

Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 July 2009

Cumulative for May, June and July 2009.

Section H cumulative for April, May, June and July 2009



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Summary of PHARMAC decisions

EFFECTIVE 1 JULY 2009

New listings (pages 20 to 25)

- Pioglitazone (Pizaccord) tab 15 mg, 30 mg and 45 mg – Special Authority – Retail pharmacy
 - Glucose blood diagnostic test meter (FreeStyle Lite) – Subsidy by endorsement
 - Glucose blood diagnostic test strip (FreeStyle Lite, SensoCard) blood glucose test strips – access restriction
 - Ketone blood beta-ketone electrodes (Optium Blood Ketone Test Strips) test strip – access restriction
 - Water (AstraZeneca) purified for inj 5 ml and 10 ml – Only on a PSO, BSO or when used in the extemporaneous compounding of eye drops
 - Bosentan (Tracleer) tab 62.5 mg and 125 mg – Special Authority – Hospital Pharmacy [HP1]
 - Iloprost (Ventavis) nebuliser soln 10 µg per ml, 2 ml – Special Authority – Hospital Pharmacy [HP1]
 - Sildenafil (Viagra) tab 25 mg, 50 mg and 100 mg - Special Authority – Hospital Pharmacy [HP1]
 - Cyproterone acetate (Siterone) tab 100 mg - Hospital pharmacy [HP3] - Specialist
 - Cabergoline (Arrow-Cabergoline) tab 0.5 mg – Maximum of 2 tab per prescription, can be waived by Special Authority
 - Valaciclovir (Valtrex) tab 500 mg – Special Authority – Retail pharmacy
 - Influenza vaccine (Fluarix) – Hospital pharmacy [Xpharm]
 - Diazepam (Arrow-Diazepam) tab 2 mg and 5 mg – Month Restriction
 - Bupropion hydrochloride (Zyban) tab modified-release 150 mg
 - Methylphenidate hydrochloride (Ritalin, Ritalin SR) tab immediate-release 10 mg and sustained release 20 mg – Special Authority – Retail pharmacy – Only on a controlled drug form
 - Methylphenidate hydrochloride extended release (Ritalin LA) cap modified-release 20 mg, 30 mg and 40 mg – Special Authority – Retail pharmacy – Only on a controlled drug form
 - Fludarabine phosphate (Fludara Oral) tab 10 mg – PCT only – Specialist
 - Daunorubicin (Pfizer) (Section 29) inj 2 mg per ml, 10 ml – PCT only – Specialist
 - Beclomethasone dipropionate (Beclazone 50, 100 and 250) aerosol inhaler 50 µg, 100 µg and 250 µg per dose CFC-free
 - Dextrochlorpheniramine maleate (Polaramine Colour-Free Repetabs) tab long-acting 6 mg
 - Spacer device (Volumatic) 800 ml – Max of 20 dev per WSO, Only on a WSO
 - Fluorometholone (FML) eye drops 0.1%
-

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

- Vinorelbine (Navelbine) inj 10 mg per ml, 1 ml and 2 ml – PCT only – Special – Special Authority

Changes to restriction (pages 27 to 34)

- Mesalazine tab 400 mg, tab long-acting 500 mg and enema 1 g per 100 ml – Removal of Retail pharmacy – Specialist
- Pioglitazone tab 15 mg, 30 mg and 45 mg – amendment of Special Authority criteria
- Insulin pen needles (NovoFine) – Removal of restriction to children under 12 years of age
- Blood glucose diagnostic test meter – Access widened for pregnant women with diabetes
- Glucose dehydrogenase blood glucose test strips – nomenclature change to glucose blood diagnostic test strip
- Multivitamins tab, powder and oral liquid – Special Authority amendment
- Dipyridamole tab 25 mg and tab long-acting 150 mg – removal of Special Authority
- Azithromycin (Arrow-Azithromycin) tab 500 mg – addition of Special Authority for waiver of rule
- Influenza vaccine – extension of availability period end date from June to September
- Mycophenolate mofetil tab 500 mg, cap 250 mg – amendment of Special Authority criteria
- Rituximab inj 100 mg per 10 ml vial, inj 500 mg per 50 ml vial, inj 1 mg for ECP – amendment of Special Authority criteria
- Inhaled corticosteroids with long-acting beta-adrenoreceptor agonists – Special Authority applicant amendment
- Spacer device 230 ml
- Aminoacid formula with minerals without phenylalanine (Metabolic Mineral Mixture) powder – amendment of Special Authority criteria

Decreased subsidy (pages 36 to 39)

- Mesalazine (Pentasa) enema 1 g per 100 ml
 - Pioglitazone (Actos) tab 15 mg, 30 mg and 45 mg
 - Blood glucose diagnostic test strip (Optium 5 second test) blood glucose test strips, 50 test OP and 25 test OP
 - Insulin pen needles (ABM, BD Micro-Fine and NovoFine) 29 g x 12.7 mm, 31 g x 6 mm and 31 g x 8 mm
 - Insulin syringes, disposable with attached needle (ABM, BD Ultra Fine, BD Ultra Fine II) all currently subsidised presentations
 - Terazosin hydrochloride (Hytrin) tab 2 mg and 5 mg
-

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

- Lisinopril (Arrow-Lisinopril) tab 5 mg, 10 mg and 20 mg
- Felodipine (Felo 5 ER and Felo 10 ER) tab long-acting 5 mg and 10 mg
- Cyproterone acetate (Siterone) tab 50 mg
- Azithromycin (Arrow-Azithromycin) tab 500 mg
- Roxithromycin (Arrow-Roxithromycin) tab 150 mg and 300 mg
- Cyclizine hydrochloride (Nausicalm) tab 50 mg
- Methylphenidate hydrochloride (Rubifen) tab immediate-release 10 mg
- Methotrexate (Methoblastin) tab 2.5
- Salbutamol (Asthalin) nebuliser soln, 1 mg per ml, 2.5 ml and 2 mg per ml, 2.5 ml
- Salbutamol with ipratropium bromide (Duolin) nebuliser soln, 2.5 mg with ipratropium bromide, 0.5 mg per vial, 2.5 ml
- Chloramphenicol (Chlorsig) eye oint 1%

Increased subsidy (pages 36 to 39)

- Ferrous fumarate (Ferro-tab) tab 200 mg
- Ferrous fumarate with folic acid (Ferro-F-tabs) tab 310 mg with folic acid 350 μg
- Multivitamins (Ketovite Liquid) oral liq
- Dipyridamol (Persantin) tab 25 mg
- Heparin sodium inj 1000 iu per ml, 35 ml (Mayne), inj 5000 iu per ml, 1 ml (Mayne) and 5 ml (Multiparin)
- Cefoxitin sodium (Mayne) inj 1 g
- Erythromycin lactobionate (Erythrocin IV) inj 1 g
- Tobramycin (Mayne) inj 40 mg per ml, 2 ml
- Methadone hydrochloride (AFT) inj 10 mg per ml, 1 ml
- Pethidine hydrochloride (Mayne) inj 50 mg per ml, 1 ml and 2 ml
- Benztropine mesylate (Benztrop) tab 2 mg
- Cyclophosphamide inj 1 g and 2 g (Endoxan) and inj 1 mg for ECP (Baxter)
- Ifosfamide inj 1 g and 2 g (Holoxan) and inj 1 mg for ECP (Baxter)
- Arsenic trioxide (AFT) inj 10 mg
- Procarbazine hydrochloride (Natulan) cap 50 mg
- Tamoxifen citrate (Genox) tab 10 mg and 20 mg
- Promethazine hydrochloride (Mayne) inj 25 mg per ml, 2 ml
- Charcoal (Carbosorb-X) oral liq 50 g per 250 ml

New Methylphenidate Listings: Ritalin, Ritalin SR and Ritalin LA

The Ritalin, Ritalin SR and Ritalin LA brands of the Attention Deficit/Hyperactivity Disorder (ADHD) treatment methylphenidate hydrochloride will be fully subsidised subject to Special Authority criteria from 1 July 2009.

Ritalin and Ritalin SR will be listed under the same Special Authority criteria that apply to methylphenidate hydrochloride immediate-release and sustained-release preparations (Rubifen and Rubifen SR), and Ritalin LA will be listed under the same Special Authority

criteria that apply to methylphenidate hydrochloride extended-release (Concerta).

All patients with a valid approval for Ritalin SR Special Access funding at 1 July 2009 will be issued Special Authority approvals for methylphenidate hydrochloride (immediate-release and sustained-release) with the same expiry date, and no new Ritalin SR Special Access applications will be accepted after 1 July 2009.

Funding of Multivitamin Preparations as Supplement to Ketogenic Diet

PHARMAC has approved the funding of multivitamin preparations for use as a supplement to a ketogenic diet in children with epilepsy, from 1 July 2009. Several changes will occur as a result of this decision. These changes are:

- the Special Authority criteria applying to multivitamins (Ketovite, Paediatric Seravit, Ketovite Liquid) will be amended
- Ketovite Liquid will become fully subsidised
- new Special Authority criteria will apply to the listing of aminoacid formula with minerals without phenylalanine (Metabolic Mineral Mixture). The new criteria will apply to patients who require dietary management

of phenylketonuria (PKU) and patients with epilepsy who require a supplement to a ketogenic diet. Approvals under the new criteria will be valid without the need for renewal.

The current Special Authority (SA0733) for use in the dietary management of PKU will continue to apply to the listings of Foods for PKU and Supplements for PKU, but not Metabolic Mineral Mixture – with the exception of patients with a current SA0733 approval at 1 July 2009, who will be issued an approval for the new Special Authority for Metabolic Mineral Mixture.

Dipyridamole Widened Access

The Special Authority criteria for the funding of dipyridamole on both the Tab 25 mg and Tab long-acting 150 mg will be removed from 1 July 2009. The subsidy for dipyridamole tab 25 mg will increase so that it will be fully subsidised. This means that both presentations of dipyridamole will be fully funded without restriction.



Discontinuation of Triamizide (triamterene with hydrochlorothiazide)

Mylan New Zealand Limited (formerly Pacific Pharmaceuticals) has advised that Triamizide is to be discontinued with remaining stock having an expiry date of July 2009. There are two other subsidised potassium sparing

combination diuretics available, Amizide (amiloride with hydrochlorothiazide) and Frumil (amiloride with frusemide).

Pioglitazone Changes

From 1 July 2009, the Special Authority for pioglitazone will be amended to allow wider access for patients and to remove the need for renewal of Special Authority applications. In addition the Special Authority criteria have been significantly simplified (see page 27).

Related to the widening of access from 1 July 2009 is the listing of Pizaccord, a new brand of pioglitazone tablets. In transition to a sole supply arrangement for Pizaccord, the subsidy

and price will be reduced for the current Actos brand of pioglitazone from 1 July 2009 followed by a further reduction in subsidy (to the same level as Pizaccord) from 1 October 2009. A manufacturers' surcharge may apply to Actos from 1 October 2009.

Pizaccord will be the sole subsidised brand in the community and have Hospital Supply Status in the hospital from 1 December 2009 until at least 30 June 2012.



Changes to Diabetes Management Products

PHARMAC is pleased to announce the funding of blood glucose test strips, blood glucose diagnostic test meters,

blood ketone test strips, urine ketone test strips, insulin pen needles and disposable insulin syringes from 1 July 2009 (unless otherwise stated).

In relation to blood glucose test strips and blood glucose diagnostic test meters

- Three new brands of blood glucose test strips and blood glucose diagnostic test meters (in addition to those already listed) will be fully subsidised:
 - o FreeStyle Lite (as supplied by Medica Pacifica);
- SensoCard blood glucose test strips (as supplied by Point of Care Diagnostics) will be fully subsidised for patients who are severely visually impaired; and
- Funded access to blood glucose diagnostic test meters will be widened to include people with gestational diabetes.

In relation to ketone testing

- Optium blood ketone test strips (as supplied by Medica Pacifica) will be fully subsidised via an endorsement restriction for people with type 1 diabetes;
- Ketostix urine ketone test strips (individual

foiled strips as supplied by Bayer) will be fully subsidised from 1 August 2009; and

- The current, partially subsidised, glucose and/or ketones/urine testing brands will be delisted from the Pharmaceutical Schedule from 1 December 2009.

In relation to insulin pen needles and disposable insulin syringes

- The subsidy and price for ABM insulin pen needles and disposable insulin syringes (as supplied by ABM Pharma) will reduce and will remain fully subsidised);
- SC Profi-Fine insulin pen needles (as supplied by Pharmaco) and DM Ject disposable insulin syringes (as supplied by Pharmaco) will be listed, fully subsidised, from 1 September 2009;
- The subsidies for the B-D (as supplied by Becton Dickinson) and NovoFine (as supplied by Novo Nordisk) brands of insulin pen needles and disposable insulin syringes will reduce, through reference pricing, to match that of ABM or SC Profi-Fine (where applicable). Becton Dickinson has notified that it will reduce its price to match the lower subsidies however Novo Nordisk is not reducing its price so a manufacturers' surcharge will apply.

Propofol Injection for Section H

From 1 July 2009, a new brand of propofol (Provive 1%) will be listed alongside the current brand (Diprivan) in Part II of Section H of the Pharmaceutical Schedule. Provive 1% will be supplied in glass vials (and not glass

ampoules as notified in April in error). The current Hospital Supply Status for Diprivan expired on 1 July 2009 and neither brand will have Hospital Supply Status.

Treatments Now Funded for Pulmonary Arterial Hypertension

From 1 July 2009, a range of products will be subsidised for the management of pulmonary arterial hypertension (PAH). Bosentan (Tracleer), iloprost (Ventavis) and sildenafil

(Viagra) will be available for patients with PAH. Subsidy is via application to the Pulmonary Arterial Hypertension Panel. See pages 20-21 of this Update for full details.

Bupropion (Zyban) Now Fully Subsidised

Bupropion (Zyban) will be subsidised without prescribing restrictions from 1 July 2009. The unrestricted listing of bupropion

will provide another option for smoking cessation treatments alongside nicotine and nortriptyline.

Valaciclovir (Valtrex) New Listing

Valaciclovir (Valtrex) will be listed from 1 July 2009 under Special Authority restriction for patients with recurrent genital herpes,

ophthalmic zoster, and for cytomegalovirus infection prophylaxis. See page 21 for the complete Special Authority criteria.

Changes to Spacer Devices

A new spacer device will be available on Wholesale Supply Order from 1 July 2009. The large volume spacer (Volumatic) supplied by

GlaxoSmithKline will be fully subsidised, and the age restriction applying to spacer devices has been removed.

In Brief

- The CFC-propelled version of Beclazone (**beclomethasone** aerosol inhalers) is being phased out and replaced with a CFC-free version. The new product is available from July 2009, and the older product will be discontinued over the next few months. The CFC-free version of Beclazone has been registered at a 1:1 dose relationship to the existing product.
- From 1 July 2009, all **mesalazine** presentations (tablets and enemas) will no longer be subject to a "Retail pharmacy-Specialist" restriction. This means that prescriptions written by other types of practitioners will no longer require a specialist endorsement for subsidy.
- Fludara (**fludarabine phosphate**) is changing from a 15 tablet pack size to a 20 tablet pack size. The new 20 tablet pack size is listed fully subsidised from 1 July 2009 and the old 15 tablet pack size will be delisted from 1 December 2009.
- The Pfizer brand of **daunorubicin inj 2 mg per ml, 10 ml** will be listed fully subsidised from 1 July 2009. This product will be listed under Section 29 of the Medicines Act. It will be listed at the same price and subsidy as the currently listed Mayne **daunorubicin inj 5 mg per ml, 4 ml**.



