF Imuprine to be delisted 1 April 2011)</i></p> <p><i>(BSF Dapa-Tabs to be delisted 1 April 2011)</i></p> <p><i>(BSF Univent to be delisted 1 April 2011)</i></p> <p><i>(BSF Arrow Terazosin to be delisted 1 April 2011)</i></p>		

## Changes to Restrictions

### Effective 1 January 2011

47	<b>TERAZOSIN HYDROCHLORIDE – Brand switch fee payable</b>			
	* Tab 1 mg .....	1.50	28	✓ <b>Arrow</b>
	* Tab 2 mg .....	0.80	28	✓ <b>Arrow</b>
	* Tab 5 mg .....	1.00	28	✓ <b>Arrow</b>
54	<b>INDAPAMIDE – Brand switch fee payable</b>			
	* Tab 2.5 mg .....	2.95	90	✓ <b>Dapa-Tabs</b>
86	<b>MOXIFLOXACIN – Special Authority see SA1065 – Retail pharmacy – No patient co-payment payable</b>			
	Tab 400 mg .....	52.00	5	✓ <b>Avelox</b>
	▶ <b>SA1065</b> Special Authority for Subsidy			
	Initial application only from a respiratory specialist or infectious disease specialist. Approvals valid for 1 year for applications meeting the following criteria:			
	Either:			
	1 Both:			
	1.1 Active tuberculosis*; and			
	1.2 Any of the following:			
	1.2.1 Documented resistance to one or more first-line medications; or			
	1.2.2 Suspected resistance to one or more first-line medications (tuberculosis assumed to be contracted in an area with known resistance), as part of regimen containing other second-line agents; or			
	1.2.3 Impaired visual acuity (considered to preclude ethambutol use); or			
	1.2.4 Significant pre-existing liver disease or hepatotoxicity from tuberculosis medications; or			
	1.2.5 Significant documented intolerance and/or side effects following a reasonable trial of first-line medications; or			
	2 Mycobacterium avium-intracellulare complex not responding to other therapy or where such therapy is contraindicated.*.			
	Note: Indications marked with * are Unapproved Indications (refer to Section A: General Rules, Part I (Interpretations and Definitions) and Part IV (Miscellaneous Provisions) rule 4.6).			
	Renewal only from a respiratory specialist or infectious disease specialist. Approvals valid for 1 year where the treatment remains appropriate and the patient is benefiting from treatment.			
87	<b>DAPSONE – No patient co-payment payable</b>			
	Tab 25 mg .....	95.00	100	✓ <b>Dapsone</b> <del>\$29</del>
	Tab 100 mg .....	110.00	100	✓ <b>Dapsone</b> <del>\$29</del>
115	<b>BROMOCRIPTINE MESYLATE</b>			
	* Cap 5 mg .....	60.43	100	✓ <b>Apo-Bromocriptine</b> <del>\$29</del>
123	<b>GABAPENTIN – Special Authority see SA1071 <del>†009</del>– Retail pharmacy</b>			
	▲ Cap 100 mg .....	7.16	100	✓ <b>Nupentin</b>
	▲ Cap 300 mg .....	11.50	100	✓ <b>Nupentin</b>
	▲ Cap 400 mg .....	14.75	100	✓ <b>Nupentin</b>
	▶ <b>SA1071 <del>†009</del></b> Special Authority for Subsidy			
	Initial application — (Epilepsy <del>–new patients</del> ) from any relevant practitioner. Approvals valid for 15 months for applications meeting the following criteria:			
	Either:			
	1 Seizures are not adequately controlled with optimal treatment with other antiepilepsy agents; or			

*continued...*

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

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## Changes to Restrictions - effective 1 January 2011 (continued)

continued...

2 Seizures are controlled adequately but the patient has experienced unacceptable side effects from optimal treatment with other antiepilepsy agents.

Note: "Optimal treatment with other antiepilepsy agents" is defined as treatment with other antiepilepsy agents which are indicated and clinically appropriate for the patient, given in adequate doses for the patient's age, weight, and other features affecting the pharmacokinetics of the drug with good evidence of compliance.

Initial application — (Epilepsy — patient has had an approval for gabapentin, lamotrigine, topiramate or vigabatrin for epilepsy prior to 1 August 2007) from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Either:

- 1 Patient has demonstrated a significant and sustained improvement in seizure rate or severity and/or quality of life from gabapentin; or
- 2 Seizures are not adequately controlled with optimal treatment with other antiepilepsy agents, or seizures are controlled adequately but the patient has experienced unacceptable side effects from optimal treatment with other antiepilepsy agents.

Notes: "Optimal treatment with other antiepilepsy agents" is defined as treatment with other antiepilepsy agents which are indicated and clinically appropriate for the patient, given in adequate doses for the patient's age, weight, and other features affecting the pharmacokinetics of the drug with good evidence of compliance. As a guideline, clinical trials have referred to a notional 50% reduction in seizure frequency as an indicator of success with anticonvulsant therapy and have assessed quality of life from the patient's perspective.

Initial application — (Neuropathic pain — new patients) from any relevant practitioner. Approvals valid for 3 months where the patient has tried and failed, or has been unable to tolerate, treatment with a tricyclic antidepressant.

Initial application — (Neuropathic pain — patient has had an approval for gabapentin for neuropathic pain prior to 1 August 2007) from any relevant practitioner. Approvals valid for 2 years for applications meeting the following criteria:

Either:

- 1 The patient has demonstrated a marked improvement in their control of pain (prescriber determined); or
- 2 The patient has previously demonstrated clinical responsiveness to gabapentin and has now developed neuropathic pain in a new site.

