

Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 March 2010

Cumulative for January, February and March 2010

Section H cumulative for December 2009, January,
February and March 2010



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Summary of PHARMAC decisions

EFFECTIVE 1 MARCH 2010

New listings (pages 17-18)

- Vitamins (Vitabdeck) cap (fat soluble vitamins A, D, E, K) – Special Authority – retail pharmacy
- Crothamiton (Itch-Soothe) crm 10% - only on a prescription and not in combination
- Chlorhexidine gluconate (healthE) handrub 1% with ethanol 70% - subsidy by endorsement – not more than 500 ml per month
- Pregnancy tests – hCG urine (Innovacon hCG One Step Pregnancy Test Device) cassette – only on a PSO, up to 200 test available on a PSO
- Influenza vaccine (Influvac) inj – Hospital pharmacy [Xpharm]
- Megestrol acetate (Apo-Megestrol) tab 160 mg – Retail pharmacy-Specialist

Changes to restrictions (pages 20-22)

- Ursodeoxycholic acid (Actigall) cap 300 mg – amended Special Authority criteria
- Diltiazem hydrochloride (Cardizam CD) cap long-acting 120 mg – amended presentation description
- Nicotine (Habitrol and Nicotinell) gum 2 mg and 4 mg (fruit and mint) – maximum per dispensing can not be waived via Access Exemption criteria
- Nicotine (Habitrol) lozenge 1 mg and 2 mg – maximum per dispensing can not be waived via Access Exemption criteria
- Nicotine (Habitrol) patch 7 mg, 14 mg and 21 mg – maximum per dispensing can not be waived via Access Exemption criteria
- Influenza vaccine (Fluvax, Fluarix, Influvac and Vaxigrip) inj – amended access criteria
- Trifluoperazine hydrochloride (Stelazine) tab 1 mg, 2 mg and 5 mg – removal of Section 29 criteria

Decreased subsidy (page 25)

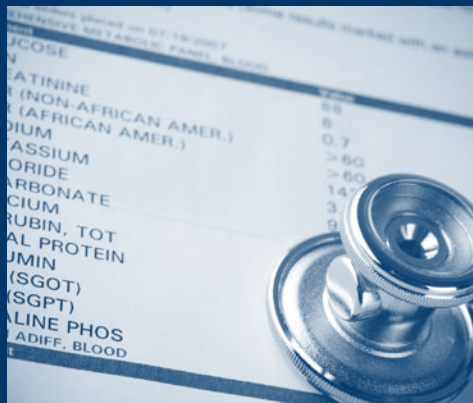
- Paracetamol with codeine (Codalgin) tab paracetamol 500 mg with codeine phosphate 8 mg

Increased subsidy (page 25)

- Sulphasalazine tab 500 mg (Salazopyrin) and tab EC 500 mg (Salazyprin EN)
- Apomorphine hydrochloride (Apomine) inj 10 mg per ml, 2 ml
- Lithium carbonate (Priadel) tab long-acting 400 mg
- Lorazepam (Ativan) tab 1 mg and 2.5 mg

New multivitamin subsidised

A new multivitamin supplement will be subsidised from 1 March 2010. Vitabdeck is a fat soluble vitamin capsule containing vitamins A, D, E and K. It will be subsidised under Special Authority criteria for patients with cystic fibrosis with pancreatic insufficiency and for children with liver disease or short gut syndrome.



Ursodeoxycholic acid – widened access

Access will be widened for ursodeoxycholic acid 300 mg capsules from 1 March 2010. The Special Authority criteria will be amended to include cholestasis of pregnancy.

Close Control – diclofenac sodium and prazosin hydrochloride

There are currently four formulations where pharmacists can initiate Close Control monthly dispensing due to out-of-stock situations – diclofenac sodium tablets long-acting 75 mg and 100 mg, and prazosin hydrochloride tablets 1 mg and 2 mg.

Diclofenac sodium tablets long-acting 75 mg and 100 mg have been on Close Control since 11 September 2009. Alternate brands have been listed but stock levels remain tight. Please continue to dispense prescriptions for these formulations monthly and annotate the prescription Close Control.

Prazosin hydrochloride tablets 1 mg and 2 mg have only recently gone onto Close Control dispensing.

PHARMAC is continuing to monitor the levels of these products in the distribution chain. We will notify pharmacy via fax of the end date of Close Control for any of these products.



Crotamiton cream – now fully subsidised

From 1 March 2010 the Itch-Soothe brand of crotamiton cream 10% will be listed fully subsidised. This new brand is fully subsidised while the other brand listed, Eurax, incurs a manufacturers' surcharge. The Eurax brand will be reference priced from 1 May 2010 and will be delisted on 1 August 2010.

Stelazine tablets now registered

Stelazine (trifluoperazine hydrochloride) tab 1 mg, 2 mg and 5 mg has been approved by the Minister of Health for distribution within New Zealand. This brand of trifluoperazine hydrochloride has been supplied under Section 29 of the Medicines Act since early 2007; however, this restriction no longer applies.

Nicotine replacement therapy and access exemption

As you are aware, Nicotine Replacement Therapy (NRT) became funded on the presentation of either a prescription or a Quit Card from 1 September 2009. This enabled practitioners, but not Quit Card Providers, to write a prescription for subsidised NRT as an alternative to the Quit Cards. Quit Card providers can continue to provide subsidised NRT via Quit Cards.

There appears to be some confusion around the stat or all-at-once dispensing rules for NRT. Eight weeks stat supply of NRT **cannot** be supplied under Access Exemption Criteria. We are amending the restrictions for NRT to clarify that the maximum numbers per dispensing can not be waived via the Access Exemption Criteria.



Cost Brand Source claimed prescriptions

The way Cost Brand Source of Supply (CBS) medicines are claimed on prescriptions will change from 1 March 2010. Pharmacists can either remain with their current process of annotating the prescription with the cost, brand and source of supply or choose to switch to the new method of claiming with this information. Pharmacists will be able to attach a copy of the purchase invoice to the prescription instead of annotating the prescription with the cost, brand and source of supply. The electronic claiming system remains unchanged.

Where CBS is indicated against a medicine in the Pharmaceutical Schedule, or if the item is an Exceptional Circumstances



medicine not listed in the Pharmaceutical Schedule, the amount claimed should match the invoice price (exclusive of GST). Please be aware that details of the purchase may be subject to audit by Audit and Compliance. All purchase invoices must be kept.

Arrow-Metformin - delay in delisting

Following an agreement between Arrow Pharmaceuticals and Apotex New Zealand, the delisting of the Arrow-Metformin brand of metformin 500 mg and 850 mg immediate-release tablets will be delayed by one month from 1 April 2010 to 1 May 2010. Sole Supply Status will apply to Apotex's brand of metformin 500 mg and 850 mg immediate-release tablets from 1 May 2010.

Tender News

Sole Subsidised Supply changes – effective 1 April 2010

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Amoxicillin clavulanate	Grans for oral liq amoxicillin 125 mg with potassium clavulanate 31.25 mg per 5 ml; 100 ml	Curam (Sandoz)
Amoxicillin clavulanate	Grans for oral liq amoxicillin 250 mg with potassium clavulanate 62.5 mg per 5 ml; 100 ml	Curam (Sandoz)
Cyproterone acetate with ethinyloestradiol	Tab 2 mg with ethinyloestradiol 35 µg and 7 inert tabs; 84 tab	Ginet 84 (Rex)
Etidronate disodium	Tab 200 mg; 100 tab	Arrow-Etidronate (Arrow)
Mometasone furoate	Crn 0.1%; 15 g OP & 45 g OP	m-Mometasone (Multichem)
Mometasone furoate	Oint 0.1%; 15 g OP & 45 g OP	m-Mometasone (Multichem)
Tropisetron	Cap 5 mg; 5 cap	Navoban (Novartis)

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 April 2010

- Alendronate for osteoporosis – amended Special Authority criteria
- Ambrisentan (Volibris) tab 5 mg and 10 mg – new listing – Special Authority – Hospital pharmacy [HP1]
- Bisacodyl (Dulcolax) suppos 5 mg – subsidy increase to match price
- Bisacodyl (Dulcolax) suppos 10 mg – new listing
- Letrozole (Femara) tab 2.5 mg – subsidy decrease
- Prednisolone acetate eye drops 0.12% (Pred Mild) and 1% (Pred Forte) – price decrease to match subsidy
- Topiramate (Arrow-Topiramate) tab 25 mg, 50 mg, 100 mg and 200 mg – new listing

Decision for implementation 1 July 2010

- Metoprolol succinate (AFT-Metoprolol CR and Betaloc CR) tab long-acting 23.75 mg, 47.5 mg, 95 mg and 190 mg – subsidy decrease

Sole Subsidised Supply Products – cumulative to March 2010

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	Inj 600 µg, 1 ml	AstraZeneca	2012
Azithromycin	Tab 500 mg	Arrow-Azithromycin	2012
Baclofen	Tab 10 mg	Pacifen	2012
Benzylpenicillin sodium (Penicillin G)	Inj 1 mega u	Sandoz	2011
Betamethasone valerate	Scalp app 0.1%	Beta Scalp	2012
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	Marcain Isobaric	2010
	Inj 0.5%, 8% glucose, 4 ml	Marcain Heavy	
Calamine	Crn, aqueous, BP Lotn, BP	healthE API	2012
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

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Sole Subsidised Supply Products – cumulative to March 2010

Generic Name	Presentation	Brand Name	Expiry Date*
Cephalexin monohydrate	Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml	Cefalexin Sandoz Cefalexin Sandoz	2012
Cetomacrogol	Crn BP	PSM	2010
Cetirizine hydrochloride	Tab 10 mg Oral liq 1 mg per ml	Zetop Cetirizine-AFT	2011
Chloramphenicol	Eye oint 1%	Chlorsig	2012
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	2011
Clarithromycin	Tab 250 mg Grans for oral liq 125 mg per 5 ml	Klamycin Klacid	2010
Clobetasol propionate	Crn 0.05% Oint 0.05% Scalp app 0.05%	Dermol Dermol Dermol	2012
Clonazepam	Tab 500 µg & 2 mg	Paxam	2011
Clonidine	TDDS 2.5 mg, 100 µg per day TDDS 5 mg, 200 µg per day TDDS 7.5 mg, 300 µg per day	Catapres-TTS-1 Catapres-TTS-2 Catapres-TTS-3	2012
Clonidine hydrochloride	Inj 150 µg per ml, 1 ml Tab 25 µg Tab 150 µg	Catapres Dixarit Catapres	2012
Clotrimazole	Crn 1% Vaginal crn 1% with applicator(s) Vaginal crm 2% with applicators(s)	Clomazol Clomazol Clomazol	2011 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 µg per dose	Desmopressin-PH&T	2011
Dexamphetamine sulphate	Tab 5 mg	PSM	2010
Dextrose	Inj 50%, 10 ml	Biomed	2011

