

Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 November 2009

Cumulative for September, October and November 2009

Section H cumulative for August, September, October
and November 2009



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Summary of PHARMAC decisions

EFFECTIVE 1 NOVEMBER 2009

New listings (pages 14 to 17)

- Metformin hydrochloride (Apotex) tab immediate-release 500 mg and 850 mg
- Mometasone furoate (m-Mometasone) crm 0.1% and oint 0.1%, 15 g OP and 45 g OP
- Cyproterone acetate with ethinyloestradiol (Ginet 84) tab 2 mg with ethinyloestradiol 35 µg and 7 inert tabs
- Amoxicillin clavulanate (Curam) grans for oral liq amoxicillin 125 mg with potassium clavulanate 31.25 mg per 5 ml and grans for oral liq amoxicillin 250 mg with potassium clavulanate 62.5 mg per 5 ml – available on a PSO
- Etidronate disodium (Arrow-Etidronate) tab 200 mg
- Mirtazapine (Avanza) tab 30 mg and 45 mg – Special Authority – Retail pharmacy
- Oxaliplatin (Oxaliplatin Ebewe) inj 50 mg and 100 mg – PCT only – Specialist - Special Authority
- Dextrochlorpheniramine maleate (Polaramine) tab 2 mg
- Phenobarbitone sodium (Midwest) powder, 10 g – Only in combination and only for use in children up to 12 years

Changes to restrictions (pages 18 to 26)

- Metformin hydrochloride (Apotex, Arrow-Metformin) tab immediate-release 500 mg and 850 mg – description amendment
- Multivitamins (Ketovite, Paediatric Seravit and Ketovite Liquid) tab, powder and oral liquid – Special Authority criteria amendment
- Influenza vaccine (Fluvax, Fluarix and Vaxigrip) inj – availability period end date amendment
- Anastrozole (DP-Anastrozole) tab 1 mg – amendment to chemical description
- Aminoacid formula with minerals without phenylalanine (Metabolic Mineral Mixture) – Special Authority criteria amendment

Decreased subsidy (page 27)

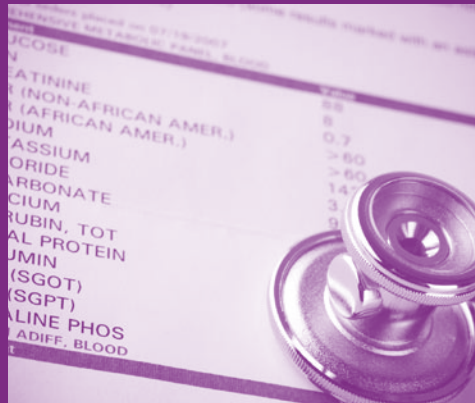
- Mesalazine (Pentasa) tab long-acting 500 mg
- Lansoprazole (Sodox) cap 15 mg and 30 mg
- Isotretinoin (Isotane 10 and 20) cap 10 mg and 20 mg

Increased subsidy (page 27)

- Lithium carbonate (Douglas) cap 250 mg
- Idarubicin hydrochloride (Zavedos) cap 5 mg

Mirtazapine – new listing

The antidepressant mirtazapine (Avanza) will be subsidised from 1 November 2009. Mirtazapine tablets will be subsidised subject to Special Authority criteria. See page 14 for further information.



Phenobarbitone sodium powder – new pack size subsidised

From 1 November 2009 a 10 g pack size of phenobarbitone sodium powder will be subsidised. Subsidy is only available when phenobarbitone sodium powder is used in combination with another subsidised medicine and only for use in children up to 12 years of age.

Phenobarbitone sodium powder 100 g pack size will remain available and subsidised.

It is important that pharmacies claim under the pharmacode for the pack size they purchased. Random audits will be conducted on purchases against claims.



Pharmaceutical Subsidy Eligibility and Delivery Review

PHARMAC is reviewing the ways in which people receive subsidised pharmaceuticals in New Zealand, and has released a discussion document as part of the review process. We are seeking feedback on a number of issues highlighted in the document, such as which health professionals should be able

to generate a subsidy for pharmaceuticals, and whether the delivery mechanisms and dispensing restrictions that are used could be improved.

The discussion document is available on our website www.pharmac.govt.nz, and feedback is due late December.

Blood glucose test meters, strips and lancets (On Call Advanced) – Delay in previously notified listing

The earlier notified listing for On Call Advanced has been delayed by at least one month. We will notify you once the listing date has been confirmed.

Supply of clomipramine tablets

Mylan New Zealand Limited has notified of its intention to discontinue its brand of clomipramine (Clopress) tablets 10 mg and 25 mg later this year. It expects to run out of Clopress 10 mg tablets in November 2009

and Clopress 25 mg tablets in December 2009. PHARMAC is working with suppliers to maintain a supply of clomipramine tablets and will be listing an alternative brand in the coming months.



Tender News

Sole Subsidised Supply changes – effective 1 December 2009

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Fluorometholone	Eye drops 0.1%; 5 ml OP	FML (Allergan)
Pioglitazone	Tab 15 mg; 28 tab	Pizaccord (Douglas)
Pioglitazone	Tab 30 mg; 28 tab	Pizaccord (Douglas)
Pioglitazone	Tab 45 mg; 28 tab	Pizaccord (Douglas)

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 December 2009

- Quetiapine (Quetapel) tab 25 mg, 100 mg, 200 mg and 300 mg – price and subsidy decrease
- Risperidone (Dr Reddy's Risperidone) tab 1 mg, 2 mg, 3 mg and 4 mg – new listing
- Tenofovir disoproxil fumarate (Viread) tab 300 mg – subsidy by endorsement for patients with HIV/AIDS – Special Authority for patients with drug-resistant chronic hepatitis B

Sole Subsidised Supply Products – cumulative to November 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	
Atenolol	Tab 50 mg & 100 mg	Pacific Atenolol	2012
Atropine sulphate	Eye drops 1%	Atropt	2011
Azithromycin	Tab 500 mg	Arrow-Azithromycin	2012
Benzyloxyphenylpenicillin 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	
Chloramphenicol	Eye oint 1%	Chlorsig	2012

*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 November 2009

Generic Name	Presentation	Brand Name	Expiry Date*
Chlorhexidine gluconate	Soln 4%	Orion	2011
Ciclopiroxolamine	Nail soln 8%	Batrafen	2012
Ciprofloxacin	Tab 250 mg, 500 mg & 750 mg	Rex Medical	2011
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
Cyclizine hydrochloride	Tab 50 mg	Nausicalm	2012
Cyclophosphamide	Tab 50 mg	Cycloblastin	2010
Cyproterone acetate	Tab 50 mg & 100 mg	Siterone	2012
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
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

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Sole Subsidised Supply Products – cumulative to November 2009

Generic Name	Presentation	Brand Name	Expiry Date*
Erythromycin ethyl succinate	Tab 400 mg	E-Mycin	2012
	Grans for oral liq 200 mg per 5 ml	E-Mycin	2011
	Grans for oral liq 400 mg per 5 ml	E-Mycin	
Ethinylloestradiol	Tab 10 µg	NZ Medical and Scientific	2012
Ethinylloestradiol with norethisterone	Tab 35 µg with norethisterone 500 µg	Brevinor 21	2010
	Tab 35 µg with norethisterone 1 mg	Brevinor 1/21	
	Tab 35 µg with norethisterone 1 mg and 7 inert tab	Brevinor 1/28	
Felodipine	Tab long-acting 5 mg	Felo 5 ER	2012
	Tab long-acting 10 mg	Felo 10 ER	
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	Fludara	2011
	Tab 10 mg	Fludara Oral	
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	Fluox	2010
	Tab disp 20 mg, scored	Fluox	
Furosemide	Tab 40 mg	Diurin 40	2012
Fusidic acid	Crn 2%	Foban	2010
	Oint 2%	Foban	
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	Serenace	2010
	Tab 500 µg, 1.5 mg & 5 mg	Serenace	
Hydrocortisone	Powder Crn 1%	ABM 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

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Sole Subsidised Supply Products – cumulative to November 2009

Generic Name	Presentation	Brand Name	Expiry Date*
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 Oral liq 100 mg per 5 ml	Ethics Ibuprofen Fenpaed	2012 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
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
Lisinopril	Tab 5 mg, 10 mg & 20 mg	Arrow-Lisinopril	2012
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
Mesalazine	Enema 1 g per 100 ml	Pentasa	2012
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	Tab 2.5 mg & 10 mg Inj 100 mg per ml, 10 ml Inj 100 mg per ml, 50 ml	Methoblastin Methotrexate Ebewe Methotrexate Ebewe	2012 2011

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Sole Subsidised Supply Products – cumulative to November 2009

Generic Name	Presentation	Brand Name	Expiry Date*
Methyl dopa	Tab 125 mg, 250 mg, 500 mg	Prodopa	2011
Methylprednisolone	Tab 4 mg & 100 mg	Medrol	2012
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	Sonafiam	2010
Neostigmine	Inj 2.5 mg per ml, 1 ml	AstraZeneca	2010
Nevirapine	Oral suspension 10 mg per ml Tab 200 mg	Viramune Suspension Viramune	2012
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 350 µg Tab 5 mg	Noriday 28 Primolut N	2012 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

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Sole Subsidised Supply Products – cumulative to November 2009