Renewal — (Epilepsy) from any relevant practitioner. Approvals valid without further renewal unless notified where the patient has demonstrated a significant and sustained improvement in seizure rate or severity and/or quality of life.

Notes: As a guideline, clinical trials have referred to a notional 50% reduction in seizure frequency as an indicator of success with anticonvulsant therapy and have assessed quality of life from the patient's perspective.

If the patient had an approval for gabapentin, lamotrigine, topiramate or vigabatrin for epilepsy prior to 1 August 2007 the applicant is required to submit a fresh initial application in the first instance, not a renewal application.

Renewal — (Neuropathic pain) from any relevant practitioner. Approvals valid for 2 years for applications meeting the following criteria:

Either:

- 1 The patient has demonstrated a marked improvement in their control of pain (prescriber determined); or
- 2 The patient has previously demonstrated clinical responsiveness to gabapentin and has now developed neuropathic pain in a new site.

Note: If the patient had an approval for gabapentin for neuropathic pain prior to 1 August 2007 the applicant is required to submit a fresh initial application in the first instance, not a renewal application.

125	VIGABATRIN – Special Authority see <b>SA1072</b> ††† – Retail pharmacy ▲ Tab 500 mg .....	119.30	100	✓ Sabril
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► **SA1072** ††† Special Authority for Subsidy

Initial application — (new patients) from any relevant practitioner. Approvals valid for 15 months for applications meeting the following criteria:

continued...

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

20

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## Changes to Restrictions - effective 1 January 2011 (continued)

continued...

Both:

1 Either:

1.1 Patient has infantile spasms; or

1.2 Both:

1.2.1 Patient has epilepsy; and

1.2.2 Either:

1.2.2.1 Seizures are not adequately controlled with optimal treatment with other antiepilepsy agents; or

1.2.2.2 Seizures are controlled adequately but the patient has experienced unacceptable side effects from optimal treatment with other antiepilepsy agents; and

2 Either:

2.1 Patient is, or will be, receiving regular automated visual field testing (ideally before starting therapy and on a 6-monthly basis thereafter); or

2.2 It is impractical or impossible (due to comorbid conditions) to monitor the patient's visual fields.

Notes: "Optimal treatment with other antiepilepsy agents" is defined as treatment with other antiepilepsy agents which are indicated and clinically appropriate for the patient, given in adequate doses for the patient's age, weight, and other features affecting the pharmacokinetics of the drug with good evidence of compliance. Vigabatrin is associated with a risk of irreversible visual field defects, which may be asymptomatic in the early stages.

Initial application — (patient has had an approval for gabapentin, lamotrigine, topiramate or vigabatrin for epilepsy prior to 1 August 2007) from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Either:

1 Patient is receiving regular automated visual field testing (ideally every 6 months) on an ongoing basis for the duration of treatment with vigabatrin; or

2 It is impractical or impossible (due to comorbid conditions) to monitor the patient's visual fields.

Note: Vigabatrin is associated with a risk of irreversible visual field defects, which may be asymptomatic in the early stages.

Renewal from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Both:

1 The patient has demonstrated a significant and sustained improvement in seizure rate or severity and or quality of life; and

2 Either:

2.1 Patient is receiving regular automated visual field testing (ideally every 6 months) on an ongoing basis for duration of treatment with vigabatrin; or

2.2 It is impractical or impossible (due to comorbid conditions) to monitor the patient's visual fields.

Notes: As a guideline, clinical trials have referred to a notional 50% reduction in seizure frequency as an indicator of success with anticonvulsant therapy and have assessed quality of life from the patient's perspective. Vigabatrin is associated with a risk of irreversible visual field defects, which may be asymptomatic in the early stages.

If the patient had an approval for gabapentin, lamotrigine, topiramate or vigabatrin for epilepsy prior to 1 August 2007 the applicant is required to submit a fresh initial application in the first instance, not a renewal application.

137 DEXAMPHETAMINE SULPHATE – Special Authority see **SA1073 0907** – Retail pharmacy

Only on a controlled drug form

Tab 5 mg ..... 16.50 100 ✓ PSM

► **SA1073 0907** Special Authority for Subsidy

Initial application — (ADHD in patients 5 or over — new patients) only from a paediatrician, psychiatrist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 24 months for applications meeting the following criteria:

continued...

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

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## Changes to Restrictions - effective 1 January 2011 (continued)

*continued...*

All of the following:

- 1 ADHD (Attention Deficit and Hyperactivity Disorder) patients aged 5 years or over; and
- 2 Diagnosed according to DSM-IV or ICD 10 criteria; and
- 3 Either:
  - 3.1 Applicant is a paediatrician or psychiatrist; or
  - 3.2 Both:
    - 3.2.1 Applicant is a medical practitioner and confirms that a relevant specialist has been consulted within the last 2 years and has recommended treatment for the patient; and
    - 3.2.2 Provide name of the recommending specialist.

Initial application — (ADHD in patients 5 or over — patient has had an approval for dexamphetamine for ADHD prior to 1 April 2008) only from a paediatrician, psychiatrist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 24 months for applications meeting the following criteria:

Both:

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

2 Either:

2.1 Applicant is a paediatrician or psychiatrist; or

2.2 Both:

2.2.1 Applicant is a medical practitioner and confirms that a relevant specialist has been consulted within the last 2 years and has recommended treatment for the patient; and

2.2.2 Provide name of the recommending specialist.

Initial application — (ADHD in patients under 5 — new patients) only from a paediatrician or psychiatrist.

