

Pharmaceutical Management Agency

Update

# New Zealand Pharmaceutical Schedule

Effective 1 September 2009

Section H cumulative for August and September 2009



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## Summary of PHARMAC decisions

EFFECTIVE 1 SEPTEMBER 2009

### New listings (page 17)

- Insulin pen needles (SC Profi-Fine) 29 g x 12.7 mm, 31 g x 5 mm and 31 g x 8 mm – maximum of 100 dev per prescription
- Insulin syringes, disposable with attached needle (DM Ject) syringe 0.3 ml with 29 g x 12.7 mm needle, syringe 0.3 ml with 31 g x 8 mm needle, syringe 0.5 ml with 29 g x 12.7 mm needle, syringe 0.5 ml with 31 g x 8 mm needle, syringe 1 ml with 29 g x 12.7 mm needle, and syringe 1 ml with 31 g x 8 mm needle – maximum of 100 dev per prescription
- Clopidogrel (Arrow-Clopidogrel) tab 75 mg – Special Authority – Retail pharmacy
- Isotretinoin (Oratane) cap 10 mg and 20 mg – Special Authority – Retail pharmacy
- Testosterone undecanoate (Andriol Testocaps) cap 40 mg – Retail pharmacy-Specialist
- Bromocriptine mesylate (Apo-Bromocriptine) cap 5 mg – Section 29
- Zuclophenthixol hydrochloride (Clopixol) tab 10 mg

### Changes to restrictions (pages 18 to 22)

- Ketone blood beta-ketone electrodes (Optium Blood Ketone Test Strips) test strip – addition of subsidy by endorsement
- Metoprolol succinate (Betaloc CR) tab long-acting 23.75 mg, 47.5 mg, 95 mg and 190 mg – removal of additional subsidy by endorsement
- Nicotine (Habitrol) patch 7 mg, 14 mg and 21 mg – maximum of 28 patch per dispensing and 56 patch per prescription – subsidised on prescription and Quit Card
- Nicotine (Habitrol) lozenge 1 mg and 2 mg – maximum of 216 loz per dispensing and 432 loz per prescription – subsidised on prescription and Quit Card
- Nicotine (Habitrol and Nicotinell) gum 2 mg (fruit and mint) and 4 mg (fruit and mint) – maximum of 384 piece per dispensing and 768 piece per prescription – subsidised on prescription and Quit Card
- Goserelin acetate (Zoladex) inj 3.6 mg and 10.8 mg – removal of Special Authority criteria
- Azithromycin (Arrow-Azithromycin) tab 500 mg – endorsement waived by Special Authority
- Entecavir (Baraclude) tab 0.5 mg – amended Special Authority criteria
- Tranylcypromine sulphate (Parnate S29) tab 10 mg – removal of Section 29
- Anastrozole-DP (DP-Anastrozole) tab 1 mg – removal of subsidy by endorsement

## Summary of PHARMAC decisions – effective 1 September 2009 (continued)

- Cyclosporin A (Neoral) cap 25 mg , 50 mg and 100 mg, and oral liq 100 mg per ml – removal of Special Authority criteria
- Pilocarpine oral liquid – amended standard formulae

### Decreased subsidy (page 23)

- Insulin pen needles (B-D Micro-Fine) 31 g x 5 mm
- Clopidogrel (Apo-Clopidogrel and Plavix) tab 75 mg
- Metoprolol succinate (Betaloc CR) tab long-acting 23.75 mg, 47.5 mg, 95 mg and 190 mg
- Vinorelbine (Baxter) inj 1 mg for ECP
- Fluorometholone (Flucon) eye drops 0.1%

### Increased subsidy (page 23)

- Povidone iodine (Betadine Skin Prep) skin preparation, povidone iodine 10% with 30% alcohol
- Danazol cap 100 mg (D-Zol and Azol) and cap 200 mg (D-Zol)
- Betahistine dihydrochloride (Vergo 16) tab 16 mg
- Flutamide (Flutamin) tab 250 mg
- Oral feed 1 kcal/ml (Fortimel) liquid, 200 ml OP



## Clopixol tablets – new listing

The antipsychotic Clopixol (zuclopenthixol hydrochloride) 10 mg tablets will be listed fully subsidised without restriction from 1 September 2009.

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## Insulin syringes and needles – new listings

A new range of insulin pen needles will be subsidised from 1 September 2009. The SC Profi-Fine brand will be available in 29 g x 12.7 mm, 31 g x 5 mm and 31 g x 8 mm. The listing of the 31 g x 6 mm will occur at a later date, yet to be confirmed.

The DM Ject brand of insulin syringes, disposable with attached needle, will be listed fully subsidised from 1 September 2009. This brand will be available in the same range of presentations as currently subsidised in the Pharmaceutical Schedule.

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## Cyclosporin A – removal of Special Authority

The Special Authority applying to cyclosporin A will be removed from 1 September 2009. This means it will be fully subsidised without the need for a Special Authority approval.

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## Azithromycin Special Authority amendment

Special Authority criteria were added to azithromycin tablets from 1 July 2009 allowing cystic fibrosis patients to access more than 2 tablets of subsidised azithromycin per prescription. From 1 September 2009 the rule allowing Special Authority access will be

further amended to waive the requirement for the script to be endorsed. Please note that the use of azithromycin under this Special Authority criteria remains an unapproved indication.



## Pilocarpine oral liquid standard formulae

With the discontinuation of Pilopty eye drops, the Standard Formulae in Section C (Extemporaneously Compounded Products & Galenicals) of the Pharmaceutical Schedule for pilocarpine oral liquid requires amendment. From 1 September 2009 the strength of pilocarpine eye drops used in the formulae will change from 6% to 4%.



## Bromocriptine mesylate new listing and brand change



From 1 September 2009 Apo-Bromocriptine 5 mg capsules will be fully subsidised on the Pharmaceutical Schedule. These will replace Alpha-Bromocriptine 10

mg tablets which are being discontinued by Apotex. Apo-Bromocriptine is not a registered medicine, so it must be supplied under Section 29 of the Medicines Act 1981. The listing in the Schedule will indicate the medicine's Section 29 status and is intended to ensure continuity of subsidised supply. Apo-Bromocriptine 5 mg capsules are currently being assessed by Medsafe.

## Tri-phasic oral contraceptives

PHARMAC has received notice that both suppliers (Wyeth and Bayer) of subsidised tri-phasic oral contraceptives intend to discontinue supply within the next 12 months. Tri-phasic oral contraceptives will be delisted 6 months after the final notification from suppliers of stock depletion.

The Hormone and Contraceptive Subcommittee of PTAC considered that there was no clinical need for a tri-phasic oral contraceptive to be subsidised and that Brevinor 1 would be an appropriate alternative.

## Panteston capsule brand change

Schering-Plough has notified PHARMAC that its testosterone undecanoate 40 mg capsule, Panteston, has been discontinued worldwide. Schering-Plough has sourced another brand of testosterone undecanoate 40 mg,

Andriol Testocap, which will be listed at the same subsidy and price per capsule from 1 September 2009. Unlike Panteston, Andriol Testocap capsules do not require storage in the fridge.

