

Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 March 2008

Cumulative for January, February and March 2008

Section H cumulative for December 2007 and January, February
and March 2008



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Summary of PHARMAC decisions

EFFECTIVE 1 MARCH 2008

New listing (pages 17 – 18)

- Phenoxybenzamine hydrochloride (Dibenyline) cap 10 mg, 30 cap pack – listed under Section 29
- Prazosin hydrochloride (Apo-Prazo) tab 1 mg, 2 mg and 5 mg
- Verapamil hydrochloride (Ispotin) tab 40 mg and 80 mg
- Nicotine (Nicotinell) gum (fruit and mint) 2 mg and 4 mg – only on a Quitline Exchange Card
- Salicylic acid (ABM) powder – only in combination
- Sulphur (ABM) precipitated – only in combination
- Sunscreens, proprietary (Marine Blue Lotion SPF 30+) lotn – subsidy by endorsement
- Apomorphine hydrochloride (APO-go) inj 10 mg per ml, 2 ml – listed under Section 29
- Glycerol (ABM) liquid – only in combination
- Methyl hydroxybenzoate (ABM) powder
- Methylcellulose (ABM) powder
- Propylene glycol (ABM) liq – only in extemporaneously compounded methyl hydroxybenzoate 10% solution
- Sodium bicarbonate (ABM) powder BP – only in extemporaneously compounded omeprazole suspension

Changes to restriction (page 20)

- Sunscreens, proprietary – removal of Retail pharmacy – Specialist restriction and addition of Subsidy by endorsement

Increased subsidy (page 21)

- Paraldehyde (AFT) inj 5 ml
- Arsenic trioxide (AFT) inj 10 mg

Decreased subsidy (page 21)

- Famotidine (Famox) tab 20 mg and 40 mg
- Omeprazole (Omezol) cap 10 mg, 20 mg and 40 mg
- Pantoprazole (Somac) tab 20 mg and 40 mg
- Condoms 53 mm (Gold Knight, Shield Blue)
- Clarithromycin (Clarac) tab 250 mg

Nicotine replacement therapy subsidised on Quitline Exchange Cards

All practitioners are now able to provide patients with a Quitline Exchange Card for subsidised nicotine patches and gum. The Ministry of Health distributed Quitline Exchange Cards to all practitioners in late January 2008.

The subsidy restrictions for nicotine patches and gum have not changed. Nicotine patches and gum are only subsidised when ordered on a Quitline Exchange Card. They are not subsidised when prescribed on a prescription.



Subsidised nicotine lozenges will also be subsidised from mid-2008. This will require changes to the Quitline Exchange Cards and further information on the changes will be provided at the time.

Habitrol gum – possible out-of-stock

Habitrol gum may go out-of-stock for a short period during March 2008. The Nicotinell brand of nicotine gum will be subsidised on a Quitline Exchange Card from 1 March 2008 to help cover any stock shortages during this time. Please only

dispense the Nicotinell brand when Habitrol is unavailable.

Please note that although there is no current delisting date for Nicotinell gum, PHARMAC will give a short notice period of the delist as Nicotinell is an over-the-counter medicine.



PHARMAC Seminar Series – Upcoming Seminar



Topic: Cardiovascular Disease – Risk Factors
When: Thursday 3 April 2008
Where: Duxton Hotel, Wellington

Seminar Facilitator

Norman Sharpe, Medical Director of the National Heart Foundation and Margaret Horsburgh, Associate Professor of Nursing at the University of Auckland will facilitate this seminar.

About the seminar:

This seminar focuses on cardiovascular disease (CVD) and disease progression, including understanding laboratory investigations and their significance. The seminar builds on previous CVD risk assessment seminars which have focussed on implementation of the CVD Guidelines.

If you are a primary care nurse working in the area of CVD risk reduction, this seminar will help broaden your understanding of the relationship of lipids, diet and other risk factors on CVD.

The scope of the presentation will reflect the needs of the audience – come with your questions and cases.

Anyone interested can register on-line at <http://seminarseries.pharmac.govt.nz/registration/register>

The cost is \$100 +GST. Morning tea, lunch, and afternoon tea are provided. PHARMAC will also cover the cost of travel to and from the seminar.

If you have any queries please contact Kyle Reid at PHARMAC on 04-916-7561 or kyle.reid@pharmac.govt.nz.

Who can Dispense [HP3] Special Foods

Only pharmacies that have the Special Foods service appended to their Pharmacy Services Agreement may dispense and claim for HP3 special foods. Dispensing of Special Foods is not covered by the base Pharmacy Services Agreement.

Pharmacists should contact their DHB for clarification if they are unsure if their pharmacy has a Special Foods service appendix.

All special foods listed in Section D of the Pharmaceutical Schedule carry the Special

Authority – Hospital pharmacy [HP3] restriction, except for a small number of infant formulae.



New ampoule size of apomorphine

We are listing a new ampoule size of apomorphine from 1 March 2008. It is the same strength as the currently listed product 10 mg per ml but is a 2 ml injection rather than a 1 ml. It is supplied by Hospira under the brand name APO-go. This product is being listed to cover an out-of-stock on the currently listed apomorphine 1 ml injection, also supplied by Hospira. The APO-go brand is an unregistered product and will be supplied under the exemption set out in section 29 of the Medicines Act.

Tender News

Sole Subsidised Supply changes – effective 1 April 2008

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Aspirin	Tab 100 mg; 990 tab	Ethics Aspirin EC (Multichem)
Codeine phosphate	Tab 15 mg; 100 tab	PSM (API)
Codeine phosphate	Tab 30 mg; 100 tab	PSM (API)
Codeine phosphate	Tab 60 mg; 100 tab	PSM (API)
Doxazosin mesylate	Tab 2 mg; 100 tab	Apo-Doxazosin (Apotex)
Doxazosin mesylate	Tab 4 mg; 100 tab	Apo-Doxazosin (Apotex)
Ferrous sulphate	Oral liq 150 mg per 5 ml; 500 ml	Ferodan (Pacific)
Fluoxetine hydrochloride	Cap 20 mg; 90 cap	Fluox (Pacific)
Fluoxetine hydrochloride	Tab disp 20 mg, scored; 30 tab	Fluox (Pacific)
Ranitidine hydrochloride	Oral liq 150 mg per 10 ml; 300 ml	Peptisoothe (AFT)

Looking Forward

This section is designed to alert both pharmacists and prescribers to possible future changes. It may assist pharmacists to manage stock levels and keep prescribers up-to-date with proposals to change the Pharmaceutical Schedule.

Possible decisions for implementation 1 April 2008

- Alprazolam tab 250 µg, 500 µg and 1 mg – removal of Retail pharmacy – Specialist restriction
- Clomipramine hydrochloride tab 10 mg and 25 mg – removal of Retail pharmacy – Specialist restriction
- Condoms (Gold Knight) 49 mm, 55 mm and 53 mm extra strength – new listing, available on a PSO
- Condoms 52 mm (Marquis Supalite), 52 mm extra strength (Marquis Protecta), 54 mm shaped (Lifestyles Flared), and 56 mm shaped (Durex Confidence) – subsidy decrease
- Dexamphetamine sulphate – amended Special Authority criteria
- Flupenthixol decanoate inj 20 mg per ml, 1 ml and 2 ml and 100 mg per ml, 1 ml – removal of Retail pharmacy – Specialist restriction
- Fluphenazine decanoate inj 12.5 mg per 0.5 ml, 0.5 ml, 25 mg per ml, 1 ml and 100 mg per ml, 1 ml – removal of Retail pharmacy – Specialist restriction
- Haloperidol decanoate inj 50 mg per ml, 1 ml and 100 mg per ml, 1 ml – removal of Retail pharmacy – Specialist restriction
- Levodopa with benserazide cap long-acting 100 mg with benserazide 25 mg – removal of Retail pharmacy – Specialist restriction
- Lignocaine with prilocaine crm 2.5% with prilocaine 2.5% - amended Special Authority criteria
- Maprotiline hydrochloride tab 25 mg and 75 mg – removal of Retail pharmacy – Specialist restriction
- Methylphenidate hydrochloride – amended Special Authority criteria
- Moclobemide tab 150 mg and 300 mg – removal of Retail pharmacy – Specialist restriction
- Naltrexone hydrochloride tab 50 mg – amended Special Authority criteria
- Ondansetron tab 4 mg and 8 mg and tab disp 4 mg and 8 mg – removal of maximum of 6 tablets per dispensing rule
- Pipothiazine palmitate inj 50 mg per ml, 1 ml and 2 ml – removal of Retail pharmacy – Specialist restriction
- Zuclopenthixol decanoate inj 200 mg per ml, 1 ml – removal of Retail pharmacy – Specialist restriction

