

Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 March 2009

Cumulative for January, February and March 2009

Section H cumulative for December 2008 and January, February and March 2009.



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Summary of PHARMAC decisions

EFFECTIVE 1 MARCH 2009

New listings (pages 19 – 20)

- Amoxicillin clavulanate (Synermox) tab 625 mg
- Cilazapril (Inhibace) tab 2.5 mg and 5 mg – new pack size, 28 tab
- Glucose dehydrogenase (Optium 5 second test) - 25 and 50 test OP
- Ibuprofen (Ethics Ibuprofen) tab 200 mg
- Mebendazole (DeWorm) tab 100mg – 24 tab pack
- Omeprazole (Dr Reddy's Omeprazole) inj 40 mg - pack of 5
- Pantoprazole (Pantocid) inj 40 mg
- Simvastatin (Arrow-Simva) tab 10 mg, 20 mg, 40 mg and 80 mg – 90 tab pack

Changes to restrictions (pages 21 – 24)

- Acitretin (Neotigason) cap 10 mg and 25 mg – removal of Specialist prescription and addition of Special Authority
- Alendronate sodium (Fosamax) tab 70 mg (Fosamax Plus) tab 70 mg with cholecalciferol 2800 iu – amended Special Authority criteria
- Alendronate sodium (Fosamax) tab 40 mg – amended Special Authority criteria
- Auranofin (Ridaura) tab 3 mg – removal of Retail pharmacy–Specialist
- Baclofen (Pacifen) tab 10 mg – removal of Retail pharmacy–Specialist
- Calcitonin (Miacalcic) inj 100 iu per ml, 1 ml – removal of Hospital pharmacy [HP3]–Specialist
- Dantrolene sodium (Dantrium) cap 25 mg and 50 mg - removal of Retail pharmacy–Specialist
- Glycerol trinitrate (Lycinate) tab – removal of Section 29 criteria
- Isotretinoin (Isotane) cap 10 mg and 20 mg – removal of Specialist prescription and addition of Special Authority
- Pamidronate disodium (Pamisol) inj 3 mg per ml, 5 ml; inj 3 mg per ml, 10 ml and inj 6 mg per ml, 10ml – removal of Special Authority criteria
- Penicillamine (D-Penamamine) tab 125 mg and 250 mg - removal of Retail pharmacy–Specialist
- Sodium aurothiomalate (Mycocrisin) inj 10 mg per 0.5 ml; inj 20 mg per 0.5 ml and inj 50 mg per 0.5 ml - removal of Retail pharmacy–Specialist

Decreased subsidy (pages 26 – 27)

- Allopurinol (Progot) tab 100 mg and 300 mg
- Aspirin (Aspec) tab enteric coated 300 mg
- Miconazole (Daktarin) oral gel 20 mg per g
- Midazolam (Hypnovel and Pfizer) inj 1 mg per ml, 5 ml and inj 5 mg per ml, 3 ml

Summary of PHARMAC decisions – effective 1 March 2009 (continued)

Increased subsidy (pages 26 – 27)

- Bee venom allergy treatment (Albay) maintenance kit and treatment kit 1 OP
- Wasp venom allergy treatment (Albay) treatment kit (paper wasp venom) 1 OP
- Wasp venom allergy treatment (Albay) treatment kit (yellow jacket venom) 1 OP
- Octreotide (Sandostatin) inj 50 μg per ml, 1 ml; inj 100 μg per ml, 1 ml and inj 500 μg per ml, 1 ml

Simvastatin tender

As a result of a tender agreement, Arrow-Simva tablets will be listed on the Pharmaceutical Schedule from 1 March 2009 and will become the sole subsidised brand of simvastatin from 1 August 2009.

The change to sole supply will include reduced subsidies for Lipex and SimvaRex (from 1 May 2009) and delisting of these brands (from 1 August 2009).



Changes to prescriber restrictions for acitretin and isotretinoin.

PHARMAC is pleased to announce changes to the prescribing restrictions applying to acitretin and isotretinoin. The changes mean that vocationally registered dermatologists, vocationally registered general practitioners, and nurse practitioners working in a relevant scope of practice can now prescribe acitretin and isotretinoin via Special Authority.

The Hospital pharmacy [HP3] – Specialist prescription restriction, where the Specialist must be a dermatologist that has applied to acitretin and isotretinoin will be removed from 1 March 2009. They will be replaced by Special Authorities from 1 March 2009 as detailed in pages 21 to 22.

Special Authority forms that have already been submitted to the Ministry of Health for approval will be processed before 1 March 2009. Approved applications will be notified to the applicant and patient as soon as possible so that a patient presenting to a pharmacy with a repeat prescription can continue to receive fully subsidised acitretin and isotretinoin.

Should a patient present to a pharmacy with a repeat prescription from a dermatologist and not have an approved Special Authority number (e.g. applicant has not applied for one

or the patient hasn't yet received a Special Authority number) there will be a Special Circumstances approval process. This process will be valid for 1 month and will require pharmacies to complete a form (supplied by the Ministry of Health and attached to the Dispatch of the Pharmaceutical Schedule Update) and fax the form to the Ministry of Health for processing (0800 100 131). The Ministry will then contact the pharmacy and advise of the approval number. The intent of the special circumstances approval process is to allow for a smooth transition for current patients only.

The Royal New Zealand College of General Practitioners will continue to develop education, assessment and continuing professional development programmes that are relevant to the use of pharmaceuticals, including acitretin and isotretinoin. This will include the accreditation of appropriate learning modules and decision support tools for general practitioners.

We also understand that the Royal New Zealand College of General Practitioners will be developing communications to general practitioners to ensure that they are aware of the implications of the changes to the restrictions.

New 5 second Optium blood glucose test strip

From 1 March 2009 Optium 5 second test strips will be listed fully funded on the Pharmaceutical Schedule. These new blood glucose test strips are compatible with the Optium Xceed blood glucose meters currently funded on the Pharmaceutical Schedule. The new test strips require less blood (0.6uL rather than 1.5uL) and gives quicker results (5 seconds rather than 10 seconds).

The Diabetes Subcommittee of PTAC and PTAC have reviewed the new strips. The currently funded 10 second test strips will be delisted from the Pharmaceutical Schedule from 1 September 2009.

If you have any further questions, please contact Medica Pacifica directly, on 0800 106 100.

Pantoprazole and Omeprazole injections

From 1 March 2009 pantoprazole 40 mg injection (Pantocid IV) will be listed fully funded on the Pharmaceutical Schedule. This listing provides an alternative proton pump inhibitor parental formulation option for prescribers.

Also from 1 March 2009, the Dr Reddy's Omeprazole brand of omeprazole 40 mg

injection will be listed fully funded in the Pharmaceutical Schedule. The Dr Reddy's Omeprazole brand will become the Sole Subsidised Supply brand of omeprazole injection from 1 May 2009.

Nicotinell gum (nicotine replacement therapy)

PHARMAC advised in September 2008 that Nicotinell gum would be delisted in March 2009, however it will now remain listed on the Pharmaceutical Schedule to allow for any

claims to be processed for product that might have been purchased during the recent out of stock event for Habitrol gum.

Discontinuation of Minulet and Triphasil

Wyeth Australia has announced the discontinuation of 2 combined oral contraceptives, Minulet and Triphasil. These products are being discontinued from 1 March 2009, delisting will occur later in 2009. For patients switching from Triphasil, Trifeme

remains fully funded and Triquilar remains partly subsidised on the schedule for patients requiring a tri-phasic OC. Femodene remains as a partly subsidised ethinylloestradiol with gestodene for patients changing from Femodene.

New antiretroviral prescriber:

Dr Emma Best

Starship Childrens Hospital (antiretroviral prescriber)

Indomethacin discontinuation

Pacific Pharmaceuticals has advised that it is discontinuing supply of all funded strengths of indomethacin capsules and suppositories. There are at present no other registered suppliers in New Zealand.

Expected stock run out dates (based on current usage patterns) are:

- 25 mg and 50 mg capsules : March/April 2009
- 75 mg long-acting capsules: May 2010
- 100 mg suppositories: early 2012

There are several fully funded alternative Non

Steroidal Anti-inflammatory Drugs (NSAIDs) including diclofenac sodium, ibuprofen, naproxen sodium and tenoxicam.

PHARMAC has sent a letter to clinicians alerting them to the situation and also advising them that applications for Exceptional Circumstances funding will be considered by PHARMAC for the use of indomethacin in niche indications (chronic paroxysmal hemicrania and hemicrania continua, and reduction of glomerular filtration rate in children being treated for congenital nephrotic syndrome).

Octreotide

As a result of supply issues, PHARMAC has withdrawn sole supply status from the Hospira brand of octreotide injections. From 1 March 2009, both the Hospira and Sandostatin

brands of octreotide injection 50 µg per ml, 1 ml, 100 µg per ml, 1 ml and 500 µg per ml, 1 ml will be fully subsidised.



Important information about diltiazem hydrochloride changes

Due to concerns around prescribing and dispensing errors for diltiazem hydrochloride, there are some changes to the Pharmaceutical Schedule. These include the delisting from 1 June 2009 of:

- Dilzem SR 90 mg and 120 mg (twice daily) sustained release capsules
- Dilzem LA 180 mg and 240 mg long-acting tablets

Please be aware that GPs are changing their patients from the Dilzem preparations to the Cardizem preparations.

