

Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 July 2010

Cumulative for May, June and July 2010

Section H for April, May, June and July 2010



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Summary of PHARMAC decisions

EFFECTIVE 1 JULY 2010

New listings (pages 21-23)

- Potassium iodate (NeuroKare) tab 268 µg (150 µg elemental)
- Danthron with poloxamer (Pinorax) oral liq 25 mg with poloxamer 200 mg per 5 ml – only on a prescription – only for the prevention or treatment of constipation in the terminally ill
- Multivitamins (paediatric Seravit) powder, 200 g OP – Special Authority – Retail pharmacy
- Vitamins (MultiADE) tab (BPC cap strength)
- Amlodipine (Norvasc) tab 5 mg and 10 mg
- Tretinoin (ReTrieve) crm 0.5 mg per g OP – maximum of 50 g per prescription
- Coal tar (Midwest) soln BP, 200 ml – only in combination
- Oestradiol (Estradot 50 mcg) TDDS 50 µg per day – Higher subsidy with Special Authority, no more than 2 patches per week, only on a prescription
- Clomiphene citrate (Serophene) tab 50 mg
- Lopinavir with ritonavir (Kaletra) tab 100 mg with ritonavir 25 mg – Special Authority – Hospital pharmacy [HP1]
- Fluoxetine hydrochloride (Fluox) cap 20 mg – 84 tablet pack
- Flumetasone pivalate (Locacorten-Vioform ED's) ear drops 0.02% with clioquinol 1%
- Glycerol (healthE) liquid, 2,000 ml – only in combination, only in extemporaneously compounded oral liquid preparations
- Protein supplement (Resource Beneprotein) powder, 227 g OP – Special Authority – Hospital pharmacy [HP3]
- Aminoacid formula with minerals without phenylalanine (Metabolic Mineral Mixture) powder, 100 g OP – Special Authority – Retail pharmacy

Changes to restrictions (pages 24-34)

- Clotrimazole (Clomazol) vaginal crm 1% with applicators – amended presentation
 - Hormone replacement therapy – systemic – amended Special Authority criteria
 - Clomiphene citrate – removal of Retail pharmacy-Specialist and only a prescription for a female patient restrictions
 - Dapsone (Dapsone) tab 25 mg and 100 mg – addition of Section 29
 - Antiretrovirals – amended Special Authority criteria
 - Influenza vaccine (Fluvax, Influvac, Vaxigrip) inj – extended season
 - Domperidone (Motilium) tab 10 mg – removal of Additional subsidy by Special Authority for manufacturers price
 - Tolcapone (Tasmar) tab 100 mg – removal of Retail pharmacy-Specialist prescription
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Summary of PHARMAC decisions – effective 1 July 2010 (continued)

- Octreotide (somatostatin analogue) (Hospira, Sandostatin) inj 50 µg per ml, 1 ml, 100 µg per ml, 1 ml, and 500 µg per ml, 1 ml, and (Sandostatin LAR) inj LAR prefilled syringe 10 mg, 20 mg and 30 mg – amended Special Authority criteria
- Trastuzumab (Herceptin) inj 150 mg vial and 440 mg vial, and (Baxter) inj 1 mg for ECP – amended Special Authority criteria

Decreased subsidy (pages 35-49)

- Pantoprazole (Dr Reddy's Pantoprazole) tab 20 mg and 40 mg
 - Bisacodyl (Lax-Tabs) tab 5 mg
 - Aspirin (Ethics Aspirin EC) tab 100 mg
 - Dextrose with electrolytes (Pedialyte – Bubblegum, Fruit and Plain) soln with electrolytes
 - Metoprolol succinate (Betoloc CR and Metoprolol – AFT CR) tab long-acting 23.75 mg, 47.5 mg, 95 mg and 190 mg
 - Bendrofluazide (Neo-Naclex) tab 2.5 mg and 5 mg
 - Spironolactone (Spirotone) tab 25 mg and 100 mg
 - Fusidic acid (Foban) crm 25 and oint 2%
 - Hydrocortisone with miconazole (Micreme H) crm 1% with miconazole nitrate 2%
 - Cetomacrogol (PSM) crm BP
 - Coal tar (PSM) soln BP
 - Clotrimazole (Clomazol) vaginal crm 1% with applicators and vaginal crm 2% with applicators
 - Testosterone undecanoate (Andriol Testocaps, Panteston) cap 40 mg
 - Cabergoline (Arrow-Cabergoline) tab 0.5 mg, 2 and 8 tab pack sizes
 - Cefaclor monohydrate (Ranbaxy-Cefaclor) grans for oral liq 125 mg per 5 ml
 - Phenoxymethylpenicillin (Penicillin V) (AFT) grans for oral liq 250 mg per 5 ml
 - Ibuprofen (Fenpaed) oral liq 100 mg per 5 ml
 - Aspirin (Aspec 300) tab EC 300 mg
 - Aspirin (Ethics Aspirin) tab dispersible 300 mg
 - Fluoxetine hydrochloride (Fluox) tab dispersible 20 mg, scored
 - Fluoxetine hydrochloride (Fluox) cap 20 mg
 - Paroxetine hydrochloride (Loxamine) tab 20 mg
 - Ropinirole hydrochloride (Ropin) tab 0.25 mg, 1 mg, 2 mg and 5 mg
 - Cisplatin (Baxter) inj 1 mg for ECP
 - Gemcitabine hydrochloride (Gemcitabine Ebewe) inj 200 mg and 1 g, and (Baxter) inj 1 mg for ECP
 - Docetaxel (Baxter) inj 1 mg for ECP
-

Summary of PHARMAC decisions – effective 1 July 2010 (continued)

- Mitozantrone (Mitozantrone Ebewe) inj 2 mg per ml, 10 ml, and (Baxter) inj 1 mg for ECP
- Loratadine (Loraclear Hayfever Relief) tab 10 mg, and (Lorapaed) oral liq 1 mg per ml
- Salbutamol (Salapin) oral liq 2 mg per 5 ml
- Glycerol (PSM) liquid

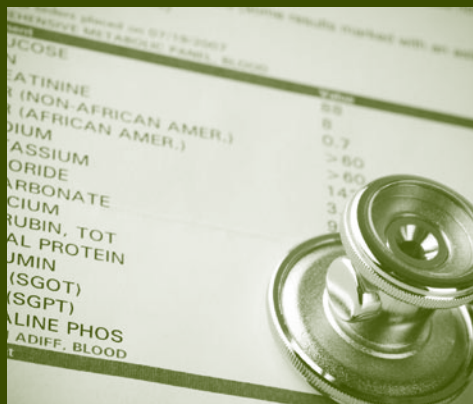
Increased subsidy (pages 37-38)

- Phenytoin sodium tab 50 mg (Dilantin Infatab), cap 30 mg and 100 mg (Dilantin), and oral liq 30 mg per 5 ml (Dilantin)
- Domperidone (Motillium) tab 10 mg
- Oral supplement 1kcal/ml (Sustagen Hospital Formula) powder (chocolate) and powder (vanilla), 900 g OP
- Oral elemental feed 1kcal/ml (Vivonex TEN) powder (unflavoured), 80.4 g OP

Topical acne treatment subsidised

ReTrieve (tretinoin) cream (0.5 mg per g) 50 g OP will be fully subsidised on the Pharmaceutical Schedule from 1 July 2010. ReTrieve will have a maximum quantity restriction of 50 g per prescription.

Tretinoin cream is indicated for topical application in the treatment of acne vulgaris, primary grades I-III in which comedones, papules and pustules predominate. Tretinoin cream is not



recommended as mono-therapy in cases of severe pustular and deep cystic nodular varieties (acne conglobata).

Clomiphene citrate tablets

An alternative brand of clomiphene citrate 50 mg tablets will be subsidised from 1 July 2010. Serophene, Merck Serono's brand of clomiphene citrate, will be fully subsidised and will be supplied in packs of 10. In addition the prescribing restrictions

of "Retail pharmacy-Specialist" and "Only on a prescription for a female patient" will be removed from 1 July 2010. The Phenate brand of clomiphene citrate is now out of stock.



New strength of lopinavir with ritonavir subsidised

A paediatric strength of Kaletra (lopinavir 100 mg with ritonavir 25 mg) tablets will be subsidised from 1 July 2010. The Special Authority that applies to the other presentations of lopinavir with ritonavir also applies to this paediatric strength.

Antiretrovirals – amended Special Authority criteria

From 1 July funding of antiretrovirals has been widened to include prophylaxis for non-occupational exposure to a known HIV source.

Also the renewal criteria for percutaneous exposure has been amended to permit more than one renewal application.

Potassium iodate tablets – new listing

The iodine supplement, NeuroKare (potassium iodate 268 µg (150 µg elemental)) tablets, will be fully subsidised without any restrictions from 1 July 2010. Potassium iodate is used in the synthesis of the thyroid hormones, triiodothyronine (T3) and thyroxine (T4), both of which are required for normal growth and development of the brain.

Danthron with poloxamer – new listing

Danthron with poloxamer oral liquid 25 mg, with poloxamer 200 mg per 5 ml (Pinorax), will be listed and fully subsidised on the Pharmaceutical Schedule from 1 July 2010. The following prescribing note has been applied to the listing – “Only for the prevention or treatment of constipation in the terminally ill”. The listing of this medicine gives further treatment options for the terminally ill. Danthron with poloxamer

oral liquid (Codalax) was discontinued in 2007 and PHARMAC has been seeking an alternative supplier since then.

Pinorax recently obtained provisional consent (Section 23) from Medsafe for distribution in New Zealand. Pinorax Forte (Danthron with poloxamer oral liquid 75 mg, with poloxamer 1 g per 5 ml) will be fully subsidised in the near future.

Amlodipine – temporary listing of Norvasc

Apo-Amlodipine 5 mg and 10 mg tablets are expected to go out-of-stock within the coming month. As a result PHARMAC will temporarily list Norvasc 5 mg and 10 mg tablets to cover this out-of-stock situation. Sole Supply Status and Hospital

Supply Status will be suspended on Apo-Amlodipine until further notice. Monthly pharmacist annotated Close Control will not be applied to the dispensing of amlodipine tablets at this time.

Transdermal oestrogen hormone replacement therapy – Special Authority amendment

Transdermal oestrogen hormone replacement therapy currently attracts additional subsidy via a Special Authority that can only be applied for by certain specialist groups and general practitioners. From 1 July 2010 the Special Authority will be amended to allow all relevant

practitioners the ability to apply for additional subsidy via Special Authority. Additionally, patients receiving subsidised somatropin, who also use hormone replacement therapy, will be eligible for the additional subsidy via Special Authority.

Influenza vaccine – season extended

The Ministry of Health recently decided to extend the influenza vaccination season. The vaccine will continue to be subsidised for eligible people until supplies are exhausted. The access criteria for influenza vaccine remain unchanged.



Domperidone – full funding and removal of Special Authority

From 1 July 2010 the Special Authority for manufacturer's price that applies to domperidone 10 mg tablets (Motilium) will be removed and domperidone 10 mg tablets will become fully funded for all patients.

Tolcapone – prescriber restriction removed

The prescriber restriction applying to the subsidy for tolcapone 100 mg tablets (Tasmar) will be removed from 1 July 2010. The "Retail pharmacy-Specialist Prescription, Specialist must be a neurologist, geriatrician or general physician" restriction will be removed. The restriction was in line with previous Medsafe requirements for the prescribing of tolcapone under Section

23 of the Medicines Act 1981, which no longer apply as this medicine now has full regulatory consent.

Tolcapone is indicated for use in combination with levodopa/benserazide and levodopa/carbidopa in Parkinson's disease, including both fluctuating and non-fluctuating patients.

Trastuzumab – Special Authority amended

From 1 July 2010 the Special Authority criteria for access to subsidised trastuzumab in the Pharmaceutical Schedule will be amended to allow access to DHB funding for treatment of up to 12 months for patients with HER 2 positive early breast cancer. This decision will result in an administrative and funding shift from the Ministry of Health to PHARMAC and the District Health Boards providing one consistent funding mechanism for all subsidised trastuzumab treatment. The new

administrative and funding arrangements will deliver administrative efficiencies to the health sector and improve data collection.



Octreotide – widened access

The Special Authority criteria for octreotide will be widened from 1 July 2010. In summary the Special Authority criteria for octreotide (somatostatin analogue) injection 50 µg per ml, 1 ml, 100 µg per ml, 1 ml and 500 µg per ml, 1 ml; LAR 10 mg prefilled syringe, LAR 20 mg prefilled syringe and LAR 30 mg prefilled syringe will be widened to include:

- The treatment of nausea and vomiting in patients with malignant bowel obstruction where treatment with antiemetics, rehydration, antimuscarinic agents,

corticosteroids and analgesics have failed; and

- The treatment of acromegaly in patients unwilling or unable to undergo surgery and/or radiotherapy or for an interim period until radiotherapy becomes fully effective.

Octreotide is not currently registered by Medsafe for the treatment of nausea and vomiting in patients with malignant bowel obstruction. As such, clinicians will need to comply with Section 25 of the Medicines Act if prescribing octreotide for this use.

Named Specialists for antiretrovirals

Last month we published a list of currently approved named Specialists that the Ministry of Health has approved to prescribe HIV antiretroviral agents in New Zealand. This list contained a number of prescribers who are no longer approved. The following have been removed and are no longer approved by the Ministry of Health to prescribe antiretrovirals:

- Dr Anthony Neil Graham – Tauranga
- Dr Elizabeth Spellacy - Tauranga
- Dr Kenneth Romeril - Wellington
- Dr Stephen Delany - Nelson
- Dr Robin Corbett – Christchurch
- Dr Charles Beresford – Dunedin
- Dr Deborah Williams - Dunedin



Diaphragms – rationalisation of products

Janssen-Cilag has notified that the Ortho Coil brand of diaphragms is being discontinued internationally. The Ortho All Flex diaphragm range will remain on the market but will be rationalised to four sizes with the 65, 70, 75 and 80 mm sizes only

to be available. Additionally the latex in the current Ortho All Flex product is to be changed to a silicone based product. Both latex and silicone products will be funded until the supply of the latex product is exhausted.

News in Brief

- The registration for the Link brand of **dapsone** tablets 25 mg and 100 mg has lapsed, so it is now being supplied under Section 29 of the Medicines Act 1981 as it is an unregistered medicine.
- Mylan New Zealand Limited has notified of its intention to discontinue its brand of **piroxicam** (Piram-D) dispersible tablets 10 mg and 20 mg in the next few months. Mylan expects to run out of both presentations in August 2010. PHARMAC has been unable to secure an alternative supply of piroxicam.
- Mylan New Zealand Limited has also notified of its intention to discontinue its brand of **labetalol** (Hybloc) tablets 400 mg in the next few months. Mylan expects to run out of stock in July 2010. PHARMAC has been unable to secure an alternative supply of labetalol 400 mg tablets.
- Roche Products (New Zealand) Ltd has notified of its intention of discontinue **midazolam** (Hypnovel) tab 7.5 mg. This is a global discontinuation. Roche is expected to have stock in New Zealand until approximately June 2011.



Tender News

Sole Subsidised Supply changes – effective 1 August 2010

| Chemical Name | Presentation; Pack size | Sole Subsidised Supply brand (and supplier) |
|-----------------------------|-------------------------------------|--|
| Chlorhexidine gluconate | Handrub 1% with ethanol 70%; 500 ml | healthE (Jaychem) |
| Crotamiton | Crn 10%; 20 g OP | Itch-Soothe (AFT) |
| Lamivudine | Oral liq 10 mg per ml, 240 ml OP | 3TC (GSK) |
| Lamivudine | Tab 150 mg; 60 tab | 3TC (GSK) |
| Megestrol acetate | Tab 160 mg; 30 tab | Apo-Megestrol (Apotex) |
| Pregnancy tests – hCG urine | Cassette; 40 test OP | Innovation hCG One Step Pregnancy Test (Inverness Medical) |

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.