Generic Name	Presentation	Brand Name	Expiry Date*
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
Prednisone sodium phosphate	Oral liq 5 mg per ml	Redipred	2012
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
Ropinirole hydrochloride	Tab 0.25 mg, 1 mg, 2 mg and 5 mg	Ropin	2010
Roxithromycin	Tab 150 mg & 300 mg	Arrow- Roxithromycin	2012
Salbutamol	Nebuliser soln, 1 mg per ml, 2.5 ml Nebuliser soln, 2 mg per ml, 2.5 ml Oral liq 2 mg per 5 ml	Asthalin Asthalin Salapin	2012 2010
Salbutamol with ipratropium bromide	Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml	Duolin	2012
Selegiline hydrochloride	Tab 5 mg	Apo-Selegiline	2012
Simvastatin	Tab 10 mg Tab 20 mg Tab 40 mg Tab 80 mg	Arrow-Simva 10 mg Arrow-Simva 20 mg Arrow-Simva 40 mg Arrow-Simva 80 mg	2011

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Sole Subsidised Supply Products – cumulative to November 2009

Generic Name	Presentation	Brand Name	Expiry Date*
Sodium citro-tartrate	Grans eff 4 g sachets	Ural	2010
Sotalol	Tab 80 mg & 160 mg	Mylan	2012
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
Terazosin hydrochloride	Tab 2 mg & 5 mg	Apo-Terazosin	2010
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	Tab 10 mg Eye drops 0.25% & 0.5%	Apo-Timol Apo-Timop	2012 2011
Triamcinolone acetonide	Crm 0.02%	Aristocort	2011
	Oint 0.02%	Aristocort	
	Inj 40 mg per ml, 1 ml 0.1% in Dental Paste USP	Kenacort-A40 Oracort	2011
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

November changes in bold

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Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings

Effective 1 November 2009

30	METFORMIN HYDROCHLORIDE * Tab immediate-release 500 mg 8.09 * Tab immediate-release 850 mg 6.67	500 250	✓ Apotex ✓ Apotex
62	MOMETASONE FUROATE Crm 0.1% 2.38 4.55 Oint 0.1% 2.38 4.55	15 g OP 45 g OP 15 g OP 45 g OP	✓ m-Mometasone ✓ m-Mometasone ✓ m-Mometasone ✓ m-Mometasone
72	CYPROTERONE ACETATE WITH ETHINYLLOESTRADIOL * Tab 2 mg with ethinylloestradiol 35 µg and 7 inert tabs 4.91	84	✓ Ginet 84
85	AMOXYCILLIN CLAVULANATE Grans for oral liq amoxicillin 125 mg with potassium clavulanate 31.25 mg per 5 ml – Up to 200 ml available on a PSO..... 2.20 Grans for oral liq amoxicillin 250 mg with potassium clavulanate 62.5 mg per 5 ml – Up to 200 ml available on a PSO..... 3.85	100 ml 100 ml	✓ Curam ✓ Curam
107	ETIDRONATE DISODIUM * Tab 200 mg 23.95 Prescribing Guidelines Etidronate for osteoporosis should be prescribed for 14 days (400 mg in the morning) and repeated every three months. It should not be taken at the same time of the day as any calcium supplementation (minimum dose – 500 mg per day of elemental calcium). Etidronate should be taken at least 2 hours before or after any food or fluid, except water.	100	✓ Arrow-Etidronate
112	MIRTAZAPINE – Special Authority see SA0994– Retail pharmacy Tab 30 mg 22.00 Tab 45 mg 35.00	30 30	✓ Avanza ✓ Avanza
<p>▶ SA0994]Special Authority for Subsidy Initial application from any relevant practitioner. Approvals valid for 2 years for applications meeting the following criteria: Both: 1 The patient has a severe major depressive episode; and 2 Either: 2.1 The patient must have had a trial of two different antidepressants and was unable to tolerate the treatments or failed to respond to an adequate dose over an adequate period of time (usually at least four weeks); or 2.2 Both: 2.2.1 The patient is currently a hospital in-patient as a result of an acute depressive episode; and 2.2.2 The patient must have had a trial of one other antidepressant and either could not tolerate it or failed to respond to an adequate dose over an adequate period of time. Renewal from any relevant practitioner. Approvals valid for 2 years where the patient has a high risk of relapse (prescriber determined).</p>			
134	OXALIPLATIN – PCT only – Specialist – Special Authority see SA0900 Inj 50 mg 65.00 Inj 100 mg 130.00	1 1	✓ Oxaliplatin Ebewe ✓ Oxaliplatin Ebewe

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 November 2009 (continued)

151	DEXTROCHLORPHENIRAMINE MALEATE * Tab 2 mg	1.01 (4.93) 2.02 (7.99)	20 40	 Polaramine Polaramine
167	PHENOBARBITONE SODIUM Powder – Only in combination a) Only in children up to 12 years b) ‡ Safety cap for extemporaneously compounded oral liquid preparations.	52.50	10 g	✓ MidWest

Effective 13 October 2009

112	MOCLOBEMIDE Note: There is a significant cost differential between moclobemide and fluoxetine (moclobemide being about three times more expensive). For depressive syndromes it is therefore more cost-effective to start treatment with fluoxetine first before considering prescribing moclobemide.			
	Tab 150 mg	8.31	60	✓ GenRx Moclobemide
	Tab 300 mg	18.80	60	✓ GenRx Moclobemide

Effective 1 October 2009

27	CLARITHROMYCIN Tab 500 mg – Subsidy by endorsement a) Maximum of 14 tablets per prescription b) Subsidised only if prescribed for helicobacter pylori eradication and prescription is endorsed accordingly. Note: the prescription is considered endorsed if clarithromycin is prescribed in conjunction with a proton pump inhibitor and either amoxicillin or metronidazole.	23.30	14	✓ Klamycin
31	BLOOD GLUCOSE DIAGNOSTIC TEST METER – Subsidy by endorsement a) Maximum of 1 meter per prescription b) 1) 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. 2) Only one meter per patient. No further prescriptions will be subsidised. The prescription must be endorsed accordingly.	6.00 9.00	1	✓ CareSens POP ✓ CareSens II
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 x 50 and lancets x 5	19.60	1 OP	✓ CareSens
42	HEPARIN SODIUM Inj 1,000 iu per ml, 5 ml Inj 5,000 iu per ml, 5 ml	11.44 46.30 118.50	10 50 50	✓ Pfizer ✓ Pfizer ✓ Pfizer

▲ 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 October 2009 (continued)

42	HEPARINISED SALINE * Inj 10 iu per ml, 5 ml	32.50	50	✓ Pfizer
93	RALTEGRAVIR POTASSIUM – Special Authority see SA0779 – Hospital pharmacy [HP1] Tab 400 mg	1,350.00	60	✓ Isentress
99	DICLOFENAC SODIUM * Tab EC 25 mg	1.63	50	✓ Diclohexal
	* Tab EC 50 mg	2.13	50	✓ Diclohexal
	* Tab long-acting 75 mg	3.10	30	✓ Diclax SR
		19.60	100	✓ Voltaren SR
106	ALENDRONATE SODIUM WITH CHOLECALCIFEROL – Special Authority see SA0990 – Retail pharmacy Tab 70 mg with cholecalciferol 5600 iu	35.91	4	✓ Fosamax Plus
117	APREPITANT – Special Authority see SA0987 – Retail pharmacy Cap 2 x 80 mg and 1 x 125 mg	116.00	3 OP	✓ Emend Tri-Pack
	▶ SA0987 Special Authority for Subsidy Initial application from any relevant practitioner. Approvals valid for 12 months where the patient is undergoing highly emetogenic chemotherapy and/or anthracycline-based chemotherapy for the treatment of malignancy. Renewal from any relevant practitioner. Approvals valid for 12 months where the patient is undergoing highly emetogenic chemotherapy and/or anthracycline-based chemotherapy for the treatment of malignancy.			
123	RISPERIDONE Oral liq 1 mg per ml	18.35	30 ml	✓ Risperon
159	LATANOPROST – Retail pharmacy-Specialist See prescribing guideline ▲ Eye drops 50 µg per ml, 2.5ml	9.75	2.5 ml OP	✓ Hysite
186	AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA0733 – Hospital pharmacy [HP3] See prescribing guideline Infant formula.....	174.72	400 g OP	✓ PKU Anamix Infant
	Liquid (berry)	15.65	62.5 ml OP	✓ PKU Lophlex LQ
		31.20	125 ml OP	✓ PKU Lophlex LQ
	Liquid (citrus).....	15.65	62.5 ml OP	✓ PKU Lophlex LQ
		31.20	125 ml OP	✓ PKU Lophlex LQ
	Liquid (orange).....	15.65	62.5 ml OP	✓ PKU Lophlex LQ
		31.20	125 ml OP	✓ PKU Lophlex LQ
187	ELEMENTAL FORMULA – Special Authority see SA0603 – Hospital pharmacy [HP3] Powder	11.72	450 g OP	
		(15.21)		Pepti Junior Gold

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 November 2009

30	METFORMIN HYDROCHLORIDE				
	* Tab immediate-release 500 mg	8.09	500	✓ Apotex	
		9.75		✓ Arrow-Metformin	
	* Tab immediate-release 850 mg	6.67	250	✓ Apotex	
		8.00		✓ Arrow-Metformin	
37	MULTIVITAMINS – Special Authority see SA0963 – 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 from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Either:

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

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

Renewal application from any relevant practitioner. Approvals valid without further renewal unless notified for applications where the patient has had a previous approval for multivitamins.