For those patients who have not yet been changed and will need to be before 1 June 2009, patient information pads have been distributed to pharmacists to give to the patients picking up a prescription for one of the diltiazem preparations that are going to be delisted.

To order these patient information pads, please phone the PHARMAC resource line on 0800 11 22 37.

Suggested new presentations for diltiazem are:

Currently taking	Suggested new presentation
Dilzem SR 90 mg capsule (twice daily)	Cardizem CD 180 mg capsule (once daily)
Dilzem SR 120 mg capsule (twice daily)	Cardizem CD 240 mg capsule (once daily)
Dilzem LA 180 mg tablet (once daily)	Cardizem CD 180 mg capsule (once daily)
Dilzem LA 240 mg tablet (once daily)	Cardizem CD 240 mg capsule (once daily)

Titration to a higher or lower dose may be necessary and should be initiated as clinically warranted

For patients taking Dilzem SR 90 mg or 120 mg once daily (even if it is not the recommended dosing regimen as the blood levels are not maintained above the minimum therapeutic level for 24 hours), we suggest the following:

Currently taking	Suggested new presentation
Dilzem SR 90 mg capsule (once daily)	Cardizem CD 120 mg capsule (once daily)
Dilzem SR 120 mg capsule (once daily)	Cardizem CD 120 mg capsule (once daily)

Those patients may be more likely to experience a change in effect therefore they should be monitored for adverse effects following the change.



Tender News

Sole Subsidised Supply changes – effective 1 April 2009

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Amoxicillin	Oral drops 100mg/ml; 30 ml pack OP	Ospamox (Sandoz)
Amoxicillin	Inj 250 mg; 10 pack, 500 mg; 10 pack and 1 g; 10 pack	Ibiamox (Douglas)
Aqueous cream	Cream 500 g pot	AFT (AFT)
Clotrimazole	Vaginal crm 2%; 20 g pack OP	Clomazol (Multichem)
Ciprofloxacin	Tab 250 mg; 30 pack Tab 500 mg; 30 pack and Tab 750 mg; 30 pack	Rex Medical (Rex Medical)
Hypromellose	Eye drops 0.5%, 15 ml OP	Methopt (Sigma)

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 2009

- Clozapine (Clozaril) tab 25 mg and 100 mg – new listing of 100 tab bottle
- Acitretin (Neotigason) cap 10 mg and 25 mg – price and subsidy reduction
- Bezafibrate (Bezalip Retard) tab long-acting 400 mg – price and subsidy reduction
- Diazepam (Stesolid) rectal tube 5 mg and 10 mg – price and subsidy reduction
- Pegylated interferon alpha-2a (Pegasys) pre-filled syringes – a widening of existing subsidised access to include patients with chronic Hepatitis C, genotype 2 and 3 who do not have cirrhosis, and provision of subsidies for patients with chronic hepatitis B

Sole Subsidised Supply Products – cumulative to March 2009

Generic Name	Presentation	Brand Name	Expiry Date*
Acetazolamide	Tab 250 mg; 100 tab	Diamox	2011
Aciclovir	Tab dispersible 200 mg Tab dispersible 400 mg	Lovir Lovir	2009
Alprazolam	Tab 250 µg Tab 500 µg Tab 1 mg	Arrow-Alprazolam Arrow-Alprazolam Arrow-Alprazolam	2010
Apomorphine hydrochloride	Inj 10 mg per ml, 1 ml	Mayne	2009
Amantadine hydrochloride	Cap 100 mg	Symmetrel	2011
Amoxicillin	Cap 250 mg & 500 mg Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml	Apo-Amoxi Ranbaxy Amoxicillin Ranbaxy Amoxicillin	2010 2009
Ascorbic acid	Tab 100 mg	Apo-Ascorbic Acid	2009
Aspirin	Tab dispersible 300 mg Tab 100 mg	Ethics Aspirin Ethics Aspirin EC	2010
Atenolol	Tab 50 mg & 100 mg	Loten	2009
Atropine sulphate	Eye drops 1%; 15 ml OP Inj 600 µg, 1 ml Inj 1200 µg, 1 ml	Atropt AstraZeneca AstraZeneca	2011 2009
Azithromycin	Tab 500 mg	Arrow-Azithromycin	2009
Beclomethasone dipropionate	Metered aqueous nasal spray 50 µg Metered aqueous nasal spray 100 µg	Alanase Alanase	2009
Benzylpenicillin sodium (Penicillin G)	Inj 1 mega u; 10 inj	Sandoz	2011
Betamethasone valerate	Scalp app 0.1%	Beta Scalp	2009
Bezafibrate	Tab 200 mg; 90 tab	Fibalip	2011
Bicalutamide	Tab 50 mg	Bicalox	2011
Bisacodyl	Tab 5 mg	Lax-Tab	2010
Brimonidine tartrate	Eye drops 0.2%	AFT	2011
Bupivacaine hydrochloride	Inj 0.5%, 4 ml Inj 0.5%, 8% glucose, 4 ml	Marcain Isobaric Marcain Heavy	2010
Calamine	Lotion BP Crm, aqueous, BP	ABM ABM	2009
Calcitonin	Inj 100 iu per ml, 1 ml; 5 inj	Miacalcic	2011
Calcitriol	Cap 0.25 µg & 0.5 µg	Calcitriol-AFT	2009
Calcium	Tab eff 1 g; 30 tab	Calsource	2011
Calcium folinate	Inj 50 mg	Calcium Folate Ebewe	2011
Captopril	Tab 12.5 mg, 25 mg & 50 mg	Apo-Captopril	2010
Cefaclor monohydrate	Cap 250 mg Grans for oral liq 125 mg per 5 ml	Ranbaxy Cefaclor Ranbaxy Cefaclor	2010

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

Sole Subsidised Supply Products – cumulative to March 2009

Generic Name	Presentation	Brand Name	Expiry Date*
Cefazolin sodium	Inj 500 mg Inj 1 g	Hospira	2011
Cefuroxime sodium	Inj 750 mg & 1.5 g	Zinacef	2011
Cetomacrogol	Crn BP	PSM	2010
Chloramphenicol	Eye drops 0.5% Eye oint 1%	Chlorsig Chlorsig	2009
Chlorhexidine gluconate	Soln 4%	Orion	2011
	Handrub 1% with ethanol 70%	Orion	2009
	Mouthwash 0.2%	Orion	
Chlorthalidone	Tab 25 mg	Hygroton	2009
Clarithromycin	Tab 250 mg	Klamycin	2010
	Grans for oral liq 125 mg per 5 ml	Klacid	
Clobetasol propionate	Crn 0.05%	Dermol	2009
Clonazepam	Tab 500 µg; 100 tab	Paxam	2011
	Tab 2 mg; 100 tab	Paxam	
Clotrimazole	Crn 1%	Clomazol	2011
	Vaginal crn 1% with applicator(s)	Clomazol	2010
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
Cyclizine hydrochloride	Tab 50 mg	Nausicalm	2009
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 mcg per dose	Desmopressin-PH&T	2011
Dexamethasone sodium phosphate	Inj 4 mg per ml, 1 ml	Mayne	2009
	Inj 4 mg per ml, 2 ml		
Dexamphetamine sulphate	Tab 5 mg	PSM	2010
Dextrose	Inj 50%, 10 ml	Biomed	2011
Dextrose with electrolytes	Oral soln with electrolytes	Pedialyte – Plain Pedialyte – Bubblegum Pedialyte – Fruit	2010

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Sole Subsidised Supply Products – cumulative to March 2009

Generic Name	Presentation	Brand Name	Expiry Date*
Diclofenac sodium	Eye drops 1 mg per ml Inj 25 mg per ml, 3 ml Suppos 12.5 mg Suppos 25 mg Suppos 50 mg Suppos 100 mg Tab EC 25 mg & 50 mg Tab long-acting 75 mg & 100 mg	Voltaren Ophtha Voltaren Voltaren Voltaren Voltaren Voltaren Apo-Diclo Apo-Diclo SR	2011 2009
Didanosine (DDI)	Cap 125 mg, 200 mg, 250 mg & 400 mg	Videx EC	2009
Dipyridamole	Tab long-acting 150 mg	Pytazen SR	2011
Doxazosin mesylate	Tab 2 mg & 4 mg	Apo-Doxazosin	2010
Emulsifying ointment	Oint BP	AFT	2011
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; 100 ml Grans for oral liq 400 mg per 5 ml; 100 ml	E-Mycin E-Mycin	2011
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 Tab 35 µg with norethisterone 1 mg and 7 inert tab	Brevinor 21 Brevinor 1/21 Brevinor 1/28	2010
Etoposide	Cap 50 mg & 100 mg	Vepesid	2009
Ferrous sulphate	Oral liq 150 mg per 5 ml	Ferodan	2010
Finasteride	Tab 5 mg; 30 tab	Fintral	2011
Flucloxacillin	Inj 250 mg; 10 pack Inj 500 mg; 10 pack Inj 1 g; 10 pack	Flucloxin	2011
Flucloxacillin sodium	Cap 250 mg & 500 mg Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml	Staphlex AFT AFT	2009
Fluconazole	Cap 50 mg Cap 150 mg Cap 200 mg	Pacific Pacific Pacific	2011
Fludarabine phosphate	Inj 50 mg Tab 10 mg	Fludara Fludara	2011