Decision for implementation 1 August 2010

- Atorvastatin tab 10 mg (Lorstat 10), 20 mg (Lorstat 20), 40 mg (Lorstat 40) and 80 mg (Lorstat 80) – new listing
- Adalimumab (HumiraPen) inj 40 mg per 0.8 ml prefilled pen and (Humira) inj 40 mg per 0.8 ml prefilled syringe – amended Special Authority criteria
- Dietitian prescribing – special foods and potentially other products
- Hydrocortisone with cinchocaine (Proctosedyl) oint and suppos – new listing
- Insulin glargine (Lantus) inj 100 u per ml, 3 ml and 10 ml (Lantus SoloStar) inj 100 u per ml, 3 ml disposable pen – removal of Special Authority and addition of endorsement
- Insulin glulisine (Apidra) inj 100 u per ml, 10 ml and (Apidra SoloStar) inj 100 u per ml, 3 ml x 5 - new listing
- Ketone blood β - ketone electrodes (Optium Blood Ketone Test Strips) test strip – removal of endorsement criteria and addition of maximum of 20 strips per prescription
- Levonorgestrel (Jadelle) subdermal Implant (2 x 75 mg rods) – new listing
- Povidone iodine (Betadine) oint 10% - subsidy increase
- Quetiapine (Dr Reddy's Quetiapine) tab 25 mg, 100 mg, 200 mg and 300 mg – new listing

Possible decisions for implementation 1 August 2010 (continued)

- Removal of the 'Hospital Pharmacy [HP1]' restriction from the Pharmaceutical Schedule
- Removal of the 'Hospital Pharmacy [HP3]' restriction from all products other than Special Foods
- Removal of the Wholesale Supply Order mechanism, with affected products becoming available on Practitioner's Supply Order
- Sodium nitroprusside (Ketostix) test strip – maximum of 20 strips per prescription
- Triclosan (healthE) soln 1%, 500 ml – new listing – no more than 500 ml per prescription, only for patient identified with MRSA prior to elective surgery in hospital, or staphylococcus aureus infection
- Antiretrovirals - widening of access to allow four fully funded antiretrovirals

Sole Subsidised Supply Products – cumulative to July 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 |
| Amantadine hydrochloride | Cap 100 mg | Symmetrel | 2011 |
| Amoxicillin | Grans for oral liq 250 mg per 5 ml | Ospamox | 2012 |
| | Drops 125 mg per 1.25 ml | Ospamox Paediatric Drops | 2011 |
| Amoxicillin clavulanate | Grans for oral liq amoxicillin 125 mg with potassium clavulanate 31.25 mg per 5 ml | Curam | 2012 |
| | Grans for oral liq amoxicillin 250 mg with potassium clavulanate 62.5 mg per 5 ml | Curam | |
| | Tab amoxicillin 500 mg with potassium clavulanate 125 mg | Synermox | 2011 |
| Aqueous cream | Crn 500 g | AFT | 2011 |
| Atenolol | Tab 50 mg & 100 mg | Atenolol Tablet USP | 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 |
| Brimonidine tartrate | Eye drops 0.2% | AFT | 2011 |
| Calamine | Crn, aqueous, BP Lotn, BP | healthE API | 2012 |
| Calcitonin | Inj 100 iu per ml, 1 ml | Miacalcic | 2011 |
| Calcitriol | Cap 0.25 µg & 0.5 µg | Airflow | 2012 |
| Calcium carbonate | Tab eff 1.7 g (1 g elemental) | Calsource | 2011 |
| Calcium folinate | Inj 50 mg | Calcium Folate Ebewe | 2011 |
| Cefazolin sodium | Inj 500 mg & 1 g | Hospira | 2011 |
| Cefuroxime sodium | Inj 750 mg & 1.5 g | Zinacef | 2011 |
| Cephalexin monohydrate | Grans for oral liq 125 mg per 5 ml | Cefalexin Sandoz | 2012 |
| | Grans for oral liq 250 mg per 5 ml | Cefalexin Sandoz | |
| 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 July 2010

| 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 | 2011 |
| 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% | Clomazol | 2011 |
| Cyclizine hydrochloride | Tab 50 mg | Nausicalm | 2012 |
| Cyproterone acetate | Tab 50 mg & 100 mg | Siterone | 2012 |
| Cyproterone acetate with ethinyloestradiol | Tab 2 mg with ethinyloestradiol 35 µg and 7 inert tabs | Ginet 84 | 2011 |
| Desmopressin | Nasal spray 10 µg per dose | Desmopressin-PH&T | 2011 |
| Dextrose | Inj 50%, 10 ml | Biomed | 2011 |
| 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 | Diclofenac Sandoz Voltaren Ophtha Voltaren Voltaren | 2012 2011 |
| Dihydrocodeine tartrate | Tab long-acting 60 mg | DHC Continus | 2013 |
| 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 |
| Docusate sodium with sennosides | Tab 50 mg with total sennosides 8 mg | Laxsol | 2013 |
| 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 |

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Sole Subsidised Supply Products – cumulative to July 2010

| Generic Name | Presentation | Brand Name | Expiry Date* |
|--|---|--|------------------|
| Ethinylloestradiol | Tab 10 µg | NZ Medical and Scientific | 2012 |
| Etidronate disodium | Tab 200 mg | Arrow-Etidronate | 2012 |
| Felodipine | Tab long-acting 5 mg Tab long-acting 10 mg | Felo 5 ER Felo 10 ER | 2012 |
| Finasteride | Tab 5 mg | Fintral | 2011 |
| Flucloxacillin sodium | Cap 250 mg & 500 mg Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml Inj 250 mg, 500 mg & 1 g | AFT 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 |
| Fluorometholone | Eye drops 0.1% | FML | 2012 |
| Fluticasone propionate | Metered aqueous nasal spray, 50 µg per dose | Flixonase Hayfever & Allergy | 31/1/13 |
| Furosemide | Tab 40 mg | Diurin 40 | 2012 |
| 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 |
| 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 with wool fat and mineral oil | Lotn 1% with wool fat hydrous 3% and mineral oil | DP Lotn HC | 2011 |
| Hydroxocobalamin | Inj 1 mg per ml, 1 ml | ABM Hydroxocobalamin | 2012 |
| Hydroxychloroquine sulphate | Tab 200 mg | Plaquenil | 2012 |
| Hypromellose | Eye drops 0.5% | Methopt | 2011 |
| Hysocine N-butylbromide | Inj 20 mg, 1 ml Tab 20 mg | Buscopan Gastrosoothe | 2011 |
| Ibuprofen | Tab 200 mg | Ethics Ibuprofen | 2012 |
| Iron polymaltose | Inj 50 mg per ml, 2 ml | Ferrum H | 2011 |

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Sole Subsidised Supply Products – cumulative to July 2010

| Generic Name | Presentation | Brand Name | Expiry Date* |
|--|---|--|--------------|
| Isotretinoin | Cap 10 mg & 20 mg | Oratane | 2012 |
| Ketoconazole | Shampoo 2% | Sebizole | 2011 |
| Latanoprost | Eye drops 50 µg per ml | Hysite | 2012 |
| Letrozole | Tab 2.5 mg | Letara | 2012 |
| Lisinopril | Tab 5 mg, 10 mg & 20 mg | Arrow-Lisinopril | 2012 |
| Malathion | Shampoo 1% | A-Lices | 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 |
| Mesalazine | Enema 1 g per 100 ml | Pentasa | 2012 |
| Metformin hydrochloride | Tab immediate-release 500 mg & 850 mg | Apotex | 2012 |
| Methadone hydrochloride | Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml | Biodone Biodone Forte Biodone Extra Forte | 2012 |
| 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 |
| Methyldopa | 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 |
| Mometasone furoate | Crn 0.1% Oint 0.1% | m-Mometasone m-Mometasone | 2012 |
| 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 |

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

Sole Subsidised Supply Products – cumulative to July 2010

| Generic Name | Presentation | Brand Name | Expiry Date* |
|-------------------------------|--|--|--------------|
| Naproxen | Tab 250 mg Tab 500 mg | Noflam 250 Noflam 500 | 2012 |
| Nevirapine | Oral suspension 10 mg per ml Tab 200 mg | Viramune Suspension Viramune | 2012 |
| 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 | Nilstat | 2011 |
| Omeprazole | Cap 10 mg, 20 mg & 40 mg Inj 40 mg | Dr Reddy's Omeprazole Dr Reddy's Omeprazole | 2011 |
| 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 |
| 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 |
| Paracetamol with codeine | Tab paracetamol 500 mg with codeine phosphate 8 mg | ParaCode | 2012 |
| 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 |
| Permethrin | Lotn 5% | A-Scabies | 2011 |
| Pindolol | Tab 5 mg, 10 mg & 15 mg | Apo-Pindolol | 2012 |
| Pioglitazone | Tab 15 mg, 30 mg & 45 mg | Pizaccord | 2012 |
| Pizotifen | Tab 500 µg | Sandomigran | 2012 |
| Poloxamer | Oral drops 10% | Coloxyl | 2011 |

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

Sole Subsidised Supply Products – cumulative to July 2010

| Generic Name | Presentation | Brand Name | Expiry Date* |
|--|---|---|-----------------|
| Polyvinyl alcohol | Eye drops 1.4% Eye drops 3% | Vistil Vistil Forte | 2011 |
| Potassium chloride | Tab long-acting 600 mg | Span-K | 2012 |
| 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 hydrochloride | Oral liq 5 mg per 5 ml | Promethazine Winthrop Elixir | 2012 |
| | Tab 10 mg & 25 mg | Allersoothe | 2011 |
| Quinapril | Tab 5 mg, 10 mg & 20 mg | Accupril | 2011 |
| Quinapril with hydrochlorothiazide | Tab 10 mg with hydrochlorothiazide 12.5 mg | Accuretic 10 | 2011 |
| | Tab 20 mg with hydrochlorothiazide 12.5 mg | Accuretic 20 | |
| Quinine sulphate | Tab 300 mg | Q 300 | 2012 |
| Roxithromycin | Tab 150 mg & 300 mg | Arrow-Roxithromycin | 2012 |
| Salbutamol | Nebuliser soln, 1 mg per ml, 2.5 ml | Asthalin | 2012 |
| | Nebuliser soln, 2 mg per ml, 2.5 ml | Asthalin | |
| 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 | Arrow-Simva 10 mg | 2011 |
| | Tab 20 mg | Arrow-Simva 20 mg | |
| | Tab 40 mg | Arrow-Simva 40 mg | |
| | Tab 80 mg | Arrow-Simva 80 mg | |
| Sodium cromoglycate | Nasal spray, 4% | Rex | 2012 |
| Somatropin | Inj cartridge 16 iu (5.3 mg) | Genotropin Genotropin | 31/12/12 |
| | Inj cartridge 36 iu (12 mg) | | |
| Sotalol | Tab 80 mg & 160 mg | Mylan | 2012 |
| Spacer Device | 230 ml | Space Chamber | 30/9/11 |
| Sumatriptan | Tab 50 mg & 100 mg | Arrow-Sumatriptan | 2013 |
| Tar with triethanolamine lauryl sulphate and fluorescein | Soln 2.3% | Pinetarsol | 2011 |
| Temazepam | Tab 10 mg | Normison | 2011 |
| Terbinafine | Tab 250 mg | Apo-Terbinafine | 2011 |
| Testosterone cypionate | Inj long-acting 100 mg per ml, 10 ml | Depo-Testosterone | 2011 |
| Tetracosactrin | Inj 250 µg | Synacthen | 2011 |
| | Inj 1 mg per ml, 1 ml | Synacthen Depot | |

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

Sole Subsidised Supply Products – cumulative to July 2010

| Generic Name | Presentation | Brand Name | Expiry Date* |
|--------------------------|---|---|--------------|
| Timolol maleate | Tab 10 mg Eye drops 0.25% & 0.5% | Apo-Timol Apo-Timop | 2012 2011 |
| Tranexamic acid | Tab 500 mg | Cycklokapron | 2013 |
| 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 |
| Tropisetron | Cap 5 mg | Navoban | 2012 |
| Ursodeoxycholic acid | Cap 300 mg | Actigall | 2011 |
| Vancomycin hydrochloride | Inj 50 mg per ml, 10 ml | Pacific | 2011 |
| Zidovudine [AZT] | Cap 100 mg Oral liq 10 mg per ml | Retrovir Retrovir | 2013 |
| Zinc and castor oil | Oint BP | PSM | 2011 |
| Zinc sulphate | Cap 137.4 mg (50 mg elemental) | Zincaps | 2011 |
| Zopiclone | Tab 7.5 mg | Apo-Zopiclone | 2011 |

July changes in bold

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings

Effective 1 July 2010

| | | | | |
|-----|--|-----------------|-----------|---------------------------|
| 25 | POTASSIUM IODATE Tab 268 µg (150 µg elemental)..... | 7.55 | 90 | ✓ NeuroKare |
| 35 | DANTHRON WITH POLOXAMER – Only on a prescription Oral liq 25 mg with poloxamer 200 mg per 5 ml..... Note: Only for the prevention or treatment of constipation in the terminally ill. | 9.50 | 300 ml | ✓ Pinorax |
| 37 | MULTIVITAMINS – Special Authority see SA0963 – Retail pharmacy Powder | 72.00 | 200 g OP | ✓ Paediatric Seravit |
| 38 | VITAMINS * Tab (BPC cap strength) | 10.85 | 1,000 | ✓ MultiADE |
| 54 | AMLODIPINE * Tab 5 mg | 22.82 | 30 | ✓ Norvasc |
| | * Tab 10 mg | 34.85 | 30 | ✓ Norvasc |
| 59 | TRETINOIN Crm 0.5 mg per g..... a) maximum of 50 g per prescription | 13.90 | 50 g OP | ✓ ReTrieve |
| 66 | COAL TAR Soln BP – Only in combination..... Up to 10 % Only in combination with a dermatological base or proprietary Topical Corticosteroid – Plain, refer, page 163 With or without other dermatological galenicals. | 12.95 | 200 ml | ✓ Midwest |
| 78 | OESTRADIOL – See prescribing guideline * TDDS 50 µg per day..... a) Higher subsidy of \$13.18 per 8 patch with Special Authority see SA1018 on the preceding page b) No more than 2 patch per week c) Only on a prescription | 4.12 (13.18) | 8 | Estradot 50 mcg |
| 82 | CLOMIPHENE CITRATE Tab 50 mg | 29.84 | 10 | ✓ Serophene |
| 95 | LOPINAVIR WITH RITONAVIR – Special Authority see SA1021 – Hospital pharmacy [HP1] Tab 100 mg with ritonavir 25 mg | 183.75 | 60 | ✓ Kaletra |
| 113 | FLUOXETINE HYDROCHLORIDE * Cap 20 mg | 2.70 | 84 | ✓ Fluox |
| 158 | FLUMETASONE PIVALATE Ear drops 0.02% with cloquinol 1%..... | 4.46 | 7.5 ml OP | ✓ Locacorten-Vioform ED's |
| 167 | GLYCEROL * Liquid – Only in combination..... Only in extemporaneously compounded oral liquid preparations. | 17.86 | 2,000 ml | ✓ healthE |

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
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\$ Per

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Generic Mnfr
✓ fully subsidised

New listings - effective 1 July 2010 (continued)

| | | | | |
|-----|--|-------|----------|--------------------------------|
| 172 | PROTEIN SUPPLEMENT – Special Authority see SA0582 – Hospital pharmacy [HP3] Powder | 8.95 | 227 g OP | ✓ Resource Beneprotein |
| 185 | AMINOACID FORMULA WITH MINERALS WITHOUT PHENYLALANINE – Special Authority see SA0962 – Retail pharmacy See prescribing guideline Powder | 23.38 | 100 g OP | ✓ Metabolic Mineral Mixture |

Effective 1 June 2010

| | | | | |
|-----|---|--------|-----|---|
| 49 | ENALAPRIL * Tab 5 mg | 1.98 | 90 | ✓ Arrow-Enalapril |
| | * Tab 10 mg | 2.44 | 90 | ✓ Arrow-Enalapril |
| | * Tab 20 mg | 3.24 | 90 | ✓ Arrow-Enalapril |
| 76 | NANDROLONE DECANOATE – Retail pharmacy-Specialist Inj 50 mg per ml, 1 ml | 21.16 | 1 | ✓ Deca-Durabolin Orgaject S29 |
| 109 | TRAMADOL HYDROCHLORIDE Cap 50 mg | 6.95 | 100 | ✓ Arrow-Tramadol |
| 138 | CYTARABINE Inj 500 mg – PCT – Retail pharmacy-Specialist | 18.15 | 1 | ✓ Pfizer |
| | Inj 1 g – PCT – Retail pharmacy-Specialist | 37.00 | 1 | ✓ Pfizer |
| | Inj 2 g – PCT only – Specialist | 31.00 | 1 | ✓ Pfizer |
| 139 | IRINOTECAN – PCT only – Specialist – Special Authority see SA0878 Inj 20 mg per ml, 2 ml | 41.00 | 1 | ✓ Irinotecan-Rex |
| | Inj 20 mg per ml, 5 ml | 100.00 | 1 | ✓ Irinotecan-Rex |
| 142 | MITOMYCIN C – PCT only – Specialist Inj 5 mg | 72.75 | 1 | ✓ Arrow S29 |

Effective 28 May 2010

| | | | | |
|----|-------------------------------|-------|-------|-----------------------|
| 52 | ATENOLOL * Tab 50 mg | 12.36 | 1,000 | ✓ Atenolol Tablet USP |
| | * Tab 100 mg | 21.46 | 1,000 | ✓ Atenolol Tablet USP |

Effective 5 May 2010

| | | | | |
|-----|---|------|----|---------------------|
| 100 | DICLOFENAC SODIUM * Tab EC 25 mg | 1.63 | 50 | ✓ Diclofenac Sandoz |
| | * Tab EC 50 mg | 2.13 | 50 | ✓ Diclofenac Sandoz |

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New listings - effective 1 May 2010

| | | | |
|-----|--|-----|----------------------------|
| 55 | BENDROFLUAZIDE * Tab 2.5 mg – Up to 150 tab available on a PSO 7.58 | 500 | ✓ Arrow- Bendrofluazide |
| | May be supplied on a PSO for reasons other than emergency. * Tab 5 mg 11.75 | 500 | ✓ Arrow- Bendrofluazide |
| 77 | TESTOSTERONE UNDECANOATE – Retail pharmacy–Specialist Cap 40 mg 79.92 | 100 | ✓ Arrow-Testosterone |
| 109 | LIGNOCAINE Gel 2%, 10 ml urethral syringe 43.26 | 10 | ✓ Pfizer |
| 138 | FLUOROURACIL SODIUM Inj 50 mg per ml, 10 ml – PCT only – Specialist 24.75 | 5 | ✓ Fluorouracil Ebewe |

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

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Generic Mnfr
✓ fully subsidised

Changes to Restrictions

Effective 1 July 2010

| | | | | |
|----|---|---------------|---------|--------------------------|
| 73 | CLOTRIMAZOLE * Vaginal crm 1% with applicator(s) | 1.30 | 35 g OP | ✓ Clomazol |
| 77 | Hormone Replacement Therapy – Systemic ▶ SA101803+2 Special Authority for Alternate Subsidy Initial application only from any relevant practitioner an obstetrician, gynaecologist, general practitioner or general physician. Approvals valid for 5 years for applications meeting the following criteria: Any of the following: 1 acute or significant liver disease – where oral oestrogens are contraindicated as determined by a gastroenterologist or general physician. The applicant must keep written confirmation from such a specialist with the patient's record; or 2 oestrogen induced hypertension requiring antihypertensive therapy - documented evidence must be kept on file that raised blood pressure levels or inability to control blood pressure adequately occurred post oral oestrogens; or 3 hypertriglyceridaemia - documented evidence must be kept on file that triglyceride levels increased to at least 2 x normal triglyceride levels post oral oestrogens; or 4 Somatropin co-therapy – patient is being prescribed somatropin with subsidy provided under a valid approval issued under Special Authority Note: Prescriptions with a valid Special Authority (CHEM) number will be reimbursed at the level of the lowest priced TDDS product within the specified dose group. Renewal only from a relevant practitioner an obstetrician, gynaecologist, general practitioner or general physician. Approvals valid for 5 years where the treatment remains appropriate and the patient is benefiting from treatment, or the patient remains on subsidised somatropin co-therapy. | | | |
| 82 | CLOMIPHENE CITRATE — Retail pharmacy Specialist Only a prescription for a female patient: Tab 50 mg | 2.50 29.84 | 5 10 | ✓ Phenate ✓ Serophene |
| 89 | DAPSONE – No patient co-payment payable Tab 25 mg | 95.00 | 100 | ✓ Dapsone S29 |
| | Tab 100 mg | 110.00 | 100 | ✓ Dapsone S29 |
| 93 | Antiretrovirals ▶ SA10210779 Special Authority for Subsidy Initial application — (Confirmed HIV/AIDS) only from a named specialist. Approvals valid without further renewal unless notified for applications meeting the following criteria: Both: 1 Confirmed HIV infection; and 2 Any of the following: 2.1 Symptomatic patient; or 2.2 Patient aged 12 months and under; or 2.3 Both: 2.3.1 Patient aged 1 to 5 years; and 2.3.2 Any of the following: 2.3.2.1 CD4 counts < 1000 cells/mm ³ ; or 2.3.2.2 CD4 counts < 0.25 × total lymphocyte count; or 2.3.2.3 Viral load counts > 100000 copies per ml; or 2.4 Both: 2.4.1 Patient aged 6 years and over; and 2.4.2 CD4 counts < 350 cells/mm ³ . | | | |

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 July 2010 (continued)

continued...