Sole Subsidised Supply Products – cumulative to March 2008

Generic Name	Presentation	Brand Name	Expiry Date*
Acetazolamide	Tab 250 mg	Diamox	2008
Acipimox	Cap 250 mg	Olbetam	2008
Acitretin	Cap 10 mg & 25 mg	Neotigason	2008
Allopurinol	Tab 100 mg & 300 mg	Progout	2008
Amitriptyline	Tab 10 mg, 25 mg & 50 mg	Amitrip	2008
Amlodipine	Tab 5 mg & 10 mg	Calvasc	2008
Apomorphine hydrochloride	Inj 10 mg per ml, 1 ml	Mayne	2009
Amoxicillin	Cap 250 mg & 500 mg	Apo-Amoxi	2010
	Grans for oral liq 125 mg per 5 ml	Ranbaxy Amoxicillin	2009
	Grans for oral liq 250 mg per 5 ml Inj 250 mg, 500 mg & 1 g	Ranbaxy Amoxicillin Ibiamox	2008
Applicator	Device	Ortho	2008
Aqueous cream	Cream	Multichem	2008
Ascorbic acid	Tab 100 mg	Apo-Ascorbic Acid	2009
Atenolol	Tab 50 mg & 100 mg	Loten	2009
Atropine sulphate	Inj 600 µg, 1 ml	AstraZeneca	2009
	Inj 1200 µg, 1 ml	AstraZeneca	
	Eye drops 1%	Atropt	2008
Azithromycin	Tab 500 mg	Arrow-Azithromycin	2009
Beclomethasone dipropionate	Metered aqueous nasal spray 50 µg	Alanase	2009
	Metered aqueous nasal spray 100 µg	Alanase	
Betamethasone valerate	Scalp app 0.1%	Beta Scalp	2009
	Crn 0.1%	Beta Cream	2008
	Oint 0.1%	Beta Ointment	
Bezafibrate	Tab 200 mg	Fibalip	2008
Bisacodyl	Tab 5 mg	Lax-Tab	2010
Brimonidine tartrate	Eye drops 0.2%	AFT	2008
Bromocriptine mesylate	Tab 2.5 mg & 10 mg	Alpha-Bromocriptine	2008
Bupivacaine hydrochloride	Inj 0.5%, 4 ml	Marcaïn Isobaric	2010
	Inj 0.5%, 8% glucose, 4 ml	Marcaïn Heavy	
Calamine	Lotion BP	ABM	2009
	Crn, aqueous, BP	ABM	
Calcitriol	Cap 0.25 µg & 0.5 µg	Calcitriol-AFT	2009
Calcium carbonate	Tab dispersible 2.5 g	Calci-Tab Effervescent	2008
	Tab 1.25 g	Calci-Tab 500	
	Tab 1.5 g	Calci-Tab 600	
Calcium folinate	Inj 50 mg	Calcium Folate Ebewe	2008
Captopril	Tab 12.5 mg, 25 mg & 50 mg	Apo-Captopril	2010

*Expiry date of the Sole Subsidised Supply period is 30 June of the year indicated.

Sole Subsidised Supply Products – cumulative to March 2008

Generic Name	Presentation	Brand Name	Expiry Date*
Cefaclor monohydrate	Cap 250 mg Grans for oral liq 125 mg per 5 ml	Ranbaxy Cefaclor Ranbaxy Cefaclor	2010
Cefazolin sodium	Inj 500 mg & 1 g	m-Cefazolin	2008
Ceftriaxone sodium	Inj 500 mg & 1 g	AFT	2008
Cetirizine hydrochloride	Oral liq 1 mg per ml Tab 10 mg	Allerid C Razene	2008
Cetomacrogol	Crm BP	PSM	2010
Chloramphenicol	Eye drops 0.5% Eye oint 1%	Chlorsig Chlorsig	2009
Chlorhexidine gluconate	Handrub 1% with ethanol 70% Mouthwash 0.2% Soln 4%	Orion Orion Orion	2009 2008
Chlorthalidone	Tab 25 mg	Hygroton	2009
Ciprofloxacin	Tab 250 mg, 500 mg & 750 mg	Cipflox	2008
Clarithromycin	Grans for oral liq 125 mg per 5 ml	Klacid	2010
Clindamycin	Cap hydrochloride 150 mg Inj phosphate 150 mg per ml, 4 ml	Dalacin C	2008
Clobetasol propionate	Crm 0.05% Scalp app 0.05% Oint 0.05%	Dermol Dermol Dermol	2009 2008
Clonazepam	Tab 500 µg & 2 mg	Paxam	2008
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	2008
Clonidine hydrochloride	Tab 25 µg Tab 150 µg Inj 150 µg per ml, 1 ml	Dixarit Catapres Catapres	2008
Clotrimazole	Vaginal crm 1% with applicator(s) Crm 1%	Clomazol Clomazol	2010 2008
Colchicine	Tab 500 µg	Colgout	2010
Colestipol hydrochloride	Sach 5 g	Colestid	2010
Colistin sulphomethate	Inj 150 mg	Colistin-Link	2010
Compound electrolytes	Powder for soln for oral use	Enerlyte	2010
Co-trimoxazole	Oral liq sugar-free trimethoprim 40 mg and sulphamethoxazole 200 mg per 5 ml Tab trimethoprim 80 mg and sulphamethoxazole 400 mg	Trisul	2008
Cyclizine hydrochloride	Tab 50 mg	Nausicalm	2009
Cyclizine lactate	Inj 50 mg per ml, 1 ml	Valoid (AFT)	2008

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Sole Subsidised Supply Products – cumulative to March 2008

Generic Name	Presentation	Brand Name	Expiry Date*
Cyclophosphamide	Tab 50 mg	Cycloblastin	2010
Cyproterone acetate	Tab 50 mg	Siterone	2009
Dantrolene sodium	Cap 25 mg & 50 mg	Dantrium	2009
Desferrioxamine mesylate	Inj 500 mg	Mayne	2010
Desmopressin	Nasal spray 10 µg per dose	Desmopressin-PH&T	2008
Dexamethasone sodium phosphate	Inj 4 mg per ml, 1 ml Inj 4 mg per ml, 2 ml	Mayne	2009
Dextrose with electrolytes	Oral soln with electrolytes	Pedialyte – Plain Pedialyte – Bubblegum Pedialyte – Fruit	2010
Diaphragm	Range of sizes	Ortho All-flex & Ortho Coil	2008
Diclofenac sodium	Tab EC 25 mg & 50 mg Tab long-acting 75 mg & 100 mg	Apo-Diclo Apo-Diclo SR	2009
Didanosine (DDI)	Cap 125 mg, 200 mg, 250 mg & 400 mg	Videx EC	2009
Dihydrocodeine tartrate	Tab long-acting 60 mg	DHC Continus	2008
Diphenoxylate hydrochloride with atropine sulphate	Tab 2.5 mg with atropine sulphate 25 µg	Diastop	2008
Dipyridamole	Tab long-acting 150 mg	Pytazen SR	2008
Docusate sodium	Tab 50 mg & 120 mg	Coloxyl	2008
Emulsifying ointment BP	Ointment	AFT	2008
Enalapril	Tab 5 mg, 10 mg & 20 mg	m-Enalapril	2009
Ergometrine maleate	Inj 500 µg per ml, 1 ml	Mayne	2009
Ergotamine tartrate with caffeine	Tab 1 mg with caffeine 100 mg	Cafergot	2009
Erythromycin ethyl succinate	Grans for oral liq 200 mg per 5 ml Grans for oral liq 400 mg per 5 ml	E-Mycin E-Mycin	2008
Ethambutol hydrochloride	Tab 400 mg	Myambutol	2008
Ethinylloestradiol	Tab 10 µg	New Zealand Medical and Scientific	2009
Ethinylloestradiol with norethisterone	Tab 35 µg with norethisterone 500 µg Tab 35 µg with norethisterone 1 mg and 7 inert tab Tab 35 µg with norethisterone 500 µg and 7 inert tab	Brevinor 21 Brevinor 1/21 Brevinor 1/28 Norimin	2010 2008
Etoposide	Cap 50 mg & 100 mg	Vepesid	2009

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Sole Subsidised Supply Products – cumulative to March 2008

Generic Name	Presentation	Brand Name	Expiry Date*
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	Staphlex AFT AFT	2009
Fluconazole	Cap 50 mg, 150 mg & 200 mg	Pacific	2008
Fluocortolone caproate with fluocortolone pivalate and cinchocaine	Oint 950 µg, with fluocortolone pivalate 920 µg, and cinchocaine hydrochloride 5 mg per g Suppos 630 µg, with fluocortolone pivalate 610 µg, and cinchocaine hydrochloride 1 mg	Ultraproct Ultraproct	2010
Fluorometholone	Eye drops 0.1%	Flucon	2009
Fluphenazine decanoate	Inj 12.5 mg per 0.5 ml, 0.5 ml Inj 25 mg per ml, 1 ml Inj 100 mg per ml, 1 ml	Modecate Modecate Modecate	2008
Folic Acid	Tab 0.8 mg & 5 mg	Apo-Folic Acid	2009
Fusidic acid	Crn 2% & Oint 2%	Foban	2010
Gentamicin sulphate	Inj 40 mg per ml, 2 ml	Pfizer	2009
Gliclazide	Tab 80 mg	Apo-Gliclazide	2008
Glipizide	Tab 5 mg	Minidiab	2008
Haloperidol	Oral liq 2 mg per ml Tab 500 µg, 1.5 mg & 5 mg Inj 5 mg per ml, 1 ml	Serenace Serenace Serenace	2010 2009
Haloperidol decanoate	Inj 50 mg per ml, 1 ml Inj 100 mg per ml, 1 ml	Haldol Haldol Concentrate	2008
Heparinised saline	Inj 10 iu per ml, 5 ml	AstraZeneca	2009
Hydrocortisone	Tab 5 mg & 20 mg Powder 25 g	Douglas m-Hydrocortisone	2009 2008
Hydrocortisone acetate	Rectal foam 10%, CFC-Free	Colifoam	2009
Hydrocortisone butyrate	Scalp lotn 0.1%	Locoid	2010
Hydrocortisone with wool fat and mineral oil	Lotn 1% with wool fat hydrous 3% and mineral oil	DP Lotn HC	2008
Hyoscine N-butylbromide	Tab 10 mg Inj 20 mg	Gastrosoothe Buscopan	2008
Hypromellose	Eye drops 0.3% Eye drops 0.5%	Poly-Tears Methopt	2008
Ibuprofen	Oral liq 100 mg per 5 ml, 200 ml Tab 200 mg	Fenpaed I-Profen	2010 2008
Imipramine hydrochloride	Tab 10 mg & 25 mg	Tofranil	2009
Indapamide	Tab 2.5 mg	Napamide	2009
Indomethacin	Cap 25 mg & 50 mg	Rheumacin	2008

