

Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 April 2009

Cumulative for January, February, March and April 2009

Section H for April 2009



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Summary of PHARMAC decisions

EFFECTIVE 1 APRIL 2009

New listings (page 15)

- Apomorphine hydrochloride (Apomine) inj 10 mg per ml, 2 ml
- Atomoxetine (Strattera) cap 10 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg, and 100 mg – Special Authority – Retail Pharmacy
- Clozapine (Clozaril) tab 25 mg and 100 mg
- Danazol (Azol) cap 100 mg – Retail pharmacy-Specialist
- Ropirinole hydrochloride (Ropin) tab 0.25 mg, 1 mg, 2 mg and 5 mg
- Food thickener (Resource Thicken Up) powder 6 kg – Special Authority – Retail pharmacy
- Gemcitabine hydrochloride (Gemcitabine Ebewe) inj 200 mg and 1 g

Changes to restrictions (pages 18 – 21)

- Acitretin (Neotigason) cap 10 mg and 25 mg - amended Special Authority criteria
- Isotretinoin (Isotane) cap 10 mg and 25 mg - amended Special Authority criteria
- Ondansetron (Zofran) tab 4 mg and 8 mg and (Zofran Zydis) tab disp 4 mg and 8 mg – addition of Access Exemption Criteria restriction
- Pegylated interferon alpha-2a (Pegasys) inj 135 µg and 180 µg prefilled syringe – amended Special Authority criteria
- Pegylated interferon alpha-2a (Pegasys RBV Combination pack) inj 135 µg prefilled syringe × 4 with ribavirin tab 200 mg – amended Special Authority criteria
- Pegylated interferon alpha-2a (Pegasys RBV Combination Pack) inj 180 µg pre-filled syringe × 4 with ribavirin tab 200 mg – amended Special Authority criteria
- Pegylated interferon alpha-2b (Pegatron Combination Therapy) inj 50 µg, 80 µg, 100 µg, 120 µg and 150 µg prefilled syringe with ribavirin tab – amended Special Authority criteria
- Ropinirole hydrochloride (Requip and Ropin) – removal of Retail pharmacy-Specialist

Decreased subsidy (pages 26 – 27)

- Acitretin (Neotigason) cap 10 mg and 25 mg
- Bezafibrate (Bezalip Retard) tab long-acting 400 mg
- Diazepam (Stesolid) rectal tubes 5 mg and 10 mg
- Insulin aspart (Novorapid Penfill) inj 100 u per ml, 3 ml
- Insulin aspart (Novorapid) inj 100 u per ml, 10 ml

Increased subsidy (pages 26 – 27)

- Ethambutol hydrochloride (Myambutol ^{S29}) tab 400 mg
- Paracetamol (Panadol) suppos 125 mg and 250 mg
- Trifluoperazine (Stelazine ^{S29}) tab 1 mg, 2 mg and 5 mg

Atomoxetine hydrochloride – new listing for attention deficit and hyperactivity disorder

From 1 April 2009 atomoxetine hydrochloride (Strattera) will be funded for people with attention deficit and hyperactivity disorder (ADHD). Atomoxetine will be available under Special Authority restrictions for people who have not responded to, have experienced side effects from, or are unable to take, methylphenidate and dexamphetamine. Special Authority approvals for other ADHD treatments will not be interchangeable



with the Special Authority for atomoxetine hydrochloride. Various strengths of atomoxetine hydrochloride capsules will be subsidised, ranging from 10 mg to 100 mg. See page 15 for details.



Sole Subsidised Supply

Sole Subsidised Supply changes – effective 1 May 2009

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Amlodipine	Tab 5 mg and 10 mg	Apo-Amlodipine (Apotex NZ Ltd)
Cetirizine hydrochloride	Tab 10 mg	Zetop (Arrow Pharmaceuticals)
Cetirizine hydrochloride	Oral liq 1 mg per ml; 200 ml	Cetirizine-AFT (AFT Pharmaceuticals)
Paracetamol	Tab 500 mg; 1,000	Pharmacare Paracetamol (API Consumer Brands)

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 2009

- Dextropropoxyphene with paracetamol (Paramax and Capadex) – subsidy reduction to the level of paracetamol tab 500 mg

Sole Subsidised Supply Products – cumulative to April 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	Drops 100 mg per ml; 30 ml OP Inj 250 mg; 10 pack Inj 500 mg; 10 pack Inj 1 g; 10 pack Cap 250 mg & 500 mg Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml	Ospamox Ibiamox Apo-Amoxi Ranbaxy Amoxicillin Ranbaxy Amoxicillin	2011 2010 2009
Aqueous cream	Crn 500 g; pot	AFT	
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 Crn, 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

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

Sole Subsidised Supply Products – cumulative to April 2009

Generic Name	Presentation	Brand Name	Expiry Date*
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
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% Handrub 1% with ethanol 70% Mouthwash 0.2%	Orion Orion Orion	2011 2009
Chlorthalidone	Tab 25 mg	Hygroton	2009
Ciprofloxacin	Tab 250 mg Tab 500 mg Tab 750 mg	Rex Medical	2011
Citalopram	Tab 20 mg; 84 pack	Arrow-Citalopram	2010
Clarithromycin	Tab 250 mg Grans for oral liq 125 mg per 5 ml	Klamycin Klacid	2010
Clobetasol propionate	Crn 0.05%	Dermol	2009
Clonazepam	Tab 500 µg; 100 tab Tab 2 mg; 100 tab	Paxam Paxam	2011
Clotrimazole	Vaginal crm 2%; 20 g OP Crn 1% Vaginal crm 1% with applicator(s)	Clomazol Clomazol 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 Inj 4 mg per ml, 2 ml	Mayne	2009
Dexamphetamine sulphate	Tab 5 mg	PSM	2010