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Sole Subsidised Supply Products – cumulative to March 2009

Generic Name	Presentation	Brand Name	Expiry Date*
Fluocortolone caproate with fluocortolone pivalate and cinchocaine	Oint 950 µg, with fluocortolone pivalate 920 µg, and cinchocaine hydrochloride 5 mg per g	Ultraproct	2010
	Suppos 630 µg, with fluocortolone pivalate 610 µg, and cinchocaine hydrochloride 1 mg	Ultraproct	
Fluorometholone	Eye drops 0.1%	Flucon	2009
Fluoxetine hydrochloride	Cap 20 mg	Fluox	2010
	Tab disp 20 mg, scored	Fluox	
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	2011
Glipizide	Tab 5 mg	Minidiab	2011
Glyceryl trinitrate	Tab 600 µg Oral pump spray 400 µg per dose TDDS 5 mg TDDS 10 mg	Lycinate Nitrolingual pumpspray Nitroderm TTS 5 Nitroderm TTS 10	2011
Haloperidol	Oral liq 2 mg per ml	Serenace	2010
	Tab 500 µg, 1.5 mg & 5 mg Inj 5 mg per ml, 1 ml	Serenace Serenace	2009
Heparinised saline	Inj 10 iu per ml, 5 ml	AstraZeneca	2009
Hydrocortisone	Crn 1%	PSM	2011
	Tab 5 mg & 20 mg	Douglas	2009
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	2011
Hysocine N-butylbromide	Inj 20 mg, 1 ml	Buscopan	2011
	Tab 20 mg	Gastrosoothe	
Ibuprofen	Oral liq 100 mg per 5 ml, 200 ml	Fenpaed	2010
Imipramine hydrochloride	Tab 10 mg & 25 mg	Tofranil	2009
Indapamide	Tab 2.5 mg	Napamide	2009
Ipratropium bromide	Aqueous nasal spray, 0.03%	Apo-Ipravent	2010
	Nebuliser soln, 250 µg per ml, 1 ml Nebuliser soln, 250 µg per ml, 2 ml	Ipratropium Steri-Neb Ipratropium Steri-Neb	
Iron polymaltose	Inj 50 mg per ml, 2 ml	Ferrum H	2011
Isosorbide mononitrate	Tab long-acting 60 mg	Duride	2009
Isotretinoin	Cap 10 mg	Isotane 10	2009
	Cap 20 mg	Isotane 20	
Itraconazole	Cap 100 mg	Sporanox	2010

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Sole Subsidised Supply Products – cumulative to March 2009

Generic Name	Presentation	Brand Name	Expiry Date*
Ketoconazole	Shampoo 2%, 100 ml OP	Sebizole	2011
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
Mebeverine hydrochloride	Tab 135 mg; 90 tab	Colofac	2011
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 AFT	2010 2009
Methotrexate	Inj 100 mg per ml, 10 ml Inj 100 mg per ml, 50 ml Tab 2.5 mg & 10 mg	Methotrexate Ebewe Methotrexate Ebewe Methoblastin	2011 2009
Methyl dopa	Tab 125 mg; 100 tab Tab 250 mg; 100 tab Tab 500 mg; 100 tab	Prodopa Prodopa Prodopa	2011
Methylphenidate hydrochloride	Tab long-acting 20 mg Tab 5 mg & 20 mg Tab 10 mg	Rubifen SR Rubifen Rubifen	2009

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Sole Subsidised Supply Products – cumulative to March 2009

Generic Name	Presentation	Brand Name	Expiry Date*
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	2011
Methylprednisolone acetate with lignocaine	Inj 40 mg per ml with lignocaine 1 ml	Depo-Medrol with Lidocaine	2011
Methylprednisolone sodium succinate	Inj 40 mg per ml, 1 ml 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	2011
Metoprolol tartrate	Tab long-acting 200 mg	Slow-Lopresor	2009
Metyrapone	Cap 250 mg	Metopirone	2009
Miconazole nitrate	Crn 2%	Multichem	2011
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 10 mg per ml, 1 ml Inj 30 mg per ml, 1 ml 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 Mayne Mayne m-Eslon Sevredol	2011 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
Naproxen	Tab 250 mg Tab 500 mg	Noflam 250 Noflam 500	2009
Naproxen sodium	Tab 275 mg	Sonafam	2010
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
Norethisterone	Tab 5 mg Tab 350 µg	Primolut N Noriday 28	2011 2009

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Sole Subsidised Supply Products – cumulative to March 2009

Generic Name	Presentation	Brand Name	Expiry Date*
Nortriptyline hydrochloride	Tab 10 mg; 100 tab Tab 25 mg; 250 tab	Norpress Norpress	2011
Nystatin	Oral liq 100,000 u per ml, 24 ml OP	Nilstat	2011
	Cap 500,000 u	Nilstat	2010
	Tab 500,000 u	Nilstat	
	Vaginal crm 100,000 u per 5 g with applicators	Nilstat	2009
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	2011
	Inj 3 mg per ml, 10 ml	Pamisol	
	Inj 6 mg per ml, 10 ml	Pamisol	
Pantoprazole	Tab 20 mg	Dr Reddy's Pantoprazole	2010
	Tab 40 mg	Dr Reddy's Pantoprazole	
Paracetamol	Oral liq 120 mg per 5 ml	Paracare Junior	2011
	Oral liq 250 mg per 5 ml	Paracare Double Strength	
Paraffin liquid with soft white paraffin	Eye oint with soft white paraffin	Lacri-Lube	2010
Paroxetine hydrochloride	Tab 20 mg	Loxamine	2010
Pergolide	Tab 0.25 mg	Permax	2011
	Tab 1 mg	Permax	
Perhexiline maleate	Tab 100 mg	Pexsig	2009
Phenoxymethylpenicillin (Penicillin V)	Grans for oral liq 125 mg per 5 ml	AFT	2010
	Grans for oral liq 250 mg per 5 ml	AFT	
	Cap potassium salt 250 mg	Cilicaine VK	
	Cap potassium salt 500 mg	Cilicaine VK	
Phenylephrine hydrochloride	Eye drops 0.12%	Prefrin	2010
Poloxamer	Oral drops 10%, 30 ml OP	Coloxyl	2011
Polyvinyl alcohol	Eye drops 1.4%	Vistil	2011
	Eye drops 3%	Vistil Forte	
Potassium chloride	Tab long-acting 600 mg	Span-K	2009
Prazosin hydrochloride	Tab 1 mg, 2 mg & 5 mg	Apo-Prazo	2010

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

Sole Subsidised Supply Products – cumulative to March 2009

Generic Name	Presentation	Brand Name	Expiry Date*
Prednisone	Tab 1 mg; 500 tab Tab 2.5 mg; 500 tab Tab 5 mg; 500 tab Tab 20 mg; 500 tab	Apo-Prednisone Apo-Prednisone Apo-Prednisone Apo-Prednisone	2011
Pregnancy tests - HCG urine	Cassette	MDS Quick Card	2009
Procaine penicillin	Inj 1.5 mega u; 5 inj	Cilicaine	2011
Promethazine	Tab 10 mg Tab 25 mg	Allersoothe	2011
Pyridoxine hydrochloride	Tab 50 mg	Apo-Pyridoxine	2009
Quinapril	Tab 5 mg; 10 mg & 20 mg	Accupril	2011
Quinapril with hydrochlorothiazide	Tab 10 mg with hydrochlorothiazide 12.5 mg Tab 20 mg with hydrochlorothiazide 12.5 mg	Accuretic 10 Accuretic 20	2011
Quinine sulphate	Tab 200 mg Tab 300 mg	Q 200 Q 300	2009
Ranitidine hydrochloride	Oral liq 150 mg per 10 ml	Peptisoothe	2010
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%	Rex	2009
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 sodium	Soln 2.3%; 500 ml and 1,000 ml	Pinetarsol	2011
Temazepam	Tab 10 mg; 25 tab	Normison	2011
Terbinafine	Tab 250 mg	Apo-Terbinafine	2011
Testosterone cypionate	Inj long-acting 100 mg per ml, 10 ml	Depo-Testosterone	2011
Tetracosactrin	Inj 250 mcg Inj 1 mg per ml, 1 ml	Synacthen Synacthen Depot	2011

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

Sole Subsidised Supply Products – cumulative to March 2009

Generic Name	Presentation	Brand Name	Expiry Date*
Timolol maleate	Eye drops 0.25%	Apo-Timop	2011
	Eye drops 0.5%	Apo-Timop	
	Tab 10 mg	Apo-Timol	2009
Thiamine hydrochloride	Tab 50 mg	Apo-Thiamine	2009
Triamcinolone acetonide	Crn 0.02%; 100 g OP	Aristocort	2011
	Oint 0.02%; 100 g OP	Aristocort	
	Inj 40 mg per ml, 1 ml; 5 inj	Kenacort-A40	
	0.1% in Dental Paste USP	Oracort	2011
Triamcinolone acetoneide 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	Kenacomb	2009
Trimethoprim	Tab 300 mg; 50 tab	TMP	2011
Ursodeoxycholic acid	Cap 300 mg	Actigall	2011
Vancomycin hydrochloride	Inj 50 mg per ml, 10 ml; 1 inj	Pacific	2011
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	Ointment BP	PSM	2011
Zinc sulphate	Cap 220 mg; 100 cap	Zincaps	2011
Zopiclone	Tab 7.5 mg	Apo-Zopiclone	2011