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Sole Subsidised Supply Products – cumulative to March 2008

Generic Name	Presentation	Brand Name	Expiry Date*
Ipratropium bromide	Aqueous nasal spray, 0.03% Nebuliser soln, 250 µg per ml, 1 ml Nebuliser soln, 250 µg per ml, 2 ml Aerosol inhaler, 20 µg per dose CFC-free	Apo-Ipravent	2010
		Ipratropium Steri-Neb Ipratropium Steri-Neb Atrovent	2008
Isosorbide mononitrate	Tab long-acting 60 mg	Duride	2009
Isotretinoin	Cap 10 mg Cap 20 mg	Isotane 10	2009
		Isotane 20	
Itraconazole	Cap 100 mg	Sporanox	2010
Ketoconazole	Shampoo 2%	Ketopine	2008
Lactulose	Oral liq 10 g per 15 ml	Duphalac	2010
Levobunolol	Eye drops 0.25% & 0.5%	Betagan	2010
Levodopa with benserazide	Cap 50 mg with benserazide 12.5 mg Tab dispersible 50 mg with benserazide 12.5 mg Cap 100 mg with benserazide 25 mg Cap long-acting 100 mg with benserazide 25 mg Cap 200 mg with benserazide 50 mg	Madopar 62.5 Madopar Dispersible	2009
		Madopar 125 Madopar HBS	
		Madopar 250	
Lignocaine hydrochloride	Inj 0.5%, 5 ml Inj 1%, 5 ml Inj 1%, 20 ml	Xylocaine	2010
		Xylocaine	
		Xylocaine	
Lignocaine with prilocaine	Crn 2.5% with prilocaine 2.5%; 30 g OP Crn 2.5% with prilocaine 2.5%; 5 g	EMLA	2010
		EMLA	
Lisinopril	Tab 5 mg, 10 mg & 20 mg	Arrow-Lisinopril	2009
Loperamide hydrochloride	Tab 2 mg	Nodia	2010
Loratadine	Tab 10 mg	Loraclear Hayfever Relief Lorapaed	2010
	Oral liq 1 mg per ml		
Lorazepam	Tab 1 mg & 2.5 mg	Ativan	2009
Magnesium sulphate	Inj 49.3%	Mayne	2009
Malathion	Liq 0.5%	Derbac M	2010
Maldison	Shampoo 1%	A-Lices	2010
Maprotiline hydrochloride	Tab 25 mg & 75 mg	Ludiomil	2009
Medroxyprogesterone acetate	Tab 2.5 mg, 5 mg, 10 mg, 100 mg & 200 mg	Provera	2010
Mesalazine	Enema 1 g per 100 ml	Pentasa	2009
Metformin hydrochloride	Tab 500 mg & 850 mg	Arrow-Metformin	2009
Methadone hydrochloride	Tab 5 mg Powder 1 g	Methatabs	2010
		AFT	2009

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Sole Subsidised Supply Products – cumulative to March 2008

Generic Name	Presentation	Brand Name	Expiry Date*
Methotrexate	Tab 2.5 mg & 10 mg	Methoblastin	2009
	Inj 100 mg per ml, 5 ml	Methotrexate Ebewe	2008
	Inj 100 mg per ml, 10 ml	Methotrexate Ebewe	
	Inj 100 mg per ml, 50 ml	Methotrexate Ebewe	
Methylidopa	Tab 125 mg, 250 mg & 500 mg	Prodopa	2008
Methylphenidate hydrochloride	Tab long-acting 20 mg	Rubifen SR	2009
	Tab 5 mg & 20 mg	Rubifen	
	Tab 10 mg	Rubifen	
Methylprednisolone	Tab 4 mg & 100 mg	Medrol	2009
Methylprednisolone aceponate	Crn 0.1% and oint 0.1%	Advantan	2009
Methylprednisolone acetate	Inj 40 mg per ml, 1 ml	Depo-Medrol	2008
Methylprednisolone acetate with lignocaine	Inj 40 mg per ml with lignocaine 1 ml	Depo-Medrol with Lidocaine	2008
Methylprednisolone sodium succinate	Inj 40 mg per ml, 1 ml	Solu-Medrol	2009
	Inj 62.5 mg per ml, 1 ml	Solu-Medrol	
	Inj 500 mg & 1 g	Solu-Medrol	
Metoclopramide hydrochloride	Inj 5 mg per ml, 2 ml	Pfizer	2008
Metoprolol tartrate	Tab long-acting 200 mg	Slow-Lopressor	2009
Metyrapone	Cap 250 mg	Metopirone	2009
Mexiletine hydrochloride	Cap 50 mg & 200 mg	Mexitil	2008
Miconazole nitrate	Crn 2%	Multichem	2008
Midodrine	Tab 2.5 mg & 5 mg	Gutron	2009
Misoprostol	Tab 200 µg	Cytotec	2009
Moclobemide	Tab 150 mg & 300 mg	Apo-Moclobemide	2009
Morphine hydrochloride	Oral liq 1 mg per ml	RA-Morph	2009
	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	Inj 5 mg per ml, 1 ml	Mayne	2009
	Inj 15 mg per ml, 1 ml	Mayne	
	Cap long-acting 10 mg, 30 mg, 60 mg, 100 mg & 200 mg	m-Eslon	
	Tab immediate release 10 mg & 20 mg	Sevredol	
Morphine tartrate	Inj 80 mg per ml, 1.5 ml & 5 ml	Mayne	2009
Nadolol	Tab 40 mg & 80 mg	Apo-Nadolol	2010
Naltrexone hydrochloride	Tab 50 mg	ReVia	2010
Naphazoline hydrochloride	Eye drops 0.1%	Naphcon Forte	2008

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Sole Subsidised Supply Products – cumulative to March 2008

Generic Name	Presentation	Brand Name	Expiry Date*
Naproxen	Tab 250 mg	Noflam 250	2009
	Tab 500 mg	Noflam 500	
	Tab long-acting 750 mg	Naprosyn SR 750	2008
	Tab long-acting 1000 mg	Naprosyn SR 1000	
Neostigmine	Inj 2.5 mg per ml, 1 ml	AstraZeneca	2010
Nevirapine	Oral suspension 10 mg per ml	Viramune Suspension	2009
Nicotinic acid	Tab 50 mg & 500 mg	Apo-Nicotinic Acid	2009
Nifedipine	Tab long-acting 20 mg	Nyefax Retard	2009
Nonoxynol-9	Jelly 2%	Gynol II	2008
Norethisterone	Tab 350 µg	Noriday 28	2009
	Tab 5 mg	Primolut-N	2008
Norfloxacin	Tab 400 mg	Arrow-Norfloxacin	2008
Nortriptyline	Tab 10 mg & 25 mg	Norpress	2008
Nystatin	Cap 500,000 u	Nilstat	2010
	Tab 500,000 u	Nilstat	
	Vaginal crm 100,000 u per 5 g with applicators	Nilstat	2009
	Oral liq 100,000 u per ml	Nilstat	2008
Ondansetron	Tab 4 mg & 8 mg	Zofran	2010
	Tab disp 4 mg & 8 mg	Zofran Zydis	
Oxybutynin	Tab 5 mg	Apo-Oxybutynin	2010
	Oral liq 5 mg per 5 ml	Apo-Oxybutynin	
Oxycodone hydrochloride	Inj 10 mg per ml, 1 ml and 2 ml	OxyNorm	2010
	Oral liq 5 mg per 5 ml	OxyNorm	
Oxytocin	Inj 5 iu per ml, 1 ml	Syntocinon	2009
	Inj 10 iu per ml, 1 ml	Syntocinon	
	Inj 5 iu with ergometrine maleate 500 µg per ml, 1 ml	Syntometrine	
Pamidronate disodium	Inj 3 mg per ml, 5 ml	Pamisol	2008
	Inj 3 mg per ml, 10 ml	Pamisol	
	Inj 6 mg per ml, 10 ml	Pamisol	
Paracetamol	Tab 500 mg	Panadol	2008
	Suppos 125 mg & 250 mg	Panadol	
	Oral liq 120 mg per 5 ml	Junior Parapaed	
	Oral liq 250 mg per 5 ml	Six Plus Parapaed	
Paracetamol with codeine	Tab 500 mg with 8 mg codeine	Codalgin	2008
Paraffin liquid with soft white paraffin	Eye oint with soft white paraffin	Laci-Lube	2010
Paroxetine hydrochloride	Tab 20 mg	Loxamine	2010
Pergolide	Tab 0.25 mg & 1 mg	Permax	2008
Perhexiline maleate	Tab 100 mg	Pexsig	2009

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Sole Subsidised Supply Products – cumulative to March 2008