Tender News

Sole Subsidised Supply changes – effective 1 August 2009

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Acarbose	Tab 50 mg; 90 tab	Glucobay (Bayer)
Acarbose	Tab 100 mg; 90 tab	Glucobay (Bayer)
Amoxicillin clavulanate	Tab amoxicillin 500 mg with potassium clavulanate 125 mg; 100 tab	Synermox (Douglas)
Ciclopiroxolamine	Nail soln 8%; 3.5 ml OP	Batrafen (Sanofi-Aventis)
Entacapone	Tab 200 mg; 100 tab	Comtan (Novartis)
Erythromycin ethyl succinate	Tab 400 mg; 100 tab	E-Mycin (Mylan)
Furosemide	Tab 40 mg; 1000 tab	Diurin 40 (Mylan)
Hydroxychloroquine sulphate	Tab 200 mg; 100 tab	Plaquenil (Sanofi-Aventis)
Ibuprofen	Tab 200 mg; 1000 tab	Ethics Ibuprofen (Multichem)
Mebendazole	Tab 100 mg; 24 tab	De-Worm (Multichem)
Methadone hydrochloride	Oral liq 2 mg per ml; 200 ml	Biodone (Biomed)
Methadone hydrochloride	Oral liq 5 mg per ml; 200 ml	Biodone Forte (Biomed)
Methadone hydrochloride	Oral liq 10 mg per ml; 200 ml	Biodone Extra Forte (Biomed)
Simvastatin	Tab 10 mg; 90 tab	Arrow-Simva 10 mg (Arrow)
Simvastatin	Tab 20 mg; 90 tab	Arrow-Simva 20 mg (Arrow)
Simvastatin	Tab 40 mg; 90 tab	Arrow-Simva 40 mg (Arrow)
Simvastatin	Tab 80 mg; 90 tab	Arrow-Simva 80 mg (Arrow)

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 August 2009

- Adalimumab (Humira) – widening funded access, via amendment of Special Authority criteria
- Dasatinib (Sprycel) - new listing under Special Authority criteria
- Enoxaparin (Clexane) – new listing under Special Authority criteria
- Entecavir (Baraclude) - new listing under Special Authority criteria
- Fentanyl (Hospira) inj 50 µg per ml, 2 ml and 10 ml – new listing
- Gabapentin (Nupentin) cap 100 mg, 300 mg and 400 mg – subsidy and price decrease
- Gabapentin (Neurontin) cap 100 mg, 300 mg, 400 mg and tab 600 mg – amended Special Authority criteria (only subsidised for patients with a valid approval for Neurontin for epilepsy at 31 July 2009)
- Insulin glargine (Lantus) – removal of Special Authority
- Leuprorelin (Lucrin Depot, Eligard) – removal of Special Authority criteria
- Leuprorelin (Lucrin PDS Depot) soln for inj (prefilled syringe) 3.75 mg, 11.25 mg and 30 mg – new listing
- Levothyroxine (Synthroid) tab 25 µg, 50 µg and 100 µg – new listing
- Lithium carbonate (Lithicarb) tab 250 mg and 400 mg – subsidy and price increase
- Nicotine replacement therapy – widening of access
- Povidone iodine (Betadine) oint 10% – increase in subsidy to match price
- Povidone iodine (Betadine) skin preparation 10% with 30% alcohol – subsidy and price increase.
- Sodium nitroprusside (Ketostix) test strip 20 strip OP – new listing

Sole Subsidised Supply Products – cumulative to July 2009

Generic Name	Presentation	Brand Name	Expiry Date*
Acetazolamide	Tab 250 mg	Diamox	2011
Allopurinol	Tab 100 mg & 300 mg	Apo-Allopurinol	2011
Alprazolam	Tab 250 µg, 500 µg & 1 mg	Arrow-Alprazolam	2010
Amantadine hydrochloride	Cap 100 mg	Symmetrel	2011
Amlodipine	Tab 5 mg & 10 mg	Apo-Amlodipine	2011
Amoxicillin	Drops 100 mg per ml	Ospamox	2011
	Inj 250 mg, 500 mg & 1 g	Ibiamox	
	Cap 250 mg & 500 mg	Apo-Amoxi	2010
Aqueous cream	Crn 500 g	AFT	2011
Aspirin	Tab dispersible 300 mg	Ethics Aspirin	2010
	Tab 100 mg	Ethics Aspirin EC	
Atropine sulphate	Eye drops 1%	Atropt	2011
Benzylpenicillin sodium (Penicillin G)	Inj 1 mega u	Sandoz	2011
Bezafibrate	Tab 200 mg	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	Marcaïn Isobaric	2010
	Inj 0.5%, 8% glucose, 4 ml	Marcaïn Heavy	
Calcitonin	Inj 100 iu per ml, 1 ml	Miacalcic	2011
Calcium	Tab eff 1 g	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	Ranbaxy Cefaclor	2010
	Grans for oral liq 125 mg per 5 ml	Ranbaxy Cefaclor	
Cefazolin sodium	Inj 500 mg & 1 g	Hospira	2011
Cefuroxime sodium	Inj 750 mg & 1.5 g	Zinacef	2011
Getomacrogol	Crn BP	PSM	2010
Cetirizine hydrochloride	Tab 10 mg	Zetop	2011
	Oral liq 1 mg per ml	Cetirizine-AFT	
Chlorhexidine gluconate	Soln 4%	Orion	2011
Ciprofloxacin	Tab 250 mg, 500 mg & 750 mg	Rex Medical	2011
Citalopram	Tab 20 mg	Arrow-Citalopram	2010
Clarithromycin	Tab 250 mg	Klamycin	2010
	Grans for oral liq 125 mg per 5 ml	Klacid	
Clonazepam	Tab 500 µg & 2 mg	Paxam	2011

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

Sole Subsidised Supply Products – cumulative to July 2009

Generic Name	Presentation	Brand Name	Expiry Date*
Clotrimazole	Vaginal crm 2% 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
Cyclophosphamide	Tab 50 mg	Cycloblastin	2010
Desferrioxamine mesylate	Inj 500 mg	Mayne	2010
Desmopressin	Nasal spray 10 mcg per dose	Desmopressin-PH&T	2011
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
Diclofenac sodium	Eye drops 1 mg per ml Inj 25 mg per ml, 3 ml Suppos 12.5 mg, 25 mg, 50 mg & 100 mg	Voltaren Ophtha Voltaren Voltaren	2011
Diltiazem hydrochloride	Tab 30 mg & 60 mg Cap long-acting 120 mg, 180 mg & 240 mg	Dilzem Cardizem CD	2011
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
Erythromycin ethyl succinate	Grans for oral liq 200 mg per 5 ml Grans for oral liq 400 mg per 5 ml	E-Mycin E-Mycin	2011
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
Ferrous sulphate	Oral liq 150 mg per 5 ml	Ferodan	2010
Finasteride	Tab 5 mg	Fintral	2011
Flucloxacillin	Inj 250 mg, 500 mg & 1 g	Flucloxin	2011
Fluconazole	Cap 50 mg, 150 mg & 200 mg	Pacific	2011
Fludarabine phosphate	Inj 50 mg Tab 10 mg	Fludara Fludara	2011

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Sole Subsidised Supply Products – cumulative to July 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	
Fluoxetine hydrochloride	Cap 20 mg Tab disp 20 mg, scored	Fluox Fluox	2010
Fusidic acid	Crn 2% Oint 2%	Foban Foban	2010
Gliclazide	Tab 80 mg	Apo-Gliclazide	2011
Glipizide	Tab 5 mg	Minidiab	2011
Glycerol trinitrate	Tab 600 µg	Lycinate	2011
	Oral pump spray 400 µg per dose	Nitrolingual	
	TDDS 5 mg	pumpspray	
	TDDS 10 mg	Nitroderm TTS 5 Nitroderm TTS 10	
Haloperidol	Oral liq 2 mg per ml	Serenace	2010
	Tab 500 µg, 1.5 mg & 5 mg	Serenace	
Hydrocortisone	Crn 1%	PSM	2011
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	Fenpaed	2010
Ipratropium bromide	Aqueous nasal spray, 0.03%	Apo-Ipravent	2010
	Nebuliser soln, 250 µg per ml, 1 ml	Ipratropium Steri-Neb	
	Nebuliser soln, 250 µg per ml, 2 ml	Ipratropium Steri-Neb	
Iron polymaltose	Inj 50 mg per ml, 2 ml	Ferrum H	2011
Itraconazole	Cap 100 mg	Sporanox	2010
Ketoconazole	Shampoo 2%	Sebizole	2011
Lactulose	Oral liq 10 g per 15 ml	Duphalac	2010
Levobunolol	Eye drops 0.25% & 0.5%	Betagan	2010
Lignocaine hydrochloride	Inj 0.5%, 5 ml	Xylocaine	2010
	Inj 1%, 5 ml	Xylocaine	
	Inj 1%, 20 ml	Xylocaine	
Lignocaine with prilocaine	Crn 2.5% with prilocaine 2.5%; 30 g OP	EMLA	2010
	Crn 2.5% with prilocaine 2.5%; 5 g	EMLA	
Loperamide hydrochloride	Tab 2 mg	Nodia	2010

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

Sole Subsidised Supply Products – cumulative to July 2009

Generic Name	Presentation	Brand Name	Expiry Date*
Loratadine	Tab 10 mg	Loraclear Hayfever Relief	2010
	Oral liq 1 mg per ml	Lorapaed	
Malathion	Liq 0.5%	Derbac M	2010
Maldison	Shampoo 1%	A-Lices	2010
Mask for Spacer Device	Device	Foremount Child's Silicone Mask	30/9/11
Mebeverine hydrochloride	Tab 135 mg	Colofac	2011
Medroxyprogesterone acetate	Tab 2.5 mg, 5 mg, 10 mg, 100 mg & 200 mg	Provera	2010
Methadone hydrochloride	Tab 5 mg	Methatabs	2010
Methotrexate	Inj 100 mg per ml, 10 ml	Methotrexate Ebewe Methotrexate Ebewe	2011
	Inj 100 mg per ml, 50 ml		
Methyldopa	Tab 125 mg, 250 mg, 500 mg	Prodopa	2011
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
Metoclopramide hydrochloride	Inj 5 mg per ml, 2 ml	Pfizer	2011
Miconazole nitrate	Crn 2%	Multichem	2011
Morphine sulphate	Inj 10 mg per ml, 1 ml	Mayne Mayne	2011
	Inj 30 mg per ml, 1 ml		
Nadolol	Tab 40 mg & 80 mg	Apo-Nadolol	2010
Naltrexone hydrochloride	Tab 50 mg	ReVia	2010
Naproxen sodium	Tab 275 mg	Sonafiam	2010
Neostigmine	Inj 2.5 mg per ml, 1 ml	AstraZeneca	2010
Nicotine	Patch 7 mg, 14 mg and 21 mg	Habitrol	2010
	Lozenge 1 mg and 2 mg	Habitrol	
	Gum 2 mg & 4 mg (Fruit)	Habitrol	
	Gum 2 mg & 4 mg (Mint)	Habitrol	
Norethisterone	Tab 5 mg	Primolut N	2011
Nortriptyline hydrochloride	Tab 10 mg & 25 mg	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	
Omeprazole	Cap 10 mg, 20 mg & 40 mg	Dr Reddy's Omeprazole	2011
	Inj 40 mg	Dr Reddy's Omeprazole	
Ondansetron	Tab 4 mg & 8 mg	Zofran	2010
	Tab disp 4 mg & 8 mg	Zofran Zydis	

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

Sole Subsidised Supply Products – cumulative to July 2009

Generic Name	Presentation	Brand Name	Expiry Date*
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 & 2 ml Oral liq 5 mg per 5 ml	OxyNorm OxyNorm	2010
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	Inj 40 mg Tab 20 mg & 40 mg	Pantocid IV Dr Reddy's Pantoprazole	2010
Paracetamol	Tab 500 mg Oral liq 120 mg per 5 ml Oral liq 250 mg per 5 ml	Pharmacare Paracetamol 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
Peak Flow Meter	Low range and Normal range	Breath-Alert	30/9/11
Pergolide	Tab 0.25 mg & 1 mg	Permax	2011
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 & 500 mg	AFT AFT Cilicaine VK	2010
Phenylephrine hydrochloride	Eye drops 0.12%	Prefrin	2010
Poloxamer	Oral drops 10%	Coloxyl	2011
Polyvinyl alcohol	Eye drops 1.4% Eye drops 3%	Vistil Vistil Forte	2011
Prazosin hydrochloride	Tab 1 mg, 2 mg & 5 mg	Apo-Prazo	2010
Prednisone	Tab 1 mg, 2.5 mg, 5 mg & 20 mg	Apo-Prednisone	2011
Procaine penicillin	Inj 1.5 mega u	Cilicaine	2011
Promethazine	Tab 10 mg & 25 mg	Allersoothe	2011
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
Ranitidine hydrochloride	Oral liq 150 mg per 10 ml	Peptisoothe	2010
Rifabutin	Cap 150 mg	Mycobutin	2010
Salbutamol	Oral liq 2 mg per 5 ml	Salapin	2010
Sodium citro-tartrate	Grans eff 4 g sachets	Ural	2010
Spacer Device	230 ml	Space Chamber	30/9/11

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

Sole Subsidised Supply Products – cumulative to July 2009

Generic Name	Presentation	Brand Name	Expiry Date*
Syrup (pharmaceutical grade)	Liq	Midwest	2010
Tar with triethanolamine lauryl sulphate and fluorescein sodium	Soln 2.3%	Pinetarsol	2011
Temazepam	Tab 10 mg	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
Timolol maleate	Eye drops 0.25% & 0.5%	Apo-Timop	2011
Triamcinolone acetonide	Crm 0.02%	Aristocort	2011
	Oint 0.02%	Aristocort	
	Inj 40 mg per ml, 1 ml	Kenacort-A40	
	0.1% in Dental Paste USP	Oracort	
Trimethoprim	Tab 300 mg	TMP	2011
Ursodeoxycholic acid	Cap 300 mg	Actigall	2011
Vancomycin hydrochloride	Inj 50 mg per ml, 10 ml	Pacific	2011
Zinc and castor oil	Ointment BP	PSM	2011
Zinc sulphate	Cap 220 mg	Zincaps	2011
Zopiclone	Tab 7.5 mg	Apo-Zopiclone	2011

There are no additions for July 2009

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings

Effective 1 July 2009

30	PIOGLITAZONE – Special Authority see SA0959 – Retail pharmacy			
	Tab 15 mg	2.61	28	✓ Pizaccord
	Tab 30 mg	5.23	28	✓ Pizaccord
	Tab 45 mg	7.80	28	✓ Pizaccord
	▶ SA0959] Special Authority for Subsidy			
	Initial application – (Patients with type 2 diabetes) from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:			
	Either:			
	1. Patient has not achieved glycaemic control on maximum doses of metformin and/or a sulphonylurea or where either or both are contraindicated or not tolerated.			
	2. Patient is on insulin.			
32	BLOOD GLUCOSE DIAGNOSTIC TEST METER – Subsidy by endorsement			
	a) Maximum of 1 meter per prescription.			
	b) A diagnostic blood glucose test meter is subsidised for patients who begin insulin or sulphonylurea therapy after 1 March 2005 or is prescribed for a pregnant woman with diabetes.			
	c) Only one meter per patient. No further prescriptions will be subsidised. The prescription must be endorsed accordingly.			
	Meter	9.00	1	✓ FreeStyle Lite
32	BLOOD GLUCOSE DIAGNOSTIC TEST STRIP			
	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 the 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.			
	SensoCard blood glucose test strips are subsidised only if prescribed for a patient who is severely visually impaired and is using a SensoCard Plus Talking Blood Glucose Monitor.			
	Blood glucose test strips	21.65	50 test OP	✓ FreeStyle Lite
		26.20		✓ SensoCard
32	KETONE BLOOD BETA-KETONE ELECTRODES			
	Patient has type 1 diabetes and has had one or more episodes of ketoacidosis (excluding first presentation). Maximum quantity of 2 packs per annum. No further prescriptions will be subsidised.			
	Test strip	8.50	10 strip OP	✓ Optium Blood Ketone Test Strips
44	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 5 ml – Up to 5 inj available on a PSO	10.51	50	✓ AstraZeneca
	Purified for inj 10 ml – Up to 5 inj available on a PSO	11.32	50	✓ AstraZeneca
57	BOSENTAN – Special Authority see SA0956 – Hospital pharmacy [HP1]			
	Tab 62.5 mg	4,585.00	60	✓ Tracleer
	Tab 125 mg	4,585.00	60	✓ Tracleer

▶ SA0956] Special Authority for Subsidy

Special Authority approved by the Pulmonary Arterial Hypertension Panel

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
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New Listings - effective 1 July 2009 (continued)

continued...

Notes: Application details may be obtained from PHARMAC's website <http://www.pharmac.govt.nz> or:

The Coordinator, PAH Panel Phone: (04) 916 7512
 PHARMAC, PO Box 10 254 Facsimile: (04) 974 4858
 Wellington Email: PAH@pharmac.govt.nz

- | | | | | |
|----|---|----------|----|------------|
| 57 | ILOPROST – Special Authority see SA0956 – Hospital pharmacy [HP1]
Nebuliser soln 10 µg per ml, 2 ml..... | 1,185.00 | 30 | ✓ Ventavis |
|----|---|----------|----|------------|

▶ SA0956] Special Authority for Subsidy

Special Authority approved by the Pulmonary Arterial Hypertension Panel

Notes: Application details may be obtained from PHARMAC's website <http://www.pharmac.govt.nz> or:

The Coordinator, PAH Panel Phone: (04) 916 7512
 PHARMAC, PO Box 10 254 Facsimile: (04) 974 4858
 Wellington Email: PAH@pharmac.govt.nz

- | | | | | |
|----|--|-------|---|----------|
| 57 | SILDENAFIL – Special Authority see SA0956 – Hospital pharmacy [HP1]
Tab 25 mg | 47.00 | 4 | ✓ Viagra |
| | Tab 50 mg | 59.50 | 4 | ✓ Viagra |
| | Tab 100 mg | 66.00 | 4 | ✓ Viagra |

▶ SA0956] Special Authority for Subsidy

Special Authority approved by the Pulmonary Arterial Hypertension Panel

Notes: Application details may be obtained from PHARMAC's website <http://www.pharmac.govt.nz> or:

The Coordinator, PAH Panel Phone: (04) 916 7512
 PHARMAC, PO Box 10 254 Facsimile: (04) 974 4858
 Wellington Email: PAH@pharmac.govt.nz

- | | | | | |
|----|--|-------|----|------------|
| 76 | CYPROTERONE ACETATE – Hospital pharmacy [HP3]-Specialist
Tab 100 mg | 41.50 | 50 | ✓ Siterone |
|----|--|-------|----|------------|

- | | | | | |
|----|--|--------|---|---------------------|
| 83 | CABERGOLINE
Tab 0.5 mg – Maximum of 2 tab per prescription; can be
waived by Special Authority see SA0175..... | 26.26 | 2 | ✓ Arrow-Cabergoline |
| | | 105.03 | 8 | ✓ Arrow-Cabergoline |

▶ SA0175] Special Authority for Waiver of Rule

Initial application only from an obstetrician, endocrinologist or gynaecologist. Approvals valid for 2 years where the patient has pathological hyperprolactinemia.

Renewal only from an obstetrician, endocrinologist or gynaecologist. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.

- | | | | | |
|----|---|--------|----|-----------|
| 89 | VALACICLOVIR – Special Authority see SA0957 – Retail pharmacy
Tab 500 mg | 102.72 | 30 | ✓ Valtrex |
|----|---|--------|----|-----------|

▶ SA0957] Special Authority for Subsidy

Initial application – (recurrent genital herpes) from any medical practitioner. Approvals valid for 12 months where the patient has genital herpes with 2 or more breakthrough episodes in any 6 month period while treated with aciclovir 400 mg twice daily.

Renewal – (recurrent genital herpes) from any medical practitioner. Approvals valid for 12 months where the treatment remains appropriate and the patient is benefiting from treatment.

Initial application – (ophthalmic zoster) from any medical practitioner. Approvals valid without further renewal unless notified where the patient has previous history of ophthalmic zoster and the patient is at risk of vision impairment.