98	INFLUENZA VACCINE – Hospital pharmacy [Xpharm]				
	1) Subsidy is available between 1 March and 30 June 30 September of 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;				
	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.

continued...

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

continued...

	2) Doctors are the only Contractors entitled to claim payment from the Funder for the supply of influenza vaccine to patients eligible under (1) above for subsidised immunisation and they may only do so in respect of the influenza vaccine listed in the Pharmaceutical Schedule.			
	3) 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.			
	43) 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	✓ Fluarix ✓ Vaxigrip
143	ANASTROZOLE-DP Tab 1 mg	29.50	30	✓ DP-Anastrozole
186	AMINOACID FORMULA WITH MINERALS WITHOUT PHENYLALANINE – Special Authority see SA0962 – Retail pharmacy See prescribing guideline Powder	58.44	250 g OP	✓ Metabolic Mineral Mixture

▶ SA0962 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 the ketogenic diet in patients diagnosed with epilepsy; or
- 3 Patient has had a previous approval for metabolic mineral mixture.**

Effective 1 October 2009

40	PHYTOMENADIONE Inj 2 mg per 0.2 ml – Up to 5 inj available on a PSO	8.00	5	✓ Konaktion MM
	May be administered orally			
	Inj 10 mg per ml, 1 ml – Up to 5 inj available on a PSO	9.21	5	✓ Konaktion MM
	May be administered orally			
84	CLARITHROMYCIN – Maximum of 500 mg per prescription; can be waived by Special Authority see SA0988 0657 Tab 250 mg	7.75	14	✓ Klamycin
	Grans for oral liquid 125 mg per 5 ml	23.12	70 ml	✓ Klacid

▶ SA0988 0657 Special Authority for Waiver of Rule

Initial application — (Helicobacter pylori infections) only from a general practitioner or relevant specialist.

Approvals valid for 6 months for applications meeting the following criteria:

Both:

- 1 Eradication of Helicobacter pylori in patient with proven infection; and
- 2 Peptic ulcer disease proven by endoscopy.

Note: Maximum of two prescriptions (two courses) per patient.

Initial application — (Mycobacterial infections) only from a respiratory specialist, infectious disease specialist or paediatrician.

Approvals valid for 2 years for applications meeting the following criteria:

Any of the following:

continued...

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

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

Changes to Restrictions - effective 1 October 2009 (continued)

continued...

- 1 Mycobacterium Avium Intracellulare Complex infections in patient with AIDS; or
- 2 Atypical and drug-resistant mycobacterial infection; or
- 3 All of the following:
 - 3.1 Prophylaxis against disseminated Mycobacterium Avium Intracellulare Complex infection; and
 - 3.2 HIV infection; and
 - 3.3 CD4 count ≤ 50 cells/mm³.

Renewal — (Mycobacterial infections) only from a respiratory specialist, infectious disease specialist or paediatrician. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.

105 ALENDRONATE FOR OSTEOPOROSIS

▶ **SA0990** ~~0948~~ Special Authority for Subsidy

Initial application — (Underlying cause – Osteoporosis) from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Any of the following:

- 1 History of one significant osteoporotic fracture demonstrated radiologically and documented bone mass density (BMD) ≥ 2.5 standard deviations below the mean normal value in young adults (i.e. T-Score ≤ -2.5); or
- 2 History of one significant osteoporotic fracture demonstrated radiologically, and either the patient is elderly, or densitometry scanning cannot be performed because of major logistical, technical or pathophysiological reasons. It is unlikely that this provision would apply to many patients under 75 years of age; or
- 3 History of two significant osteoporotic fractures demonstrated radiologically; or
- 4 Documented T-Score ≤ -3.0 ; or
- 5 **A 10-year risk of hip fracture $\geq 3\%$, calculated using a published risk assessment algorithm (e.g. FRAX or Dubbo) which incorporates BMD measurements.**

Initial application — (Underlying cause – glucocorticosteroid therapy) from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria:

Both:

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

Renewal — (Underlying cause was, and remains, glucocorticosteroid therapy) from any relevant practitioner. Approvals valid for 1 year where the patient is continuing systemic glucocorticosteroid therapy (≥ 5 mg per day prednisone equivalents).

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

Any of the following:

- 1 History of one significant osteoporotic fracture demonstrated radiologically and documented bone mass density (BMD) ≥ 2.5 standard deviations below the mean normal value in young adults (i.e. T-Score ≤ -2.5); or
- 2 History of one significant osteoporotic fracture demonstrated radiologically, and either the patient is elderly, or densitometry scanning cannot be performed because of major logistical, technical or pathophysiological reasons. It is unlikely that this provision would apply to many patients under 75 years of age; or
- 3 History of two significant osteoporotic fractures demonstrated radiologically; or
- 4 Documented T-Score ≤ -3.0 ; or
- 5 **A 10-year risk of hip fracture $\geq 3\%$, calculated using a published risk assessment algorithm (e.g. FRAX or Dubbo) which incorporates BMD measurements.**

continued...

Changes to Restrictions - effective 1 October 2009 (continued)

continued...

Notes:

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

119 LEVODOPA WITH CARBIDOPA

* Tab long-acting 200 mg with carbidopa 50 mg —Retail

pharmacy-Specialist.....47.50 100 ✓ **Sinemet CR**

156 MASK FOR 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.~~

~~12) Only available for children aged six years and under.~~

~~23) 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.~~

~~34) 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~~

Size 2.....3.28 1 ✓ **Foremount Child's Silicone Mask**

156 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.~~

~~12) 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.~~

~~Space Chamber distributed by Airflow Products. Forward orders to:~~

~~Airflow Products - PO Box 1485, Wellington~~

~~Telephone: 04 499 1240 or 0800 AIR FLOW, Facsimile: 04 499 1245 or 0800 323 270~~

~~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**

▲ 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>KETONE BLOOD BETA-KETONE ELECTRODES – Subsidy by endorsement 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. The prescription must be endorsed accordingly.</p> <p>Test strip – Not on a BSO</p>	8.50	10 strip OP	✓ Optium Blood Ketone Test Strips
52	<p>METOPROLOL SUCCINATE 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	✓ Betaloc CR
		4.50	30	✓ Betaloc CR
		7.40	30	✓ Betaloc CR
		12.50	30	✓ Betaloc CR
57	<p>NICOTINE – Only on a Quitcard a) Maximum of 28 patch per dispensing b) Maximum of 56 patch per prescription c) For the avoidance of doubt Nicotine will not be funded Close Control in amounts less than 4 weeks.</p> <p>Patch 7 mg</p> <p>Patch 14 mg</p> <p>Patch 21 mg</p>	10.53	7 OP	✓ Habitrol
		11.63	7 OP	✓ Habitrol
		12.32	7 OP	✓ Habitrol
57	<p>NICOTINE – Only on a Quitcard a) Maximum of 216 loz per dispensing b) Maximum of 432 loz per prescription c) For the avoidance of doubt Nicotine will not be funded Close Control in amounts less than 4 weeks.</p> <p>Lozenge 1 mg</p> <p>Lozenge 2 mg</p>	11.08	36 OP	✓ Habitrol
		11.08	36 OP	✓ Habitrol
57	<p>NICOTINE – Only on a Quitcard a) Maximum of 384 piece per dispensing b) Maximum of 768 piece per prescription c) For the avoidance of doubt Nicotine will not be funded Close Control in amounts less than 4 weeks.</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	✓ Habitrol
		23.41		✓ Nicotinell
		14.97	96 OP	✓ Habitrol
		23.41		✓ Nicotinell
		20.02	96 OP	✓ Habitrol
		23.41		✓ Nicotinell
		20.02	96 OP	✓ Habitrol
		23.41		✓ Nicotinell

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

22

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
	<p>➔ SA0839 Special Authority for Subsidy</p> <p>Initial application — (Breast cancer) from any medical practitioner. Approvals valid for 1 year where the patient is a premenopausal woman with breast cancer.</p> <p>Initial application — (Prostate cancer) only from an oncologist, urologist or endocrinologist. Approvals valid for 1 year for applications meeting the following criteria:</p> <p>Either:</p> <p>1—Advanced prostatic cancer; or</p> <p>2—Neoadjuvant or adjuvant treatment of locally advanced prostatic cancer.</p> <p>Note: Not to be prescribed with an anti-androgen except for a period of three weeks, if necessary, when GnRH analogue therapy is initiated.</p> <p>Initial application — (Endometriosis) only from a gynaecologist. Approvals valid for 3 months for applications meeting the following criteria:</p> <p>Both:</p> <p>1—Endometriosis; and</p> <p>2—Either:</p> <p>2.1 6 months treatment with medroxyprogesterone acetate, danazol or dimetrisone has proven ineffective; or</p> <p>2.2 The patient has failed to tolerate the treatment with medroxyprogesterone acetate, danazol or dimetrisone for 6 months.</p> <p>Note: The maximum treatment period for a GnRH analogue is:</p> <ul style="list-style-type: none"> • 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. <p>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.</p> <p>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.</p> <p>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.</p> <p>Renewal — (Endometriosis) from any medical practitioner. Approvals valid for 3 months for applications meeting the following criteria:</p> <p>Either:</p> <p>1—Both:</p> <p>1.1 There has been a satisfactory response to the first 3 months treatment; and</p> <p>1.2 Surgery is inappropriate; or</p> <p>2—The first three months of therapy did not follow surgery for infertility.</p> <p>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.</p> <p>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.</p> <p>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.</p>			
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; can be waived by Special Authority see SA0964.			
	Tab 500 mg	5.95	2 OP	✓ Arrow-Azithromycin