Approvals valid for 12 months for applications meeting the following criteria:

Both:

1 ADHD (Attention Deficit and Hyperactivity Disorder) patients under 5 years of age; and

2 Diagnosed according to DSM-IV or ICD 10 criteria.

Initial application — (ADHD in patients under 5 — patient has had an approval for dexamphetamine for ADHD in patients under 5 prior to 1 April 2008) only from a paediatrician or psychiatrist. Approvals valid for 12 months where the treatment remains appropriate and the patient is benefiting from treatment.

Initial application — (Narcolepsy — new patients) only from a neurologist or respiratory specialist. Approvals valid for 24 months where the patient suffers from narcolepsy.

Initial application — (Narcolepsy — patient has had an approval for dexamphetamine for narcolepsy prior to 1 April 2008) only from a neurologist or respiratory specialist. Approvals valid for 24 months where the treatment remains appropriate and the patient is benefiting from treatment.

Renewal — (ADHD in patients 5 or over) only from a paediatrician, psychiatrist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 24 months for applications meeting the following criteria:

Both:

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

2 Either:

2.1 Applicant is a paediatrician or psychiatrist; or

2.2 Both:

2.2.1 Applicant is a medical practitioner and confirms that a relevant specialist has been consulted within the last 2 years and has recommended treatment for the patient; and

2.2.2 Provide name of the recommending specialist.

Note: If the patient had an approval for dexamphetamine for ADHD prior to 1 April 2008 the applicant is required to submit a fresh initial application in the first instance, not a renewal application. Please phone the Contact Centre on 0800 243 666 for clarification if needed.

Renewal — (ADHD in patients under 5) only from a paediatrician or psychiatrist. Approvals valid for 12 months where the treatment remains appropriate and the patient is benefiting from treatment.

*continued...*

## Changes to Restrictions - effective 1 January 2011 (continued)

continued...

Note: If the patient had an approval for dexamphetamine for ADHD in patients under 5 prior to 1 April 2008 the applicant is required to submit a fresh initial application in the first instance, not a renewal application. Please phone the Contact Centre on 0800 243 666 for clarification if needed.

Renewal — (Narcolepsy) only from a neurologist or respiratory specialist. Approvals valid for 24 months where the treatment remains appropriate and the patient is benefiting from treatment.

Note: If the patient had an approval for dexamphetamine for narcolepsy prior to 1 April 2008 the applicant is required to submit a fresh initial application in the first instance, not a renewal application. Please phone the Contact Centre on 0800 243 666 for clarification if needed.

### 138 METHYLPHENIDATE HYDROCHLORIDE – Special Authority see ~~SA1074 0908~~ – Retail pharmacy

Only on a controlled drug form

Tab immediate-release 5 mg .....	3.20	30	✓ Rubifen
Tab immediate-release 10 mg .....	3.00	30	✓ Ritalin
			✓ Rubifen
Tab immediate-release 20 mg .....	7.85	30	✓ Rubifen
Tab sustained-release 20 mg .....	10.95	30	✓ Rubifen SR
	50.00	100	✓ Ritalin SR

▶ ~~SA1074 0908~~ Special Authority for Subsidy

Initial application — (ADHD in patients 5 or over — ~~new patients~~) only from a paediatrician, psychiatrist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 24 months for applications meeting the following criteria:

All of the following:

- 1 ADHD (Attention Deficit and Hyperactivity Disorder) patients aged 5 years or over; and
- 2 Diagnosed according to DSM-IV or ICD 10 criteria; and
- 3 Either:
  - 3.1 Applicant is a paediatrician or psychiatrist; or
  - 3.2 Both:
    - 3.2.1 Applicant is a medical practitioner and confirms that a relevant specialist has been consulted within the last 2 years and has recommended treatment for the patient; and
    - 3.2.2 Provide name of the recommending specialist.

Initial application — (ADHD in patients 5 or over — patient has had an approval for methylphenidate for ADHD prior to 1 April 2008) only from a paediatrician, psychiatrist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 24 months for applications meeting the following criteria:

Both:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 Either:
  - 2.1 Applicant is a paediatrician or psychiatrist; or
  - 2.2 Both:
    - 2.2.1 Applicant is a medical practitioner and confirms that a relevant specialist has been consulted within the last 2 years and has recommended treatment for the patient; and
    - 2.2.2 Provide name of the recommending specialist.

Initial application — (ADHD in patients under 5 — ~~new patients~~) only from a paediatrician or psychiatrist.

Approvals valid for 12 months for applications meeting the following criteria:

Both:

- 1 ADHD (Attention Deficit and Hyperactivity Disorder) patients under 5 years of age; and
- 2 Diagnosed according to DSM-IV or ICD 10 criteria.

Initial application — (ADHD in patients under 5 — patient has had an approval for methylphenidate for ADHD in patients under 5 prior to 1 April 2008) only from a paediatrician or psychiatrist. Approvals valid for 12 months where the treatment remains appropriate and the patient is benefiting from treatment.

Initial application — (Narcolepsy – new patients) only from a neurologist or respiratory specialist. Approvals valid for 24 months where the patient suffers from narcolepsy. continued...

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

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

## Changes to Restrictions - effective 1 January 2011 (continued)

continued...

