

Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 April 2008

Cumulative for January, February, March and April 2008



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Summary of PHARMAC decisions

EFFECTIVE 1 APRIL 2008

New listing (page 16)

- Aspirin (Ethics Aspirin) tab dispersible 300 mg, 100 tab pack size – available on a PSO
- Gluten free pasta (Orgran) corn and vegetable spirals – Special Authority for subsidy – Hospital pharmacy [HP3]
- Elemental formula powder (Neocate LCP, Neocate Advance, tropical and unflavoured) – Special Authority for subsidy – Hospital pharmacy [HP3]

Changes to restriction (pages 20-25)

- Lignocaine with prilocaine (EMLA) crm 2.5% with prilocaine 2.5% - amended Special Authority criteria
- Clomipramine hydrochloride – removal of Retail pharmacy – Specialist
- Maprotiline hydrochloride – removal of Retail pharmacy – Specialist
- Moclobemide – removal of Retail pharmacy – Specialist
- Levodopa with benserazide cap long-acting 100 mg with benserazide 25 mg – removal of Retail pharmacy – Specialist
- Flupenthixol decanoate – removal of Retail pharmacy – Specialist
- Fluphenazine decanoate – removal of Retail pharmacy – Specialist
- Haloperidol decanoate – removal of Retail pharmacy – Specialist
- Pipothiazine palmitate – removal of Retail pharmacy – Specialist
- Zuclophenthixol decanoate – removal of Retail pharmacy – Specialist
- Alprazolam – removal of Retail pharmacy – Specialist
- Dexamphetamine sulphate – amended Special Authority criteria
- Methylphenidate hydrochloride – amended Special Authority criteria
- Naltrexone hydrochloride – amended Special Authority criteria

Increased subsidy (page 27)

- Calcium carbonate with aminoacetic acid (Titalac) tab 420 mg with aminoacetic acid 180 mg – increased alternate subsidy

Decreased subsidy (page 27)

- Condoms 53 mm (Shield Blue)
- Oestradiol valerate (Progynova) tab 2 mg
- Paraldehyde (AFT) inj 5 ml

Who can apply for the naltrexone Special Authority?

Special Authority for applications for naltrexone can be made by any medical practitioner who works in a community Alcohol and Drug Service contracted to one of the 21 District Health Boards or accredited against the New Zealand Alcohol and Other Drug Sector Standard or the National Mental Health Sector Standard. In addition, the

patient must be enrolled in a recognised comprehensive treatment programme for alcohol dependence. The naltrexone Special Authority has been amended to clarify this.



New Special Authority forms for methylphenidate and dexamphetamine

The Special Authority forms for methylphenidate and dexamphetamine are being split into two individual forms from 1 April 2008 to enable smoother processing by applicants and HealthPAC. Existing Special Authority approvals continue to be valid until expiry. When current approvals expire it will be necessary to make individual initial applications for either dexamphetamine or methylphenidate on the relevant new form (initial application criteria for these patients are the same as the renewal criteria). All new patients will need an initial application on the relevant new form under normal initial application criteria.

The new forms also contain a clarification of the wording around Specialist recommendations. For both initial and renewal applications for ADHD in patients aged 5 years or over, medical practitioners who are not psychiatrists or paediatricians must provide the name of the specialist who is recommending treatment. The specialist needs to have been consulted and recommended treatment within the last two years for the application to be valid.

There is also a minor change to the layout of the form, changing the order of the applications for each indication.

Sole Supply of aspirin dispersible tablets 300 mg

A new pack size for aspirin dispersible tablets 300 mg (Ethics Aspirin 100 tablet pack) will be listed fully subsidised from 1 April 2008. The currently available 1,000 pack size of Ethics Aspirin will be reference priced (decreased subsidy) from 1 June 2008 and the 100 tablet pack size will be

the Sole Subsidised Supply product from 1 September 2008.

These listing, reference pricing and Sole Subsidised Supply dates were delayed from implementation last year as notified in the November 2007 Update.