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Sole Subsidised Supply Products – cumulative to March 2010

Generic Name	Presentation	Brand Name	Expiry Date*
Dextrose with electrolytes	Oral soln with electrolytes	Pedialyte – Plain Pedialyte – Bubblegum Pedialyte – Fruit	2010
Diclofenac sodium	Tab EC 25 mg & 50 mg Eye drops 1 mg per ml Inj 25 mg per ml, 3 ml Suppos 12.5 mg, 25 mg, 50 mg & 100 mg	Diclohexal Voltaren Ophtha Voltaren Voltaren	2012 2011
Diltiazem hydrochloride	Tab 30 mg & 60 mg Cap long-acting 120 mg, 180 mg & 240 mg	Dilzem Cardizem CD	2011
Dipyridamole	Tab long-acting 150 mg	Pytazen SR	2011
Doxazosin mesylate	Tab 2 mg & 4 mg	Apo-Doxazosin	2010
Emulsifying ointment	Oint BP	AFT	2011
Enoxaparin sodium (low molecular weight heparin)	Inj 20 mg, 40 mg, 60 mg, 80 mg, 100 mg, 120 mg & 150 mg	Clexane	2012
Entacapone	Tab 200 mg	Comtan	2012
Erythromycin ethyl succinate	Tab 400 mg Grans for oral liq 200 mg per 5 ml Grans for oral liq 400 mg per 5 ml	E-Mycin E-Mycin E-Mycin	2012 2011
Ethinylestradiol	Tab 10 µg	NZ Medical and Scientific	2012
Ethinylestradiol with norethisterone	Tab 35 µg with norethisterone 500 µg Tab 35 µg with norethisterone 1 mg Tab 35 µg with norethisterone 1 mg and 7 inert tab	Brevinor 21 Brevinor 1/21 Brevinor 1/28	2010
Felodipine	Tab long-acting 5 mg Tab long-acting 10 mg	Felo 5 ER Felo 10 ER	2012
Ferrous sulphate	Oral liq 150 mg per 5 ml	Ferodan	2010
Finasteride	Tab 5 mg	Fintral	2011
Flucloxacillin sodium	Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml Inj 250 mg, 500 mg & 1 g	AFT AFT Flucloxin	2012 2011
Fluconazole	Cap 50 mg, 150 mg & 200 mg	Pacific	2011
Fludarabine phosphate	Inj 50 mg Tab 10 mg	Fludara Fludara Oral	2011
Fluocortolone caproate with fluocortolone pivalate and cinchocaine	Oint 950 µg, with fluocortolone pivalate 920 µg, and cinchocaine hydrochloride 5 mg per g Suppos 630 µg, with fluocortolone pivalate 610 µg, and cinchocaine hydrochloride 1 mg	Ultraproct Ultraproct	2010

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Sole Subsidised Supply Products – cumulative to March 2010

Generic Name	Presentation	Brand Name	Expiry Date*
Fluoromethalone	Eye drops 0.1%	FML	2012
Fluoxetine hydrochloride	Cap 20 mg Tab disp 20 mg, scored	Fluox Fluox	2010
Fluticasone propionate	Metered aqueous nasal spray, 50 µg per dose	Flixonase Hayfever & Allergy	31/1/13
Furosemide	Tab 40 mg	Diurin 40	2012
Fusidic acid	Crn 2% Oint 2%	Foban Foban	2010
Gabapentin	Cap 100 mg, 300 mg & 400 mg	Nupentin	31/7/12
Gentamicin sulphate	Inj 40 mg per ml, 2 ml	Pfizer	2012
Gliclazide	Tab 80 mg	Apo-Gliclazide	2011
Glipizide	Tab 5 mg	Minidiab	2011
Glyceryl trinitrate	Tab 600 µg Oral pump spray 400 µg per dose TDDS 5 mg & 10 mg	Lycinate Nitrolingual Pumpspray Nitroderm TTS	2011
Haloperidol	Oral liq 2 mg per ml Tab 500 µg, 1.5 mg & 5 mg	Serenace Serenace	2010
Hydrocortisone	Tab 5 mg & 20 mg Powder Crn 1%	Douglas ABM PSM	2012 2011
Hydrocortisone acetate	Rectal foam 10%, CFC-free (14 applications)	Colifoam	2012
Hydrocortisone butyrate	Scalp lotn 0.1%	Locoid	2010
Hydrocortisone with wool fat and mineral oil	Lotn 1% with wool fat hydrous 3% and mineral oil	DP Lotn HC	2011
Hydroxychloroquine sulphate	Tab 200 mg	Plaquenil	2012
Hypromellose	Eye drops 0.5%	Methopt	2011
Hysocine N-butylbromide	Inj 20 mg, 1 ml Tab 20 mg	Buscopan Gastrosoothe	2011
Ibuprofen	Tab 200 mg 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
Isotretinoin	Cap 10 mg & 20 mg	Oratane	2012
Itraconazole	Cap 100 mg	Sporanox	2010
Ketoconazole	Shampoo 2%	Sebizole	2011
Lactulose	Oral liq 10 g per 15 ml	Duphalac	2010

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Generic Name	Presentation	Brand Name	Expiry Date*
Latanoprost	Eye drops 50 µg per ml	Hysite	2012
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
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
Methylprednisolone sodium succinate	Inj 40 mg per ml, 1 ml Inj 62.5 mg per ml, 2 ml Inj 500 mg Inj 1 g	Solu-Medrol Solu-Medrol Solu-Medrol Solu-Medrol	2012
Metoclopramide hydrochloride	Inj 5 mg per ml, 2 ml	Pfizer	2011
Miconazole nitrate	Crn 2%	Multichem	2011

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Sole Subsidised Supply Products – cumulative to March 2010

Generic Name	Presentation	Brand Name	Expiry Date*
Morphine hydrochloride	Oral liq 1 mg per ml Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml	RA-Morph RA-Morph RA-Morph RA-Morph	2012
Morphine sulphate	Tab immediate release 10 mg & 20 mg Inj 10 mg per ml, 1 ml Inj 30 mg per ml, 1 ml	Sevredol Mayne Mayne	2012 2011
Nadolol	Tab 40 mg & 80 mg	Apo-Nadolol	2010
Naltrexone hydrochloride	Tab 50 mg	ReVia	2010
Naproxen	Tab 250 mg Tab 500 mg	Noflam 250 Noflam 500	2012
Naproxen sodium	Tab 275 mg	Sonafnam	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 & 21 mg Lozenge 1 mg & 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
Oxytocin	Inj 5 iu per ml, 1 ml Inj 10 iu per ml, 1 ml Inj 5 iu with ergometrine maleate 500 µg per ml, 1 ml	Syntocinon Syntocinon Syntometrine	2012
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

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Sole Subsidised Supply Products – cumulative to March 2010

Generic Name	Presentation	Brand Name	Expiry Date*
Pantoprazole	Inj 40 mg Tab 20 mg & 40 mg	Pantocid IV Dr Reddy's Pantoprazole	2010
Paracetamol	Tab 500 mg Oral liq 120 mg per 5 ml Oral liq 250 mg per 5 ml	Pharmacare Paracare Junior Paracare Double Strength	2011
Paraffin liquid with soft white paraffin	Eye oint with soft white paraffin	Lacri-Lube	2010
Paroxetine hydrochloride	Tab 20 mg	Loxamine	2010
Peak Flow Meter	Low range and Normal range	Breath-Alert	30/9/11
Pegylated interferon alpha-2A	Inj 135 µg prefilled syringe Inj 180 µg prefilled syringe Inj 135 µg prefilled syringe x 4 with ribavirin tab 200 mg x 112 Inj 135 µg prefilled syringe x 4 with ribavirin tab 200 mg x 168 Inj 180 µg prefilled syringe x 4 with ribavirin tab 200 mg x 112 Inj 180 µg prefilled syringe x 4 with ribavirin tab 200 mg x 168	Pegasys Pegasys Pegasys RBV Combination Pack Pegasys RBV Combination Pack Pegasys RBV Combination Pack Pegasys RBV Combination Pack	31/12/12
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
Pioglitazone	Tab 15 mg, 30 mg & 45 mg	Pizaccord	2012
Poloxamer	Oral drops 10%	Coloxyl	2011
Polyvinyl alcohol	Eye drops 1.4% Eye drops 3%	Vistil Vistil Forte	2011
Potassium chloride	Tab long-acting 600 mg	Span-K	2012
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
Quinine sulphate	Tab 300 mg	Q 300	2012

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Sole Subsidised Supply Products – cumulative to March 2010

Generic Name	Presentation	Brand Name	Expiry Date*
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
Sodium citro-tartrate	Grans eff 4 g sachets	Ural	2010
Sodium cromoglycate	Nasal spray, 4%	Rex	2012
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 µg 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	Crn 0.02% Oint 0.02% Inj 40 mg per ml, 1 ml 0.1% in Dental Paste USP	Aristocort Aristocort 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	Oint BP	PSM	2011
Zinc sulphate	Cap 220 mg	Zincaps	2011

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

Sole Subsidised Supply Products – cumulative to March 2010

Generic Name	Presentation	Brand Name	Expiry Date*
Zopiclone	Tab 7.5 mg	Apo-Zopiclone	2011

March changes in bold

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

New Listings

Effective 1 March 2010

37	VITAMINS * Cap (fat soluble vitamins A, D, E, K) – Special Authority see SA1002 – Retail pharmacy23.40	60	✓ Vitabdeck
	<p>▶ SA1002]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. Patient has cystic fibrosis with pancreatic insufficiency; or 2. Patient is an infant or child with liver disease or short gut syndrome.</p>		
60	CROTAMITON a) Only on a prescription b) Not in combination Crm 10%.....	3.79	20 g OP ✓ Itch-Soothe
63	CHLORHEXIDINE GLUCONATE - Subsidy by endorsement a) No more than 500 ml per month b) Only if prescribed for a dialysis patient and the prescription is endorsed accordingly * Handrub 1% with ethanol 70%	4.60	500 ml ✓ healthE
73	PREGNANCY TESTS - HCG URINE – Only on a PSO Cassette – Up to 200 test available on a PSO	22.80	40 test OP ✓ Innovacon hCG One Step Pregnancy Test Device
99	INFLUENZA VACCINE – Hospital pharmacy [Xpharm] A) is available between 1 March and 30 June each year for patients who meet the following criteria, as set by the Ministry of Health: a) all people 65 years of age and over; b) people under 65 years of age with: i) the following cardiovascular disease: 1) ischaemic heart disease, 2) congestive heart disease, 3) rheumatic heart disease, 4) congenital heart disease, or 5) cerebo-vascular disease; 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. c) people under 65 years of age who are:		

continued...