Initial application – (CMV prophylaxis) from any medical practitioner. Approvals valid for 3 months where the patient has undergone organ transplantation.

▲ 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 July 2009 (continued)

98	<p>INFLUENZA VACCINE – Hospital pharmacy [Xpharm]</p> <p>A) is available between 1 March and 30 September each year for patients who meet the following criteria, as set by the Ministry of Health:</p> <ul style="list-style-type: none"> a) all people 65 years of age and over; b) people under 65 years of age with: <ul style="list-style-type: none"> i) the following cardiovascular disease: <ul style="list-style-type: none"> 1) ischaemic heart disease, 2) congestive heart disease, 3) rheumatic heart disease, 4) congenital heart disease, or 5) cerebo-vascular disease; ii) the following chronic respiratory disease: <ul style="list-style-type: none"> 1) asthma, if on a regular preventative therapy, or 2) other chronic respiratory disease with impaired lung function; iii) diabetes; iv) chronic renal disease; v) any cancer, excluding basal and squamous skin cancers if not invasive; vi) the following other conditions: <ul style="list-style-type: none"> a) autoimmune disease, b) immune suppression, c) HIV, d) transplant recipients, e) neuromuscular and CNS diseases, f) haemoglobinopathies, or g) children on long term aspirin. <p>The following conditions are excluded from funding:</p> <ul style="list-style-type: none"> a) asthma not requiring regular preventative therapy, b) hypertension and/or dyslipidaemia without evidence of end-organ disease, c) pregnancy in the absence of another risk factor. <p>B) Doctors are the only Contractors entitled to claim payment from the Funder for the supply of influenza vaccine to patients eligible under the above criteria for subsidised immunisation and they may only do so in respect of the influenza vaccine listed in the Pharmaceutical Schedule.</p> <p>C) Individual DHBs may fund patients over and above the above criteria. The claiming process for these additional patients should be determined between the DHB and Contractor.</p> <p>D) Influenza Vaccine does not fall within the definition Community Pharmaceutical as it is not funded directly from the Pharmaceutical Budget. Pharmacists are unable to claim for the dispensing of influenza vaccine from the Funder.</p>			
	Inj.....	9.00	1	✓ Fluarix
		90.00	10	✓ Fluarix
123	<p>DIAZEPAM</p> <p>Tab 2 mg – Month Restriction..... 11.44</p> <p>‡ Safety cap for extemporaneously compounded oral liquid preparations.</p> <p>Tab 5 mg – Month Restriction..... 13.71</p> <p>‡ Safety cap for extemporaneously compounded oral liquid preparations.</p>			
		11.44	500	✓ Arrow-Diazepam
		13.71	500	✓ Arrow-Diazepam
127	<p>BUPROPION HYDROCHLORIDE</p> <p>Tab modified-release 150 mg</p>	65.00	30	✓ Zyban

New Listings - effective 1 July 2009 (continued)

128 METHYLPHENIDATE HYDROCHLORIDE – Special Authority see SA0908 – Retail pharmacy
Only on a controlled drug form

Tab immediate-release 10 mg	3.00	30	✓ Ritalin
Tab sustained-release 20 mg.....	50.00	100	✓ Ritalin SR

➔ SA0908 Special Authority for Subsidy

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

All of the following:

- 1 ADHD (Attention Deficit and Hyperactivity Disorder) patients aged 5 years or over; and
- 2 Diagnosed according to DSM-IV or ICD 10 criteria; and
- 3 Either:

3.1 Applicant is a paediatrician or psychiatrist; or

3.2 Both:

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

3.2.2 Provide name of the recommending specialist.

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

Both:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 Either:

2.1 Applicant is a paediatrician or psychiatrist; or

2.2 Both:

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

2.2.2 Provide name of the recommending specialist.

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

Both:

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

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

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

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

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

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

Both:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 Either:

2.1 Applicant is a paediatrician or psychiatrist; or

2.2 Both:

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

New Listings - effective 1 July 2009 (continued)

continued...

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

2.2.2 Provide name of the recommending specialist.

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

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

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

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

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

129	METHYLPHENIDATE HYDROCHLORIDE EXTENDED-RELEASE – Special Authority see SA0924 – Retail pharmacy Only on a controlled drug form			
	Cap modified-release 20 mg	25.50	30	✓ Ritalin LA
	Cap modified-release 30 mg	31.90	30	✓ Ritalin LA
	Cap modified-release 40 mg	38.25	30	✓ Ritalin LA

▶ SA0924 Special Authority for Subsidy

Initial application only from a paediatrician, psychiatrist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 24 months for applications meeting the following criteria:

All of the following:

- 1 ADHD (Attention Deficit and Hyperactivity Disorder); and
- 2 Diagnosed according to DSM-IV or ICD 10 criteria; and
- 3 Either:
 - 3.1 Applicant is a paediatrician or psychiatrist; or
 - 3.2 Both:
 - 3.2.1 Applicant is a medical practitioner and confirms that a relevant specialist has been consulted within the last 2 years and has recommended treatment for the patient; and
 - 3.2.2 Provide name of the recommending specialist; and
- 4 Either:
 - 4.1 Patient is taking a currently subsidised formulation of methylphenidate hydrochloride (immediate-release or sustained-release) which has not been effective due to significant administration and/or compliance difficulties; or
 - 4.2 There is significant concern regarding the risk of diversion or abuse of immediate-release methylphenidate hydrochloride.

Renewal only from a paediatrician, psychiatrist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 24 months for applications meeting the following criteria:

Both:

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

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 July 2009 (continued)

133	FLUDARABINE PHOSPHATE – PCT only – Specialist Tab 10 mg	867.00	20	✓ Fludara Oral
136	DAUNORUBICIN – PCT only – Specialist Inj 2 mg per ml, 10 ml	99.00	1	✓ Pfizer S29
139	VINORELBINE – PCT only – Specialist – Special Authority see SA0901 Inj 10 mg per ml, 1 ml	24.00	1	✓ Navelbine
	Inj 10 mg per ml, 5 ml	120.00	1	✓ Navelbine
147	BECLOMETHASONE DIPROPIONATE Aerosol inhaler, 50 µg per dose CFC-free.....	8.54	200 dose OP	✓ Beclazone 50
	Aerosol inhaler, 100 µg per dose CFC-free.....	12.50	200 dose OP	✓ Beclazone 100
	Aerosol inhaler, 250 µg per dose CFC-free.....	22.67	200 dose OP	✓ Beclazone 250
147	DEXTROCHLORPHENIRAMINE MALEATE * Tab long-acting 6 mg	5.40 (12.56)	40	Polaramine Colour-Free Repetab
		2.70 (7.73)	20	Polaramine Colour-Free Repetab
152	SPACER DEVICE a) Maximum of 20 dev per WSO b) Only on a WSO c) 1) Spacer devices and masks also available to paediatricians employed by a DHB on a wholesale supply order signed by the paediatrician. Limited to one pack of 20 per order. Orders via a hospital pharmacy. 2) For Space Chamber and Foremount Child's Silicone Mask wholesale supply order must indicate clearly if either the spacer device, the mask, or both are required. 3) Space Chamber distributed by Airflow Products. Forward orders to: Airflow Products Telephone 04 499 1240 or 0800 AIR FLOW PO Box 1485, Wellington Facsimile: 04 499 1245 or 0800 323 270 4) Volumatic Distributed by GlaxoSmithKline. Forward orders to: Telephone: 0800 877 789 Facsimile: 0800 877 785			
	800 ml	8.50	1	✓ Volumatic
154	FLUOROMETHOLONE * Eye drops 0.1%	4.05	5 ml OP	✓ FML
30	GLIBENCLAMIDE * Tab 5 mg	5.00	100	✓ Daonil

Effective 1 June 2009

30	GLIBENCLAMIDE * Tab 5 mg	5.00	100	✓ Daonil
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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

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 June 2009 (continued)

53	METOPROLOL SUCCINATE		
	* Tab long-acting 23.75 mg	2.73	30
	* Tab long-acting 47.5 mg	3.41	30
	* Tab long-acting 95 mg	5.88	30
	* Tab long-acting 190 mg	10.63	30

Note – the endorsement requirement for full funding does not apply to the Metoprolol-AFT CR brand of metoprolol succinate long-acting tablets as they are listed fully subsidised.

61	HYDROCORTISONE		
	* Powder – Only in combination	33.00	25 g
104	PAMIDRONATE DISODIUM		
	Inj 9 mg per ml, 10 ml	112.50	1
163	ACETYLCYSTEINE – Hospital pharmacy [HP1]-Specialist		
	Inj 200 mg per ml, 10 ml	137.06 (219.75)	10
			Martindale Acetylcysteine

Effective 1 May 2009

46	ATORVASTATIN – Additional subsidy by Special Authority see SA0788 below – Retail pharmacy See prescribing guideline on the preceding page		
	* Tab 80 mg	16.28 (110.50)	30
			Lipitor
49	TERAZOSIN HYDROCHLORIDE		
	* Tab 1 mg	2.50	28
	* Tab 2 mg	23.30	500
	* Tab 5 mg	29.00	500
87	CO-TRIMOXAZOLE		
	* Oral liq trimethoprim 40 mg and sulphamethoxazole 200 mg per 5 ml – Up to 200 ml available on a PSO	2.15	100 ml
			✓ Deprim
110	NORTRIPTYLINE HYDROCHLORIDE		
	Tab 25 mg	14.44	180
			✓ Norpress
138	PACLITAXEL – PCT only – Specialist		
	Inj 30 mg	189.75	5
			✓ Paclitaxel Ebewe
172	PAEDIATRIC ORAL FEED 1.5KCAL/ML – Special Authority see SA0896 above – Hospital pharmacy [HP3]		
	Liquid (strawberry)	1.60	200 ml OP
	Liquid (vanilla)	1.60	200 ml OP
			✓ NutriniDrink ✓ NutriniDrink
172	PAEDIATRIC ORAL FEED WITH FIBRE 1.5KCAL/ML – Special Authority see SA0896 above – Hospital pharmacy [HP3]		
	Liquid (strawberry)	1.60	200 ml OP
	Liquid (chocolate)	1.60	200 ml OP
	Liquid (vanilla)	1.60	200 ml OP
			✓ NutriniDrink ✓ NutriniDrink ✓ NutriniDrink ✓ NutriniDrink

Patients pay a manufacturer's surcharge when the Manufacturer's Price is greater than the Subsidy
66

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 July 2009

26	MESALAZINE			
	Tab 400 mg —Retail pharmacy—Specialist.....	49.50	100	✓ Asacol
	Tab long-acting 500 mg —Retail pharmacy—Specialist.....	69.06	100	✓ Pentasa
	Enema 1 g per 100 ml —Retail pharmacy—Specialist.....	45.96	7	✓ Pentasa
30	PIOGLITAZONE — Special Authority see SA0959 0859 below — Retail pharmacy			
	Tab 15 mg	2.61	28	✓ Pizaccord
		45.78		✓ Actos
	Tab 30 mg	5.23	28	✓ Pizaccord
		70.43		✓ Actos
	Tab 45 mg	7.80	28	✓ Pizaccord
		89.39		✓ Actos

► SA0959 0859 Special Authority for Subsidy

Initial application — (Patients with type 2 diabetes) from any relevant practitioner. Approvals valid for 1 year without further renewal unless notified for applications meeting the following criteria:

Either:

- 1 Patient has not achieved glycaemic control on maximum doses of metformin and/or a sulphonylurea or where either or both are contraindicated or not tolerated.
- 2 Patient is on insulin.

Any of the following:

Monotherapy

1—All of the following:

- 1.1 To be used as monotherapy for patients who after six months of diet and lifestyle changes have inadequate glycaemic control (defined as HbA1c > 7.0% in tests carried out at least two months apart); and
- 1.2 Metformin is contraindicated or not tolerated after a minimum of a four-week trial period; and
- 1.3 Sulphonylurea is contraindicated or not tolerated or the patient is obese; or

In combination with sulphonylurea

2—Both:

- 2.1 For use in combination with a sulphonylurea for patients who after diet and lifestyle changes and a six month trial of sulphonylurea have poor glycaemic control (defined as HbA1c > 7.5% measured within the last month of the six-month period); and
- 2.2 Metformin is contraindicated or not tolerated after a minimum of a four-week trial period; or

In combination with metformin

3—Both:

- 3.1 For use in combination with metformin for patients who after diet and lifestyle changes and a six-month trial of the maximum tolerated dose of metformin have poor glycaemic control (defined as HbA1c > 7.5% measured within the last month of the six-month period); and
- 3.2 Sulphonylurea is contraindicated or not tolerated, or the patient is obese; or

In combination with metformin after a trial of metformin and sulphonylurea

4—For use in combination with metformin for patients who after diet and lifestyle changes and a six-month trial of a combination of metformin and sulphonylurea at maximum tolerated doses have poor glycaemic control (defined as HbA1c > 7.5% measured within the last month of the six-month period); or

In combination with Insulin

5—For use in combination with insulin in patients requiring more than 1.5 units per kilogram of insulin a day for at least 6 months in conjunction with metformin if tolerated.

Renewal — (Patients with type 2 diabetes) from any relevant practitioner. Approvals valid for 1 year where patient is continuing to derive benefit from treatment.

Notes: Pioglitazone is not to be used in triple oral combination (defined as a combination of metformin, sulphonylurea and pioglitazone).

Pioglitazone should not be used in patients with heart 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
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Changes to Restrictions - effective 1 July 2009 (continued)

continued...

Liver function tests should be performed at baseline.

Gastrointestinal side effects are relatively common when initiating metformin therapy. Upward titration of metformin dose over several weeks and taking metformin with food will help to minimize these side effects.

Intolerance and contraindications for metformin include: serum creatinine ≥ 0.15 or creatinine clearance $\ll 60$ ml/min; significant liver impairment; severe left ventricular dysfunction; and intolerable gastrointestinal side effects that persist beyond 4 weeks duration.

Intolerance for sulphonylurea includes: nausea; diarrhoea; rash; blood disorders (thrombocytopenia, agranulocytosis, aplastic anaemia); erythema multiforme, exfoliative dermatitis, hepatitis; and syndrome of inappropriate antidiuretic hormone secretion (SIADH) with water retention and hyponatraemia.

Maximum tolerated dose of metformin defined as: A dose up to a maximum of 3 g daily.

Maximum tolerated dose of sulphonylurea defined as: A dose up to a maximum of glibenclamide 20 mg daily or glipizide 20 mg daily or gliclazide 320 mg daily.

For the purposes of these criteria "obese" is defined as body mass index (BMI) greater than 33 kg/m².

However, as ethnic differences between patients may vary BMI scores, practitioners may use discretion as to whether the patient meets this criterion.

It is considered that when applying, that the patient may have initiated "six months diet and lifestyle changes" from the date of diagnosis of type 2 diabetes.

32 BLOOD GLUCOSE BLOOD DIAGNOSTIC TEST METER – Subsidy by endorsement

- Maximum of 1 meter per prescription
- A diagnostic blood glucose test meter is subsidised for patients who begin insulin or sulphonylurea therapy after 1 March 2005 or is prescribed for a pregnant woman with diabetes.
- Only one meter per patient. No further prescriptions will be subsidised. The prescription must be endorsed accordingly.

Meter	9.00	1	✓ Optium Xceed ✓ FreeStyle Lite ✓ Accu-Chek Performa
	19.00		

32 BLOOD GLUCOSE DEHYDROGENASE DIAGNOSTIC TEST STRIP

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

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

SensoCard blood glucose test strips are subsidised only if prescribed for a patient who is severely visually impaired and is using a SensoCard Plus Talking Blood Glucose Monitor.

Blood glucose test strips	22.00	50 test OP	✓ Accu-Chek Performa ✓ Optium 10 second test ✓ Optium 5 second test ✓ FreeStyle Lite ✓ SensoCard
	21.65		
	26.20		

33 INSULIN PEN NEEDLES – Maximum of 100 dev per prescription

NovoFine pen needles 31 g \times 6 mm are subsidised for children under 12 years of age.

* 31 g \times 6 mm	10.50	100	NovoFine
	(26.00)		

Check your Schedule for full details
Schedule page ref

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Changes to Restrictions - effective 1 July 2009 (continued)

38	MULTIVITAMINS – Special Authority see SA0600963 – Hospital pharmacy [HP3] Retail pharmacy			
	Tab	19.65	100	✓ Ketovite
	Powder	36.00	100 g OP	✓ Paediatric Seravit
	Oral liq	13.50	150 ml OP	✓ Ketovite Liquid

➔ SA0963 Special Authority for Subsidy

Initial application only from a relevant specialist from any relevant practitioner. Approvals valid for 3 years without further renewal unless notified for applications meeting the following criteria:

Either:

- 1 The patient has where inborn errors of metabolism; or
- 2 For use as a supplement to a ketogenic diet in patients diagnosed with epilepsy.

Renewal only from a relevant specialist or general practitioner on the recommendation of such a specialist. Approvals valid for 3 years for applications meeting the following criteria:

Both:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 General Practitioners must include the name of the specialist and date contacted.

Note: use of Paediatric Seravit is not recommended as a supplement to a ketogenic diet.

42	DIPYRIDAMOLE			
	* Tab 25 mg – Additional subsidy by Special Authority see SA0930 – Retail pharmacy	8.36	84	✓ Persantin
	* Tab long-acting 150 mg – Special Authority see SA0929 – Retail pharmacy	11.52	60	✓ Pytazen SR

➔ SA0930 Special Authority for Manufacturers Price

Initial application – (Conditions other than transient ischaemic episodes) only from a cardiothoracic surgeon, cardiologist or general physician. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Either:

- 1 Patients with prosthetic heart valves – as an adjunct to oral anticoagulation for prophylaxis of thromboembolism; or
- 2 Patients after coronary artery vein bypass graft – as an adjunct to aspirin or as monotherapy for patients who are aspirin intolerant.