Notes: Tenofovir disoproxil fumarate prescribed under endorsement for HIV/AIDS is included in the count of up to 3 subsidised antiretrovirals.

Subsidies for a combination of up to three anti-retroviral medications, including a maximum of two protease inhibitors. Combinations including ritonavir plus indinavir or saquinavir or atazanavir will be counted as one protease inhibitor for the purpose of accessing funding to anti-retrovirals.

Initial application — (Percutaneous exposure) only from a named specialist. Approvals valid for 6 weeks where the patient has percutaneous exposure to blood known to be HIV positive.

Renewal – (Second or subsequent percutaneous exposure) only from a named specialist. Approvals valid for 6 weeks where the patient has percutaneous exposure to blood known to be HIV positive.

Notes: Tenofovir disoproxil fumarate prescribed under endorsement for HIV/AIDS is included in the count of up to 3 subsidised antiretrovirals.

Subsidies for a combination of up to three anti-retroviral medications, including a maximum of two protease inhibitors. Combinations including ritonavir plus indinavir or saquinavir or atazanavir will be counted as one protease inhibitor for the purpose of accessing funding to anti-retrovirals.

Initial application — (Prevention of maternal transmission) only from a named specialist. Approvals valid for 1 year for applications meeting the following criteria:

Either:

- 1 Prevention of maternal foetal transmission; or
- 2 Treatment of the newborn for up to eight weeks.

Notes: Tenofovir disoproxil fumarate prescribed under endorsement for HIV/AIDS is included in the count of up to 3 subsidised antiretrovirals.

Subsidies for a combination of up to three anti-retroviral medications, including a maximum of two protease inhibitors. Combinations including ritonavir plus indinavir or saquinavir or atazanavir will be counted as one protease inhibitor for the purpose of accessing funding to anti-retrovirals.

Some antiretrovirals are unapproved or contraindicated for this indication. Practitioners prescribing these medications should exercise their own skill, judgement, expertise and discretion, and make their own prescribing decisions with respect to the use of a Pharmaceutical for an indication for which it is not approved or contraindicated.

Renewal – (Confirmed HIV/AIDS) only from a named specialist. Approvals valid without further renewal unless notified where the treatment remains appropriate and the patient is benefiting from treatment.

Initial application - (Post-exposure prophylaxis following non-occupational exposure to HIV) only from a named specialist. Approvals valid for 4 weeks for applications meeting the following criteria:

Both:

- 1 Treatment course to be initiated within 72 hours post exposure; and
- 2 Either:

- 2.1 Patient has had unprotected receptive anal intercourse with a known HIV positive person; or
- 2.2 Patient has shared intravenous injecting equipment with a known HIV positive person.

Renewal - (Second or subsequent post-exposure prophylaxis) only from a named specialist. Approvals valid for 4 weeks for applications meeting the following criteria:

Both:

- 1 Treatment course to be initiated within 72 hours post exposure; and
- 2 Either:

- 2.1 Patient has had unprotected receptive anal intercourse with a known HIV positive person; or
- 2.2 Patient has shared intravenous injecting equipment with a known HIV positive person.

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions - effective 1 July 2010 (continued)

- 99 INFLUENZA VACCINE – Hospital pharmacy [Xpharm]
A) is available between 1 March and 30 June until vaccine supplies are exhausted 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 aged over 6 months and under 5 years who are from high deprivation backgrounds
- 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 | 9.00 | 1 | ✓ Fluvax |
| | 90.00 | 10 | ✓ Influvac |
| | | | ✓ Vaxigrip |
- 120 DOMPERIDONE – Additional subsidy by Special Authority see SA0938 below – Retail pharmacy
* Tab 10 mg 7.99 100 ✓ **Motilium**
- SA0938 Special Authority for Manufacturers Price
Initial application from any relevant practitioner. Approvals valid for 6 months where the patient is terminally ill and requires control of nausea and vomiting.
Renewal from any relevant practitioner. Approvals valid for 6 months where the treatment remains appropriate and the patient is benefiting from treatment.

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

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Changes to Restrictions - effective 1 July 2010 (continued)

| | | | | |
|-----|---|----------|-----|-------------------|
| 122 | TOLCAPONE – Retail pharmacy-Specialist prescription Specialist must be a neurologist, geriatrician or general physician: ▲ Tab 100 mg | 128.75 | 100 | ✓ Tasmar |
| 146 | OCTREOTIDE (SOMATOSTATIN ANALOGUE) – Special Authority see SA10160563 – Hospital pharmacy [HP3] Inj 50 µg per ml, 1 ml | 25.65 | 5 | ✓ Hospira |
| | | 43.50 | | ✓ Sandostatin |
| | Inj 100 µg per ml, 1 ml | 48.50 | 5 | ✓ Hospira |
| | | 81.00 | | ✓ Sandostatin |
| | Inj 500 µg per ml, 1 ml | 175.00 | 5 | ✓ Hospira |
| | | 399.00 | | ✓ Sandostatin |
| | Inj LAR 10 mg prefilled syringe | 1,772.50 | 1 | ✓ Sandostatin LAR |
| | Inj LAR 20 mg prefilled syringe | 2,358.75 | 1 | ✓ Sandostatin LAR |
| | Inj LAR 30 mg prefilled syringe | 2,951.25 | 1 | ✓ Sandostatin LAR |

► SA10160563 Special Authority for Subsidy

Initial application – (Malignant Bowel Obstruction) from any relevant practitioner. Approvals valid for 2 months for applications meeting the following criteria:

All of the following:

- 1 The patient has nausea* and vomiting* due to malignant bowel obstruction*; and
- 2 Treatment with antiemetics, rehydration, antimuscarinic agents, corticosteroids and analgesics for at least 48 hours has failed; and
- 3 Octreotide to be given up to a maximum dose of 1,500 µg daily for up to 4 weeks.

Renewal – (Malignant Bowel Obstruction) from any relevant practitioner. Approvals valid for 3 months where the treatment remains appropriate and the patient is benefiting from treatment.

Note: indications marked with * are Unapproved Indications.

Initial application – (Acromegaly) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 3 months for applications meeting the following criteria:

Both:

- 1 The patient has acromegaly; and
- 2 Any of the following
 - 2.1 Treatment with surgery, radiotherapy and a dopamine agonist has failed; or
 - 2.2 Treatment with octreotide is for an interim period while awaiting the effects of radiotherapy and a dopamine agonist has failed; or
 - 2.3 The patient is unwilling, or unable, to undergo surgery and/or radiotherapy.

Renewal – (Acromegaly) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 2 years for applications meeting the following criteria:

Both:

1. IGF1 levels have decreased since starting octreotide; and
2. The treatment remains appropriate and the patient is benefiting from treatment.

Note: In patients with acromegaly octreotide treatment should be discontinued if IGF1 levels have not decreased after 3 months treatment. In patients treated with radiotherapy octreotide treatment should be withdrawn every 2 years, for 1 month, for assessment of remission. Octreotide treatment should be stopped where there is biochemical evidence of remission (normal IGF1 levels) following octreotide treatment withdrawal for at least 4 weeks.

Initial application – (Other Indications) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. 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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions - effective 1 July 2010 (continued)

continued...

† Both:

1.1 Acromegaly; and

1.2 Patient has failed surgery, radiotherapy, bromocriptine and other oral therapies; or

21 VIPomas and Glucagonomas - for patients who are seriously ill in order to improve their clinical state prior to definitive surgery; or

32 Both:

32.1 Gastrinoma; and

32.2 Either:

32.2.1 Patient has failed surgery; or

32.2.2 Patient in metastatic disease after H2 antagonists (or proton pump inhibitors) have failed; or

43 Both:

43.1 Insulinomas; and

43.2 Surgery is contraindicated or has failed; or

54 For pre-operative control of hypoglycaemia and for maintenance therapy; or

65 Both:

65.1 Carcinoid syndrome (diagnosed by tissue pathology and/or urinary 5HIAA analysis); and

65.2 Disabling symptoms not controlled by maximal medical therapy.

Note: The use of octreotide in patients with fistulae, oesophageal varices, miscellaneous diarrhoea and hypotension will not be funded as a Special Authority item.

Renewal – (**Other Indications**) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.

| | | | |
|-----|--|----------|------|
| 149 | TRASTUZUMAB – PCT only – Specialist – Special Authority see SA10170885 | | |
| | Inj 150 mg vial | 1,350.00 | 1 |
| | Inj 440 mg vial | 3,875.00 | 1 |
| | Inj 1 mg for ECP | 9.36 | 1 mg |

✓ Herceptin

✓ Herceptin

✓ Baxter

➔ **SA10170885** Special Authority for Subsidy

Initial application — (metastatic breast cancer) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months where the patient has metastatic breast cancer expressing HER-2 IHC 3+ or FISH+.

Renewal — (metastatic breast cancer) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

Both:

1 The patient has metastatic breast cancer; and

2 The cancer has not progressed.

Initial application — (early breast cancer) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 3 15 months for applications meeting the following criteria:

All of the following:

1 The patient has early breast cancer expressing HER 2 IHC 3+ or FISH+ ISH + (including FISH or other current technology); and

2 Maximum cumulative dose of 20106 mg/kg (9-weeks 12 months' treatment)*; and

3 Any of the following:

3.1 9 weeks' concurrent treatment with adjuvant chemotherapy is planned; or

3.2 12 months' concurrent treatment with adjuvant chemotherapy is planned; or

3.3 12 months' sequential treatment following adjuvant chemotherapy is planned; or

3.4 Other treatment regimen, in association with adjuvant chemotherapy, is planned.

3 Trastuzumab is to be given concurrently with adjuvant taxane chemotherapy*; and

4 Trastuzumab is not to be given concurrently with anthracycline chemotherapy.

continued...

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

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

| Check your Schedule for full details Schedule page ref | Subsidy (Mnfr's price) \$ | Per | Brand or Generic Mnfr ✓ fully subsidised |
|---|---------------------------------|-----|--|
|---|---------------------------------|-----|--|

Changes to Restrictions - effective 1 July 2010 (continued)

continued...

Notes: indications marked with * are Unapproved Indications:

It is recommended that for early breast cancer trastuzumab be administered concurrently with docetaxel prior to anthracyclines as per the FinHer regimen (Joensuu H, Kellokumpu-Lehtinen P, Bono P, et al. Adjuvant docetaxel or vinorelbine with or without trastuzumab for breast cancer. *N Engl J Med* 2006;354(8):809-20).

Note: For patients with previous Special Authority approvals for a maximum cumulative dose of 20 mg/kg (9 weeks treatment) granted after 1 April 2009 the approval period has been extended to allow claims for a maximum cumulative dose of 106 mg/kg (12 months treatment)

Effective 1 June 2010

| | | | |
|----|--|--------|----------------------|
| 33 | PANCREATIC ENZYME Cap 8,000 USP u lipase, 30,000 USP u amylase, 30,000 USP u protease —Retail pharmacy-Specialist 85.00 | 250 | ✓ Cotazym ECS |
| | Cap EC 10,000 BP u lipase, 9,000 BP u amylase and 210 BP u protease —Retail pharmacy-Specialist..... 34.93 | 100 | ✓ Creon 10000 |
| | Cap EC 25,000 BP u lipase, 18,000 BP u amylase, 1,000 BP u protease —Retail pharmacy-Specialist..... 94.38 | 100 | ✓ Creon Forte |
| | Cap EC 25,000 BP u lipase, 22,500 BP u amylase, 1,250 BP u protease —Retail pharmacy-Specialist..... 94.40 | 100 | ✓ Panzytrat |
| 39 | FERROUS SULPHATE *‡ Oral liq 30 mg per 1 ml 150 mg per 5 ml (6 mg elemental per 1 ml 30 mg elemental per 1 ml)..... 10.30 | 500 ml | ✓ <u>Ferodan</u> |
| 65 | MALATHION Liq 0.5% 4.99 | 200 ml | OP ✓ <u>Derbac-M</u> |
| 71 | COMBINED ORAL CONTRACEPTIVES ▶ SA0500 Special Authority for Alternate Subsidy Initial application from any medical practitioner. Approvals valid for 2 years for applications meeting the following criteria: Both: 1 Either: 1.1 Patient is on a Social Welfare benefit; or 1.2 Patient has an income no greater than the benefit; and 2 Has tried at least one of the fully funded options and has been unable to tolerate it. Renewal from any medical practitioner. Approvals valid for 2 years for applications meeting the following criteria: Either: 1 Patient is on a Social Welfare benefit; or 2 Patient has an income no greater than the benefit. Notes: The approval numbers of Special Authorities approved after 1 November 1999 are interchangeable between Mercilon; and Marvelon; Minulet and Femodene . The alternate subsidy will fund Mercilon; and Marvelon; Minulet and Femodene up to the manufacturer's price for each of these products as identified on the Schedule at 1 November 1999. Special Authorities approved before 1 November 1999 remain valid until the expiry date and can be renewed providing that women are still either: • on a Social Welfare benefit; or • have an income no greater than the benefit. The approval numbers of Special Authorities approved before 1 November 1999 are interchangeable for products within the combined oral contraceptives and progestogen-only contraceptives groups, except Loette and Microgynon 20 ED | | |

▲ 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 June 2010 (continued)

- 72 **PROGESTOGEN-ONLY CONTRACEPTIVES**
▶ SA0500 Special Authority for Alternate Subsidy
 Initial application from any medical practitioner. Approvals valid for 2 years for applications meeting the following criteria:
 Both:
 1 Either:
 1.1 Patient is on a Social Welfare benefit; or
 1.2 Patient has an income no greater than the benefit; and
 2 Has tried at least one of the fully funded options and has been unable to tolerate it.
 Renewal from any medical practitioner. Approvals valid for 2 years for applications meeting the following criteria:
 Either:
 1 Patient is on a Social Welfare benefit; or
 2 Patient has an income no greater than the benefit.
 Notes: The approval numbers of Special Authorities approved after 1 November 1999 are interchangeable between Mercilon; **and** Marvelon; ~~Minulet and Femodene~~.
 The additional subsidy will fund Mercilon; **and** Marvelon; ~~Minulet and Femodene~~ up to the manufacturer's price for each of these products as identified on the Schedule at 1 November 1999.
 Special Authorities approved before 1 November 1999 remain valid until the expiry date and can be renewed providing that women are still either:
 • on a Social Welfare benefit; or
 • have an income no greater than the benefit.
 The approval numbers of Special Authorities approved before 1 November 1999 are interchangeable for products within the combined oral contraceptives and progestogen-only contraceptives groups, except Loette and Microgynon 20 ED
- 107 **ALENDRONATE SODIUM – Special Authority see SA0990 – Retail pharmacy**
 Tab 70 mg 35.91 4 ✓ **Fosamax**
- ALENDRONATE SODIUM WITH CHOLECALCIFEROL – Special Authority see SA0990 – Retail pharmacy**
 Tab 70 mg with cholecalciferol 5,600 iu 35.91 4 ✓ **Fosamax Plus**
 Tab 70 mg with cholecalciferol 2,800 iu 35.91 4 ✓ **Fosamax Plus**
- ▶ SA0990** 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 mineral density (BMD) ≥ 2.5 standard deviations below the mean normal value in young adults (i.e. T-Score ≤ -2.5) (see Note); 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 (see Note); 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 (see Note).
 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:

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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Changes to Restrictions - effective 1 June 2010 (continued)

continued...

- 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) (see Note); 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 mineral density (BMD) ≥ 2.5 standard deviations below the mean normal value in young adults (i.e. T-Score ≤ -2.5) (see Note); 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 (see Note); 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 (see Note).

Notes:

- a) **BMD (including BMD used to derive T-Score)** must be **derived measured** using dual-energy x-ray absorptiometry (DXA). Quantitative ultrasound and quantitative computed tomography (QCT) are not acceptable.
- b) 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 ≤ -2.5 , and therefore do not require BMD measurement for treatment with bisphosphonates.
- c) 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.
- d) 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.

135 NALTREXONE HYDROCHLORIDE – Special Authority see SA0909 – Retail pharmacy
Tab 50 mg 180.00 30 ✓ **ReVia**

▶ SA0909 Special Authority for Subsidy

Initial application from any medical practitioner. Approvals valid for 3 months for applications meeting the following criteria:

Both:

- 1 Patient is currently enrolled in a recognised comprehensive treatment programme for alcohol dependence; and
- 2 Applicant works in **or with** a community Alcohol and Drug Service contracted to one of the 24 District Health Boards or accredited against the New Zealand Alcohol and Other Drug Sector Standard or the National Mental Health Sector Standard.

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

Both:

continued...

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

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

| Check your Schedule for full details Schedule page ref | Subsidy (Mnfr's price) \$ | Per | Brand or Generic Mnfr ✓ fully subsidised |
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Changes to Restrictions - effective 1 June 2010 (continued)

continued...

- 1 Compliance with the medication (prescriber determined); and
- 2 Any of the following:
 - 2.1 Patient is still unstable and requires further treatment; or
 - 2.2 Patient achieved significant improvement but requires further treatment; or
 - 2.3 Patient is well controlled but requires maintenance therapy.