Generic Name	Presentation	Brand Name	Expiry Date*
Phenoxyethylpenicillin (Penicillin V)	Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml Cap potassium salt 250 mg Cap potassium salt 500 mg	AFT AFT Cilicaine VK Cilicaine VK	2010
Phenylephrine hydrochloride	Eye drops 0.12%	Prefrin	2010
Pilocarpine	Eye drops 0.5%, 1%, 2%, 4% & 6%	Pilopt	2008
Poloxamer	Oral drops 10%	Coloxyl	2008
Potassium chloride	Tab long-acting 600 mg Inj 75 mg per ml, 10 ml Inj 150 mg per ml, 10 ml	Span-K AstraZeneca AstraZeneca	2009 2008
Prednisone	Tab 1 mg, 2.5 mg, 5 mg & 20 mg	Apo-Prednisone	2008
Pregnancy tests - HCG urine	Cassette	MDS Quick Card	2009
Procaine penicillin	Inj 1.5 mega u	Cilicaine	2008
Promethazine hydrochloride	Tab 10 mg & 25 mg	Allersoothe	2008
Pyridoxine hydrochloride	Tab 50 mg	Apo-Pyridoxine	2009
Quinapril	Tab 5 mg, 10 mg & 20 mg	Accupril	2008
Quinapril with hydrochlorothiazide	Tab 10 mg with hydrochlorothiazide 12.5 mg Tab 20 mg with hydrochlorothiazide 12.5 mg	Accuretic 10 Accuretic 20	2008
Quinine sulphate	Tab 200 mg Tab 300 mg	Q 200 Q 300	2009
Ranitidine hydrochloride	Tab 150 mg & 300 mg	Arrow Ranitidine	2008
Rifabutin	Cap 150 mg	Mycobutin	2010
Roxithromycin	Tab 150 mg & 300 mg	Arrow-Roxithromycin	2009
Salbutamol	Nebuliser soln 1 mg per ml, 2.5 ml Nebuliser soln 2 mg per ml, 2.5 ml Oral liq 2 mg per 5 ml	Asthalin Asthalin Salapin	2009 2010
Salbutamol with ipratropium bromide	Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg	Duolin	2009
Selegiline hydrochloride	Tab 5 mg	Apo-Selegiline	2009
Sodium chloride	Inj 0.9%, 5 ml & 10 ml	AstraZeneca	2009
Sodium citro-tartrate	Grans eff 4 g sachets	Ural	2010
Sodium cromoglycate	Nasal spray 4% Eye drops 2%	Rex Cromolux	2009 2008
Sulphasalazine	Tab 500 mg Tab EC 500 mg	Salazopyrin Salazopyrin EN	2009
Syrup (pharmaceutical grade)	Liq	Midwest	2010
Tar with triethanolamine lauryl sulphate and fluorescein	Soln 2.3% with triethanolamine lauryl sulphate and fluorescein sodium	Pinetarsol	2008

*Expiry date of the Sole Subsidised Supply period is 30 June of the year indicated.

Sole Subsidised Supply Products – cumulative to March 2008

Generic Name	Presentation	Brand Name	Expiry Date*
Temazepam	Tab 10 mg	Normison	2008
Terbinafine	Tab 250 mg	Apo-Terbinafine	2008
Timolol maleate	Tab 10 mg	Apo-Timol	2009
Thiamine hydrochloride	Tab 50 mg	Apo-Thiamine	2009
Triamcinolone acetonide	Crn & Oint 0.02% Dental Paste USP 0.1%	Aristocort Oracort	2008
Triamcinolone acetonide with gramicidin, neomycin and nystatin	Ear drops 1 mg with nystatin 100,000 u, neomycin sulphate 2.5 mg and gramicidin 250 mcg per g Oint 1 mg with nystatin 100,000 u, neomycin sulphate 2.5 mg and gramicidin 250 µg per g	Kenacomb	2009
		Kenacomb	2008
Triazolam	Tab 125 µg	Hypam	2008
	Tab 250 µg	Hypam	
Trimethoprim	Tab 300 mg	TMP	2008
Trimipramine maleate	Cap 25 mg & 50 mg	Tripres	2008
Urea	Crn 10%	Nutraplus	2008
Ursodeoxycholic acid	Cap 300 mg	Actigall	2008
Vancomycin hydrochloride	Inj 50 mg per ml, 10 ml	Pacific	2008
Verapamil hydrochloride	Tab long-acting 120 mg	Verpamil SR	2008
Vincristine sulphate	Inj 1 mg per ml, 1 ml	Mayne	2009
	Inj 1 mg per ml, 2 ml	Mayne	
Vitamins	Tab (BPC cap strength)	Healtheries	2009
Vitamin B complex	Tab, strong, BPC	Apo-B-Complex	2009
Water	Purified for injection 20 ml	Multichem	2009
Zinc and castor oil	Oint BP	Multichem	2008
Zinc sulphate	Cap 220 mg	Zincaps	2008
Zopiclone	Tab 7.5 mg	Apo-Zopiclone	2008

March changes are in bold type

**Expiry date of the Sole Subsidised Supply period is 30 June of the year indicated.*

Check your Schedule for full details
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New Listings

Effective 1 March 2008

53	PHENOXYBENZAMINE HYDROCHLORIDE * Cap 10 mg	7.82	30	✓ Dibenylene S29
53	PRAZOSIN HYDROCHLORIDE * Tab 1 mg	5.53	100	✓ Apo-Prazo
	* Tab 2 mg	7.00	100	✓ Apo-Prazo
	* Tab 5 mg	11.70	100	✓ Apo-Prazo
59	VERAPAMIL HYDROCHLORIDE * Tab 40 mg	7.01	100	✓ Isoptin
	* Tab 80 mg	11.74	100	✓ Isoptin
61	NICOTINE – Only on a Quitline Exchange Card Gum 2 mg (Fruit)	23.41	96	✓ Nicotinell
	Gum 2 mg (Mint)	23.41	96	✓ Nicotinell
	Gum 4 mg (Fruit)	23.41	96	✓ Nicotinell
	Gum 4 mg (Mint)	23.41	96	✓ Nicotinell
69	SALICYLIC ACID Powder – Only in combination	15.00	500 g	✓ ABM
	1) Only in combination with a dermatological base or proprietary Topical Corticosteroid – Plain or collodion flexible, refer, page 157			
	2) With or without other dermatological galenicals.			
	3) Maximum 20 g or 20 ml per prescription when prescribed with white soft paraffin or collodion flexible.			
69	SULPHUR Precipitated – Only in combination	6.50	100 g	✓ ABM
	1) Only in combination with a dermatological base or proprietary Topical Corticosteroid – Plain, refer, page 157			
	2) With or without other dermatological galenicals.			
69	SUNSCREENS, PROPRIETARY – Subsidy by endorsement Only if prescribed for a patient with severe photosensitivity secondary to a defined clinical condition and the prescription is endorsed accordingly. Lotn	2.55	100 ml OP	✓ Marine Blue Lotion SPF 30+
		5.10	200 ml OP	✓ Marine Blue Lotion SPF 30+
115	APOMORPHINE HYDROCHLORIDE ▲ Inj 10 mg per ml, 2 ml	50.43	5	✓ APO-go S29
161	GLYCEROL * Liquid – Only in combination	19.80	2,000 ml	✓ ABM
	Only in extemporaneously compounded oral liquid preparations.			
161	METHYL HYDROXYBENZOATE Powder	10.00	25 g	✓ ABM
161	METHYLCELLULOSE Powder	14.00	100 g	✓ ABM

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

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

Check your Schedule for full details
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New Listings - effective 1 March 2008 (continued)

161	PROPYLENE GLYCOL Only in extemporaneously compounded methylhydroxybenzoate 10% solution. Liq	12.00	500 ml	✓ ABM
162	SODIUM BICARBONATE Powder BP – Only in combination	9.80	500 g	✓ ABM
	Only in extemporaneously compounded omeprazole suspension.			

Effective 1 February 2008

71	CONDOMS * 49 mm – Available on a PSO	13.36	144	✓ Shield 49
177	GLUTEN FREE PASTA – Special Authority see SA0722 – Hospital pharmacy [HP3] Rice and corn spaghetti noodles	2.00 (2.63)	375 g OP	Orgran

Effective 1 January 2008

24	BUDESONIDE Cap 3 mg – Special Authority see SA0698 – Retail pharmacy	166.50	90	✓ Entocort CIR
26	MEBEVERINE HYDROCHLORIDE – Retail pharmacy-Specialist * Tab 135 mg	3.57 (8.58)	30	Colofac
27	PANTOPRAZOLE * Tab 20 mg	2.24	28	✓ Dr Reddy's Pantoprazole
	* Tab 40 mg	3.36	28	✓ Dr Reddy's Pantoprazole
75	METHYLERGOMETRINE MALEATE Inj 200 µg per ml, 1 ml – Available on a PSO	9.28	10	✓ Hospira S29
88	CLARITHROMYCIN – Maximum of 500 mg per prescription; can be waived by Special Authority see SA0657 Tab 250 mg	7.75	14	✓ Klamycin

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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New Listings - effective 1 January 2008 (continued)

98	<p>INFLUENZA VACCINE – Hospital pharmacy [Xpharm]</p> <p>A) is available between 1 March and 30 June each year for patients who meet the following criteria, as set by the Ministry of Health:</p> <ul style="list-style-type: none"> a) all people 65 years of age and over; b) people under 65 years of age with: <ul style="list-style-type: none"> i) the following cardiovascular disease: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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. <p>The following conditions are excluded from funding:</p> <ul style="list-style-type: none"> a) asthma not requiring regular preventative therapy, b) hypertension and/or dyslipidaemia without evidence of end-organ disease, c) pregnancy in the absence of another risk factor. <p>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.</p> <p>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.</p> <p>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.</p>	90.00	10	✓ Vaxigrip
131	<p>MESNA – PCT only – Specialist</p> <p>Inj 1 mg for ECP</p>	0.02	1 mg	✓ Baxter