Note

Aspirin intolerant patients are defined as those with aspirin induced asthma, urticaria, or anaphylaxis, or those with significant aspirin induced bleeding, excluding bruising

Initial application – (Transient ischaemic episodes) only from a neurologist, neurosurgeon, cardiologist, vascular surgeon or general physician. Approvals valid without further renewal unless notified where patients who continue to have transient ischaemic episodes despite aspirin therapy or have transient ischaemic episodes and are aspirin intolerant.

Note

Aspirin intolerant patients are defined as those with aspirin induced asthma, urticaria, or anaphylaxis, or those with significant aspirin induced bleeding, excluding bruising

Renewal – (Existing 2 year approvals) only from a general practitioner or relevant specialist. Approvals valid without further renewal unless notified where the treatment remains appropriate and the patient is benefiting from treatment.

➔ SA0929 Special Authority for Manufacturers Price

Initial application – (Conditions other than transient ischaemic episodes) only from a cardiothoracic surgeon, cardiologist or general physician. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Either:

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
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Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions - effective 1 July 2009 (continued)

continued...

- 1 Patients with prosthetic heart valves – as an adjunct to oral anticoagulation for prophylaxis of thromboembolism; or
- 2 Patients after coronary artery vein bypass graft – as an adjunct to aspirin or as monotherapy for patients who are aspirin intolerant.

Note

Aspirin intolerant patients are defined as those with aspirin induced asthma, urticaria, or anaphylaxis, or those with significant aspirin induced bleeding, excluding bruising
Initial application – (Transient ischaemic episodes) only from a neurologist, neurosurgeon, cardiologist, vascular surgeon or general physician. Approvals valid without further renewal unless notified where patients who continue to have transient ischaemic episodes despite aspirin therapy or have transient ischaemic episodes and are aspirin intolerant.

Note

Aspirin intolerant patients are defined as those with aspirin induced asthma, urticaria, or anaphylaxis, or those with significant aspirin induced bleeding, excluding bruising
Renewal – (Existing 2 year approvals) only from a general practitioner or relevant specialist. Approvals valid without further renewal unless notified where the treatment remains appropriate and the patient is benefiting from treatment.

- 85 AZITHROMYCIN – Subsidy by endorsement
- a) Maximum of 2 tab per prescription
 - b) Up to 4 tab available on a PSO
 - c) Subsidised only if prescribed for patients with uncomplicated urethritis or cervicitis proven or presumed to be due to Chlamydia trachomatis and their sexual contacts and prescription or PSO is endorsed accordingly.
 - d) **Maximum of 2 tablets per prescription can be waived by Special Authority see SA0964 below**
- Tab 500 mg 5.95 2 OP ✓ **Arrow-Azithromycin**

► SA0964 Special Authority for Waiver of Rule

Initial application only from a respiratory specialist or paediatrician. Approvals valid without further renewal unless notified for applications meeting the following criteria:

All of the following:

- 1 The applicant is part of a multidisciplinary team experienced in the management of cystic fibrosis; and
- 2 The patient has been definitively diagnosed with cystic fibrosis*; and
- 3 The patient has chronic infection with Pseudomonas aeruginosa or Pseudomonas related gram negative organisms as defined by two positive respiratory tract cultures at least three months apart*; and
- 4 The patient has negative cultures for non-tuberculous mycobacteria.

Note

Caution is advised if using azithromycin as an antibiotic in the treatment of cystic fibrosis patients with pneumonia.

Testing for non-tuberculosis mycobacteria should occur annually.

Indications marked with * are Unapproved Indications (refer to Section A: General Rules, Part I (Interpretations and Definitions) and Part IV (Miscellaneous Provisions) rule 4.6).

- 98 INFLUENZA VACCINE – Hospital pharmacy [Xpharm]
- A) is available between 1 March and **30 September** ~~30 June~~ each year for patients who meet the following criteria, as set by the Ministry of Health:
- a) all people 65 years of age and over;
 - b) people under 65 years of age with:
 - i) the following cardiovascular disease:
 - 1) ischaemic heart disease,
 - 2) congestive heart disease,
 - 3) rheumatic heart disease,
 - 4) congenital heart disease, or
 - 5) cerebo-vascular 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 July 2009 (continued)

continued...

- ii) the following chronic respiratory disease:
 - 1) asthma, if on a regular preventative therapy, or
 - 2) other chronic respiratory disease with impaired lung function;
- iii) diabetes;
- iv) chronic renal disease;
- v) any cancer, excluding basal and squamous skin cancers if not invasive;
- vi) the following other conditions:

- a) autoimmune disease,
- b) immune suppression,
- c) HIV,
- d) transplant recipients,
- e) neuromuscular and CNS diseases,
- f) haemoglobinopathies, or
- g) children on long term aspirin.

The following conditions are excluded from funding:

- a) asthma not requiring regular preventative therapy,
- b) hypertension and/or dyslipidaemia without evidence of end-organ disease,
- c) pregnancy in the absence of another risk factor.
- B) Doctors are the only Contractors entitled to claim payment from the Funder for the supply of influenza vaccine to patients eligible under the above criteria for subsidised immunisation and they may only do so in respect of the influenza vaccine listed in the Pharmaceutical Schedule.
- C) Individual DHBs may fund patients over and above the above criteria. The claiming process for these additional patients should be determined between the DHB and Contractor.
- D) Influenza Vaccine does not fall within the definition Community Pharmaceutical as it is not funded directly from the Pharmaceutical Budget. Pharmacists are unable to claim for the dispensing of influenza vaccine from the Funder.

Inj	9.00	1	✓ Fluvax ✓ Fluarix
	90.00	10	✓ Vaxigrip ✓ Fluarix
142 MYCOPHENOLATE MOFETIL – Special Authority see SA0960 0893 – Hospital pharmacy [HP3]			
Tab 500 mg	206.66	50	✓ Cellcept
Cap 250 mg	206.66	100	✓ Cellcept
Powder for oral liq 1 g per 5 ml – Subsidy by endorsement....	285.00	165 ml OP	✓ Cellcept
Mycophenolate powder for oral liquid is subsidised only for patients unable to swallow tablets and capsules, and when the prescription is endorsed accordingly.			
➔ SA0960 0893 Special Authority for Subsidy			
Initial application only from a relevant specialist. Approvals valid without further renewal unless notified for applications meeting the following criteria:			
Any of the following:			
1 Renal transplant recipient; or			
2 Heart transplant recipient; or			
3 Liver transplant recipient; or			
34 Patient has an organ transplant and has severe tophaceous gout making azathioprine unsuitable.			
142 RITUXIMAB – PCT only – Specialist – Special Authority see SA0961 0961			
Inj 100 mg per 10 ml vial	1,195.00	2	✓ Mabthera
Inj 500 mg per 50 ml vial	2,987.00	1	✓ Mabthera
Inj 1 mg for ECP	6.27	1 mg	✓ Baxter ✓ Biomed

➔ **SA0961 0884** Special Authority for Subsidy

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)
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Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions - effective 1 July 2009 (continued)

continued...

Initial application — (Post-transplant) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

Both:

- 1 The patient has B-cell post-transplant lymphoproliferative disorder*; and
- 2 To be used for a maximum of 8 treatment cycles.

Initial application – (Indolent, low-grade lymphomas) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 9 months for applications meeting the following criteria:

Either:

1 Both:

- 1.1 The patient has indolent, low grade NHL with relapsed disease following prior chemotherapy; and
- 1.2 To be used for a maximum of 4 treatment cycles; or

2 Both:

- 2.1 The patient has indolent, low grade lymphoma requiring first-line systemic chemotherapy; and
- 2.2 To be used for a maximum of 6 treatment cycles.

Note: 'Indolent, low-grade lymphomas' includes follicular, mantle, marginal zone and lymphoplasmacytic/Waldenstrom macroglobulinaemia. Rituximab is not funded for Chronic lymphocytic leukaemia/small lymphocytic lymphoma.

Initial application – (Aggressive CD20 positive NHL) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

- 1 The patient has treatment-naive aggressive CD20 positive NHL; and
- 2 To be used with a multi-agent chemotherapy regimen given with curative intent; and
- 3 To be used for a maximum of 8 treatment cycles.

Note: 'Aggressive CD20 positive NHL' includes large B-cell lymphoma and Burkitt's lymphoma/leukaemia Renewal – (Indolent, low-grade lymphomas) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 9 months for applications meeting the following criteria:

All of the following:

- 1 The patient has had a rituximab treatment-free interval of 12 months or more; and
- 2 The patient has indolent, low-grade NHL with relapsed disease following prior chemotherapy; and
- 3 To be used for a maximum of 4 treatment cycles.

Note: 'Indolent, low-grade lymphomas' includes follicular, mantle, marginal zone and lymphoplasmacytic/Waldenstrom macroglobulinaemia. Rituximab is not funded for Chronic lymphocytic leukaemia/small lymphocytic lymphoma.

Renewal — (Post-transplant) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 9 months for applications meeting the following criteria:

All of the following:

- 1 The patient has had a rituximab treatment-free interval of 12 months or more; and
- 2 The patient has B-cell post-transplant lymphoproliferative disorder*; and
- 3 To be used for a maximum of 6 treatment cycles

Indications marked with * are Unapproved Indications.

► SA0084 Special Authority for Subsidy

Initial application – (Post-transplant) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 6 months where the patient has B-cell post-transplant lymphoproliferative disorder*.

Note: for no more than 8 treatment cycles.

continued...

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

32

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

Changes to Restrictions - effective 1 July 2009 (continued)

continued...

Initial application – (Low-grade lymphomas) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 6 months where the patient has low-grade NHL – relapsed disease following prior chemotherapy.

Note: for no more than 4 treatment cycles.

Initial application – (Large cell lymphomas) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

Both:

- 1 The patient has treatment naive large B-cell NHL; and
- 2 To be used with CHOP (or alternative anthracycline-containing multi-agent chemotherapy regime given with curative intent).

Note for no more than 8 treatment cycles.

Renewal – (Low-grade lymphomas) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 6 months for applications meeting the following criteria:

Both:

- 1 The patient has had a treatment-free interval of 6 months or more; and
- 2 Either:
 - 2.1 Has B-cell post-transplant lymphoproliferative disorder*; or
 - 2.2 Has low-grade NHL – relapsed disease following prior chemotherapy.

Note for no more than 4 treatment cycles.

Indications marked with * are Unapproved Indications.

148 INHALED CORTICOSTEROIDS WITH LONG-ACTING BETA-ADRENOCEPTOR AGONISTS

➡ SA0958 0838 | Special Authority for Subsidy

Initial application only from **any** a relevant specialist or general practitioner. Approvals valid for 2 years for applications meeting the following criteria:

Either:

- 1 All of the following:
 - 1.1 Patient is a child under the age of 12; and
 - 1.2 All of the following:
 - Has, for 3 months of more, been treated with:
 - 1.2.1 An inhaled long-acting beta adrenoceptor agonist; and
 - 1.2.2 Inhaled corticosteroids at a dose of at least 400 µg per day beclomethasone or budesonide, or 200 µg per day fluticasone; and
 - 1.3 The prescriber considers that the patient would receive additional clinical benefit from switching to a combination product; or
- 2 All of the following:
 - 2.1 Patient is over the age of 12; and
 - 2.2 All of the following:
 - Has, for 3 months of more, been treated with:
 - 2.2.1 An inhaled long-acting beta adrenoceptor agonist; and
 - 2.2.2 Inhaled corticosteroids at a dose of at least 800 µg per day beclomethasone or budesonide, or 500 µg per day fluticasone; and
 - 2.3 The prescriber considers that the patient would receive additional clinical benefit from switching to a combination product.

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

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
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Per

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Generic Mnfr
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Changes to Restrictions - effective 1 July 2009 (continued)

152	SPACER DEVICE a) Maximum of 20 dev per WSO b) Only on a WSO c) 1) Spacer devices and masks also available to paediatricians employed by a DHB on a wholesale supply order signed by the paediatrician. Limited to one pack of 20 per order. Orders via a hospital pharmacy. 2) Only available for children aged six years and under. 2) For Space Chamber and Foremount Child's Silicone Mask wholesale supply order must indicate clearly if either the spacer device, the mask, or both are required. 3) 4) Space Chamber Distributed by Airflow Products. Forward orders to: Airflow Products Telephone: 04 499 1240 or 0800 AIR FLOW PO Box 1485, Wellington Facsimile: 04 499 1245 or 0800 323 270 4) Volumatic Distributed by GlaxoSmithKline. Forward orders to: Telephone: 0800 877 789 Facsimile: 0800 877 785			
	230 ml (autoclavable) – Subsidy by endorsement.....	11.60	1	✓ Space Chamber Available where the prescriber requires a spacer device that is capable of sterilisation in an autoclave and the WSO is endorsed accordingly.
	230 ml (single patient)	8.38	1	✓ Space Chamber
	800 ml	8.50	1	✓ Volumatic
181	AMINOACID FORMULA WITH MINERALS WITHOUT PHENYLALANINE – Special Authority see SA07330962 – Retail pharmacy See prescribing guideline Powder	58.44	250 g OP	✓ Metabolic Mineral Mixture

► SA0962 0733 Special Authority for Subsidy

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

Either:

1 Dietary management of phenylketonuria (PKU); or

2 For use as a supplement to a ketogenic diet in patients diagnosed with epilepsy

► SA0733 Special Authority for Subsidy

Initial application – (Patient aged over 16) only from a relevant specialist. Approvals valid for 1 year for applications meeting the following criteria:

Both:

1 – dietary management of PKU; and

2 – blood phenylalanine level < 900 mmol/litre (average of tests over last 12 months).

Initial application – (Patient aged 16 or under) only from a relevant specialist. Approvals valid for 3 years where dietary management of PKU.

Renewal – (Patient aged over 16) only from a relevant specialist. Approvals valid for 1 year for applications meeting the following criteria: blood phenylalanine level < 900 mmol/litre (average of tests over last 12 months);

Renewal – (Patient aged 16 or under) only from a relevant specialist or general practitioner on the recommendation of such a specialist. Approvals valid for 3 years for applications meeting the following criteria:

Both:

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

2 – General Practitioners must include the name of the specialist and date contacted.

Check your Schedule for full details
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Changes to Restrictions - effective 1 May 2009

55	FRUSEMIDE FUROSEMIDE			
	* Tab 40 mg – Up to 30 tab available on a PSO	10.75	1,000	✓ Diurin 40
	* Tab 500 mg	12.00	100	✓ Diurin 500
	*‡ Oral liq 10 mg per ml.....	10.66	30 ml OP	✓ Lasix
	* Infusion.....	481.40	5	✓ Lasix
	* Inj 10 mg per ml, 2 ml – Up to 5 inj available on a PSO	29.50	50	✓ Mayne
59	CICLOPIROXOLAMINE CICLOPIROXOLAMINE			
	a) Only on a prescription			
	b) not in combination			
	Nail soln 8%	19.85	3.5 ml OP	✓ Batrafen

▲ 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

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✓ fully subsidised

Changes to Subsidy and Manufacturer's Price

Effective 1 July 2009

26	MESALAZINE (↓ subsidy) Enema 1 g per 100 ml.....	45.96	7	✓ Pentasa
30	PIOGLITAZONE – Special Authority see SA0959 – Retail pharmacy (↓ subsidy) Tab 15 mg	45.78	28	✓ Actos
	Tab 30 mg	70.43	28	✓ Actos
	Tab 45 mg	89.39	28	✓ Actos
32	BLOOD GLUCOSE DIAGNOSTIC TEST STRIP (↓ subsidy) Blood glucose test strips	21.65	50 test OP	✓ Optium 5 second test
		10.82	25 test OP	✓ Optium 5 second test
33	INSULIN PEN NEEDLES – Maximum of 100 dev per prescription (↓ subsidy) * 29 g x 12.7 mm	10.50	100	✓ ABM ✓ BD Micro-Fine
		3.15	30	✓ BD Micro-Fine
	* 31 g x 6 mm	10.50	100	✓ ABM NovoFine
		(26.00)		
	* 31 g x 8 mm	10.50	100	✓ ABM ✓ BD Micro-Fine
		3.15	30	✓ BD Micro-Fine
33	INSULIN SYRINGES, DISPOSABLE WITH ATTACHED NEEDLE –Maximum of 100 dev per prescription (↓ subsidy) * Syringe 0.3 ml with 29 g x 12.7 mm needle	13.00	100	✓ ABM ✓ BD Ultra Fine
		1.30	10	
		(1.99)		BD Ultra Fine
	* Syringe 0.3 ml with 31 g x 8 mm needle	13.00	100	✓ ABM ✓ BD Ultra Fine II
		1.30	10	
		(1.99)		BD Ultra Fine II
	* Syringe 0.5 ml with 29 g x 12.7 mm needle	13.00	100	✓ ABM ✓ BD Ultra Fine
		1.30	10	
		(1.99)		BD Ultra Fine
	* Syringe 0.5 ml with 31 g x 8 mm needle	13.00	100	✓ ABM ✓ BD Ultra Fine II
		1.30	10	
		(1.99)		BD Ultra Fine II
	* Syringe 1 ml with 29 g x 12.7 mm needle	13.00	100	✓ ABM ✓ BD Ultra Fine
		1.30	10	
		(1.99)		BD Ultra Fine
	* Syringe 1 ml with 31 g x 8 mm needle	13.00	100	✓ ABM ✓ BD Ultra Fine II
		1.30	10	
		(1.99)		BD Ultra Fine II

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 July 2009 (continued)