March changes 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
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New Listings

Effective 1 March 2009

29	OMEPRAZOLE * Inj 40 mg	38.20	5	✓ Dr Reddy's Omeprazole
29	PANTOPRAZOLE * Inj 40 mg	8.75	1	✓ Pantocid I.V
33	GLUCOSE DEHYDROGENASE The number of test strips available on a prescription is restricted to 50 unless: 1) Prescribed with insulin or a sulphonylurea but are on a different prescription and prescription is endorsed accordingly; or 2) Prescribed on the same prescription as insulin or a sulphonylurea in which case the prescription is deemed to be endorsed; or 3) Prescribed for a pregnant woman with diabetes and endorsed accordingly Glucose/test strips.....	22.00	50 test OP	✓ Optium 5 second test
51	SIMVASTATIN – see prescribing guidelines on page 49 * Tab 10 mg	2.05	90	✓ Arrow-Simva
	* Tab 20 mg	3.00	90	✓ Arrow-Simva
	* Tab 40 mg	5.35	90	✓ Arrow-Simva
	* Tab 80 mg	11.65	90	✓ Arrow-Simva
53	CILAZAPRIL * Tab 2.5mg	4.10	28	✓ Inhibace
	* Tab 5 mg	6.01	28	✓ Inhibace
88	MEBENDAZOLE Tab 100 mg	17.28	24	✓ De-Worm
90	AMOXYCILLIN CLAVULANATE Tab amoxicillin 500 mg with potassium clavulanate 125 mg – Up to 30 tab available on a PSO	25.10	100	✓ Synermox
104	IBUPROFEN * Tab 200 mg	16.00	1000	✓ Ethics Ibuprofen

Effective 1 February 2009

73	CONDOMS * 56 mm extra strength - Up to 144 dev available on a PSO	13.36	144	✓ Durex Extra Safe
	* 56 mm - Up to 144 dev available on a PSO	13.36	144	✓ Durex Select Flavours
88	MEBENDAZOLE – Only on a prescription Tab 100 mg	2.53 (7.43)	4	Vermox
114	TRANLYCYPROMINE SULPHATE Tab 10 mg	22.94	50	✓ Parnate S29

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings - effective 1 January 2009

109	ALLOPURINOL				
	* Tab 100 mg	5.44	250	✓ Apo-Allopurinol	
	* Tab 300 mg	4.03	100	✓ Apo-Allopurinol	
	(Note: Progot tabs 100 mg and 300 mg to be delisted 1 June 2009)				
123	CLOZAPINE – Hospital pharmacy [HP4]				
	Oral liq 50 mg per ml.....	34.65	100 ml	✓ Clopine	
184	GLUTEN FREE PASTA – Special Authority see SA0722 – Hospital pharmacy [HP3]				
	Italian long style spaghetti.....	2.00	220 g		
		(3.11)		Orgran	

Changes to Restrictions

Effective 1 March 2009

61	GLYCERYL TRINITRATE * Tab 600 µg - Up to 100 tab available on a PSO	8.00	100 OP	Lycinate 629
63	ISOTRETINOIN see Special Authority SA0947 — Hosp pharmacy [HP3]—Specialist prescription Specialist must be a dermatologist			
	Cap 10 mg	36.00	100	✓ Isotane 10
	Cap 20 mg	47.50	100	✓ Isotane 20

➔ **SA0947** Special Authority for Subsidy

Initial application from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria:

All of the following:

1. Patient has had an adequate trial on other available treatments and has failed these treatments or these are contraindicated.
2. Applicant is a vocationally registered dermatologist, vocationally registered general practitioner, or nurse practitioner working in a relevant scope of practice.
3. Patient has been counselled and understands the risk of teratogenicity if isotretinoin is used during pregnancy and the applicant has ensured that, for female patients, the possibility of pregnancy has been excluded prior to the commencement of the treatment and that (where applicable) the patient is informed that she must not become pregnant during treatment and for a period of one month after the completion of the treatment.

Note: Applicants need to have an up to date knowledge of the treatment options for acne and the safety issues around isotretinoin and be competent to prescribe it. Applicants are recommended to either have used or be familiar with using a decision support tool accredited by their professional body.

Renewal application from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria:

All of the following:

1. Patient has had an adequate trial on other available treatments and has failed these treatments or is contraindicated.
2. Applicant is a vocationally registered dermatologist, vocationally registered general practitioner, or nurse practitioner working in a relevant vocational scope of practice.
3. Patient has been counselled and understands the risk of teratogenicity if isotretinoin is used during pregnancy and the applicant has ensured that, for female patients, the possibility of pregnancy has been excluded prior to the commencement of the treatment and that (where applicable) the patient is informed that she must not become pregnant during treatment and for a period of one month after the completion of the treatment.

Note: Applicants need to have an up to date knowledge of the treatment options for acne and the safety issues around isotretinoin and be competent to prescribe it. Applicants are recommended to either have used or be familiar with using a decision support tool accredited by their professional body.

69	ACITRETIN see Special Authority SA0946 — Hosp pharmacy [HP3]—Specialist prescription Specialist must be a dermatologist			
	Cap 10 mg	94.75	100	✓ Neotigason
	Cap 25 mg	203.70	100	✓ Neotigason

➔ **SA0946** Special Authority for Subsidy

Initial application from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria:

Both:

1. Applicant is a vocationally registered dermatologist, vocationally registered general practitioner, or nurse practitioner working in a relevant scope of practice.

continued...

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions - effective 1 March 2009 (continued)

continued...

2. Patient has been counselled and understands the risk of teratogenicity if acitretin is used during pregnancy and the applicant has ensured that, for female patients, the possibility of pregnancy has been excluded prior to the commencement of the treatment and that (where applicable) the patient is informed that she must not become pregnant during treatment and for a period of two years after the completion of the treatment.

Note: Applicants need to have an up to date knowledge of the treatment options for psoriasis and of disorders of keratinisation and the safety issues around acitretin and be competent to prescribe it.

Renewal application from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria:

Both:

1. Applicant is a vocationally registered dermatologist, vocationally registered general practitioner, or nurse practitioner working in a relevant scope of practice.
2. Patient has been counselled and understands the risk of teratogenicity if acitretin is used during pregnancy and the applicant has ensured that, for female patients, the possibility of pregnancy has been excluded prior to the commencement of the treatment and that (where applicable) the patient is informed that she must not become pregnant during treatment and for a period of two years after the completion of the treatment.

Note: Applicants need to have an up to date knowledge of the treatment options for psoriasis and of disorders of keratinisation and the safety issues around acitretin and be competent to prescribe it.

105	AURANOFIN –Retail pharmacy–Specialist			
	Tab 3 mg	68.99	60	Ridaura
		(70.97)		
105	PENICILLAMINE –Retail pharmacy–Specialist			
	Tab 125 mg	61.93	100	✓D-Penamine
	Tab 250 mg	98.98	100	✓D-Penamine
105	SODIUM AUROTHIOMALATE –Retail pharmacy–Specialist			
	Inj 10 mg per 0.5 ml.....	76.87	10	✓Myocrisin
	Inj 20 mg per 0.5 ml.....	113.17	10	✓Myocrisin
	Inj 50 mg per 0.5 ml.....	217.23	10	✓Myocrisin
108	ALENDRONATE SODIUM – Special Authority see SA0797948 on the preceding page – Retail pharmacy			
	Tab 70 mg	35.91	4	✓Fosamax
	Tab 70 mg with cholecalciferol 2800 iu.....	35.91	4	✓Fosamax Plus

▶ SA0797948 Special Authority for Subsidy

Initial application – (Underlying cause - Osteoporosis) only from a relevant specialist or vocationally registered general practitioner from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Any of the following:

- 1 History of one significant osteoporotic fracture demonstrated radiologically and documented bone mass density (BMD) ≥ 2.5 standard deviations below the mean normal value in young adults (i.e. T-Score ≤ -2.5); or
- 2 History of one significant osteoporotic fracture demonstrated radiologically, and either the patient is elderly, or densitometry scanning cannot be performed because of major logistical, technical or pathophysiological reasons. It is unlikely that this provision would apply to many patients under 75 years of age; or
- 3 History of two significant osteoporotic fractures demonstrated radiologically; or
- 4 Documented T-Score ≤ -3.0 .

continued...

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

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

Changes to Restrictions - effective 1 March 2009 (continued)

continued...

Initial application – (Underlying cause - glucocorticosteroid therapy) ~~only from a relevant specialist or vocationally-registered general practitioner~~ **from any relevant practitioner**. Approvals valid for 1 year for applications meeting the following criteria:

Both:

- 1 The patient is receiving systemic glucocorticosteroid therapy (≥ 5 mg per day prednisone equivalents) and has already received or is expected to receive therapy for at least three months ~~and has either~~; and
- 2 Either:
 - 2.1 **The patient has** documented BMD ≥ 1.5 standard deviations below the mean normal value in young adults (i.e. T-Score ≤ -1.5); or
 - 2.2 **The patient has** a history of one significant osteoporotic fracture demonstrated radiologically.