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## Kenacort-A injection

Kenacort-A (triamcinolone acetonide) injection 10 mg per ml, 1 ml was recorded in the August 2009 Pharmaceutical Schedule as being delisted 1 September 2009. This was an

error. Only the 10 mg per ml, 5 ml injection is being delisted from this date. However the 1 ml presentation will be delisted later in 2010 at the request of the supplier.

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## Anastrozole-DP restriction removal

From 1 September 2009 the 'subsidy by endorsement' restriction that currently applies to the prescribing and dispensing of Douglas Pharmaceuticals Limited's brand of anastrozole (DP-Anastrozole) will be removed. PHARMAC considers that the endorsement created an unnecessary administrative burden on prescribers and removing it should increase the use of DP-Anastrozole in

patients with advanced breast cancer. This would result in savings to the community pharmaceuticals budget - savings which may be used to fund other medicines. As with all medicines, prescribers should refer to the medicine Datasheet for information regarding the Medsafe approved indications for DP-Anastrozole.



# Tender News

Sole Subsidised Supply changes – effective 1 October 2009

<b>Chemical Name</b>	<b>Presentation; Pack size</b>	<b>Sole Subsidised Supply brand (and supplier)</b>
Azithromycin	Tab 500 mg; 2 tab OP	Arrow-Azithromycin (Arrow)
Chloramphenicol	Eye oint 1%; 4 g OP	Chlorsig (Sigma)
Cyclizine hydrochloride	Tab 50 mg; 10 tab	Nausicalm (AFT)
Cyproterone acetate	Tab 50 mg; 50 tab	Siterone (Rex)
Cyproterone acetate	Tab 100 mg; 50 tab	Siterone (Rex)
Ethinylloestradiol	Tab 10 µg; 100 tab	NZ Medical and Scientific (NZ Medical and Scientific)
Felodipine	Tab long-acting 5 mg; 90 tab	Felo 5 ER (Mylan)
Felodipine	Tab long-acting 10 mg; 90 tab	Felo 10 ER (Mylan)
Lisinopril	Tab 5 mg; 30 tab	Arrow-Lisinopril (Arrow)
Lisinopril	Tab 10 mg; 30 tab	Arrow-Lisinopril (Arrow)
Lisinopril	Tab 20 mg; 30 tab	Arrow-Lisinopril (Arrow)
Mesalazine	Enema 1 g per 100 ml; 7 enema	Pentasa (Pharmaco)
Methotrexate	Tab 2.5 mg; 30 tab	Methoblastin (Pfizer)
Methotrexate	Tab 10 mg; 50 tab	Methoblastin (Pfizer)
Methylprednisolone	Tab 4 mg; 100 tab	Medrol (Pfizer)
Methylprednisolone	Tab 100 mg; 20 tab	Medrol (Pfizer)
Norethisterone	Tab 350 µg; 84 tab	Noriday 28 (Pfizer)
Prednisolone sodium phosphate	Oral liq 5 mg per ml; 30 ml OP	Redipred (Aspen)
Roxithromycin	Tab 150 mg; 50 tab	Arrow-Roxithromycin (Arrow)
Roxithromycin	Tab 300 mg; 50 tab	Arrow-Roxithromycin (Arrow)
Salbutamol	Nebuliser soln, 1 mg per ml, 2.5 ml; 20 neb	Asthalin (Rex)
Salbutamol	Nebuliser soln, 2 mg per ml, 2.5 ml; 20 neb	Asthalin (Rex)
Salbutamol with ipratropium bromide	Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml; 20 neb	Duolin (Rex)
Selegiline hydrochloride	Tab 5 mg; 100 tab	Apo-Selegiline (Apotex)
Sotalol	Tab 80 mg; 500 tab	Mylan (Mylan)
Sotalol	Tab 160 mg; 100 tab	Mylan (Mylan)
Terazosin hydrochloride	Tab 2 mg; 500 tab	Apo-Terazosin (Apotex)
Terazosin hydrochloride	Tab 5 mg; 500 tab	Apo-Terazosin (Apotex)
Timolol maleate	Tab 10 mg; 100 tab	Apo-Timol (Apotex)

## Looking Forward

*This section is designed to alert both pharmacists and prescribers to possible future changes to the Pharmaceutical Schedule. It may also assist pharmacists, distributors and wholesalers to manage stock levels.*

### **Possible decisions for implementation 1 October 2009**

- Alendronate sodium 70 mg with cholecalciferol 5600 iu tab (Fosamax Plus) new listing with existing Special Authority criteria
- Alendronate for Osteoporosis – amend Special Authority criteria
- Aprepitant (Emend) tri-pack (2 x 80 mg cap and 1 x 125 mg cap) – new listing with Special Authority criteria
- Blood glucose diagnostic test meter (On Call Advanced) meter – new listing with existing endorsement criteria
- Blood glucose diagnostic test strip (On Call Advanced) blood glucose test strips – new listing with existing endorsement criteria
- Blood glucose diagnostic test strip (CareSens II) blood glucose test strips and lancets – new listing with existing endorsement criteria
- Blood glucose diagnostic test meter (CareSens II and CareSens POP) meter – new listing with existing endorsement criteria
- Blood glucose diagnostic test strip (Accu-Chek Performa) blood glucose test strips – subsidy decrease
- Clarithromycin (Klamycin) tab 500 mg – new listing with endorsement criteria for helicobacter pylori eradication
- Clarithromycin tab 250 mg – amended Special Authority criteria
- Gemcitabine – amended Special Authority criteria
- Leuprorelin (Eligard) inj 7.5 mg, 22.5 mg, 30 mg and 45 mg – subsidy decrease
- Levodopa with carbidopa tab long-acting 200 mg with carbidopa 50 mg (Sinemet CR) – removal of Retail pharmacy-Specialist
- Pioglitazone (Actos) tab 15 mg, 30 mg and 45 mg – subsidy decrease
- Raltegravir potassium (Isentress) tab 400 mg – new listing with Special Authority criteria
- Risperidone (Risperon) oral liq 1 mg per ml – new listing

## Sole Subsidised Supply Products – cumulative to September 2009

Generic Name	Presentation	Brand Name	Expiry Date*
Acarbose	Tab 50 mg & 100 mg	Glucobay	2012
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 125 mg per 1.25 ml	Ospamox Paediatric Drops	2011
	Inj 250 mg, 500 mg & 1 g	Ibiamox	2010
	Cap 250 mg & 500 mg	Apo-Amoxi	
Amoxicillin clavulanate	Tab amoxicillin 500 mg with potassium clavulanate 125 mg	Synermox	2011
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-Tabs	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
Cetomacrogol	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
Ciclopiroxolamine	Nail soln 8%	Batrafen	2012
Ciprofloxacin	Tab 250 mg, 500 mg & 750 mg	Rex Medical	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 September 2009