**Initial application** — (Narcolepsy — patient has had an approval for methylphenidate for narcolepsy prior to 1 April 2008) only from a neurologist or respiratory specialist. Approvals valid for 24 months where the treatment remains appropriate and the patient is benefiting from treatment.

**Renewal** — (ADHD in patients 5 or over) only from a paediatrician, psychiatrist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 24 months for applications meeting the following criteria:

Both:

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

2 Either:

2.1 Applicant is a paediatrician or psychiatrist; or

2.2 Both:

2.2.1 Applicant is a medical practitioner and confirms that a relevant specialist has been consulted within the last 2 years and has recommended treatment for the patient; and

2.2.2 Provide name of the recommending specialist.

**Note:** If the patient had an approval for methylphenidate for ADHD prior to 1 April 2008 the applicant is required to submit a fresh initial application in the first instance, not a renewal application. Please phone the Contact Centre on 0800 243 666 for clarification if needed.

**Renewal** — (ADHD in patients under 5) only from a paediatrician or psychiatrist. Approvals valid for 12 months where the treatment remains appropriate and the patient is benefiting from treatment.

**Note:** If the patient had an approval for methylphenidate for ADHD in patients under 5 prior to 1 April 2008 the applicant is required to submit a fresh initial application in the first instance, not a renewal application. Please phone the Contact Centre on 0800 243 666 for clarification if needed.

**Renewal** — (Narcolepsy) only from a neurologist or respiratory specialist. Approvals valid for 24 months where the treatment remains appropriate and the patient is benefiting from treatment.

**Note:** If the patient had an approval for methylphenidate for narcolepsy prior to 1 April 2008 the applicant is required to submit a fresh initial application in the first instance, not a renewal application. Please phone the Contact Centre on 0800 243 666 for clarification if needed.

### 142 NICOTINE

**Nicotine will not be funded Close Control in amounts less than 4 weeks of treatment.**

a) Maximum of 768 piece per prescription

b) Maximum of 384 piece per dispensing

e) For the avoidance of doubt Nicotine will not be funded Close Control in amounts less than 4 weeks.

d) The maximum of 384 piece per dispensing cannot be waived via Access Exemption Criteria:

Gum 2 mg (Classic) .....	14.97	96	✓ Habitrol
Gum 2 mg (Fruit) .....	14.97	96 ØP	✓ Habitrol
Gum 2 mg (Mint) .....	14.97	96 ØP	✓ Habitrol
Gum 4 mg (Classic) .....	20.02	96	✓ Habitrol
Gum 4 mg (Fruit) .....	20.02	96 ØP	✓ Habitrol
Gum 4 mg (Mint) .....	20.02	96 ØP	✓ Habitrol

### 142 NICOTINE

**Nicotine will not be funded Close Control in amounts less than 4 weeks of treatment.**

a) Maximum of 432 loz per prescription

b) Maximum of 216 loz per dispensing

e) For the avoidance of doubt Nicotine will not be funded Close Control in amounts less than 4 weeks.

d) The maximum of 216 loz per dispensing cannot be waived via Access Exemption Criteria:

Lozenge 1 mg .....	11.08	36 ØP	✓ Habitrol
Lozenge 2 mg .....	11.08	36 ØP	✓ Habitrol

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ <b>fully subsidised</b>
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## Changes to Restrictions - effective 1 January 2011 (continued)

142	NICOTINE <b>Nicotine will not be funded Close Control in amounts less than 4 weeks of treatment.</b> a) Maximum of 56 patch per prescription b) Maximum of 28 patch per dispensing e) For the avoidance of doubt Nicotine will not be funded Close Control in amounts less than 4 weeks. d) The maximum of 28 patch per dispensing cannot be waived via Access Exemption Criteria: Patch 7 mg ..... 10.53 7 ӨP ✓ <b>Habitrol</b> Patch 14 mg ..... 11.63 7 ӨP ✓ <b>Habitrol</b> Patch 21 mg ..... 12.32 7 ӨP ✓ <b>Habitrol</b>			
149	MITOMYCIN C – PCT only – Specialist Inj 5 mg ..... 72.75	1	✓ <b>Arrow</b> <del>829</del>	
150	TRETINOIN Cap 10 mg – <b>PCT – Retail pharmacy-Specialist</b> ..... 435.90	100	✓ <b>Vesanoid</b>	
156	AZATHIOPRINE – Retail pharmacy-Specialist * Tab 50 mg – <b>Brand switch fee payable</b> ..... 18.45	100	✓ <b>Imuprine</b>	
163	IPRATROPIUM BROMIDE Nebuliser soln, 250 µg per ml, 1 ml – Up to 40 neb available on a PSO – <b>Brand switch fee payable</b> ..... 3.79 Nebuliser soln, 250 µg per ml, 2 ml – Up to 40 neb available ..... on a PSO – <b>Brand switch fee payable</b> ..... 4.06	20	✓ <b>Univent</b>	
172	EXTEMPORANEOUSLY COMPOUNDED PRODUCTS & GALENICALS Dermatological base: The products listed in the Barrier creams and Emollients section and the Topical Corticosteroids-Plain section of the Pharmaceutical Schedule are classified as dermatological bases for the purposes of extemporaneous compounding and are the bases to which the dermatological galenicals can be added. Also the dermatological bases in the Barrier Creams and Emollients section of the Pharmaceutical Schedule can be used for diluting proprietary Topical Corticosteroid-Plain preparations. The following products are dermatological bases: • Aqueous cream • Cetomacrogol cream BP • Colloidion flexible • Emulsifying ointment BP • <del>Glycerol with paraffin and cetyl alcohol lotion</del> • Hydrocortisone with wool fat and mineral oil lotion • Oil in water emulsion • <del>Oily cream</del> • Urea cream 10% • White soft paraffin • Wool fat with mineral oil lotion • <del>Zinc cream BP</del> • Zinc and castor oil ointment BP • Proprietary Topical Corticosteroid-Plain preparations			