Renewal – (**Underlying cause was, and remains, glucocorticosteroid therapy**) ~~only from a relevant specialist or vocationally-registered general practitioner~~ **from any relevant practitioner**. Approvals valid for 1 year where the patient is continuing systemic glucocorticosteroid therapy (≥ 5 mg per day prednisone equivalents).

Renewal – (Underlying cause was glucocorticosteroid therapy but patient now meets the 'Underlying cause – osteoporosis' criteria) from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Any of the following:

- 1 **History of one significant osteoporotic fracture demonstrated radiologically and documented bone mass density (BMD) ≥ 2.5 standard deviations below the mean normal value in young adults (i.e. T-Score ≤ -2.5); or**
- 2 **History of one significant osteoporotic fracture demonstrated radiologically, and either the patient is elderly, or densitometry scanning cannot be performed because of major logistical, technical or pathophysiological reasons. It is unlikely that this provision would apply to many patients under 75 years of age; or**
- 3 **History of two significant osteoporotic fractures demonstrated radiologically; or**
- 4 **Documented T-Score ≤ -3.0 .**

Notes:

- a) Evidence used by National Institute for **Health and** Clinical Excellence (NICE) guidance indicates that patients aged 75 years and over who have a history of significant osteoporotic fracture demonstrated radiologically are very likely to have a T-Score ≤ -2.5 , and therefore do not require BMD measurement for treatment with bisphosphonates.
- b) Osteoporotic fractures are the incident events for severe (established) osteoporosis, and can be defined using the WHO definitions of osteoporosis and fragility fracture. The WHO defines severe (established) osteoporosis as a T-score below -2.5 with one or more associated fragility fractures. Fragility fractures are fractures that occur as a result of mechanical forces that would not ordinarily cause fracture (minimal trauma). The WHO has quantified this as forces equivalent to a fall from a standing height or less.
- c) In line with the Australian guidelines for funding alendronate, a vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

108 ALENDRONATE SODIUM – Special Authority see SA0467949 above – Retail pharmacy
Tab 40 mg 133.00 30 ✓ Fosamax

▶ SA0467949 Special Authority for Subsidy

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

Both:

- 1 Paget's disease; and
- 2 Any of the following:
 - 2.1 Bone or articular pain; or
 - 2.2 Bone deformity; or

continued...

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
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Changes to Restrictions - effective 1 March 2009 (continued)

continued...

- 2.3 Bone, articular or neurological complications; or
- 2.4 Asymptomatic disease, but risk of complications due to site (base of skull, spine, long bones of lower limbs); or
- 2.5 Preparation for orthopaedic surgery.

Renewal **only** from **any** relevant **specialist practitioner**. Approvals valid for 6 months where the treatment remains appropriate and the patient is benefiting from treatment.

108	CALCITONIN —Hospital pharmacy [HP3]—Specialist * Inj 100 iu per ml, 1 ml	110.00	5	✓ Miacalcic
109	BACLOFEN —Retail pharmacy—Specialist * Tab 10 mg	3.75	100	✓ Pacifen
109	DANTROLENE SODIUM—Retail pharmacy—Specialist * Cap 25 mg	32.96	100	✓ Dantrium
	* Cap 50 mg	51.70	100	✓ Dantrium
109	PAMIDRONATE DISODIUM —Special Authority see SA0091 below – Hospital pharmacy [HP3] Inj 3 mg per ml, 5 ml	18.75	1	✓ Pamisol
	Inj 3 mg per ml, 10 ml	37.50	1	✓ Pamisol
	Inj 6 mg per ml, 10 ml	75.00	1	✓ Pamisol

▶ SA0091 Special Authority for Subsidy

Initial application only from a relevant specialist. Approvals valid for 2 years for applications meeting the following criteria:

Either:

1—Paget's disease; or

2—Both:

2.1 Patients under hospice care; and

2.2 Either:

2.2.1 Tumour-induced hypercalcaemia; or

2.2.2 Tumour-induced osteolysis without hypercalcaemia.

Renewal only from a relevant specialist. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.

Effective 1 February 2009

143	ANASTROZOLE Tab 1 mg —Higher subsidy of \$240.00 per 30 with Special Authority see SA0942	146.46 (240.00)	30	Arimidex
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▶ SA0942 Special Authority for Alternate Subsidy

Initial application — New Patients — only from a relevant specialist. Approvals valid for 5 years for applications meeting the following criteria:

All of the following:

1—Patient is a postmenopausal woman; and

2—Patient has hormone receptor positive early breast cancer; and

3—Either:

3.1 The patient has a very clear history of intolerance to tamoxifen; or

3.2 The use of tamoxifen is contraindicated due to a history of thromboembolic disease.

continued...

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

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

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 February 2009 (continued)

continued...

~~Initial application — Patient has had a Special Authority approval for anastrozole prior to 1 December 2008 — only from a relevant specialist. Approval valid without further renewal unless notified where the treatment remains appropriate and the patient is benefiting from treatment.~~

~~Renewal — only from a relevant specialist. Approvals valid without further renewal unless notified where the treatment remains appropriate and the patient is benefiting from treatment.~~

~~Note: If the patient had an approval for anastrozole prior to 1 December 2008 the applicant is required to submit a fresh initial application in the first instance, not a renewal application. Please phone Ministry of Health Sector Services on 0800 243 666 for clarification if needed.~~

Effective 1 January 2009

EXTEMPORANEOUSLY COMPOUNDED PRODUCTS AND GALENICALS

Standard Formulae

167	MAGNESIUM HYDROXIDE MIXTURE	
	Magnesium hydroxide paste	275 g
	Methylhydroxybenzoate	1.5 g
	Water	770 ml

(Not subsidised as a laxative)

▲ 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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Subsidy
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Changes to Subsidy and Manufacturer's Price

Effective 1 March 2009

26	SODIUM ALGINATE (↑ price) * Tab 500 mg with sodium bicarbonate 267 mg and calcium carbonate 160 mg – peppermint flavour	1.80 (8.60)	60		Gaviscon Double Strength
	* Oral liq 500 mg with sodium bicarbonate 267 mg per 10 ml (aniseed)	1.50 (8.64)	500 ml		Gaviscon
29	OMEPRAZOLE (↓ price) * Cap 10 mg	2.14 (4.40)	30		Losec
	* Cap 20 mg	3.05 (4.70)	30		Losec
	* Cap 40 mg	3.59 (5.90)	30		Losec
	* Inj 40 mg	7.54 (7.73)	1		Losec
36	CHOLINE SALICYLATE WITH CETALKONIUM CHLORIDE (↑ price) * Adhesive gel 8.7% with cetalkonium chloride 0.01 %	2.06 (5.25)	15 g OP		Bonjela
37	MICONAZOLE (↓ price and subsidy) Oral gel 20 mg per g	8.70	40 OP	✓	Daktarin
77	CLOTRIMAZOLE (↑ price) * Vaginal cream 2% with applicators	3.44 (5.71)	25 g OP		Clotrimaderm 2%
109	ALLOPURINOL (↓ subsidy) * Tab 100 mg	10.88 (11.45)	500		Progout
	* Tab 300 mg	20.15 (21.20)	500		Progout
110	ASPIRIN (↓ subsidy) * Tab EC 300 mg	2.15 (8.10)	100		Aspec 300
111	DEXTROPROPOXYPHENE WITH PARACETAMOL (↑ price) Cap hydrochloride 32.5 mg with paracetamol 325 mg	19.91 (33.14)	500		Capadex
129	MIDAZOLAM (↓ price and subsidy) Inj 1 mg per ml, 5 ml	10.75 (14.73)	10	✓	Hypnovel Pfizer
	Inj 5 mg per ml, 3 ml	11.90 (19.64)	10	✓	Hypnovel Pfizer

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

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

Check your Schedule for full details Schedule page ref		Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Subsidy and Manufacturer's Price - effective 1 March 2009 (continued)

129	TRIAZOLAM - Month restriction (↑ price)			
	Tab 125 µg	5.10 (6.50)	100	Hypam
	Tab 250 µg	4.10 (7.20)	100	Hypam
145	OCTREOTIDE (SOMATOSTATIN ANALOGUE) – Special Authority see SA0563 below – Hospital pharmacy [HP3] (↑ subsidy)			
	Inj 50 µg per ml, 1 ml	43.50	5	✓ Sandostatin
	Inj 100 µg per ml, 1 ml	81.00	5	✓ Sandostatin
	Inj 500 µg per ml, 1 ml	399.00	5	✓ Sandostatin
150	BEE VENOM ALLERGY TREATMENT – Special Authority see SA0053 below – Hospital pharmacy [HP3] (↑ subsidy)			
	Maintenance kit – 6 vials 120 µg freeze dried venom, 6 diluent 1.8 ml	285.00	1 OP	✓ Albany
	Treatment kit – 1 vial 550 µg freeze dried venom, 1 diluent 9 ml, 3 diluent 1.8 ml	285.00	1 OP	✓ Albany
150	WASP VENOM ALLERGY TREATMENT - Special Authority see SA0053 below – Hospital pharmacy [HP3] (↑ price and subsidy)			
	Treatment kit (Paper wasp venom) - 1 vial 550 µg freeze dried polister venom, 1 diluent 9 ml, 1 diluent 1.8 ml	285.00	1 OP	✓ Albany
	Treatment kit (Yellow jacket venom) – 1 vial 550 µg freeze dried vespula venom, 1 diluent 9 ml, 1 diluent 1.8 ml	285.00	1 OP	✓ Albany