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

89	<p>ENTECAVIR – Special Authority see SA0977 – Retail pharmacy</p> <p>Tab 0.5 mg 400.00 30 ✓ Baraclude</p> <p>▶ SA0977 Special Authority for Subsidy</p> <p>Initial application only from a gastroenterologist or infectious disease specialist. Approvals valid without further renewal unless notified for applications meeting the following criteria:</p> <p>All of the following:</p> <p>1 Patient has confirmed Hepatitis B infection (HBsAg positive for more than 6 months); and</p> <p>2 Patient is Hepatitis B nucleoside analogue treatment-naïve; and</p> <p>3 Entecavir dose 0.5 mg/day; and</p> <p>4 Either:</p> <p>4.1 ALT greater than upper limit of normal; or</p> <p>4.2 Bridging fibrosis or cirrhosis (Metavir stage 3 or greater) on liver histology; and</p> <p>5 Either:</p> <p>5.1 HBeAg positive; or</p> <p>5.2 patient has ≥ 2,000 IU HBV DNA units per ml and fibrosis (Metavir stage 2 or greater) on liver histology; and</p> <p>6 No continuing alcohol abuse or intravenous drug use; and</p> <p>7 Not co-infected with HCV, HIV or HDV; and</p> <p>8 Neither ALT nor AST greater than 10 times upper limit of normal; and</p> <p>9 No history of hypersensitivity to entecavir; and</p> <p>10 No previous documented lamivudine resistance (either clinical or genotypic).</p> <p>Notes:</p> <ul style="list-style-type: none"> 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	<p>TRANLYCYPROMINE SULPHATE</p> <p>Tab 10 mg 22.94 50 ✓ Parnate S29 S29</p> <p>Note – removal of Section 29 annotation</p>
143	<p>ANASTROZOLE-DP – Subsidy by endorsement</p> <p>Subsidised only for patients with hormone receptor positive advanced breast cancer and the prescription is endorsed accordingly.</p> <p>Tab 1 mg 29.50 30 ✓ DP-Anastrozole</p>
147	<p>CYCLOSPORIN A – Special Authority see SA0470 – Hospital pharmacy [HP3]</p> <p>Cap 25 mg 85.00 50 ✓ Neoral</p> <p>Cap 50 mg 169.34 50 ✓ Neoral</p> <p>Cap 100 mg 338.69 50 ✓ Neoral</p> <p>Oral liq 100 mg per ml 377.38 50 ml OP ✓ Neoral</p> <p>▶ SA0470 Special Authority for Subsidy</p> <p>Initial application – (Organ transplant) only from a relevant specialist. Approvals valid without further renewal unless notified where the patient is an organ transplant recipient.</p> <p>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:</p> <p>Either:</p> <p>1 – Bone marrow transplant; or</p> <p>2 – Graft v host disease.</p> <p>Initial application – (Psoriasis) only from a dermatologist. Approvals valid for 2 years for applications meeting the following criteria:</p>

continued...

Changes to Restrictions - effective 1 September 2009 (continued)

continued...

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;
- 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;
- premalignant conditions such as leukoplakia, monoclonal paraproteinaemia, myelodysplastic syndrome and dysplastic naevi;
- active infection may necessitate temporary discontinuation;
- pregnancy and lactation.

continued...

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ **fully subsidised**

Changes to Restrictions - effective 1 September 2009 (continued)

continued...

~~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

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Generic Mnfr
✓ fully subsidised

Changes to Subsidy and Manufacturer's Price

Effective 1 November 2009

26	MESALAZINE (↓ subsidy) Tab long-acting 500 mg	59.05	100	✓ Pentasa
27	LANSOPRAZOLE (↓ subsidy) * Cap 15 mg	3.50	28	✓ Solox
	* Cap 30 mg	4.65	28	✓ Solox
58	ISOTRETINOIN – Special Authority see SA0955 – Retail pharmacy (↓ subsidy) Cap 10 mg	26.93	100	✓ Isotane 10
	Cap 20 mg	38.72	100	✓ Isotane 20
63	ZINC (↑ price) Crm BP	6.55 (12.00)	500 g	PSM
67	SUNSCREENS, PROPRIETARY – Subsidy by endorsement (↓ price) Only if prescribed for a patient with severe photosensitivity secondary to a defined clinical condition and the prescription is endorsed accordingly. Crm	1.28 (5.50)	50 g OP	Aquasun Oil Free Faces SPF30+
	Lotn	3.19 (6.94)	125 ml OP	Aquasun 30+
122	LITHIUM CARBONATE (↑ subsidy) Cap 250 mg	7.73	100	✓ Douglas
126	OXAZEPAM – Month Restriction (↑ price) Tab 10 mg	1.98 (5.89)	100	Ox-Pam
	‡ Safety cap for extemporaneously compounded oral liquid preparations. Tab 15 mg	2.45 (8.13)	100	Ox-Pam
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
128	NITRAZEPAM – Month Restriction (↑ price) Tab 5 mg	2.00 (4.98)	100	Nitrados
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
139	IDARUBICIN HYDROCHLORIDE - PCT only - Specialist (↑ subsidy) Cap 5 mg	115.00	1	✓ Zavedos
167	CODEINE PHOSPHATE (↑ price) Powder – Only in combination	63.09 (90.09)	25 g	Douglas
	a) Only in extemporaneously compounded codeine linctus diabetic or codeine linctus paediatric. b) ‡ Safety cap for extemporaneously compounded oral liquid preparations.			

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Schedule page ref

Subsidy
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Changes to Subsidy and Manufacturer's Price – effective 1 October 2009

26	HYDROCORTISONE ACETATE († subsidy) Rectal foam 10 %, CFC-Free (14 applications)	23.00	21.1 g OP	✓ Colifoam
27	ATROPINE SULPHATE († subsidy) * Inj 600 µg, 1 ml – Up to 5 inj available on a PSO.....	52.00	50	✓ AstraZeneca
30	PIOGLITAZONE – Special Authority see SA0959 – Retail pharmacy (↓ subsidy) Tab 15 mg	2.61 (45.78)	28	Actos
	Tab 30 mg	5.23 (70.43)	28	Actos
	Tab 45 mg	7.80 (89.39)	28	Actos
32	BLOOD GLUCOSE DIAGNOSTIC TEST STRIP (↓ subsidy) 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	21.65	50 test OP	✓ Accu-Chek Performa
36	VITAMIN A WITH VITAMINS D AND C († subsidy and ↓ price) Soln 1000 u with Vitamin D 400 u and ascorbic acid 30 mg per 10 drops	4.50	10 ml OP	✓ Vitadol C
42	HEPARIN SODIUM († subsidy) Inj 5,000 iu per ml, 1 ml	14.20	5	✓ Mayne
44	POTASSIUM CHLORIDE († subsidy) * Tab long-acting 600 mg	7.00	200	✓ Span-K
54	CLONIDINE († subsidy) * TDDS 2.5 mg, 100 µg per day – Only on a prescription..... * TDDS 5 mg, 200 µg per day – Only on a prescription..... * TDDS 7.5 mg, 300 µg per day – Only on a prescription.....	23.30 32.80 41.20	4 4 4	✓ Catapres-TTS-1 ✓ Catapres-TTS-2 ✓ Catapres-TTS-3
54	CLONIDINE HYDROCHLORIDE († subsidy) * Tab 150 µg	33.00	100	✓ Catapres
	* Inj 150 µg per ml, 1 ml	15.45	5	✓ Catapres
60	CALAMINE (↓ subsidy) a) Only on a prescription b) Not in combination Crm, aqueous, BP	2.78 (3.02)	100 g	ABM
	Lotn, BP	16.70 (19.44)	2,000 ml	ABM

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 October 2009 (continued)