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Sole Subsidised Supply Products – cumulative to April 2009

Generic Name	Presentation	Brand Name	Expiry Date*
Dextrose	Inj 50%, 10 ml	Biomed	2011
Dextrose with electrolytes	Oral soln with electrolytes	Pedialyte – Plain Pedialyte – Bubblegum Pedialyte – Fruit	2010
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 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
Ethinylloestradiol	Tab 10 µg	New Zealand Medical and Scientific	2009
Ethinylloestradiol with norethisterone	Tab 35 µg with norethisterone 500 µg Tab 35 µg with norethisterone 1 mg 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

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Sole Subsidised Supply Products – cumulative to April 2009

Generic Name	Presentation	Brand Name	Expiry Date*
Fludarabine phosphate	Inj 50 mg Tab 10 mg	Fludara Fludara	2011
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 Tab disp 20 mg, scored	Fluox Fluox	2010
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
	Tab 600 µg Oral pump spray 400 µg per dose TDDS 5 mg TDDS 10 mg	Lycinat Nitrolingual pumpspray Nitroderm TTS 5 Nitroderm TTS 10	
Haloperidol	Oral liq 2 mg per ml	Serenace	2010
	Tab 500 µg, 1.5 mg & 5 mg	Serenace	
	Inj 5 mg per ml, 1 ml	Serenace	
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
Hypromellose	Eye drops 0.5%	Methopt	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

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Sole Subsidised Supply Products – cumulative to April 2009

Generic Name	Presentation	Brand Name	Expiry Date*
Isotretinoin	Cap 10 mg Cap 20 mg	Isotane 10 Isotane 20	2009
Itraconazole	Cap 100 mg	Sporanox	2010
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

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Sole Subsidised Supply Products – cumulative to April 2009

Generic Name	Presentation	Brand Name	Expiry Date*
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	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

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Sole Subsidised Supply Products – cumulative to April 2009

Generic Name	Presentation	Brand Name	Expiry Date*
Norethisterone	Tab 5 mg Tab 350 µg	Primolut N Noriday 28	2011 2009
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 Cap 500,000 u Tab 500,000 u Vaginal crm 100,000 u per 5 g with applicators	Nilstat Nilstat Nilstat Nilstat	2011 2010 2009
Ondansetron	Tab 4 mg & 8 mg Tab disp 4 mg & 8 mg	Zofran Zofran Zydis	2010
Oxybutynin	Tab 5 mg Oral liq 5 mg per 5 ml	Apo-Oxybutynin Apo-Oxybutynin	2010
Oxycodone hydrochloride	Inj 10 mg per ml, 1 ml and 2 ml Oral liq 5 mg per 5 ml	OxyNorm OxyNorm	2010
Oxytocin	Inj 5 iu per ml, 1 ml Inj 10 iu per ml, 1 ml Inj 5 iu with ergometrine maleate 500 µg per ml, 1 ml	Syntocinon Syntocinon Syntometrine	2009
Pamidronate disodium	Inj 3 mg per ml, 5 ml Inj 3 mg per ml, 10 ml Inj 6 mg per ml, 10 ml	Pamisol Pamisol Pamisol	2011
Pantoprazole	Tab 20 mg Tab 40 mg	Dr Reddy's Pantoprazole Dr Reddy's Pantoprazole	2010
Paracetamol	Oral liq 120 mg per 5 ml Oral liq 250 mg per 5 ml	Paracare Junior Paracare Double Strength	2011
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 Tab 1 mg	Permax Permax	2011
Perhexiline maleate	Tab 100 mg	Pexsig	2009
Phenoxymethylpenicillin (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
Poloxamer	Oral drops 10%, 30 ml OP	Coloxyl	2011
Polyvinyl alcohol	Eye drops 1.4% Eye drops 3%	Vistil Vistil Forte	2011
Potassium chloride	Tab long-acting 600 mg	Span-K	2009

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Sole Subsidised Supply Products – cumulative to April 2009

Generic Name	Presentation	Brand Name	Expiry Date*
Prazosin hydrochloride	Tab 1 mg, 2 mg & 5 mg	Apo-Prazo	2010
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

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Sole Subsidised Supply Products – cumulative to April 2009

Generic Name	Presentation	Brand Name	Expiry Date*
Timolol maleate	Eye drops 0.25%	Apo-Timop	2011
	Eye drops 0.5%	Apo-Timop	2009
	Tab 10 mg	Apo-Timol	
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	2011
	0.1% in Dental Paste USP	Oracort	
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