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

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

Changes to Restrictions

Effective 1 March 2008

69	SUNSCREENS, PROPRIETARY – Retail pharmacy Specialist Subsidy by endorsement Only if prescribed for a patient with severe photosensitivity secondary to a defined clinical condition and the prescription is endorsed accordingly.			
	Crm.....	3.39 (5.89)	100 g OP	Hamilton Sunscreen
		1.74 (5.53)	50 g OP	Aquasun Oil Free Faces SPF30+
	Lotn.....	2.55	100 ml OP	✓ Marine Blue Lotion SPF 30+
		5.10	200 ml OP	✓ Marine Blue Lotion SPF 30+
		4.80 (8.82)	125 ml OP	Aquasun Sensitive SPF 30+
		(9.38)		Aquasun 30+

Effective 1 January 2008

68	MALDISON MALATHION Shampoo 1%.....	2.83	30 ml OP	✓ A-Lices
162	WATER Tap – Only in combination	0.00	1 ml	✓ Tap water

Check your Schedule for full details
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Changes to Subsidy and Manufacturer's Price

Effective 1 March 2008

24	SODIUM ALGINATE (↑ price) * Oral liq 500 mg with sodium bicarbonate 267 mg per 10 ml (aniseed)	1.50 (8.08)	500 ml		Gaviscon
26	FAMOTIDINE – Only on a prescription (↓ subsidy) * Tab 20 mg	8.10	250	✓ Famox	
	* Tab 40 mg	11.35	250	✓ Famox	
27	OMEPRAZOLE (↓ subsidy) * Cap 10 mg	5.95	30	✓ Omezol	
	* Cap 20 mg	5.95	30	✓ Omezol	
	* Cap 40 mg	8.84	30	✓ Omezol	
27	PANTOPRAZOLE (↓ subsidy) * Tab 20 mg	2.40 (22.00)	30		Somac
	* Tab 40 mg	3.60 (28.00)	30		Somac
35	CHOLINE SALICYLATE WITH CETALKONIUM CHLORIDE (↑ price) * Adhesive gel 8.7% with cetalkonium chloride 0.01%	2.06 (5.05)	15 g OP		Bonjela
48	SODIUM CHLORIDE (↓ price) Inj 0.9%, 20 ml	11.79	30	✓ Pharmacia	
71	CONDOMS (↓ subsidy) * 53 mm – Available on a PSO	13.36 (14.84)	144	✓ Gold Knight Shield Blue	
88	CLARITHROMYCIN – Maximum of 500 mg per prescription; can be waived by Special Authority see SA0657 (↓ subsidy) Tab 250 mg	7.75 (9.85)	14		Clarac
109	PARALDEHYDE (↑ subsidy) * Inj 5 ml	1,595.00	5	✓ AFT	
115	PROCHLORPERAZINE (↑ price) * Tab 3 mg buccal	5.97 (15.00)	50		Buccastem
129	ARSENIC TRIOXIDE – PCT only – Specialist (↑ subsidy) Inj 10 mg	2,475.55	10	✓ AFT S29	

Effective 1 February 2008

66	HYDROCORTISONE WITH NATAMYCIN AND NEOMYCIN – Only on a prescription (↑ subsidy) Crn 1% with natamycin 1% and neomycin sulphate 0.5%	4.40	15 g OP	✓ Pimafucort	
	Oint 1% with natamycin 1% and neomycin sulphate 0.5%	4.40	15 g OP	✓ Pimafucort	

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

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

Check your Schedule for full details
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Changes to Subsidy and Manufacturer's Price - effective 1 February 2008 (continued)

68	CALCIPOTRIOL (↓ subsidy)			
	Crn 50 µg per g.....	20.76	30 g OP	✓ Daivonex
		57.89	100 g OP	✓ Daivonex
	Oint 50 µg per g.....	20.76	30 g OP	✓ Daivonex
		57.89	100 g OP	✓ Daivonex
	Soln 50 µg per ml.....	20.78	30 ml OP	✓ Daivonex
		34.72	60 ml OP	✓ Daivonex
70	PODOPHYLLOTOXIN (↑ subsidy & ↓ price)			
	Soln 0.5%.....	33.60	3.5 ml OP	✓ Condyline
	a) Maximum of 3.5 ml per prescription			
	b) Only on a prescription			
90	FUSIDIC ACID (↓ subsidy)			
	Tab 250 mg – Hospital pharmacy [HP3]-Specialist.....	34.50	12	✓ Fucidin
100	NAPROXEN SODIUM (↓ subsidy)			
	* Tab 275 mg.....	5.00	100	✓ Synflex
107	DOXEPIN HYDROCHLORIDE (↑ subsidy)			
	Cap 10 mg.....	5.24	100	✓ Anten
	Cap 25 mg.....	5.46	100	✓ Anten
	Cap 50 mg.....	7.34	100	✓ Anten
111	LAMOTRIGINE (↓ subsidy)			
	▲ Tab dispersible 25 mg.....	20.40	56	✓ Arrow-Lamotrigine ✓ Mogine
	▲ Tab dispersible 50 mg.....	34.70	56	✓ Arrow-Lamotrigine ✓ Mogine
	▲ Tab dispersible 100 mg.....	59.90	56	✓ Arrow-Lamotrigine ✓ Mogine
	▲ Tab dispersible 200 mg.....	101.80	56	✓ Arrow-Lamotrigine ✓ Mogine
117	CLOZAPINE – Hospital pharmacy [HP4]-Specialist prescription (↓ subsidy)			
	Tab 25 mg.....	17.60	50	✓ Clopine ✓ Clozaril
	Tab 50 mg.....	22.80	50	✓ Clopine
	Tab 100 mg.....	45.60	50	✓ Clopine ✓ Clozaril
	Tab 200 mg.....	72.96	50	✓ Clopine
121	ALPRAZOLAM – Retail pharmacy-Specialist (↓ subsidy)			
	Month Restriction			
	Tab 500 µg.....	8.60	100	
		(16.26)		Xanax
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
	Tab 1 mg.....	15.70	100	
		(32.51)		Xanax
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			

Check your Schedule for full details
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Changes to Subsidy and Manufacturer's Price - effective 1 February 2008 (continued)

122	DEXAMPHETAMINE SULPHATE – Special Authority see SA0696 – Retail pharmacy (↓ subsidy) Only on a controlled drug form Tab 5 mg	17.00	100	✓ PSM
131	MITOZANTRONE – PCT only – Specialist (↓ subsidy) Inj 1 mg for ECP	12.43	1 mg	✓ Baxter
151	FLUMETASONE PIVALATE (↓ price) Ear drops 0.02% with cloiquinol 1%	4.46	7.5 ml OP	✓ Locorten-Vioform
152	SODIUM CROMOGLYCATE (↑ subsidy) Eye drops 2%	3.95	10 ml OP	✓ Cromolux
176	GLUTEN FREE BREAD MIX – Special Authority see SA0722 – Hospital pharmacy [HP3] (↑ price) Powder	3.93 (6.73)	1,000 g OP	NZB Low Gluten Bread Mix
		4.77 (8.97)		Bakels Gluten Free Health Bread Mix
		3.51 (7.95)		Horleys Bread Mix
176	GLUTEN FREE FLOUR – Special Authority see SA0722 – Hospital pharmacy [HP3] (↑ price) Powder	5.62 (13.06)	2,000 g OP	Horleys Flour

Effective 1 January 2008

26	RANITIDINE HYDROCHLORIDE – Only on a prescription (↓ subsidy) * Oral liq 150 mg per 10 ml – Subsidy by endorsement	7.95 (20.04)	300 ml	Zantac
	Oral liquid is subsidised only for patients: 1) with oesophageal stricture, or 2) in terminal care, or 3) who are either too young or too old to swallow conventional tablets and the prescription is endorsed accordingly.			
	Note: the cost of treatment with ranitidine oral liquid is more than 10 times higher than that of ranitidine tablets. Following the derestriction of access PHARMAC will be monitoring expenditure on ranitidine oral liquid more closely and may, subject to consultation and PHARMAC Board approval, restrict access again if the expenditure was to grow substantially.			
36	ALPHA TOCOPHERYL ACETATE – Special Authority see SA0264 – Hospital pharmacy [HP3] (↑ subsidy) Water solubilised soln 156 iu/ml, with calibrated dropper	18.30	50 ml OP	✓ Micelle E
37	FERROUS SULPHATE (↓ subsidy) *‡ Oral liq 150 mg per 5 ml	5.15 (7.95)	250 ml	Ferro-liquid

▲ 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 Subsidy and Manufacturer's Price - effective 1 January 2008 (continued)