▲ 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 January 2011

37	VITAMINS (↓ subsidy) * Tab (BPC cap strength) .....	8.00 (14.80)	1,000	Heatheries Multi- vitamin tablets
48	CAPTOPRIL (↓ subsidy) * Tab 12.5 mg .....	10.00 (10.40)	500	Apo-Captopril
	* Tab 25 mg .....	12.00 (13.40)	500	Apo-Captopril
	* Tab 50 mg .....	17.50 (19.00)	500	Apo-Captopril
94	RALTEGRAVIR POTASSIUM – Special Authority see SA1025 – Retail pharmacy (↓ subsidy) Tab 400 mg .....	1,090.00	60	✓ <b>Isentress</b>
147	METHOTREXATE (↑ subsidy) * Inj 1 mg for ECP – PCT only – Specialist .....	0.10	1 mg	✓ <b>Baxter</b>

## Changes to Sole Subsidised Supply

Effective 1 January 2011

For the list of new Sole Subsidised Supply products effective 1 January 2011 refer to the bold entries in the cumulative Sole Subsidised Supply table pages 8-16.

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## Delisted Items

Effective 1 January 2011

25	SODIUM ALGINATE * Oral liq 500 mg with sodium bicarbonate 267 mg per 10 ml (aniseed) .....	1.50 (8.64)	500 ml		Gaviscon
27	ZINC OXIDE Oint zinc oxide with balsam peru .....	4.50 (6.67)	50 g OP		Anusol
	Suppos zinc oxide with balsam peru .....	4.47 (6.49)	12		Anusol
34	SODIUM CITRATE WITH SODIUM LAURYL SULPHOACETATE – Only on a prescription Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml .....	6.00 (7.30)	12		MicroLax
36	ASCORBIC ACID a) No more than 100 mg per dose b) Only on a prescription * Tab 100 mg .....	13.80 (17.25)	500		Apo-Ascorbic Acid
37	MULTIVITAMINS – Special Authority see SA1036 – Retail pharmacy Powder .....	36.00	100 g OP	✓	Paediatric Seravit
	Note – Paediatric Seravit powder 200 g OP remains subsidised.				
47	TERAZOSIN HYDROCHLORIDE * Tab 1 mg .....	1.50 (2.50)	28		Apo-Terazosin
	* Tab 7 × 1 mg and 7 × 2 mg .....	0.74	14 OP	✓	Hytrin Starter Pack
	* Tab 2 mg .....	14.29 (23.30)	500		Apo-Terazosin
	* Tab 5 mg .....	17.86 (29.00)	500		Apo-Terazosin
54	INDAPAMIDE * Tab 2.5 mg .....	3.25	100	✓	Napamide
58	CICLOPIROXOLAMINE a) Only on a prescription b) Not in combination Crm 1% .....	1.00 (12.82)	20 g OP		Batrafen
62	DIPHEMANIL METHYLSULPHATE – Subsidy by endorsement Only if prescribed for an amputee with an artificial limb, or for a paraplegic patient and the prescription endorsed accordingly. Powder 2% .....	6.81 (13.54)	50 g OP		Prantal

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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### Delisted Items - effective 1 January 2011 (continued)

62	GLYCEROL WITH PARAFFIN AND CETYL ALCOHOL – Only on a prescription * Lotn 5% with paraffin liq 5% and cetyl alcohol 2% .....	1.40 (8.10)	250 ml	QV
62	SODIUM HYPOCHLORITE – Subsidy by endorsement Only if prescribed for a dialysis patient and the prescription is endorsed accordingly. * Soln .....	2.71	2,500 ml	✓ Janola
62	ZINC Crm BP .....	6.55 (12.00)	500 g	PSM
63	OILY CREAM * Crm BP .....	2.80 (13.60) (15.40)	500 g	David Craig PSM
64	MALATHION Liq 0.5% .....	3.79 (4.99)	200 ml OP	Derbac-M
66	TAR WITH CADE OIL Bath emul 7.5% coal tar, 2.5% cade oil, 7.5% compound .....	9.70 (29.60)	350 ml	Polytar Emollient
67	HYDROGEN PEROXIDE * Soln 20 vol – Maximum of 500 ml per prescription .....	0.63 (2.35) 3.13 (7.00)	100 ml 500 ml	PSM PSM
68	APPLICATOR When ordered with a spermicide. * Applicator – Up to 1 dev available on a PSO .....	4.34	1	✓ Ortho
68	NONOXYNOL-9 Jelly 2% – Up to 108 g available on a PSO .....	10.95	108 g OP	✓ Gynol II
69	DIAPHRAGM – Up to 1 dev available on a PSO One of each size is permitted on a PSO.			
	* 55 mm .....	42.90	1	✓ Ortho Coil
	* 60 mm .....	42.90	1	✓ Ortho All-flex
				✓ Ortho Coil
	* 65 mm .....	42.90	1	✓ Ortho Coil
	* 70 mm .....	42.90	1	✓ Ortho Coil
	* 75 mm .....	42.90	1	✓ Ortho Coil
	* 80 mm .....	42.90	1	✓ Ortho Coil
	* 85 mm .....	42.90	1	✓ Ortho All-flex
				✓ Ortho Coil
	* 90 mm .....	42.90	1	✓ Ortho All-flex
				✓ Ortho Coil