61	CLOBETASOL PROPIONATE (↑ subsidy) * Crm 0.05% 3.48 * Oint 0.05% 3.48	3.48 3.48	30 g OP 30 g OP	✓ Dermal ✓ Dermal
64	WOOL FAT WITH MINERAL OIL – Only on a prescription (↑ price) * Lotn hydrous 3% with mineral oil 5.60 (20.53)	5.60	1,000 ml	Alpha-Keri Lotion
66	BETAMETHASONE VALERATE (↑ subsidy) * Scalp app 0.1% 7.22	7.22	100 ml OP	✓ Beta Scalp
66	CLOBETASOL PROPIONATE (↑ subsidy) * Scalp app 0.05% 6.36	6.36	30 ml OP	✓ Dermal
73	OXYTOCIN – Up to 5 inj available on a PSO (↑ subsidy) Inj 5 iu per ml, 1 ml 5.94 Inj 10 iu per ml, 1 ml 7.48 Inj 5 iu with ergometrine maleate 500 µg per ml, 1 ml 10.12	5.94 7.48 10.12	5 5 5	✓ Syntocinon ✓ Syntocinon ✓ Syntometrine
75	HYDROCORTISONE (↑ subsidy) * Tab 5 mg 8.35 * Tab 20 mg 20.95	8.35 20.95	100 100	✓ Douglas ✓ Douglas
75	METHYLPREDNISOLONE SODIUM SUCCINATE – Retail pharmacy-Specialist (↑ subsidy) Inj 500 mg 20.80	20.80	1	✓ Solu-Medrol
82	LEUPRORELIN – Hospital pharmacy [HP3] (↓ subsidy) Inj 7.5 mg 166.20 Inj 22.5 mg 443.76 Inj 30 mg 591.68 Inj 45 mg 832.05	166.20 443.76 591.68 832.05	1 1 1 1	✓ Eligard ✓ Eligard ✓ Eligard ✓ Eligard
85	FLUCLOXACILLIN SODIUM (↑ subsidy) Grans for oral liq 125 mg per 5 ml – Up to 200 ml available on a PSO 3.12 Grans for oral liq 250 mg per 5 ml – Up to 200 ml available on a PSO 3.55	3.12 3.55	100 ml 100 ml	✓ AFT ✓ AFT
87	GENTAMICIN SULPHATE (↑ subsidy) Inj 40 mg per ml, 2 ml – Hospital pharmacy [HP3] – Subsidy by endorsement 9.00 Only if prescribed for a dialysis or cystic fibrosis patient or for prophylaxis of endocarditis and the prescription is endorsed accordingly.	9.00	10	✓ Pfizer
100	NAPROXEN (↑ subsidy) * Tab 250 mg 23.70 * Tab 500 mg 24.88	23.70 24.88	500 250	✓ Noflam 250 ✓ Noflam 500
107	BACLOFEN (↑ subsidy) * Tab 10 mg 4.75	4.75	100	✓ Pacifen

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Check your Schedule for full details
Schedule page ref

Subsidy
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Changes to Subsidy and Manufacturer's Price – effective 1 October 2009 (continued)

107	QUININE SULPHATE († subsidy) * Tab 300 mg 54.06 ‡ Safety cap for extemporaneously compounded oral liquid preparations.	500	✓ Q 300
110	MORPHINE HYDROCHLORIDE († subsidy) a) Only on a controlled drug form b) No patient co-payment payable ‡ Oral liq 1 mg per ml 8.84 ‡ Oral liq 2 mg per ml 11.62 ‡ Oral liq 5 mg per ml 14.65 ‡ Oral liq 10 mg per ml 21.55	200 ml 200 ml 200 ml 200 ml	✓ RA-Morph ✓ RA-Morph ✓ RA-Morph ✓ RA-Morph
110	MORPHINE SULPHATE († subsidy) a) Only on a controlled drug form b) No patient co-payment payable Tab immediate-release 10 mg 2.80 Tab immediate-release 20 mg 5.52	10 10	✓ Sevredol ✓ Sevredol
112	MOCLOBEMIDE († subsidy) Note: There is a significant cost differential between moclobemide and fluoxetine (moclobemide being about three times more expensive). For depressive syndromes it is therefore more cost-effective to start treatment with fluoxetine first before considering prescribing moclobemide. Tab 150 mg 69.23 Tab 300 mg 31.33	500 100	✓ Apo-Moclobemide ✓ Apo-Moclobemide
117	CLONIDINE HYDROCHLORIDE († subsidy) * Tab 25 µg 19.25	100	✓ Dixarit
119	LEVODOPA WITH CARBIDOPA (‡ subsidy) * Tab long-acting 200 mg with carbidopa 50 mg 47.50 * Tab 250 mg with carbidopa 25 mg 40.00	100 100	✓ Sinemet CR ✓ Sinemet
134	CARBOPLATIN – PCT only – Specialist Inj 10 mg per ml, 5 ml († subsidy) 20.00 Inj 10 mg per ml, 15 ml († subsidy) 22.50 Inj 10 mg per ml, 45 ml (‡ subsidy) 55.00 Inj 10 mg per ml, 100 ml (‡ subsidy) 120.00 Inj 1 mg for ECP († subsidy) 0.15	1 1 1 1 1 mg	✓ Carboplatin Ebewe ✓ Carboplatin Ebewe ✓ Carboplatin Ebewe ✓ Carboplatin Ebewe ✓ Baxter
155	SODIUM CROMOGLYCATE († subsidy) Nasal spray, 4% 15.85	22 ml OP	✓ Rex
159	DORZOLAMIDE HYDROCHLORIDE WITH TIMOLOL MALEATE (‡ subsidy) * Eye drops 2% with timolol maleate 0.5% 15.50	5 ml OP	✓ Cosopt

Check your Schedule for full details
Schedule page ref

Subsidy
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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	100	✓ Azol
	Cap 200 mg	29.35	30	✓ 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	✓ Fortmil

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

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Check your Schedule for full details
Schedule page ref

Subsidy
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\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Brand Name

Effective 1 November 2009

172 PROTEIN SUPPLEMENT – Special Authority see SA0582 – Hospital pharmacy [HP3]
Powder 7.90 225 g OP ✓ **Protifar** Protifar-90

Effective 1 October 2009

137 AMSACRINE – PCT only – Specialist
Inj 75 mg CBS 6 ✓ **Amsidine** Amsidyl
S29

Changes to Sole Subsidised Supply

Effective 1 November 2009

For the list of new Sole Subsidised Supply products effective 1 November 2009 refer to the bold entries in the cumulative Sole Subsidised Supply table pages 7-13.

Delisted Items

Effective 1 November 2009

61	HYDROCORTISONE * Powder – Only in combination	33.00 (37.64)	25 g		m-Hydrocortisone
	Up to 5% in a dermatological base (not proprietary Topical Corticosteroid – Plain) with or without other dermatological galenicals.				
176	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
176	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 October 2009

48	TERAZOSIN HYDROCHLORIDE * Tab 2 mg	1.30	28	✓	Hytrin
	* Tab 5 mg	1.62	28	✓	Hytrin
53	CILAZAPRIL Tab 2.5 mg	4.39	30	✓	Inhibace
	Tab 5 mg	6.44	30	✓	Inhibace
100	INDOMETHACIN * Cap 50 mg	6.95	100	✓	Rheumacin
119	APOMORPHINE HYDROCHLORIDE ▲ Inj 10 mg per ml, 2 ml	50.43	5	✓	AP0-go S29
	▲ Inj 10 mg per ml, 1 ml	50.53	5	✓	Mayne
145	AZATHIOPRINE – Retail pharmacy – Specialist * Tab 50 mg	25.00	100	✓	Thioprine
170	CARBOHYDRATE SUPPLEMENT – Special Authority – Hospital pharmacy [HP3] Powder	1.14 (7.85)	350 g OP		Polycose
176	PAEDIATRIC ORAL FEED 1KCAL/ML – Special Authority – Hospital pharmacy [HP3]				
	Liquid (strawberry)	1.27	237 ml OP	✓	Pediasure
	Liquid (chocolate)	1.27	237 ml OP	✓	Pediasure

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Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

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 S29
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	ETHINYL OESTRADIOL 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	ETHINYL OESTRADIOL WITH LEVONORGESTREL * Tab ethinyl oestradiol 30 µg with levonorgestrel 50 µg (6) and tab ethinyl oestradiol 40 µg with levonorgestrel 75 µg (5), and tab ethinyl oestradiol 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

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 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

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Check your Schedule for full details
Schedule page ref

Subsidy
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\$ Per

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Generic Mnfr
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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 January 2010

60	CALAMINE a) Only on a prescription b) Not in combination			
	Crn, aqueous, BP	2.78 (3.02)	100 g	ABM
	Lotn, BP	16.70 (19.44)	2,000 ml	ABM

Effective 1 February 2010

58	ISOTRETINOIN – Special Authority see SA0955 – Retail pharmacy			
	Cap 10 mg	26.93	100	✓ Isotane 10
	Cap 20 mg	38.72	100	✓ Isotane 20

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

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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Items to be Delisted – effective 1 March 2010 (continued)

continued...