Generic Name	Presentation	Brand Name	Expiry Date*
Citalopram	Tab 20 mg	Arrow-Citalopram	2010
Clarithromycin	Tab 250 mg Grans for oral liq 125 mg per 5 ml	Klamycin Klacid	2010
Clonazepam	Tab 500 µg & 2 mg	Paxam	2011
Clotrimazole	Vaginal crm 2% with applicators(s) 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 – Bubblégum 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
Enoxaparin sodium (low molecular weight heparin)	Inj 20 mg, 40 mg, 60 mg, 80 mg, 100 mg, 120 mg & 150 mg	Clexane	2012
Entacapone	Tab 200 mg	Comtan	2012
Erythromycin ethyl succinate	Tab 400 mg Grans for oral liq 200 mg per 5 ml Grans for oral liq 400 mg per 5 ml	E-Mycin E-Mycin E-Mycin	2012 2011
Ethinylloestradiol with norethisterone	Tab 35 µg with norethisterone 500 µg Tab 35 µg with norethisterone 1 mg Tab 35 µg with norethisterone 1 mg and 7 inert tab	Brevinor 21  Brevinor 1/21 Brevinor 1/28	2010

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## Sole Subsidised Supply Products – cumulative to September 2009

Generic Name	Presentation	Brand Name	Expiry Date*
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 Oral	2011
Fluocortolone caproate with fluocortolone pivalate and cinchocaine	Oint 950 µg, with fluocortolone pivalate 920 µg, and cinchocaine hydrochloride 5 mg per g	Ultraproct	2010
	Suppos 630 µg, with fluocortolone pivalate 610 µg, and cinchocaine hydrochloride 1 mg	Ultraproct	
Fluoxetine hydrochloride	Cap 20 mg Tab disp 20 mg, scored	Fluox Fluox	2010
Furosemide	Tab 40 mg	Diurin 40	2012
Fusidic acid	Crn 2% Oint 2%	Foban Foban	2010
Gabapentin	Cap 100 mg, 300 mg & 400 mg	Nupentin	31/7/12
Gliclazide	Tab 80 mg	Apo-Gliclazide	2011
Glipizide	Tab 5 mg	Minidiab	2011
Glyceryl trinitrate	Tab 600 µg	Lycinate	2011
	Oral pump spray 400 µg per dose	Nitrolingual pumpspray	
	TDDS 5 mg & 10 mg	Nitroderm TTS	
Haloperidol	Oral liq 2 mg per ml Tab 500 µg, 1.5 mg & 5 mg	Serenace Serenace	2010
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
Hydroxychloroquine sulphate	Tab 200 mg	Plaquenil	2012
Hypromellose	Eye drops 0.5%	Methopt	2011
Hysocine N-butylbromide	Inj 20 mg, 1 ml Tab 20 mg	Buscopan Gastrosoothe	2011
Ibuprofen	Tab 200 mg	Ethics Ibuprofen	2012
	Oral liq 100 mg per 5 ml	Fenpaed	2010
Ipratropium bromide	Aqueous nasal spray, 0.03% Nebuliser soln, 250 µg per ml, 1 ml Nebuliser soln, 250 µg per ml, 2 ml	Apo-Ipravent Ipratropium Steri-Neb Ipratropium Steri-Neb	2010
Iron polymaltose	Inj 50 mg per ml, 2 ml	Ferrum H	2011
Itraconazole	Cap 100 mg	Sporanox	2010

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## Sole Subsidised Supply Products – cumulative to September 2009

Generic Name	Presentation	Brand Name	Expiry Date*
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 Inj 1%, 5 ml Inj 1%, 20 ml	Xylocaine Xylocaine Xylocaine	2010
Lignocaine with prilocaine	Crn 2.5% with prilocaine 2.5%; 30 g OP Crn 2.5% with prilocaine 2.5%; 5 g	EMLA EMLA	2010
Loperamide hydrochloride	Tab 2 mg	Nodia	2010
Loratadine	Tab 10 mg  Oral liq 1 mg per ml	Loraclear Hayfever Relief Lorapaed	2010
Malathion	Liq 0.5% Shampoo 1%	Derbac M A-Lices	2010 2011
Mask for Spacer Device	Device	Foremount Child's Silicone Mask	30/9/11
Mebendazole	Tab 100 mg	De-Worm	2011
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	Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml Tab 5 mg	Biodone Biodone Forte Biodone Extra Forte Methatabs	2012 2010
Methotrexate	Inj 100 mg per ml, 10 ml Inj 100 mg per ml, 50 ml	Methotrexate Ebewe Methotrexate Ebewe	2011
Methyl dopa	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 Inj 30 mg per ml, 1 ml	Mayne Mayne	2011
Nadolol	Tab 40 mg & 80 mg	Apo-Nadolol	2010
Naltrexone hydrochloride	Tab 50 mg	ReVia	2010
Naproxen sodium	Tab 275 mg	Sonaflam	2010
Neostigmine	Inj 2.5 mg per ml, 1 ml	AstraZeneca	2010

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## Sole Subsidised Supply Products – cumulative to September 2009

Generic Name	Presentation	Brand Name	Expiry Date*
Nicotine	Patch 7 mg, 14 mg and 21 mg Lozenge 1 mg and 2 mg Gum 2 mg & 4 mg (Fruit) Gum 2 mg & 4 mg (Mint)	Habitrol Habitrol Habitrol Habitrol	2010
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 Cap 500,000 u Tab 500,000 u	Nilstat Nilstat Nilstat	2011 2010
Omeprazole	Cap 10 mg, 20 mg & 40 mg  Inj 40 mg	Dr Reddy's Omeprazole Dr Reddy's Omeprazole	2011
Ondansetron	Tab 4 mg & 8 mg Tab disp 4 mg & 8 mg	Zofran Zofran Zydis	2010
Oxybutynin	Tab 5 mg Oral liq 5 mg per 5 ml	Apo-Oxybutynin Apo-Oxybutynin	2010
Oxycodone hydrochloride	Inj 10 mg per ml, 1 ml & 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 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

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## Sole Subsidised Supply Products – cumulative to September 2009

Generic Name	Presentation	Brand Name	Expiry Date*
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	Accuretic 10	2011
	Tab 20 mg with hydrochlorothiazide 12.5 mg	Accuretic 20	
Ranitidine hydrochloride	Oral liq 150 mg per 10 ml	Peptisoothe	2010
Rifabutin	Cap 150 mg	Mycobutin	2010
<b>Ropinirole hydrochloride</b>	<b>Tab 0.25 mg, 1 mg, 2 mg and 5 mg</b>	<b>Ropin</b>	<b>2010</b>
Salbutamol	Oral liq 2 mg per 5 ml	Salapin	2010
Simvastatin	Tab 10 mg	Arrow-Simva 10 mg	2011
	Tab 20 mg	Arrow-Simva 20 mg	
	Tab 40 mg	Arrow-Simva 40 mg	
	Tab 80 mg	Arrow-Simva 80 mg	
Sodium citro-tartrate	Grans eff 4 g sachets	Ural	2010
Spacer Device	230 ml	Space Chamber	30/9/11
Syrup (pharmaceutical grade)	Liq	Midwest	2010
Tar with triethanolamine lauryl sulphate and fluorescein	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	Synacthen	2011
	Inj 1 mg per ml, 1 ml	Synacthen Depot	
Timolol maleate	Eye drops 0.25% & 0.5%	Apo-Timop	2011
Triamcinolone acetonide	Crn 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