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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### Delisted Items - effective 1 January 2011 (continued)

82	CEFTRIAXONE SODIUM – Subsidy by endorsement a) Up to 5 inj available on a PSO b) Subsidised only if prescribed for a dialysis or cystic fibrosis patient, or the treatment of confirmed ciprofloxacin-resistant gonorrhoea, or the treatment of suspected meningitis in patients who have a known allergy to penicillin, and the prescription or PSO is endorsed accordingly. Inj 1 g .....	2.10 (5.40)	1	AFT
98	INFLUENZA VACCINE – Hospital pharmacy [Xpharm] Inj .....	9.00 90.00	1 10	✓ Fluvax ✓ Influvac ✓ Vaxigrip
142	NICOTINE a) Maximum of 768 piece per prescription b) Maximum of 384 piece per dispensing c) For the avoidance of doubt Nicotine will not be funded Close Control in amounts less than 4 weeks. d) The maximum of 384 piece per dispensing cannot be waived via Access Exemption Criteria. Gum 2 mg (Fruit) .....	23.41 23.41 23.41 23.41	96 OP 96 OP 96 OP 96 OP	✓ Nicotinell ✓ Nicotinell ✓ Nicotinell ✓ Nicotinell
156	AZATHIOPRINE – Retail pharmacy-Specialist * Tab 50 mg .....	18.45 (34.90)	100	✓ Azamun Imuran
163	IPRATROPIUM BROMIDE Nebuliser soln, 250 µg per ml, 1 ml – Up to 40 neb available on a PSO .....	3.79	20	✓ Ipratropium Steri-Neb
	Nebuliser soln, 250 µg per ml, 2 ml – Up to 40 neb available on a PSO .....	4.06	20	✓ Ipratropium Steri-Neb
186	PAEDIATRIC ENTERAL FEED 1.5KCAL/ML – Special Authority see SA0896 – Hospital pharmacy [HP3] Liquid .....	1.60	200 ml OP	✓ Nutrini Energy RTH
	Note – Nutrini Energy RTH liquid 500 ml OP remains subsidised.			
186	PAEDIATRIC ENTERAL FEED 1KCAL/ML – Special Authority see SA0896 – Hospital pharmacy [HP3] Liquid .....	1.07	200 ml OP	✓ Nutrini RTH
	Note – Nutrini RTH liquid 500 ml OP remains subsidised.			
190	ENTERAL FEED WITH FIBRE 1.5KCAL/ML – Special Authority see SA0702 – Hospital pharmacy [HP3] Liquid .....	1.75	250 ml OP	✓ Isosource 1.5
191	ORAL FEED 1.5KCAL/ML – Special Authority see SA0702 – Hospital pharmacy [HP3] Liquid (chocolate) .....	1.33	237 ml OP	✓ Resource Plus
196	AMINOACID FORMULA WITH MINERALS WITHOUT PHENYLALANINE – Special Authority see SA0962 – Retail pharmacy – See prescribing guideline Powder .....	58.44	250 g OP	✓ Metabolic Mineral Mixture
	Note – Metabolic Mineral Mixture powder 100 g OP remains subsidised.			

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

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## Items to be Delisted

### Effective 1 February 2011

41	<del>CLOPIDOGREL</del>				
	<del>Tab 75 mg .....</del>	<del>5.05</del>	<del>28</del>		<del>✓ Apo-Clopidogrel</del>

Note – the delisting of Apo-Clopidogrel tab 75 mg, 28 tab pack, has been revoked.

### Effective 1 April 2011

37	VITAMINS				
	* Tab (BPC cap strength) .....	8.00	1,000		Healtheries Multi-vitamin tablets
		(14.80)			
48	CAPTOPRIL				
	* Tab 12.5 mg .....	10.00	500		Apo-Captopril
		(10.40)			
	* Tab 25 mg .....	12.00	500		Apo-Captopril
		(13.40)			
	* Tab 50 mg .....	17.50	500		Apo-Captopril
		(19.00)			
171	PHARMACY SERVICES – May only be claimed once per patient.				
	* Brand switch fee.....	0.01	1 fee		✓BSF Imuprine
	The Pharmacode for BSF Imuprine is 2377829				
	* Brand switch fee.....	0.01	1 fee		✓BSF Dapa-Tabs
	The Pharmacode for BSF Dapa-Tabs is 2377837				
	* Brand switch fee.....	0.01	1 fee		✓BSF Univent
	The Pharmacode for BSF Univent is 2377845				
	* Brand switch fee.....	0.01	1 fee		✓BSF Arrow Terazosin
	The Pharmacode for BSF Arrow Terazosin is 2377853				

### Effective 1 July 2011

64	POVIDONE IODINE				
	Antiseptic soln 10% .....	51.06	4,500 ml		✓Betadine
116	LIGNOCAINE HYDROCHLORIDE				
	Inj 0.5%, 5 ml – Up to 5 inj available on a PSO.....	44.10	50		✓Xylocaine
118	MORPHINE SULPHATE				
	a) Only on a controlled drug form				
	b) No patient co-payment payable				
	Cap long-acting 200 mg .....	17.00	10		✓m-Eslon