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

Effective 1 April 2010

40	PHYTOMENADIONE Tab 10 mg	5.60	10	✓ Konakion
42	HEPARINISED SALINE * Inj 10 iu per ml, 5 ml	18.00	50	✓ AstraZeneca
125	DIAZEPAM Tab 10 mg – Month Restriction..... ‡ Safety cap for extemporaneously compounded oral liquid preparations.	3.45	100	✓ Pro-Pam

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\$ Per

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Items to be Delisted – effective 1 April 2010 (continued)

160	PILOCARPINE * Eye drops 4%	6.57	15 ml OP	✓ Pilopt
178	SEMI-ELEMENTAL ENTERAL FEED 1KCAL/ML - Special Authority – Hospital pharmacy [HP3] Liquid	6.02	500 ml OP	✓ Peptisorb

Effective 1 May 2010

64	WOOL FAT WITH MINERAL OIL – Only on a prescription * Lotn hydrous 3% with mineral oil	1.12 (5.00) 2.10 (9.38)	200 ml OP 375 ml OP	Alpha-Keri Lotion Alpha-Keri Lotion
67	SUNSCREENS, PROPRIETARY – Subsidy by endorsement Only if prescribed for a patient with severe photosensitivity secondary to a defined clinical condition and the prescription is endorsed accordingly. Lotn	3.19 (8.82)	125 ml OP	Aquasun Sensitive SPF 30+
115	LAMOTRIGINE ▲ Tab dispersible 200 mg	101.80	56	✓ Arrow-Lamotrigine
140	TENIPOSIDE – PCT only – Specialist Inj 10 mg per ml, 5 ml	845.11	10	✓ Vumon
	Inj 50 mg for ECP	84.51	50 mg OP	✓ Baxter
151	DEXTROCHLORPHENIRAMINE MALEATE * Tab 2 mg	1.26 (5.60) 2.52 (9.99)	25 50	Polaramine Polaramine

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 November 2009

AMOXYCILLIN CLAVULANATE (amended description and new listing with HSS)

Grans for oral liq Gran 125 mg with potassium clavulanate 31.25 mg clavulanic acid per 5 ml..... Curam		2.20	100 ml	1%	Jan-10	Alpha-Amoxyclav Augmentin Synermox
Grans for oral liq Gran 250 mg with potassium clavulanate 62.5 mg clavulanic acid per 5 ml..... Curam		3.85	100 ml	1%	Jan-10	Alpha-Amoxyclav Augmentin Synermox
Inj 600 mg, 500 mg with 100 mg clavulanic acid	Curam	12.67	10	1%	Jan-10	Augmentin Synermox
Inj 1.2 g, 1000 mg with 200 mg clavulanic acid	Curam	16.50	10	1%	Jan-10	Augmentin Synermox

Note – Augmentin grans for oral liq and injection to be delisted 1 January 2010

CHLORHEXIDINE

Soln 0.02% for irrigation, 100 ml	Baxter	2.92	1			
Soln 0.05% for irrigation, 100 ml	Baxter	3.02	1			
Soln 0.05% for irrigation, 500 ml	Baxter	3.63	1			
Soln 0.1% for irrigation, 100 ml	Baxter	3.10	1			
Soln 0.5% for irrigation, 500 ml	Baxter	4.69	1			

CHLORHEXIDINE WITH CETRIMIDE

Soln 0.015% with 0.15% cetrimide for irrigation, 100 ml	Baxter	3.21	1			
Soln 0.015% with 0.15% cetrimide for irrigation, 500 ml	Baxter	3.47	1			
Soln 0.015% with 0.15% cetrimide for irrigation, 1,000 ml	Baxter	4.17	1			
Soln 0.05% with 0.5% cetrimide for irrigation, 100 ml	Baxter	4.20	1			
Soln 0.05% with 0.5% cetrimide for irrigation, 500 ml	Baxter	3.87	1			
Soln 0.1% with 1% cetrimide for irrigation, 100 ml	Baxter	4.38	1			
Soln 0.1% with 1% cetrimide for irrigation, 500 ml	Baxter	5.81	1			

DIAZEPAM

Tab 2 mg.....	Pro-Pam	8.40	500			
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Note – Pro-Pam tab 2 mg to be delisted 1 January 2010

DILTIAZEM HYDROCHLORIDE († price)

Tab 30 mg.....	Dilzem	4.60	100	5%	Jun-09	(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 November 2009 (continued)

ETIDRONATE DISODIUM

Tab 200 mg.....	Arrow-Etidronate	23.95	100	1%	Jan-10	Didronel Etidrate
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Note – Didronel and Etidrate tab 200 mg to be delisted 1 January 2010

GLUCOSE († price)

Inf 5%, 100 ml.....	Baxter	2.84	1			
Inf 5%, 250 ml.....	Baxter	3.87	1			
Inf 5%, 500 ml.....	Baxter	1.77	1			
Inf 5%, 1,000 ml.....	Baxter	1.80	1			
Inf 10%, 500 ml.....	Baxter	3.70	1			
Inf 10%, 1,000 ml.....	Baxter	5.29	1			
Inf 50%, 500 ml.....	Baxter	6.84	1			

GLUCOSE WITH SODIUM, POTASSIUM, MAGNESIUM, CHLORIDE, ACETATE AND GLUCONATE († price)

Inf 50 g with 140 mmol.L ⁻¹ sodium, 5 mmol.L ⁻¹ potassium, 1.5 mmol.L ⁻¹ magnesium, 98 mmol.L ⁻¹ chloride, 27 mmol.L ⁻¹ acetate and 23 mmol.L ⁻¹ gluconate, 1,000 ml.....	Baxter	7.00	1			
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GLYCINE

Soln 1.5% for irrigation, 2,000 ml ...	Baxter	11.38	1			
Soln 1.5% for irrigation, 3,000 ml ...	Baxter	14.44	1			

IDARUBICIN HYDROCHLORIDE (addition of HSS)

Cap 5 mg († price)	Zavedos	115.00	1	1%	Jan-10	(B)
Cap 10 mg	Zavedos	144.50	1	1%	Jan-10	(B)
Inj 5 mg.....	Zavedos	170.00	1	1%	Jan-10	(B)
Inj 10 mg.....	Zavedos	340.00	1	1%	Jan-10	(B)

LAMOTRIGINE

Tab dispersible 200 mg	Arrow-Lamotrigine	101.80	56			
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Note – Arrow-Lamotrigine tab dispersible 200 mg to be delisted 1 January 2010

LANSOPRAZOLE († price)

Cap 15 mg	Solox	3.50	28			
Cap 30 mg	Solox	4.65	28			

MANNITOL († price)

Inf 10%, 1,000 ml.....	Baxter	14.21	1			
Inf 15%, 500 ml.....	Baxter	9.84	1			
Inf 20%, 500 ml.....	Baxter	10.80	1			

MESALAZINE

Tab long-acting 500 mg.....	Pentasa	59.05	100			
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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 November 2009 (continued)

METFORMIN HYDROCHLORIDE (amended description and new listing with HSS)

Tab immediate-release 500 mg..... Apotex		8.09	500	1%	Jan-10	Arrow-Metformin Glucomet Metomin
Tab immediate-release 850 mg..... Apotex		6.67	250	1%	Jan-10	Arrow-Metformin Glucomet Metomin

Note – Arrow-Metformin tab immediate-release 500 mg and 850 mg to be delisted 1 January 2010

MIRTAZAPINE

Tab 30 mg.....	Avanza	22.00	30			
Tab 45 mg.....	Avanza	35.00	30			

MOCLOBEMIDE

Tab 150 mg.....	GenRx Moclobemide	8.31	60			
Tab 300 mg.....	GenRx Moclobemide	18.80	60			

MOCLOBEMIDE

Tab 150 mg.....	Apo- Moclobemide	69.23	500	1%	Dec-09	(B)
Tab 300 mg.....	Apo- Moclobemide	31.33	100	1%	Dec-09	(B)

Note – HSS for Apo-Moclobemide tab 150 mg and 300 mg has been suspended due to an out-of-stock

MOMETASONE FUROATE

Crm 0.1%	m-Mometasone	2.38	15 g	1%	Jan-10	Elocon
Crm 0.1%	m-Mometasone	4.55	45 g	1%	Jan-10	Elocon
Oint 0.1%	m-Mometasone	2.38	15 g	1%	Jan-10	Elocon
Oint 0.1%	m-Mometasone	4.55	45 g	1%	Jan-10	Elocon

Note – Elocon crm 0.1%, 15 g and 45 g, and oint 0.1% 15 g and 45 g to be delisted 1 January 2010

OXALIPLATIN

Inj 50 mg.....	Oxaliplatin Ebewe	65.00	1	1%	Jan-10	Hospira Eloxatin Oxaliplatin Dakota Oxaliplatin Winthrop
Inj 100 mg.....	Oxaliplatin Ebewe	130.00	1	1%	Jan-10	Hospira Eloxatin Oxaliplatin Dakota Oxaliplatin Winthrop Rex Medical

Note – Eloxatin inj 50 mg and 100 mg to be delisted 1 January 2010

POTASSIUM CHLORIDE WITH GLUCOSE (↑ price)

Inf 20 mmol.L ⁻¹ with 5% glucose, 1,000 ml.....	Baxter	7.36	1			
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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 November 2009 (continued)

POTASSIUM CHLORIDE WITH GLUCOSE AND SODIUM CHLORIDE (new listing)

Inf 20 mmol.L ⁻¹ with 2.5% glucose and 0.45% sodium chloride, 1,000 ml.....Baxter		9.99	1			
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POTASSIUM CHLORIDE WITH GLUCOSE AND SODIUM CHLORIDE († price)

Inf 20 mmol.L ⁻¹ with 4% glucose and 0.18% sodium chloride, 1,000 ml.....Baxter		4.30	1			
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POTASSIUM CHLORIDE WITH SODIUM CHLORIDE († price)

Inf 20 mmol.L ⁻¹ with 0.9% sodium chloride, 1,000 mlBaxter		3.85	1			
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POTASSIUM CHLORIDE WITH SODIUM CHLORIDE (new listing)

Inf 40 mmol.L ⁻¹ with 0.9% sodium chloride, 1,000 mlBaxter		6.62	1			
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SODIUM CHLORIDE († price)