April 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

New Listings

Effective 1 April 2009

87	DANAZOL – Retail pharmacy-Specialist Cap 100 mg	56.66	100	✓ Azol
121	APOMORPHINE HYDROCHLORIDE ▲ Inj 10 mg per ml, 2 ml	50.43	5	✓ Apomine
122	ROPINIROLE HYDROCHLORIDE ▲ Tab 0.25 mg	7.90	84	✓ Ropin
	▲ Tab 1 mg	40.32	84	✓ Ropin
	▲ Tab 2 mg	60.72	84	✓ Ropin
	▲ Tab 5 mg	90.00	84	✓ Ropin
123	CLOZAPINE – Hospital pharmacy [HP4] Tab 25 mg	26.74	100	✓ Clozaril
	Tab 100 mg	69.30	100	✓ Clozaril
129	ATOMOXETINE HYDROCHLORIDE – Special Authority see SA0951 below Cap 10 mg	107.03	28	✓ Strattera
	Cap 18 mg	107.03	28	✓ Strattera
	Cap 25 mg	107.03	28	✓ Strattera
	Cap 40 mg	107.03	28	✓ Strattera
	Cap 60 mg	107.03	28	✓ Strattera
	Cap 80 mg	139.11	28	✓ Strattera
	Cap 100 mg	139.11	28	✓ Strattera

► SA0951 Special Authority for Subsidy

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

All of the following:

- 1 Patient has ADHD (Attention Deficit and Hyperactivity Disorder) diagnosed according to DSM-IV or ICD 10 criteria; and
- 2 Once-daily dosing; and
- 3 Any of the following:
 - 3.1 Treatment with a subsidised formulation of a stimulant has resulted in the development or worsening of serious adverse reactions or where the combination of subsidised stimulant treatment with another agent would pose an unacceptable medical risk; or
 - 3.2 Treatment with a subsidised formulation of a stimulant has resulted in worsening of co-morbid substance abuse or there is a significant risk of diversion with subsidised stimulant therapy; or
 - 3.3 An effective dose of a subsidised formulation of a stimulant has been trialled and has been discontinued because of inadequate clinical response; and
- 4 The patient will not be receiving treatment with atomoxetine in combination with a subsidised formulation of a stimulant, except for the purposes of transitioning from subsidised stimulant therapy to atomoxetine.

Renewal from any relevant practitioner. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.

Note: A “subsidised formulation of a stimulant” refers to currently subsidised methylphenidate hydrochloride tablet formulations (immediate-release, sustained-release and extended-release) or dexamphetamine sulphate tablets.

136	GEMCITABINE HYDROCHLORIDE – PCT only – Special Authority see SA0877 on the next page Inj 1 g	245.00	1	✓ Gemcitabine Ebewe
	Inj 200 mg	49.00	1	✓ Gemcitabine Ebewe

▲ 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 April 2009 (continued)

182	FOOD THICKENER – Special Authority see SA0595 above – Hospital pharmacy [HP3] Powder	91.20	6 kg	✓ Resource Thicken Up
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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	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

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

New Listings – effective 1 February 2009 (continued)

114	TRANYLCYPROMINE SULPHATE Tab 10 mg	22.94	50	✓ Parnate S29
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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
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184	GLUTEN FREE PASTA – Special Authority see SA0722 – Hospital pharmacy [HP3] Italian long style spaghetti	2.00 (3.11)	220 g	Orgran
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▲ Three months supply may be dispensed at one time if endorsed “certified exemption” by the prescriber.

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

Changes to Restrictions

Effective 1 April 2009

63	ISOTRETINOIN see Special Authority SA0955			
	Cap 10 mg.....	36.00	100	✓ Isotane 10
	Cap 20 mg.....	47.50	100	✓ Isotane 20

▶ SA0955]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; and
- 2 Applicant is a vocationally registered dermatologist, vocationally registered general practitioner, or nurse practitioner working in a relevant scope of practice; and
- 3 Applicant has an up to date knowledge of the treatment options for acne and is aware of the safety issues around isotretinoin and is competent to prescribe isotretinoin; and**
- 4 Either:
 - 4.1 Patient is female and** 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; **or**
 - 4.2 Patient is male.**

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. Applicants are recommended to either have used or be familiar with using a decision support tool accredited by their professional body.~~

Renewal 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; and
- 2 Applicant is a vocationally registered dermatologist, vocationally registered general practitioner, or nurse practitioner working in a relevant scope of practice; and
- 3 Applicant has an up to date knowledge of the treatment options for acne and is aware of the safety issues around isotretinoin and is competent to prescribe isotretinoin; and**
- 4 Either:
 - 4.1 Patient is female and** 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; **or**
 - 4.2 Patient is male.**

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. Applicants are recommended to either have used or be familiar with using a decision support tool accredited by their professional body.~~

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

69	ACITRETIN see Special Authority SA0954		
	Cap 10 mg.....	75.80	100 ✓ Neotigason
	Cap 25 mg.....	162.96	100 ✓ Neotigason

▶ SA0954 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 Applicant is a vocationally registered dermatologist, vocationally registered general practitioner, or nurse practitioner working in a relevant scope of practice; and
- 2 Applicant has an up to date knowledge of the treatment options for psoriasis and of disorders of keratinisation and is aware of the safety issues around acitretin and is competent to prescribe acitretin; and

3 Either:

- 3.1 Patient **is female and** 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 two years after the completion of the treatment; **or**

3.2 Patient is male.

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

All of the following:

- 1 Applicant is a vocationally registered dermatologist, vocationally registered general practitioner, or nurse practitioner working in a relevant scope of practice; and
- 2 **Applicant has an up to date knowledge of the treatment options for psoriasis and of disorders of keratinisation and is aware of the safety issues around acitretin and is competent to prescribe acitretin; and**
- 3 **Either:**
 - 3.1 Patient **is female and** 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 two years after the completion of the treatment; **or**