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings - effective 1 March 2010 (continued)

continued...

- i) pregnant; or
- ii) morbidly obese
- d) children under the age of 5 who are enrolled with an Access Primary Health Organisation

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,
- B) Doctors are the only Contractors entitled to claim payment from the Funder for the supply of influenza vaccine to patients eligible under the above criteria for subsidised immunisation and they may only do so in respect of the influenza vaccine listed in the Pharmaceutical Schedule.
- C) Individual DHBs may fund patients over and above the above criteria. The claiming process for these additional patients should be determined between the DHB and Contractor.
- D) Influenza Vaccine does not fall within the definition Community Pharmaceutical as it is not funded directly from the Pharmaceutical Budget. Pharmacists are unable to claim for the dispensing of influenza vaccine from the Funder.

Inj 90.00 10 ✓ **Influvac**

146 MEGESTROL ACETATE – Retail pharmacy-Specialist

Tab 160 mg 57.92 30 ✓ **Apo-Megestrol**

Effective 1 February 2010

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.

Meter 9.00 1 ✓ **On Call Advanced**

31 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 × 50 and lancets × 5 19.10 1 OP ✓ **On Call Advanced**

119 SUMATRIPTAN

Tab 50 mg 38.83 100 ✓ **Arrow-Sumatriptan**

Tab 100 mg 77.66 100 ✓ **Arrow-Sumatriptan**

125 RISPERIDONE

Tab 0.5 mg 3.51 60 ✓ **Apo-Risperidone**

Tab 1 mg 6.00 60 ✓ **Apo-Risperidone**

✓ **Dr Reddy's Risperidone**

Tab 2 mg 11.00 60 ✓ **Apo-Risperidone**

✓ **Dr Reddy's Risperidone**

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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New Listings - effective 1 February 2010 (continued)

<i>continued...</i>			
Tab 3 mg	15.00	60	✓ Apo-Risperidone ✓ Dr Reddy's Risperidone
Tab 4 mg	20.00	60	✓ Apo-Risperidone ✓ Dr Reddy's Risperidone
Oral liq 1 mg per ml	18.35	30 ml	✓ Apo-Risperidone
134 METHYLPHENIDATE HYDROCHLORIDE EXTENDED-RELEASE – Special Authority see SA0924 – Retail pharmacy Only on a controlled drug form			
Cap modified-release 10 mg	19.50	30	✓ Ritalin LA
144 DASATINIB – Special Authority see SA0976			
Tab 100 mg	6,214.20	30	✓ Sprycel
146 LETROZOLE			
Tab 2.5 mg	26.55	30	✓ Letara
151 PROMETHAZINE HYDROCHLORIDE			
*‡ Oral liq 5 mg per 5 ml	3.10	100 ml	✓ Promethazine Winthrop Elixir
155 FLUTICASONONE PROPIONATE			
Metered aqueous nasal spray, 50 µg per dose	13.34	120 dose OP	✓ Flixonase Hayfever & Allergy

Effective 1 January 2010

26 MESALAZINE			
Tab EC 500 mg	49.50	100	✓ Asamax
52 PINDOLOL			
* Tab 5 mg	5.40	100	✓ Apo-Pindolol
* Tab 10 mg	9.19	100	✓ Apo-Pindolol
* Tab 15 mg	13.80	100	✓ Apo-Pindolol
59 SILVER SULPHADIAZINE			
Crm 1%	12.30	50 g OP	✓ Flamazine
a) Up to 250 g available on a PSO			
b) Not in combination			
73 SOLIFENACIN SUCCINATE – Special Authority see SA0998 – Retail pharmacy			
Tab 5 mg	56.50	30	✓ Vesicare
Tab 10 mg	56.50	30	✓ Vesicare
▶ SA0998 Special Authority for Subsidy			
Initial application from any relevant practitioner. Applications valid without further renewal unless notified for applications where the patient has overactive bladder and a documented intolerance of oxybutynin.			
85 FLUCLOXACILLIN SODIUM			
Cap 250 mg – Up to 30 cap available on a PSO	32.00	250	✓ AFT
Cap 500 mg	110.00	500	✓ AFT
112 PARACETAMOL WITH CODEINE			
* Tab paracetamol 500 mg with codeine phosphate 8 mg	2.45	100	✓ ParaCode

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
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Changes to Restrictions

Effective 1 March 2010

33	<p>URSODEOXYCHOLIC ACID – Special Authority see SA1003 0914 – Retail pharmacy Cap 300 mg 179.00 100 ✓ Actigall</p> <p>▶ SA1003 0914 Special Authority for Subsidy Initial application from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria: Either 1. Patient diagnosed with cholestasis of pregnancy; or 2. Both: +2.1 Primary biliary cirrhosis confirmed by antimitochondrial antibody titre (AMA) > 1:80, and raised cholestatic liver enzymes with or without raised serum IgM or, if AMA is negative, by liver biopsy; and +2.2 Patient not requiring a liver transplant (bilirubin > 170µmol/l; decompensated cirrhosis).</p> <p>Note: Liver biopsy is not usually required for diagnosis but is helpful to stage the disease. Renewal from any relevant practitioner. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment. Note: Ursodeoxycholic acid Actigall is not an appropriate therapy for patients requiring a liver transplant (bilirubin > 170 micromol/l; decompensated cirrhosis). These patients should be referred to an appropriate transplant centre. Treatment failure – doubling of serum bilirubin levels, absence of a significant decrease in ALP or ALT and AST, development of varices, ascites or encephalopathy, marked worsening of pruritus or fatigue, histological progression by two stages, or to cirrhosis, need for transplantation.</p>																																								
53	<p>DILTIAZEM HYDROCHLORIDE * Cap long-acting 120 mg (once per day) 4.34 30 ✓ Cardizem CD</p>																																								
55	<p>NICOTINE</p> <p>a) Maximum of 768 piece per prescription b) Maximum of 384 piece per dispensing c) For the avoidance of doubt Nicotine will not be funded Close Control in amounts less than 4 weeks. d) The maximum of 384 piece per dispensing cannot be waived via Access Exemption Criteria.</p> <table border="0"> <tbody> <tr> <td>Gum 2 mg (Fruit).....</td> <td>14.97</td> <td>96 OP</td> <td>✓ Habitrol</td> </tr> <tr> <td></td> <td>23.41</td> <td></td> <td>✓ Nicotinell</td> </tr> <tr> <td>Gum 2 mg (Mint).....</td> <td>14.97</td> <td>96 OP</td> <td>✓ Habitrol</td> </tr> <tr> <td></td> <td>23.41</td> <td></td> <td>✓ Nicotinell</td> </tr> <tr> <td>Gum 4 mg (Fruit).....</td> <td>20.02</td> <td>96 OP</td> <td>✓ Habitrol</td> </tr> <tr> <td></td> <td>23.41</td> <td></td> <td>✓ Nicotinell</td> </tr> <tr> <td>Gum 4 mg (Mint).....</td> <td>20.02</td> <td>96 OP</td> <td>✓ Habitrol</td> </tr> <tr> <td></td> <td>23.41</td> <td></td> <td>✓ Nicotinell</td> </tr> </tbody> </table> <p>55 NICOTINE</p> <p>a) Maximum of 432 loz per prescription b) Maximum of 216 loz per dispensing c) For the avoidance of doubt Nicotine will not be funded Close Control in amounts less than 4 weeks. d) The maximum of 216 loz per dispensing cannot be waived via Access Exemption Criteria.</p> <table border="0"> <tbody> <tr> <td>Lozenge 1 mg</td> <td>11.08</td> <td>36 OP</td> <td>✓ Habitrol</td> </tr> <tr> <td>Lozenge 2 mg</td> <td>11.08</td> <td>36 OP</td> <td>✓ Habitrol</td> </tr> </tbody> </table>	Gum 2 mg (Fruit).....	14.97	96 OP	✓ Habitrol		23.41		✓ Nicotinell	Gum 2 mg (Mint).....	14.97	96 OP	✓ Habitrol		23.41		✓ Nicotinell	Gum 4 mg (Fruit).....	20.02	96 OP	✓ Habitrol		23.41		✓ Nicotinell	Gum 4 mg (Mint).....	20.02	96 OP	✓ Habitrol		23.41		✓ Nicotinell	Lozenge 1 mg	11.08	36 OP	✓ Habitrol	Lozenge 2 mg	11.08	36 OP	✓ Habitrol
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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 March 2010 (continued)

- 55 NICOTINE
- Maximum of 56 patch per prescription
 - Maximum of 28 patch per dispensing
 - For the avoidance of doubt Nicotine will not be funded Close Control in amounts less than 4 weeks.
 - The maximum of 28 patch per dispensing cannot be waived via Access Exemption Criteria.**