The patient may not have had more than 1 prior approval in the last 12 months.

| | | | | | |
|-----|--|-------|---------|---------|--|
| 138 | CYTARABINE | | | | |
| | Inj 500 mg 100 mg per ml, 5 ml – PCT – Retail pharmacy-Specialist..... | 18.15 | 1 | ✓Pfizer | |
| | | 95.36 | 5 | ✓Mayne | |
| | Inj 1 g 100 mg per ml, 10 ml – PCT – Retail pharmacy-Specialist | 37.00 | 1 | ✓Pfizer | |
| | | 42.65 | 1 | ✓Mayne | |
| | Inj 2 g 100 mg per ml, 20 ml – PCT only – Specialist..... | 31.00 | 1 | ✓Pfizer | |
| | | 34.47 | 1 | ✓Mayne | |
| 138 | CYTARABINE | | | | |
| | Inj 1 mg for ECP – PCT only – Specialist | 0.30 | 10 † mg | ✓Baxter | |

Effective 1 May 2010

| | | | | | |
|----|---|-----------------|--------|-----------------------------------|--|
| 34 | DOCUSATE SODIUM – Only on a prescription | | | | |
| | * Tab Cap 50 mg | 3.95 | 100 | ✓Laxofast 50 | |
| | * Tab Cap 120 mg | 5.49 | 100 | ✓Laxofast 120 | |
| 38 | CALCIUM CARBONATE | | | | |
| | * Tab eff 1.75 g (1 g elemental) | 6.54 | 30 | ✓Calsource | |
| 38 | CALCIUM CARBONATE | | | | |
| | * Tab 1.25 g (500 mg elemental) | 9.18 | 250 | ✓Calci-Tab 500 | |
| | * Tab 1.5 g (600 mg elemental) | 10.33 | 250 | ✓Calci-Tab 600 | |
| 38 | SODIUM FLUORIDE | | | | |
| | Tab 1.1 mg (0.5 mg elemental) | 4.00 | 100 | ✓PSM | |
| 38 | FERROUS FUMARATE | | | | |
| | Tab 200 mg (65 mg elemental) | 4.35 | 100 | ✓Ferro-tab | |
| 38 | FERROUS FUMARATE WITH FOLIC ACID | | | | |
| | Tab 310 mg (100 mg elemental) with folic acid 350 µg..... | 4.75 | 60 | ✓Ferro-F-Tabs | |
| 38 | FERROUS GLUCONATE WITH ASCORBIC ACID | | | | |
| | * Tab 170 mg (20 mg elemental) with ascorbic acid 40 mg..... | 12.04 | 500 | ✓Healthies Iron with Vitamin C | |
| 39 | FERROUS SULPHATE | | | | |
| | * Tab long-acting 325 mg (105 mg elemental) | 5.06 (15.58) | 150 | Ferro-Gradumet | |
| | *‡ Oral liq 150 mg per 5 ml (30 mg elemental per 1 ml) | 10.30 | 500 ml | ✓Ferodan | |

| 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 May 2010 (continued)

| | | | | |
|-----|---|------------------|------|---------------------------------|
| 39 | FERROUS SULPHATE WITH FOLIC ACID * Tab long-acting 325 mg (105 mg elemental) with folic acid 350 µg | 1.80 (3.73) | 30 | Ferrograd-Folic |
| 39 | MAGNESIUM SULPHATE Inj 49.3%, 5 ml | 26.60 | 10 | ✓ Mayne |
| 39 | ZINC SULPHATE * Cap 220 137.4 mg (50 mg elemental) | 10.00 | 100 | ✓ Zincaps |
| 138 | GEMCITABINE HYDROCHLORIDE – PCT only – Specialist – Special Authority see SA1012 0877 Inj 1 g | 245.00 349.20 | 1 | ✓ Gemcitabine Ebewe ✓ Gemzar |
| | Inj 200 mg | 49.00 78.00 | 1 | ✓ Gemcitabine Ebewe ✓ Gemzar |
| | Inj 1 mg for ECP | 0.26 | 1 mg | ✓ Baxter |

➔ SA1012 0877 Special Authority for Subsidy

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

All of the following

1 The patient has Hodgkin's disease*; and

2 Either

2.1 Disease has failed to respond to second-line salvage chemotherapy treatment; or

2.2 Disease has relapsed following transplant; or

2.3 The patient is unsuitable for, or intolerant to, second-line salvage chemotherapy or high dose chemotherapy and transplant.

3 Gemcitabine to be given for a maximum of 6 treatment cycles.

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

All of the following

1 The patient has T-cell lymphoma*; and

2 Gemcitabine to be given for a maximum of 6 treatment cycles.

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

Any of the following:

1 The patient has non small cell lung carcinoma (stage IIIa, or above); or

2 The patient has advanced malignant mesothelioma*; or

3 The patient has advanced pancreatic carcinoma; or

4 The patient has ovarian, fallopian tube* or primary peritoneal carcinoma*; or

5 The patient has advanced transitional cell carcinoma of the urothelial tract (locally advanced or metastatic).

Renewal - (Other Indications) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

Either:

1 The patient requires continued therapy; or

2 The tumour has relapsed and requires re-treatment.

Note: Indications marked with a * are Unapproved Indications.

▲ 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 May 2010 (continued)

| | | | | |
|-----|---|--------|------|---------------------|
| 143 | VINORELBINE – PCT only – Specialist – Special Authority see SA1013 090† | | | |
| | Inj 10 mg per ml, 1 ml | 24.00 | 1 | ✓ Navelbine |
| | | 42.00 | | ✓ Vinorelbine Ebewe |
| | Inj 10 mg per ml, 5 ml | 120.00 | 1 | ✓ Navelbine |
| | | 210.00 | | ✓ Vinorelbine Ebewe |
| | Inj 1 mg for ECP | 2.71 | 1 mg | ✓ Baxter |

▶ SA1013 090† Special Authority for Subsidy

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

All of the following

- 1 The patient has Hodgkin's disease*; and
- 2 Either
 - 2.1 Disease has failed to respond to second-line salvage chemotherapy treatment; or
 - 2.2 Disease has relapsed following transplant; or
 - 2.3 The patient is unsuitable for, or intolerant to, second-line salvage chemotherapy or high dose chemotherapy and transplant.
- 3 Vinorelbine to be given for a maximum of 6 treatment cycles.

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

All of the following

- 1 The patient has T-cell lymphoma*; and
- 2 Vinorelbine to be given for a maximum of 6 treatment cycles.

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

Any of the following:

- 1 The patient has metastatic breast cancer; or
- 2 The patient has non-small cell lung cancer (stage IIIa, or above); or
- 3 All of the following:
 - 3.1 The patient has stage IB-IIIa non-small cell lung cancer; and
 - 3.2 Vinorelbine is to be given as adjuvant treatment in combination with cisplatin; and
 - 3.3 The patient has good performance status (WHO/ECOG grade 0-1).

Renewal – (Other Indications) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

Either:

- 1 The patient requires continued therapy; or
- 2 The tumour has relapsed and requires re-treatment.

Note: Indications marked with a * are Unapproved Indications.

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Subsidy and Manufacturer's Price

Effective 1 July 2010

| | | | | |
|----|---|------------------|-------------|--|
| 28 | PANTOPRAZOLE (↓ subsidy) * Tab 20 mg | 1.23 | 28 | ✓ Dr Reddy's Pantoprazole |
| | * Tab 40 mg | 1.54 | 28 | ✓ Dr Reddy's Pantoprazole |
| 35 | BISACODYL – Only on a prescription (↓ subsidy) * Tab 5 mg | 4.99 | 200 | ✓ Lax-Tabs |
| 41 | ASPIRIN (↓ subsidy) * Tab 100 mg | 14.00 | 990 | ✓ Ethics Aspirin EC |
| 45 | DEXTROSE WITH ELECTROLYTES (↓ subsidy) Soln with electrolytes..... | 6.60 | 1,000 ml OP | ✓ Pedialyte - Bubblegum |
| | | 6.75 | | ✓ Pedialyte - Fruit ✓ Pedialyte - Plain |
| 53 | METOPROLOL SUCCINATE (↓ subsidy) * Tab long-acting 23.75 mg | 2.18 | 30 | ✓ Betaloc CR ✓ Metoprolol - AFT CR |
| | * Tab long-acting 47.5 mg | 2.74 | 30 | ✓ Betaloc CR ✓ Metoprolol - AFT CR |
| | * Tab long-acting 95 mg | 4.71 | 30 | ✓ Betaloc CR ✓ Metoprolol - AFT CR |
| | * Tab long-acting 190 mg | 8.51 | 30 | ✓ Betaloc CR ✓ Metoprolol - AFT CR |
| 55 | BENDROFLUAZIDE (↓ subsidy) * Tab 2.5 mg – Up to 150 tab available on a PSO | 7.58 (13.50) | 500 | Neo-Naclex |
| | May be supplied on a PSO for reasons other than emergency. * Tab 5 mg | 11.75 (21.50) | 500 | Neo-Naclex |
| 55 | SPIRONOLACTONE (↓ subsidy) * Tab 25 mg | 4.60 | 100 | ✓ Spirotone |
| | * Tab 100 mg | 15.15 | 100 | ✓ Spirotone |
| 59 | FUSIDIC ACID (↓ subsidy) Crm 2%..... | 3.25 | 15 g OP | ✓ Foban |
| | a) Maximum of 15 g per prescription b) Only on a prescription c) Not in combination | | | |
| | Oint 2% | 3.25 | 15 g OP | ✓ Foban |
| | a) Maximum of 15 g per prescription b) Only on a prescription c) Not in combination | | | |

▲ 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 Manufacturers Price - effective 1 July 2010 (continued)

| | | | | |
|-----|--|------------------|---------|--|
| 63 | HYDROCORTISONE WITH MICONAZOLE – Only on a prescription (↓ subsidy) * Crm 1% with miconazole nitrate 2%..... | 2.10 | 15 g OP | ✓ Micreme H |
| 64 | CETOMACROGOL (↓ subsidy) * Crm BP | 3.15 | 500 g | ✓ PSM |
| 66 | COAL TAR (↓ subsidy) Soln BP – Only in combination..... Up to 10 % Only in combination with a dermatological base or proprietary Topical Corticosteroid – Plain, refer, page 163 With or without other dermatological galenicals. | 32.37 | 500 ml | ✓ PSM |
| 73 | CLOTRIMAZOLE (↓ subsidy) * Vaginal crm 1% with applicators | 1.30 | 35 g OP | ✓ Clomazol |
| | * Vaginal crm 2% with applicators | 2.50 | 20 g OP | ✓ Clomazol |
| 77 | TESTOSTERONE UNDECANOATE – Retail pharmacy-Specialist (↓ subsidy) Cap 40 mg | 47.95 (60.71) | 60 | ✓ Andriol Testocaps Panteston |
| 82 | CABERGOLINE (↓ subsidy) Tab 0.5 mg – Maximum of 2 tab per prescription; can be waived by Special Authority see SA0175 | 16.50 66.00 | 2 8 | ✓ Arrow-Cabergoline ✓ Arrow-Cabergoline |
| 84 | CEFACLOR MONOHYDRATE (↓ subsidy) Grans for oral liq 125 mg per 5 ml | 3.53 | 100 ml | ✓ Ranbaxy-Cefaclor |
| 87 | PHENOXYMETHYLPENICILLIN (PENICILLIN V) (↓ subsidy) Grans for oral liq 250 mg per 5 ml – Up to 200 ml available on a PSO..... | 1.78 | 100 ml | ✓ AFT |
| 100 | IBUPROFEN (↓ subsidy) *‡ Oral liq 100 mg per 5 ml..... | 2.69 | 200 ml | ✓ Fenpaed |
| 109 | ASPIRIN (↓ subsidy) * Tab EC 300 mg | 2.00 (8.10) | 100 | Aspec 300 |
| | * Tab dispersible 300 mg – Up to 30 tab available on a PSO..... | 2.00 | 100 | ✓ Ethics Aspirin |
| 113 | FLUOXETINE HYDROCHLORIDE (↓ subsidy) * Tab dispersible 20 mg, scored – Subsidy by endorsement..... | 2.50 | 30 | ✓ Fluox |
| | Subsidised by endorsement 1) When prescribed for a patient who cannot swallow whole tablets or capsules and the prescription is endorsed accordingly; or 2) When prescribed in a daily dose that is not a multiple of 20 mg in which case the prescription is deemed to be endorsed. Note: Tablets should be combined with capsules to facilitate incremental 10 mg doses. | | | |
| | * Cap 20 mg | 2.89 | 90 | ✓ Fluox |
| 113 | PAROXETINE HYDROCHLORIDE (↓ subsidy) Tab 20 mg | 2.38 | 30 | ✓ Loxamine |

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

§29 Unapproved medicine supplied under Section 29
‡ safety cap reimbursed

Sole Subsidised Supply

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Subsidy and Manufacturers Price - effective 1 July 2010 (continued)

| | | | | |
|-----|--|--------|-----------|-----------------------------|
| 117 | PHENYTOIN SODIUM (↑ subsidy) | | | |
| | * Tab 50 mg | 42.09 | 200 | ✓ Dilantin Infatab |
| | * Cap 30 mg | 19.13 | 200 | ✓ Dilantin |
| | * Cap 100 mg | 17.21 | 200 | ✓ Dilantin |
| | *‡ Oral liq 30 mg per 5 ml..... | 19.16 | 500 ml | ✓ Dilantin |
| 120 | DOMPERIDONE (↑ subsidy) | | | |
| | * Tab 10 mg | 7.99 | 100 | ✓ Motilium |
| 122 | ROPINIROLE HYDROCHLORIDE (↓ subsidy) | | | |
| | ▲ Tab 0.25 mg | 6.20 | 84 | ✓ Ropin |
| | ▲ Tab 1 mg | 15.95 | 84 | ✓ Ropin |
| | ▲ Tab 2 mg | 24.95 | 84 | ✓ Ropin |
| | ▲ Tab 5 mg | 38.00 | 84 | ✓ Ropin |
| 136 | CISPLATIN – PCT only – Specialist (↓ subsidy) | | | |
| | Inj 1 mg for ECP | 0.27 | 1 mg | ✓ Baxter |
| 138 | GEMCITABINE HYDROCHLORIDE – PCT only – Specialist – Special Authority SA0877 (↓ subsidy) | | | |
| | Inj 1 g | 62.50 | 1 | ✓ Gemcitabine Ebewe |
| | Inj 200 mg | 12.50 | 1 | ✓ Gemcitabine Ebewe |
| | Inj 1 mg for ECP | 0.07 | 1 mg | ✓ Baxter |
| 140 | DOCETAXEL – PCT only – Specialist – Special Authority see SA0880 (↓ subsidy) | | | |
| | Inj 1 mg for ECP | 17.55 | 1 mg | ✓ Baxter |
| 142 | MITOZANTRONE – PCT only – Specialist (↓ subsidy) | | | |
| | Inj 2 mg per ml, 10 ml | 100.00 | 1 | ✓ Mitozantrone Ebewe |
| | Inj 1 mg for ECP | 5.65 | 1 mg | ✓ Baxter |
| 152 | LORATADINE (↓ subsidy) | | | |
| | * Tab 10 mg | 2.09 | 100 | ✓ Loraclear Hayfever Relief |
| | * Oral liq 1 mg per ml | 3.10 | 100 ml | ✓ Lorapaed |
| 154 | SALBUTAMOL (↓ subsidy) | | | |
| | ‡Oral liq 2 mg per 5 ml..... | 1.99 | 150 ml | ✓ Salapin |
| 167 | GLYCEROL (↓ subsidy) | | | |
| | * Liquid – Only in combination..... | 17.86 | 2,000 ml | ✓ PSM |
| | Only in extemporaneously compounded oral liquid preparations. | | | |
| 172 | ORAL SUPPLEMENT 1KCAL/ML – Special Authority – Hospital pharmacy [HP3] (↑ subsidy) | | | |
| | Powder (chocolate) | 10.22 | 900 g OP | ✓ Sustagen Hospital Formula |
| | Powder (vanilla) | 10.22 | 900 g OP | ✓ Sustagen Hospital Formula |
| 173 | ORAL FEED 1KCAL/ML – Special Authority see SA0594 – Hospital pharmacy [HP3] (↑ price) | | | |
| | Liquid (vanilla) | 1.78 | 237 ml OP | |
| | | (2.10) | | Resource Diabetic |

▲ 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 Manufacturers Price - effective 1 July 2010 (continued)

| | | | | |
|-----|---|--------|-----------|------------------|
| 176 | RENAL ORAL FEED 2KCAL/ML – Special Authority see SA0587 – Hospital pharmacy [HP3] († price) | | | |
| | Liquid..... | 2.88 | 237 ml OP | |
| | | (3.31) | | NovaSource Renal |
| 177 | ORAL ELEMENTAL FEED 1KCAL/ML – Special Authority see SA0592 – Hospital pharmacy [HP3] († subsidy) | | | |
| | Powder (unflavoured) | 4.50 | 80.4 g OP | ✓Vivonex TEN |

Effective 1 June 2010

| | | | | |
|-----|--|--------|-------------|----------|
| 34 | DOCUSATE SODIUM – Only on a prescription (↓ subsidy) | | | |
| | * Tab 50 mg | 3.95 | 100 | |
| | | (4.89) | | Coloxyl |
| | * Tab 120 mg | 5.49 | 100 | |
| | | (6.73) | | Coloxyl |
| 125 | RISPERIDONE (↓ subsidy) | | | |
| | Tab 0.5 mg | 1.17 | 20 | ✓Ridal |
| | | 3.51 | 60 | ✓Ridal |
| | Tab 1 mg | 6.00 | 60 | ✓Ridal |
| | Tab 2 mg | 11.00 | 60 | ✓Ridal |
| | Tab 3 mg | 15.00 | 60 | ✓Ridal |
| | Tab 4 mg | 20.00 | 60 | ✓Ridal |
| 138 | CYTARABINE | | | |
| | Inj 100 mg – PCT – Retail pharmacy-Specialist (↓ subsidy) | 76.00 | 5 | ✓Pfizer |
| | Inj 1 mg for ECP – PCT only – Specialist († subsidy) | 0.30 | 10 mg | ✓Baxter |
| | Note - Baxter inj 1 mg for ECP subsidy and price increase is pro rated to the new 10 mg pack size. | | | |
| 143 | VINCRIStINE SULPHATE | | | |
| | Inj 1 mg per ml, 1 ml – PCT – | | | |
| | Retail pharmacy-Specialist († subsidy) | 108.00 | 5 | ✓Hospira |
| | Inj 1 mg per ml, 2 ml – PCT – | | | |
| | Retail pharmacy-Specialist († subsidy) | 116.00 | 5 | ✓Hospira |
| | Inj 1 mg for ECP – PCT only – Specialist (↓ subsidy) | 15.77 | 1 mg | ✓Baxter |
| 156 | BECLOMETHASONE DIPROPIONATE († price) | | | |
| | Metered aqueous nasal spray, 50 µg per dose | 2.35 | 200 dose OP | |
| | | (4.00) | | Alanase |
| | Metered aqueous nasal spray, 100 µg per dose | 2.46 | 200 dose OP | |
| | | (4.81) | | Alanase |