Effective 1 February 2009

27	ZINC OXIDE (↑ price)			
	Oint zinc oxide with balsam peru	4.50 (6.67)	50 g OP	Anusol
	Suppos zinc oxide with balsam peru	4.47 (6.49)	12	Anusol
58	AMLODIPINE (↓ subsidy)			
	* Tab 5 mg	2.20	30	✓ Calvasc
	* Tab 10 mg	3.54	30	✓ Calvasc
67	TRIAMCINOLONE ACETONIDE WITH GRAMICIDIN, NEOMYCIN AND NYSTATIN (↑ price)			
	Crm 1 mg with nystatin 100,000 u, neomycin sulphate 2.5 mg and gramicidin 250 µg per g – Only on a prescription	3.49 (6.60)	15 g OP	Viaderm KC
68	AQUEOUS (↓ price)			
	* Crm	2.28	500 g	✓ Multichem
68	UREA (↑ price)			
	* Crm 10%	2.52 (3.07)	100 g OP	Nutraplus

▲ 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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Subsidy
(Mnfr's price)
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Generic Mnfr
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Changes to Subsidy and Manufacturer's Price - effective 1 February 2009 (continued)

114	TRIMIPRAMINE MALEATE (↑ subsidy and price)			
	Cap 25 mg	6.20	100	✓Tripress
	Cap 50 mg	11.20	100	✓Tripress
143	ANASTROZOLE (↓ price)			
	Tab 1 mg	146.46	30	✓Arimidex
150	CETIRIZINE HYDROCHLORIDE (↓ subsidy)			
	* Tab 10 mg	1.99	90	
		(3.32)		Razene
	* Oral liq 1 mg per ml	1.75	100 ml OP	
		(2.75)		Allerid C

Effective 1 January 2009

29	OMEPRAZOLE (↓ subsidy and ↓ price)			
	* Cap 10 mg	2.14	30	
		(8.43)		Losec
	* Cap 20 mg	3.05	30	
		(9.00)		Losec
	* Cap 40 mg	3.59	30	
		(11.25)		Losec
58	NIFEDIPINE (↓ subsidy and price)			
	* Tab long-acting 30 mg	10.70	30	✓Arrow-Nifedipine XR
				✓Adefin XL
	* Tab long-acting 60 mg	15.35	30	✓Arrow-Nifedipine XR
				✓Adefin XL
68	AQUEOUS CREAM (↓ subsidy)			
	* Crm.....	2.28	500 g	
		(2.37)		Multichem
77	CLOTRIMAZOLE (↓ subsidy)			
	* Vaginal crm 2% with applicators	3.44	25 g OP	
		(3.99)		Clotrimaderm 2%
90	AMOXYCILLIN (↓ subsidy)			
	Drops 125 mg per 1.25 ml	2.67	20 ml OP	
		(7.25)		Amoxil Paediatric Drops
	Inj 250 mg	6.21	5	
		(6.32)		Ibiamox
	Inj 500 mg	7.12	5	
		(7.32)		Ibiamox
	Inj 1 g	10.8	5	
		(11.00)		Ibiamox

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 2009 (continued)

91	CIPROFLOXACIN (↓ subsidy)		
	Tab 250 mg – Up to 5 tab available on a PSO	3.13	28 ✓ CipfloX
	Tab 500 mg – Up to 5 tab available on a PSO	4.57	28
		(8.31)	CipfloX
	Tab 750 mg – Up to 5 tab available on a PSO	7.04	28 ✓ CipfloX
104	PYRIDOSTIGMINE BROMIDE (↑ subsidy)		
	▲ Tab 60 mg	40.08	100 ✓ Mestinon
110	PARACETAMOL (↑ price)		
	Tab 500 mg - Up to 30 available on a PSO.....	1.38	150
		(14.67)	Panadol
		137.81	15,000
		(1,467.00)	Panadol
114	CITALOPRAM HYDROBROMIDE (↓ subsidy)		
	* Tab 20 mg	1.26	28 ✓ Arrow-Citalopram
		(3.50)	✓ Citalopram-Rex
			Celapram
119	METOCLOPRAMIDE HYDROCHLORIDE WITH PARACETAMOL (↑ subsidy)		
	Tab 5 mg with paracetamol 500 mg.....	6.77	60 ✓ Paramax
120	HYOSCINE (SCOPOLAMINE) – Special Authority see SA0727 – Hospital Pharmacy [HP3] (↑ subsidy)		
	Patches 1.5 mg.....	11.95	2 ✓ Scopoderm TTS
123	CLOZAPINE – Hospital pharmacy [HP4] (↓ subsidy)		
	Tab 25 mg	13.37	50 ✓ Clopine
		13.37	50 ✓ Clozaril
		26.74	100 ✓ Clopine
	Tab 50 mg	17.33	50 ✓ Clopine
		34.65	100 ✓ Clopine
	Tab 100 mg	34.65	50 ✓ Clozaril
		34.65	50 ✓ Clopine
		69.30	100 ✓ Clopine
	Tab 200 mg	55.45	50 ✓ Clopine
		110.90	100 ✓ Clopine
136	OXALIPLATIN – PCT only – Specialist – Special Authority see SA0900 (↓ subsidy and price)		
	Inj 50 mg	200.00	1 ✓ Eloxatin
	Inj 100 mg	400.00	1 ✓ Eloxatin
	Inj 1 mg for ECP.....	4.36	1 mg ✓ Baxter
146	OCTREOTIDE (SOMATOSTATIN ANALOGUE) - Special Authority see SA0563		
	– Hospital pharmacy [HP3] (↓ subsidy)		
	Inj 50 µg per ml, 1 ml	25.65	5
		(43.50)	Sandostatin
	Inj 100 µg per ml, 1 ml	48.50	5
		(81.00)	Sandostatin
	Inj 500 µg per ml, 1 ml.....	175.00	5
		(399.00)	Sandostatin

▲ 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 2009 (continued)

161	HYPROMELLOSE (↑ subsidy) * Eye drops 0.5%	2.00	15 ml OP	✓ Methopt
184	GLUTEN FREE PASTA – Special Authority see SA0722 – Hospital Pharmacy [HP3] (↑ price)			
	Buckwheat Spirals	2.00 (3.11)	250 g OP	Orgran
	Corn and Spinach Rigattini.....	2.00 (2.92)	250 g OP	Orgran
	Corn and Vegetable Shells	2.00 (2.92)	250 g OP	Orgran
	Corn and Vegetable Spirals	2.00 (2.92)	250 g OP	Orgran
	Garlic and Parsley Shells	2.00 (2.92)	250 g OP	Orgran
	Rice and Corn Garden Herb Pasta.....	2.00 (2.92)	250 g OP	Orgran
	Rice and Corn Lasagne Sheets	2.00 (3.82)	200 g OP	Orgran
	Rice and Corn Macaroni	2.00 (2.92)	250 g OP	Orgran
	Rice and Corn Penne.....	2.00 (2.92)	250 g OP	Orgran
	Rice and Maize Pasta Spirals	2.00 (2.92)	250 g OP	Orgran
	Rice and Millet Spirals	2.00 (3.11)	250 g OP	Orgran
	Rice and corn spaghetti noodles	2.00 (2.92)	375 g OP	Orgran
	Vegetable and Rice Spirals.....	2.00 (2.92)	250 g OP	Orgran

Changes to Brand Name

Effective 1 March 2009

33 GLUCOSE DEHYDROGENASE

The number of test strips available on a prescription is restricted to 50 unless:

- 1) Prescribed with insulin or a sulphonylurea but are on a different prescription and prescription is endorsed accordingly; or
- 2) Prescribed on the same prescription as insulin or a sulphonylurea in which case the prescription is deemed to be endorsed; or
- 3) Prescribed for a pregnant woman with diabetes and endorsed accordingly

Glucose/test strips.....	22.00	50 test OP	✓ Optium ✓ Optium 10 second test
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Changes to Description

Effective 1 January 2009

38 CALCIUM

Tab eff 1 g (elemental)	6.54	30	✓ Calsource
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Changes to General Rules

Effective 1 February 2009

21 3.4 Original packs, and certain Antibiotics

3.4.2 If a Community Pharmaceutical is the liquid form of an antibiotic to which a diluent must be added by the Contractor at the time of dispensing and it is prescribed or ordered by a Practitioner in an amount that does not coincide with the amount contained in one or more of standard packs of the Community Pharmaceutical, Subsidy will **only be made paid** for the amount prescribed or ordered by the Practitioner in accordance with either clause 3.1 or clause 3.3 of the Schedule, **and for the** ~~unless the Contractor satisfies the Funder that he or she has not been able to dispense the balance of any the pack or packs from which the Community Pharmaceutical has been dispensed. At the time of dispensing the Contractor must keep a record of the quantity discarded. In such cases all of that pack or those packs is eligible for subsidy. — To ensure wastage is reduced, the Contractor should~~ **reduce the amount dispensed to make it equal to the quantity contained in a whole pack where:**

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

Note: For the purposes of audit and compliance it is an act of fraud to claim for a whole pack (which includes a wastage amount) and then dispense the wastage amount for a subsequent prescription.