45	ASPIRIN (↓ subsidy) * Tab 100 mg	2.86 (5.70) 0.51 (1.02)	168 30	 Cartia Ethics Aspirin EC
48	SODIUM CHLORIDE (↓ subsidy) Inj 0.9%, 20 ml	11.79 (23.58)	30	Pharmacia
50	SIMVASTATIN – See prescribing guideline (↓ subsidy) * Tab 10 mg	1.27	30	✓ SimvaRex
	* Tab 20 mg	1.54	30	✓ SimvaRex
	* Tab 40 mg	2.74	30	✓ SimvaRex
53	DOXAZOSIN MESYLATE (↓ subsidy) * Tab 2 mg	12.03	250	✓ Dosan
	* Tab 4 mg	15.93	250	✓ Dosan
70	FLUOROURACIL SODIUM – Retail pharmacy-Specialist (↑ price) Crm 5%.....	23.89 (32.71)	20 g OP	Efudix
82	THYROXINE (↑ subsidy) * Tab 50 µg	64.28	1,000	✓ Eltroxin
	‡ Safety cap for extemporaneously compounded oral liquid preparations. * Tab 100 µg	66.78	1,000	✓ Eltroxin
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
98	INFLUENZA VACCINE – Hospital pharmacy [Xpharm] (↑ subsidy) Inj	9.00	1	✓ Fluvax
105	CODEINE PHOSPHATE (↓ subsidy) Tab 15 mg	5.50	100	✓ PSM
	Tab 30 mg	8.50	100	✓ PSM
	Tab 60 mg	18.50	100	✓ PSM
108	FLUOXETINE HYDROCHLORIDE (↓ subsidy) * Tab dispersible 20 mg, scored – Subsidy by endorsement.....	5.50	30	✓ Fluox
	Subsidised by endorsement 1) When prescribed for a patient who cannot swallow whole tablets or capsules and the prescription is endorsed accordingly; or 2) When prescribed in a daily dose that is not a multiple of 20 mg in which case the prescription is deemed to be endorsed. Note: Tablets should be combined with capsules to facilitate incremental 10 mg doses.			
	* Cap 20 mg	4.39	90	✓ Fluox
125	CARBOPLATIN – PCT only – Specialist (↓ subsidy) Inj 1 mg for ECP	0.13	1 mg	✓ Baxter
125	CARMUSTINE – PCT only – Specialist (↓ subsidy) Inj 100 mg for ECP	204.13	100 mg OP	✓ Baxter

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 January 2008 (continued)

125	CISPLATIN – PCT only – Specialist (↓ subsidy) Inj 1 mg for ECP	0.46	1 mg	✓ Baxter
125	CYCLOPHOSPHAMIDE (↓ subsidy) Inj 1 mg for ECP – PCT only – Specialist	0.02	1 mg	✓ Baxter
125	IFOSFAMIDE – PCT only – Specialist (↓ subsidy) Inj 1 mg for ECP	0.09	1 mg	✓ Baxter
125	OXALIPLATIN – PCT only – Specialist – Special Authority see SA0900 (↓ subsidy) Inj 1 mg for ECP	8.74	1 mg	✓ Baxter
126	CALCIUM FOLINATE (↓ subsidy) Inj 1 mg for ECP – PCT only – Specialist.....	0.16	1 mg	✓ Baxter
127	CLADRIBINE – PCT only – Specialist (↓ subsidy) Inj 10 mg for ECP	749.96	10 mg OP	✓ Baxter
127	CYTARABINE (↓ subsidy) Inj 1 mg for ECP – PCT only – Specialist	0.03	1 mg	✓ Baxter
	Inj 100 mg intrathecal syringe for ECP – PCT only – Specialist	16.00	100 mg OP	✓ Baxter
127	FLUDARABINE PHOSPHATE – PCT only – Specialist (↓ subsidy) Inj 50 mg for ECP	299.25	50 mg OP	✓ Baxter
128	IRINOTECAN – PCT only – Specialist – Special Authority see SA0878 (↓ subsidy) Inj 1 mg for ECP	3.19	1 mg	✓ Baxter
128	METHOTREXATE (↓ subsidy) * Inj 1 mg for ECP – PCT only – Specialist	0.10	1 mg	✓ Baxter
	* Inj 5 mg intrathecal syringe for ECP – PCT only – Specialist	4.73	5 mg OP	✓ Baxter
129	BLEOMYCIN SULPHATE – PCT only – Specialist (↓ subsidy) Inj 1,000 iu for ECP	5.26	1,000 iu	✓ Baxter
129	COLASPASE (L-ASPARAGINASE) – PCT only – Specialist (↓ subsidy) Inj 10,000 iu for ECP	102.32	10,000 iu OP	✓ Baxter
129	DACARBAZINE – PCT only – Specialist (↓ subsidy) Inj 200 mg for ECP	43.86	200 mg OP	✓ Baxter
129	DACTINOMYCIN (ACTINOMYCIN D) – PCT only – Specialist (↓ subsidy) Inj 0.5 mg for ECP	13.52	0.5 mg OP	✓ Baxter
129	DAUNORUBICIN – PCT only – Specialist (↓ subsidy) Inj 20 mg for ECP	99.00	20 mg OP	✓ Baxter
129	DOCETAXEL – PCT only – Specialist – Special Authority see SA0880 (↓ subsidy) Inj 1 mg for ECP	23.81	1 mg	✓ Baxter
130	DOXORUBICIN – PCT only – Specialist (↓ subsidy) Inj 1 mg for ECP	0.87	1 mg	✓ Baxter

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Changes to Subsidy and Manufacturer's Price - effective 1 January 2008 (continued)

130	EPIRUBICIN – PCT only – Specialist (↓ subsidy) Inj 1 mg for ECP	2.74	1 mg	✓Baxter
130	ETOPOSIDE (↓ subsidy) Inj 1 mg for ECP – PCT only – Specialist	0.30	1 mg	✓Baxter
130	ETOPOSIDE PHOSPHATE – PCT only – Specialist (↓ subsidy) Inj 1 mg (of etoposide base) for ECP	0.47	1 mg	✓Baxter
130	IDARUBICIN HYDROCHLORIDE – PCT only – Specialist (↓ subsidy) Inj 1 mg for ECP	37.74	1 mg	✓Baxter
131	MITOMYCIN C – PCT only – Specialist (↑ subsidy) Inj 1 mg for ECP	11.85	1 mg	✓Baxter
131	MITOZANTRONE – PCT only – Specialist (↑ subsidy) Inj 1 mg for ECP	18.65	1 mg	✓Baxter
131	PACLITAXEL – PCT only – Specialist (↑ subsidy) Inj 1 mg for ECP	3.39	1 mg	✓Baxter
131	TENIPOSIDE – PCT only – Specialist (↓ subsidy) Inj 50 mg for ECP	84.51	50 mg OP	✓Baxter
132	VINBLASTINE SULPHATE (↓ subsidy) Inj 1 mg for ECP – PCT only – Specialist	3.05	1 mg	✓Baxter
132	VINCRIStINE SULPHATE (↓ subsidy) Inj 1 mg for ECP – PCT only – Specialist	21.46	1 mg	✓Baxter
132	VINORELBINE – PCT only – Specialist – Special Authority see SA0901 (↓ subsidy) Inj 1 mg for ECP	4.75	1 mg	✓Baxter
139	RITUXIMAB – PCT only – Specialist – Special Authority see SA0884 (↓ subsidy) Inj 1 mg for ECP	6.27	1 mg	✓Baxter
139	TRASTUZUMAB – PCT only – Specialist – Special Authority see SA0885 (↓ subsidy) Inj 1 mg for ECP	9.36	1 mg	✓Baxter
152	TIMOLOL MALEATE (↓ subsidy) * Eye drops 0.25%, gel forming..... * Eye drops 0.5%, gel forming.....	3.30 3.78	2.5 ml OP 2.5 ml OP	✓Timoptol XE ✓Timoptol XE
153	LATANOPROST – Retail pharmacy-Specialist (↓ price) See prescribing guideline ▲Eye drops 50 µg per ml, 2.5ml	19.50	2.5 ml OP	✓Xalatan
162	SODIUM BICARBONATE (↑ price) Powder BP – Only in combination	11.99 (29.50)	500 g	David Craig
	Only in extemporaneously compounded omeprazole suspension.			

Check your Schedule for full details
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Changes to Brand Name

Effective 1 January 2008

105	METHADONE HYDROCHLORIDE			
	a) Only on a controlled drug form			
	b) No patient co-payment payable			
	c) Extemporaneously compounded methadone will only be reimbursed at the rate of the cheapest form available (methadone powder, not methadone tablets).			
	d) For methadone hydrochloride oral liquid refer, page 160			
	Tab 5 mg	2.10	10	✓ Methatabs PSM

Changes to PSO

Effective 1 February 2008

183	GENITO-URINARY SYSTEM			
	Condoms.....49 mm			144

Effective 1 January 2008

183	GENITO-URINARY SYSTEM			
	Methylergometrine maleate	Inj 200 µg per ml, 1 ml		10

Changes to Sole Subsidised Supply

Effective 1 March 2008

For the list of new Sole Subsidised Supply products effective 1 March 2008 refer to the bold entries in the cumulative Sole Subsidised Supply table pages 8-16.