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

Effective 1 January 2011

20	BUPIVACAINE HYDROCHLORIDE			
	Inf 0.125%, 100 ml theatre pack .....	109.30	5	Marcaïn
	Inf 0.125%, 200 ml theatre pack .....	146.23	5	Marcaïn
	Inj 0.375%, 20 ml theatre pack .....	56.20	5	Marcaïn
	Note – Marcaïn inf 0.125%, 100 ml and 200 ml theatre packs, and inj 0.375%, 20 ml theatre pack, delisted 1 January 2011			
39	LACTULOSE			
	Oral liq 10 g per 15 ml – <b>1% DV Mar-11 to 2013</b> .....	7.68	1,000 ml	<b>Laevolac</b>
	Note – Duphalac oral liq 10 g per 15 ml to be delisted 1 March 2011			
40	LIGNOCAINE HYDROCHLORIDE			
	Inj 0.5%, 5 ml .....	44.10	50	Xylocaine
	Note – Xylocaine inj 0.5%, 5 ml delisted 1 January 2011			
44	MORPHINE SULPHATE			
	Cap long-acting 200 mg .....	17.00	10	m-Eslon
	Note: m-Eslon cap long-acting 200 mg to be delisted 1 March 2011			
45	NICOTINE (new listings)			
	Gum 2 mg (classic) .....	14.97	96	Habitrol
	Gum 4 mg (classic) .....	20.02	96	Habitrol
45	NICOTINE (expiry of HSS)			
	Note: Nicotrol and Nicorette patches are DV Pharmaceuticals.			
	Patch 7 mg – <del>10% DV Apr-08 to 31 Dec 2010</del> .....	10.53	7	Habitrol
	Patch 14 mg – <del>10% DV Apr-08 to 31 Dec 2010</del> .....	11.63	7	Habitrol
	Patch 21 mg – <del>10% DV Apr-08 to 31 Dec 2010</del> .....	12.32	7	Habitrol
	Lozenge 1 mg – <del>10% DV Apr-08 to 31 Dec 2010</del> .....	11.08	36	Habitrol
	Lozenge 2 mg – <del>10% DV Apr-08 to 31 Dec 2010</del> .....	11.08	36	Habitrol
	Gum 2 mg (fruit) – <del>10% DV Apr-08 to 31 Dec 2010</del> .....	14.97	96	Habitrol
	Gum 2 mg (mint) – <del>10% DV Apr-08 to 31 Dec 2010</del> .....	14.97	96	Habitrol
	Gum 4 mg (fruit) – <del>10% DV Apr-08 to 31 Dec 2010</del> .....	20.02	96	Habitrol
	Gum 4 mg (mint) – <del>10% DV Apr-08 to 31 Dec 2010</del> .....	20.02	96	Habitrol
51	RALTEGRAVIR POTASSIUM (↓ price)			
	Tab 400 mg .....	1,090.00	60	Isentress
53	ROCURONIUM BROMIDE			
	Inj 10 mg per ml, 5 ml – <b>1% DV Mar-11 to 2012</b> .....	85.00	10	<b>Arrow-Rocuronium</b>
54	ROPIVACAINE HYDROCHLORIDE			
	Inj 2 mg per ml, 10 ml .....	19.75	5	Naropin
	Inj 10 mg per ml, 20 ml .....	74.20	5	Naropin
	Note – Naropin inj 2 mg per ml, 10 ml, and inj 10 mg per ml, 20 ml, delisted 1 January 2011			

Section H page ref	Price (ex man. excl. GST) \$ Per	Brand or Generic Manufacturer
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### Section H changes Part II - effective 1 January 2011 (continued)

55	SODIUM CHLORIDE			
	Inj 0.9%, 5 ml .....	10.85	50	Multichem
	Inj 0.9%, 10 ml .....	11.50	50	Multichem
62	ZINC AND CASTOR OIL (↑ price)			
	Ointment .....	1.29	20 g	Orion

### Effective 1 December 2010

21	CALCIUM FOLINATE (extension of HSS)			
	Inj 50 mg – 1% DV Sep-08 to 2014 .....	24.50	5	<b>Calcium Folate Ebewe</b>
	Inj 100 mg – 1% DV Sep-08 to 2014 .....	9.75	1	<b>Calcium Folate Ebewe</b>
	Inj 300 mg – 1% DV Sep-08 to 2014 .....	30.00	1	<b>Calcium Folate Ebewe</b>
	Inj 1 g – 1% DV Sep-08 to 2014 (↓ price).....	90.00	1	<b>Calcium Folate Ebewe</b>
22	CARBOPLATIN (↓ price)			
	Inj 10 mg per ml, 45 ml – 1% DV Dec-09 to 2012 .....	50.00	1	<b>Carboplatin Ebewe</b>
	Inj 10 mg per ml, 100 ml – 1% DV Dec-09 to 2012 .....	105.00	1	<b>Carboplatin Ebewe</b>
28	DOPAMINE HYDROCHLORIDE			
	Inj 40 mg per ml, 5 ml – 1% DV Feb-11 to 2012 .....	82.08	10	<b>Max Health</b>
	Note – Mayne’s brand of dopamine hydrochloride inj 40 mg per ml, 5 ml to be delisted 1 February 2011.			
29	DOXORUBICIN (addition of HSS)			
	Inj 10 mg – 1% DV Feb-11 to 2012 (↑ price).....	10.00	1	<b>Doxorubicin Ebewe</b>
	Inj 50 mg – 1% DV Feb-11 to 2012 (↑ price).....	40.00	1	<b>Doxorubicin Ebewe</b>
	Inj 100 mg – 1% DV Feb-11 to 2012 (↓ price).....	80.00	1	<b>Doxorubicin Ebewe</b>
	Inj 200 mg – 1% DV Feb-11 to 2012 (↓ price).....	150.00	1	<b>Doxorubicin Ebewe</b>
29	EPIRUBICIN (↓ price)			
	Inj 2 mg per ml, 50 ml – 1% DV Oct-09 to 2012 .....	125.00	1	<b>Epirubicin Ebewe</b>
	Inj 2 mg per ml, 100 ml – 1% DV Oct-09 to 2012 .....	210.00	1	<b>Epirubicin Ebewe</b>
30	ESCITALOPRAM			
	Tab 10 mg – 1% DV Feb-11 to 2013.....	2.65	28	<b>Loxalate</b>
	Tab 20 mg – 1% DV Feb-11 to 2013.....	4.20	28	<b>Loxalate</b>
33	GEMFIBROZIL			
	Tab 600 mg – 1% DV Feb-11 to 2013.....	14.00	60	<b>Lipazil</b>
34	GLYCERIN WITH SUCROSE			
	Suspension .....	38.00	473 ml	Ora-Sweet
34	GLYCERIN WITH SODIUM SACCHARIN			
	Suspension .....	38.00	473 ml	Ora-Sweet SF