Tender News

Sole Subsidised Supply changes – effective 1 May 2008

| Chemical Name | Presentation; Pack size | Sole Subsidised Supply brand (and supplier) |
|-------------------------|-------------------------|---|
| Alprazolam | Tab 250 µg; 50 tab | Arrow-Alprazolam (Arrow) |
| Alprazolam | Tab 500 µg; 50 tab | Arrow-Alprazolam (Arrow) |
| Alprazolam | Tab 1 mg; 50 tab | Arrow-Alprazolam (Arrow) |
| Dexamphetamine sulphate | Tab 5 mg; 100 tab | PSM (API) |
| Naproxen sodium | Tab 275 mg; 120 tab | Sonaflam (Multichem) |

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 May 2008

- Condoms (Gold Knight) 49 mm, 55 mm and 53 mm extra strength - available on a PSO – new listing
- Condoms 52 mm (Marquis Supalite), 52 mm extra strength (Marquis Protecta), 54 mm shaped (Lifestyles Flared), and 56 mm shaped (Durex Confidence) – subsidy decrease
- Insulin pen needles (ABM) 29 g x 12.7 mm, 31 g x 6 mm and 31 g x 8 mm – new listings and maximum of 100 dev per prescription
- Insulin syringes, disposable with attached needle (ABM) syringe 0.3 ml with 29 g x 12.7 mm needle, 0.3 ml with 31 g x 8 mm needle, 0.5 ml with 29 g x 12.7 mm needle, 0.5 ml with 31 g x 8 mm needle, 1 ml with 29 g x 12.7 mm needle and 1 ml with 31 g x 8 mm needle – new listings and maximum of 100 dev per prescription
- Leflunomide (AFT-Leflunomide) tab 10 mg and 20 mg – price and subsidy decrease
- Venlafaxine (Efexor XR) cap 37.5 mg – new listing – Special Authority – Retail pharmacy

Sole Subsidised Supply Products – cumulative to April 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 | Ranbaxy Amoxicillin | |
| | Inj 250 mg, 500 mg & 1 g | Ibiamox | 2008 |
| Applicator | Device | Ortho | 2008 |
| Aqueous cream | Cream | Multichem | 2008 |
| Ascorbic acid | Tab 100 mg | Apo-Ascorbic Acid | 2009 |
| Aspirin | Tab 100 mg | Ethics Aspirin EC | 2010 |
| 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 | Marcain Isobaric | 2010 |
| | Inj 0.5%, 8% glucose, 4 ml | Marcain 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 April 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 | Crn 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 | Crn 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 crn 1% with applicator(s) Crn 1% | Clomazol Clomazol | 2010 2008 |
| Codeine phosphate | Tab 15 mg, 30 mg & 60 mg | PSM | 2010 |
| 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 |

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Sole Subsidised Supply Products – cumulative to April 2008

| Generic Name | Presentation | Brand Name | Expiry Date* |
|--|---|---|------------------|
| Cyclizine lactate | Inj 50 mg per ml, 1 ml | Valoid (AFT) | 2008 |
| 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 |
| Doxazosin mesylate | Tab 2 mg & 4 mg | Apo-Doxazosin | 2010 |
| 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 |
| Ethinylestradiol | Tab 10 µg | New Zealand Medical and Scientific | 2009 |
| Ethinylestradiol 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 April 2008

| Generic Name | Presentation | Brand Name | Expiry Date* |
|--|--|----------------------------------|------------------|
| Ferrous sulphate | Oral liq 150 mg per 5 ml | Ferodan | 2010 |
| 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 |
| Fluoxetine hydrochloride | Cap 20 mg Tab disp 20 mg, scored | Fluox Fluox | 2010 |
| 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 |

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Sole Subsidised Supply Products – cumulative to April 2008

| Generic Name | Presentation | Brand Name | Expiry Date* |
|-----------------------------|---|--|----------------------|
| Indapamide | Tab 2.5 mg | Napamide | 2009 |
| Indomethacin | Cap 25 mg & 50 mg | Rheumacin | 2008 |
| 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 Ipratropium Steri-Neb Ipratropium Steri-Neb Atrovent | 2010 2008 |
| Isosorbide mononitrate | Tab long-acting 60 mg | Duride | 2009 |
| Isotretinoin | Cap 10 mg Cap 20 mg | Isotane 10 Isotane 20 | 2009 |
| 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 Madopar 125 Madopar HBS Madopar 250 | 2009 |
| Lignocaine hydrochloride | Inj 0.5%, 5 ml Inj 1%, 5 ml Inj 1%, 20 ml | Xylocaine Xylocaine Xylocaine | 2010 |
| Lignocaine with prilocaine | Crn 2.5% with prilocaine 2.5%; 30 g OP Crn 2.5% with prilocaine 2.5%; 5 g | EMLA EMLA | 2010 |
| Lisinopril | Tab 5 mg, 10 mg & 20 mg | Arrow-Lisinopril | 2009 |
| Loperamide hydrochloride | Tab 2 mg | Nodia | 2010 |
| Loratadine | Tab 10 mg Oral liq 1 mg per ml | Loraclear Hayfever Relief Lorapaed | 2010 |
| 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 |