▲ 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 March 2008

28	INSULIN ISOPHANE WITH INSULIN NEUTRAL ▲ Inj human with neutral insulin 100 u per ml25.26 ▲ Inj human with neutral insulin 100 u per ml, 3 ml42.66	10 ml OP 5	✓ Mixtard 50 ✓ PenMix 10 ✓ PenMix 20
34	LACTULOSE – Only on a prescription * Oral liq 10 g per 15 ml6.60	1,000 ml	✓ Laevolac
57	ACEBUTOLOL * Tab 400 mg27.63	100	✓ ACB
67	POVIDONE IODINE Oint 10%2.88 6.87 (7.02) a) Maximum of 100 g per prescription b) Only on a prescription Antiseptic soln 10%6.42 64.20	25 g OP 100 g OP 500 ml 5,000 ml	✓ Biocil Betadine ✓ Biocil ✓ Biocil
118	PIMOZIDE – Retail pharmacy-Specialist Tab 4 mg11.78	20	✓ Orap Forte S29
145	LORATADINE * Tab 10 mg3.58 (6.70)	100	Apo-Loratadine
149	IPRATROPIUM BROMIDE Aqueous nasal spray, 0.03%6.33 (11.79)	15 ml OP	Atrovent Nasal Aqueous

Effective 1 February 2008

31	GLUCOSE BLOOD DIAGNOSTIC TEST METER – Subsidy by endorsement a) Maximum of 1 meter per prescription b) A diagnostic blood glucose test meter is subsidised for patients who begin insulin or sulphonylurea therapy after 1 March 2005. Only one meter per patient. No further prescriptions will be subsidised. The prescription must be endorsed accordingly. Meter9.00	1	✓ Optium
45	ASPIRIN * Tab 100 mg3.06	90	✓ Ethics Aspirin EC

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 February 2008 (continued)

88	AZITHROMYCIN – Subsidy by endorsement a) Maximum of 2 tab per prescription b) Available on a PSO c) Subsidised only if prescribed for patients with uncomplicated urethritis or cervicitis proven or presumed to be due to Chlamydia trachomatis and their sexual contacts and prescription or PSO is endorsed accordingly. Tab 500 mg	9.90 (15.53)	2 OP	Zithromax
96	LOPINAVIR WITH RITONAVIR – Special Authority see SA0779 – Hospital pharmacy [HP1] Cap 133.3 mg with ritonavir 33.3 mg.....	735.00	180	✓ Kaletra
105	METHADONE HYDROCHLORIDE a) Only on a controlled drug form b) No patient co-payment payable c) Extemporaneously compounded methadone will only be reimbursed at the rate of the cheapest form available (methadone powder, not methadone tablets). d) For methadone hydrochloride oral liquid refer, page 160 Tab 5 mg	2.10 (2.78)	10	Pallidone
118	THIORIDAZINE HYDROCHLORIDE Tab 25 mg	7.85	90	✓ Aldazine
127	FLUOROURACIL SODIUM Inj 500 mg per 10 ml – PCT – Retail pharmacy-Specialist	28.75	5	✓ Mayne
	Inj 50 mg per ml, 20 ml – PCT only – Specialist.....	52.31	5	✓ Mayne
	Inj 50 mg per ml, 50 ml – PCT only – Specialist.....	26.16	1	✓ Mayne
148	THEOPHYLLINE * Tab long-acting 350 mg	29.28	100	✓ Nuelin-SR
168	DIABETIC ENTERAL FEED 1KCAL/ML – Special Authority see SA0594 – Hospital pharmacy [HP3] Liquid.....	7.50	1,000 ml OP	✓ Resource Diabetic RTH

Effective 1 January 2008

29	METFORMIN HYDROCHLORIDE * Tab 500 mg	9.75	500	✓ Metomin
	* Tab 850 mg	8.00	250	✓ Metomin
36	HYDROXOCOBALAMIN * Inj 1 mg per ml, 1 ml	10.84	5	✓ Goldshield S29
46	DIPYRIDAMOLE * Tab 25 mg – Additional subsidy by Special Authority see SA0648 – Retail pharmacy	0.19 (9.95)	100	Persantin

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Delisted Items - effective 1 January 2008 (continued)

48	DEXTROSE WITH ELECTROLYTES				
	Soln with electrolytes	6.30	946 ml OP		
		(6.66)			Pedialyte - Fruit
		3.33	500 ml OP		
		(3.44)			Plasma-Lyte Oral
89	DICLOXACILLIN				
	Grans for oral liq 125 mg per 5 ml	3.55	100 ml		
		(4.10)			Diclocil
	Inj 500 mg	5.45	5	✓	Diclocil
	Inj 1 g	7.54	5	✓	Diclocil
109	CARBAMAZEPINE				
	* Tab 200 mg	14.53	100	✓	Teril
118	THIORIDAZINE HYDROCHLORIDE				
	Tab 10 mg	6.88	90	✓	Aldazine

Items to be Delisted

Effective 1 April 2008

26	RANITIDINE HYDROCHLORIDE – Only on a prescription * Oral liq 150 mg per 10 ml – Subsidy by endorsement	7.95 (20.04)	300 ml	Zantac
	Oral liquid is subsidised only for patients: 1) with oesophageal stricture, or 2) in terminal care, or 3) who are either too young or too old to swallow conventional tablets and the prescription is endorsed accordingly. Note: the cost of treatment with ranitidine oral liquid is more than 10 times higher than that of ranitidine tablets. Following the derestriction of access PHARMAC will be monitoring expenditure on ranitidine oral liquid more closely and may, subject to consultation and PHARMAC Board approval, restrict access again if the expenditure was to grow substantially.			
37	FERROUS SULPHATE *‡ Oral liq 150 mg per 5 ml	5.15 (7.95)	250 ml	Ferro-liquid
45	ASPIRIN * Tab 100 mg	2.86 (5.70) 0.51 (1.02)	168 30	Cartia Ethics Aspirin EC
53	DOXAZOSIN MESYLATE * Tab 2 mg	12.03	250	✓ Dosan
	* Tab 4 mg	15.93	250	✓ Dosan

Effective 1 May 2008

100	NAPROXEN SODIUM * Tab 275 mg	5.00	100	✓ Synflex
121	ALPRAZOLAM – Retail pharmacy-Specialist Month Restriction Tab 250 µg	4.77 (8.11)	100	Xanax
	‡ Safety cap for extemporaneously compounded oral liquid preparations. Tab 500 µg	8.60 (16.26)	100	Xanax
	‡ Safety cap for extemporaneously compounded oral liquid preparations. Tab 1 mg	15.70 (32.51)	100	Xanax
	‡ Safety cap for extemporaneously compounded oral liquid 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

Items to be Delisted - effective 1 June 2008

27	PANTOPRAZOLE			
	* Tab 20 mg	2.40	30	
		(22.00)		Somac
	* Tab 40 mg	3.60	30	
		(28.00)		Somac
88	CLARITHROMYCIN – Maximum of 500 mg per prescription; can be waived by Special Authority see SA0657			
	Tab 250 mg	7.75	14	
		(9.85)		Clarac

Effective 1 July 2008

24	BUDESONIDE			
	Cap 3 mg – Special Authority see SA0698 – Retail pharmacy.....	185.00	100	✓Entocort CIR
26	MEBEVERINE HYDROCHLORIDE – Retail pharmacy-Specialist			
	* Tab 135 mg	3.57	30	
		(8.58)		Colofac
28	INSULIN ISOPHANE			
	▲ Inj animal (pork) 100 u per ml	25.26	10 ml OP	✓Protaphane
33	MUCILAGINOUS LAXATIVES WITH STIMULANTS			
	* Dry	4.40	250 g OP	
		(12.00)		Granocol
69	METHOXSALLEN – Retail pharmacy-Specialist			
	Cap 10 mg	11.66	25	✓Oxsoralen
96	NELFINAVIR – Special Authority see SA0779 – Hospital pharmacy [HP1]			
	Tab 250 mg	600.00	270	✓Viracept
	Powder 50 mg per g.....	55.44	144 g OP	✓Viracept
106	MORPHINE SULPHATE			
	a) Only on a controlled drug form			
	b) No patient co-payment payable			
	Suppos 10 mg	11.08	12	✓Martindale ^{S29}
	Suppos 20 mg	20.31	12	✓Martindale ^{S29}
118	TRIFLUOPERAZINE HYDROCHLORIDE			
	‡ Oral liq 1 mg per ml	74.80	1,000 ml	✓Stelazine

Effective 1 August 2008

177	GLUTEN FREE PASTA – Special Authority see SA0722 – Hospital pharmacy [HP3]			
	Rice and Maize Spaghetti	2.00	250 g OP	
		(2.63)		Orgran

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

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

Check your Schedule for full details Schedule page ref		Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Items to be Delisted - effective 1 September 2008

36	ASCORBIC ACID AND SODIUM ASCORBATE a) No more than 100 mg per dose b) Only on a prescription * Tab 100 mg	2.60	100	✓ Healtheries Vitamin C
68	PERMETHRIN Lotion 5%	4.50 (7.00)	50 ml OP	Quellada-P
75	ECONAZOLE NITRATE Pessaries 150 mg with applicators	2.75 (9.71)	3	Pevaryl Ovules
89	BENZATHINE BENZYL PENICILLIN Inj 1.2 mega u per 2 ml – Available on a PSO	16.00	1	✓ Bicillin
104	ASPIRIN * Tab EC 650 mg	6.88	100	✓ Ecotrin

▲ 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

Contracted Pharmaceutical Description	Brand	Price (\$) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceutical
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Section H changes to Part II

Effective 1 March 2008

BENZATHINE-BENZYLPENICILLIN

Inj 1.2 mgea u per 2 ml.....Bicillin 16.00 1

Note - Bicillin delisted 1 March 2008

GLYCEROL

Liquid.....ABM 19.80 2000 ml

HYDROCORTISONE BUTYRATE

Milky emulsion 0.1%Locoid Crelo 15.00 100 ml

MANGAFODIPIR

Inf 0.01 mmol per ml, 50 ml.....Teslascan 250.00 1

Note – Teslascan inf delisted 1 March 2008

METHYL HYDROXYBENZOATE

PowderABM 10.00 25 g

METHYLCELLULOSE

PowderABM 14.00 100 g

OMEPRAZOLE (↓ price)

