

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 (Betaloc 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

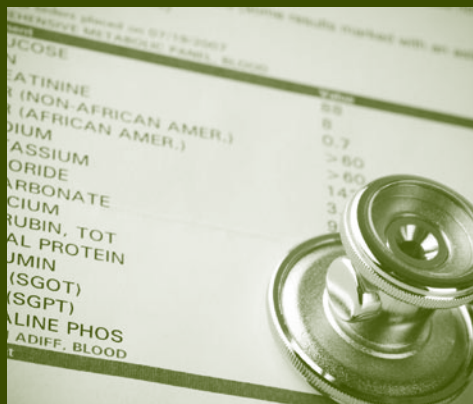
Increased subsidy (pages 37-38)

- 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
Methylidopa	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

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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
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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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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
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Generic Mnfr
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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
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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
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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
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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

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
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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	✓Healtheries 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

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 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
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\$ Per

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Generic Mnfr
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Changes to Restrictions - effective 1 May 2010 (continued)

143	VINOURELBINE – 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

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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)
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Brand or
Generic Mnfr
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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

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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
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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 (5.40)	500 ml	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 (74.25)	30	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

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$

Per

Brand or
Generic Mnfr
✓ fully subsidised

Delisted Items - effective 1 May 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

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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
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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
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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
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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
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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

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* 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
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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
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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
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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
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CHLORHEXIDINE (new listing)

Soln 5%, 500 ml.....	healthE	186.00	12			
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CHLORHEXIDINE GLUCONATE (new listing)

Obstetric lotion 1%, 200 ml.....	healthE	81.00	12			
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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			
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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
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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)
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COLISTIN SULPHOMETHATE (expiry of HSS)

Inj 150 mg.....	Colistin-Link	65.00	1	1%	Dec-07	(B)
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CYCLOPHOSPHAMIDE (continuation of HSS)

Tab 50 mg.....	Cycloblastin	25.71	50	1%	Sept-10	Endoxan
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DANTHRON WITH POLOXAMER (new listing)

Oral liq 25 mg with poloxamer 200 mg per 5 ml.....	Pinorax	9.50	300 ml			
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DEFERRIOXAMINE MESYLATE (expiry of HSS)

Inj 500 mg	Mayne	99.00	10	1%	Sept-07	(B)
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DEXAMETHASONE (new listing)

Eye drops 0.1%	Maxidex	4.50	5 ml	1%	Sept-10	(B)
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DEXAMPHETAMINE SULPHATE (expiry of HSS)

Tab 5 mg.....	PSM	16.50	100	1%	Apr-08	(B)
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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			
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FERROUS FUMARATE WITH FOLIC ACID (amended presentation)

Tab 310 mg (100 mg elemental) with folic acid 350 µg	Ferro-F-Tabs	4.75	60			
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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
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Contracted Pharmaceutical Description	Brand	Price (\$) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceutical
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Section H changes Part II - effective 1 July 2010 (continued)

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

Oint 950 µg, with fluocortolone pivalate 920 µg, and cinchocaine hydrochloride 5 mg per g.....	Ultraproct	6.35	30 g	1%	Sept-07	Proctosedyl Xyloproct
Suppos 630 µg, with fluocortolone pivalate 610 µg, and cinchocaine hydrochloride 1 mg.....	Ultraproct	2.66	12	1%	Sept-07	Proctosedyl Xyloproct

FLUOROURACIL SODIUM (expiry of HSS)

Inj 25 mg per ml, 100 ml	Mayne	13.55	1	1%	Oct-07	(B)
Inj 50 mg per ml, 10 ml	Fluorouracil Ebewe	4.95	1	1%	Oct-07	Mayne
Inj 50 mg per ml, 20 ml	Fluorouracil Ebewe	8.60	1	1%	Oct-07	Mayne
Inj 50 mg per ml, 50 ml	Fluorouracil Ebewe	21.50	1	1%	Oct-07	Mayne
Inj 50 mg per ml, 100 ml	Fluorouracil Ebewe	43.00	1	1%	Oct-07	(B)

FLUOXETINE HYDROCHLORIDE (↓ price and expiry of HSS)

Cap 20 mg	Fluox	2.89	90	1%	Mar-08	Apo-Fluoxetine Flexetor Prozac
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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
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FLUOXETINE HYDROCHLORIDE (↓ price, amended presentation, continuation of HSS)

Tab dispersible 20 mg, scored	Fluox	2.50	30	1%	Sept-10	(B)
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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 Ebewe	12.50	1	1%	Sept-10	Gemzar Hospira
Inj 1 g.....	Gemcitabine Ebewe	62.50	1	1%	Sept-10	Gemzar Hospira

IBUPROFEN (↓ price, continuation of HSS)

Oral liq 100 mg per 5 ml	Fenpaed	2.69	200 ml	1%	Sept-10	Nurofen
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IODINE WITH ALCOHOL (new listing)

Soln 1% with 70% alcohol, 100 ml	healthE	111.60	12			
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Products with Hospital Supply Status (HSS) are in **bold**.

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

Contracted Pharmaceutical Description	Brand	Price (\$) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceutical
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Section H changes 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
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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
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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
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MITOZANTRONE (↓ price, continuation of HSS)

Inj 2 mg per ml, 10 ml.....	Mitozantrone Ebewe	100.00	1	1%	Sept-10	Onkotrone
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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)
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(B) – Subject only to part (b) of the definition of “DV Pharmaceutical”

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

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Contracted Pharmaceutical Description	Brand	Price (\$) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceutical
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Section H changes 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
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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
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SODIUM CITRO-TARTRATE (expiry of HSS)

Gran eff 4 g sachets.....Ural	2.75	28	1%	Sept-07	Citravescent
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SORBOLENE WITH GLYCERINE (new listing)

Crm with 10% glycerine, 500 ml.....healthE	87.60	12			
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Contracted Pharmaceutical Description	Brand	Price (\$) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceutical
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Section H changes 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)
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SYRUP (PHARMACEUTICAL GRADE) (expiry of HSS)

Liq	Midwest	21.75	2,000 ml	1%	Sept-07	David Craig
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ZINC SULPHATE (amended presentation)

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

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

TRAMADOL HYDROCHLORIDE

Cap 50 mg	Arrow-Tramadol	6.95	100	1%	Aug-10	AFT Tramal Tramedo
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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)
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CLOMIPRAMINE HYDROCHLORIDE

Tab 25 mg.....	Clopress	26.00	500			
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Note – Clopress tab 25 mg to be delisted 1 July 2010.

DANAZOL

Cap 200 mg	D-Zol	29.35	30			
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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
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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
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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			
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Note – Diurin 500 tab 500 mg to be delisted 1 July 2010.

LIGNOCAINE

Gel 2%, 10 ml urethral syringe	Pfizer	43.26	10			
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MEDROXYPROGESTERONE ACETATE (addition of HSS)

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

Cap 40 mg	Arrow-Testosterone	79.92	100	1%	Jul-10	Andriol Testocaps Panteston
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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			
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Products with Hospital Supply Status (HSS) are in **bold**.

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

Contracted Pharmaceutical Description	Brand	Price (\$) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceutical
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Section H changes 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
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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)
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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
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Up to 4 weeks supply post stenting. Not to be funded for acute coronary syndrome or transient ischaemic attacks.

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New Zealand
Permit No. 478



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