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Sole Subsidised Supply Products – cumulative to April 2008

| Generic Name | Presentation | Brand Name | Expiry Date* |
|--|--|--|--------------|
| Methadone hydrochloride | Tab 5 mg Powder 1 g | Methatabs AFT | 2010 2009 |
| Methotrexate | Tab 2.5 mg & 10 mg Inj 100 mg per ml, 5 ml Inj 100 mg per ml, 10 ml Inj 100 mg per ml, 50 ml | Methoblastin Methotrexate Ebewe Methotrexate Ebewe Methotrexate Ebewe | 2009 2008 |
| Methylodopa | Tab 125 mg, 250 mg & 500 mg | Prodopa | 2008 |
| Methylphenidate hydrochloride | Tab long-acting 20 mg Tab 5 mg & 20 mg Tab 10 mg | Rubifen SR Rubifen Rubifen | 2009 |
| 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 Inj 62.5 mg per ml, 1 ml Inj 500 mg & 1 g | Solu-Medrol Solu-Medrol Solu-Medrol | 2009 |
| 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 Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml | RA-Morph RA-Morph RA-Morph RA-Morph | 2009 |
| Morphine sulphate | Inj 5 mg per ml, 1 ml Inj 15 mg per ml, 1 ml Cap long-acting 10 mg, 30 mg, 60 mg, 100 mg & 200 mg Tab immediate release 10 mg & 20 mg | Mayne Mayne m-Eslon Sevredol | 2009 |
| 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 April 2008

| Generic Name | Presentation | Brand Name | Expiry Date* |
|--|---|---------------------|--------------|
| Naproxen | Tab 250 mg | Noflam 250 | 2009 |
| | Tab 500 mg | Noflam 500 | 2008 |
| | Tab long-acting 750 mg | Naprosyn SR 750 | |
| | 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 | 2009 |
| | Vaginal crm 100,000 u per 5 g with applicators | Nilstat | |
| | Oral liq 100,000 u per ml | Nilstat | |
| Ondansetron | Tab 4 mg & 8 mg | Zofran | 2010 |
| | Tab disp 4 mg & 8 mg | Zofran Zydys | |
| 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 April 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 | Oral liq 150 mg per 10 ml Tab 150 mg & 300 mg | Peptisoothe Arrow Ranitidine | 2010 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 April 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 | Tripress | 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 |

April 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
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings

Effective 1 April 2008

| | | | | |
|-----|---|------------------|----------|------------------|
| 104 | ASPIRIN * Tab dispersible 300 mg – Available on a PSO | 2.15 | 100 | ✓ Ethics Aspirin |
| 177 | GLUTEN FREE PASTA – Special Authority see SA0722– Hospital pharmacy [HP3] Corn and Vegetable Spirals | 2.00 (2.63) | 250 g OP | Orgran |
| 180 | ELEMENTAL FORMULA – Special Authority see SA0603 – Hospital pharmacy [HP3] Powder | 63.97 (67.08) | 400 g OP | Neocate LCP |
| | Powder (unflavoured) | 52.90 (56.00) | 400 g OP | Neocate Advance |
| | Powder (tropical)..... | 52.90 (56.00) | 400 g OP | Neocate Advance |

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. | | | |

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
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Brand or
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New Listings - effective 1 March 2008 (continued)

| | | | | |
|-----|---|-------|-----------|---------------------------------|
| 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 |
| 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 |

▲ 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)
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New Listings - effective 1 January 2008 (continued)

| | | | | |
|----|---|-------|----|--|
| 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 |
| 98 | INFLUENZA VACCINE – Hospital pharmacy [Xpharm] 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: 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) cerebro-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. 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, c) pregnancy in the absence of another risk factor. 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. | 90.00 | 10 | ✓ Vaxigrip |

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 2008 (continued)

| | | | | |
|-----|---|------|------|-----------------|
| 131 | MESNA – PCT only – Specialist Inj 1 mg for ECP | 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