3.2 Patient is male.

~~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~~

100	PEGYLATED INTERFERON ALPHA-2A – Special Authority see SA0952 0002 below – Hospital pharmacy [HP3]		
	See prescribing guideline on page 98		
	Inj 135 µg prefilled syringe	362.00	1 ✓ Pegasys
	Inj 180 µg prefilled syringe	450.00	1 ✓ Pegasys
	Inj 135 µg prefilled syringe × 4 with ribavirin tab 200 mg × 112	1,799.68	1 OP ✓ Pegasys RBV Combination Pack
	Inj 135 µg prefilled syringe × 4 with ribavirin tab 200 mg × 168	1,975.00	1 OP ✓ Pegasys RBV Combination Pack
	Inj 180 µg prefilled syringe × 4 with ribavirin tab 200 mg × 112	2,059.84	1 OP ✓ Pegasys RBV Combination Pack

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 April 2009 (continued)

continued...

Inj 180 µg prefilled syringe × 4 with ribavirin tab 200 mg × 168	2,190.00	1 OP	✓ Pegasys RBV Combination Pack
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► SA0802 Special Authority for Subsidy

Initial application — (genotype 1, 4, 5 or 6 infection or co-infection with HIV) from any specialist. Approvals valid for 11 months for applications meeting the following criteria:

Either:

1 Patient has chronic hepatitis C, genotype 1, 4, 5 or 6 infection; or

2 Patient has chronic hepatitis C and is co-infected with HIV.

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

Initial application — (genotype 2 or 3 infection without co-infection with HIV) from any specialist. Approvals valid for 6 months for applications meeting the following criteria:

Both:

1 Patient has chronic hepatitis C, genotype 2 or 3 infection; and

2 Either:

2.1 Patient has bridging fibrosis or cirrhosis (Metavir stage 3 or 4 or equivalent); or

2.2 is unsuitable for liver biopsy due to coagulopathy.

► SA0952 Special Authority for Subsidy

Initial application — (Hepatitis C - genotype 1, 4, 5 or 6 infection or co-infection with HIV) from any relevant specialist. Approvals valid for 48 weeks for applications meeting the following criteria:

1 Patient has chronic hepatitis C, genotype 1, 4, 5 or 6 infection; or

2 Patient has chronic hepatitis C and is co-infected with HIV.

Note: Consider stopping treatment if serum HCV RNA level at Week 12 remains detectable by PCR and has not reduced by at least 2 logs from the baseline level as this is predictive of treatment failure.

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

Initial application — (Hepatitis C - genotype 2 or 3 infection without co-infection with HIV) from any relevant specialist. Approvals valid for 6 months for applications where the patient has chronic hepatitis C, genotype 2 or 3 infection.

Initial application — (Hepatitis B) only from a gastroenterologist, infectious disease specialist, or general physician. Approved dose is 180 mcg once weekly. Approvals valid for 48 weeks unless notified for applications meeting the following criteria:

All of the following:

1 Patient has confirmed Hepatitis B infection (HBsAg positive for more than 6 months); and

2 Patient is Hepatitis B treatment-naïve; and

3 ALT > 2 times Upper Limit of Normal; and

4 HBV DNA < 10 log₁₀ IU/mL; and

5 Either:

5.1 HBeAg positive; or

5.2 serum HBV DNA ≥ 2,000 units/ml and significant fibrosis (≥ Metavir Stage F2); and

6 Compensated liver disease; and

7 No continuing alcohol abuse or intravenous drug use; and

8 Not co-infected with HCV, HIV or HDV; and

9 Neither ALT nor AST greater than 10 times upper limit of normal; and

10 No history of hypersensitivity or contraindications to pegylated interferon;

Note: The recommended dose of Pegylated Interferon-alpha 2a is 180 mcg once weekly.

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

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

Pegylated Interferon-alpha 2a is not approved for use in children

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 2009 (continued)

101	PEGYLATED INTERFERON ALPHA-2B WITH RIBAVIRIN – Special Authority see SA0953 0846 below – Hospital pharmacy [HP3] See prescribing guideline on page 98				
	Inj 50 µg × 4 with ribavirin cap 200 mg × 112.....	1,080.40	1	OP	✓ Pegatron Combination Therapy
	Inj 50 µg × 4 with ribavirin cap 200 mg × 84.....	976.80	1	OP	✓ Pegatron Combination Therapy
	Inj 80 µg × 4 with ribavirin cap 200 mg × 140.....	1,583.60	1	OP	✓ Pegatron Combination Therapy
	Inj 80 µg × 4 with ribavirin cap 200 mg × 168.....	1,687.20	1	OP	✓ Pegatron Combination Therapy
	Inj 80 µg × 4 with ribavirin cap 200 mg × 84.....	1,376.40	1	OP	✓ Pegatron Combination Therapy
	Inj 100 µg × 4 with ribavirin cap 200 mg × 112.....	1,746.40	1	OP	✓ Pegatron Combination Therapy
	Inj 100 µg × 4 with ribavirin cap 200 mg × 84.....	1,642.80	1	OP	✓ Pegatron Combination Therapy
	Inj 120 µg × 4 with ribavirin cap 200 mg × 140.....	2,116.40	1	OP	✓ Pegatron Combination Therapy
	Inj 120 µg × 4 with ribavirin cap 200 mg × 84.....	1,909.20	1	OP	✓ Pegatron Combination Therapy
	Inj 150 µg × 4 with ribavirin cap 200 mg × 140.....	2,516.00	1	OP	✓ Pegatron Combination Therapy
	Inj 150 µg × 4 with ribavirin cap 200 mg × 168.....	2,619.60	1	OP	✓ Pegatron Combination Therapy
	Inj 150 µg × 4 with ribavirin cap 200 mg × 84.....	2,308.80	1	OP	✓ Pegatron Combination Therapy