### September changes in bold

\*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 September 2009

32	INSULIN PEN NEEDLES – Maximum of 100 dev per prescription			
	* 29 g × 12.7 mm .....	11.75	100	✓ SC Profi-Fine
	* 31 g × 5 mm .....	11.75	100	✓ SC Profi-Fine
	* 31 g × 8 mm .....	11.75	100	✓ SC Profi-Fine
32	INSULIN SYRINGES, DISPOSABLE WITH ATTACHED NEEDLE – Maximum of 100 dev per prescription			
	* Syringe 0.3 ml with 29 g × 12.7 mm needle .....	13.00	100	✓ DM Ject
	* Syringe 0.3 ml with 31 g × 8 mm needle .....	13.00	100	✓ DM Ject
	* Syringe 0.5 ml with 29 g × 12.7 mm needle .....	13.00	100	✓ DM Ject
	* Syringe 0.5 ml with 31 g × 8 mm needle .....	13.00	100	✓ DM Ject
	* Syringe 1 ml with 29 g × 12.7 mm needle .....	13.00	100	✓ DM Ject
	* Syringe 1 ml with 31 g × 8 mm needle .....	13.00	100	✓ DM Ject
40	CLOPIDOGREL – Special Authority see SA0867 – Retail pharmacy			
	Tab 75 mg .....	25.00	28	✓ Arrow-Clopidogrel
58	ISOTRETINOIN – Special Authority see SA0955 – Retail pharmacy			
	Cap 10 mg .....	48.48	180	✓ Oratane
	Cap 20 mg .....	69.70	180	✓ Oratane
76	TESTOSTERONE UNDECANOATE – Retail pharmacy-Specialist			
	Cap 40 mg .....	60.71	60	✓ Andriol Testocaps
119	BROMOCRIPTINE MESYLATE			
	* Cap 5 mg .....	60.43	100	✓ Apo-Bromocriptine S29
123	ZUCLOPENTHIXOL HYDROCHLORIDE			
	Tab 10 mg .....	31.45	100	✓ Clopixol

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

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## Changes to Restrictions

### Effective 1 September 2009

31	<p><b>KETONE BLOOD BETA-KETONE ELECTRODES – Subsidy by endorsement</b> 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. <b>The prescription must be endorsed accordingly.</b></p> <p>Test strip – Not on a BSO .....</p>	8.50	10 strip OP	✓ <b>Optium Blood Ketone Test Strips</b>
52	<p><b>METOPROLOL SUCCINATE</b> Additional subsidy by endorsement for Betaloc CR is available for patients who: 1) were being prescribed metoprolol succinate prior to 1 October 2007; or 2) have experienced a myocardial infarction; or 3) have experienced heart failure and are either intolerant of carvedilol or it is contra-indicated. Pharmacists may annotate prescriptions for patients who were being prescribed metoprolol succinate prior to 1 October 2007 in which case the prescription is deemed to be endorsed. The pharmacist must be able to show a clear documented dispensing history for the patient. The prescription must be endorsed accordingly.</p> <p>* Tab long-acting 23.75 mg – Higher subsidy of up to \$6.20 per 30 with Endorsement .....</p> <p>* Tab long-acting 47.5 mg – Higher subsidy of up to \$7.80 per 30 with Endorsement .....</p> <p>* Tab long-acting 95 mg – Higher subsidy of up to \$13.20 per 30 with Endorsement .....</p> <p>* Tab long-acting 190 mg – Higher subsidy of up to \$21.00 per 30 with Endorsement .....</p>	3.61	30	✓ <b>Betaloc CR</b>
		4.50	30	✓ <b>Betaloc CR</b>
		7.40	30	✓ <b>Betaloc CR</b>
		12.50	30	✓ <b>Betaloc CR</b>
57	<p><b>NICOTINE – Only on a Quitcard</b> <b>a) Maximum of 28 patch per dispensing</b> <b>b) Maximum of 56 patch per prescription</b> <b>c) For the avoidance of doubt Nicotine will not be funded Close Control in amounts less than 4 weeks.</b></p> <p>Patch 7 mg .....</p> <p>Patch 14 mg .....</p> <p>Patch 21 mg .....</p>	10.53	7 OP	✓ <b>Habitrol</b>
		11.63	7 OP	✓ <b>Habitrol</b>
		12.32	7 OP	✓ <b>Habitrol</b>
57	<p><b>NICOTINE – Only on a Quitcard</b> <b>a) Maximum of 216 loz per dispensing</b> <b>b) Maximum of 432 loz per prescription</b> <b>c) For the avoidance of doubt Nicotine will not be funded Close Control in amounts less than 4 weeks.</b></p> <p>Lozenge 1 mg .....</p> <p>Lozenge 2 mg .....</p>	11.08	36 OP	✓ <b>Habitrol</b>
		11.08	36 OP	✓ <b>Habitrol</b>
57	<p><b>NICOTINE – Only on a Quitcard</b> <b>a) Maximum of 384 piece per dispensing</b> <b>b) Maximum of 768 piece per prescription</b> <b>c) For the avoidance of doubt Nicotine will not be funded Close Control in amounts less than 4 weeks.</b></p> <p>Gum 2 mg (Fruit) .....</p> <p>Gum 2 mg (Mint) .....</p> <p>Gum 4 mg (Fruit) .....</p> <p>Gum 4 mg (Mint) .....</p>	14.97	96 OP	✓ <b>Habitrol</b>
		23.41		✓ <b>Nicotinell</b>
		14.97	96 OP	✓ <b>Habitrol</b>
		23.41		✓ <b>Nicotinell</b>
		20.02	96 OP	✓ <b>Habitrol</b>
		23.41		✓ <b>Nicotinell</b>
		20.02	96 OP	✓ <b>Habitrol</b>
		23.41		✓ <b>Nicotinell</b>

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

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

## Changes to Restrictions - effective 1 September 2009 (continued)

81	GOSERELIN ACETATE —Special Authority see SA0839 – Hospital pharmacy [HP3]			
	Inj 3.6 mg .....	221.60	1	✓ Zoladex
	Inj 10.8 mg .....	554.70	1	✓ Zoladex

▶ SA0839 Special Authority for Subsidy

Initial application — (Breast cancer) from any medical practitioner. Approvals valid for 1 year where the patient is a premenopausal woman with breast cancer.

Initial application — (Prostate cancer) only from an oncologist, urologist or endocrinologist. Approvals valid for 1 year for applications meeting the following criteria:

Either:

- 1—Advanced prostatic cancer; or
- 2—Neoadjuvant or adjuvant treatment of locally advanced prostatic cancer.

Note: Not to be prescribed with an anti-androgen except for a period of three weeks, if necessary, when GnRH analogue therapy is initiated.

Initial application — (Endometriosis) only from a gynaecologist. Approvals valid for 3 months for applications meeting the following criteria:

Both:

- 1—Endometriosis; and
- 2—Either:

- 2.1 6 months treatment with medroxyprogesterone acetate, danazol or dimetiose has proven ineffective; or
- 2.2 The patient has failed to tolerate the treatment with medroxyprogesterone acetate, danazol or dimetiose for 6 months.

Note: The maximum treatment period for a GnRH analogue is:

- 3 months to assess whether surgery is appropriate
- 3 months for infertile patients after surgery
- 6 months for patients with symptoms of endometriosis. After the first 3 months patients should be assessed to determine whether there has been a satisfactory response to the first 3 months treatment.

Initial application — (Precocious puberty) only from a paediatrician or endocrinologist. Approvals valid for 1 year where the patient is affected by gonadotropin dependent precocious puberty.