34	MUCILAGINOUS LAXATIVES – only on a prescription († price) * Dry.....	8.80 (16.49)	500 g OP	Normacol
34	MUCILAGINOUS LAXATIVES WITH STIMULANTS († price) * Dry.....	8.80 (16.49)	500 g OP	Normacol Plus
38	FERROUS FUMARATE († subsidy) Tab 200 mg	4.35	100	✓ Ferro-tab
38	FERROUS FUMARATE WITH FOLIC ACID († subsidy) Tab 310 mg with folic acid 350 µg	4.75	60	✓ Ferro-F-Tabs
38	MULTIVITAMINS – Special Authority see SA0963 – Retail pharmacy († subsidy) Oral Liq	13.50	150 ml OP	✓ Ketovite Liquid
42	DIPYRIDAMOLE († subsidy) * Tab 25 mg	8.36	84	✓ Persantin
43	HEPARIN SODIUM († subsidy) Inj 1,000 iu per ml, 35 ml	16.00	1	✓ Mayne
	Inj 5,000 iu per ml, 1 ml	14.00	5	✓ Mayne
	Inj 5,000 iu per ml, 5 ml	43.67	10	✓ Multiparin
49	TERAZOSIN HYDROCHLORIDE (↓ subsidy) Tab 2 mg	1.30 (4.66)	28	Hytrin
	Tab 5 mg	1.62 (5.60)	28	Hytrin
50	LISINOPRIL (↓ subsidy) * Tab 5 mg	2.06	30	✓ Arrow-Lisinopril
	* Tab 10 mg	2.36	30	✓ Arrow-Lisinopril
	* Tab 20 mg	2.87	30	✓ Arrow-Lisinopril
54	FELODIPINE (↓ subsidy) * Tab long-acting 5 mg	10.73	90	✓ Felo 5 ER
	* Tab long-acting 10 mg	15.60	90	✓ Felo 10 ER
59	ECONAZOLE NITRATE († price) * Crm 1%.....	1.00 (7.48)	20 g OP	Pevaryl
	a) Only on a prescription b) Not in combination Foaming soln 1%, 10 ml sachets	9.89 (17.23)	3	Pevaryl
	a) Only on a prescription b) Not in combination			
76	CYPROTERONE ACETATE – Hospital Pharmacy [HP3] – Specialist (↓ subsidy) Tab 50 mg	21.10	50	✓ Siterone

▲ 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 July 2009 (continued)

84	CEFOXITIN SODIUM – Hospital Pharmacy [HP3]- Specialist – Subsidy by endorsement († subsidy) Only if prescribed for dialysis or cystic fibrosis patient and the prescription is endorsed accordingly. Inj 1 g	55.00	5	✓ Mayne
85	AZITHROMYCIN – Subsidy by endorsement (↓ subsidy) a) Maximum of 2 tab per prescription b) Up to 4 tab available on a PSO c) Subsidised only if prescribed for patients with uncomplicated urethritis or cervicitis proven or presumed to be due to Chlamydia trachomatis and their sexual contacts and prescription or PSO is endorsed accordingly. d) Maximum of 2 tablets per prescription can be waived by Special Authority see SA0964 Tab 500 mg	5.95	2 OP	✓ Arrow-Azithromycin
85	ERYTHROMYCIN LACTOBIONATE († subsidy) Inj 1 g	10.93	1	✓ Erythrocin IV
85	ROXITHROMYCIN (↓ subsidy) Tab 150 mg	8.98	50	✓ Arrow-Roxithromycin
	Tab 300 mg	16.48	50	✓ Arrow-Roxithromycin
88	TOBRAMYCIN († subsidy) Inj 40 mg per ml, 2 ml – Hospital pharmacy [HP3] – Subsidy by endorsement	34.50	5	✓ Mayne
	Note – only if prescribed for dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.			
108	METHADONE HYDROCHLORIDE († subsidy) a) Only on a controlled drug form b) No patient co-payment payable c) Extemporaneously compounded methadone will only be reimbursed at the rate of the cheapest form available (methadone powder, not methadone tablets). d) For methadone hydrochloride oral liquid refer, page 162 Inj 10 mg per ml, 1 ml	61.00	10	✓ AFT
109	PETHIDINE HYDROCHLORIDE († subsidy) a) Only on a controlled drug form b) No patient co-payment payable Inj 50 mg per ml, 1 ml – Up to 5 inj available on a PSO	5.20	5	✓ Mayne
	Inj 50 mg per ml, 2 ml – Up to 5 inj available on a PSO	5.50	5	✓ Mayne
116	CYCLIZINE HYDROCHLORIDE (↓ subsidy) Tab 50 mg	1.59	10	✓ Nausicalm
118	BENZTROPINE MESYLATE († subsidy) Tab 2 mg	7.99	60	✓ Benztrop
128	METHYLPHENIDATE HYDROCHLORIDE – Special Authority see SA0908 – Retail pharmacy (↓ subsidy) Only on a controlled drug form Tab immediate-release 10 mg.....	3.00	30	✓ Rubifen
131	CYCLOPHOSPHAMIDE († subsidy) Inj 1 g – PCT – Retail pharmacy - Specialist.....	23.65	1	✓ Endoxan
	Inj 2 g – PCT only - Specialist.....	47.30	1	✓ Endoxan
	Inj 1 mg for ECP.....	0.03	1	✓ Baxter

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 July 2009 (continued)

131	IFOSFAMIDE – PCT only - Specialist († subsidy)				
	Inj 1 g	96.00	1	✓ Holoxan	
	Inj 2 g	180.00	1	✓ Holoxan	
	Inj 1 mg for ECP	0.10	1 mg	✓ Baxter	
135	ARSENIC TRIOXIDE – PCT only – Specialist († subsidy)				
	Inj 10 mg	4,817.00	10	✓ AFT	S29
135	METHOTREXATE († subsidy)				
	* Tab 2.5 mg – PCT – Hospital pharmacy [HP3] – Specialist	5.22	30	✓ Methoblastin	
138	PROCARBAZINE HYDROCHLORIDE – PCT only – Specialist († subsidy)				
	Cap 50 mg	225.00	50	✓ Natulan	S29
142	TAMOXIFEN CITRATE († subsidy)				
	* Tab 10 mg	10.80	100	✓ Genox	
	* Tab 20 mg	11.10	100	✓ Genox	
147	PROMETHAZINE HYDROCHLORIDE († subsidy)				
	* Inj 25 mg per ml, 2 ml – Up to 5 inj available on a PSO	11.00	5	✓ Mayne	
149	SALBUTAMOL († subsidy)				
	Nebuliser soln, 1 mg per ml, 2.5 ml – Up to 30 neb available on a PSO	3.52	20	✓ Asthalin	
	Nebuliser soln, 2 mg per ml, 2.5 ml – Up to 30 neb available on a PSO	3.70	20	✓ Asthalin	
150	SALBUTAMOL WITH IPRATROPIUM BROMIDE († subsidy)				
	Nebuliser soln, 2.5 mg with ipratropium bromide, 0.5 mg per vial, 2.5 ml – Up to 20 neb available on a PSO	4.29	20	✓ Duolin	
153	CHLORAMPHENICOL († subsidy)				
	Eye oint 1%	2.37	4 g OP	✓ Chlorsig	
158	CHARCOAL († subsidy)				
	* Oral liq 50 g per 250 ml	43.50	250 ml OP	✓ Carbosorb-X	
	a) Up to 250 ml available on a PSO				
	b) Only on a PSO				

Effective 1 June 2009

54	DILTIAZEM HYDROCHLORIDE († subsidy)				
	* Cap 120 mg	4.34	30	✓ Cardizem CD	
	* Cap 180 mg	6.50	30	✓ Cardizem CD	
	* Cap 240 mg	8.67	30	✓ Cardizem CD	
77	OESTROGENS – See prescribing guideline on the preceding page († price)				
	* Conjugated, equine tab 300 µg	3.01 (11.48)	28	Premarin	
	* Conjugated, equine tab 625 µg	4.12 (11.48)	28	Premarin	

▲ 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 June 2009 (continued)

78	OESTROGENS WITH MEDROXYPROGESTERONE – See prescribing guideline on page 76 († price)			
	* Tab Conjugated 625 µg conjugated equine with 2.5 mg medroxyprogesterone acetate tab (28)	5.40 (22.96)	28 OP	Premia 2.5 Continuous
	* Tab Conjugated 625 µg conjugated equine with 5 mg medroxyprogesterone acetate tab (28)	5.40 (22.96)	28 OP	Premia 5 Continuous
86	BENZATHINE BENZYL PENICILLIN († subsidy)			
	Inj 1.2 mega µ per 2 ml – Up to 5 inj available on a PSO	315.00	10	✓ Bicillin LA
118	ROPINIROLE HYDROCHLORIDE († subsidy)			
	▲ Tab 0.25 mg	19.75 (31.50)	210	Requip
	▲ Tab 0.25 mg x 42, 0.5 mg x 42, and 1 mg x 21	21.92 (35.70)	105 OP	Requip Starter Pack
	▲ Tab 0.25 mg x 42, 1 mg x 42, and 2 mg x 63	73.60 (122.11)	147 OP	Requip Follow-on Pack
	▲ Tab 1 mg	40.32 (67.20)	84	Requip
	▲ Tab 2 mg	60.72 (101.21)	84	Requip
	▲ Tab 5 mg	90.00 (150.00)	84	Requip
132	CALCIUM FOLINATE – PCT – Hospital pharmacy [HP3]-Specialist († subsidy)			
	Inj 100 mg – PCT only – Specialist	9.75	1	✓ Calcium Folate Ebewe
	Inj 300 mg – PCT only – Specialist	30.00	1	✓ Calcium Folate Ebewe
	Inj 1 g – PCT only – Specialist	100.00	1	✓ Calcium Folate Ebewe
133	GEMCITABINE HYDROCHLORIDE († subsidy)			
	Inj 1 mg for ECP	0.26	1 mg	✓ Baxter Biomed

Effective 1 May 2009

25	CALCIUM CARBONATE WITH AMINOACETIC ACID († alternate subsidy)			
	* Tab 420 mg with aminoacetic acid 180 mg - Higher subsidy of \$6.30 per 100 with Endorsement	3.00 (6.30)	100	Titalac
	Additional subsidy by endorsement is available for pregnant women. The prescription must be endorsed accordingly			
30	ACARBOSE († subsidy) – Special Authority see SA0925 – Retail pharmacy			
	* Tab 50 mg	16.50	90	✓ Glucobay
	* Tab 100 mg	26.70	90	✓ Glucobay

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 May 2009 (continued)

31	COPPER (↑ price) * Tab Diagnostic – Not on a BSO.....	5.02 (31.80)	36 OP		Clinitest
31	GLUCOSE OXIDASE (↑ price) Urine diagnostic test with peroxidase – Not on a BSO.....	4.13 (8.65) 4.11 (6.26)	50 strip OP		Clinistix Diastix
32	GLUCOSE OXIDASE (↑ price) Urine diagnostic test with peroxidase, potassium iodide, sodium nitroprusside and aminoacetic acid – Not on a BSO.....	4.53 (14.87)	50 strip OP		Keto-Diastix
32	SODIUM NITROPRUSSIDE (↑ price) * Urine diagnostic strip, buffered – Not on a BSO.....	3.40 (10.94)	50 strip OP		Ketostix
47	SIMVASTATIN (↓ subsidy)– See prescribing guidelines on page 45 * Tab 10 mg	0.68 (11.37)	30	✓ SimvaRex Lipex	
	* Tab 20 mg	1.00 (11.67)	30	✓ SimvaRex Lipex	
	* Tab 40 mg	1.78 (12.41)	30	✓ SimvaRex Lipex	
	* Tab 80 mg	3.88 (14.39)	30	Lipex	
47	SIMVASTATIN (↑ subsidy)– See prescribing guidelines on page 45 * Tab 80 mg	3.88	30	✓ SimvaRex	
55	FUROSEMIDE (↓ subsidy) * Tab 40 mg - Up to 30 tab available on a PSO.....	10.75	1,000	✓ Diurin 40	
59	CICLOPIROXOLAMINE (↓ subsidy) a) Only on a prescription b) not in combination Nail soln 8%	19.85	3.5 ml OP	✓ Batrafen	
85	ERYTHROMYCIN ETHYL SUCCINATE (↓ subsidy) Tab 400 mg - Up to 30 tab available on a PSO.....	16.95	100	✓ E-Mycin	
86	AMOXYCILLIN CLAVULANATE (↓ subsidy) Tab amoxicillin 500 mg with potassium clavulanate 125 mg - Up to 30 tab available on a PSO.....	5.02 (6.40)	20		Augmentin
88	HYDROXYCHLOROQUINE SULPHATE (↓ subsidy) * Tab 200 mg	22.50	100	✓ Plaquenil	

▲ 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 May 2009 (continued)

99	IBUPROFEN (↓ subsidy) * Tab 200 mg	1.60 (1.78)	100		I-Profen
108	METHADONE HYDROCHLORIDE (↓ subsidy) a) Only on a controlled drug form b) No patient co-payment payable c) Extemporaneously compounded methadone will only be reimbursed at the rate of the cheapest form available (methadone powder, not methadone tablets) d) For methadone hydrochloride oral liquid refer, page 162 ‡ Oral liq 2 mg per ml..... ‡ Oral liq 5 mg per ml..... ‡ Oral liq 10 mg per ml.....	5.95 5.55 8.95	200 ml 200 ml 200 ml	✓ Biodone ✓ Biodone Forte ✓ Biodone Extra Forte	
117	ENTACAPONE (↓ subsidy) ▲ Tab 200 mg	116.00	100	✓ Comtan	
154	LEVOCABASTINE (↓ price) Eye drops 0.5 mg per ml	8.71 (10.34)	4 ml OP		Livostin

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
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Changes to Brand name

Effective 1 July 2009

53	SOTALOL				
	* Tab 80 mg	27.50	500	✓ Mylan Pacific	
	* Tab 160 mg	10.50	100	✓ Mylan Pacific	

Changes to Description

Effective 1 May 2009

86	BENZATHINE BENZYL PENICILLIN Inj 1.2 mega u per 2 2.3 ml – Up to 5 inj available on a PSO...200.00		10	✓ Bicillin LA	
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Changes to General Rules

Effective 1 July 2009

- 17 “Unapproved Indication” means, for a Pharmaceutical, an indication for which it is not approved under the Medicines Act 1981. **Practitioners prescribing Pharmaceuticals for Unapproved Indications should be aware of, and comply with, their obligations under Section 25 and/or Section 29 of the Medicines Act 1981 and as set out in Section A: General Rules, Part IV (Miscellaneous Provisions) rule 4.6.**

Changes to Sole Subsidised Supply

Effective 1 July 2009

For the list of new Sole Subsidised Supply products effective 1 July 2009 refer to the bold entries in the cumulative Sole Subsidised Supply table pages 14-19.

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Delisted Items

Effective 1 July 2009

44	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 inj available on a PSO	2.19	5	✓Baxter
	Purified for inj 2 ml – Up to 5 inj available on a PSO	21.90	50	✓Baxter
60	CROTAMITON			
	a) Only on a prescription			
	b) Not in combination			
	Lotn 10%	7.56	50 ml	
		(7.70)		Eurax
133	FLUOROURACIL SODIUM			
	Inj 500 mg per 20 ml – PCT only – Specialist.....	55.60	10	✓Mayne
172	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	250 g OP	
		(2.63)		Orgran

Effective 1 June 2009

53	DOXAZOSIN MESYLATE			
	* Tab 4 mg	6.37	10	✓Apo-Doxazosin
	Note – the 500 tablet pack size remains listed			
54	DILTIAZEM HYDROCHLORIDE			
	* Cap long-acting 90 mg	7.65	60	✓Dilzem SR
	* Cap long-acting 120 mg (twice per day)	18.00	100	✓Dilzem SR
	* Tab long-acting 180 mg	7.65	30	✓Dilzem LA
	* Tab long-acting 240 mg	10.20	30	✓Dilzem LA
97	EFAVIRENZ - Special Authority see SA0779 – Hospital pharmacy [HP1]			
	Cap 100 mg	158.33	30	✓Stocrin
104	ALLOPURINOL			
	Tab 100 mg	10.88	500	
		(11.45)		Progout
	Tab 300 mg	20.15	500	
		(21.20)		Progout
112	CARBAMAZEPINE			
	* Tab 200 mg	29.06	200	✓Tegretol
	Note – the 100 tablet pack size remains listed			

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

Delisted Items – effective 1 May 2009

49	DOXAZOSIN MESYLATE * Tab 2 mg Note – the 500 tablet pack listed 1 November 2008	4.81	100	✓ Apo-Doxazosin
77	OESTRADIOL VALERATE – See prescribing guideline * Tab 2 mg	4.12	28	✓ Progynova
107	PARACETAMOL * Tab 500 mg – Up to 30 tab available on a PSO	1.38 (14.67)	150	Panadol
107	PARACETAMOL * Tab 500 mg	137.81 (1,467.00)	15,000	Panadol

▲ 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 August 2009

84	MEBENDAZOLE Tab 100 mg	2.53 (7.43)	4		Vermox
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Effective 1 October 2009

49	TERAZOSIN HYDROCHLORIDE * Tab 2 mg	1.30 (4.66)	28		Hytrin
	* Tab 5 mg	1.62 (5.60)	28		Hytrin

142	AZATHIOPRINE – Retail pharmacy-Specialist * Tab 50 mg	25.00	100	✓	Thioprine
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Effective 1 November 2009

172	PAEDIATRIC ORAL FEED 1.5KCAL/ML – Special Authority see SA0896 – Hospital pharmacy [HP3] Liquid (strawberry)	1.60	200 ml OP	✓	Fortini
	Liquid (vanilla)	1.60	200 ml OP	✓	Fortini
172	PAEDIATRIC ORAL FEED WITH FIBRE 1.5KCAL/ML – Special Authority see SA0896 – Hospital pharmacy [HP3] Liquid (chocolate)	1.60	200 ml OP	✓	Fortini Multifibre
	Liquid (strawberry)	1.60	200 ml OP	✓	Fortini Multifibre
	Liquid (vanilla)	1.60	200 ml OP	✓	Fortini Multifibre