Inf 0.45%, 500 ml.....Baxter		5.50	1			
Inf 0.9%, 50 ml.....Baxter		3.01	1			
Inf 0.9%, 100 ml.....Baxter		2.28	1			
Inf 0.9%, 250 ml.....Baxter		3.60	1			
Inf 0.9%, 500 ml.....Baxter		1.77	1			
Inf 0.9%, 1,000 ml.....Baxter		1.80	1			
Inf 3%, 1,000 ml.....Baxter		5.69	1			

SODIUM CHLORIDE (new listings)

Soln 0.9% for irrigation, 100 mlBaxter		2.49	1			
Soln 0.9% for irrigation, 500 mlBaxter		2.88	1			
Soln 0.9% for irrigation, 1,000 ml ...Baxter		2.96	1			
Soln 0.9% for irrigation, 2,000 ml ...Baxter		10.00	1			
Soln 0.9% for irrigation, 3,000 ml ...Baxter		12.67	1			

SODIUM CHLORIDE WITH GLUCOSE († price)

Inf 0.18%, with glucose 4%, 500 ml.....Baxter		1.77	1			
Inf 0.18%, with glucose 4%, 1,000 ml.....Baxter		1.80	1			
Inf 0.45%, with glucose 2.5%, 500 ml.....Baxter		4.95	1			
Inf 0.45%, with glucose 5%, 500 ml.....Baxter		9.87	1			

WATER († price)

Inf 1,000 mlBaxter		4.50	1			
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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 November 2009 (continued)

WATER

Soln for irrigation, 100 ml	Baxter	2.68	1			
Soln for irrigation, 500 ml	Baxter	2.61	1			
Soln for irrigation, 1,000 ml	Baxter	2.75	1			
Soln for irrigation, 2,000 ml	Baxter	9.71	1			
Soln for irrigation, 3,000 ml	Baxter	15.80	1			

WATER WITH SODIUM, POTASSIUM, CALCIUM, BICARBONATE AND CHLORIDE († price)

Inf 131 mmol.L ⁻¹ sodium, 5 mmol.L ⁻¹ potassium, 2 mmol.L ⁻¹ calcium, 29 mmol.L ⁻¹ bicarbonate and 111 mmol.L ⁻¹ chloride, 500 ml	Baxter	1.77	1			
Inf 131 mmol.L ⁻¹ sodium, 5 mmol.L ⁻¹ potassium, 2 mmol.L ⁻¹ calcium, 29 mmol.L ⁻¹ bicarbonate and 111 mmol.L ⁻¹ chloride, 1,000 ml	Baxter	1.80	1			

WATER WITH SODIUM, POTASSIUM, CALCIUM AND CHLORIDE († price)

Inf 147 mmol.L ⁻¹ sodium, 4 mmol.L ⁻¹ potassium, 2.2 mmol.L ⁻¹ calcium and 156 mmol.L ⁻¹ chloride, 1,000 ml	Baxter	5.13	1			
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WATER WITH SODIUM, POTASSIUM, MAGNESIUM, CHLORIDE, ACETATE AND GLUCONATE († price)

Inf 140 mmol.L ⁻¹ sodium, 5 mmol.L ⁻¹ potassium, 1.5 mmol.L ⁻¹ magnesium, 98 mmol.L ⁻¹ chloride, 27 mmol.L ⁻¹ acetate and 23 mmol.L ⁻¹ gluconate, 500 ml	Baxter	5.00	1			
Inf 140 mmol.L ⁻¹ sodium, 5 mmol.L ⁻¹ potassium, 1.5 mmol.L ⁻¹ magnesium, 98 mmol.L ⁻¹ chloride, 27 mmol.L ⁻¹ acetate and 23 mmol.L ⁻¹ gluconate, 1,000 ml	Baxter	3.10	1			

Effective 1 October 2009

ALENDRONATE SODIUM

Tab 40 mg	Fosamax	133.00	30			
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ALENDRONATE SODIUM WITH CHOLECALCIFEROL

Tab 70 mg with cholecalciferol 5,600 iu	Fosamax Plus	35.91	4			
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APREPITANT

Cap 2 x 80 mg and 1 x 125 mg	Emend Tri-Pack	116.00	3			
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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 October 2009 (continued)

ATROPINE SULPHATE (↑ price and addition of HSS)						
Inj 600 µg, 1 ml.....	AstraZeneca	52.00	50	1%	Dec-09	(B)
BACLOFEN (↑ price and addition of HSS)						
Tab 10 mg.....	Pacifen	4.75	100	1%	Dec-09	Alpha-Baclofen
BETAMETHASONE VALERATE (↑ price and addition of HSS)						
Scalp app 0.1%	Beta Scalp	7.22	100 ml	1%	Dec-09	(B)
BLOOD GLUCOSE DIAGNOSTIC TEST METER						
Meter	CareSens II	9.00	1			
	CareSens POP	6.00	1			
	Accu-Chek	19.00	1			
	Performa					
BLOOD GLUCOSE DIAGNOSTIC TEST STRIP						
Blood glucose test strips.....	Accu-Chek	21.65	50			
	Performa					
Blood glucose test strips x 50 and lancets x 5	CareSens	19.60	1			
CARBOPLATIN (addition of HSS)						
Inj 10 mg per ml, 5 ml (↑ price)	Carboplatin	20.00	1	1%	Dec-09	Hospira
	Ebewe					Pfizer
Inj 10 mg per ml, 15 ml (↑ price)	Carboplatin	22.50	1	1%	Dec-09	Hospira
	Ebewe					Pfizer
Inj 10 mg per ml, 45 ml (↓ price)	Carboplatin	55.00	1	1%	Dec-09	Hospira
	Ebewe					Pfizer
Inj 10 mg per ml, 100 ml (↓ price)	Carboplatin	120.00	1	1%	Dec-09	Hospira
	Ebewe					Pfizer
CLOBETASOL PROPIONATE (↑ price and addition of HSS)						
Crm 0.05%	Dermol	3.48	30 g	1%	Dec-09	(B)
CLOBETASOL PROPIONATE						
Oint 0.05%	Dermol	3.48	30 g	1%	Dec-09	(B)
Scalp app 0.05%	Dermol	6.36	30 ml	1%	Dec-09	Clobex Shampoo
CLONIDINE (↑ price and addition of HSS)						
TDDS 2.5 mg, 100 µg per day	Catapres-TTS-1	23.30	4	1%	Dec-09	(B)
TDDS 5 mg, 200 µg per day	Catapres-TTS-2	32.80	4	1%	Dec-09	(B)
TDDS 7.5 mg, 300 µg per day	Catapres-TTS-3	41.20	4	1%	Dec-09	(B)
CLONIDINE HYDROCHLORIDE						
Tab 25 µg	Dixarit	19.25	100	1%	Dec-09	(B)
CLONIDINE HYDROCHLORIDE (amended description, ↑ price and addition of HSS)						
Inj 150 µg per ml, 1 ml.....	Catapres	15.45	5	1%	Dec-09	(B)
Tab 150 µg	Catapres	33.00	100	1%	Dec-09	(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 October 2009 (continued)

DIAZEPAM

Tab 10 mg.....Pro-Pam 3.45 100

Note – Pro-Pam tab 10 mg to be delisted 1 December 2009

DORZOLAMIDE HYDROCHLORIDE WITH TIMOLOL MALEATE

Eye drops 2% with timolol maleate 0.5%.....Cosopt 15.50 5 ml

FLUCLOXACILLIN **SODIUM** (amended description, † price and addition of HSS)

Grans for oral liq
125 mg per 5 ml**AFT** 3.12 100 ml 1% Dec-09 (B)
Grans for oral liq
250 mg per 5 ml**AFT** 3.55 100 ml 1% Dec-09 (B)

FLUTICASONE

Aerosol inhaler, 50 µg per dose
CFC-freeFlixotide 7.50 120 dose
Aerosol inhaler, 125 µg per dose
CFC-freeFlixotide 13.60 120 dose
Aerosol inhaler, 250 µg per dose
CFC-freeFlixotide 27.20 120 dose
Powder for inhalation, 50 µg
per doseFlixotide 8.67 60 dose
Accuhaler
Powder for inhalation, 100 µg
per doseFlixotide 13.87 60 dose
Accuhaler
Powder for inhalation, 250 µg
per doseFlixotide 24.51 60 dose
Accuhaler

GENTAMICIN SULPHATE († price and addition of HSS)

Inj 40 mg per ml, 2 ml**Pfizer** 9.00 10 1% Dec-09 Hospira

GLYCERYL TRINITRATE († price and addition of HSS)

Inj 1 mg per ml, 5 ml**Nitronal** 22.70 10 1% Dec-09 (B)
Inj 1 mg per ml, 50 ml**Nitronal** 86.60 10 1% Dec-09 (B)

HEPARIN SODIUM

Inj 1,000 iu per ml, 5 mlPfizer 11.44 10
46.30 50
Inj 5,000 iu per ml, 5 mlPfizer 118.50 50

HEPARINISED SALINE

Inj 10 iu per ml, 5 mlPfizer 32.50 50

HEPARINISED SALINE

Inj 10 iu per ml, 5 mlAstraZeneca 18.00 50

Note – AstraZeneca’s brand of heparinised saline inj 10 iu per ml, 5 ml to be delisted 1 December 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 October 2009 (continued)

HYDROCORTISONE (↑ price and addition of HSS)