Check your Schedule for full details
Schedule page ref

Subsidy
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Generic Mnfr
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Changes to Restrictions

Effective 1 April 2008

| | |
|-----|---|
| 104 | LIGNOCAINE WITH PRILOCAINE – Special Authority see SA09060323 – Hospital pharmacy [HP3] Crm 2.5% with prilocaïne 2.5% 41.00 30 g OP ✓ <u>EMLA</u> Crm 2.5% with prilocaïne 2.5% (5g tubes) 41.00 5 ✓ <u>EMLA</u> |
| | ► SA0906 0323 Special Authority for Subsidy Initial application from any relevant practitioner only from a relevant specialist . Approvals valid for 2 years where the patient is a child with a chronic medical condition requiring frequent injections or venepuncture receiving frequent parenteral injections (i.e. intradermal, subcutaneous, intravenous or intramuscular) requiring a 21-gauge or larger bore needle. Renewal from any relevant practitioner only from a relevant specialist . Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment. |
| 107 | CLOMIPRAMINE HYDROCHLORIDE – Retail pharmacy – Specialist Tab 10 mg 10.00 100 ✓ <u>Clopress</u> Tab 25 mg 26.00 500 ✓ <u>Clopress</u> |
| 107 | MAPROTILINE HYDROCHLORIDE – Retail pharmacy – Specialist Tab 25 mg 25.06 100 ✓ <u>Ludiomil</u> Tab 75 mg 21.01 30 ✓ <u>Ludiomil</u> |
| 108 | MOCLOBEMIDE – Retail pharmacy – Specialist Note: There is a significant cost differential between moclobemide and fluoxetine (moclobemide being about three times more expensive). For depressive syndromes it is therefore more cost-effective to start treatment with fluoxetine first before considering prescribing moclobemide. Tab 150 mg 49.45 500 ✓ <u>Apo-Moclobemide</u> Tab 300 mg 26.11 100 ✓ <u>Apo-Moclobemide</u> |
| 115 | LEVODOPA WITH BENSERAZIDE * Cap long-acting 100 mg with benserazide 25 mg – Retail pharmacy – Specialist 17.00 100 ✓ <u>Madopar HBS</u> |
| 119 | FLUPENTHIXOL DECANOATE – Retail pharmacy – Specialist Inj 20 mg per ml, 1 ml – Available on a PSO 13.14 5 ✓ <u>Fluanxol</u> Inj 20 mg per ml, 2 ml – Available on a PSO 20.90 5 ✓ <u>Fluanxol</u> Inj 100 mg per ml, 1 ml – Available on a PSO 40.87 5 ✓ <u>Fluanxol</u> |
| 119 | FLUPHENAZINE DECANOATE – Retail pharmacy – Specialist Inj 12.5 mg per 0.5 ml, 0.5 ml – Available on a PSO 17.60 5 ✓ <u>Modecate</u> Inj 25 mg per ml, 1 ml – Available on a PSO 27.90 5 ✓ <u>Modecate</u> Inj 100 mg per ml, 1 ml – Available on a PSO 154.50 5 ✓ <u>Modecate</u> |
| 119 | HALOPERIDOL DECANOATE – Retail pharmacy – Specialist Inj 50 mg per ml, 1 ml – Available on a PSO 28.39 5 ✓ <u>Haldol</u> Inj 100 mg per ml, 1 ml – Available on a PSO 55.90 5 ✓ <u>Haldol Concentrate</u> |
| 119 | PIPTHIAZINE PALMITATE – Retail pharmacy – Specialist Inj 50 mg per ml, 1 ml – Available on a PSO 178.48 10 ✓ <u>Piportil</u> Inj 50 mg per ml, 2 ml – Available on a PSO 353.32 10 ✓ <u>Piportil</u> |
| 119 | ZUCLOPENTHIXOL DECANOATE – Retail pharmacy – Specialist Inj 200 mg per ml, 1 ml – Available on a PSO 19.80 5 ✓ <u>Clopixol</u> |