Renewal — (Breast or prostate cancer) from any medical practitioner. Approvals valid for 1 year where the treatment remains appropriate and the patient is benefiting from treatment.

Note: If a patient had an approval for any GnRH analogue prior to 1 July 2006 the applicant is required to submit a fresh initial application, not a renewal application.

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

Either:

1—Both:

- 1.1 There has been a satisfactory response to the first 3 months treatment; and
- 1.2 Surgery is inappropriate; or

2—The first three months of therapy did not follow surgery for infertility.

Note: If a patient had an approval for any GnRH analogue prior to 1 July 2006 the applicant is required to submit a fresh initial application, not a renewal application.

Renewal — (Precocious puberty) only from a paediatrician or endocrinologist. Approvals valid for 1 year where the treatment remains appropriate and the patient is benefiting from treatment.

Note: If a patient had an approval for any GnRH analogue prior to 1 July 2006 the applicant is required to submit a fresh initial application, not a renewal application.

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

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## Changes to Restrictions - effective 1 September 2009 (continued)

83	AZITHROMYCIN – Subsidy by endorsement a) Maximum of 2 tab per prescription; can be waived by Special Authority see SA0964 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; <b>can be waived by Special Authority see SA0964.</b>			
	Tab 500 mg .....	5.95	2 OP	✓ Arrow-Azithromycin
89	ENTECAVIR – Special Authority see SA0977 – Retail pharmacy Tab 0.5 mg .....	400.00	30	✓ Baraclude
	▶ SA0977 Special Authority for Subsidy Initial application only from a gastroenterologist or infectious disease specialist. Approvals valid without further renewal unless notified for applications meeting the following criteria: All of the following: 1 Patient has confirmed Hepatitis B infection (HBsAg positive for more than 6 months); and 2 Patient is Hepatitis B nucleoside analogue treatment-naïve; and 3 Entecavir dose 0.5 mg/day; and 4 Either: 4.1 ALT greater than upper limit of normal; or 4.2 Bridging fibrosis or cirrhosis (Metavir stage 3 or greater) on liver histology; and 5 Either: 5.1 HBeAg positive; or 5.2 patient has ≥ 2,000 IU HBV DNA units per ml and fibrosis (Metavir stage 2 or greater) on liver histology; and 6 No continuing alcohol abuse or intravenous drug use; and 7 Not co-infected with HCV, HIV or HDV; and 8 Neither ALT nor AST greater than 10 times upper limit of normal; and 9 No history of hypersensitivity to entecavir; and 10 No previous documented lamivudine resistance (either clinical or genotypic).			
	Notes: • Entecavir should be continued for 6 months following documentation of complete HBeAg seroconversion (defined as loss of HBeAg plus appearance of anti-HBe plus loss of serum HBV DNA) for patients who were HBeAg positive prior to commencing this agent. This period of consolidation therapy should be extended to 12 months in patients with advanced fibrosis (Metavir Stage F3 or F4). • Entecavir should be taken on an empty stomach to improve absorption.			
112	TRANLYCYPROMINE SULPHATE Tab 10 mg .....	22.94	50	✓ Parnate <del>S29</del> <del>S29</del>
	Note – removal of Section 29 annotation			
143	ANASTROZOLE-DP – Subsidy by endorsement Subsidised only for patients with hormone receptor positive advanced breast cancer and the prescription is endorsed accordingly.			
	Tab 1 mg .....	29.50	30	✓ DP-Anastrozole
147	CYCLOSPORIN A – Special Authority see SA0470 – Hospital pharmacy [HP3] Cap 25 mg .....	85.00	50	✓ Neoral
	Cap 50 mg .....	169.34	50	✓ Neoral
	Cap 100 mg .....	338.69	50	✓ Neoral
	Oral liq 100 mg per ml .....	377.38	50 ml OP	✓ Neoral
	▶ SA0470 Special Authority for Subsidy			

continued...

Patients pay a manufacturer's surcharge when the Manufacturer's Price is greater than the Subsidy  
20

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

## Changes to Restrictions - effective 1 September 2009 (continued)

*continued...*

Initial application — (Organ transplant) only from a relevant specialist. Approvals valid without further renewal unless notified where the patient is an organ transplant recipient.

Initial application — (Bone marrow transplant or Graft v host disease) only from a relevant specialist. Approvals valid for 2 years for applications meeting the following criteria:

Either:

- 1— Bone marrow transplant; or
- 2— Graft v host disease.

Initial application — (Psoriasis) only from a dermatologist. Approvals valid for 2 years for applications meeting the following criteria:

Both:

- 1— Psoriasis; and
- 2— Applicant must state which systemic and topical therapies have failed.

Initial application — (Severe atopic dermatitis) only from a dermatologist. Approvals valid for 6 months for applications meeting the following criteria:

Both:

- 1— Severe atopic dermatitis; and
- 2— Not responsive to topical therapy, oral antihistamines and other commonly used orthodox therapies.

Initial application — (Nephrotic Syndrome) only from a relevant specialist. Approvals valid for 2 years for applications meeting the following criteria:

Both:

- 1— Nephrotic Syndrome; and
- 2— Corticosteroid dependent patients who have failed on cytotoxic therapy.

Initial application — (Endogenous uveitis) only from a relevant specialist. Approvals valid for 2 years where the patient suffers from endogenous uveitis.

Initial application — (Severe rheumatoid arthritis) only from a rheumatologist. Approvals valid for 2 years for applications meeting the following criteria:

All of the following:

- 1— Severe rheumatoid arthritis; and
- 2— The patient must be either unresponsive to or unable to tolerate, both sulphasalazine and methotrexate; and
- 3— Patients must have 2 serum creatinine test results within the normal range within the three months prior to initiation of therapy.

Renewal — (Severe atopic dermatitis) only from a dermatologist. Approvals valid for 6 months where the treatment remains appropriate and the patient is benefiting from treatment.

Renewal — (Indications other than severe atopic dermatitis) only from a dermatologist, rheumatologist or relevant specialist. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.

Guidelines for use of cyclosporin A in rheumatoid arthritis

Monitoring:

All patients require frequent monitoring for creatinine levels and blood pressure:

- fortnightly, in the first three months of therapy and then monthly, if results are stable;
- if dose is increased or there is a rise in serum creatinine or blood pressure, then more frequent monitoring is required.

Contraindications:

Cyclosporin A is contraindicated in patients with the following conditions:

- current or past malignancy;
- uncontrolled hypertension;
- renal dysfunction (abnormal serum creatinine for age and sex);
- immunodeficiency and neutropenia;
- abnormally low white blood cell count or platelet count; or
- liver function tests more than twice the upper limit of normal.

Caution in use:

- age above 65 years;

*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 September 2009 (continued)

continued...

- ~~controlled hypertension;~~
- ~~use of anti-epileptic medications;~~
- ~~use of ketoconazole, fluconazole, trimethoprim, erythromycin, verapamil, and diltiazem;~~
- ~~concurrent or previous use of alkylating agents such as cyclophosphamide;~~
- ~~use of any experimental drug within the past three months;~~
- ~~pre-malignant conditions such as leukoplakia, monoclonal paraproteinaemia, myelodysplastic syndrome and dysplastic naevi;~~
- ~~active infection may necessitate temporary discontinuation;~~
- ~~pregnancy and lactation.~~

Therapy should be discontinued if there has been no improvement after 6 months with the patient on the maximum tolerated dose. For further information please consult the data sheet.