Patch 7 mg	10.53	7 OP	✓ Habitrol
Patch 14 mg	11.63	7 OP	✓ Habitrol
Patch 21 mg	12.32	7 OP	✓ Habitrol
- 99 INFLUENZA VACCINE – Hospital pharmacy [Xpharm]
- A) is available between 1 March and 30 June each year for patients who meet the following criteria, as set by the Ministry of Health:
- all people 65 years of age and over;
 - people under 65 years of age with:
 - the following cardiovascular disease:
 - ischaemic heart disease,
 - congestive heart disease,
 - rheumatic heart disease,
 - congenital heart disease, or
 - cerebo-vascular disease;
 - the following chronic respiratory disease:
 - asthma, if on a regular preventative therapy, or
 - other chronic respiratory disease with impaired lung function;
 - diabetes;
 - chronic renal disease;
 - any cancer, excluding basal and squamous skin cancers if not invasive;
 - the following other conditions:
 - autoimmune disease,
 - immune suppression,
 - HIV,
 - transplant recipients,
 - neuromuscular and CNS diseases,
 - haemoglobinopathies, or
 - children on long term aspirin.
 - people under 65 years of age who are:
 - pregnant; or
 - morbidly obese
 - children under the age of 5 who are enrolled with an Access Primary Health Organisation
- The following conditions are excluded from funding:
- asthma not requiring regular preventative therapy,
 - hypertension and/or dyslipidaemia without evidence of end-organ disease.
 - ~~pregnancy in the absence of another risk factor.~~
- B) Doctors are the only Contractors entitled to claim payment from the Funder for the supply of influenza vaccine to patients eligible under the above criteria for subsidised immunisation and they may only do so in respect of the influenza vaccine listed in the Pharmaceutical Schedule.
- C) Individual DHBs may fund patients over and above the above criteria. The claiming process for these additional patients should be determined between the DHB and Contractor.
- D) Influenza Vaccine does not fall within the definition Community Pharmaceutical as it is not funded directly from the Pharmaceutical Budget. Pharmacists are unable to claim for the dispensing of influenza vaccine from the Funder.

continued...

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions - effective 1 March 2010 (continued)

continued...

Inj	9.00	1	✓ Fluvax ✓ Fluairix ✓ Fluairix ✓ Influvac ✓ Vaxigrip
	90.00	10	
125 TRIFLUOPERAZINE HYDROCHLORIDE			
Tab 1 mg	9.83	100	✓ Stelazine S29
Tab 2 mg	14.64	100	✓ Stelazine S29
Tab 5 mg	16.66	100	✓ Stelazine S29

Effective 1 February 2010

- 73 PREGNANCY TESTS - HCG URINE – Only on a **PSO W\$0**
Cassette – **Up to 200 test available on a PSO** 19.00 25 test **OP** ✓ **MDS Quick Card**
Distributed by MDS Diagnostics, PO Box 24-162, Royal Oak, Auckland. Ph 09 570 5761
- 99 INFLUENZA VACCINE – Hospital pharmacy [Xpharm]
A) is available between 1 March and 30 June each year for patients who meet the following criteria, as set by the Ministry of Health:
- a) all people 65 years of age and over;
 - b) people under 65 years of age with:
 - i) the following cardiovascular disease:
 - 1) ischaemic heart disease,
 - 2) congestive heart disease,
 - 3) rheumatic heart disease,
 - 4) congenital heart disease, or
 - 5) cerebo-vascular disease;
 - 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.
 - c) **people under 65 years of age who are:**
 - (i) **pregnant; or**
 - (ii) **morbidly obese**
 - d) **children under the age of 5 who are enrolled with an Access Primary Health Organisation**
- 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...

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

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

Changes to Restrictions - effective 1 February 2010 (continued)

continued...

- B) Doctors are the only Contractors entitled to claim payment from the Funder for the supply of influenza vaccine to patients eligible under the above criteria for subsidised immunisation and they may only do so in respect of the influenza vaccine listed in the Pharmaceutical Schedule.
- C) Individual DHBs may fund patients over and above the above criteria. The claiming process for these additional patients should be determined between the DHB and Contractor.
- D) Influenza Vaccine does not fall within the definition Community Pharmaceutical as it is not funded directly from the Pharmaceutical Budget. Pharmacists are unable to claim for the dispensing of influenza vaccine from the Funder.

Inj	9.00	1	✓ Fluvax ✓ Fluarix
	90.00	10	✓ Fluarix ✓ Vaxigrip
146 EXEMESTANE – Additional subsidy by Special Authority see SA1000 – Retail pharmacy			
Tab 25 mg	26.55	30	
	(175.00)		Aromasin

▶ SA1000 Special Authority for Alternate Subsidy

Initial Application – from any relevant practitioner. Approvals valid for 5 years for applications meeting the following criteria:

All of the following:

1. Patient is a postmenopausal woman; and
2. Patient has hormone receptor positive breast cancer; and
3. Any of the following
 - 3.1 The patient was receiving funded exemestane prior to 1 February 2010; or
 - 3.2 The patient has advanced breast cancer and a very clear history of intolerance to anastrozole or letrozole; or
 - 3.3 The patient has advanced breast cancer and disease has progressed following treatment with anastrozole or letrozole.

Renewal from any relevant practitioner. Approvals valid without further renewal unless notified where the treatment remains appropriate and the patient is benefitting from treatment.

Note – Repeat dispensings for Aromasin tab 25 mg will be fully subsidised where the initial dispensing was before 1 February 2010.

Effective 1 January 2010

79	SOMATROPIN GROWTH HORMONE BIOSYNTHETIC HUMAN – Special Authority see SA0755		
* Inj cartridge 16 iu per vial	249.60	1	✓ Genotropin
	1,248.00	5	✓ Genotropin
* Inj cartridge 36 iu per vial	561.60	1	✓ Genotropin
	2,808.00	5	✓ Genotropin
80	SOMATROPIN RECOMBINANT HUMAN GROWTH HORMONE – Special Authority see SA0755		
* Inj 5 mg	300.00	1	✓ Norditropin SimpleXx 5 mg
* Inj 10 mg	600.00	1	✓ Norditropin SimpleXx 10 mg
* Inj 15 mg	900.00	1	✓ Norditropin SimpleXx 15 mg

▲ 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

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Generic Mnfr
✓ fully subsidised

Changes to Restrictions - effective 1 January 2010 (continued)

149	CYCLOSPORIN A – Hospital pharmacy [HP3]			
	Cap 25 mg	59.50	50	✓ Neoral
	Cap 50 mg	118.54	50	✓ Neoral
	Cap 100 mg	237.08	50	✓ Neoral
	Oral liq 100 mg per ml	264.17	50 ml OP	✓ Neoral
	Note – change in chemical name from cyclosporin A to cyclosporin only.			
179	ORAL FEED 1.5KCAL/ML – Special Authority see SA0702 – Hospital pharmacy [HP3]			
	Liquid (coffee latte)	1.33	237 ml OP	✓ Ensure Plus

Changes to Subsidy and Manufacturer's Price

Effective 1 March 2010

26	SULPHASALAZINE († subsidy)			
	* Tab 500 mg	11.68	100	✓ Salazopyrin
	* Tab EC 500 mg	12.89	100	✓ Salazopyrin EN
112	PARACETAMOL WITH CODEINE († subsidy)			
	* Tab paracetamol 500 mg with codeine phosphate 8 mg	2.45 (3.24)	100	Codalgin
121	APOMORPHINE HYDROCHLORIDE († subsidy)			
	▲ Inj 10 mg per ml, 2 ml	110.00	5	✓ Apomine
124	LITHIUM CARBONATE († subsidy)			
	Tab long-acting 400 mg	17.65	100	✓ Priadel
127	LORAZEPAM – Month Restriction († subsidy)			
	Tab 1 mg	16.42	250	✓ Ativan
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
	Tab 2.5 mg	11.17	100	✓ Ativan
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			

Effective 9 February 2010

140	DOCETAXEL – PCT only – Specialist – Special Authority see SA0880 († subsidy)			
	Inj 1 mg for ECP	23.81	1 mg	✓ Baxter

Effective 1 February 2010

36	CALCITRIOL († subsidy)			
	* Cap 0.25 µg	10.10	100	✓ Calcitriol-AFT
	* Cap 0.5 µg	18.73	100	✓ Calcitriol-AFT
36	HYDROXOCOBALAMIN († subsidy)			
	* Inj 1 mg per ml, 1 ml – Up to 6 inj available on a PSO	6.15	3	✓ ABM Hydroxocobalamin
50	FLECAINIDE ACETATE – Retail pharmacy–Specialist († subsidy)			
	▲ Tab 50 mg	45.82	60	✓ Tambocor
	▲ Tab 100 mg	80.92	60	✓ Tambocor
	▲ Cap long-acting 100 mg	45.82	30	✓ Tambocor CR
	▲ Cap long-acting 200 mg	80.92	30	✓ Tambocor CR
	Inj 10 mg per ml, 15 ml	52.45	5	✓ Tambocor
52	METOPROLOL SUCCINATE († subsidy)			
	* Tab long-acting 23.75 mg	2.73	30	✓ Betaloc CR
	* Tab long-acting 47.5 mg	3.41	30	✓ Betaloc CR
	* Tab long-acting 95 mg	5.88	30	✓ Betaloc CR
	* Tab long-acting 190 mg	10.63	30	✓ Betaloc CR

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

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

Check your Schedule for full details
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Subsidy
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Brand or
Generic Mnfr
✓ fully subsidised

Changes to Subsidy and Manufacturer's Price – effective 1 February 2010 (continued)

56	SILDENAFIL – Special Authority see SA0968 – Hospital pharmacy [HP1] († subsidy)			
	Tab 25 mg	52.00	4	✓ Viagra
	Tab 100 mg	68.00	4	✓ Viagra
64	PERMETHRIN (↓ subsidy)			
	Crm 5%	3.65 (4.20)	30 g OP	Lyderm
65	CALCIPOTRIOL (↓ subsidy)			
	Crm 50 µg per g	20.20	30 g OP	✓ Daivonex
		56.32	100 g OP	✓ Daivonex
	Oint 50 µg per g	20.20	30 g OP	✓ Daivonex
		56.32	100 g OP	✓ Daivonex
	Soln 50 µg per ml	20.22	30 ml OP	✓ Daivonex
		33.79	60 ml OP	✓ Daivonex
81	GOSERELIN ACETATE – Hospital pharmacy [HP3] (↓ subsidy)			
	Inj 3.6 mg	200.00	1	✓ Zoladex
	Inj 10.8 mg	500.00	1	✓ Zoladex
119	SUMATRIPTAN (↓ subsidy)			
	Tab 50 mg	1.55 (12.00) (22.00)	4	✓ Arrow-Sumatriptan Sumagran Imigran
	Tab 100 mg	1.55 (12.00) (22.00)	2	✓ Arrow-Sumatriptan Sumagran Imigran
120	PIZOTIFEN (↓ price)			
	* Tab 500 µg	21.10	100	✓ Sandomigran
140	DOCETAXEL – PCT only – Specialist – Special Authority see SA0880 (↓ subsidy)			
	Inj 1 mg for ECP	17.55	1 mg	✓ Baxter
145	ANASTROZOLE (↓ subsidy)			
	Tab 1 mg	26.55	30	✓ Arimidex
146	EXEMESTANE – Additional subsidy by Special Authority see SA1000 – Retail pharmacy (↓ subsidy)			
	Tab 25 mg	26.55 (175.00)	30	Aromasin