▶ **SA0846** Special Authority for Subsidy

Initial application from any specialist. Approvals valid for 11 months for applications meeting the following criteria:

Either:

1 Patient has chronic hepatitis C, genotype 1, 4, 5 or 6 infection; or

2 Both:

2.1 Patient has chronic hepatitis C, genotype 2 or 3 infection; and

2.2 Either:

2.2.1 has bridging fibrosis or cirrhosis (Metavir stage 3 or 4, or equivalent); or

2.2.2 is unsuitable for liver biopsy due to coagulopathy.

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

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 April 2009 (continued)

continued...

► SA0953 Special Authority for Subsidy

Initial application- from any relevant specialist. Approvals valid for 11 months where the patient has an existing current Special Authority.

Note: Existing current approvals are still valid but no new applications will be accepted.

120	ONDANSETRON – Retail pharmacy-Specialist			
	Tab 4 mg	17.18	10	✓ Zofran
	Tab disp 4 mg	17.18	10	✓ Zofran Zydys
	Tab 8 mg	33.89	20	✓ Zofran
	Tab disp 8 mg	20.43	10	✓ Zofran Zydys
	a) Maximum of 12 tab per prescription; can be waived by Special Authority see SA0887 below			
	b) Maximum of 6 tab per dispensing; can be waived by Special Authority see SA0887 below			
	c) Not more than one prescription per month; can be waived by Special Authority see SA0887 below			
	d) The maximum of 6 tab per dispensing cannot be waived via Access Exemption Criteria.			
122	ROPINIROLE HYDROCHLORIDE –Retail pharmacy-Specialist			
	▲ Tab 0.25 mg	7.90	84	✓ Ropin
	▲ Tab 0.25 mg	31.50	210	✓ Requip
	▲ Tab 0.25 mg x 42, 0.5 mg x 42 and 1 mg x 21	35.70	105 OP	✓ Requip Starter Pack
	▲ Tab 0.5 mg x 42, 1 mg x 42 and 2 mg x 63	122.11	147 OP	✓ Requip Follow-On Pack
	▲ Tab 1 mg	40.32	84	✓ Ropin
	▲ Tab 1 mg	67.20	84	✓ Requip
	▲ Tab 2 mg	60.72	84	✓ Ropin
	▲ Tab 2 mg	101.21	84	✓ Requip
	▲ Tab 5 mg	90.00	84	✓ Ropin
	▲ Tab 5 mg	150.00	84	✓ Requip

Effective 1 March 2009

61	GLYCERYL TRINITRATE			
	* Tab 600 µg - Up to 100 tab available on a PSO	8.00	100 OP	Lycinate S29
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.

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...

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.
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.

▲ 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)

105	AURANOFIN –Retail pharmacy-Specialist Tab 3 mg	68.99 (70.97)	60	
				Ridaura
105	PENICILLAMINE –Retail pharmacy-Specialist Tab 125 mg	61.93	100	✓D-Penamime
	Tab 250 mg	98.98	100	✓D-Penamime
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
	▶ SA07970948 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			
	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 .			
	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			

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...

- 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 \leq -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 \leq -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. 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
 - 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

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...

▶ 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	30	
	(240.00)		

Arimidex

▶ 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.

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.

Changes to Restrictions - 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)

Changes to Subsidy and Manufacturer's Price

Effective 1 April 2009

26	SIMETHICONE (↑ price) * Oral liq aluminium hydroxide 200 mg with magnesium hydroxide 200 mg and activated simethicone 20 mg per 5 ml	1.50 (4.26)	500 ml		Mylanta P
30	INSULIN ASPART (↓ price and subsidy) ▲ Inj 100 iu per ml, 3 ml	51.19	5	✓	NovoRapidPenfill
	▲ Inj 100 iu per ml, 10 ml	30.03	1	✓	NovoRapid
47	PROTAMINE SULPHATE (↑ price) * Inj 10 mg per ml, 5 ml	22.40 (86.54)			Artex
49	BEZAFIBRATE (↓ subsidy and price) * Tab long-acting 400 mg	5.70	30	✓	Bezalip Retard
64	KETOCONAZOLE (↓ price) Crm 2%	1.00 (9.50)	15 g OP		Nizoral
64	MICONAZOLE NITRATE (↓ price) * Lotn 2%	4.36 (10.03)	30 ml OP		Daktarin
	1) only on a prescription 2) not in combination				
	* Tincture 2%	4.36 (12.10)	30 ml OP		Daktarin
	1) only on a prescription 2) not in combination				
69	ACITRETIN – Special Authority see SA0946 below (↓ subsidy) Cap 10 mg	75.80	100	✓	Neotigason
	Cap 25 mg	162.96	100	✓	Neotigason
93	ETHAMBUTOL HYDROCHLORIDE – No patient co-payment payable (↑ price and subsidy) Tab 400 mg	56.84	56	✓	Myambutol S29
105	AURANOFIN (↓ price) Tab 3 mg	68.99	60	✓	Ridaura
109	HYALURODINASE (↑ price) Inj 1,500 iu per ml	18.32 (243.24)	10		Hyalase
115	DIAZEPAM (↓ price and subsidy) Rectal tubes 5 mg – Up to 5 tube available on a PSO	25.05	5	✓	Stesolid
	Rectal tubes 10 mg – Up to 5 tube available on a PSO	30.50	5	✓	Stesolid