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions - effective 1 April 2008 (continued)

| | | | | |
|-----|--|---------|-----|--------------------|
| 121 | ALPRAZOLAM – Retail pharmacy-Specialist Month Restriction | | | |
| | Tab 250 µg | 3.25 | 50 | ✓ Arrow-Alprazolam |
| | | 4.77 | 100 | Xanax |
| | | (8.11) | | |
| | ‡ Safety cap for extemporaneously compounded oral liquid preparations. | | | |
| | Tab 500 µg | 4.30 | 50 | ✓ Arrow-Alprazolam |
| | | 8.60 | 100 | Xanax |
| | | (16.26) | | |
| | ‡ Safety cap for extemporaneously compounded oral liquid preparations. | | | |
| | Tab 1 mg | 7.85 | 50 | ✓ Arrow-Alprazolam |
| | | 15.70 | 100 | Xanax |
| | | (32.51) | | |
| | ‡ Safety cap for extemporaneously compounded oral liquid preparations. | | | |

122 DEXAMPHETAMINE SULPHATE – Special Authority see **SA09070696** – Retail pharmacy
Only on a controlled drug form

Tab 5 mg 17.00 100 ✓ PSM

➔ SA0907 Special Authority for Subsidy

Initial application - (ADHD in patients 5 or over – new patients) only from a paediatrician, psychiatrist or any other 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 dexamphetamine for ADHD prior to 1 April 2008) only from a paediatrician, psychiatrist or any other 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.

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 April 2008 (continued)

continued...

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 any other 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 HealthPAC 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 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 HealthPAC 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 HealthPAC on 0800 243 666 for clarification if needed.

► SA0696 Special Authority for Subsidy

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

Initial application — (ADHD in patients 5 or over) only from a paediatrician, psychiatrist or general 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 specialist; or

3.2 Both:

3.2.1—Applicant is a GP and a specialist has recommended treatment; and

3.2.2—Provide name of specialist.

Initial application — (ADHD in patients under 5) 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.

continued...

Changes to Restrictions - effective 1 April 2008 (continued)

continued...

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.

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

Either:

1 Applicant is a specialist; or

2 Both:

2.1 Applicant is a GP and a specialist has recommended treatment; and

2.2 Provide name of specialist.

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.

123 METHYLPHENIDATE HYDROCHLORIDE – Special Authority see SA09080696 below – Retail pharmacy
Only on a controlled drug form

| | | | |
|-----------------------------|-------|----|--------------|
| Tab 5 mg | 3.20 | 30 | ✓ Rubifen |
| Tab 10 mg | 4.29 | 30 | ✓ Rubifen |
| Tab 20 mg | 7.85 | 30 | ✓ Rubifen |
| Tab long-acting 20 mg | 10.95 | 30 | ✓ Rubifen SR |

▶ SA0908 Special Authority for Subsidy

Initial application - (ADHD in patients 5 or over – new patients) only from a paediatrician, psychiatrist or any other 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 any other 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.

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 April 2008 (continued)

continued...

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.

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 any other 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 HealthPAC 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 HealthPAC 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 HealthPAC on 0800 243 666 for clarification if needed.

► SA0696 Special Authority for Subsidy

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

Initial application — (ADHD in patients 5 or over) only from a paediatrician, psychiatrist or general 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 specialist; or

3.2 Both:

3.2.1 Applicant is a GP and a specialist has recommended treatment; and

3.2.2 Provide name of specialist.

Initial application — (ADHD in patients under 5) only from a paediatrician or psychiatrist. Approvals valid for 12 months for applications meeting the following criteria:

Both:

continued...

Changes to Restrictions - effective 1 April 2008 (continued)

continued...

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

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.

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

Either:

- 1 Applicant is a specialist; or

2 Both:

- 2.1 Applicant is a GP and a specialist has recommended treatment; and

- 2.2 Provide name of specialist.

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.

- 124 NALTREXONE HYDROCHLORIDE – Special Authority see **SA09090714** below – Retail pharmacy
Tab 50 mg 180.00 30 ✓ **ReVia**

➔ **SA0909 0714** **Special Authority for Subsidy**

Initial application from any medical practitioner. Approvals valid for 3 months for applications meeting the following criteria:

All of the following:

- 1 Patient is currently enrolled in a recognised comprehensive treatment programme for alcohol dependence in a service accredited against the New Zealand Alcohol and Other Drug Sector Standard or the National Mental Health Sector Standard; and
- 2 Applicant works in an Alcohol & Drug Service **a community Alcohol and Drug Service contracted to one of the 21 District Health Boards or accredited against the New Zealand Alcohol and Other Drug Sector Standard or the National Mental Health Sector Standard;** and
- 3 Applicant must include the address of the service.