Effective 1 January 2010

30	METFORMIN HYDROCHLORIDE (↓ subsidy)			
	* Tab immediate-release 500 mg	8.09	500	✓ Arrow-Metformin
	* Tab immediate-release 850 mg	6.67	250	✓ Arrow-Metformin
34	GLYCEROL († subsidy)			
	* Suppos 3.6 g – Only on a prescription	6.00	20	✓ PSM

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Subsidy and Manufacturer's Price – effective 1 January 2010 (continued)

37	CHOLECALCIFEROL (↓ subsidy) * Tab 1.25 mg (50,000 iu) – Maximum of 12 tab per prescription.....	7.76	12	✓ Cal-d-Forte
39	FOLIC ACID (↑ subsidy) * Tab 0.8 mg * Tab 5 mg	19.80 10.21	1,000 500	✓ Apo-Folic Acid ✓ Apo-Folic Acid
62	HYDROCORTISONE BUTYRATE (↓ subsidy) Lipocream 0.1%..... Oint 0.1%..... Milky emul 0.1%.....	2.30 6.85 6.85 6.85	30 g OP 100 g OP 100 g OP 100 ml OP	✓ Locoid Lipocream ✓ Locoid Lipocream ✓ Locoid ✓ Locoid Crelo
62	HYDROCORTISONE WITH NATAMYCIN AND NEOMYCIN – Only on a prescription (↓ subsidy) Crm 1% with natamycin 1% and neomycin sulphate 0.5%..... Oint 1% with natamycin 1% and neomycin sulphate 0.5%	2.79 2.79	15 g OP 15 g OP	✓ Pimafucort ✓ Pimafucort
62	MOMETASONE FUROATE (↓ subsidy) Crm 0.1%..... Oint 0.1%	2.38 4.55 2.38 4.55	15 g OP 45 g OP 15 g OP 45 g OP	✓ Elocon ✓ Elocon ✓ Elocon ✓ Elocon
64	WOOL FAT WITH MINERAL OIL – Only on a prescription (↑ price) * Lotn hydrous 3% with mineral oil	1.40 (3.50)	250 ml OP	Hydroderm Lotion
66	HYDROCORTISONE BUTYRATE (↓ subsidy) Scalp lotn 0.1%	3.65	100 ml OP	✓ Locoid
72	MEDROXYPROGESTERONE ACETATE (↓ subsidy) * Inj 150 mg per ml, 1 ml syringe – Up to 5 inj available on a PSO	7.15	1	✓ Depo-Provera
72	CYPROTERONE ACETATE WITH ETHINYLOESTRADIOL (↓ subsidy) * Tab 2 mg with ethinyloestradiol 35 µg and 7 inert tabs.....	4.91 (6.30)	84	Estelle 35-ED
77	MEDROXYPROGESTERONE ACETATE * Tab 2.5 mg (↑ subsidy)..... * Tab 5 mg (↓ subsidy)..... * Tab 10 mg (↓ subsidy).....	3.09 13.06 6.85	30 100 30	✓ Provera ✓ Provera ✓ Provera
79	MEDROXYPROGESTERONE ACETATE (↓ subsidy) * Tab 100 mg – Retail pharmacy – Specialist	96.50	100	✓ Provera
	* Tab 200 mg – Retail pharmacy – Specialist	70.50	30	✓ Provera

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Subsidy and Manufacturer's Price – effective 1 January 2010 (continued)

79	SOMATROPIN – Special Authority see SA0755 (↓ subsidy)			
	* Inj cartridge 16 iu per vial	249.60	1	✓ Genotropin
		1,248.00	5	✓ Genotropin
	* Inj cartridge 36 iu per vial	561.60	1	✓ Genotropin
		2,808.00	5	✓ Genotropin
81	CABERGOLINE (↓ subsidy)			
	Tab 0.5 mg – Maximum of 2 tab per prescription; can be waived by Special Authority see SA0175	16.50	2	✓ Dostinex
		66.00	8	✓ Dostinex
84	AMOXYCILLIN CLAVULANATE (↓ subsidy)			
	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 (2.75)	100 ml	Augmentin
	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 (4.75)	100 ml	Augmentin
85	CLINDAMYCIN (↓ subsidy)			
	Inj phosphate 150 mg per ml, 4 ml – Retail pharmacy – Specialist.....	16.00	1	✓ Dalacin C
87	ISONIAZID – Retail pharmacy – Specialist (↓ subsidy)			
	No patient co-payment payable			
	* Tab 100 mg	20.00	100	✓ PSM
108	ETIDRONATE DISODIUM (↓ subsidy)			
	* Tab 200 mg	14.37 (22.80)	60	Didronel
		23.95	100	✓ Etidrate
109	QUININE SULPHATE (↑ price)			
	* Tab 200 mg	15.95 (17.20)	250	Q 200
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
111	CODEINE PHOSPHATE (↓ subsidy)			
	Tab 15 mg	5.39	100	✓ PSM
	Tab 30 mg	8.25	100	✓ PSM
	Tab 60 mg	17.76	100	✓ PSM
113	PETHIDINE HYDROCHLORIDE (↑ subsidy)			
	a) Only on a controlled drug form			
	b) No patient co-payment payable			
	Tab 50 mg	3.20	10	✓ PSM
	Tab 100 mg	4.20	10	✓ PSM

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Subsidy and Manufacturer's Price – effective 1 January 2010 (continued)

118	PHENOBARBITONE (↑ subsidy)			
	* Tab 15 mg	25.00	500	✓ PSM
	* Tab 30 mg	26.00	500	✓ PSM
127	ALPRAZOLAM – Month Restriction (↓ subsidy)			
	Tab 250 µg	3.15	50	✓ Arrow-Alprazolam
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
	Tab 500 µg	4.10	50	✓ Arrow-Alprazolam
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
	Tab 1 mg	7.25	50	✓ Arrow-Alprazolam
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
131	DEXAMPHETAMINE SULPHATE – Special Authority see SA0907 – Retail pharmacy (↓ subsidy) Only on a controlled drug form			
	Tab 5 mg	16.50	100	✓ PSM
136	OXALIPLATIN – PCT only – Specialist – Special Authority see SA0900 (↓ subsidy)			
	Inj 1 mg for ECP	1.42	1 mg	✓ Baxter
149	CYCLOSPORIN – Hospital pharmacy [HP3] (↓ subsidy)			
	Cap 25 mg	59.50	50	✓ Neoral
	Cap 50 mg	118.54	50	✓ Neoral
	Cap 100 mg	237.08	50	✓ Neoral
	Oral liq 100 mg per ml	264.17	50 ml OP	✓ Neoral

▲ 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 General Rules

Effective 1 March 2010

- 14 "Cost, Brand, Source of Supply" means that the Community Pharmaceutical is eligible for Subsidy on the basis of the Contractor's annotated purchase price, brand, and source of supply. **Alternatively a copy of the invoice for the purchase of the Pharmaceutical may be attached to the prescription, in the place of an annotation, in order to be eligible for Subsidy.**

Changes to Sole Subsidised Supply

Effective 1 March 2010

For the list of new Sole Subsidised Supply products effective 1 March 2010 refer to the bold entries in the cumulative Sole Subsidised Supply table pages 8-16.

Changes to Section E Part I

Effective 1 February 2010

Pharmaceuticals and quantities that may be obtained on a Practitioner's Supply Order

189 PREGNANCY TESTS – HCG URINE

✓Cassette

200 test

Pharmaceuticals that may be obtained on a Wholesale Supply Order

190 PREGNANCY TESTS – HCG URINE

✓Cassette

Delisted Items

Effective 1 March 2010

97	PEGYLATED INTERFERON ALPHA-2B WITH RIBAVIRIN – Special Authority see SA0953 – Hospital pharmacy [HP3] See prescribing guideline			
	Inj 50 µg × 4 with ribavirin cap 200 mg × 112	1,080.40	1 OP	✓ Pegatron Combination Therapy
	Inj 50 µg × 4 with ribavirin cap 200 mg × 84	976.80	1 OP	✓ Pegatron Combination Therapy
	Inj 80 µg × 4 with ribavirin cap 200 mg × 140	1,583.60	1 OP	✓ Pegatron Combination Therapy
	Inj 80 µg × 4 with ribavirin cap 200 mg × 168	1,687.20	1 OP	✓ Pegatron Combination Therapy
	Inj 80 µg × 4 with ribavirin cap 200 mg × 84	1,376.40	1 OP	✓ Pegatron Combination Therapy
	Inj 100 µg × 4 with ribavirin cap 200 mg × 112	1,746.40	1 OP	✓ Pegatron Combination Therapy
	Inj 100 µg × 4 with ribavirin cap 200 mg × 84	1,642.80	1 OP	✓ Pegatron Combination Therapy
	Inj 120 µg × 4 with ribavirin cap 200 mg × 140	2,116.40	1 OP	✓ Pegatron Combination Therapy
	Inj 120 µg × 4 with ribavirin cap 200 mg × 84	1,909.20	1 OP	✓ Pegatron Combination Therapy
	Inj 150 µg × 4 with ribavirin cap 200 mg × 140	2,516.00	1 OP	✓ Pegatron Combination Therapy
	Inj 150 µg × 4 with ribavirin cap 200 mg × 168	2,619.60	1 OP	✓ Pegatron Combination Therapy
	Inj 150 µg × 4 with ribavirin cap 200 mg × 84	2,308.80	1 OP	✓ Pegatron Combination Therapy
101	DICLOFENAC SODIUM			
	* Tab EC 25 mg	3.26 (3.51)	100	Apo-Diclo
	* Tab EC 50 mg	21.30 (25.88)	500	Apo-Diclo
115	TRIMIPRAMINE MALEATE			
	Cap 25 mg	6.20	100	✓ Tripress