▲ 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 April 2009 (continued)

110	PARACETAMOL (↑ price and subsidy)			
	* Suppos 125 mg.....	7.49	20	✓ Panadol
	* Suppos 250 mg.....	14.40	20	✓ Panadol
124	TRIFLUOPERAZINE HYDROCHLORIDE (↓ price and ↑ subsidy)			
	Tab 1 mg	9.83	100	✓ Stelazine S29
	Tab 2 mg	14.64	100	✓ Stelazine S29
	Tab 5 mg	16.66	100	✓ Stelazine S29
182	GLUTEN FREE BREAD MIX – Special Authority see SA0722 above - Hospital pharmacy [HP3] (↑ price)			
	Powder	3.93	1,000g OP	
		(6.88)		NZB Low Gluten Bread Mix
		3.51		
		(10.51)		Horleys Bread Mix
182	GLUTEN FREE BREAD MIX – Special Authority see SA0722 above - Hospital pharmacy [HP3] (↓ price)			
	Powder	4.77	1,000 g OP	
		(8.57)		Bakels Gluten Free Health Bread Mix
182	GLUTEN FREE FLOUR– Special Authority see SA0722 above - Hospital pharmacy [HP3] (↑ price)			
	Powder	5.62	2,000 g OP	
		(17.42)		Horleys Flour

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	60	
		(8.60)		Gaviscon Double Strength
	* Oral liq 500 mg with sodium bicarbonate 267 mg per 10 ml (aniseed)	1.50	500 ml	
		(8.64)		Gaviscon
29	OMEPRAZOLE (↓ price)			
	* Cap 10 mg	2.14	30	
		(4.40)		Losec
	* Cap 20 mg	3.05	30	
		(4.70)		Losec
	* Cap 40 mg	3.59	30	
		(5.90)		Losec
	* Inj 40 mg	7.54	1	
		(7.73)		Losec
36	CHOLINE SALICYLATE WITH CETALKONIUM CHLORIDE (↑ price)			
	* Adhesive gel 8.7% with cetalkonium chloride 0.01 %	2.06	15 g OP	
		(5.25)		Bonjela
37	MICONAZOLE (↓ price and subsidy)			
	Oral gel 20 mg per g.....	8.70	40 OP	✓ Daktrin

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 March 2009 (continued)

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
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	✓	Albay
	Treatment kit – 1 vial 550 µg freeze dried venom, 1 diluent 9 ml, 3 diluent 1.8 ml.....	285.00	1 OP	✓	Albay
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	✓	Albay
	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	✓	Albay

▲ 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 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
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 (3.32)	90	Razene
	* Oral liq 1 mg per ml.....	1.75 (2.75)	100 ml OP	Allerid C

Effective 1 January 2009

29	OMEPRAZOLE (↓ subsidy and ↓ price)			
	* Cap 10 mg	2.14 (8.43)	30	Losec
	* Cap 20 mg	3.05 (9.00)	30	Losec
	* Cap 40 mg	3.59 (11.25)	30	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

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

‡ safety cap reimbursed

S29

Unapproved medicine supplied under Section 29

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 2009 (continued)

68	AQUEOUS CREAM (↓ subsidy) * Crm.....	2.28 (2.37)	500 g		Multichem
77	CLOTRIMAZOLE (↓ subsidy) * Vaginal crm 2% with applicators.....	3.44 (3.99)	25 g OP		Clotrimaderm 2%
90	AMOXYCILLIN (↓ subsidy) Drops 125 mg per 1.25 ml	2.67 (7.25)	20 ml OP		Amoxil Paediatric Drops
	Inj 250 mg	6.21 (6.32)	5		Ibiamox
	Inj 500 mg	7.12 (7.32)	5		Ibiamox
	Inj 1 g	10.8 (11.00)	5		Ibiamox
91	CIPROFLOXACIN (↓ subsidy) Tab 250 mg – Up to 5 tab available on a PSO	3.13	28		✓ Ciproflor
	Tab 500 mg – Up to 5 tab available on a PSO	4.57 (8.31)	28		Ciproflor
	Tab 750 mg – Up to 5 tab available on a PSO	7.04	28		✓ Ciproflor
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 (14.67) 137.81 (1,467.00)	150 15,000		Panadol Panadol
114	CITALOPRAM HYDROBROMIDE (↓ subsidy) * Tab 20 mg	1.26 (3.50)	28		✓ Arrow-Citalopram ✓ 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

▲ 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)

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
161	HYPROMELLOSE (↑ subsidy)			
	* Eye drops 0.5%	2.00	15 ml OP	✓Methopt

Changes to Subsidy and Manufacturer's Price - effective 1 January 2009 (continued)