Effective 1 May 2010

| | | | | |
|----|---------------------------|--------|---------|-------|
| 61 | CROTAMITON (↓ subsidy) | | | |
| | a) Only on a prescription | | | |
| | b) Not in combination | | | |
| | Crm 10% | 3.79 | 20 g OP | |
| | | (4.45) | | Eurax |

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Subsidy and Manufacturers Price - effective 1 May 2010 (continued)

| | | | | |
|-----|---|---------|------------|-------------------|
| 63 | CHLORHEXIDINE GLUCONATE – Subsidy by endorsement (↓ subsidy) 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 | |
| | | (5.40) | | Orion |
| 74 | PREGNANCY TESTS - HCG URINE (↓ subsidy) a) Up to 200 test available on a PSO b) Only on a PSO Cassette | 14.25 | 25 test OP | ✓ MDS Quick Card |
| 95 | LAMIVUDINE – Special Authority see SA0779 – Hospital pharmacy [HP1] (↓ subsidy) Tab 150 mg | 153.60 | 60 | ✓ 3TC |
| | Oral liq 10 mg per ml | 50.00 | 240 ml OP | ✓ 3TC |
| 136 | CISPLATIN – PCT only – Specialist (↓ subsidy) Inj 1 mg per ml, 50 ml | 15.00 | 1 | ✓ Cisplatin Ebewe |
| | Inj 1 mg per ml, 100 ml | 21.00 | 1 | ✓ Cisplatin Ebewe |
| 146 | MEGESTROL ACETATE – Retail pharmacy-Specialist (↓ subsidy) Tab 160 mg | 57.92 | 30 | |
| | | (74.25) | | Megace |

▲ 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 Brand Name

Effective 1 July 2010

| | | | | |
|-----|---|-------|-----------|---------------------------------|
| 35 | CHLORHEXIDINE GLUCONATE Mouthwash 0.2% | 3.06 | 200 ml OP | ✓ Rivacol Orion |
| 108 | PROBENECID * Tab 500 mg | 55.00 | 100 | ✓ Probenecid-AFT AFT |

Effective 1 June 2010

| | | | | |
|-----|--|--------|---|-------------------------------|
| 76 | DEXAMETHASONE SODIUM PHOSPHATE * Inj 4 mg per ml, 1 ml – Up to 5 inj available on a PSO | 21.50 | 5 | ✓ Hospira Mayne |
| | * Inj 4 mg per ml, 2 ml – Up to 5 inj available on a PSO | 31.00 | 5 | ✓ Hospira Mayne |
| 138 | CYTARABINE Inj 100 mg – PCT – Retail pharmacy-Specialist | 76.00 | 5 | ✓ Pfizer Pharmacia |
| 143 | VINCRIStINE SULPHATE Inj 1 mg per ml, 1 ml – PCT – Retail pharmacy-Specialist | 108.00 | 5 | ✓ Hospira Mayne |
| | Inj 1 mg per ml, 2 ml – PCT – Retail pharmacy-Specialist | 116.00 | 5 | ✓ Hospira Mayne |

Changes to Sole Subsidised Supply

Effective 1 July 2010

For the list of new Sole Subsidised Supply products effective 1 July 2010 refer to the bold entries in the cumulative Sole Subsidised Supply table pages 14-20.

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$

Per

Brand or
Generic Mnfr
✓ fully subsidised

Delisted Items

Effective 1 July 2010

| | | | | | |
|-----|--|-------------------|----------|---|------------------------------|
| 36 | HYDROXOCOBALAMIN * Inj 1 mg per ml, 1 ml – Up to 6 inj available on a PSO | 6.15 (10.84) | 3 | | Neo-B12 |
| 60 | SILVER SULPHADIAZINE Crm 1% with chlorhexidine digluconate 0.2% | 15.04 | 100 g OP | ✓ | Silvazine |
| | a) Up to 500 g available on a PSO b) Not in combination | | | | |
| 62 | HYDROCORTISONE BUTYRATE Milky emul 0.1% | 5.00 | 30 ml OP | ✓ | Locoid Crelo |
| 67 | DITHRANOL Crm 1% | 27.50 | 50 g OP | ✓ | Micanol |
| 81 | SOMATROPIN – Special Authority see SA0755 | | | | |
| | * Inj 5 mg | 300.00 | 1 | ✓ | Norditropin SimpleXx 5mg |
| | * Inj 10 mg | 600.00 | 1 | ✓ | Norditropin SimpleXx 10mg |
| | * Inj 15 mg | 900.00 | 1 | ✓ | Norditropin SimpleXx 15mg |
| 138 | FLUDARABINE PHOSPHATE – PCT only – Specialist Tab 10 mg | 650.25 | 15 | ✓ | Fludara |
| | Note – Fludara Oral tab 10 mg, 20 tab pack size remains listed. | | | | |
| 146 | LETROZOLE Tab 2.5 mg | 26.55 (146.46) | 30 | | Femara |
| 152 | PROMETHAZINE HYDROCHLORIDE *‡ Oral liq 5 mg per 5 ml | 3.10 (8.51) | 100 ml | | Phenergan |

Effective 1 June 2010

| | | | | | |
|----|---|-------|----|---|--------------------------|
| 27 | ATROPINE SULPHATE * Inj 1200 µg, 1 ml – Up to 5 inj available on a PSO | 32.00 | 50 | ✓ | AstraZeneca |
| 28 | OMEPRAZOLE * Cap 10 mg | 2.00 | 28 | ✓ | Dr Reddy's Omeprazole |
| | * Cap 40 mg | 3.35 | 28 | ✓ | Dr Reddy's Omeprazole |
| | Note – Dr Reddy's Omeprazole cap 10 mg and 40 mg, 30 cap pack, remain listed. | | | | |
| 44 | POTASSIUM CHLORIDE * Inj 150 mg per ml, 10 ml | 26.00 | 50 | ✓ | AstraZeneca |

▲ 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 June 2010 (continued)

| | | | | |
|-----|--|-----------------|-----|----------------------|
| 52 | ATENOLOL * Tab 50 mg | 0.39 | 30 | ✓Noten S29 |
| 53 | PINDOLOL * Tab 5 mg | 4.50 | 100 | ✓Pindol |
| | * Tab 10 mg | 8.35 | 100 | ✓Pindol |
| | * Tab 15 mg | 12.00 | 100 | ✓Pindol |
| 71 | ETHINYLOESTRADIOL WITH GESTODENE * Tab 30 µg with gestodene 75 µg and 7 inert tab | 6.62 (16.50) | 84 | Femodene 28 |
| | a) Higher subsidy of \$14.49 per 84 tab with Special Authority see SA0500 above | | | |
| | b) Up to 84 tab available on a PSO | | | |
| 87 | FLUCLOXACILLIN SODIUM Cap 250 mg – Up to 30 cap available on a PSO | 18.50 | 250 | ✓Staphlex |
| | Cap 500 mg | 57.90 | 500 | ✓Staphlex |
| 100 | DICLOFENAC SODIUM * Tab long-acting 75 mg | 19.60 | 100 | ✓Voltaren SR |
| 112 | CLOMIPRAMINE HYDROCHLORIDE Tab 10 mg | 10.00 | 100 | ✓Clopress |
| 112 | PARACETAMOL WITH CODEINE * Tab paracetamol 500 mg with codeine phosphate 8 mg | 2.45 (3.24) | 100 | Codalgin |
| 121 | BROMOCRIPTINE MESYLATE * Tab 2.5 mg | 32.08 | 100 | ✓Alpha-Bromocriptine |
| 140 | BLEOMYCIN SULPHATE – PCT only – Specialist Inj 15,000 iu..... | 680.00 | 10 | ✓Blenoxane |

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 |
| 37 | CALCITRIOL * Cap 0.25 µg | 10.10 | 100 | ✓Calcitriol-AFT |
| | * Cap 0.5 µg | 18.73 | 100 | ✓Calcitriol-AFT |
| 65 | PERMETHRIN Crm 5% | 3.65 (4.20) | 30 g OP | Lyderm |

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$

Per

Brand or
Generic Mnfr
✓ fully subsidised

Delisted Items - effective 1 May 2010 (continued)

| | | | | | |
|-----|---|----------------------------------|----------------------------|---|--|
| 65 | 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 |
| 68 | 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+ |
| 86 | AMOXYCILLIN Grans for oral liq 250 mg per 5 ml – Up to 200 ml available on a PSO | 1.27 | 100 ml | ✓ | Ranbaxy Amoxicillin |
| 117 | LAMOTRIGINE ▲ Tab dispersible 200 mg | 101.80 | 56 | ✓ | Arrow-Lamotrigine |
| 119 | SUMATRIPTAN Tab 50 mg | 1.55 (12.00) (22.00) | 4 | | Sumagran Imigran |
| | Tab 100 mg | 1.55 (12.00) (22.00) | 2 | | Sumagran Imigran |
| 143 | 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 |

▲ 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

| | | | | |
|-----|---|------------------|------------|------------------|
| 61 | CROTAMITON a) Only on a prescription b) Not in combination Crm 10% | 3.79 (4.45) | 20 g OP | Eurax |
| 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 (5.40) | 500 ml | Orion |
| 74 | PREGNANCY TESTS - HCG URINE a) Up to 200 test available on a PSO b) Only on a PSO Cassette | 14.25 | 25 test OP | ✓ MDS Quick Card |
| 100 | DICLOFENAC SODIUM * Tab long-acting 75 mg | 3.10 | 30 | ✓ Diclax SR |
| | Note – Diclax SR tab long-acting 75 mg, 500 tab pack, remains listed. | | | |
| 110 | DEXTROPROPOXYPHENE WITH PARACETAMOL Tab napsylate 50 mg with paracetamol 325 mg | 14.50 (22.50) | 500 | Paradex |
| | Cap hydrochloride 32.5 mg with paracetamol 325 mg | 3.98 (4.90) | 100 | Capadex |
| | | 19.91 (33.14) | 500 | Capadex |
| 146 | MEGESTROL ACETATE – Retail pharmacy-Specialist Tab 160 mg | 57.92 (74.25) | 30 | Megace |

Effective 1 September 2010

| | | | | |
|----|---|----------------|-----|---------|
| 34 | DOCUSATE SODIUM – Only on a prescription * Tab 50 mg | 3.95 (4.89) | 100 | Coloxyl |
| | * Tab 120 mg | 5.49 (6.73) | 100 | Coloxyl |

Effective 1 October 2010

| | | | | |
|----|---|------------------|-----|------------|
| 55 | BENDROFLUAZIDE * Tab 2.5 mg – Up to 150 tab available on a PSO | 7.58 (13.50) | 500 | Neo-Naclex |
| | May be supplied on a PSO for reasons other than emergency. | | | |
| | * Tab 5 mg | 11.75 (21.50) | 500 | Neo-Naclex |

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 |
|---|---------------------------------|-----|--|
|---|---------------------------------|-----|--|

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

| | | | | |
|----|--|------------------|----|---|
| 77 | TESTOSTERONE UNDECANOATE – Retail pharmacy-Specialist Cap 40 mg | 47.95 (60.71) | 60 | ✓ Andriol Testocaps Panteston |
|----|--|------------------|----|---|

Effective 1 November 2010

| | | | | |
|-----|--|------------------|-------|------------------------------------|
| 55 | FUROSEMIDE * Tab 500 mg | 12.00 | 100 | ✓ Diurin 500 |
| 62 | HYDROCORTISONE * Crm 1% – Only on a prescription | 2.44 | 100 g | ✓ Lemnis Fatty Cream HC |
| 72 | ETHINYLLOESTRADIOL WITH LEVONORGESTREL * Tab ethinylloestradiol 30 µg with levonorgestrel 50 µg (6) and tab ethinylloestradiol 40 µg with levonorgestrel 75 µg (5), and tab ethinylloestradiol 30 µg with levonorgestrel 125 µg (10) and 7 inert tab – Up to 84 tab available on a PSO..... | 6.62 | 84 | ✓ Trifeme |
| 79 | DYDROGESTERONE Tab 10 mg | 27.50 (29.90) | 50 | Duphaston |
| | Note – Duphaston tab 10 mg, 28 tab pack remains listed. | | | |
| 83 | DANAZOL – Retail pharmacy-Specialist Cap 200 mg | 29.35 | 30 | ✓ D-Zol |
| 100 | DICLOFENAC SODIUM * Tab EC 25 mg | 1.63 | 50 | ✓ Diclohexal |
| | * Tab EC 50 mg | 2.13 | 50 | ✓ Diclohexal |
| | * Tab long-acting 75 mg | 22.78 | 500 | ✓ Apo-Diclo SR |
| | * Tab long-acting 100 mg | 34.32 | 500 | ✓ Apo-Diclo SR |
| | Note – Diclax SR tab long-acting 75 mg, 500 tab pack, remains listed. | | | |
| 112 | CLOMIPRAMINE HYDROCHLORIDE Tab 25 mg | 26.00 | 500 | ✓ Clopress |
| 113 | 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 |
| 138 | FLUOROURACIL SODIUM Inj 50 mg per ml, 10 ml – PCT only – Specialist..... | 4.95 | 1 | ✓ Fluorouracil Ebewe |
| | Note – Fluorouracil Ebewe inj 50 mg per ml, 10 ml, 5 injection pack listed 1 May 2010. | | | |

▲ 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 December 2010

| | | | | |
|-----|--|----------------|--------------------------|--|
| 27 | OMEPRAZOLE, AMOXYCILLIN AND CLARITHROMYCIN Omeprazole cap 20 mg × 14, amoxicillin cap 500 mg × 28 and clarithromycin tab 500 mg × 14 | 55.00 | 1 OP | ✓ Losec Hp7 OAC |
| 43 | HEPARIN SODIUM Inj 5,000 iu per ml, 5 ml | 43.67 | 10 | ✓ Multiparin |
| 60 | KETOCONAZOLE Crm 2% | 1.00 (9.50) | 15 g OP | Nizoral |
| | a) Only on a prescription b) Not in combination | | | |
| 179 | ENTERAL FEED 1KCAL/ML – Special Authority see SA0702 – Hospital pharmacy [HP3] Liquid | 1.24 5.29 | 250 ml OP 1,000 ml OP | ✓ Isosource HN ✓ Isosource HN RTH |
| 179 | ENTERAL FEED WITH FIBRE 1 KCAL/ML – Special Authority see SA0702 – Hospital pharmacy [HP3] Liquid | 1.24 5.29 | 250 ml OP 1,000 ml OP | ✓ Fibersource HN ✓ Fibersource HN RTH |
| 179 | ENTERAL FEED WITH FIBRE 1.5KCAL/ML – Special Authority see SA0702 – Hospital pharmacy [HP3] Liquid | 7.00 | 1,000 ml OP | ✓ Isosource 1.5 |
| 180 | ORAL FEED 1.5KCAL/ML – Special Authority see SA0702 – Hospital pharmacy [HP3] Liquid (vanilla) | 1.33 | 237 ml OP | ✓ Resource Plus |
| 181 | FOOD THICKENER – Special Authority see SA0595 – Hospital pharmacy [HP3] Powder | 3.80 | 250 g OP | ✓ Resource Thicken Up |

Effective 1 January 2011

| | | | | |
|----|--|-----------------|----------|-----------------------------|
| 25 | SODIUM ALGINATE * Oral liq 500 mg with sodium bicarbonate 267 mg per 10 ml (aniseed) | 1.50 (8.64) | 500 ml | Gaviscon |
| 26 | ZINC OXIDE Oint zinc oxide with balsam peru | 4.50 (6.67) | 50 g OP | Anusol |
| | Suppos zinc oxide with balsam peru | 4.47 (6.49) | 12 | Anusol |
| 37 | MULTIVITAMINS – Special Authority see SA0963 – Retail pharmacy Powder | 36.00 | 100 g OP | ✓ Paediatric Seravit |
| | Note – Paediatric Seravit powder 200 g OP subsidised from 1 July 2010. | | | |
| 60 | CICLOPIROXOLAMINE a) Only on a prescription b) Not in combination Crm 1% | 1.00 (12.82) | 20 g OP | Batrafen |

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 |
|---|---------------------------------|-----|--|
|---|---------------------------------|-----|--|

Items to be Delisted - effective 1 January 2011 (continued)

| | | | | |
|----|--|----------------------------|----------|--------------------|
| 63 | SODIUM HYPOCHLORITE – Subsidy by endorsement Only if prescribed for a dialysis patient and the prescription is endorsed accordingly. * Soln | 2.71 | 2,500 ml | ✓ Janola |
| 64 | DIPHEMANIL METHYLSULPHATE – Subsidy by endorsement Only if prescribed for an amputee with an artificial limb, or for a paraplegic patient and the prescription endorsed accordingly. Powder 2% | 6.81 (13.54) | 50 g OP | Prantal |
| 64 | GLYCEROL WITH PARAFFIN AND CETYL ALCOHOL – Only on a prescription * Lotn 5% with paraffin liq 5% and cetyl alcohol 2% | 1.40 (8.10) | 250 ml | QV |
| 64 | OILY CREAM * Crm BP | 2.80 (13.60) (15.40) | 500 g | David Craig PSM |
| 64 | ZINC Crm BP | 6.55 (12.00) | 500 g | PSM |
| 67 | TAR WITH CADE OIL Bath emul 7.5% coal tar, 2.5% cade oil, 7.5% compound..... | 9.70 (29.60) | 350 ml | Polytar Emollient |
| 69 | HYDROGEN PEROXIDE * Soln 20 vol – Maximum of 500 ml per prescription | 3.13 (7.00) | 500 ml | PSM |
| 70 | APPLICATOR When ordered with a spermicide. * Applicator – Up to 1 dev available on a PSO..... | 4.34 | 1 | ✓ Ortho |
| 70 | DIAPHRAGM – Up to 1 dev available on a PSO * Diaphragm, 55 mm | 42.90 | 1 | ✓ Ortho Coil |
| | * Diaphragm, 60 mm | 42.90 | 1 | ✓ Ortho All-flex |
| | * Diaphragm, 65 mm | 42.90 | 1 | ✓ Ortho Coil |
| | * Diaphragm, 70 mm | 42.90 | 1 | ✓ Ortho Coil |
| | * Diaphragm, 75 mm | 42.90 | 1 | ✓ Ortho Coil |
| | * Diaphragm, 80 mm | 42.90 | 1 | ✓ Ortho Coil |
| | * Diaphragm, 85 mm | 42.90 | 1 | ✓ Ortho All-flex |
| | * Diaphragm, 90 mm | 42.90 | 1 | ✓ Ortho All-flex |
| | One of each size is permitted on a PSO. | | | ✓ Ortho Coil |
| 70 | NONOXYNOL-9 Jelly 2% – Up to 108 g available on a PSO..... | 10.95 | 108 g OP | ✓ Gynol II |