166 PILOCARPINE ORAL LIQUID  
Pilocarpine ~~4%~~ 6% eye drops qs  
Preservative qs  
Water to 500 ml  
(Preservative should be used if quantity supplied is for more than 5 days.)

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
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## Changes to Subsidy and Manufacturer's Price

Effective 1 September 2009

32	INSULIN PEN NEEDLES – Maximum of 100 dev per prescription (↓ subsidy) * 31 g × 5 mm .....	11.75	100	✓ B-D Micro-Fine
40	CLOPIDOGREL – Special Authority see SA0867 – Retail pharmacy (↓ subsidy) Tab 75 mg .....	25.00 (73.38)	28	✓ Apo-Clopidogrel Plavix
52	METOPROLOL SUCCINATE (↓ subsidy) * Tab long-acting 23.75 mg .....	3.61	30	✓ Betaloc CR
	* Tab long-acting 47.5 mg .....	4.50	30	✓ Betaloc CR
	* Tab long-acting 95 mg .....	7.40	30	✓ Betaloc CR
	* Tab long-acting 190 mg .....	12.50	30	✓ Betaloc CR
64	POVIDONE IODINE (↑ subsidy) Skin preparation, povidone iodine 10% with 30% alcohol .....	10.00	500 ml	✓ Betadine Skin Prep
82	DANAZOL – Retail pharmacy-Specialist (↑ subsidy) Cap 100 mg .....	20.50	30	✓ D-Zol
	Cap 200 mg .....	68.33 29.35	100 30	✓ Azol ✓ D-Zol
117	BETAHISTINE DIHYDROCHLORIDE (↑ subsidy) * Tab 16 mg .....	9.26	84	✓ Vergo 16
141	VINORELBINE – PCT only – Specialist – Special Authority see SA0901 (↓ subsidy) Inj 1 mg for ECP .....	2.71	1 mg	✓ Baxter
143	FLUTAMIDE – Hospital pharmacy [HP3]-Specialist (↑ subsidy) Tab 250 mg .....	48.30	100	✓ Flutamin
155	BUDESONIDE (↑ price) Metered aqueous nasal spray, 50 µg per dose .....	2.35 (4.00)	200 dose OP	Butacort Aqueous
	Metered aqueous nasal spray, 100 µg per dose .....	2.61 (4.81)	200 dose OP	Butacort Aqueous
158	FLUOROMETHOLONE (↓ subsidy) * Eye drops 0.1% .....	4.05 (4.30)	5 ml OP	Flucon
175	ORAL FEED 1KCAL/ML – Special Authority see SA0589 – Hospital pharmacy [HP3] (↑ subsidy) Liquid.....	1.90	200 ml OP	✓ Fortimel

▲ 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 Sole Subsidised Supply

Effective 1 September 2009

For the list of new Sole Subsidised Supply products effective 1 September 2009 refer to the bold entries in the cumulative Sole Subsidised Supply table pages 11-16.

## Delisted Items

Effective 1 September 2009

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. Blood glucose test strips .....	22.00	50 test OP	✓ Optium 10 second test
		11.00	25 test OP	✓ Optium 10 second test
34	GLYCEROL * Suppos 2.55 g – Only on a prescription .....	3.12	12	✓ Fleet Glycerin Suppositories
52	LABETALOL * Inj 5 mg per ml, 5 ml .....	14.77 (22.15)	5	Trandate <b>S29</b>
62	TRIAMCINOLONE ACETONIDE WITH GRAMICIDIN, NEOMYCIN AND NYSTATIN Oint 1 mg with nystatin 100,000 u, neomycin sulphate 2.5 mg and gramicidin 250 µg per g – Only on a prescription.....	3.00	15 g OP	✓ Kenacomb
70	ETHINYLÖESTRADIOL WITH GESTODENE * Tab 30 µg with gestodene 75 µg and 7 inert tab .....	6.62 (14.49)	84	Minulet 28
	a) Higher subsidy of \$14.49 per 84 with Special Authority see SA0500 above b) Up to 84 tab available on a PSO			
71	ETHINYLÖESTRADIOL WITH LEVONORGESTREL * Tab ethinylöestradiol 30 µg with levonorgestrel 50 µg (6) and tab ethinylöestradiol 40 µg with levonorgestrel 75 µg (5), and tab ethinylöestradiol 30 µg with levonorgestrel 125 µg (10) and 7 inert tab .....	6.62 (14.49)	84	Triphasil 28
	a) Higher subsidy of up to \$14.49 per 84 with Special Authority see SA0500 on the preceding page b) Up to 84 tab available on a PSO			
76	TRIAMCINOLONE ACETONIDE Inj 10 mg per ml, 5 ml .....	10.31	1	✓ Kenacort-A
85	DICLOXACILLIN Cap 250 mg .....	2.47 (4.35)	24	Diclocil
	Cap 500 mg .....	3.83 (8.65)	24	Diclocil

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

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
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Generic Mnfr  
✓ fully subsidised

**Delisted Items – effective 1 September 2009 (continued)**

120	ROPINIROLE HYDROCHLORIDE			
	▲ Tab 0.25 mg .....	19.75	210	
		(31.50)		Requip
	▲ Tab 0.25 mg × 42, 0.5 mg × 42 and 1 mg × 21 .....	21.92	105	
		(35.70)		Requip Starter Pack
	▲ Tab 0.5 mg × 42, 1 mg × 42 and 2 mg × 63 .....	73.60	147	
		(122.11)		Requip Follow-on Pack
	▲ Tab 1 mg .....	40.32	84	
		(67.20)		Requip
	▲ Tab 2 mg .....	60.72	84	
		(101.21)		Requip
	▲ Tab 5 mg .....	90.00	84	
		(150.00)		Requip
174	DIABETIC ENTERAL FEED 1KCAL/ML – Special Authority see SA0594 – Hospital pharmacy [HP3]			
	Liquid.....	7.50	1,000 ml OP	✓ Resource Diabetic TF RTH

## Items to be Delisted

### Effective 1 December 2009

158	FLUOROMETHOLONE * Eye drops 0.1% .....	4.05 (4.30)	5 ml OP	Flucon
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### Effective 1 March 2010