Renewal from any medical practitioner. Approvals valid for 3 months for applications meeting the following criteria:

Both:

- 1 Compliance with the medication (prescriber determined); and
- 2 Any of the following:
 - 2.1 Patient is still unstable and requires further treatment; or
 - 2.2 Patient achieved significant improvement but requires further treatment; or
 - 2.3 Patient is well controlled but requires maintenance therapy.

The patient must have had no more than 1 prior approval in the last 12 months.

Check your Schedule for full details
Schedule page ref

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(Mnfr's price)
\$ Per

Brand or
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✓ fully subsidised

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) 1.74 (5.53) | 100 g OP 50 g OP | Hamilton Sunscreen 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 |

Changes to Subsidy and Manufacturer's Price

Effective 1 April 2008

| | | | | | |
|-----|---|------------------------------------|------------------|--------------------------------|--------|
| 24 | CALCIUM CARBONATE WITH AMINOACETIC ACID (↑ price and ↑ alternate subsidy) * Tab 420 mg with aminoacetic acid 180 mg – Higher subsidy of \$38.73 per 1000 with Endorsement | 30.00 (38.73) 3.00 (6.30) | 1,000 100 | | |
| | | | | Titralac | |
| | | | | Titralac | |
| | Additional subsidy by endorsement is available for pregnant women. The prescription must be endorsed accordingly. | | | | |
| 35 | BENZYLAMINE HYDROCHLORIDE – Retail pharmacy-Specialist prescription (↑ price) Soln 0.15% | 9.00 (15.36) | 500 ml | | |
| | | | | Difflam | |
| 71 | CONDOMS (↓ subsidy) * 53 mm – Available on a PSO | 13.36 1.11 | 144 12 | ✓ Shield Blue ✓ Shield Blue | |
| 80 | OESTRADIOL VALERATE – See prescribing guideline * Tab 1 mg (↓ price) | 4.12 | 28 | ✓ Progynova | |
| | * Tab 2 mg (↓ subsidy) | 4.12 | 28 | ✓ Progynova | |
| 88 | CLARITHROMYCIN – Maximum of 500 mg per prescription; can be waived by Special Authority see SA0657 (↓ price) Tab 250 mg | 7.75 | 14 | ✓ Clarac | |
| 97 | HEXAMINE HIPPURATE (↑ price) * Tab 1 g | 18.40 (38.10) | 100 | | Hiprex |
| 109 | PARALDEHYDE (↓ subsidy) * Inj 5 ml | 1,500.00 | 5 | ✓ AFT | |

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 | |

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

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

| | | | | |
|-----|---|----------|---------|-----------------|
| 27 | PANTOPRAZOLE (↓ subsidy) | | | |
| | * Tab 20 mg | 2.40 | 30 | |
| | | (22.00) | | Somac |
| | * Tab 40 mg | 3.60 | 30 | |
| | | (28.00) | | Somac |
| 35 | CHOLINE SALICYLATE WITH CETALKONIUM CHLORIDE (↑ price) | | | |
| | * Adhesive gel 8.7% with cetalkonium chloride 0.01% | 2.06 | 15 g OP | |
| | | (5.05) | | 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 | 144 | ✓Gold Knight |
| 88 | CLARITHROMYCIN – Maximum of 500 mg per prescription; can be waived by Special Authority see SA0657 (↓ subsidy) | | | |
| | Tab 250 mg | 7.75 | 14 | |
| | | (9.85) | | Clarac |
| 109 | PARALDEHYDE (↑ subsidy) | | | |
| | * Inj 5 ml | 1,595.00 | 5 | ✓AFT |
| 115 | PROCHLORPERAZINE (↑ price) | | | |
| | * Tab 3 mg buccal | 5.97 | 50 | |
| | | (15.00) | | 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) | | | |
| | Crm 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 |
| 68 | CALCIPOTRIOL (↓ subsidy) | | | |
| | Crm 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 |

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$

Per

Brand or
Generic Mnfr
✓ fully subsidised

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

| | | | | |
|-----|--|------------------|-----------|---|
| 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 (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. | | | |
| 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 cloquinol 1% | 4.46 | 7.5 ml OP | ✓ Locorten-Vioform |
| 152 | SODIUM CROMOGLYCATATE (↑ subsidy) Eye drops 2% | 3.95 | 10 ml OP | ✓ Cromolux |