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

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

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

### Section H changes Part II - effective 1 December 2010 (continued)

38	ITRACONAZOLE Cap 100 mg – <b>1% DV Feb-11 to 2013</b> .....	4.25	15	<b>Itrazole</b>
	Note – Sporanox cap 100 mg to be delisted 1 February 2011.			
38	ISOSORBIDE MONONITRATE (↓ price) Tab long-acting 60 mg .....	3.94	90	Duride
39	LABETALOL (↓ price) Tab 50 mg .....	8.23	100	Hybloc
	Tab 100 mg .....	10.06	100	Hybloc
	Tab 200 mg .....	17.55	100	Hybloc
39	LABETALOL Tab 400 mg .....	34.44	100	Hybloc
	Note – Hybloc tab 400 mg to be delisted 1 February 2011.			
42	METHOTREXATE (↓ price and extension of HSS) Inj 100 mg per ml, 10 ml – <b>1% DV Nov-08 to 2014</b> .....	25.00	1	<b>Methotrexate Ebewe</b>
	Inj 100 mg per ml, 50 ml – <b>1% DV Nov-08 to 2014</b> .....	125.00	1	<b>Methotrexate Ebewe</b>
43	METHYLCELLULOSE Suspension .....	38.00	473 ml	Ora-Plus
43	METHYLCELLULOSE WITH GLYCERIN AND SUCROSE Suspension .....	38.00	473 ml	Ora-Blend
43	METHYLCELLULOSE WITH GLYCERIN AND SODIUM SACCHARIN Suspension .....	38.00	473 ml	Ora-Blend SF
45	MOXIFLOXACIN Tab 400 mg .....	52.00	5	Avelox
	Soln for inf 1.6 mg per ml, 250 ml .....	70.00	1	Avelox IV 400
45	NIFEDIPINE (↓ price) Tab long-acting 30 mg .....	8.56	30	Adefin XL
	Tab long-acting 60 mg .....	12.28	30	Adefin XL
47	OXALIPLATIN (↓ price) Inj 50 mg – <b>1% DV Jan-10 to 2012</b> .....	55.00	1	<b>Oxaliplatin Ebewe</b>
	Inj 100 mg – <b>1% DV Jan-10 to 2012</b> .....	110.00	1	<b>Oxaliplatin Ebewe</b>
47	PACLITAXEL (↓ price and extension of HSS) Inj 30 mg – <b>1% DV Oct-08 to 2014</b> .....	137.50	5	<b>Paclitaxel Ebewe</b>
	Inj 100 mg – <b>1% DV Oct-08 to 2014</b> .....	91.67	1	<b>Paclitaxel Ebewe</b>
	Inj 150 mg – <b>1% DV Oct-08 to 2014</b> .....	137.50	1	<b>Paclitaxel Ebewe</b>
	Inj 300 mg – <b>1% DV Oct-08 to 2014</b> .....	275.00	1	<b>Paclitaxel Ebewe</b>
	Inj 600 mg – <b>1% DV Oct-08 to 2014</b> .....	550.00	1	<b>Paclitaxel Ebewe</b>
51	PROPRANOLOL (↓ price) Cap long-acting 160 mg .....	16.06	100	Cardinol LA

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

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

**Section H changes Part II - effective 1 December 2010 (continued)**

53	RIVAROXABAN			
	Tab 10 mg .....	153.00	15	Xarelto
		306.00	30	Xarelto
54	SERTRALINE			
	Tab 50 mg – <b>1% DV Feb-11 to 2013</b> .....	5.40	90	<b>Arrow-Sertraline</b>
	Tab 100 mg – <b>1% DV Feb-11 to 2013</b> .....	9.60	90	<b>Arrow-Sertraline</b>
55	SODIUM CHLORIDE			
	Inf 0.9% .....	1.70	500 ml	Freeflex
		1.71	1,000 ml	Freeflex
61	VERAPAMIL HYDROCHLORIDE			
	Tab long-acting 120 mg .....	15.20	250	Verpamil SR

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

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

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