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Delisted Items - effective 1 March 2010 (continued)

117	LAMOTRIGINE ▲ Tab dispersible 200 mg	101.80	56	✓ Mogine
121	BROMOCRIPTINE MESYLATE * Tab 10 mg	120.86	100	✓ Alpha-Bromocriptine
127	DIAZEPAM Tab 5 mg – Month Restriction..... ‡ Safety cap for extemporaneously compounded oral liquid preparations.	5.00	250	✓ Pro-Pam
142	PACLITAXEL – PCT only – Specialist Inj 30 mg	37.95	1	✓ Paclitaxel Ebewe
	Note – Paclitaxel Ebewe inj 30 mg, 5 inj pack remains listed.			
159	LATANOPROST – Retail pharmacy-Specialist See prescribing guideline ▲ Eye drops 50 µg per ml, 2.5ml	9.75 (19.50)	2.5 ml OP	Xalatan
160	PILOCARPINE * Eye drops 1%	3.24	15 ml OP	✓ Piloft
181	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 February 2010

30	GLIBENCLAMIDE * Tab 2.5 mg	3.78	100	✓ Gliben
	* Tab 5 mg	3.31	100	✓ Gliben
51	ACEBUTOLOL * Cap 100 mg	9.50	100	✓ ACB
54	TRIAMTERENE WITH HYDROCHLOROTHIAZIDE * Tab 50 mg with hydrochlorothiazide 25 mg	5.00	100	✓ Triamizide
58	ISOTRETINOIN – Special Authority see SA0955 – Retail pharmacy Cap 10 mg	26.93	100	✓ Isotane 10
	Cap 20 mg	38.72	100	✓ Isotane 20
93	SAQUINAVIR – Special Authority see SA0779 – Hospital pharmacy [HP1] Tab 500 mg	556.59	120	✓ Invirase
127	DIAZEPAM Tab 2 mg – Month Restriction..... ‡ Safety cap for extemporaneously compounded oral liquid preparations.	8.40	500	✓ Pro-Pam

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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Delisted Items - effective 1 February 2010 (continued)

150	AZATADINE MALEATE * Tab 1 mg	6.94 (16.90)	50	Zadine
151	BECLOMETHASONE DIPROPIONATE Aerosol inhaler, 50 µg per dose	8.54	200 dose OP	✓ Beclazone 50
	Aerosol inhaler, 100 µg per dose	12.50	200 dose OP	✓ Beclazone 100
	Aerosol inhaler, 250 µg per dose	22.67	200 dose OP	✓ Beclazone 250
Note – Beclazone CFC-free aerosol inhalers were listed 1 July 2009				
160	PILOCARPINE * Eye drops 6%	8.56	15 ml OP	✓ Piloft

Effective 1 January 2010

60	CALAMINE 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
72	MEDROXYPROGESTERONE ACETATE * Inj 150 mg per ml, 1 ml – Up to 5 inj available on a PSO	8.05	1	✓ Depo-Provera
86	CO-TRIMOXAZOLE * Oral liq sugar-free trimethoprim 40 mg and sulphamethoxazole 200 mg per 5 ml – Up to 200 ml available on a PSO	5.90	500 ml	✓ Trisul
151	DEXTROCHLORPHENIRAMINE MALEATE * Tab long-acting 6 mg	2.70 (7.73) 5.40 (12.56)	20 40	Polaramine Repetab Polaramine Repetab
160	PILOCARPINE * Eye drops 2%	4.32	15 ml OP	✓ Piloft

▲ 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
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Items to be Delisted

Effective 1 April 2010

62	MOMETASONE FUROATE				
	Crm 0.1%.....	2.38	15 g OP	✓ Elocon	
		4.55	45 g OP	✓ Elocon	
	Oint 0.1%.....	2.38	15 g OP	✓ Elocon	
		4.55	45 g OP	✓ Elocon	
72	CYPROTERONE ACETATE WITH ETHINYLOESTRADIOL				
	* Tab 2 mg with ethinyloestradiol 35 µg and 7 inert tabs.....	4.91 (6.30)	84		Estelle 35-ED
84	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 (2.75)	100 ml		Augmentin
	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 (4.75)	100 ml		Augmentin
108	ETIDRONATE DISODIUM				
	* Tab 200 mg.....	14.37 (22.80) 23.95	60 100		Didronel ✓ Etidrate

Effective 1 May 2010

30	METFORMIN HYDROCHLORIDE				
	* Tab immediate-release 500 mg.....	8.09	500	✓ Arrow-Metformin	
	* Tab immediate-release 850 mg.....	6.67	250	✓ Arrow-Metformin	
36	CALCITRIOL				
	* Cap 0.25 µg.....	10.10	100	✓ Calcitriol-AFT	
	* Cap 0.5 µg.....	18.73	100	✓ Calcitriol-AFT	
64	PERMETHRIN				
	Crm 5%.....	3.65 (4.20)	30 g OP		Lyderm
84	AMOXYCILLIN				
	Grans for oral liq 250 mg per 5 ml – Up to 200 ml available on a PSO.....	1.27	100 ml	✓ Ranbaxy Amoxicillin	
119	SUMATRIPTAN				
	Tab 50 mg.....	1.55 (12.00) (22.00)	4	✓ Arrow-Sumatriptan Sumagran Imigran	
	Tab 100 mg.....	1.55 (12.00) (22.00)	2	✓ Arrow-Sumatriptan Sumagran Imigran	

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 June 2010

52	PINDOLOL * Tab 5 mg 4.50 * Tab 10 mg 8.35 * Tab 15 mg 12.00	100 100 100	✓ Pindol ✓ Pindol ✓ Pindol
85	FLUCLOXACILLIN SODIUM Cap 250 mg – Up to 30 cap available on a PSO 18.50 Cap 500 mg 57.90	250 500	✓ Staphlex ✓ Staphlex
112	PARACETAMOL WITH CODEINE * Tab paracetamol 500 mg with codeine phosphate 8 mg 2.45 (3.24)	100	Codalgin

Effective 1 July 2010

59	SILVER SULPHADIAZINE Crm 1% with chlorhexidine digluconate 0.2% 15.04 a) Up to 500 g available on a PSO b) Not in combination	100 g OP	✓ Silvazine
62	HYDROCORTISONE BUTYRATE Milky emul 0.1% 5.00	30 ml OP	✓ Locoid Crelo
65	DITHRANOL Crm 1% 27.50	50 g OP	✓ Micanol
80	SOMATROPIN – Special Authority see SA0755 * Inj 5 mg 300.00 * Inj 10 mg 600.00 * Inj 15 mg 900.00	1 1 1	✓ Norditropin SimpleXx 5 mg ✓ Norditropin SimpleXx 10 mg ✓ Norditropin SimpleXx 15 mg
138	FLUDARABINE PHOSPHATE – PCT only – Specialist Tab 10 mg 650.25	15	✓ Fludara

Effective 1 August 2010

34	BISACODYL – Only on a prescription * Suppos 10 mg 3.96	12	✓ Fleet
38	FERROUS GLUCONATE WITH ASCORBIC ACID * Tab 170 mg with ascorbic acid 40 mg 12.04	500	✓ Healtheries Iron with Vitamin C
95	INTERFERON ALPHA-2A – PCT – Hospital pharmacy [HP3]-Specialist a) See prescribing guideline b) Only one multidose cartridge starter pack to be prescribed and dispensed per patient. Inj 4.5 m iu prefilled syringe 46.98 Inj 18 m iu multidose cartridge 187.92 Inj 18 m iu multidose cartridge × 2 starter pack 375.84	1 1 1	✓ Roferon-A ✓ Roferon-A ✓ Roferon-A

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Items to be Delisted - effective 1 August 2010 (continued)

95	INTERFERON ALPHA-2A WITH RIBAVIRIN – Special Authority see SA0784 – Hospital pharmacy [HP3] See prescribing guideline Inj 18 m iu multidose cartridge × 2 with ribavirin tab 200 mg × 168.....	1,375.84	1 OP	✓Roferon RBV Combination Pack
	Inj 18 m iu multidose cartridge × 2 with pen and needles with ribavirin tab 200 mg × 168	1,375.84	1 OP	✓Roferon RBV Combination Pack Starter Kit
114	TRIMIPRAMINE MALEATE Cap 50 mg	11.20	100	✓Tripress
151	DEXTROCHLORPHENIRAMINE MALEATE * Tab long-acting 6 mg	5.40 (12.56)	40	Polaramine Colour- Free Repetab
		2.70 (7.73)	20	Polaramine Colour- Free Repetab

Effective 1 September 2010

30	COPPER * Tab, diagnostic – Not on a BSO	5.02 (31.80)	36 OP	Clinitest
31	GLUCOSE OXIDASE Urine diagnostic test – Not on a BSO	4.11 (7.00)	50 strip OP	Diabur 5000
	Urine diagnostic test with peroxidase – Not on a BSO.....	4.11 (6.26)	50 strip OP	Diastix
		4.13 (8.65)		Clinistix
37	MULTIVITAMINS – Special Authority see SA0963 – Retail pharmacy Tab	19.65	100	✓Ketovite
	Oral liq	13.50	150 ml OP	✓Ketovite Liquid
84	AMOXYCILLIN Grans for oral liq 125 mg per 5 ml – Up to 200 ml available on a PSO	1.00	100 ml	✓Ranbaxy Amoxicillin
107	ALENDRONATE SODIUM WITH CHOLECALCIFEROL – Special Authority see SA0990 – Retail pharmacy Tab 70 mg with cholecalciferol 2,800 iu.....	35.91	4	✓Fosamax Plus

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$

Per

Brand or
Generic Mnfr
✓ fully subsidised

Items to be Delisted - effective 1 September 2010 (continued)

150	CYPROHEPTADINE HYDROCHLORIDE * Tab 4 mg	6.27	100	✓ Periactin
161	PHENYLEPHRINE HYDROCHLORIDE WITH ZINC SULPHATE * Eye drops 0.12% with zinc sulphate 0.25%	4.51	15 ml OP	✓ Zincfrin

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

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

Contracted Pharmaceutical Description	Brand	Price (\$) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceutical
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Section H changes to Part II

Effective 1 March 2010

ALENDRONATE SODIUM WITH CHOLECALCIFEROL

Tab 70 mg with cholecalciferol						
2,800 iu.....Fosamax Plus		35.91	4			
Note – Fosamax Plus tab 70 mg with cholecalciferol 2,800 iu to be delisted 1 May 2010.						