▲ 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 February 2008 (continued)

| | | | | |
|-----|--|---------|------------|-------------------------------------|
| 176 | GLUTEN FREE BREAD MIX – Special Authority see SA0722 – Hospital pharmacy [HP3] (↑ price) | | | |
| | Powder | 3.93 | 1,000 g OP | |
| | | (6.73) | | 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 | 2,000 g OP | |
| | | (13.06) | | 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 | 300 ml | |
| | | (20.04) | | 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 | 250 ml | |
| | | (7.95) | | Ferro-liquid |
| 45 | ASPIRIN (↓ subsidy) | | | |
| | * Tab 100 mg | 2.86 | 168 | |
| | | (5.70) | | Cartia |
| | | 0.51 | 30 | |
| | | (1.02) | | Ethics Aspirin EC |
| 48 | SODIUM CHLORIDE (↓ subsidy) | | | |
| | Inj 0.9%, 20 ml | 11.79 | 30 | |
| | | (23.58) | | 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 |

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

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

| Check your Schedule for full details Schedule page ref | Subsidy (Mnfr's price) \$ | Per | Brand or Generic Mnfr ✓ fully subsidised |
|---|---------------------------------|-----|--|
|---|---------------------------------|-----|--|

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

| | | | | |
|-----|---|------------------|-----------|------------|
| 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) | | | |
| | Crn 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 |
| 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 |

▲ 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 2008 (continued)

| | | | | |
|-----|---|--------|--------------|---------|
| 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 |
| 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 |

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

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

| | | | | |
|-----|--|------------------|-----------|---------------|
| 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 | VINCISTINE 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 | 3.30 | 2.5 ml OP | ✓ Timoptol XE |
| | * Eye drops 0.5%, gel forming | 3.78 | 2.5 ml OP | ✓ 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. | | | |

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Brand Name

Effective 1 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 April 2008

For the list of new Sole Subsidised Supply products effective 1 April 2008 refer to the bold entries in the cumulative Sole Subsidised Supply table pages 7-15.

Delisted Items

Effective 1 April 2008

| | | | | | |
|-----|--|----------------------------------|-----------|---|---------------------------------|
| 25 | SULPHASALAZINE * Enema 3 g per 100 ml – Retail pharmacy-Specialist | 37.40 (43.00) | 7 | | Salazopyrin |
| 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 |
| 47 | DEXTROSE * Inj 50%, 10 ml – Available on a PSO | 8.25 | 5 | ✓ | Mayne |
| 53 | DOXAZOSIN MESYLATE * Tab 2 mg | 12.03 | 250 | ✓ | Dosan |
| | * Tab 4 mg | 15.93 | 250 | ✓ | Dosan |
| 89 | BENZATHINE BENZYL PENICILLIN Injection 1.2 mega u – Available on a PSO | 160.00 | 10 | ✓ | Pan Benzathine Benzylpenicillin |
| 99 | IBUPROFEN – Additional subsidy by Special Authority see SA0291 – Retail pharmacy * Tab 600 mg | 5.32 (22.80) | 100 | | Brufen |
| | Note: Brufen tab 600 mg, 30 tablet pack remains listed. | | | | |
| 100 | TENOICAM * Inj 10 mg per ml, 2 ml – Available on a PSO | 10.00 | 5 | ✓ | Tilcotil |
| 114 | DIMENHYDRINATE * Tab 50 mg | 0.59 (3.07) | 10 | | Dramamine |

▲ 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 April 2008 (continued)

| | | | | |
|-----|--|-----------------|----------|------------|
| 118 | THIORIDAZINE HYDROCHLORIDE Tab 10 mg | 6.88 | 90 | ✓ Aldazine |
| 154 | PILOCARPINE * Eye drops 3% | 6.41 | 15 ml OP | ✓ Pilot |
| 181 | SOYA INFANT FORMULA – Special Authority see SA0604 – Retail pharmacy Powder | 6.34 (18.32) | 900 g OP | Infasoy |