▲ 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 PSO

Effective 1 March 2009

GLYCERYL TRINITRATE

Tab 600 µg100

Changes to Sole Subsidised Supply

Effective 1 March 2009

For the list of new Sole Subsidised Supply products effective 1 March 2009 refer to the bold entries in the cumulative Sole Subsidised Supply table pages 10-18.

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 2009

59	VERAPAMIL HYDROCHLORIDE * Tab 40 mg	4.75	100	✓ Verpamil
91	FLUCLOXACILLIN SODIUM Inj 250 mg	4.50 (4.66)	5	Flucloxin
	Inj 500 mg	5.20 (5.45)	5	Flucloxin
	Inj 1 g	7.00 (7.54)	5	Flucloxin
174	ORAL FEED 1KCAL/ML – Special Authority see SA0594 on the preceding page – Hospital pharmacy [HP3] Liquid (chocolate)	1.78	237ml OP	✓ Resource Diabetic

Effective 1 February 2009

160	POLYVINYL ALCOHOL * Eye drops 1.4 %	2.68	15 ml OP	✓ Liquifilm Tears
	* Eye drops 3 %	3.75	15 ml OP	✓ Liquifilm Forte

Effective 1 January 2009

29	OMEPRAZOLE * Cap 10 mg	2.14 (5.95)	30	Omezol
	* Cap 20 mg	3.05 (5.95)	30	Omezol
	* Cap 40 mg	3.59 (8.84)	30	Omezol
114	NORTRIPTYLINE HYDROCHLORIDE Tab 25 mg	34.90	500	✓ Norpress
184	GLUTEN FREE PASTA – Special Authority see SA0722 – Hospital Pharmacy [HP3] Garlic and Parsley spirals	2.00 (2.63)	250 g	Orgran

▲ 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 April 2009

90	AMOXYCILLIN				
	Drops 125 mg per 1.25 ml	2.67	20 ml OP		
		(7.25)			Amoxil Paediatric Drops
	Inj 250 mg	6.21	5		Ibiamox
		(6.32)			
	Inj 500 mg	7.12	5		Ibiamox
		(7.23)			
	Inj 1 g – Up to 5 inj available on a PSO.....	10.81	5		Ibiamox
		(11.00)			
114	CITALOPRAM HYDROBROMIDE				
	* Tab 20 mg	1.26	28		✓ Arrow-Citalopram
		(3.50)			✓ Citalopram-Rex Celapram
186	PHENYL FREE PASTA – Special Authority see SA0733 – Hospital pharmacy [HP3]				
	Macaroni.....	10.65	500 g OP		
		(11.91)			Loprofin

Effective 1 May 2009

53	DOXAZOSIN MESYLATE				
	* Tab 2 mg	4.81	100		✓ Apo-Doxazosin
	Note – the 500 tablet pack listed 1 November 2008				
81	OESTRADIOL VALERATE – See prescribing guideline				
	* Tab 2 mg	4.12	28		✓ Progynova

Effective 1 June 2009

53	DOXAZOSIN MESYLATE				
	* Tab 4 mg	6.37	100		✓ Apo-Doxazosin
	Note – the 500 tablet pack listed 1 December 2008				
109	ALLOPURINOL				
	Tab 100 mg	10.88	500		Progout
		(11.45)			
	Tab 300 mg	20.15	500		Progout
		(21.20)			
115	CARBAMAZEPINE				
	* Tab 200 mg	29.06	200		✓ Tegretol
	Note – the 100 tablet pack size listed 1 December 2008				

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Items to be Delisted - effective 1 July 2009

48	WATER 1) on a prescription or Practitioner's Supply order only when on the same form as an injection listed in the Pharmaceutical Schedule requiring a solvent or diluent; or 2) on a bulk supply order; or 3) When used in the extemporaneous compounding of eye drops Purified for inj 2 ml – Up to 5 ink available on a PSO	21.90	50	✓ Baxter
65	CROTAMITON a) Only on a prescription b) Not in combination Lotn 10%	7.56 (7.70)	50 ml	Eurax
136	FLUOROURACIL SODIUM Inj 25 mg per ml, 20 ml – PCT only – Specialist.....	55.60	10	✓ Mayne
177	PAEDIATRIC ORAL FEED 1.5KCAL/ML –Special Authority see SA0986 – Hospital pharmacy [HP3] Liquid (chocolate)	1.27	200 ml OP	✓ Resource Just for Kids
	Liquid (vanilla).....	1.27	200 ml OP	✓ Resource Just for Kids
184	GLUTEN FREE PASTA – Special Authority see SA0722 – Hospital pharmacy [HP3] Corn and Parsley fettucine	2.00 (2.63)	250 g OP	Orgran

Effective 1 August 2009

45	MENADIONE SODIUM BISULPHITE * Tab 10 mg	4.75	100	✓ K-Thrombin
48	HEPARINISED SALINE * Inj 100 iu per ml, 2 ml	8.30	10	✓ Hospira S29
51	SIMVASTATIN * Tab 10 mg	1.27 8.33	30	✓ SimvaRex ✓ Lipex
	* Tab 20 mg	1.54 10.13	30	✓ SimvaRex ✓ Lipex
	* Tab 40 mg	2.74 18.00	30	✓ SimvaRex ✓ Lipex
	* Tabs 80 mg.....	3.18 21.00	30	✓ SimvaRex ✓ Lipex
88	MEBENDAZOLE Tab 100 mg	3.79 (7.59)	6	Vermox

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Items to be Delisted - effective 1 August 2009 (continued)

104	IBUPROFEN * Tab 200 mg	1.78	100	✓ I-Profen
174	ORAL FEED 1KCAL/ML –Special Authority see SA0594 – Hospital Pharmacy [HP3] Liquid (chocolate)	1.78	237 ml OP	✓ Resource Diabetic

Effective 1 September 2009

33	GLUCOSE DEHYDROGENASE The number of test strips available on a prescription is restricted to 50 unless: 1) Prescribed with insulin or a sulphonylurea but are on a different prescription and prescription is endorsed accordingly; or 2) Prescribed on the same prescription as insulin or a sulphonylurea in which case the Prescription is deemed to be endorsed; or 3) Prescribed for a pregnant woman with diabetes and endorsed accordingly; Blood/glucose test strips	22.00	50 test OP	✓ Optium 10 second test
35	GLYCEROL * Suppos 2.55 g – Only on a prescription	3.12	12	✓ Fleet Glycerin Suppositories
57	LABETALOL * Inj 5 mg per ml, 5 ml	14.77 (22.15)	5	Trandate S29
67	TRIAMCINOLONE ACETONIDE WITH GRAMICIDIN, NEOMYCIN AND NYSTATIN Oint 1 mg with nystatin 100,000 u, neomycin sulphate 2.5 mg and gramicidin 250 µg per g – Only on a prescription.....	3.00	15 g OP	✓ Kenacomb
74	ETHINYLIOESTRADIOL WITH GESTODENE * Tab 30 µg with gestodene 75 µg and 7 inert tab	6.62 (16.50)	84	Minulet 28
75	ETHINYLIOESTRADIOL WITH LEVONORGESTREL * Tab ethinylloestradiol 30 µg with levonorgestrel 50 µg (6) and tab ethinylloestradiol 40 µg with levonorgestrel 75 µg (5), and tab ethinylloestradiol 30 µg with levonorgestrel 125 µg (10) and 7 inert tab	6.62 (14.49)	84	Triphasil 28
80	TRIAMCINOLONE ACETONIDE Inj 10 mg per ml, 1 ml	11.11	5	✓ Kenacort-A
90	DICLOXACILLIN Cap 250 mg	2.47 (4.35)	24	Diclocil
	Cap 500 mg	3.83 (8.65)	24	Diclocil

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 September 2009 (continued)

174	DIABETIC ENTERAL FEED 1KCAL/ML – Special Authority see SA0594 on the preceding page – Hospital pharmacy [HP3]			
	Liquid.....	7.50	1,000 ml OP	✓ Resource Diabetic TF RTH

Effective 1 October 2009

53	CILAZAPRIL			
	Tab 2.5 mg	4.39	30	✓ Inhibace
	Tab 5 mg	6.44	30	✓ Inhibace

▲ 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 2009

AMOXYCILLIN CLAVULANATE (new listing)

Tab amoxicillin 500 mg with

potassium clavulanate 125 mg...**Synermox** 25.10 100 1% Augmentin May-2009

Note – the Augmentin brand of amoxicillin clavulanate tablets will be delisted from 1 May 2009

CILAZAPRIL (new listing)

Tab 2.5 mg.....Inhibace 4.10 28

Tab 5 mg.....Inhibace 6.01 28

Note – the 30 tab pack of Inhibace brand of cilazapril tabs 2.5 mg and 5 mg will be delisted from 1 April 2009

FILGRASTIM (new listing and HSS)

Inj 300 µg per 0.5 ml

prefilled syringe.....**Neupogen** 135.00 1 1% Jun-09 (B)

Inj 300 µg per 1 ml vial.....**Neupogen** 650.00 5 1% Jun-09 (B)

Inj 480 µg per 0.5 ml

prefilled syringe.....**Neupogen** 216.00 1 1% Jun-09 (B)