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Items to be Delisted - effective 1 January 2011 (continued)

| | | | | |
|-----|--|-------|-----------|--|
| 175 | PAEDIATRIC ENTERAL FEED 1.5KCAL/ML – Special Authority see SA0896 – Hospital pharmacy [HP3] Liquid | 1.60 | 200 ml OP | ✓ Nutrini Energy RTH |
| 176 | PAEDIATRIC ENTERAL FEED 1KCAL/ML – Special Authority see SA0896 – Hospital pharmacy [HP3] Liquid | 1.07 | 200 ml OP | ✓ Nutrini RTH |
| 179 | ENTERAL FEED WITH FIBRE 1.5KCAL/ML – Special Authority see SA0702 – Hospital pharmacy [HP3] Liquid | 1.75 | 250 ml OP | ✓ Isosource 1.5 |
| 180 | ORAL FEED 1.5KCAL/ML – Special Authority see SA0702 – Hospital pharmacy [HP3] Liquid (chocolate) | 1.33 | 237 ml OP | ✓ Resource Plus |
| 185 | AMINOACID FORMULA WITH MINERALS WITHOUT PHENYLALANINE – Special Authority see SA0962 – Retail pharmacy See prescribing guideline Powder | 58.44 | 250 g OP | ✓ Metabolic Mineral Mixture |

Note – Metabolic Mineral Mixture powder 100 g OP subsidised from 1 July 2010.

| Contracted Pharmaceutical Description | Brand | Price (\$) (ex man. excl. GST) | Per | DV Limit | DV Limit applies from | DV Pharmaceutical |
|---------------------------------------|-------|--------------------------------|-----|----------|-----------------------|-------------------|
|---------------------------------------|-------|--------------------------------|-----|----------|-----------------------|-------------------|

Section H changes to Part I

Effective 1 July 2010

“DV Pharmaceutical” means a discretionary variance Pharmaceutical; that does not have HSS **but is used in place of one that does. Usually this means it and which:**

- (a) is either listed in Section H Part II of the Schedule as being a DV Pharmaceutical in association with the relevant Hospital Pharmaceutical with HSS; or
- (b) is the same chemical entity, at the same strength, and in the same or a similar presentation or form, as the relevant Hospital Pharmaceutical with HSS, ~~but which is not yet listed as being a DV Pharmaceutical.~~ **Where this is not the case, a note will be included with the listing of the HSS pharmaceutical.**

Section H changes to Part II

Effective 1 July 2010

| | | | | | | |
|---|------------------|--------|-----|----|--------------------|--|
| AMLODIPINE (new listing) | | | | | | |
| Tab 5 mg..... | Norvasc | 22.82 | 30 | | | |
| Tab 10 mg..... | Norvasc | 34.85 | 30 | | | |
| AMLODIPINE (HSS suspended) | | | | | | |
| Tab 5 mg..... | Apo-Amlodipine | 7.33 | 100 | 1% | Feb-09 | Galvase Norvasc |
| Tab 10 mg..... | Apo-Amlodipine | 11.79 | 100 | 1% | Feb-09 | Galvase Norvasc |
| Note – HSS for Apo-Amlodipine tab 5 mg and 10 mg has been suspended due to an out-of-stock. | | | | | | |
| AMOXYCILLIN (expiry of HSS) | | | | | | |
| Cap 250 mg | Apo-Amoxi | 17.30 | 500 | 1% | Sept-07 | Amoxil Moxlin Espamox |
| Cap 500 mg | Apo-Amoxi | 27.25 | 500 | 1% | Sept-07 | Amoxil Moxlin Espamox |
| BISACODYL (↓ price, continuation of HSS) | | | | | | |
| Tab 5 mg..... | Lax-Tabs | 4.99 | 200 | 1% | Sept-10 | Apo-Bisacodyl Dulcolax |
| BUPIVACAINE HYDROCHLORIDE (expiry of HSS) | | | | | | |
| Inf 0.125%, 100 ml theatre pack | Marcain | 109.39 | 5 | 1% | Aug-07 | (B) |
| Inf 0.125%, 200 ml theatre pack | Marcain | 146.23 | 5 | 1% | Aug-07 | (B) |
| Inf 0.25%, 100 ml theatre pack | Marcain | 132.42 | 5 | 1% | Aug-07 | (B) |
| Inj 0.375%, 20 ml theatre pack | Marcain | 56.20 | 5 | 1% | Aug-07 | (B) |
| Inj 0.5%, 4 ml..... | Marcain Isobaric | 29.35 | 5 | 1% | Aug-07 | (B) |
| Inj 0.5%, 8% glucose, 4 ml | Marcain Heavy | 24.50 | 5 | 1% | Aug-07 | (B) |
| CALCIUM CARBONATE (amended chemical name and presentation) | | | | | | |
| Tab eff 1.75 g (1 g elemental)..... | Calsource | 6.54 | 30 | 1% | Sept-08 | Calci-Tab Effervescent |

| Contracted Pharmaceutical Description | Brand | Price (\$) (ex man. excl. GST) | Per | DV Limit | DV Limit applies from | DV Pharmaceutical |
|---------------------------------------|-------|--------------------------------|-----|----------|-----------------------|-------------------|
|---------------------------------------|-------|--------------------------------|-----|----------|-----------------------|-------------------|

Section H changes Part II - effective 1 July 2010 (continued)

CAPTOPRIL (expiry of HSS)

| | | | | | | |
|------------------|---------------|-------|-----|----|-------------------|-----------------------|
| Tab 12.5 mg..... | Apo-Captopril | 10.40 | 500 | 1% | Dec-07 | Capoten Captohexal |
| Tab 25 mg..... | Apo-Captopril | 13.40 | 500 | 1% | Dec-07 | Capoten Captohexal |
| Tab 50 mg..... | Apo-Captopril | 19.00 | 500 | 1% | Dec-07 | Capoten Captohexal |

CEFACLOR MONOHYDRATE (expiry of HSS)

| | | | | | | |
|-----------------|------------------|-------|-----|----|--------------------|----------|
| Cap 250 mg..... | Ranbaxy-Cefaclor | 28.90 | 100 | 1% | Sept-07 | Clorotir |
|-----------------|------------------|-------|-----|----|--------------------|----------|

CEFACLOR MONOHYDRATE (↓ price, continuation of HSS)

| | | | | | | |
|---------------------------------------|-------------------------|------|--------|----|---------|----------------------------|
| Grans for oral liq 125 mg per 5 ml .. | Ranbaxy-Cefaclor | 3.53 | 100 ml | 1% | Sept-10 | CEC Suspension Clorotir |
|---------------------------------------|-------------------------|------|--------|----|---------|----------------------------|

CHLORHEXIDINE (new listing)

| | | | | | | |
|----------------------|---------|--------|----|--|--|--|
| Soln 5%, 500 ml..... | healthE | 186.00 | 12 | | | |
|----------------------|---------|--------|----|--|--|--|

CHLORHEXIDINE GLUCONATE (new listing)

| | | | | | | |
|----------------------------------|---------|-------|----|--|--|--|
| Obstetric lotion 1%, 200 ml..... | healthE | 81.00 | 12 | | | |
|----------------------------------|---------|-------|----|--|--|--|

CHLORHEXIDINE IN ALCOHOL (new listing)

| | | | | | | |
|---|---------|-------|----|--|--|--|
| Soln 0.5% with 70% alcohol, 100 ml (tinted pink) | healthE | 31.80 | 12 | | | |
| Soln 0.5% with 70% alcohol, 100 ml (tinted red) | healthE | 34.80 | 12 | | | |
| Soln 0.5% with 70% alcohol, 500 ml (tinted pink) | healthE | 65.40 | 12 | | | |
| Soln 0.5% with 70% alcohol, 500 ml (tinted red) | healthE | 70.80 | 12 | | | |
| Soln 2% with 70% alcohol, 100 ml (tinted pink) | healthE | 42.48 | 12 | | | |
| Soln 2% with 70% alcohol, 100 ml (tinted red) | healthE | 46.32 | 12 | | | |

CLARITHROMYCIN (expiry of HSS)

| | | | | | | |
|---------------------------------------|----------|-------|-------|----|--------------------|------------------|
| Grans for oral liq 125 mg per 5 ml .. | Klacid | 23.12 | 70 ml | 1% | Sept-07 | (B) |
| Tab 250 mg..... | Klamycin | 7.75 | 14 | 1% | Mar-08 | Clarae Klacid |

CLOMIPHENE CITRATE (new listing)

| | | | | | | |
|----------------|-----------|-------|----|--|--|--|
| Tab 50 mg..... | Serophene | 29.84 | 10 | | | |
|----------------|-----------|-------|----|--|--|--|

CLOTRIMAZOLE (amended description, ↓ price and continuation of HSS)

| | | | | | | |
|--------------------------------------|-----------------|------|------|----|---------|--------------------------------------|
| Vaginal crm 1% with applicator(s)... | Clomazol | 1.30 | 35 g | 1% | Sept-10 | Canesten Clocreme Clotrimaderm |
| Vaginal crm 2% with applicator(s)... | Clomazol | 2.50 | 20 g | 1% | Sept-10 | Canesten Clocreme Clotrimaderm |

| Contracted Pharmaceutical Description | Brand | Price (\$) (ex man. excl. GST) | Per | DV Limit | DV Limit applies from | DV Pharmaceutical |
|---------------------------------------|-------|--------------------------------|-----|----------|-----------------------|-------------------|
|---------------------------------------|-------|--------------------------------|-----|----------|-----------------------|-------------------|

Section H changes Part II - effective 1 July 2010 (continued)

CODEINE PHOSPHATE (expiry of HSS)

| | | | | | | |
|----------------|-----|-------|-----|---------------|-------------------|-----|
| 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) |

COLCHICINE (continuation of HSS)

| | | | | | | |
|------------------|----------------|------|-----|----|---------|-----|
| Tab 500 µg | Colgout | 9.60 | 100 | 1% | Sept-10 | (B) |
|------------------|----------------|------|-----|----|---------|-----|

COLISTIN SULPHOMETHATE (expiry of HSS)

| | | | | | | |
|-----------------|---------------|-------|---|---------------|-------------------|-----|
| Inj 150 mg..... | Colistin-Link | 65.00 | 1 | 1% | Dec-07 | (B) |
|-----------------|---------------|-------|---|---------------|-------------------|-----|

CYCLOPHOSPHAMIDE (continuation of HSS)

| | | | | | | |
|----------------|---------------------|-------|----|----|---------|---------|
| Tab 50 mg..... | Cycloblastin | 25.71 | 50 | 1% | Sept-10 | Endoxan |
|----------------|---------------------|-------|----|----|---------|---------|

DANTHRON WITH POLOXAMER (new listing)

| | | | | | | |
|---|---------|------|--------|--|--|--|
| Oral liq 25 mg with poloxamer 200 mg per 5 ml..... | Pinorax | 9.50 | 300 ml | | | |
|---|---------|------|--------|--|--|--|

DESFERRIOXAMINE MESYLATE (expiry of HSS)

| | | | | | | |
|------------------|-------|-------|----|---------------|--------------------|-----|
| Inj 500 mg | Mayne | 99.00 | 10 | 1% | Sept-07 | (B) |
|------------------|-------|-------|----|---------------|--------------------|-----|

DEXAMETHASONE (new listing)

| | | | | | | |
|----------------------|----------------|------|------|----|---------|-----|
| Eye drops 0.1% | Maxidex | 4.50 | 5 ml | 1% | Sept-10 | (B) |
|----------------------|----------------|------|------|----|---------|-----|

DEXAMPHETAMINE SULPHATE (expiry of HSS)

| | | | | | | |
|---------------|-----|-------|-----|---------------|-------------------|-----|
| Tab 5 mg..... | PSM | 16.50 | 100 | 1% | Apr-08 | (B) |
|---------------|-----|-------|-----|---------------|-------------------|-----|

DOCETAXEL (HSS reinstated)

| | | | | | | |
|----------------|----------------------------|----------|---|----|--------|--------------------------------|
| Inj 20 mg..... | Docetaxel Ebewe | 325.00 | 1 | 1% | Jul-10 | Docetaxel Winthrop Taxotere |
| Inj 80 mg..... | Docetaxel Ebewe | 1,300.00 | 1 | 1% | Jul-10 | Docetaxel Winthrop Taxotere |

Note – HSS for Docetaxel Ebewe inj 20 mg and 80 mg reinstated 1 July 2010.

DOXAZOSIN MESYLATE (expiry of HSS)

| | | | | | | |
|----------------|---------------|-------|-----|---------------|-------------------|------------------|
| Tab 2 mg | Apo-Doxazosin | 22.85 | 500 | 1% | Jan-08 | Desan |
| Tab 4 mg..... | Apo-Doxazosin | 30.26 | 500 | 1% | Jan-08 | Desan |

FERROUS FUMARATE (amended presentation)

| | | | | | | |
|---|-----------|------|-----|--|--|--|
| Tab 200 mg (65 mg elemental) | Ferro-tab | 4.35 | 100 | | | |
|---|-----------|------|-----|--|--|--|

FERROUS FUMARATE WITH FOLIC ACID (amended presentation)

| | | | | | | |
|--|--------------|------|----|--|--|--|
| Tab 310 mg (100 mg elemental) with folic acid 350 µg | Ferro-F-Tabs | 4.75 | 60 | | | |
|--|--------------|------|----|--|--|--|

FERROUS SULPHATE (amended presentation, continuation of HSS)

| | | | | | | |
|---|----------------|-------|--------|----|---------|--------------|
| Oral liquid 30 mg per 1 ml 150 mg per 5 ml (6 mg elemental per 1 ml) | Ferodan | 10.30 | 500 ml | 1% | Sept-10 | Ferro-liquid |
|---|----------------|-------|--------|----|---------|--------------|

| Contracted Pharmaceutical Description | Brand | Price (\$) (ex man. excl. GST) | Per | DV Limit | DV Limit applies from | DV Pharmaceutical |
|---------------------------------------|-------|--------------------------------|-----|----------|-----------------------|-------------------|
|---------------------------------------|-------|--------------------------------|-----|----------|-----------------------|-------------------|

Section H changes Part II - effective 1 July 2010 (continued)

FLUOCORTOLONE CAPROATE WITH FLUOCORTOLONE PIVALATE AND CINCHOCAINE (expiry of HSS)

Oint 950 µg, with fluocortolone pivalate

920 µg, and cinchocaine hydrochloride

5 mg per gUltraproct 6.35 30 g 1% ~~Sept-07~~ Proctosedyl
Xyloproct

Suppos 630 µg, with fluocortolone pivalate

610 µg, and cinchocaine hydrochloride

1 mgUltraproct 2.66 12 1% ~~Sept-07~~ Proctosedyl
Xyloproct

FLUOROURACIL SODIUM (expiry of HSS)

Inj 25 mg per ml, 100 mlMayne 13.55 1 1% ~~Oct-07~~ (B)

Inj 50 mg per ml, 10 mlFluorouracil 4.95 1 1% ~~Oct-07~~ Mayne

Ebewe

Inj 50 mg per ml, 20 mlFluorouracil 8.60 1 1% ~~Oct-07~~ Mayne

Ebewe

Inj 50 mg per ml, 50 mlFluorouracil 21.50 1 1% ~~Oct-07~~ Mayne

Ebewe

Inj 50 mg per ml, 100 mlFluorouracil 43.00 1 1% ~~Oct-07~~ (B)

Ebewe

FLUOXETINE HYDROCHLORIDE (↓ price and expiry of HSS)

Cap 20 mgFluox 2.89 90 1% ~~Mar-08~~ Apo-Fluoxetine
Flexetor
Prozac

Note – Fluox cap 20 mg, 90 cap pack, to be delisted 1 September 2010.