Effective 1 March 2008

| | | | | |
|-----|--|------------------------|---------------------|----------------------------|
| 28 | INSULIN ISOPHANE WITH INSULIN NEUTRAL ▲ Inj human with neutral insulin 100 u per ml | 25.26 | 10 ml OP | ✓ Mixtard 50 |
| | ▲ Inj human with neutral insulin 100 u per ml, 3 ml | 42.66 | 5 | ✓ PenMix 10 ✓ PenMix 20 |
| 34 | LACTULOSE – Only on a prescription * Oral liq 10 g per 15 ml | 6.60 | 1,000 ml | ✓ Laevolac |
| 57 | ACEBUTOLOL * Tab 400 mg | 27.63 | 100 | ✓ ACB |
| 67 | POVIDONE IODINE Oint 10% | 2.88 6.87 (7.02) | 25 g OP 100 g OP | ✓ Biocil Betadine |
| | a) Maximum of 100 g per prescription b) Only on a prescription Antiseptic soln 10% | 6.42 64.20 | 500 ml 5,000 ml | ✓ Biocil ✓ Biocil |
| 118 | PIMOZIDE – Retail pharmacy-Specialist Tab 4 mg | 11.78 | 20 | ✓ Orap Forte S29 |
| 145 | LORATADINE * Tab 10 mg | 3.58 (6.70) | 100 | Apo-Loratadine |
| 149 | IPRATROPIUM BROMIDE Aqueous nasal spray, 0.03% | 6.33 (11.79) | 15 ml OP | Atrovent Nasal Aqueous |

| Check your Schedule for full details Schedule page ref | Subsidy (Mnfr's price) \$ | Per | Brand or Generic Mnfr ✓ fully subsidised |
|---|---------------------------------|-----|--|
|---|---------------------------------|-----|--|

Delisted Items - 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. Meter | 9.00 | 1 | ✓ Optium |
| 45 | ASPIRIN * Tab 100 mg | 3.06 | 90 | ✓ Ethics Aspirin EC |
| 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..... Inj 50 mg per ml, 20 ml – PCT only – Specialist..... Inj 50 mg per ml, 50 ml – PCT only – Specialist..... | 28.75 52.31 26.16 | 5 5 1 | ✓ Mayne ✓ Mayne ✓ 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 |

▲ 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)

| | | | | |
|-----|---|----------------|-----------|-------------------------|
| 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 |
| 48 | DEXTROSE WITH ELECTROLYTES Soln with electrolytes | 6.30 (6.66) | 946 ml OP | Pedialyte - Fruit |
| | | 3.33 (3.44) | 500 ml OP | Plasma-Lyte Oral |
| 89 | DICLOXACILLIN Grans for oral liq 125 mg per 5 ml | 3.55 (4.10) | 100 ml | 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 May 2008

| | | | | |
|-----|--|------------------|-----|------------------|
| 100 | NAPROXEN SODIUM * Tab 275 mg | 5.00 | 100 | ✓ Synflex |
| 121 | ALPRAZOLAM – 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. | | | |

Effective 1 June 2008

| | | | | |
|----|---|-----------------|----|-----------------|
| 27 | PANTOPRAZOLE * Tab 20 mg | 2.40 (22.00) | 30 | Somac |
| | * Tab 40 mg | 3.60 (28.00) | 30 | Somac |
| 88 | CLARITHROMYCIN – Maximum of 500 mg per prescription; can be waived by Special Authority see SA0657 Tab 250 mg | 7.75 | 14 | ✓ 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 (8.58) | 30 | 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 (12.00) | 250 g OP | Granocol |
| 69 | METHOXSALEN – 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 |

▲ 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 July 2008 (continued)

| | | | | | |
|-----|--|-------|----------|--------------|-----|
| 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 (2.63) | 250 g OP | | Orgran |
|-----|--|----------------|----------|--|--------|

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 | |

Effective 1 October 2008

| | | | | | |
|-----|--|-----------------|----------|----------|--------|
| 104 | NEFOPAM HYDROCHLORIDE Inj 20 mg per ml, 1 ml | 9.10 (72.50) | 5 | | Acupan |
| 147 | SALBUTAMOL Tab long-acting 8 mg | 15.30 | 56 | ✓ Volmax | |
| 177 | GLUTEN FREE PASTA – Special Authority see SA0722 – Hospital pharmacy [HP3] Tomato and Basil Spirals | 2.00 (2.63) | 250 g OP | | Orgran |

| Contracted Pharmaceutical Description | Brand | Price (\$) (ex man. excl. GST) | Per | DV Limit | DV Limit applies from | DV Pharmaceutical |
|---------------------------------------|-------|--------------------------------|-----|----------|-----------------------|-------------------|
|---------------------------------------|-------|--------------------------------|-----|----------|-----------------------|-------------------|

Section H changes

Effective 1 April 2008

There are no changes to Section H for 1 April 2008.

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