Effective 1 December 2009

25	CALCIUM CARBONATE WITH AMINOACETIC ACID * Tab 420 mg with aminoacetic acid 180 mg – Higher subsidy of \$38.73 per 1000 with Endorsement	30.00 (38.73)	1,000		Titralac
30	PIOGLITAZONE – Special Authority see SA0959 – Retail pharmacy Tab 15 mg	45.78	28	✓	Actos
	Tab 30 mg	70.43	28	✓	Actos
	Tab 45 mg	89.39	28	✓	Actos
32	GLUCOSE OXIDASE Urine diagnostic test with peroxidase, sodium nitroprusside and aminoacetic acid – Not on a BSO	4.53 (8.00)	50 stick OP		Keto-Diabur 5000
	Urine diagnostic test with peroxidase, potassium iodide, sodium nitroprusside and aminoacetic acid – Not on a BSO ...	4.53 (14.87)	50 strip OP		Keto-Diastix

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 December 2009 (continued)

32	SODIUM NITROPRUSSIDE * Urine diagnostic strips, buffered – Not on a BSO	3.39 (6.00) 3.40 (10.94)	50 strip OP		
				Ketur-Test	
				Ketostix	
63	OIL IN WATER EMULSION * Crm.....	2.80	500g	✓ Lemnis Fatty Cream	
64	WOOL FAT WITH MINERAL OIL – Only on a prescription * Lotn hydrous 3% with mineral oil	5.60 (9.54)	1,000 ml		Hydroderm Lotion
71	ETHINYLOESTRADIOL WITH LEVONORGESTREL * Tab	6.62 (9.45)	84		Triquilar ED
78	OESTRADIOL WITH LEVONORGESTREL * Tab 2 mg with 75 µg levonorgestrel (36) and tab 2 mg Oestradiol (48)	16.20	84	✓ Nuvelle	
92	EFAVIRENZ – Special Authority see SA0779 – Hospital pharmacy [HP1] Tab 50 mg	158.33	30	✓ Stocrin	
	Tab 200 mg	474.99	90	✓ Stocrin	
100	INDOMETHACIN * Cap 25 mg	5.90	100	✓ Rheumacin	
110	NORTRIPTYLINE HYDROCHLORIDE Tab 25 mg	20.06	250	✓ Norpress	
	Note: Norpress tab 25 mg 180 tablet pack size listed 1 May 2009				
156	PILOCARPINE * Eye drops 0.5%	3.19	15 ml OP	✓ Pilolet	
176	ENTERAL FEED WITH FIBRE 1KCAL/ML – Special Authority see SA0702 – Hospital pharmacy [HP3] Liquid.....	1.24 5.29	250 ml OP 1,000 ml OP	✓ Fibersource ✓ Fibersource RTH	

Effective 1 January 2010

64	WOOL FAT WITH MINERAL OIL – Only on a prescription * Lotn hydrous 3% with mineral oil	1.40 (2.92)	250 ml OP		Hydroderm Lotion
87	CO-TRIMOXAZOLE * Oral liq sugar-free trimethoprim 40 mg and sulphamethoxazole 200 mg per 5 ml – Up to 200 ml available on a PSO	5.90	500 ml	✓ Trisul	

▲ 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 January 2010 (continued)

147	DEXTROCHLORPHENIRAMINE MALEATE				
	* Tab long-acting 6 mg	2.70	20		
		(7.73)		Polaramine Repetab	
		5.40	40		
		(12.56)		Polaramine Repetab	
156	PILOCARPINE				
	* Eye drops 2%	4.32	15 ml OP	✓ Pilopt	

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 I

Effective 1 May 2009

- 14 Discretionary Community Supply Pharmaceuticals
- 8.1 Discretionary Community Supply Pharmaceuticals are deemed to include every medicine, therapeutic medical device, or related product or related thing listed in Section H Part IV of the Schedule.
- 8.2 PHARMAC may, in its discretion, list any pharmaceutical that is not a Community Pharmaceutical as a Discretionary Community Supply Pharmaceutical, including a pharmaceutical that PHARMAC is made aware of by HPAC, the Exceptional Circumstances Panel, a DHB Hospital or relevant hospital personnel.
- 8.3 A DHB Hospital may use its discretion to purchase Discretionary Community Supply Pharmaceuticals for use in the community, provided that, if the patient being treated with a Discretionary Community Supply Pharmaceutical usually resides in a district other than that within the jurisdiction of the DHB initiating the treatment, then the DHB initiating the treatment must either agree to fund any on-going treatment required once the patient has returned to his/her usual DHB, or obtain written consent from the DHB or DHBs in which the patient will reside following the commencement of treatment.
- 8.4 The funding of a Discretionary Community Supply Pharmaceutical for use in the community will be sourced from the relevant DHBs own budget. For the avoidance of doubt, the Discretionary Community Supply Pharmaceutical is not a Community Pharmaceutical and funding is not available for Discretionary Community Supply Pharmaceuticals from the Pharmaceutical Budget.
- 8.5 Subject to rule 8.6, DHB Hospitals must not fund for use in the community, any pharmaceuticals that are not Discretionary Community Supply Pharmaceuticals unless they have been approved under Hospital Exceptional Circumstances.
- 8.6 DHB Hospitals may fund from their own budgets, any Pharmaceutical that is listed in Sections A-G of the Pharmaceutical Schedule without Hospital Exceptional Circumstances (HEC) approval provided that:
- ~~(a) the condition for which that Pharmaceutical is supplied is consistent with any restrictions applying to that Pharmaceutical in Section A-G of the Pharmaceutical Schedule; and~~
 - (ba) (i) up to 5 days treatment, or one original pack, (where inappropriate to provide less); or**
 - (ii) more than 5 days treatment, provided that the relevant DHB Hospital has a dispensing for discharge policy and the quantity supplied is in accordance with that policy; and**
 - (b) the Pharmaceutical is supplied consistent with any restrictions applying to that Pharmaceutical in Section A-G of the Pharmaceutical Schedule.**
- Note dispensing for discharge as described in rule 8.6 is at the discretion of individual DHBs.**

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 July 2009

ACICLOVIR (expiry of HSS)						
Tab dispersible 200 mg	Lovir	1.98	25	1%	Jun-07	Acicvir Alpha-Aciclovir Global-Aciclovir Zovirax
Tab dispersible 400 mg	Lovir	6.64	56	1%	Jun-07	Acicvir Alpha-Aciclovir Global-Aciclovir Zovirax
Tab dispersible 800 mg	Lovir	7.38	35	1%	Jun-07	Acicvir Alpha-Aciclovir Global-Aciclovir Zovirax
ACITRETIN (new listing)						
Cap 10 mg	Neotigason	75.80	100			
Cap 25 mg	Neotigason	162.96	100			
ACTIVATED CHARCOAL (↑ price)						
Oral liq 50 g per 250 ml	Carbosorb-X	43.50	250 ml			
ALPROSTADIL (continuation of HSS)						
Inj 0.5 mg per ml, 1 ml	Prostin VR	1,417.50	5	1%	Sept-09	(B)
AMIKACIN SULPHATE						
Inj 5 mg per ml, 5 ml (expiry of HSS)	Biomed	88.00	10	1%	Nov-06	(B)
Inj 250 mg per ml, 2 ml (delisted 1 July 2009)	Amikin	15.00	1	1%	Sept-06	(B)
LIPOSOMAL AMPHOTERICIN B (amended description and continuation of HSS)						
Liposomal inj 50 mg vial	AmBisome	3,450.00	10	1%	Sept-09	(B)
APOMORPHINE HYDROCHLORIDE (expiry of HSS)						
Inj 10 mg per ml, 1 ml	Mayne	50.43	5	1%	Oct-06	(B)
ARSENIC TRIOXIDE (new listing)						
Inj 10 mg	AFT	4,817.00	10			
ATENOLOL (expiry of HSS)						
Tab 50 mg	Pacific Atenolol	6.50	500	1%	Sept-06	Anselol Apo-Atenolol Global-Atenolol
Tab 100 mg	Pacific Atenolol	11.30	500	1%	Sept-06	Anselol Apo-Atenolol Global-Atenolol

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 July 2009 (continued)

ATACURIUM BESYLATE (↓ price and addition of HSS)

Inj 10 mg per ml, 2.5 ml	Tracrium	12.55	5	1%	Sept-09	Hospira
Inj 10 mg per ml, 5 ml	Tracrium	26.04	5	1%	Sept-09	Hospira

Note – Mayne’s brand of atracurium besylate inj 10 mg per ml, 2.5 ml and 5 ml to be delisted 1 September 2009

ATROPINE SULPHATE (expiry of HSS)

Inj 600 µg, 1 ml.....	AstraZeneca	26.00	50	1%	Dec-06	Pfizer
Inj 1200 µg, 1 ml.....	AstraZeneca	32.00	50	1%	Dec-06	(B)

AZITHROMYCIN (↓ price and continuation of HSS)

Tab 500 mg.....	Arrow-Azithromycin	5.95	2	1%	Sept-09	Zithromax
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BECLOMETHASONE DIPROPIONATE (new listing)

Aerosol inhaler, 50 µg per dose CFC-free.....	Beclazone 50	8.54	200 dose			
Aerosol inhaler, 100 µg per dose CFC-free.....	Beclazone 100	12.50	200 dose			
Aerosol inhaler, 250 µg per dose CFC-free.....	Beclazone 250	22.67	200 dose			

BECLOMETHASONE DIPROPIONATE (expiry of HSS)

Metered aqueous nasal spray, 50 µg per dose	Alanase	2.35	200 doses	1%	Dec-06	Aldecin Atomase Beconase
Metered aqueous nasal spray, 100 µg per dose	Alanase	2.46	200 doses	1%	Dec-06	Atomase Beconase

BENZTROPINE MESYLATE (new listing)

Tab 2 mg.....	Benztrop	7.99	60			
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BETAMETHASONE VALERATE (expiry of HSS)

Scalp app 0.1%	Beta Scalp	5.25	100 ml	1%	Dec-06	(B)
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BEZAFIBRATE (↓ price and expiry of HSS)

Tab long-acting 400 mg.....	Bezalip Retard	5.70	30	5%	Apr-08	(B)
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BLOOD GLUCOSE DIAGNOSTIC TEST STRIP (new listing)

Blood glucose test strips.....	FreeStyle Lite	21.65	50			
	Optium 5	10.82	25			
	second test					
	Optium 5	21.65	50			
	second test					

BLOOD GLUCOSE DIAGNOSTIC TEST METER (new listing)

Meter	FreeStyle Lite	9.00	1			
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BOSENTAN (new listing)

Tab 62.5 mg.....	Tracleer	4,585.00	60			
Tab 125 mg.....	Tracleer	4,585.00	60			

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 July 2009 (continued)

BUPIVACAINE HYDROCHLORIDE (amended description and continuation of HSS)

Inj 0.25%, per 20 ml (↓ price)	Marcain	35.00	5	1%	Sept-09	Pfizer
Inj 0.5%, per 10 ml theatre pack.....	Marcain	28.00	5	1%	Sept-09	Pfizer
Inj 0.5%, per 10 ml (↓ price)	Marcain	35.00	50	1%	Sept-09	Pfizer
Inj 0.5%, per 20 ml theatre pack (↓ price).....	Marcain	25.00	5	1%	Sept-09	(B)

BUPIVACAINE HYDROCHLORIDE WITH ADRENALINE (new listing and addition of HSS)

Inj 0.25% with 1:400,000 adrenaline, 10 ml	Marcain with Adrenaline	134.76	5	1%	Sept-09	(B)
Inj 0.5% with 1:200,000 adrenaline, 20 ml	Marcain with Adrenaline	115.40	5	1%	Sept-09	(B)

BUPROPION HYDROCHLORIDE (new listing)

Tab modified-release 150 mg	Zyban	65.00	30			
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CAFFEINE CITRATE (expiry of HSS)

Inj 10 mg per ml, 2.5 ml	Biomed	50.70	5	1%	Nov-06	(B)
Oral liq 10 mg per ml	Biomed	13.50	25 ml	1%	Nov-06	(B)

CALCITRIOL (expiry of HSS)

Cap 0.25 µg	Calcitriol-AFT	13.45	100	1%	Feb-07	Rocaltrol
Cap 0.5 µg	Calcitriol-AFT	24.95	100	1%	Feb-07	Rocaltrol

CARBOPLATIN (expiry of HSS)

Inj 10 mg per ml, 5 ml	Carboplatin Ebewe	12.00	1	1%	Jan-07	(B)
Inj 10 mg per ml, 15 ml	Carboplatin Ebewe	18.70	1	1%	Jan-07	Mayne
Inj 10 mg per ml, 45 ml	Carboplatin Ebewe	55.50	1	1%	Jan-07	Mayne

CEFOXITIN SODIUM (↑ price)

Powder for inj 1 g	Mayne	55.00	5			
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CHLORAMPHENICOL (expiry of HSS)

Eye drops 0.5%	Chlorsig	1.40	10 ml	1%	Dec-06	(B)
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CHLORAMPHENICOL (↓ price and continuation of HSS)

Eye oint 1%	Chlorsig	2.37	4 g	1%	Sept-09	(B)
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CHLORHEXIDINE (expiry of HSS)

Crm 1% obstetric.....	Orion	1.70	50 g	1%	Sept-06	PSM
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CHLORTHALIDONE (expiry of HSS)

Tab 25 mg.....	Hygroton	8.00	50	1%	Nov-06	(B)
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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 July 2009 (continued)

CIPROFLOXACIN (expiry of HSS) Inj 2 mg per ml, 100 ml	Aspen Ciprofloxacin	75.00	10	1%	Sept-07	Ciproxin Ciprofloxacin (AFT) m-Ciprofloxacin Fopistin Ufexil
CLOBETASOL PROPIONATE (expiry of HSS) Crm 0.05%	Dermol	2.35	30 g	1%	Dec-06	Dermovate
CLOSTRIDIUM BOTULINUM (expiry of HSS) Inj 500 u.....	Dysport	1,295.00	2	1%	Sept-06	(B)
COCAINE (expiry of HSS) Soln 4%, 2 ml.....	Biomed	25.46	1	1%	Nov-06	(B)
CYCLIZINE HYDROCHLORIDE (↓ price and continuation of HSS) Tab 50 mg.....	Nausicalm	1.59	10	1%	Sept-09	Marzine
CYCLOPHOSPHAMIDE (↑ price) Inj 1 g.....	Endoxan	23.65	1			
Inj 2 g.....	Endoxan	47.30	1			
CYCLOSPORIN (addition of HSS) Inf 50 mg per ml, 5 ml.....	Sandimmun	276.30	10	1%	Sept-09	(B)
CYPROTERONE ACETATE Tab 50 mg (↓ price and continuation of HSS)	Siterone	21.10	50	1%	Sept-09	Pacific Cyproterone Procur Procur
Tab 100 mg (new listing).....	Siterone	41.50	50	1%	Sept-09	
DACARBAZINE (expiry of HSS) Inj 200 mg.....	Mayne	43.86	1	1%	Aug-06	(B)
DACLIZUMAB (expiry of HSS) Inj 25 mg per 5 ml vial.....	Zenapax	635.00	1	5%	Apr-06	(B)
DALTEPARIN SODIUM (expiry of HSS) Inj 2,500 iu per 0.2 ml prefilled syringe.....	Fragmin	49.00	10	1%	Nov-06	(B)
Inj 5,000 iu per 0.2 ml prefilled syringe.....	Fragmin	52.30	10	1%	Nov-06	(B)
Inj 7,500 iu per 0.75 ml graduated syringe	Fragmin	78.85	10	1%	Nov-06	(B)
Inj 10,000 iu per 1 ml graduated syringe	Fragmin	105.12	10	1%	Nov-06	(B)
Inj 12,500 iu per 0.5 ml prefilled syringe.....	Fragmin	84.50	5	1%	Nov-06	(B)

continued...