184	GLUTEN FREE PASTA – Special Authority see SA0722 – Hospital Pharmacy [HP3] († price)			
	Buckwheat Spirals	2.00	250 g OP	
		(3.11)		Orgran
	Corn and Spinach Rigattini	2.00	250 g OP	
		(2.92)		Orgran
	Corn and Vegetable Shells	2.00	250 g OP	
		(2.92)		Orgran
	Corn and Vegetable Spirals	2.00	250 g OP	
		(2.92)		Orgran
	Garlic and Parsley Shells	2.00	250 g OP	
		(2.92)		Orgran
	Rice and Corn Garden Herb Pasta	2.00	250 g OP	
		(2.92)		Orgran
	Rice and Corn Lasagne Sheets	2.00	200 g OP	
		(3.82)		Orgran
	Rice and Corn Macaroni	2.00	250 g OP	
		(2.92)		Orgran
	Rice and Corn Penne	2.00	250 g OP	
		(2.92)		Orgran
	Rice and Maize Pasta Spirals	2.00	250 g OP	
		(2.92)		Orgran
	Rice and Millet Spirals	2.00	250 g OP	
		(3.11)		Orgran
	Rice and corn spaghetti noodles	2.00	375 g OP	
		(2.92)		Orgran
	Vegetable and Rice Spirals	2.00	250 g OP	
		(2.92)		Orgran

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

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Check your Schedule for full details
Schedule page ref

Subsidy
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\$ Per

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Generic Mnfr
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Changes to Brand Name

Effective 1 April 2009

186 MULTIVITAMINS –Special Authority see SA0600 above – Hospital pharmacy [HP3]
Oral liq 8.98 150 ml OP
(13.50) Ketovite Syrup **Liquid**

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**

Changes to Description

Effective 1 April 2009

69	COAL TAR Soln Solution BP – Only in combination	36.48	500 ml	✓ PSM
		12.98	200 ml	
		(16.20)		David Craig
	Up to 10 % Only in combination with a dermatological base or proprietary Topical Corticosteroid – Plain, refer, page 163			
	With or without other dermatological galenicals.			
69	COAL TAR WITH SALICYLIC ACID AND SULPHUR Soln 12% with salicylic acid 2% and sulphur 4 % ointment ointment 0.1%	7.95	40 g OP	✓ Coco-Scalp
	HYDROCORTISONE BUTYRATE Milky Emul emulsion 0.1%	5.00	30 ml OP	✓ Locoid Crelo
		15.00	100 ml OP	✓ Locoid Crelo
	HYDROGEN PEROXIDE * Soln Solution 20 vol – Maximum of 500 ml per prescription	3.13	500 ml	PSM
		(7.00)		
	MICONAZOLE NITRATE * Tinc Tincture 2%	4.36	30 ml OP	Daktarin
		(12.46)		
	a) Only on a prescription			
	b) Not in combination			
	TAR WITH CADE OIL Bath emul emulsion 7.5% coal tar, 2.5% cade oil, 7.5% compound	9.70	350 ml	Polytar Emollient
		(29.60)		

Effective 1 January 2009

38	CALCIUM Tab eff 1 g (elemental)	6.54	30	✓ Calsource
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Check your Schedule for full details
Schedule page ref

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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~~ **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.~~ **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.

Changes to PSO

Effective 1 March 2009

GLYCERYL TRINITRATE
Tab 600 µg100

Changes to Sole Subsidised Supply

Effective 1 April 2009

For the list of new Sole Subsidised Supply products effective 1 April 2009 refer to the bold entries in the cumulative Sole Subsidised Supply table pages 6-14.

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 2009

68	AQUEOUS CREAM * Crm.....	2.28 (2.37)	500 g		Multichem
90	AMOXYCILLIN Drops 125 mg per 1.25 ml	2.67 (7.25)	20 ml OP		Amoxil Paediatric Drops
	Inj 250 mg	6.21 (6.32)	5		Ibiamox
	Inj 500 mg	7.12 (7.23)	5		Ibiamox
	Inj 1 g – Up to 5 inj available on a PSO.....	10.81 (11.00)	5		Ibiamox
91	CIPROFLOXACIN 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 (8.31)	28		Cipflox
114	CITALOPRAM HYDROBROMIDE * Tab 20 mg	1.26 (3.50)	28	✓	Arrow-Citalopram Citalopram-Rex Celapram
186	PHENYL FREE PASTA – Special Authority see SA0733 – Hospital pharmacy [HP3] Macaroni.....	10.65 (11.91)	500 g OP		Loprofin

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

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Schedule page ref

Subsidy
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Delisted Items - effective 1 January 2009

29	OMEPRAZOLE			
	* Cap 10 mg	2.14	30	
		(5.95)		Omezol
	* Cap 20 mg	3.05	30	
		(5.95)		Omezol
	* Cap 40 mg	3.59	30	
		(8.84)		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	250 g	
		(2.63)		Orgran

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 May 2009

53	DOXAZOSIN MESYLATE * Tab 2 mg 4.81 Note – the 500 tablet pack listed 1 November 2008	100	✓ Apo-Doxazosin
81	OESTRADIOL VALERATE – See prescribing guideline * Tab 2 mg 4.12	28	✓ Progynova
110	PARACETAMOL * Tab 500 mg – Up to 30 tab available on a PSO 13.23	1,440	✓ Panadol