FLUOXETINE HYDROCHLORIDE (new listing)

Cap 20 mg**Fluox** 2.70 84 1% Sept-10 Flexetor
Dr Reddy's
Prozac

FLUOXETINE HYDROCHLORIDE (↓ price, amended presentation, continuation of HSS)

Tab dispersible 20 mg, scored**Fluox** 2.50 30 1% Sept-10 (B)

FUSIDIC ACID (↓ price, continuation of HSS)

Crn 2%**Foban** 3.25 15 g 1% Sept-10 Fucidin

Oint 2%**Foban** 3.25 15 g 1% Sept-10 Fucidin

GEMCITABINE HYDROCHLORIDE (↓ price, continuation of HSS)

Inj 200 mg**Gemcitabine** 12.50 1 1% Sept-10 Gemzar
Ebewe
Hospira

Inj 1 g**Gemcitabine** 62.50 1 1% Sept-10 Gemzar
Ebewe
Hospira

IBUPROFEN (↓ price, continuation of HSS)

Oral liq 100 mg per 5 ml**Fenpaed** 2.69 200 ml 1% Sept-10 Nurofen

IODINE WITH ALCOHOL (new listing)

Soln 1% with 70% alcohol,
100 mlhealthE 111.60 12

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 |
|---------------------------------------|-------|--------------------------------|-----|----------|-----------------------|-------------------|
|---------------------------------------|-------|--------------------------------|-----|----------|-----------------------|-------------------|

Section H changes Part II - effective 1 July 2010 (continued)

IPRATROPIUM BROMIDE (expiry of HSS)

| | | | | | | |
|--|--------------------------|------|----|----|---------|----------|
| Nebuliser soln 250 µg per ml, 1 ml..... | Ipratropium Steri-Neb | 4.30 | 20 | 1% | Sept-07 | Ipra 250 |
| Nebuliser soln 250 µg per ml, 2 ml..... | Ipratropium Steri-Neb | 5.25 | 20 | 1% | Sept-07 | Ipra 500 |

ISOPROPYL ALCOHOL (new listing)

| | | | | | | |
|------------------------|---------|-------|----|--|--|--|
| Soln 70%, 500 ml | healthE | 67.80 | 12 | | | |
|------------------------|---------|-------|----|--|--|--|

ITRACONAZOLE (expiry of HSS)

| | | | | | | |
|------------------|----------|-------|----|----|--------|----------|
| Cap 100 mg | Sporanox | 23.70 | 15 | 1% | Aug-07 | Itrazole |
|------------------|----------|-------|----|----|--------|----------|

LACTULOSE (expiry of HSS)

| | | | | | | |
|-------------------------------|----------|------|---------|----|--------|---------------------|
| Oral liq 10 g per 15 ml | Duphalac | 6.65 | 1000 ml | 1% | Dec-07 | Actilax LaevoLac |
|-------------------------------|----------|------|---------|----|--------|---------------------|

LEVOBUNOLOL (expiry of HSS)

| | | | | | | |
|-----------------------|---------|------|------|----|--------|-------------------|
| Eye drops 0.25% | Betagan | 7.00 | 5 ml | 1% | Aug-07 | (B) |
| Eye drops 0.5% | Betagan | 7.00 | 5 ml | 1% | Aug-07 | Alcon-Levobunolol |

LIGNOCAINE HYDROCHLORIDE (expiry of HSS)

| | | | | | | |
|--------------------------------------|-----------|-------|----|----|---------|-----|
| Inj 0.5%, 5 ml | Xylocaine | 44.10 | 50 | 1% | Sept-07 | (B) |
| Pump spray 10%, 50 ml CFC-free | Xylocaine | 60.00 | 1 | 1% | Aug-07 | (B) |

LIGNOCAINE HYDROCHLORIDE WITH ADRENALINE (expiry of HSS)

| | | | | | | |
|---|-----------|-------|----|----|--------|-----|
| Inj 1% with 1:100,000 of adrenaline, 5 ml | Xylocaine | 18.00 | 10 | 1% | Aug-07 | (B) |
| Inj 1% with 1:200,000 of adrenaline, 20 ml | Xylocaine | 44.00 | 5 | 1% | Aug-07 | (B) |
| Inj 2% with 1:200,000 of adrenaline, 20 ml | Xylocaine | 49.50 | 5 | 1% | Aug-07 | (B) |

LIGNOCAINE WITH PRILOCAINE (expiry of HSS)

| | | | | | | |
|--|------|-------|---|----|---------|-----|
| Crn 2.5% with prilocaine 2.5%, 5 g | EMLA | 41.00 | 5 | 1% | Sept-07 | (B) |
| Crn 2.5% with prilocaine 2.5%, 30 g | EMLA | 41.00 | 1 | 1% | Sept-07 | (B) |

LOPINAVIR WITH RITONAVIR (new listing)

| | | | | | | |
|--------------------------------------|---------|--------|----|--|--|--|
| Tab 100 mg with ritonavir 25 mg | Kaletra | 183.75 | 60 | | | |
|--------------------------------------|---------|--------|----|--|--|--|

| Contracted Pharmaceutical Description | Brand | Price (\$) (ex man. excl. GST) | Per | DV Limit | DV Limit applies from | DV Pharmaceutical |
|---------------------------------------|-------|--------------------------------|-----|----------|-----------------------|-------------------|
|---------------------------------------|-------|--------------------------------|-----|----------|-----------------------|-------------------|

Section H changes Part II - effective 1 July 2010 (continued)

LORATADINE (↓ price, continuation of HSS)

| | | | | | | |
|---------------------------|--------------------------------------|------|--------|----|---------|---|
| Oral liq 1 mg per ml..... | Lorapaed | 3.10 | 100 ml | 1% | Sept-10 | Claratyne Lorafast |
| Tab 10 mg..... | Loraclear Hayfever Relief | 2.09 | 100 | 1% | Dec-07 | Apo-Loratadine Aridine Arrow-Loratadine Claratyne Lorastyne Lora-tabs Lorfast Tirlor |

MEDROXYPROGESTERONE ACETATE (expiry of HSS)

| | | | | | | |
|-----------------|---------|-------|-----|---------------|--------------------|-------------------|
| Tab 2.5 mg..... | Provera | 3.09 | 30 | 1% | Sept-07 | Cyerin |
| Tab 5 mg..... | Provera | 13.06 | 100 | 1% | Sept-07 | Cyerin |
| Tab 10 mg..... | Provera | 6.85 | 30 | 1% | Sept-07 | Cyerin |
| Tab 100 mg..... | Provera | 96.50 | 100 | 1% | Sept-07 | (B) |
| Tab 200 mg..... | Provera | 70.50 | 30 | 1% | Sept-07 | (B) |

MESNA (expiry of HSS)

| | | | | | | |
|-------------------------------|------------|--------|----|---------------|-------------------|----------------|
| Inj 100 mg per ml, 4 ml..... | Uromitexan | 109.63 | 15 | 1% | Oct-07 | (B) |
| Inj 100 mg per ml, 10 ml..... | Uromitexan | 251.73 | 15 | 1% | Oct-07 | (B) |

METHADONE HYDROCHLORIDE (expiry of HSS)

| | | | | | | |
|---------------|-----------|------|----|---------------|-------------------|----------------------|
| Tab 5 mg..... | Methatabs | 2.10 | 10 | 1% | Nov-07 | Pallidone |
|---------------|-----------|------|----|---------------|-------------------|----------------------|

METOPROLOL SUCCINATE (↓ price)

| | | | | | | |
|-------------------------------|-------------------|------|----|--|--|--|
| Tab long-acting 23.75 mg..... | Metoprolol-AFT CR | 2.18 | 30 | | | |
| | Betaloc CR | 2.18 | 30 | | | |
| Tab long-acting 47.5 mg..... | Metoprolol-AFT CR | 2.74 | 30 | | | |
| | Betaloc CR | 2.74 | 30 | | | |
| Tab long-acting 95 mg..... | Metoprolol-AFT CR | 4.71 | 30 | | | |
| | Betaloc CR | 4.71 | 30 | | | |
| Tab long-acting 190 mg..... | Metoprolol-AFT CR | 8.51 | 30 | | | |
| | Betaloc CR | 8.51 | 30 | | | |

MITOZANTRONE (expiry of HSS)

| | | | | | | |
|----------------------------|-----------------------|--------|---|---------------|-------------------|----------------------|
| Inj 2 mg per ml, 5 ml..... | Mitozantrone Ebewe | 110.00 | 1 | 1% | Feb-08 | Onkotrone |
|----------------------------|-----------------------|--------|---|---------------|-------------------|----------------------|

MITOZANTRONE (↓ price, continuation of HSS)

| | | | | | | |
|-----------------------------|-------------------------------|--------|---|----|---------|-----------|
| Inj 2 mg per ml, 10 ml..... | Mitozantrone Ebewe | 100.00 | 1 | 1% | Sept-10 | Onkotrone |
|-----------------------------|-------------------------------|--------|---|----|---------|-----------|

NADOLOL (expiry of HSS)

| | | | | | | |
|----------------|-------------|-------|-----|---------------|--------------------|--------------------|
| Tab 40 mg..... | Apo-Nadolol | 14.97 | 100 | 1% | Sept-07 | Gergard |
| Tab 80 mg..... | Apo-Nadolol | 22.19 | 100 | 1% | Sept-07 | Gergard |

NALTREXONE HYDROCHLORIDE (expiry of HSS)

| | | | | | | |
|----------------|-------|--------|----|---------------|--------------------|----------------|
| Tab 50 mg..... | ReVia | 180.00 | 30 | 1% | Sept-07 | (B) |
|----------------|-------|--------|----|---------------|--------------------|----------------|

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 |
|---------------------------------------|-------|--------------------------------|-----|----------|-----------------------|-------------------|
|---------------------------------------|-------|--------------------------------|-----|----------|-----------------------|-------------------|

Section H changes Part II - effective 1 July 2010 (continued)

| | | | | | | |
|--|------------------------------------|-------|--------|----|---------|----------------------------|
| NAPROXEN SODIUM (expiry of HSS) | | | | | | |
| Tab 275 mg..... | Sonafiam | 6.00 | 120 | 1% | Feb-08 | Synflex |
| NEOSTIGMINE METHYLSULPHATE (expiry of HSS) | | | | | | |
| Inj 2.5 mg per ml, 1 ml..... | AstraZeneca | 20.30 | 50 | 1% | Sept-07 | (B) |
| NYSTATIN (expiry of HSS) | | | | | | |
| Cap 500,000 u..... | Nilstat | 11.64 | 50 | 1% | Sept-07 | (B) |
| Tab 500,000 u..... | Nilstat | 9.60 | 50 | 1% | Sept-07 | Mycostatin |
| ONDANSETRON HYDROCHLORIDE (expiry of HSS) | | | | | | |
| Tab disp 4 mg..... | Zofran Zydys | 17.18 | 10 | 1% | Aug-07 | (B) |
| Tab disp 8 mg..... | Zofran Zydys | 20.43 | 10 | 1% | Aug-07 | (B) |
| Tab 4 mg..... | Zofran | 17.18 | 10 | 1% | Aug-07 | (B) |
| Tab 8 mg..... | Zofran | 33.89 | 20 | 1% | Aug-07 | (B) |
| OXYBUTYNIN (expiry of HSS) | | | | | | |
| Oral liq 5 mg per 5 ml..... | Apo-Oxybutynin | 50.40 | 473 ml | 1% | Dec-07 | (B) |
| Tab 5 mg..... | Apo-Oxybutynin | 44.79 | 500 | 1% | Dec-07 | (B) |
| OXYCODONE HYDROCHLORIDE (expiry of HSS) | | | | | | |
| Inj 10 mg per ml, 1 ml..... | OxyNorm | 14.40 | 5 | 1% | Nov-07 | (B) |
| Inj 10 mg per ml, 2 ml..... | OxyNorm | 28.80 | 5 | 1% | Nov-07 | (B) |
| Oral liq 5 mg per 5 ml..... | OxyNorm | 11.20 | 250 ml | 1% | Nov-07 | (B) |
| PANTOPRAZOLE (expiry of HSS) | | | | | | |
| Inj 40 mg..... | Pantocid | 8.75 | 1 | 1% | May-09 | Somac |
| PANTOPRAZOLE (↓ price, continuation of HSS) | | | | | | |
| Tab 20 mg..... | Dr Reddy's Pantoprazole | 1.23 | 28 | 1% | Sept-10 | Somac |
| Tab 40 mg..... | Dr Reddy's Pantoprazole | 1.54 | 28 | 1% | Sept-10 | Somac |
| PAROXETINE HYDROCHLORIDE (↓ price, continuation of HSS) | | | | | | |
| Tab 20 mg..... | Loxamine | 2.38 | 30 | 1% | Sept-10 | Aropax Arrow-Paroxetine |
| PHENOXYMETHYLPENICILLIN (PENICILLIN V) (expiry of HSS) | | | | | | |
| Cap potassium salt 250 mg..... | Cilicaine VK | 4.29 | 50 | 1% | Sept-07 | (B) |
| Cap potassium salt 500 mg..... | Cilicaine VK | 8.15 | 50 | 1% | Sept-07 | (B) |
| PHENOXYMETHYLPENICILLIN (PENICILLIN V) (continuation of HSS) | | | | | | |
| Grans for oral liq 125 mg per 5 ml..... | AFT | 1.68 | 100 ml | 1% | Sept-10 | (B) |
| Grans for oral liq 250 mg per 5 ml (↓ price)..... | AFT | 1.78 | 100 ml | 1% | Sept-10 | (B) |
| PRAZOSIN HYDROCHLORIDE (expiry of HSS) | | | | | | |
| Tab 1 mg..... | Apo-Prazo | 5.53 | 100 | 1% | May-08 | (B) |
| Tab 2 mg..... | Apo-Prazo | 7.00 | 100 | 1% | May-08 | (B) |
| Tab 5 mg..... | Apo-Prazo | 11.70 | 100 | 1% | May-08 | (B) |

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 |
|---------------------------------------|-------|--------------------------------|-----|----------|-----------------------|-------------------|
|---------------------------------------|-------|--------------------------------|-----|----------|-----------------------|-------------------|

Section H changes Part II - effective 1 July 2010 (continued)

PRILOCAINE HYDROCHLORIDE (expiry of HSS)

| | | | | | |
|-------------------------------|-------|----|----|-------------------|-----|
| Inj 0.5%, 50 ml.....Citaneest | 80.00 | 5 | 1% | Aug-07 | (B) |
| Inj 2%, 5 ml.....Citaneest | 30.90 | 10 | 1% | Aug-07 | (B) |

RANITIDINE HYDROCHLORIDE (expiry of HSS)

| | | | | | |
|---|------|--------|----|-------------------|--------|
| Oral liq 150 mg per 10 ml.....Peptisoothe | 7.95 | 300 ml | 1% | Jan-08 | Zantac |
|---|------|--------|----|-------------------|--------|

ROPINIROLE HYDROCHLORIDE (amended chemical name, ↓ price, continuation of HSS)

| | | | | | |
|--------------------------------|-------|----|----|---------|--------|
| Tab 0.25 mg Ropin | 6.20 | 84 | 1% | Sept-10 | Requip |
| Tab 1 mg Ropin | 15.95 | 84 | 1% | Sept-10 | Requip |
| Tab 2 mg Ropin | 24.95 | 84 | 1% | Sept-10 | Requip |
| Tab 5 mg Ropin | 38.00 | 84 | 1% | Sept-10 | Requip |

ROPIVACAINE HYDROCHLORIDE (expiry of HSS)

| | | | | | |
|--------------------------------------|--------|---|----|-------------------|-----|
| Inj 2 mg per ml, 10 ml.....Naropin | 19.75 | 5 | 1% | Aug-07 | (B) |
| Inj 2 mg per ml, 20 ml.....Naropin | 33.20 | 5 | 1% | Aug-07 | (B) |
| Inf 2 mg per ml, 100 ml.....Naropin | 104.00 | 5 | 1% | Aug-07 | (B) |
| Inf 2 mg per ml, 200 ml.....Naropin | 184.00 | 5 | 1% | Aug-07 | (B) |
| Inj 7.5 mg per ml, 10 ml.....Naropin | 35.00 | 5 | 1% | Aug-07 | (B) |
| Inj 7.5 mg per ml, 20 ml.....Naropin | 62.45 | 5 | 1% | Aug-07 | (B) |
| Inj 10 mg per ml, 10 ml.....Naropin | 41.10 | 5 | 1% | Aug-07 | (B) |
| Inj 10 mg per ml, 20 ml.....Naropin | 74.20 | 5 | 1% | Aug-07 | (B) |

ROPIVACAINE HYDRCHLORIDE WITH FENTANYL (expiry of HSS)

| | | | | | |
|--|--------|---|----|-------------------|-----|
| Inf 2 mg per ml with 2 µg of fentanyl per ml, 100 ml.....Naropin | 145.20 | 5 | 1% | Aug-07 | (B) |
| Inf 2 mg per ml with 2 µg of fentanyl per ml, 200 ml.....Naropin | 262.60 | 5 | 1% | Aug-07 | (B) |

SALBUTAMOL (↓ price, continuation of HSS)

| | | | | | |
|--|------|--------|----|---------|----------|
| Oral liq 2 mg per 5 ml..... Salapin | 1.99 | 150 ml | 1% | Sept-10 | Ventolin |
|--|------|--------|----|---------|----------|

SODIUM CITRO-TARTRATE (expiry of HSS)

| | | | | | |
|-------------------------------|------|----|----|--------------------|--------------|
| Gran eff 4 g sachets.....Ural | 2.75 | 28 | 1% | Sept-07 | Citravescent |
|-------------------------------|------|----|----|--------------------|--------------|

SORBOLENE WITH GLYCERINE (new listing)

| | | | | | |
|--|-------|----|--|--|--|
| Crm with 10% glycerine, 500 ml.....healthE | 87.60 | 12 | | | |
|--|-------|----|--|--|--|

| Contracted Pharmaceutical Description | Brand | Price (\$) (ex man. excl. GST) | Per | DV Limit | DV Limit applies from | DV Pharmaceutical |
|---------------------------------------|-------|--------------------------------|-----|----------|-----------------------|-------------------|
|---------------------------------------|-------|--------------------------------|-----|----------|-----------------------|-------------------|

Section H changes Part II - effective 1 July 2010 (continued)

SPECIAL FOOD SUPPLEMENT (new listing)

| | | | | | | |
|---|---------------------------|-------|--------|--|--|--|
| Amino acid based elemental formula, powder (unflavoured)..... | Vivonex Pediatric | 6.00 | 48.5 g | | | |
| Fat free arginine supplement, powder (orange)..... | Resource Arginaid | 2.15 | 9.2 g | | | |
| Oral elemental feed 1 kcal/ml liquid (vanilla)..... | Peptamen OS 1.0 | 4.95 | 237 ml | | | |
| Oral elemental feed 1 kcal/ml, powder (unflavoured)..... | Vivonex TEN | 4.50 | 80.4 g | | | |
| Oral feed 1 kcal/ml, liquid (vanilla)..... | Resource Diabetic | 2.10 | 237 ml | | | |
| Oral supplement 1 kcal/ml, powder (chocolate)..... | Sustagen Hospital Formula | 10.22 | 900 g | | | |
| Oral supplement 1 kcal/ml, powder (vanilla)..... | Sustagen Hospital Formula | 10.22 | 900 g | | | |
| Protein supplement powder..... | Resource Beneprotein | 8.95 | 227 g | | | |
| Renal oral feed 2 kcal/ml, liquid (vanilla)..... | Novasource Renal | 3.31 | 237 ml | | | |