97	PEGYLATED INTERFERON ALPHA-2B WITH RIBAVIRIN – Special Authority see SA0953 – Hospital pharmacy [HP3] See prescribing guideline			
	Inj 50 µg × 4 with ribavirin cap 200 mg × 112 .....	1,080.40	1 OP	✓ Pegatron Combination Therapy
	Inj 50 µg × 4 with ribavirin cap 200 mg × 84 .....	976.80	1 OP	✓ Pegatron Combination Therapy
	Inj 80 µg × 4 with ribavirin cap 200 mg × 140 .....	1,583.60	1 OP	✓ Pegatron Combination Therapy
	Inj 80 µg × 4 with ribavirin cap 200 mg × 168 .....	1,687.20	1 OP	✓ Pegatron Combination Therapy
	Inj 80 µg × 4 with ribavirin cap 200 mg × 84 .....	1,376.40	1 OP	✓ Pegatron Combination Therapy
	Inj 100 µg × 4 with ribavirin cap 200 mg × 112 .....	1,746.40	1 OP	✓ Pegatron Combination Therapy
	Inj 100 µg × 4 with ribavirin cap 200 mg × 84 .....	1,642.80	1 OP	✓ Pegatron Combination Therapy
	Inj 120 µg × 4 with ribavirin cap 200 mg × 140 .....	2,116.40	1 OP	✓ Pegatron Combination Therapy
	Inj 120 µg × 4 with ribavirin cap 200 mg × 84 .....	1,909.20	1 OP	✓ Pegatron Combination Therapy
	Inj 150 µg × 4 with ribavirin cap 200 mg × 140 .....	2,516.00	1 OP	✓ Pegatron Combination Therapy
	Inj 150 µg × 4 with ribavirin cap 200 mg × 168 .....	2,619.60	1 OP	✓ Pegatron Combination Therapy
	Inj 150 µg × 4 with ribavirin cap 200 mg × 84 .....	2,308.80	1 OP	✓ Pegatron Combination Therapy
112	TRIMIPRAMINE MALEATE Cap 25 mg .....	6.20	100	✓ Tripress

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

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

Check your Schedule for full details  
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Subsidy  
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**Items to be Delisted – effective 1 March 2010 (continued)**

115	LAMOTRIGINE ▲ Tab dispersible 200 mg .....	101.80	56	✓ <b>Mogine</b>
119	BROMOCRIPTINE MESYLATE * Tab 10 mg .....	120.86	100	✓ <b>Alpha-Bromocriptine</b>
125	DIAZEPAM Tab 5 mg – Month Restriction..... ‡ Safety cap for extemporaneously compounded oral liquid preparations.	5.00	250	✓ <b>Pro-Pam</b>
140	PACLITAXEL – PCT only – Specialist Inj 30 mg .....	37.95	1	✓ <b>Paclitaxel Ebewe</b> Note – Paclitaxel Ebewe inj 30 mg, 5 inj pack remains listed.
160	PILOCARPINE * Eye drops 1% .....	3.24	15 ml OP	✓ <b>Piloft</b>
183	GLUTEN FREE PASTA – Special Authority see SA0722 – Hospital pharmacy [HP3] Corn and Spinach Rigatini..... Garlic and Parsley Shells .....	2.00 (2.92) 2.00 (2.92)	250 g OP 250 g OP 250 g OP	Orgran Orgran Orgran
	Rice and Corn Garden Herb Pasta.....	2.00 (2.92)	250 g OP	Orgran

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 September 2009

### ACICLOVIR

Inj <b>250 mg</b> 25 mg per ml, 10 ml .....	<b>Pfizer</b>	25.50	5	1%	Nov-09	Acihexal Hospira Lovir m-Aciclovir Zovirax
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Note – Mayne brand of aciclovir inj 250 mg to be delisted 1 November 2009.

### BACLOFEN

Inj 10 mg.....	<b>Lioresal Intrathecal</b>	190.08	1	1%	Nov-09	(B)
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### BETAHISTINE DIHYDROCHLORIDE (↑ price)

Tab 16 mg.....	Vergo 16	9.26	84			
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### BLOOD GLUCOSE DIAGNOSTIC TEST METER

Meter .....	Optium Xceed	9.00	1			
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### BUDESONIDE (↑ price)

Metered aqueous nasal spray, 50 µg per dose .....	Butacort Aqueous	4.00	200 doses			
Metered aqueous nasal spray, 100 µg per dose .....	Butacort Aqueous	4.81	200 doses			

### CASPOFUNGIN

Inj 50 mg.....	<b>Cancidas</b>	667.50	1	1%	Nov-09	(B)
Inj 70 mg.....	<b>Cancidas</b>	862.50	1	1%	Nov-09	(B)

### CHLORHEXIDINE

Crn 1 % obstetric.....	<b>healthE</b>	1.36	50 g	1%	Nov-09	Hibitane Orion PSM
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Note – Orion brand of chlorhexidine crn 1% obstetric to be delisted 1 November 2009.

### CLONAZEPAM (↑ price)

Inj 1 mg per ml, 1 ml.....	Rivotril	19.00	5			
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### CLOPIDOGREL

Tab 75 mg (↓ price).....	Apo-Clopidogrel	25.00	28			
Tab 75 mg (new listing).....	Arrow -Clopidogrel	25.00	28			

### DANAZOL (↑ price)

Cap 100 mg .....	D-Zol	20.50	30			
	Azol	68.33	100			
Cap 200 mg .....	D-Zol	29.35	30			

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

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 September 2009 (continued)

DIAZEPAM

Tab 5 mg.....Pro-Pam 5.00 250

Note – Pro-Pam tab 5 mg to be delisted 1 November 2009.

FLUTAMIDE (1 price)

Tab 250 mg .....Flutamin 48.30 100

HYDROXYETHYL STARCH 130/0.4

Inj 6 %.....**Voluven** 198.00 20 1% Nov-09 Venofundin 6%

INSULIN PEN NEEDLES

29 g x 12.7 mm.....SC Profi-Fine 11.75 100

31 g x 5 mm.....SC Profi-Fine 11.75 100

31 g x 8 mm.....SC Profi-Fine 11.75 100

INSULIN SYRINGES, DISPOSABLE WITH ATTACHED NEEDLE

Syringe 0.3 ml with 29 g  
x 12.7 mm needle .....DM Ject 13.00 100

Syringe 0.3 ml with 31 g  
x 8 mm needle .....DM Ject 13.00 100

Syringe 0.5 ml with 29 g  
x 12.7 mm needle .....DM Ject 13.00 100

Syringe 0.5 ml with 31 g  
x 8 mm needle .....DM Ject 13.00 100

Syringe 1 ml with 29 g  
x 12.7 mm needle .....DM Ject 13.00 100

Syringe 1 ml with 31 g  
x 8 mm needle .....DM Ject 13.00 100

ISOTRETINOIN

Cap 10 mg .....**Oratane** 48.48 180 1% Nov-09 Isotane 10  
Roaccutane

Cap 20 mg .....**Oratane** 69.70 180 1% Nov-09 Isotane 20  
Roaccutane

Note – Isotane 10 and Isotane 20 to be delisted 1 November 2009.

LAMOTRIGINE

Tab dispersible 200 mg .....Mogine 101.80 56

Note – Mogine tab dispersible 200 mg to be delisted 1 November 2009

LIGNOCAINE

Gel 2% .....**Xylocaine Jelly** 6.00 30 ml 1% Nov-09 Orion

Note – Orion brand of lignocaine gel 2% to be delisted 1 November 2009.

METOPROLOL SUCCINATE

Tab long-acting 23.75 mg.....Betoloc CR 3.61 30

Tab long-acting 47.5 mg.....Betoloc CR 4.50 30

Tab long-acting 95 mg.....Betoloc CR 7.40 30

Tab long-acting 190 mg.....Betoloc CR 12.50 30

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 September 2009 (continued)

#### ONDANSETRON HYDROCHLORIDE (↓ price)

Inj 2 mg per ml, 2 ml .....	<b>Zofran</b>	14.40	5	1%	Nov-09	Hospira Ondansetron Sandoz
Inj 2 mg per ml, 4 ml .....	<b>Zofran</b>	23.20	5	1%	Nov-09	Onsetron Hospira Ondansetron Sandoz Onsetron

Note – The Mayne brand of ondansetron inj 2 mg per ml, 2 ml and 4 ml to be delisted 1 November 2009.