A POMORPHINE HYDROCHLORIDE (↑ price)

Inj 10 mg per ml, 2 ml.....Apomine		110.00	5			
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BISACODYL

Suppos 10 mg.....Fleet		3.96	12			
Note – Fleet suppos 10 mg to be delisted 1 May 2010.						

CROTAMITON

Crm 10%..... Itch-Soothe		3.79	20 g	1%	May-10	Eurax
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ETHAMBUTOL HYDROCHLORIDE

Tab 400 mg.....Myambutol		56.84	56			
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LORAZEPAM (↑ price)

Tab 1 mg.....Ativan		16.42	250			
Tab 2.5 mg.....Ativan		11.17	100			

MEGESTROL ACETATE

Tab 160 mg..... Apo-Megestrol		57.92	30	1%	May-10	Megace
Note – Megace tab 160 mg to be delisted 1 May 2010.						

PREGNANCY TEST – HCG URINE

Cassette..... Innovacon hCG One Step Pregnancy Test Device		22.80	40 test	1%	May-10	Cards hCG Urine Crystal Clear Clearview Easy hCG Clear Blue Discover Discovery Pregnancy Planning Kit Femfresh First Response Imagine Instant Pregnancy Tests MDS Quick Card MDS Quick Stick Unimark
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SULPHASALAZINE

Tab 500 mg.....Salazopyrin		11.68	100			
Tab EC 500 mg.....Salazopyrin EN		12.89	100			

Contracted Pharmaceutical Description	Brand	Price (\$) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceutical
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Effective 9 February 2010

DOCETAXEL

Inj 20 mg.....	Docetaxel Ebewe	325.00	1	1%	Feb-10	Docetaxel-Winthrop Faxotere
Inj 80 mg.....	Docetaxel Ebewe	1,300.00	1	1%	Feb-10	Docetaxel-Winthrop Faxotere

Note – HSS for Docetaxel Ebewe inj 20 mg and 80 mg has been suspended due to an out-of-stock.

Effective 1 February 2010

BLOOD GLUCOSE DIAGNOSTIC TEST METER

Meter	On Call Advanced	9.00	1			
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BLOOD GLUCOSE DIAGNOSTIC TEST STRIP

Blood glucose test strips x 50 and lancets x 5	On Call Advanced	19.10	1			
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CALCIPOTRIOL (↓ price)

Crn 50 µg per g.....	Daivonex	20.20	30 g			
Oint 50 µg per g	Daivonex	20.20	30 g			
Crn 50 µg per g.....	Daivonex	56.32	100 g			
Oint 50 µg per g	Daivonex	56.32	100 g			
Soln 50 µg per ml.....	Daivonex	20.22	30 ml			
Soln 50 µg per ml.....	Daivonex	33.79	60 ml			

CEFEPIME HYDROCHLORIDE (↓ price and addition of HSS)

Inj 1 g, 15 ml.....	Maxipime	19.55	1	1%	Apr-10	(B)
Inj 2 g, 77 ml.....	Maxipime	39.10	1	1%	Apr-10	(B)

DACLIZUMAB

Inj 25 mg per 5 ml vial.....	Zenapax	635.00	1			
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Note – Zenapax inj 25 mg per 5 ml vial to be delisted 1 April 2010.

DASATINIB

Tab 100 mg.....	Sprycel	6,214.20	30			
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FLECAINIDE ACETATE

Tab 50 mg.....	Tambocor	45.82	60			
Tab 100 mg.....	Tambocor	80.92	60			
Cap long-acting 100 mg	Tambocor CR	45.82	30			
Cap long-acting 200 mg	Tambocor CR	80.92	30			
Inj 10 mg per ml, 15 ml	Tambocor	52.45	5			

GOSERELIN ACETATE (↓ price)

Inj 3.6 mg.....	Zoladex	200.00	1			
Inj 10.8 mg.....	Zoladex	500.00	1			

HYDROXOCOBALAMIN (↓ price and addition of HSS)

Inj 1 mg per ml, 1 ml	ABM	6.15	3	1%	Apr-10	Neo-B12 Neo-Cytamen
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Note – Neo-B12 inj 1 mg per ml, 1 ml to be delisted 1 April 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 February 2010 (continued)

IRON SUCROSE

Inj 20 mg per ml, 5 ml **Venofer** 100.00 5 1% Apr-10 (B)

LETROZOLE

Tab 2.5 mg..... **Letara** 26.55 30 1% Apr-10 Femara
Letrozole Sandoz

Note – Femara tab 2.5 mg to be delisted 1 April 2010.

METHYLPHENIDATE HYDROCHLORIDE EXTENDED-RELEASE

Cap modified-release 10 mg..... **Ritalin LA** 19.50 30

METOPROLOL SUCCINATE (↓ price)

Tab long-acting 23.75 mg **Betaloc CR** 2.73 30
 Tab long-acting 47.5 mg..... **Betaloc CR** 3.41 30
 Tab long-acting 95 mg..... **Betaloc CR** 5.88 30
 Tab long-acting 190 mg **Betaloc CR** 10.63 30

PIZOTIFEN

Tab 500 µg **Sandomigran** 21.10 100 1% Apr-10 (B)

PROMETHAZINE HYDROCHLORIDE

Oral liq 5 mg per 5 ml **Promethazine
Winthrop Elixir** 3.10 100 ml 1% Apr-10 Phenergan

RISPERIDONE

Oral liq 1 mg per ml..... **Apo-Risperidone** 18.35 30 ml
 Tab 0.5 mg..... **Apo-Risperidone** 3.51 60
 Tab 1 mg..... **Apo-Risperidone** 6.00 60
 Dr Reddy's Risperidone
 Tab 2 mg..... **Apo-Risperidone** 11.00 60
 Dr Reddy's Risperidone
 Tab 3 mg..... **Apo-Risperidone** 15.00 60
 Dr Reddy's Risperidone
 Tab 4 mg..... **Apo-Risperidone** 20.00 60
 Dr Reddy's Risperidone

SUMATRIPTAN

Tab 50 mg..... **Arrow-Sumatriptan** 38.83 100 1% Apr-10 Imigran
Sumagran
 Tab 100 mg..... **Arrow-Sumatriptan** 77.66 100 1% Apr-10 Imigran
Sumagran

Note – Arrow-Sumatriptan tab 50 mg 4 tab pack size and 100 mg 2 tab pack size, and Sumagran tab 50 mg and 100 mg, to be delisted 1 April 2010

Effective 1 January 2010

CHOLECALCIFEROL (↓ price)

Tab 50,000 iu..... **Cal-d-Forte** 7.76 12

CLINDAMYCIN (↓ price)

Inj phosphate 150 mg per ml,
4 ml..... **Dalacin C** 16.00 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 January 2010 (continued)

CODEINE PHOSPHATE (↓ price)

Tab 15 mg.....	PSM	5.39	100	1%	Mar-08	(B)
Tab 30 mg.....	PSM	8.25	100	1%	Mar-08	(B)
Tab 60 mg.....	PSM	17.76	100	1%	Mar-08	(B)

CYCLOSPORIN (↓ price)

Cap 25 mg	Neoral	59.50	50			
Cap 50 mg	Neoral	118.54	50			
Cap 100 mg	Neoral	237.08	50			
Oral liq 100 mg per ml	Neoral	264.17	50 ml			

DEXAMPHETAMINE SULPHATE (↓ price)

Tab 5 mg.....	PSM	16.50	100	1%	Apr-08	(B)
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ERYTHROPOIETIN BETA (↓ price)

Inj 2,000 iu prefilled syringe.....	NeoRecormon	120.18	6			
Inj 3,000 iu prefilled syringe.....	NeoRecormon	166.87	6			
Inj 4,000 iu prefilled syringe.....	NeoRecormon	193.13	6			
Inj 5,000 iu prefilled syringe.....	NeoRecormon	243.26	6			
Inj 6,000 iu prefilled syringe.....	NeoRecormon	291.92	6			
Inj 10,000 iu prefilled syringe.....	NeoRecormon	395.18	6			

FLUCLOXACILLIN SODIUM

Cap 250 mg	AFT	32.00	250	1%	Mar-10	Staphlex
Cap 500 mg	AFT	110.00	500	1%	Mar-10	Staphlex

Note – Staphlex cap 250 mg and 500 mg to be delisted 1 March 2010.