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(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 July 2009 (continued)

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Inj 15,000 iu per 0.6 ml prefilled syringe.....	Fragmin	105.00	5	1%	Nov-06	(B)
Inj 18,000 iu per 0.72 ml prefilled syringe.....	Fragmin	125.00	5	1%	Nov-06	(B)
DANTROLENE SODIUM (expiry of HSS)						
Cap 25 mg	Dantrium	32.96	100	1%	Sept-06	(B)
Cap 50 mg	Dantrium	51.70	100	1%	Sept-06	(B)
Inj 1 mg per ml, 20 ml	Dantrium IV	800.00	6	1%	Nov-06	(B)
DAUNORUBICIN (new listing)						
Inj 2 mg per ml, 10 ml	Pfizer	99.00	1			
DEXAMETHASONE SODIUM PHOSPHATE (expiry of HSS)						
Inj 4 mg per ml, 1 ml	Mayne	21.50	5	1%	Aug-06	(B)
Inj 4 mg per ml, 2 ml	Mayne	31.00	5	1%	Aug-06	(B)
DEXTROSE (expiry of HSS)						
Inj 50%, 90 ml	Biomed	11.25	1	1%	Dec-06	(B)
DIAZEPAM (new listing)						
2 mg	Arrow-Diazepam	11.44	500			
5 mg	Arrow-Diazepam	13.71	500			
DINOPROSTONE (expiry of HSS)						
Gel 1 mg	Prostin E2	52.65	2.5 ml	1%	Sept-06	(B)
Gel 2 mg	Prostin E2	64.60	2.5 ml	1%	Sept-06	(B)
DOCUSATE SODIUM WITH SENNOSIDES (expiry of HSS)						
Tab 50 mg with total sennosides 8 mg.....	Laxsol	7.98	200	1%	Sept-06	(B)
DOPAMINE HYDROCHLORIDE (expiry of HSS)						
Inj 40 mg per ml, 5 ml	Mayne	54.00	5	1%	Oct-06	(B)
DOXORUBICIN (expiry of HSS)						
Inj 10 mg.....	Doxorubicin Ebewe	8.80	1	1%	Sept-06	Adriamycin Asta Medica Mayne
Inj 50 mg.....	Doxorubicin Ebewe	39.40	1	1%	Sept-06	Adriamycin Asta Medica Mayne
Inj 100 mg.....	Doxorubicin Ebewe	81.00	1	1%	Sept-06	Mayne
Inj 200 mg.....	Doxorubicin Ebewe	162.00	1	1%	Sept-06	Adriamycin Mayne
EPHEDRINE SULPHATE (expiry of HSS)						
Inj 30 mg per ml, 1 ml	Mayne	44.00	5	1%	Oct-06	(B)

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 July 2009 (continued)

EPIRUBICIN

Inj 2 mg per ml, 5 ml	Epirubicin Ebewe	24.70	1	1%	Sept-06	Mayne Pharmorubicin
Inj 2 mg per ml, 25 ml	Epirubicin Ebewe	123.50	1	1%	Sept-06	Mayne Pharmorubicin
Inj 2 mg per ml, 50 ml	Epirubicin Ebewe	247.00	1	1%	Sept-06	(B)
Inj 2 mg per ml, 100 ml	Epirubicin Ebewe	494.00	1	1%	Sept-06	Pharmorubicin

ERGOMETRINE MALEATE (expiry of HSS)

Inj 500 µg per ml, 1 ml	Mayne	11.60	5	1%	Sept-06	(B)
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ERYTHROMYCIN LACTOBIONATE († price)

Inj 1 g	Erythrocin IV	10.93	1			
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ERYTHROPOIETIN BETA (expiry of HSS)

Inj 2,000 iu prefilled syringe	NeoRecormon	152.04	6	5%	Apr-06	(B)
Inj 3,000 iu prefilled syringe	NeoRecormon	228.06	6	5%	Apr-06	(B)
Inj 4,000 iu prefilled syringe	NeoRecormon	304.08	6	5%	Apr-06	(B)
Inj 5,000 iu prefilled syringe	NeoRecormon	380.10	6	5%	Apr-06	(B)
Inj 6,000 iu prefilled syringe	NeoRecormon	456.12	6	5%	Apr-06	(B)
Inj 10,000 iu prefilled syringe	NeoRecormon	760.20	6	5%	Apr-06	(B)

ETOPOSIDE (expiry of HSS)

Cap 50 mg	Vepesid	340.73	20	1%	Sept-06	(B)
Cap 100 mg	Vepesid	340.73	10	1%	Sept-06	(B)

FELODIPINE (↓ price and addition of HSS)

Tab long-acting 5 mg	Felo 5 ER	10.73	90	1%	Sept-09	Plendil ER
Tab long-acting 10 mg	Felo 10 ER	15.60	90	1%	Sept-09	Plendil ER

FERROUS FUMARATE († price)

Tab 200 mg	Ferro-tab	4.35	100			
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FERROUS FUMARATE WITH FOLIC ACID († price)

Tab 310 mg with folic acid 350 µg	Ferro-F-Tabs	4.75	60			
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FLUCLOXACILLIN (expiry of HSS)

Grans for oral liq 125 mg per 5 ml	AFT	2.05	100 ml	1%	Sept-06	Floxapen Flucloxin Staphlex
Grans for oral liq 250 mg per 5 ml	AFT	2.72	100 ml	1%	Sept-06	Floxapen Flucloxin Staphlex

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 July 2009 (continued)

FLUCLOXACILLIN SODIUM (expiry of HSS)

Cap 250 mg	Staphlex	18.50	250	1%	Sept-06	AFT Flucloxacillin
Cap 500 mg	Staphlex	57.90	500	1%	Sept-06	AFT Flucloxacillin

FLUCONAZOLE (expiry of HSS)

Inj 2 mg per ml, 50 ml	m-Fluconazole	7.10	1	1%	Feb-07	Diflucan IV
Oral liq 10 mg per ml	Diflucan POS	34.56	35 ml	1%	Nov-06	(B)

FLUDARABINE PHOSPHATE (pack size change)

Tab 10 mg	Fludara Oral	867.00 650.25	20 15	1%	Nov-08	(B)
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Note – Fludara tab 10 mg 20 tab pack replaces the 15 tab pack from 1 July 2009.

FLUOROMETHOLONE (new listing and addition of HSS)

Eye drops 0.1%	FML	4.05	5 ml	1%	Sept-09	Flucon
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Note – Flucon eye drops 0.1% to be delisted 1 September 2009.

GENTAMICIN SULPHATE (expiry of HSS)

Inj 40 mg per ml, 2 ml	Pfizer	4.56	10	1%	Aug-06	Mayne
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GLYCERYL TRINITRATE (expiry of HSS)

Inj 1 mg per ml, 5 ml	Nitronal	21.00	10	1%	Nov-06	(B)
Inj 1 mg per ml, 50 ml	Nitronal	80.01	10	1%	Nov-06	(B)
Inj 5 mg per ml, 10 ml	Mayne	40.00	5	1%	Sept-06	(B)

HEPARINISED SALINE (expiry of HSS)

Inj 10 iu per ml, 5 ml	AstraZeneca	18.00	50	1%	Sept-06	Baxter Pfizer
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HEPARIN SODIUM

Inj 1,000 iu per ml, 1 ml (expiry of HSS)	Mayne	66.80	50	1%	Oct-06	(B)
Inj 5,000 iu per ml, 1 ml (1 price)....	Mayne	14.20	5			

HYDRALAZINE (expiry of HSS)

Inj 20 mg per ml, 1 ml	Apresoline	25.90	5	1%	Sept-06	(B)
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HYDROCORTISONE (expiry of HSS)

Tab 5 mg	Douglas	7.95	100	1%	Dec-06	(B)
Tab 20 mg	Douglas	19.95	100	1%	Dec-06	(B)

HYDROCORTISONE ACETATE (expiry of HSS)

Rectal foam 10%, CFC-Free (14 applications)	Colifoam	21.10	21.1 g	1%	Dec-06	(B)
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IDARUBICIN HYDROCHLORIDE (expiry of HSS)

Cap 5 mg	Zavedos	80.75	1	1%	Aug-06	(B)
Cap 10 mg	Zavedos	144.50	1	1%	Aug-06	(B)
Inj 5 mg	Zavedos	170.00	1	1%	Aug-06	(B)
Inj 10 mg	Zavedos	340.00	1	1%	Aug-06	(B)

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Section H changes to Part II - effective 1 July 2009 (continued)

IFOSFAMIDE († price)						
Inj 1 g.....	Holoxan	96.00	1			
Inj 2 g.....	Holoxan	180.00	1			
ILOPROST (new listing)						
Inf 100 µg per ml, 0.5 ml.....	Ilomedin	925.00	5			
Nebuliser soln 10 µg per ml, 2 ml.....	Ventavis	1,185.00	30			
IMIPRAMINE HYDROCHLORIDE (expiry of HSS)						
Tab 10 mg.....	Tofranil	5.48	50	1%	Dec-06	(B)
Tab 25 mg.....	Tofranil	8.80	50	1%	Dec-06	(B)
INDAPAMIDE (expiry of HSS)						
Tab 2.5 mg.....	Napamide	4.00	100	1%	Dec-06	Naplin
INSULIN PEN NEEDLES († price)						
29 g x 12.7 mm.....	ABM	10.50	100			
31 g x 6 mm.....	ABM	10.50	100			
31 g x 8 mm.....	ABM	10.50	100			
INSULIN SYRINGES, DISPOSABLE WITH ATTACHED NEEDLE († price)						
Syringe 0.3 ml with						
29 g x 12.7 mm needle	ABM	13.00	100			
Syringe 0.3 ml with						
31 g x 8 mm needle	ABM	13.00	100			
Syringe 0.5 ml with						
29 g x 12.7 mm needle	ABM	13.00	100			
Syringe 0.5 ml with						
31 g x 8 mm needle	ABM	13.00	100			
Syringe 1 ml with						
29 g x 12.7 mm needle	ABM	13.00	100			
Syringe 1 ml with						
31 g x 8 mm needle	ABM	13.00	100			
IODIXANOL (expiry of HSS)						
Inj 270 mg per ml (iodine equivalent), 50 ml.....	Visipaque	235.60	10	5%	Mar-07	(B)
Inj 270 mg per ml (iodine equivalent), 100 ml.....	Visipaque	471.30	10	5%	Mar-07	(B)
Inj 320 mg per ml (iodine equivalent), 50 ml.....	Visipaque	235.60	10	5%	Mar-07	(B)
Inj 320 mg per ml (iodine equivalent), 100 ml.....	Visipaque	471.30	10	5%	Mar-07	(B)
Inj 320 mg per ml (iodine equivalent), 200 ml.....	Visipaque	565.56	6	5%	Mar-07	(B)

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 July 2009 (continued)

IOHEXOL (expiry of HSS)

Inj 240 mg per ml (iodine equivalent), 50 ml	Omnipaque	88.00	10	5%	Mar-07	Iomeron Isovue 50-ml & 100-ml Optiray Ultravist
Inj 300 mg per ml (iodine equivalent), 20 ml	Omnipaque	35.40	6	5%	Mar-07	Iomeron Isovue Optiray 20-ml & 30-ml Ultravist
Inj 300 mg per ml (iodine equivalent), 50 ml	Omnipaque	88.00	10	5%	Mar-07	Iomeron Isovue Optiray Ultraject 50-ml & 75-ml Ultravist
Inj 300 mg per ml (iodine equivalent), 100 ml	Omnipaque	176.00	10	5%	Mar-07	Iomeron Isovue Optiray 100-ml, 150-ml & 200-ml Ultraject 125-ml Ultravist
Inj 300 mg per ml (iodine equivalent), 500 ml	Omnipaque	527.88	6	5%	Mar-07	(B)
Inj 350 mg per ml (iodine equivalent), 20 ml	Omnipaque	35.40	6	5%	Mar-07	Iomeron Isovue Optiray 20-ml & 30-ml Ultraject 30-ml Ultravist 30-ml
Inj 350 mg per ml (iodine equivalent), 50 ml	Omnipaque	88.00	10	5%	Mar-07	Iomeron Isovue Optiray Ultraject Ultravist
Inj 350 mg per ml (iodine equivalent), 75 ml	Omnipaque	132.00	10	5%	Mar-07	Iomeron Optiray Ultraject
Inj 350 mg per ml (iodine equivalent), 100 ml	Omnipaque	176.00	10	5%	Mar-07	Iomeron Isovue Optiray Ultraject 100-ml & 125-ml

continued...

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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 July 2009 (continued)

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Inj 350 mg per ml (iodine equivalent), 200 ml	Omnipaque	211.20	6	5%	Mar-07	Ultravist Iomeron Isovue Optiray Ultravist
Inj 350 mg per ml (iodine equivalent), 500 ml	Omnipaque	879.80	10	5%	Mar-07	(B)
IRINOTECAN (expiry of HSS)						
Inj 20 mg per ml, 2 ml	Camptosar	124.00	1	1%	Sept-06	(B)
Inj 20 mg per ml, 5 ml	Camptosar	310.00	1	1%	Sept-06	(B)
ISOFLURANE (expiry of HSS)						
Liq 250 ml bottle	Forthane	99.00	250 ml	1%	Jan-07	Aerrane Rhodia
ISOSORBIDE MONONITRATE (expiry of HSS)						
Tab long-acting 60 mg.....	Duride	4.15	90	1%	Sept-06	Imtrate
ISOTRETINOIN (expiry of HSS)						
Cap 10 mg	Isotane 10	36.00	100	1%	Sept-06	Oratane Roaccutane
Cap 20 mg	Isotane 20	47.50	100	1%	Sept-06	Oratane Roaccutane
KETONE BLOOD BETA-KETONE ELECTRODES (new listing)						
Test strips	Optium Blood Ketone Test Strips	8.50	10			
LEVODOPA WITH BENSERAZIDE (expiry of HSS)						
Cap 50 mg with benserazide 12.5 mg.....	Madopar 62.5	8.00	100	1%	Oct-06	(B)
Tab dispersible 50 mg with benserazide 12.5 mg.....	Madopar Dispersible	10.00	100	1%	Oct-06	(B)
Cap 100 mg with benserazide 25 mg.....	Madopar 125	12.50	100	1%	Oct-06	(B)
Cap long-acting 100 mg with benserazide 25 mg.....	Madopar HBS	17.00	100	1%	Oct-06	(B)
Cap 200 mg with benserazide 50 mg.....	Madopar 250	25.00	100	1%	Oct-06	(B)
LIGNOCAINE (expiry of HSS)						
Gel 2%	Orion	6.10	20 g	1%	Dec-06	Xylocaine

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 July 2009 (continued)

LIGNOCAINE HYDROCHLORIDE (continuation of HSS)

Inj 1%, 2 ml († price)	Xylocaine	57.60	50	1%	Sept-09	(B)
Inj 1%, 5 ml (↓ price)	Xylocaine	35.00	50	1%	Sept-09	(B)
Inj 1%, 20 ml (↓ price)	Xylocaine	20.00	5	1%	Sept-09	(B)
Inj 2%, 2 ml († price)	Xylocaine	62.40	50	1%	Sept-09	(B)
Inj 2%, 5 ml (↓ price)	Xylocaine	23.00	50	1%	Sept-09	MIN-I-JET
Inj 2%, 20 ml (↓ price)	Xylocaine	15.00	5	1%	Sept-09	Lignocaine Delta West

LIGNOCAINE WITH CHLORHEXIDINE (expiry of HSS)

Gel 2% with 0.05% chlorhexidine	Pfizer	43.26	10	1%	Nov-06	(B)
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LISINAPRIL (new listing)

Tab 5 mg	Arrow-Lisinopril	2.06	30	1%	Sept-09	Apo-Lisinopril Lisopress
Tab 10 mg	Arrow-Lisinopril	2.36	30	1%	Sept-09	Apo-Lisinopril Lisopress
Tab 20 mg	Arrow-Lisinopril	2.87	30	1%	Sept-09	Apo-Lisinopril Lisopress

LORAZEPAM (expiry of HSS)

Tab 1 mg	Ativan	6.28	250	1%	Dec-06	Lorapam Lorzem
Tab 2.5 mg	Ativan	4.12	100	1%	Dec-06	Lorapam Lorzem

MAGNESIUM SULPHATE (expiry of HSS)

Inj 49.3%, 5 ml	Mayne	26.60	10	1%	Oct-06	(B)
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MEGLUMINE DIATRIZOATE WITH SODIUM AMIDOTRIZOATE (expiry of HSS)

Oral soln 660 mg per ml with sodium amidotrizoate 100 mg per ml, 100 ml	Gastrografin	190.00	10	5%	Mar-07	Gastroview 120 ml
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MEGLUMINE GADOPENTETATE (expiry of HSS)

Inj 469 mg per ml (equivalent to 0.5 mmol per ml), 10 ml prefilled Syringe	Magnevist	84.64	5	5%	Mar-07	Dotarem Omniscan 5 ml & 10 ml
Inj 469 mg per ml (equivalent to 0.5 mmol per ml), 20 ml	Magnevist	33.85	1	5%	Mar-07	Dotarem 15 ml & 20 ml Omniscan 15 ml & 20 ml

MESALAZINE (↓ price and continuation of HSS)

Enema 1 g per 100 ml	Pentasa	45.96	7	1%	Sept-09	Asacol
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Contracted Pharmaceutical Description	Brand	Price (\$) (ex man. excl. GST)	Per	DV Limit	DV applies from	DV Pharmaceutical
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Section H changes to Part II - effective 1 July 2009 (continued)

METFORMIN HYDROCHLORIDE (expiry of HSS)

Tab 500 mg.....	Arrow-Metformin	9.75	500	1%	Oct-07	3M Metformin Apo-Metformin Glucomet Metomin
Tab 850 mg.....	Arrow-Metformin	8.00	250	1%	Oct-07	3M Metformin Apo-Metformin Glucomet Metomin

METHADONE HYDROCHLORIDE (↑ price)

Inj 10 mg per ml, 1 ml	AFT	61.00	10			
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METHOTREXATE (continuation of HSS)

Tab 2.5 mg (↓ price).....	Methoblastin	5.22	30	1%	Sept-09	Hospira
Tab 10 mg.....	Methoblastin	40.93	50	1%	Sept-09	Emthexate Hospira

METHYLPHENIDATE HYDROCHLORIDE (new listing)

Tab immediate-release 10 mg.....	Ritalin	3.00	30			
Tab immediate-release 20 mg.....	Ritalin	50.00	100			

METHYLPHENIDATE HYDROCHLORIDE (expiry of HSS)

Tab 5 mg.....	Rubifen	3.20	30	1%	Jan-07	(B)
Tab 10 mg (↓ price).....	Rubifen	3.00	30	1%	Oct-06	Ritalin
Tab 20 mg.....	Rubifen	7.85	30	1%	Jan-07	(B)
Tab long-acting 20 mg.....	Rubifen SR	10.95	30	1%	Jan-07	Ritalin SR

METHYLPHENIDATE HYDROCHLORIDE EXTENDED-RELEASE (new listing)

Cap modified-release 20 mg	Ritalin LA	25.50	30			
Cap modified-release 30 mg	Ritalin LA	31.90	30			
Cap modified-release 40 mg	Ritalin LA	38.25	30			

METHYLPREDNISOLONE (continuation of HSS)

Tab 4 mg.....	Medrol	48.57	100	1%	Sept-09	(B)
Tab 100 mg.....	Medrol	166.52	20	1%	Sept-09	(B)

METHYLPREDNISOLONE ACEPONATE (expiry of HSS)

Crm 0.1%	Advantan	4.95	15 g	1%	Sept-06	(B)
Oint 0.1%	Advantan	4.95	15 g	1%	Sept-06	(B)

METHYLPREDNISOLONE SODIUM SUCCINATE (expiry of HSS)

Inj 40 mg per ml, 1 ml	Solu-Medrol	151.40	25	1%	Sept-06	Mayne
Inj 62.5 mg per ml, 2 ml	Solu-Medrol	412.59	25	1%	Sept-06	Mayne

METOPROLOL TARTRATE (expiry of HSS)