Tab 5 mg.....	Douglas	8.35	100	1%	Dec-09	(B)
Tab 20 mg.....	Douglas	20.95	100	1%	Dec-09	(B)

HYDROCORTISONE ACETATE (↑ price and addition of HSS)

Rectal foam 10%, CFC-Free (14 applications)	Colifoam	23.00	21.1 g	1%	Dec-09	(B)
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HYDROXYETHYL STARCH 200/0.5 PENTASTARCH (amended description, ↑ price and addition of HSS)

Inj Inf 6%, 500 ml bag	StarQuin 200 6%	296.00	16	1%	Dec-09	HAES-steril 6%
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LEUPRORELIN (↓ price)

Inj 7.5 mg.....	Eligard	166.20	1			
Inj 22.5 mg.....	Eligard	443.76	1			
Inj 30 mg.....	Eligard	591.68	1			
Inj 45 mg.....	Eligard	832.05	1			

LEVODOPA WITH CARBIDOPA

Tab 100 mg with carbidopa 25 mg .Sinemet		20.00	100			
Tab 250 mg with carbidopa 25 mg .Sinemet		40.00	100			
Tab long-acting 200 mg with carbidopa 50 mg.....	Sinemet CR	47.50	100			

METHYLPREDNISOLONE SODIUM SUCCINATE (addition of HSS)

Inj 40 mg per ml, 1 ml	Solu-Medrol	151.40	25	1%	Dec-09	(B)
Inj 62.5 mg per ml, 2 ml	Solu-Medrol	412.59	25	1%	Dec-09	(B)
Inj 500 mg (↑ price).....	Solu-Medrol	20.80	1	1%	Dec-09	Hospira
Inj 1 g.....	Solu-Medrol	42.57	1	1%	Dec-09	Hospira

MOCLOBEMIDE

Tab 150 mg.....	Apo-Moclobemide	69.23	500	1%	Dec-09	(B)
Tab 300 mg.....	Apo-Moclobemide	31.33	100	1%	Dec-09	(B)

MORPHINE HYDROCHLORIDE (↑ price and addition of HSS)

Oral liq 1 mg per ml.....	RA-Morph	8.84	200 ml	1%	Dec-09	(B)
Oral liq 2 mg per ml.....	RA-Morph	11.62	200 ml	1%	Dec-09	(B)
Oral liq 5 mg per ml.....	RA-Morph	14.65	200 ml	1%	Dec-09	(B)
Oral liq 10 mg per ml.....	RA-Morph	21.55	200 ml	1%	Dec-09	(B)

MORPHINE SULPHATE (↑ price and addition of HSS)

Tab immediate release 10 mg.....	Sevredol	2.80	10	1%	Dec-09	(B)
Tab immediate release 20 mg.....	Sevredol	5.52	10	1%	Dec-09	(B)

NAPROXEN

Tab 250 mg.....	Noflam 250	23.70	500	1%	Dec-09	(B)
Tab 500 mg.....	Noflam 500	24.88	250	1%	Dec-09	(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 October 2009 (continued)

OXYTOCIN (↑ price and addition of HSS)						
Inj 5 iu per ml, 1 ml	Syntocinon	5.94	5	1%	Dec-09	(B)
Inj 10 iu per ml, 1 ml	Syntocinon	7.48	5	1%	Dec-09	(B)
OXYTOCIN WITH ERGOMETRINE MALEATE (↑ price and addition of HSS)						
Inj 5 iu with ergometrine maleate 500 µg per ml, 1 ml	Syntometrine	10.12	5	1%	Dec-09	(B)
PANCURONIUM BROMIDE (↑ price and addition of HSS)						
Inj 2 mg per ml, 2 ml	AstraZeneca	128.00	50	1%	Dec-09	(B)
PHYTOMENADIONE						
Tab 10 mg.....	Konakion	5.60	10			
Note – Konakion tab 10 mg to be delisted 1 December 2009.						
POTASSIUM CHLORIDE (↑ price and addition of HSS)						
Tab long-acting 600 mg.....	Span-K	7.00	200	1%	Dec-09	Slow-K K-SR
QUININE SULPHATE (↑ price and addition of HSS)						
Tab 300 mg.....	Q 300	54.06	500	1%	Dec-09	Apo-Quinine
RALTEGRAVIR POTASSIUM						
Tab 400 mg.....	Isentress	1,350.00	60			
RISPERIDONE						
Oral liq 1 mg per ml	Risperon	18.35	30 ml			
TIMOLOL MALEATE						
Eye drops 0.25%, gel forming	Timoptol XE	3.30	2.5 ml			
Eye drops 0.5%, gel forming	Timoptol XE	3.78	2.5 ml			

Effective 1 September 2009

ACICLOVIR						
Inj 250 mg 25 mg per ml, 10 ml	Pfizer	25.50	5	1%	Nov-09	Acihexal Hospira Lovir m-Aciclovir Zovirax
Note – Mayne brand of aciclovir inj 250 mg to be delisted 1 November 2009.						
BACLOFEN						
Inj 10 mg.....	Lioresal Intrathecal	190.08	1	1%	Nov-09	(B)
BETAHISTINE DIHYDROCHLORIDE (↑ price)						
Tab 16 mg.....	Vergo 16	9.26	84			
BLOOD GLUCOSE DIAGNOSTIC TEST METER						
Meter	Optium Xceed	9.00	1			

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 September 2009 (continued)

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.....	Candidas	667.50	1	1%	Nov-09	(B)
Inj 70 mg.....	Candidas	862.50	1	1%	Nov-09	(B)

CHLORHEXIDINE

Crm 1 % obstetric.....	healthE	1.36	50 g	1%	Nov-09	Hibitane Orion PSM
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Note – Orion brand of chlorhexidine crm 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

DIAZEPAM

Tab 5 mg.....	Pro-Pam	5.00	250			
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Note – Pro-Pam tab 5 mg to be delisted 1 November 2009.

FLUTAMIDE (↑ price)

Tab 250 mg	Flutamin	48.30	100			
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HYDROXYETHYL STARCH 130/0.4

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

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)

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

METOPROLOL SUCCINATE

Tab long-acting 23.75 mg.....	Betaloc CR	3.61	30			
Tab long-acting 47.5 mg.....	Betaloc CR	4.50	30			
Tab long-acting 95 mg.....	Betaloc CR	7.40	30			
Tab long-acting 190 mg.....	Betaloc CR	12.50	30			

ONDANSETRON HYDROCHLORIDE (↓ price)

Inj 2 mg per ml, 2 ml	Zofran	14.40	5	1%	Nov-09	Hospira Ondansetron Sandoz Onsetron
Inj 2 mg per ml, 4 ml	Zofran	23.20	5	1%	Nov-09	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.....	Paclitaxel Ebewe	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.

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)

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.....	Pacific Atenolol	6.18	500	1%	Oct-09	Anselol Apo-Atenolol Atehexal Global Atenolol
Tab 100 mg	Pacific Atenolol	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			

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	Suprane	1,230.00	6	1%	Nov-09	(B)
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ENOXAPARIN SODIUM

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

ENTECAVIR

Tab 0.5 mg.....	Baraclude	400.00	30			
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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 August 2009 (continued)

EPIRUBICIN

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

Nupentin

Cap 100 mg (↓ price)	Nupentin	7.16	100		5%	Aug-09	Neurontin
Cap 300 mg (↓ price)	Nupentin	11.50	100				
Cap 400 mg (↓ price)	Nupentin	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	Aerrane	540.00	6	1%	Nov-09	Forthane Rhodia
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Note – Forthane liq 250 ml bottle to be delisted 1 November 2009

LEUPRORELIN

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			

NEVIRAPINE

Oral suspension 10 mg per ml	Viramune Suspension	134.55	240 ml	1%	Oct-09	(B)
Tab 200 mg.....	Viramune	319.80	60	1%	Oct-09	(B)

OIL IN WATER EMULSION

Crm.....	healthE Fatty Cream	2.80	500 g			
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PARAFFIN

Yellow soft	API	1.04	10 g	1%	Oct-09	Dal Orion
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SAQUINAVIR

Tab 500 mg.....	Invirase	556.59	120			
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Note – Invirase to be delisted 1 February 2010

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)

SEVOFLURANE

Liq 250 ml bottle **Baxter** 1,230.00 6 1% Nov-09 Sevorane

Note – Abbott Sevorane to be delisted 1 November 2009.

SODIUM HYALURONATE

Ophthalmic inj 4 mg per ml..... **Healon GV** 50.00 1 1% Oct-09 (B)

Ophthalmic soln 10 mg per ml..... **Healon Glear** 35.00 0.85 ml 1% Oct-09 Provisc

TAMOXIFEN CITRATE

Tab 20 mg..... Tamoxifen Sandoz 6.66 60

Section H changes to Part IV

Effective 1 October 2009

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

Sach 5 g mg

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

Note – correction of pack size only.

PAMIDRONATE DISODIUM

Inj 3 mg per ml, 10 ml ————— Pamisol

Aredia

Inj 6 mg per ml, 10 ml ————— Pamisol

Inj 9 mg per ml, 10 ml ————— Pamisol

For malignant hypercalcaemia, metastatic breast cancer – predominant lytic bone metastases, myeloma with lytic bone metastases, control of pain due to lytic bone metastases in addition to standard care (analgesics + radiotherapy), Gaucher disease with established bone disease.

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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