#### PACLITAXEL

Inj 30 mg.....	<b>Paclitaxel Ebewe</b>	37.95	1	1%	Oct-08	Anzatax Taxol
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Note – Paclitaxel Ebewe inj 30 mg, 1 inj pack, to be delisted 1 November 2009. Please note that the 5 inj pack remains listed.

#### POVIDONE IODINE

Alcohol skin preparation 10% with 30 % alcohol (↑ price).....	Betadine Skin Prep	10.00	500 ml			
Antiseptic soln 10% (↓ price).....	Betadine	6.20	500 ml			
Oint 10 % (↑ price) .....	Betadine	3.27	25 g			

#### ZUCLOPENTHIXOL HYDROCHLORIDE

Tab 10 mg.....	Clopixol	31.45	100			
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### Effective 1 August 2009

#### ATENOLOL (↓ price)

Tab 50 mg.....	<b>Pacific Atenolol</b>	6.18	500	1%	Oct-09	Anselol Apo-Atenolol Atehexal Global Atenolol
Tab 100 mg .....	<b>Pacific Atenolol</b>	10.73	500	1%	Oct-09	Anselol Apo-Atenolol Atehexal Global Atenolol

#### CLOZAPINE (↓ price)

Oral liq 50 mg per ml.....	Clopine	17.33	100 ml			
Tab 25 mg.....	Clopine	6.69	50			
	Clopine	13.37	100			
Tab 50 mg.....	Clopine	8.67	50			
	Clopine	17.33	100			
Tab 100 mg.....	Clopine	17.33	50			
	Clopine	34.65	100			
Tab 200 mg.....	Clopine	34.65	50			
	Clopine	69.30	100			

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 August 2009 (continued)**

**DASATINIB**

Tab 20 mg.....	Sprycel	3,774.06	60			
Tab 50 mg.....	Sprycel	6,214.20	60			
Tab 70 mg.....	Sprycel	7,692.58	60			

**DESFLURANE**

Liq 240 ml bottle .....	<b>Suprane</b>	1,230.00	6	1%	Nov-09	(B)
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**ENOXAPARIN SODIUM**

Inj 20 mg .....	<b>Clexane</b>	39.20	10	1%	Aug-09	(B)
Inj 40 mg .....	<b>Clexane</b>	52.30	10	1%	Aug-09	(B)
Inj 60 mg .....	<b>Clexane</b>	78.85	10	1%	Aug-09	(B)
Inj 80 mg .....	<b>Clexane</b>	105.12	10	1%	Aug-09	(B)
Inj 100 mg .....	<b>Clexane</b>	135.20	10	1%	Aug-09	(B)
Inj 120 mg .....	<b>Clexane</b>	168.00	10	1%	Aug-09	(B)
Inj 150 mg .....	<b>Clexane</b>	192.00	10	1%	Aug-09	(B)

**ENTECAVIR**

Tab 0.5 mg.....	Baraclude	400.00	30			
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**EPIRUBICIN**

Inj 2 mg per ml, 5 ml (↑ price) .....	<b>Epirubicin</b> <b>Ebewe</b>	25.00	1	1%	Oct-09	Hospira Pharmorubicin
Inj 2 mg per ml, 25 ml (↓ price) .....	<b>Epirubicin</b> <b>Ebewe</b>	87.50	1	1%	Oct-09	Hospira Pharmorubicin
Inj 2 mg per ml, 50 ml (↓ price) .....	<b>Epirubicin</b> <b>Ebewe</b>	155.00	1	1%	Oct-09	Hospira Pharmorubicin
Inj 2 mg per ml, 100 ml (↓ price) .....	<b>Epirubicin</b> <b>Ebewe</b>	310.00	1	1%	Oct-09	Hospira Pharmorubicin

**FENTANYL CITRATE** (amended chemical name)

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

**GABAPENTIN**

	<b>Nupentin</b>			5%	Aug-09	Neurontin
Cap 100 mg (↓ price) .....	<b>Nupentin</b>	7.16	100			
Cap 300 mg (↓ price) .....	<b>Nupentin</b>	11.50	100			
Cap 400 mg (↓ price) .....	<b>Nupentin</b>	14.75	100			

Note – The DV limit of 5% applies to the gabapentin chemical rather than each individual line item.

Note – Neurontin cap 100 mg, 300 mg and 400 mg, and tab 600 mg delisted 1 August 2009.

**ISOFLURANE**

Liq 250 ml bottle .....	<b>Aerrane</b>	540.00	6	1%	Nov-09	Forthane Rhodia
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Note – Forthane liq 250 ml bottle to be delisted 1 November 2009

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 August 2009 (continued)

<b>LEUPRORELIN</b>						
Inj 3.75 mg prefilled syringe.....	Lucrin Depot PDS	221.60	1			
Inj 11.25 mg prefilled syringe.....	Lucrin Depot PDS	591.68	1			
Inj 30 mg prefilled syringe.....	Lucrin Depot PDS	1,109.40	1			
<b>NEVIRAPINE</b>						
Oral suspension 10 mg per ml .....	<b>Viramune Suspension</b>	134.55	240 ml	1%	Oct-09	(B)
Tab 200 mg.....	<b>Viramune</b>	319.80	60	1%	Oct-09	(B)
<b>OIL IN WATER EMULSION</b>						
Crm.....	healthE Fatty Cream	2.80	500 g			
<b>PARAFFIN</b>						
Yellow soft .....	<b>API</b>	1.04	10 g	1%	Oct-09	Dal Orion
<b>SAQUINAVIR</b>						
Tab 500 mg.....	Invirase	556.59	120			
Note – Invirase to be delisted 1 February 2010						
<b>SEVOFLURANE</b>						
Liq 250 ml bottle .....	<b>Baxter</b>	1,230.00	6	1%	Nov-09	Sevorane
Note – Abbott Sevorane to be delisted 1 November 2009.						
<b>SODIUM HYALURONATE</b>						
Ophthalmic inj 4 mg per ml.....	<b>Healon GV</b>	50.00	1	1%	Oct-09	(B)
Ophthalmic soln 10 mg per ml.....	<b>Healon Clear</b>	35.00	0.85 ml	1%	Oct-09	Provisc
<b>TAMOXIFEN CITRATE</b>						
Tab 20 mg.....	Tamoxifen Sandoz	6.66	60			

### Section H changes to Part IV

#### Effective 1 August 2009

##### PEGFILGRASTIM

Inj 6 mg per 0.6 ml prefilled syringe

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

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## Pharmaceutical Management Agency

Level 9, Cigna House, 40 Mercer Street, PO Box 10-254, Wellington 6143, New Zealand

Phone: 64 4 460 4990 - Fax: 64 4 460 4995 - [www.pharmac.govt.nz](http://www.pharmac.govt.nz)

Freephone Information line (9am-5pm weekdays) 0800 66 00 50



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.