Tab long-acting 200 mg.....	Slow-Lopresor	18.40	28	1%	Sept-06	(B)
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MIDAZOLAM (expiry of HSS)

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

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 July 2009 (continued)

MORPHINE HYDROCHLORIDE (expiry of HSS)

Oral liq 1 mg per ml.....RA-Morph	8.06	200 ml	1%	Nov-06	(B)
Oral liq 2 mg per ml.....RA-Morph	8.56	200 ml	1%	Nov-06	(B)
Oral liq 5 mg per ml.....RA-Morph	9.61	200 ml	1%	Nov-06	(B)
Oral liq 10 mg per ml.....RA-Morph	12.56	200 ml	1%	Nov-06	(B)

MORPHINE SULPHATE (expiry of HSS)

Cap long-acting 10 mg.....m-Eslon	1.80	10	1%	Sept-06	Kapanol
Cap long-acting 30 mg.....m-Eslon	2.64	10	1%	Sept-06	Kapanol
Cap long-acting 60 mg.....m-Eslon	7.20	10	1%	Sept-06	Kapanol
Cap long-acting 100 mg.....m-Eslon	7.85	10	1%	Sept-06	Kapanol
Cap long-acting 200 mg.....m-Eslon	17.00	10	1%	Sept-06	Kapanol
Tab immediate release 10 mg.....Sevredol	2.64	10	1%	Sept-06	(B)
Tab immediate release 20 mg.....Sevredol	5.10	10	1%	Sept-06	(B)
Inj 5 mg per ml, 1 ml.....Mayne	5.17	5	1%	Oct-06	(B)
Inj 15 mg per ml, 1 ml.....Mayne	4.70	5	1%	Oct-06	(B)

MORPHINE TARTRATE (expiry of HSS)

Inj 80 mg per ml, 5 ml.....Mayne	67.37	5	1%	Oct-06	(B)
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NEVIRAPINE (expiry of HSS)

Oral suspension 10 mg per ml.....Viramune Suspension	134.55	240 ml	1%	Nov-06	(B)
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NIFEDIPINE (expiry of HSS)

Tab long-acting 20 mg.....Nyefax Retard	7.30	100	1%	Nov-06	(B)
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OXYTOCIN (expiry of HSS)

Inj 5 iu per ml, 1 ml.....Syntocinon	5.40	5	1%	May-07	(B)
Inj 10 iu per ml, 1 ml.....Syntocinon	6.80	5	1%	May-07	(B)

OXYTOCIN WITH ERGOMETRINE MALEATE (expiry of HSS)

Inj 5 iu with ergometrine maleate 500 µg per ml, 1 ml.....Syntometrine	9.20	5	1%	May-07	(B)
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PANCURONIUM BROMIDE (expiry of HSS)

Inj 2 mg per ml, 2 ml.....AstraZeneca	125.00	50	1%	Sept-06	Mayne
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PARACETAMOL (expiry of HSS)

Suppos 25 mg.....Biomed	56.35	20	1%	Nov-06	(B)
Suppos 50 mg.....Biomed	56.35	20	1%	Nov-06	(B)

PENTASTARCH (expiry of HSS)

Inf 6% per 500 ml bag.....StarQuin 200 6%	239.68	16	10%	Nov-06	Voluven
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PERHEXILINE MALEATE (expiry of HSS)

Tab 100 mg.....Pexsig	62.90	100	1%	Dec-06	Pexcid
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PETHIDINE HYDROCHLORIDE (↑ price)

Inj 50 mg per ml, 1 ml.....Mayne	5.20	5			
Inj 50 mg per ml, 2 ml.....Mayne	5.50	5			

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

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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 July 2009 (continued)

PIOGLITAZONE (↓ price)

Tab 15 mg.....	Actos	45.78	28			
Tab 30 mg.....	Actos	70.43	28			
Tab 45 mg.....	Actos	89.39	28			

PIOGLITAZONE (new listing)

Tab 15 mg.....	Pizaccord	2.61	28	1%	Dec-09	Actos
Tab 30 mg.....	Pizaccord	5.23	28	1%	Dec-09	Actos
Tab 45 mg.....	Pizaccord	7.80	28	1%	Dec-09	Actos

Note – Actos tab 15 mg, 30 mg and 45 mg to be delisted from 1 December 2009

POTASSIUM CHLORIDE (expiry of HSS)

Tab long-acting 600 mg.....	Span-K	5.20	200	1%	Dec-06	Slow-K K-SR
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PREDNISOLONE SODIUM PHOSPHATE (addition of HSS)

Oral liq 5 mg per ml.....	Redipred	9.95	30 ml	1%	Sept-09	(B)
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PROCARBAZINE HYDROCHLORIDE (new listing)

Cap 50 mg.....	Natulan	225.00	50			
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PROMETHAZINE HYDROCHLORIDE (↑ price)

Inj 25 mg per ml, 2 ml.....	Mayne	11.00	5			
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PROPOFOL (new listing)

Inj 1%, 20 ml.....	Provide 1%	13.62	5			
Inj 1%, 50 ml.....	Provide 1%	7.41	1			
Inj 1%, 100 ml.....	Provide 1%	12.37	1			

PROPOFOL (expiry of HSS)

Inj 1%, 20 ml (↓ price).....	Diprivan	13.62	5	1%	Dec-06	Fresenius InterMed Mayne Recofol
Inj 1%, 50 ml (↓ price).....	Diprivan	7.41	1	1%	Dec-06	Fresenius InterMed Mayne Recofol
Inj 1%, 100 ml (↓ price).....	Diprivan	12.37	1	1%	Dec-06	Fresenius InterMed Mayne Recofol
Inj 1%, 50 ml prefilled syringe.....	Diprivan	14.19	1	1%	Dec-06	(B)
Inj 2%, 50 ml prefilled syringe.....	Diprivan	15.43	1	1%	Dec-06	(B)

QUININE SULPHATE (expiry of HSS)

Tab 200 mg.....	Q 200	15.95	250	1%	Sept-06	Apo-Quinine Quinoc-F Quinoc-S
Tab 300 mg.....	Q 300	34.75	500	1%	Sept-06	Apo-Quinine Quinoc-F Quinoc-S

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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 July 2009 (continued)

RETEPLASE (expiry of HSS)

Inj 10 iu vial.....Rapilysin 1,850.00 2 5% ~~Apr-06~~ (B)

RITUXIMAB (expiry of HSS)

Inj 100 mg per 10 ml vial.....Mabthera 1,195.00 2 5% ~~Apr-06~~ (B)

Inj 500 mg per 50 ml vial.....Mabthera 2,987.00 1 5% ~~Apr-06~~ (B)

ROXITHROMYCIN (↓ price and continuation of HSS)

Tab 150 mg.....**Arrow-Roxithromycin** 8.98 50 1% Sept-09 Romicin Rulide

Tab 300 mg.....**Arrow-Roxithromycin** 16.48 50 1% Sept-09 Romicin Rulide

SALBUTAMOL (↓ price and continuation of HSS)

Nebuliser soln, 1 mg per ml, 2.5 ml.....**Asthalin** 3.52 20 1% Sept-09 (B)

Nebuliser soln, 2 mg per ml, 2.5 ml.....**Asthalin** 3.70 20 1% Sept-09 (B)

SALBUTAMOL WITH IPRATROPIUM BROMIDE (new listing)

Nebuliser soln 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml.....**Duolin** 4.29 20 1% Sept-09 (B)

SEVOFLURANE (expiry of HSS)

Liq 250 ml bottleAbbott Sevorane 325.88 250 ml 1% ~~Jan-07~~ Baxter

SODIUM CHLORIDE (expiry of HSS)

Inj 0.9% per 5 mlAstraZeneca 8.77 50 1% ~~Sept-06~~ Pharmacia

Inj 0.9% per 10 mlAstraZeneca 8.77 50 1% ~~Sept-06~~ Pharmacia

Inj 23.4%, 20 mlBiomed 26.50 5 1% ~~Dec-06~~ (B)

SODIUM HYALURONATE (expiry of HSS)

Inj 10 mg per ml, 0.35 ml; and inj 30 mg per ml with chondroitin sulphate 40 mg per ml, 0.4 ml.....Duovisc 64.00 0.75 ml 1% ~~Oct-06~~ (B)

Inj 10 mg per ml, 0.5 ml; and inj 30 mg per ml with chondroitin sulphate 40 mg per ml, 0.55 ml.....Duovisc 74.00 1.05 ml 1% ~~Oct-06~~ (B)

Ophthalmic inj 14 mg per ml.....Healon GV 50.00 1 1% ~~Oct-06~~ (B)

Ophthalmic soln 10 mg per ml.....Healon Clear 35.00 0.85 ml 1% ~~Oct-06~~ Provisis

SOTALOL (amend brand name and addition of HSS)

Tab 80 mg.....**Mylan Pacific** 27.50 500 1% Sept-09 Apo-Sotalol Sotacor Sotahexal

Tab 160 mg.....**Mylan Pacific** 10.50 100 1% Sept-09 Apo-Sotalol Sotacor Sotahexal

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 July 2009 (continued)

SPACER DEVICE (new listing)						
800 ml	Volumatic	8.50	1			
TAMOXIFEN CITRATE († price)						
Tab 10 mg.....	Genox	10.80	100			
Tab 20 mg.....	Genox	11.10	100			
TOBRAMYCIN († price)						
Inj 40 mg per ml, 2 ml	Mayne	34.50	5			
TRANEXAMIC ACID (continuation of HSS)						
Inj 100 mg per ml, 5ml	Cyklokapron	124.73	10	1%	Sept-09	(B)
TRIAMCINOLONE ACETONIDE WITH GRAMICIDIN, NEOMYCIN AND NYSTATIN (expiry of HSS)						
Ear drops 1 mg with nystatin						
100,000 u, neomycin sulphate						
2.5 mg and gramicidin 250 µg						
per g.....	Kenacomb	3.35	7.5 ml	1%	Feb-07	(B)
TROPISETRON (expiry of HSS)						
Cap 5 mg	Navoban	77.41	5	1%	Sept-06	(B)
VALACICLOVIR (new listing)						
Tab 500 mg.....	Valtrex	102.72	30			
VINCRISTINE SULPHATE (expiry of HSS)						
Inj 1 mg per ml, 1 ml	Mayne	99.00	5	1%	Aug-06	(B)
Inj 1 mg per ml, 2 ml	Mayne	199.00	5	1%	Aug-06	(B)
VINORELBINE (new listing)						
Inj 10 mg per ml, 1 ml	Navelbine	24.00	1	1%	Sept-09	Vinorelbine Ebewe Hospira
Inj 10 mg per ml, 5 ml	Navelbine	120.00	1	1%	Sept-09	Vinorelbine Ebewe Hospira
Note – Vinorelbine Ebewe inj 10 mg per ml, 1 ml and 5 ml to be delisted 1 September 2009.						
WATER						
Purified for inj 5 ml (new listing)	AstraZeneca	10.51	50			
Purified for inj 5 ml (expiry of HSS)	Multichem	9.31	50	1%	Feb-07	Pharmacia
Purified for inj 10 ml (new listing)	AstraZeneca	11.32	50			
Purified for inj 10 ml (expiry of HSS).....	Multichem	10.38	50	1%	Feb-07	Pharmacia
ZINC AND CASTOR OIL (expiry of HSS)						
Ointment	Orion	1.20	20 g	1%	Sept-06	Douglas PSM M&C Care and Health Midwest Multichem Sigma
Note – Pack sizes larger than 30 g are not considered DV Pharmaceuticals.						

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 June 2009

ACETYLCYSTEINE (new listing)

Inj 200 mg per ml, 10 ml	Martindale Acetylcysteine	219.75	10			
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BENZATHINE BENZYL PENICILLIN († price)

Inj 1.2 mega u per 2.3 ml	Bicillin LA	315.00	10			
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DILTIAZEM HYDROCHLORIDE (↓ price)

Cap long-acting 120 mg	Cardizem CD	4.34	30	5%	Jun-09	(B)
Cap long-acting 180 mg	Cardizem CD	6.50	30	5%	Jun-09	Dilzem LA
Cap long-acting 240 mg	Cardizem CD	8.67	30	5%	Jun-09	Dilzem LA

ERYTHROPOIETIN BETA (delisting)

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	760.20	6			

HYDROCORTISONE (new listing and HSS)

Powder	ABM	33.00	25 g	1%	Aug-09	Apo-Hydrocortisone m-Hydrocortisone Pharmacia
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METOPROLOL SUCCINATE (new listing)

Tab long-acting 23.75 mg	Metoprolol-AFT CR	2.73	30			
Tab long-acting 47.5 mg	Metoprolol-AFT CR	3.41	30			
Tab long-acting 95 mg	Metoprolol-AFT CR	5.88	30			
Tab long-acting 190 mg	Metoprolol-AFT CR	10.63	30			

ROPINIROLE HYDROCHLORIDE (delisting)

Tab 0.25 mg	Requip	31.50	210			
Tab 0.25 mg x 42, 0.5 mg x 42, and 1 mg x 21	Requip Starter Pack	35.70	105 OP			
Tab 0.25 mg x 42, 1 mg x 42, and 2 mg x 63	Requip Follow-on Pack	122.11	147 OP			
Tab 1 mg	Requip	67.20				
Tab 2 mg	Requip	101.21				
Tab 5 mg	Requip	150.00				

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 May 2009

ACARBOSE (new listing and HSS)						
Tab 50 mg.....	Glucobay	16.50	90	1%	Jul-09	(B)
Tab 100 mg.....	Glucobay	26.70	90	1%	Jul-09	(B)
CO-TRIMOXAZOLE (new listing)						
Oral liq 240 mg per 5 ml.....	Deprim	2.15	100 ml			
ENTACAPONE (new listing and HSS)						
Tab 200 mg.....	Comtan	116.00	100	1%	Jul-09	(B)
ERYTHROMYCIN ETHYL SUCCINATE (↓ price and HSS)						
Tab 400 mg	E-Myacin	16.95	100	1%	Jul-09	(B)
FRUSEMIDE FUROSEMIDE (Change in chemical name, ↓ price and HSS)						
Tab 40 mg.....	Diurin 40	10.75	1,000	1%	Jul-09	Apo-Frusemide Frusehexal Frusid
HYDROXYCHLOROQUINE SULPHATE (↓ price and HSS)						
Tab 200 mg.....	Plaquenil	22.50	100	1%	Jul-09	(B)
LIGNOCAINE WITH PRILOCAINE (delisting)						
Patch 2.5% with prilocaine 2.5%.....	EMLA	10.40	2			
METHADONE HYDROCHLORIDE (↓ price and HSS)						
Oral liq 2 mg per ml	Biodone	5.95	200 ml	1%	Jul-09	(B)
Oral liq 5 mg per ml	Biodone Forte	5.55	200 ml	1%	Jul-09	(B)
Oral liq 10 mg per ml	Biodone Extra Forte	8.95	200 ml	1%	Jul-09	(B)
OMEPRAZOLE (addition of HSS)						
Cap 10 mg	Dr Reddy's Omeprazole	2.14	30	1%	May-09	Losec Omezol
Cap 20 mg	Dr Reddy's Omeperazole	3.05	30	1%	May-09	Losec Omezol
Cap 40 mg	Dr Reddy's Omeprazole	3.59	30	1%	May-09	Losec Omezol
OMEPRAZOLE (delisting)						
Inf 40 mg	Losec IV	38.65	5			
SPECIAL FOOD SUPPLEMENT (new listing)						
Liquid, 237 ml	Impact Advanced Recovery Vanilla and Chocolate		3.50		237 ml	
SPECIAL FOOD SUPPLEMENT (delisting)						
Powder, sachet 74 g.....	Oral Impact	17.50	5			

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						

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

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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 April 2009 (continued)

APOMORPHINE HYDROCHLORIDE (new listing)

Inj 10 mg per ml, 2 mlApomine 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 mgStrattera 107.03 28

Cap 18 mgStrattera 107.03 28

Cap 25 mgStrattera 107.03 28

Cap 40 mgStrattera 107.03 28

Cap 60 mgStrattera 107.03 28

Cap 80 mgStrattera 139.11 28

Cap 100 mgStrattera 139.11 28

CLOZAPINE (new listing)

Tab 25 mg.....Clozaril 26.74 100

Tab 100 mgClozaril 69.30 100

DANAZOL (new listing)

Cap 100 mgAzol 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 mgStesolid 25.05 5

Rectal tubes 10 mgStesolid 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

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 mgVerpamil 4.75 100

Section H changes to Part IV

Effective 1 June 2009

HYDRALAZINE

Tab 25 mg **S29**

For patients with congestive heart failure:

- (1) who have not responded to treatment with ACE inhibitors and/or ARBs; or
- (2) in whom treatment with ACE inhibitors and/or ARBs is not tolerated due to renal impairment

INDOMETHACIN

Cap 25 mg **S29**

For any indication approved by the hospital service

METOLAZONE **S29**

Tab 5 mg

For patients with congestive heart failure:

- (1) who have not responded to treatment with ACE inhibitors and/or ARBs; or
- (2) in whom treatment with ACE inhibitors and/or ARBs is not tolerated due to renal impairment

L-ORNITHINE L-ASPARTATE (LOLA) **S29**

Sach 5 mg

For patients with chronic hepatic encephalopathy who have not responded to treatment with lactulose

Effective 1 May 2009

INDOMETHACIN

Cap 50 mg **S29**

For any indication approved by the hospital service

SPECIAL FOOD SUPPLEMENT (delisting)

Powder, sachet 74 g ~~Oral Impact~~

Three sachets per day for 5-7 days prior to major gastrointestinal or head or neck surgery

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PHARMAC is the Government agency responsible for deciding which medicines are subsidised for New Zealanders. It manages spending on pharmaceuticals for the District Health Boards, and ensures that a comprehensive list of medicines (the Pharmaceutical Schedule) is subsidised for New Zealanders, and that the list of medicines continues to grow to meet the needs of patients.