Effective 1 June 2009

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

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	GROTAMITON 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 Liquid (vanilla)..... 1.27	200 ml OP 200 ml OP	✓ Resource Just for Kids ✓ Resource Just for Kids

▲ 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 2009 (continued)

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
	* Tab 80 mg	3.18 21.00	30	✓ SimvaRex ✓ Lipex
88	MEBENDAZOLE Tab 100 mg	3.79 (7.59)	6	Vermox
90	AMOXYCILLIN CLAVULANATE Tab amoxicillin 500 mg with potassium clavulanate 125 mg - Up to 30 tab available on a PSO	6.40	20	✓ Augmentin
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

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

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

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

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 – Omlly on a prescription.....	3.00	15 g OP	✓ Kenacomb
74	ETHINYLOESTRADIOL WITH GESTODENE * Tab 30 µg with gestodene 75 µg and 7 inert tab	6.62 (16.50)	84	Minulet 28
75	ETHINYLOESTRADIOL WITH LEVONORGESTREL * Tab ethinyloestradiol 30 µg with levonorgestrel 50 µg (6) and tab ethinyloestradiol 40 µg with levonorgestrel 75 µg (5), and tab ethinyloestradiol 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
122	ROPINIROLE HYDROCHLORIDE ▲ Tab 0.25 mg	31.50	210	✓ Requip
	▲ Tab 0.25 mg x 42, 0.5 mg x 42 and 1 mg x 21	35.70	105 OP	✓ Requip Starter Pack
	▲ Tab 0.5 mg x 42, 1 mg x 42, and 2 mg x 6	22.11	147 OP	✓ Requip Follow-on Pack
	▲ Tab 1 mg	67.20	84	✓ Requip
	▲ Tab 2 mg	101.21	84	✓ Requip
	▲ Tab 5 mg	150.00	84	✓ Requip
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
105	INDOMETHACIN * Cap 50 mg	6.95	100	✓ Rheumacin

▲ 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 October 2009 (continued)

121	A POMORPHINE HYDROCHLORIDE				
	▲ Inj 10 mg per ml, 2 ml	50.43	5	✓ APO-go ^{S29}	
	▲ Inj 10 mg per ml, 1 ml	50.53	5	✓ Mayne	
170	CARBOHYDRATE SUPPLEMENT – Special Authority – Hospital Pharmacy [HP3]				
	Powder	1.14	350 g OP		Polycose
		(7.85)			
176	PAEDIATRIC ORAL FEED 1KCAL/ML – Special Authority – Hospital Pharmacy [HP3]				
	Liquid (strawberry)	1.27	237 ml OP	✓ Pediasure	
	Liquid (chocolate)	1.27	237 ml OP	✓ Pediasure	

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 April 2009

AMIKACIN SULPHATE (delisting date)

Inj 250 mg per ml, 2 ml **Amikin** 15.00 1 1% Sept-06 (B)

Note- This product will be delisted 1 July 2009

APOMORPHINE HYDROCHLORIDE (new listing)

Inj 10 mg per ml, 2 ml Apomine 50.43 5

Note – The Mayne brand of Apomorphine hydrochloride inj 10 mg per ml, 1 ml will be delisted from 1 October 2009.

ATOMOXETINE HYDROCHLORIDE (new listing)

Cap 10 mg Strattera 107.03 28
 Cap 18 mg Strattera 107.03 28
 Cap 25 mg Strattera 107.03 28
 Cap 40 mg Strattera 107.03 28
 Cap 60 mg Strattera 107.03 28
 Cap 80 mg Strattera 139.11 28
 Cap 100 mg Strattera 139.11 28

CLOZAPINE (new listing)

Tab 25 mg Clozaril 26.74 100
 Tab 100 mg Clozaril 69.30 100

DANAZOL (new listing)

Cap 100 mg Azol 56.66 100

Note - D Zol brand of Danazol cap 100 mg 30 pack size to be delisted 1 October 2009

DIAZEPAM († price)

Rectal tubes 5 mg Stesolid 25.05 5
 Rectal tubes 10 mg Stesolid 30.50 5

GEMCITABINE HYDROCHLORIDE (new listing and HSS)

Inj 200 mg **Gemcitabine Ebewe** 49.00 1 1% Jun-09 Gemzar Hospira
 Inj 1 g **Gemcitabine Ebewe** 245.00 1 1% Jun-09 Gemzar Hospira

OMEPRAZOLE (addition of HSS)

Inj 40 mg **Dr Reddy's Omeprazole** 38.20 5 1% May-09 Losec
 Inf 40 mg **Dr Reddy's Omeprazole** 38.65 5 1% May-09 Losec IV

PARACETAMOL († price)

Suppos 125 mg Panadol 7.49 20
 Suppos 250 mg Panadol 14.40 20

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 April 2009 (continued)

ROPINIROLE (new listing and HSS)

Tab 0.25 mg	Ropin	7.90	84	1%	June-09	Requip
Tab 1 mg	Ropin	40.32	84	1%	June-09	Requip
Tab 2 mg	Ropin	60.72	84	1%	June-09	Requip
Tab 5 mg	Ropin	90.00	84	1%	June-09	Requip

Note – Requip tab 0.25mg, 1 mg, 2 mg and 5mg and Requip Starter pack and Follow-on pack will all be delisted 1 September 2009

VERAPAMIL (delisting)

Tab 40 mg	Verpamil	4.75	100			
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