GLYCERYL TRINITRATE (addition of HSS)

Tab 600 µg.....**Lycinate** 8.00 100 OP 1% Mar-09 (B)

MEBENDAZOLE (new listing and HSS)

Tab 10 mg.....**De-Worm** 17.28 24 1% Vermox May-2009

MIDAZOLAM (↓ price)

Inj 1 mg per ml, 5 ml**Hypnovel** 10.75 10 5% Apr-06 Mayne

Inj 5 mg per ml, 3 ml**Hypnovel** 11.90 5 5% Apr-06 Mayne

OCTREOTIDE (SOMATOSTATIN ANALOGUE) (removal of HSS)

Inj 50 µg per ml, 1 ml.....Hospira 25.65 5 ~~1% Jan-09 Sandostatin~~

Inj 100 µg per ml, 1 ml.....Hospira 48.50 5 ~~1% Jan-09 Sandostatin~~

Inj 500 µg per ml, 1 ml.....Hospira 175.00 5 ~~1% Jan-09 Sandostatin~~

Note – Sandostatin inj 50 µg per ml, 1 ml; 100 µg per ml; and 500 µg per ml, 1ml to be delisted 1 January 2009

OMEPRAZOLE (↓ price)

Cap 10 mgLosec 4.40 30

Cap 20mgLosec 4.70 30

Cap 40 mgLosec 5.90 30

Inj 40 mg per 10 ml, vial.....Losec 7.73 1

Inf 40 mgLosec IV 38.65 5

OMEPRAZOLE (new listing)

Inj 40 mg.....Dr Reddy's

Omeprazole 38.20 5

PACLITAXEL (new pack size)

Inj 30 mg.....Paclitaxel Ebewe 189.75 5

PANTOPRAZOLE (new listing and HSS)

Inj 40 mg**Pantocid** 8.75 1 1% Somac May-2009

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 March 2009 (continued)

PEGFILGRASTIM (new listing)

Inj 6 mg per 0.6 ml prefilled syringe.....Neulastim		1,395	1			
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SIMVASTATIN

Tab 10 mg..... Arow-Simva	2.05	90	1%	May-2009	Lipex SimvaRex
Tab 20 mg..... Arow-Simva	3.00	90	1%	May-2009	Lipex SimvaRex
Tab 40 mg..... Arow-Simva	5.35	90	1%	May-2009	Lipex SimvaRex
Tab 80 mg..... Arow-Simva	11.65	90	1%	May-2009	Lipex SimvaRex

Note: the SimvaRex brand of simvastatin tabs 10mg, 20mg, 40 mg and 80 mg will be delisted from 1 May 2009

Effective 1 February 2009

AMOXYCILLIN WITH CLAVULANIC ACID (t price)

Inj 600 mg, 500 mg with 100 mg clavulanic acidAugmentin	28.24	10			
Inj 1.2 g, 1000 mg with 200 mg clavulanic acidAugmentin	31.60	10			

FENTANYL (t price)

Inj 50 µg per ml, 2 ml.....Hospira	6.10	5			
Inj 50 µg per ml, 10 ml.....Hospira	15.65	5			

ZOPICLONE

Tab 7.5 mg..... Apo-Zopiclone	21.02	500	1%	Feb-09	Imovane
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Note: DV date amended from Jan-09 to Feb-09

Effective 1 January 2009

ALLOPURINOL (new listing and HSS)

Tab 100 mg Apo-Allopurinol	5.44	250	1%	Mar-09	Allohexal Allorin Progout
Tab 300 mg..... Apo-Allopurinol	4.03	100	1%	Mar-09	Allohexal Allorin Progout

(Note: Progout 100 mg and 300 mg to be delisted 1 March 2009)

CLOZAPINE (new listing)

Oral liq 50 mg per mlClopine	45.60	100 ml			
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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 2009 (continued)

CLOZAPINE (↓ price)

Tab 25 mg.....	Clozaril	13.37	50			
	Clopine					
	Clopine	26.74	100			
Tab 50 mg.....	Clopine	17.33	50			
	Clopine	34.65	100			
Tab 100 mg.....	Clozaril	34.65	50			
	Clopine					
	Clopine	69.30	100			
Tab 200 mg.....	Clopine	55.45	50			
	Clopine	110.90	100			

HYOSCINE (SCOPOLAMINE) (new listing)

Patches 1.5 mg	Scopoderm TTS	11.95	2			
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HYPROMELLOSE (new listing and HSS)

Eye drops 0.5%.....	Methopt	2.00	15 ml	1%	Mar-09	(B)
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NIFEDIPINE (↓ price)

Tab long-acting 30 mg.....	Arrow-Nifedipine XR	10.70	30			
	Adefin XL					
Tab long-acting 60 mg.....	Arrow-Nifedipine XR	15.35	30			
	Adefin XL					

OMEPRAZOLE (new listing)

Inf 40 mg	Dr Reddy's Omeprazole	38.65	5			
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OMEPRAZOLE (↓ price)

Cap 10 mg	Losec	8.43	30			
Cap 20 mg	Losec	9.00	30			
Cap 40 mg	Losec	11.25	30			

(Note: Losec 10 mg, 20 mg and 40 mg to be delisted 1 May 2009)

OXALIPLATIN (↓ price)

Inj 50 mg.....	Eloxatin	200.00	1			
Inj 100 mg.....	Eloxatin	400.00	1			

Effective 1 December 2008

ADRENALINE (new listing)

Inj 1,000, 1 ml.....	Aspen-Adrenaline	4.98	5			
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AMISULPRIDE (new listing)

Tab 100 mg.....	Solian	22.52	30			
Tab 200 mg.....	Solian	97.03	60			
Tab 400 mg.....	Solian	185.44	60			
Oral liquid 100 mg per ml	Solian	55.44	60 ml			

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 2008 (continued)

AMLODIPINE (new listing)

Tab 5 mg.....	Apo-Amlodipine	7.33	100	1%	Feb-09	Calvasc Norvasc
Tab 10 mg.....	Apo-Amlodipine	11.79	100	1%	Feb-09	Calvasc Norvasc

ANASTROZOLE-DP (new listing)

Tab 1 mg.....	DP-Anastrozole	29.50	30			
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CEFAZOLIN SODIUM (delisting)

Inj 500 mg.....	m-Cefazolin	13.60	10			
Inj 1 g.....	m-Cefazolin	18.60	10			

CETIRIZINE HYDROCHLORIDE (new listing)

Tab 10 mg.....	Zetop	2.21	100	1%	Feb-09	Apo-Cetirizine Allerid-C Cetirizine Histaclear Razene
Oral Liquid 1 mg per 1 ml	Cetirizine-AFT	3.50	200 ml	1%	Feb-09	Allerid-C Zyrtec

Note – Allerid-C to be delisted 1 Feb 2009

DILTIAZEM HYDROCHLORIDE (new listing)

Tab 30 mg.....	Dilzem	4.50	100	5%	Jun-09	(B)
Tab 60 mg.....	Dilzem	8.50	100	5%	Jun-09	(B)
Cap long-acting 120 mg.....	Cardizem CD	4.72	30	5%	Jun-09	(B)
Cap long-acting 180 mg.....	Cardizem CD	7.08	30	5%	Jun-09	Dilzem LA
Cap long-acting 240 mg.....	Cardizem CD	9.44	30	5%	Jun-09	Dilzem LA

DOXAZOSIN MESYLATE (new listing)

Tab 4 mg.....	Apo-Doxazosin	30.26	500	1%	Jan-09	Dosan
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Note – Apo-Doxazosin tab 4 mg 100 tablet pack size to be delisted 1 Feb 2009

ERYTHROPOIETIN BETA (price change)

Inj 1,000 iu, pre-filled syringe.....	Recormon	48.68	6			
Inj 2,000 iu, pre-filled syringe.....	Recormon	120.18	6			
Inj 3,000 iu, pre-filled syringe.....	Recormon	166.87	6			
Inj 4,000 iu, pre-filled syringe.....	Recormon	193.13	6			
Inj 5,000 iu, pre-filled syringe.....	Recormon	243.26	6			
Inj 6,000 iu, pre-filled syringe.....	Recormon	291.92	6			
Inj 10,000 iu, pre-filled syringe.....	Recormon	395.18	6			

FLUOROURACIL SODIUM (new listing)

Crm 5%.....	Efudix	26.49	20 g			
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POTASSIUM CHLORIDE (delisting)

Inj 75 mg per ml, 10 ml	AstraZeneca	26.00	50			
Inj 150 mg per ml, 10 ml	AstraZeneca	26.00	50			

Section H changes to Part IV

Effective 1 March 2009

FILGRASTIM

Inj 480 µg per 0.5 ml prefilled syringe

Neupogen

Indefinite supply for any appropriate indication for the management of patients with cancer

METHOXSALEN

Tab 10 mg

Methoxy psoralen

Indefinite supply for PUVA – psoralen plus untra violet a (UVA) therapy for severe, disabling psoriasis prephototherapy

Effective 1 December 2008

SPECIAL FOOD SUPPLEMENT

Liquid, 237 ml

Impact Advanced Recovery Vanilla and Chocolate

Three packs of 237 mls per days for 5 to 7 days prior to major gastrointestinal or head or neck surgery.

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