SPECIAL FOOD SUPPLEMENT († price)

| | | | | | | |
|---------------------|------------------------------------|------|--------|--|--|--|
| Liquid, 237 ml..... | Impact Advanced Recovery Chocolate | 4.00 | 237 ml | | | |
| | Impact Advanced Recovery Vanilla | 4.00 | 237 ml | | | |

SPIRONOLACTONE († price, addition of HSS)

| | | | | | | |
|-----------------|------------------|-------|-----|----|---------|-----|
| Tab 25 mg..... | Spirotone | 4.60 | 100 | 1% | Sept-10 | (B) |
| Tab 100 mg..... | Spirotone | 15.15 | 100 | 1% | Sept-10 | (B) |

SUXAMETHONIUM CHLORIDE (expiry of HSS)

| | | | | | | |
|-----------------------------|-------------|-------|----|---------------|-------------------|----------------|
| Inj 50 mg per ml, 2 ml..... | AstraZeneca | 95.00 | 50 | 1% | Aug-07 | (B) |
|-----------------------------|-------------|-------|----|---------------|-------------------|----------------|

SYRUP (PHARMACEUTICAL GRADE) (expiry of HSS)

| | | | | | | |
|----------|---------|-------|----------|---------------|--------------------|------------------------|
| Liq..... | Midwest | 21.75 | 2,000 ml | 1% | Sept-07 | David Craig |
|----------|---------|-------|----------|---------------|--------------------|------------------------|

ZINC SULPHATE (amended presentation)

| | | | | | | |
|---|----------------|-------|-----|----|--------|-----|
| Cap 220 137.4 mg (50 mg elemental) | Zincaps | 10.00 | 100 | 1% | Dec-08 | (B) |
|---|----------------|-------|-----|----|--------|-----|

Effective 1 June 2010

BECLOMETHASONE DIPROPIONATE († price)

| | | | | | | |
|---|---------|------|----------|--|--|--|
| Metered aqueous nasal spray, 50 µg per dose..... | Alanase | 4.00 | 200 dose | | | |
| Metered aqueous nasal spray, 100 µg per dose..... | Alanase | 4.81 | 200 dose | | | |

| Contracted Pharmaceutical Description | Brand | Price (\$) (ex man. excl. GST) | Per | DV Limit | DV Limit applies from | DV Pharmaceutical |
|---------------------------------------|-------|--------------------------------|-----|----------|-----------------------|-------------------|
|---------------------------------------|-------|--------------------------------|-----|----------|-----------------------|-------------------|

Section H changes Part II - effective 1 June 2010 (continued)

CYTARABINE

Inj 100 mg.....**Pfizer** 76.00 5 1% Aug-10 Mayne

CYTARABINE (new listing and amended description)

Inj **500 mg** 100 mg per ml, 5 ml**Pfizer** 18.15 1 1% Aug-10 Mayne
 Inj **1 g** 100 mg per ml, 10 ml**Pfizer** 37.00 1 1% Aug-10 Mayne
 Inj **2 g** 100 mg per ml, 20 ml**Pfizer** 31.00 1 1% Aug-10 Mayne

Note – Mayne’s brand of cytarabine inj 500 mg, 1 g and 2 g to be delisted 1 August 2010.

DEXAMETHASONE SODIUM PHOSPHATE (amended brand name and addition of HSS)

Inj 4 mg per ml, 1 ml**Hospira Mayne** 21.50 5 1% Aug-10 (B)
 Inj 4 mg per ml, 2 ml**Hospira Mayne** 31.00 5 1% Aug-10 (B)

ENALAPRIL

Tab 5 mg.....**Arrow-Enalapril** 1.98 90 1% Aug-10 m-Enalapril
 Redopril
 Renitec
 Tab 10 mg.....**Arrow-Enalapril** 2.44 90 1% Aug-10 m-Enalapril
 Redopril
 Renitec
 Tab 20 mg.....**Arrow-Enalapril** 3.24 90 1% Aug-10 m-Enalapril
 Redopril
 Renitec

IRINOTECAN

Inj 20 mg per ml, 2 ml**Irinotecan-Rex** 41.00 1 1% Aug-10 Camptosar
 DBL Irinotecan
 Irinotecan Actavis
 40
 Mylan
 Inj 20 mg per ml, 5 ml**Irinotecan-Rex** 100.00 1 1% Aug-10 Camptosar
 DBL Irinotecan
 Irinotecan Actavis
 100
 Mylan

Note – Camptosar inj 20 mg per ml, 2 ml and 5 ml to be delisted 1 August 2010.

PROPOFOL (↓ price)

Inj 1%, 20 mlDiprivan 10.21 5
 Provive 1% 10.21 5
 Inj 1%, 50 mlDiprivan 5.56 1
 Provive 1% 5.56 1
 Inj 1%, 100 mlDiprivan 9.28 1
 Provive 1% 9.28 1

RISPERIDONE (↓ price)

Tab 0.5 mg.....Ridal 1.17 20
 Ridal 3.51 60
 Tab 1 mg.....Ridal 6.00 60
 Tab 2 mg.....Ridal 11.00 60
 Tab 3 mg.....Ridal 15.00 60
 Tab 4 mg.....Ridal 20.00 60

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

(B) – Subject only to part (b) of the definition of “DV Pharmaceutical”

| Contracted Pharmaceutical Description | Brand | Price (\$) (ex man. excl. GST) | Per | DV Limit | DV Limit applies from | DV Pharmaceutical |
|---------------------------------------|-------|--------------------------------|-----|----------|-----------------------|-------------------|
|---------------------------------------|-------|--------------------------------|-----|----------|-----------------------|-------------------|

Section H changes Part II - effective 1 June 2010 (continued)

TRAMADOL HYDROCHLORIDE

| | | | | | | |
|-----------------|-----------------------|------|-----|----|--------|--------------------------|
| Cap 50 mg | Arrow-Tramadol | 6.95 | 100 | 1% | Aug-10 | AFT Tramal Tramedo |
|-----------------|-----------------------|------|-----|----|--------|--------------------------|

Note – Tramal cap 50 mg to be delisted 1 August 2010.

VINCRIStINE SULPHATE († price, amended brand name and addition of HSS)

| | | | | | | |
|-----------------------------|----------------------|--------|---|----|--------|-----|
| Inj 1 mg per ml, 1 ml | Hospira Mayne | 108.00 | 5 | 1% | Aug-10 | (B) |
| Inj 1 mg per ml, 2 ml | Hospira Mayne | 116.00 | 5 | 1% | Aug-10 | (B) |

Effective 28 May 2010

ATENOLOL

| | | | | | | |
|-----------------|----------------------------|-------|-------|----|--------|--|
| Tab 50 mg..... | Atenolol Tablet USP | 12.36 | 1,000 | 1% | May-10 | Anselol Apo-Atenolol Atehexal Global Atenolol |
| Tab 100 mg..... | Atenolol Tablet USP | 21.46 | 1,000 | 1% | May-10 | Anselol Apo-Atenolol Atehexal Global Atenolol |

Note – HSS status has been transferred to Atenolol Tablet USP tab 50 mg and 100 mg from Pacific Atenolol. Pacific Atenolol remains listed without HSS status.

Effective 1 May 2010

BENDROFLUAZIDE

| | | | | | | |
|-----------------|-----------------------------|-------|-----|----|--------|------------|
| Tab 2.5 mg..... | Arrow-Bendrofluazide | 7.58 | 500 | 1% | Jul-10 | Neo-Naclex |
| Tab 5 mg..... | Arrow-Bendrofluazide | 11.75 | 500 | 1% | Jul-10 | Neo-Naclex |

CISPLATIN († price and addition of HSS)

| | | | | | | |
|-------------------------------|------------------------|-------|---|----|--------|---------------|
| Inj 1 mg per ml, 50 ml | Cisplatin Ebewe | 15.00 | 1 | 1% | Jul-10 | DBL Cisplatin |
| Inj 1 mg per ml, 100 ml | Cisplatin Ebewe | 21.00 | 1 | 1% | Jul-10 | DBL Cisplatin |

Note – Mayne cisplatin inj 1 mg per ml, 50 ml and 100 mg, to be delisted 1 July 2010.

CLINDAMYCIN (addition of HSS)

| | | | | | | |
|--|------------------|-------|---|----|--------|-----|
| Inj phosphate 150 mg per ml, 4 ml | Dalacin C | 16.00 | 1 | 1% | Jul-10 | (B) |
|--|------------------|-------|---|----|--------|-----|

CLOMIPRAMINE HYDROCHLORIDE

| | | | | | | |
|----------------|----------|-------|-----|--|--|--|
| Tab 25 mg..... | Clopress | 26.00 | 500 | | | |
|----------------|----------|-------|-----|--|--|--|

Note – Clopress tab 25 mg to be delisted 1 July 2010.

DANAZOL

| | | | | | | |
|------------------|-------|-------|----|--|--|--|
| Cap 200 mg | D-Zol | 29.35 | 30 | | | |
|------------------|-------|-------|----|--|--|--|

Note– D-Zol cap 200 mg to be delisted 1 November 2010.

| Contracted Pharmaceutical Description | Brand | Price (\$) (ex man. excl. GST) | Per | DV Limit | DV Limit applies from | DV Pharmaceutical |
|---------------------------------------|-------|--------------------------------|-----|----------|-----------------------|-------------------|
|---------------------------------------|-------|--------------------------------|-----|----------|-----------------------|-------------------|

Section H changes Part II - effective 1 May 2010 (continued)

DOCUSATE SODIUM (correction of presentation)

| | | | | | | |
|----------------------|---------------------|------|-----|----|--------|---------|
| Cap tab 50 mg | Laxofast 50 | 3.95 | 100 | 1% | Jun-10 | Coloxyl |
| Cap tab 120 mg | Laxofast 120 | 5.49 | 100 | 1% | Jun-10 | Coloxyl |

FLUOROURACIL SODIUM (addition of new pack size)

| | | | | | | |
|-------------------------------|---------------------------|-------|---|----|--------|-------|
| Inj 50 mg per ml, 10 ml | Fluorouracil Ebewe | 24.75 | 5 | 1% | Oct-07 | Mayne |
|-------------------------------|---------------------------|-------|---|----|--------|-------|

Note – Fluorouracil Ebewe inj 50 mg per ml, 10 ml, 1 injection pack, to be delisted 1 July 2010.

FUROSEMIDE

| | | | | | | |
|-----------------|------------|-------|-----|--|--|--|
| Tab 500 mg..... | Diurin 500 | 12.00 | 100 | | | |
|-----------------|------------|-------|-----|--|--|--|

Note – Diurin 500 tab 500 mg to be delisted 1 July 2010.

LIGNOCAINE

| | | | | | | |
|--------------------------------------|--------|-------|----|--|--|--|
| Gel 2%, 10 ml urethral syringe | Pfizer | 43.26 | 10 | | | |
|--------------------------------------|--------|-------|----|--|--|--|

MEDROXYPROGESTERONE ACETATE (addition of HSS)

| | | | | | | |
|--|---------------------|------|---|----|--------|-----|
| Inj 150 mg per ml, 1 ml, syringe | Depo-Provera | 7.15 | 1 | 1% | Jul-10 | (B) |
|--|---------------------|------|---|----|--------|-----|

MEDROXYPROGESTERONE ACETATE (continuation of HSS)

| | | | | | | |
|-----------------|----------------|-------|-----|----|--------|--------|
| Tab 2.5 mg..... | Provera | 3.09 | 30 | 1% | Jul-10 | Cyrcin |
| Tab 5 mg..... | Provera | 13.06 | 100 | 1% | Jul-10 | Cyrcin |
| Tab 10 mg..... | Provera | 6.85 | 30 | 1% | Jul-10 | Cyrcin |
| Tab 100 mg..... | Provera | 96.50 | 100 | 1% | Jul-10 | (B) |
| Tab 200 mg..... | Provera | 70.50 | 30 | 1% | Jul-10 | (B) |

MOCLOBEMIDE (reinstatement of HSS)

| | | | | | | |
|-----------------|------------------------|-------|-----|----|--------|----------------------|
| Tab 150 mg..... | Apo-Moclobemide | 69.23 | 500 | 1% | May-10 | GenRx Moclobemide |
| Tab 300 mg..... | Apo-Moclobemide | 31.33 | 100 | 1% | May-10 | GenRx Moclobemide |

Note – GenRx Moclobemide tab 150 mg and 300 mg to be delisted 1 May 2010.

TENOXCAM

| | | | | | | |
|----------------|------------|------|---|----|--------|-----|
| Inj 20 mg..... | AFT | 9.95 | 1 | 1% | Jul-10 | (B) |
|----------------|------------|------|---|----|--------|-----|

TESTOSTERONE UNDECANOATE

| | | | | | | |
|-----------------|---------------------------|-------|-----|----|--------|--------------------------------|
| Cap 40 mg | Arrow-Testosterone | 79.92 | 100 | 1% | Jul-10 | Andriol Testocaps Panteston |
|-----------------|---------------------------|-------|-----|----|--------|--------------------------------|

Effective 1 April 2010

AMBRISANTAN

| | | | | | | |
|----------------|----------|----------|----|--|--|--|
| Tab 5 mg..... | Volibris | 4,585.00 | 30 | | | |
| Tab 10 mg..... | Volibris | 4,585.00 | 30 | | | |

BISACODYL

| | | | | | | |
|-------------------|----------|------|---|--|--|--|
| Suppos 5 mg..... | Dulcolax | 3.00 | 6 | | | |
| Suppos 10 mg..... | Dulcolax | 3.00 | 6 | | | |

CHLORAMPHENICOL († price)

| | | | | | | |
|----------------------|----------|------|-------|--|--|--|
| Eye drops 0.5% | Chlorsig | 2.40 | 10 ml | | | |
|----------------------|----------|------|-------|--|--|--|

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 |
|---------------------------------------|-------|--------------------------------|-----|----------|-----------------------|-------------------|
|---------------------------------------|-------|--------------------------------|-----|----------|-----------------------|-------------------|

Section H changes Part II - effective 1 April 2010 (continued)

| | | | | | | |
|---|--|-------|-------|----|--------|---|
| CIPROFLOXACIN (↓ price and addition of HSS) Inj 2 mg per ml, 100 ml | Aspen Ciprofloxacin | 41.00 | 10 | 1% | Jun-10 | Ciproxin DBL DP-Cipro Topistin Ufexil |
| DANAZOL Cap 200 mg | Azol | 97.83 | 100 | | | |
| DIHYDROCODEINE TARTRATE Tab long-acting 60 mg | DHC Continus | 27.27 | 60 | 1% | Jun-10 | (B) |
| DOCUSATE SODIUM Tab 50 mg | Laxofast 50 | 3.95 | 100 | 1% | Jun-10 | Coloxyl |
| Tab 120 mg | Laxofast 120 | 5.49 | 100 | 1% | Jun-10 | Coloxyl |
| DOCUSATE SODIUM WITH SENNOSIDES (↓ price and addition of HSS) Tab 50 mg with total sennosides 8 mg | Laxsol | 6.38 | 200 | 1% | Jun-10 | Coloxyl with Senna |
| HYDROCORTISONE Crm 1% | Pharmacy Health | 3.75 | 100 g | | | |
| HYDROCORTISONE WITH NATAMYCIN AND NEOMYCIN (Amended chemical name) Crm 1% with natamycin 1% and neomycin sulphate 0.5% | Dr Reddy's Pimafucort | 2.79 | 15 g | | | |
| Oint 1% with natamycin 1% and neomycin sulphate 0.5% | Dr Reddy's Pimafucort | 2.79 | 15 g | | | |
| OMEPRAZOLE Cap 10 mg | Dr Reddy's Omeprazole | 2.00 | 28 | 1% | May-09 | Losec Omezol |
| Cap 20 mg | Dr Reddy's Omeprazole | 2.85 | 28 | 1% | May-09 | Losec Omezol |
| Cap 40 mg | Dr Reddy's Omeprazole | 3.35 | 28 | 1% | May-09 | Losec Omezol |
| Note – Dr Reddy's Omeprazole cap 10 mg, 20 mg and 40 mg, 28 cap packs, to be delisted 1 June 2010. Please note that the 30 capsule packs remain listed. | | | | | | |
| PIPERACILLIN SODIUM WITH TAZOBACTAM SODIUM Inj 4 g with tazobactam sodium 500 mg | Tazocin EF | 12.00 | 1 | 1% | Jun-10 | DBL Zobacin |

| Contracted Pharmaceutical Description | Brand | Price (\$) (ex man. excl. GST) | Per | DV Limit | DV Limit applies from | DV Pharmaceutical |
|---------------------------------------|-------|--------------------------------|-----|----------|-----------------------|-------------------|
|---------------------------------------|-------|--------------------------------|-----|----------|-----------------------|-------------------|

Section H changes Part II - effective 1 April 2010 (continued)

TOPIRAMATE

| | | | | | | |
|-----------------|-------------|-------|----|--|--|--|
| Tab 25 mg..... | Arrow | 11.07 | 60 | | | |
| | -Topiramate | | | | | |
| Tab 50 mg..... | Arrow | 18.81 | 60 | | | |
| | -Topiramate | | | | | |
| Tab 100 mg..... | Arrow | 31.99 | 60 | | | |
| | -Topiramate | | | | | |
| Tab 200 mg..... | Arrow | 55.19 | 60 | | | |
| | -Topiramate | | | | | |

TRANEXAMIC ACID (↓ price and addition of HSS)

| | | | | | | |
|-----------------|--------------------|-------|-----|----|--------|-----|
| Tab 500 mg..... | Cyclokapron | 32.92 | 100 | 1% | Jun-10 | (B) |
|-----------------|--------------------|-------|-----|----|--------|-----|

ZIDOVUDINE (AZT)

| | | | | | | |
|-----------------------------|-----------------|--------|--------|----|--------|-----|
| Cap 100 mg | Retrovir | 145.00 | 100 | 1% | Jun-10 | (B) |
| Oral liq 10 mg per ml | Retrovir | 29.00 | 200 ml | 1% | Jun-10 | (B) |

Section H changes to Part IV

Effective 1 April 2010

CLOPIDOGREL

| | |
|-----------|---------------|
| Tab 75 mg | Plavix |
|-----------|---------------|

Up to 4 weeks supply post stenting. Not to be funded for acute coronary syndrome or transient ischaemic attacks.

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