GADOBUTROL

Inj 604.72 mg per ml (equivalent to 1 mmol per ml), 7.5 ml prefilled syringe	Gadovist	253.10	5			
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GADODIAMIDE

Inj 287 mg per ml, 10 ml	Omniscan	180.00	10			
Inj 287 mg per ml, 15 ml	Omniscan	270.00	10			
Inj 287 mg per ml, 10 ml pre-filled syringe	Omniscan	220.00	10			
Inj 287 mg per ml, 15 ml pre-filled syringe	Omniscan	330.00	10			
Inj 287 mg per ml, 20 ml pre-filled syringe	Omniscan	440.00	10			

GLYCEROL (↑ price)

Suppos 3.6 g.....	PSM	6.00	20			
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HEPARINISED SALINE

Inj 100 iu per ml, 5 ml	Mayne	103.76	50			
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Note – Mayne's brand of heparinised saline inj 100 iu per ml, 5 ml to be delisted 1 March 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 January 2010 (continued)

HYDROCORTISONE

Crm 1% with natamycin 1% and neomycin sulphate 0.5%	Pimafucort	2.79	15 g			
Oint 1% with natamycin 1% and neomycin sulphate 0.5%	Pimafucort	2.79	15 g			

HYDROCORTISONE BUTYRATE (new listing)

Scalp lotn 0.1%	Locoid	3.65	100 ml			
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HYDROCORTISONE BUTYRATE (↓ price)

Lipocream 0.1%	Locoid Lipocream	2.30	30 g			
Lipocream 0.1%	Locoid Lipocream	6.85	100 g			
Milky emulsion 0.1%	Locoid Crelo	6.85	100 ml			
Oint 0.1% (brand name change).....	Locoid Ointment	6.85	100 g			

IODIXANOL (new listing)

Inj 320 mg per ml (iodine equivalent), 150 ml.....	Visipaque	670.50	10	5%	Apr-10	(B)
Inj 320 mg per ml (iodine equivalent), 200 ml.....	Visipaque	894.00	10	5%	Apr-10	(B)

IODIXANOL (↓ price and addition of HSS)

Inj 270 mg per ml (iodine equivalent), 50 ml.....	Visipaque	223.50	10	5%	Apr-10	(B)
Inj 270 mg per ml (iodine equivalent), 100 ml.....	Visipaque	447.00	10	5%	Apr-10	(B)
Inj 320 mg per ml (iodine equivalent), 50 ml.....	Visipaque	223.50	10	5%	Apr-10	(B)
Inj 320 mg per ml (iodine equivalent), 100 ml.....	Visipaque	447.00	10	5%	Apr-10	(B)

IODIXANOL (addition of HSS)

Inj 320 mg per ml (iodine equivalent), 200 ml.....	Visipaque	565.56	6	5%	Apr-10	(B)
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IOHEXOL (↓ price and addition of HSS)

Inj 240 mg per ml (iodine equivalent), 50 ml	Omnipaque	77.80	10	5%	Apr-10	Iomeron Isovue 50 ml & 100 ml Optiray Ultravist
Inj 300 mg per ml (iodine equivalent), 20 ml	Omnipaque	24.00	6	5%	Apr-10	Iomeron Isovue Optiray 20 ml & 30 ml Ultravist

continued...

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Contracted Pharmaceutical Description	Brand	Price (\$) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceutical
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Section H changes to Part II - effective 1 January 2010 (continued)

continued...

Inj 300 mg per ml (iodine equivalent), 50 ml	Omnipaque	77.80	10	5%	Apr-10	Iomeron Isovue Optiray Ultraject 50 ml & 75 ml Ultravist
Inj 300 mg per ml (iodine equivalent), 100 ml	Omnipaque	155.60	10	5%	Apr-10	Iomeron Isovue Optiray 100 ml, 150 ml & 200 ml Ultraject 125 ml Ultravist
Inj 300 mg per ml (iodine equivalent), 500 ml	Omnipaque	468.00	6	5%	Apr-10	(B)
Inj 350 mg per ml (iodine equivalent), 20 ml	Omnipaque	24.00	6	5%	Apr-10	Iomeron Isovue Optiray 20 ml & 30 ml Ultraject 30 ml Ultravist 30 ml
Inj 350 mg per ml (iodine equivalent), 50 ml	Omnipaque	77.80	10	5%	Apr-10	Iomeron Isovue Optiray Ultraject Ultravist
Inj 350 mg per ml (iodine equivalent), 75 ml	Omnipaque	116.70	10	5%	Apr-10	Iomeron Optiray Ultraject
Inj 350 mg per ml (iodine equivalent), 100 ml	Omnipaque	155.60	10	5%	Apr-10	Iomeron Isovue Optiray Ultraject 100 ml & 125 ml Ultravist
Inj 350 mg per ml (iodine equivalent), 200 ml	Omnipaque	186.70	6	5%	Apr-10	Iomeron Isovue Optiray Ultravist
Inj 350 mg per ml (iodine equivalent), 500 ml	Omnipaque	780.00	10	5%	Apr-10	(B)
ISONIAZID (↓ price) Tab 100 mg.....	PSM	20.00	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 January 2010 (continued)

MEDROXYPROGESTERONE ACETATE

Inj 150 mg per ml, 1 ml, syringe (new listing).....	Depo-Provera	7.15	1			
Tab 2.5 mg († price).....	Provera	3.09	30	1%	Sept-07	Cytrin
Tab 5 mg (‡ price).....	Provera	13.06	100	1%	Sept-07	Cytrin
Tab 10 mg (‡ price).....	Provera	6.85	30	1%	Sept-07	Cytrin
Tab 100 mg (‡ price).....	Provera	96.50	100	1%	Sept-07	(B)
Tab 200 mg (‡ price).....	Provera	70.50	30	1%	Sept-07	(B)

MEGLUMINE DIATRIZOATE WITH SODIUM AMIDOTRIZOATE

Oral soln 660 mg per ml with sodium amidotrizoate 100 mg per ml, 100 ml.....	Gastrografin	21.00	1			
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MEGLUMINE GADOPENTETATE

Inj 469 mg per ml (equivalent to 0.5 mmol per ml), 10 ml vial.....	Magnevist	184.00	10			
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MESALAZINE

Tab EC 500 mg.....	Asamax	49.50	100			
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PETHIDINE HYDROCHLORIDE († price)

Tab 50 mg.....	PSM	3.20	10			
Tab 100 mg.....	PSM	4.20	10			

PHENOBARBITONE

Tab 15 mg.....	PSM	25.00	500			
Tab 30 mg.....	PSM	26.00	500			

PINDOLOL

Tab 5 mg.....	Apo-Pindolol	5.40	100	1%	Mar-10	Pindol
Tab 10 mg.....	Apo-Pindolol	9.19	100	1%	Mar-10	Pindol
Tab 15 mg.....	Apo-Pindolol	13.80	100	1%	Mar-10	Pindol

QUININE SULPHATE († price)

Tab 200 mg.....	Q 200	17.20	250			
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RECOMBINANT FACTOR VIII

Inj 250 IU.....	Xyntha	225.00	1			
Inj 500 IU.....	Xyntha	450.00	1			
Inj 1,000 IU.....	Xyntha	900.00	1			
Inj 2,000 IU.....	Xyntha	1,800.00	1			

Note – Refacto brand of recombinant factor VIII inj 250 iu, 500 iu, 1,000 iu and 2,000 iu to be delisted 1 April 2010.

SILVER SULPHADIAZINE

Crm 1%.....	Flamazine	12.30	50 g			
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SOLIFENACIN SUCCINATE

Tab 5 mg.....	Vesicare	56.50	30			
Tab 10 mg.....	Vesicare	56.50	30			

Contracted Pharmaceutical Description	Brand	Price (\$) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceutical
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Section H changes to Part II - effective 1 January 2010 (continued)

TROPISETRON (addition of HSS)

Cap 5 mg**Navoban** 77.41 5 1% Mar-10 (B)

Effective 1 December 2009

AMOXYCILLIN

Grans for oral liq 125 mg per 5 ml ..Ospamox 1.55 100 ml

Grans for oral liq 250 mg per 5 ml ..**Ospamox** 1.10 100 ml 1% Feb-10 Amoxil
Ranbaxy Amoxicillin

ATROPINE SULPHATE (↑ price and discontinuing HSS)

Eye drops 1%Atropt 17.36 15 ml ~~1% Dec-08~~ (B)

ATROPINE SULPHATE

Inj 1200 µg, 1 ml.....AstraZeneca 32.00 50

Note – AstraZeneca inj 1200 µg, 1 ml to be delisted 1 February 2010.

BLEOMYCIN SULPHATE

Inj 15,000 iu.....Blenoxane 680.00 10

Note – Blenoxane inj 15,000 iu to be delisted 1 February 2010.

CALCITRIOL

Cap 0.25 µg**Airflow** 3.03 30 1% Feb-10 Calcitriol-AFT
Rocaltrol

Cap 0.5 µg**Airflow** 5.62 30 1% Feb-10 Caltriol-AFT
Rocaltrol

Note – Calcitriol-AFT cap 0.25 µg and 0.5 µg to be delisted 1 February 2010.

CEPHALEXIN MONOHYDRATE

Grans for oral liq 125 mg per 5 ml ..**Cefalexin** 8.50 100 ml 1% Feb-10 (B)
Sandoz

Grans for oral liq 250 mg per 5 ml ..**Cefalexin** 11.50 100 ml 1% Feb-10 (B)
Sandoz

DOCETAXEL

Inj 20 mg.....**Docetaxel** 325.00 1 1% Feb-10 Docetaxel Winthrop
Ebewe Taxotere

Inj 80 mg.....**Docetaxel** 1,300.00 1 1% Feb-10 Docetaxel Winthrop
Ebewe Taxotere

Note – Taxotere inj 20 mg and 80 mg to be delisted 1 February 2010.

ETHAMBUTOL HYDROCHLORIDE

Tab 100 mg.....Myambutol 57.81 56

FUROSEMIDE

Tab 500 mg.....Urex Forte 50.00 50

HYDROXYETHYL STARCH 200/0.5 PENTASTARCH (amended description)

Inj Inf 10% per 500 ml bag.....**StarQuin 10%** 216.00 16 1% Sept-08 Pentaspan

Contracted Pharmaceutical Description	Brand	Price (\$) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceutical
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Section H changes to Part II - effective 1 December 2009 (continued)

LETROZOLE (↓ price)

Tab 2.5 mg.....Femara 146.46 30

MEGLUMINE DIATRIZOATE WITH SODIUM AMIDOTRIZOATE (↑ price)

Oral soln 660 mg per ml with sodium amidotrizoate 100 mg per ml, 100 ml.....Gastrografin 210.00 10

MEGLUMINE GADOPENTETATE

Inj 469 mg per ml (equivalent to 0.5 mmol per ml), 10 ml prefilled Syringe (↑ price).....Magnevist 92.00 5

Inj 469 mg per ml (equivalent to 0.5 mmol per ml), 20 ml.....Magnevist 33.85 1

Note – Magnevist inj 469 mg per ml, 20 ml to be delisted 1 February 2010.

PERMETHRIN

Lotn 5%**A-Scabies** 3.65 30 ml 1% Feb-10 Lyderm

Note – Lyderm crm 5% to be delisted 1 February 2010.

POLYETHYLENE GLYCOL WITH SODIUM SULPHATE (↑ price)

Powder, sachets.....Klean-Prep 16.46 4

QUETIAPINE (↓ price)

Tab 25 mg.....Quetapel 16.78 90

Tab 100 mg.....Quetapel 32.59 90

Tab 200 mg.....Quetapel 56.70 90

Tab 300 mg.....Quetapel 95.40 90

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