Cap 10 mgOmezol 5.95 30

Cap 20 mgOmezol 5.95 30

Cap 40 mgOmezol 8.84 30

PRAZOSIN HYDROCHLORIDE

Tab 1 mg.....**Apo-Prazo** 5.53 100 1% May-08 (B)

Tab 2 mg.....**Apo-Prazo** 7.00 100 1% May-08 (B)

Tab 5 mg.....**Apo-Prazo** 11.70 100 1% May-08 (B)

PROPYLENE GLYCOL

Liquid.....ABM 12.00 500 ml

SALICYLIC ACID

PowderABM 15.00 500 g

SULPHUR

Precipitated.....ABM 6.50 100 g

SUNSCREENS, PROPRIETARY

LotnMarine Blue Lotion
SPF 30+ 2.55 100 g

LotnMarine Blue Lotion
SPF 30+ 5.10 200 g

VERAPAMIL HYDROCHLORIDE

Tab 40 mg.....Isoptin 7.01 100

Tab 80 mg.....Isoptin 11.74 100

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

(B) – Subject only to part (b) of the definition of “DV Pharmaceutical”

Contracted Pharmaceutical Description	Brand	Price (\$) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceutical
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Section H changes to Part II - effective 1 February 2008

BUMETANIDE						
Tab 1 mg	Burinex	16.36	100			
CALCIPOTRIOL (↓ price)						
Crm 50 µg per g	Daivonex	20.76	30 g			
Oint 50 µg per g	Daivonex	20.76	30 g			
Crm 50 µg per g	Daivonex	57.89	100 g			
Oint 50 µg per g	Daivonex	57.89	100 g			
Soln 50 µg per ml	Daivonex	20.78	30 ml			
Soln 50 µg per ml	Daivonex	34.72	60 ml			
CLOZAPINE (↓ price)						
Tab 25 mg	Clozaril	17.60	50			
	Clopine	17.60	50			
Tab 50 mg	Clopine	22.80	50			
Tab 100 mg	Clozaril	45.60	50			
	Clopine	45.60	50			
Tab 200 mg	Clopine	72.96	50			
DEXAMPHETAMINE SULPHATE (↓ price and addition of HSS)						
Tab 5 mg	PSM	17.00	100	1%	Apr-08	(B)
FUSIDIC ACID (↓ price)						
Tab 250 mg	Fucidin	34.50	12			
LAMOTRIGINE (↓ price)						
Tab dispersible 25 mg	Arrow-					
	Lamotrigine	20.40	56			
	Mogine	20.40	56			
Tab dispersible 50 mg	Arrow-					
	Lamotrigine	34.70	56			
	Mogine	34.70	56			
Tab dispersible 100 mg	Arrow-					
	Lamotrigine	59.90	56			
	Mogine	59.90	56			
Tab dispersible 200 mg	Arrow-					
	Lamotrigine	101.80	56			
	Mogine	101.80	56			
NICOTINE (amended description and addition of HSS)						
Gum 2 mg (mint flavour)	Habitrol	14.97	96	10%	Apr-08	Nicorette Nicotinell Nicotrol
Gum 2 mg (fruit flavour)	Habitrol	14.97	96	10%	Apr-08	Nicorette Nicotinell Nicotrol
Gum 4 mg (mint flavour)	Habitrol	20.02	96	10%	Apr-08	Nicorette Nicotinell Nicotrol

Contracted Pharmaceutical Description	Brand	Price (\$) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceutical
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Section H changes to Part II - effective 1 February 2008 (continued)

NICOTINE (amended description and addition of HSS) (continued)

Gum 4 mg (fruit flavour)	Habitrol	20.02	96	10%	Apr-08	Nicorette Nicotinell Nicotrol
Patch 7 mg.....	Habitrol	10.53	7	10%	Apr-08	Nicorette Nicotrol
Patch 14 mg.....	Habitrol	11.63	7	10%	Apr-08	Nicorette Nicotrol
Patch 21 mg.....	Habitrol	12.32	7	10%	Apr-08	Nicorette Nicotrol

PODOPHYLLOTOXIN (↓ price)

Soln 0.5%.....	Condyline	33.60	3.5 ml			
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SAQUONAVIR

Tab 500 mg.....	Invirase	556.59	120			
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Effective 1 January 2008

BUPIVACAINE HYDROCHLORIDE WITH ADRENALINE-

Inj 0.25% with 1:400,000 of adrenaline, 10 ml	Marcaïn	45.00	5			
Inj 0.5% with 1:200,000 of adrenaline, 10 ml	Marcaïn	48.00	5			
Inj 0.5% with 1:200,000 of adrenaline, 20 ml	Marcaïn	75.00	5			

Note – Marcaïn, bupivacaine hydrochloride with adrenaline inj, delisted 1 January 2008

CLARITHROMYCIN

Tab 250 mg.....	Klamycin	7.75	14	1%	Mar-08	Clarac Klacid
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Note – Clarac tab 250 mg to be delisted 1 March 2008

CODEINE PHOSPHATE (↓ price and addition of HSS)

Tab 15 mg.....	PSM	5.50	100	1%	Mar-08	(B)
Tab 30 mg.....	PSM	8.50	100	1%	Mar-08	(B)
Tab 60 mg.....	PSM	18.50	100	1%	Mar-08	(B)

DEXTRAN 40 WITH SODIUM CHLORIDE

Inf 10% with 0.9% sodium chloride, 500 ml.....	Baxter	18.55	1			
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Note - Baxter's brand of dextran 40 with sodium chloride to be delisted 1 April 2008

FENTANYL

Inj 50 µg per ml, 2 ml	Mayne	4.60	5			
	AstraZeneca	7.60	10			
Inj 50 µg per ml, 10 ml	Mayne	10.95	5			
	AstraZeneca	10.60	10			

Note – AstraZeneca's brand of fentanyl 50 µg per ml, 2 ml and 10 ml delisted from 1 January 2008. The Mayne brand remains listed.

Contracted Pharmaceutical Description	Brand	Price (\$) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceutical
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Section H changes to Part II - effective 1 January 2008 (continued)

FLUOXETINE HYDROCHLORIDE (↓ price and addition of HSS)						
Cap 20 mg	Fluox	4.39	90	1%	Mar-08	Apo-Fluoxetine Flexetor Prozac
Tab disp 20 mg, scored	Fluox	5.50	30	1%	Mar-08	Lovan Prozac
METHADONE HYDROCHLORIDE (amended brand name)						
Tab 5 mg	Methatabs PSM	2.10	10	1%	Nov-07	Pallidone
METHYLPREDNISOLONE SODIUM SUCCINATE (amended product description)						
Inj 62.5 mg per ml, 2 + ml	Solu-Medrol	412.59	25	1%	Sept-06	Mayne
PANTOPRAZOLE						
Tab 20 mg	Dr Reddy's Pantoprazole	2.24	28	1%	Mar-08	Somac
Tab 40 mg	Dr Reddy's Pantoprazole	3.36	28	1%	Mar-08	Somac
PROPOFOL (↓ price)						
Inj 1%, 20 ml	Diprivan	17.02	5	1%	Dec-06	Fresenius InterMed Mayne Recofol
Inj 1%, 50 ml	Diprivan	9.26	1	1%	Dec-06	Fresenius InterMed Mayne Recofol
Inj 1%, 100 ml	Diprivan	15.46	1	1%	Dec-06	Fresenius InterMed Mayne Recofol
Inj 1%, 50 ml prefilled syringe	Diprivan	14.19	1	1%	Dec-06	(B)
Inj 2%, 50 ml prefilled syringe	Diprivan	15.43	1	1%	Dec-06	(B)
SIMVASTATIN (↓ price)						
Tab 10 mg	SimvaRex	1.27	30			
Tab 20 mg	SimvaRex	1.54	30			
Tab 40 mg	SimvaRex	2.74	30			
SODIUM CHLORIDE (↓ price)						
Inj 0.9% per 5 ml	AstraZeneca	8.77	50	1%	Sept-06	Pharmacia
Inj 0.9% per 10 ml	AstraZeneca	8.77	50	1%	Sept-06	Pharmacia

Effective 1 December 2007

CALCIUM GLUCONATE						
Inj 10%, 10 ml	Mayne	21.40	10			
Inj 10%, 10 ml	Mayne	106.99	50			

Note – Mayne, 50 inj pack size delisted 1 December 2007

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

(B) – Subject only to part (b) of the definition of "DV Pharmaceutical"

Contracted Pharmaceutical Description	Brand	Price (\$) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceutical
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Section H changes to Part II - effective 1 December 2007 (continued)

CEFOXITIN SODIUM (↓ price)

Powder for inj 1 g.....Mayne 48.48 5

ERYTHROMYCIN LACTOBIONATE

Inj 1 g.....Erythrocin IV 6.50 1

~~Inj 1 g.....ERA 6.50 1~~

Note – ERA inj 1 g delisted 1 December 2007

MITOZANTRONE

Inj 2 mg per ml, 5 ml**Mitozantrone** 110.00 1 1% Feb-08 Onkotrone

Ebewe

Inj 2 mg per ml, 10 ml**Mitozantrone** 220.00 1 1% Feb-08

Ebewe

Mayne
Novatrone
Onkotrone

Note – Onkotrone inj 2 mg per ml, 10 ml to be delisted 1 February 2008

NAPROXEN SODIUM

Tab 275 mg.....**Sonafam** 6.00 120 1% Feb-08 Synflex

Section H changes to Part IV

Effective 1 March 2008

LIGNOCAINE

Viscous solution 2%

For patients with head, neck and oesophageal cancer for up to 9 weeks following radiation therapy.

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