

Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 August 2008

Cumulative for May, June, July and August 2008

Section H for August 2008



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Summary of PHARMAC decisions

EFFECTIVE 1 AUGUST 2008

New listings (page 14)

- Ketoconazole (Sebizole) shampoo 2% 100 ml OP – maximum of 100 ml per prescription, only on a prescription
- Condoms 49 mm 144 pack (Marquis Tantaliza), 52 mm 144 pack (Marquis Selecta and Marquis Sensolite), 53 mm 144 pack (Marquis Titillata and Marquis Black), 55 mm 144 pack, (Marquis Conformia), 60 mm 144 pack (Shield XL) – Available on a PSO
- Adalimumab (HumiraPen) inj 40 mg per 0.8 ml prefilled pen – Special Authority for subsidy
- Levetiracetam (Keppra) – Subsidy by application to a Levetiracetam Special Access Panel
- Aripiprazole (Abilify) tab 10 mg, 15 mg, 20 mg and 30 mg – Special Authority for subsidy
- Paclitaxel inj 30 mg, 100 mg and 600 mg

Changes to restriction (page 18)

- Lycinat (glyceryl trinitrate) tab 600 μg – addition of S29

Decreased subsidy (page 25)

- Cefuroxime sodium (Mayne) inj 750 mg and 1.5 g
- Paclitaxel (Paclitaxel Ebewe) inj 150 mg and 300 mg

Increased subsidy (page 25)

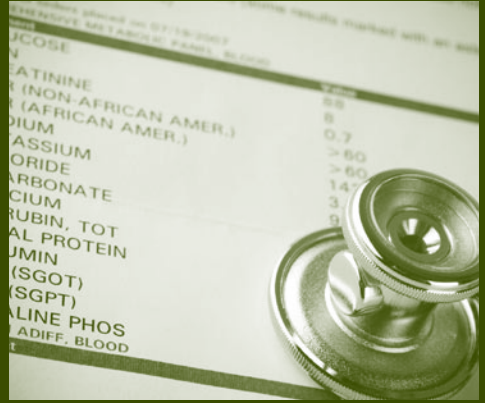
- Interferon beta-1-beta (Betaferon) inj 8 million iu per ml

Levetiracetam – New Antiepilepsy Treatment

The Keppra brand of the antiepilepsy agent levetiracetam will be subsidised 'cost brand source' for selected patients via a special access process from 1 August 2008. Cost brand source means that there is no set manufacturer's price in the Schedule and the product will be subsidised at the price it is obtained by the pharmacy. Clinicians will be able to apply for Levetiracetam Special Access (LSA) funding for patients who have tried and failed on, or are unable to take, other funded antiepilepsy agents.

Applications will need to be made on approved LSA forms, which will be available from 1 August 2008 on PHARMAC's website: www.pharmac.govt.nz or from the LSA coordinator: (04) 916-7553 or lsacoordinator@pharmac.govt.nz.

Patients will need to have their prescriptions filled at a nominated pharmacy. The nominated pharmacy should be contacted for confirmation prior to applications being submitted. Completed application forms should be sent to the LSA coordinator and will be considered by an LSA Panel at the next practical opportunity following receipt



of the application. Notification of the outcome of the application will be sent to the applying clinician.

Initial approvals will be valid for 6 months, with renewals of 12 months where the applicant has demonstrated a clinical need for continued treatment with levetiracetam.

LSA funding will be approved for the Keppra brand of levetiracetam only. PHARMAC has not entered into a listing contract with the supplier of Keppra. Therefore, for approved applications there is no surety of source of, or ongoing supply of, Keppra.

Approved applications will remain valid until expiry or until such time as an agreed ongoing supply of levetiracetam is available through the Pharmaceutical Schedule. After that time, neither new approvals nor renewals will be given. In order to continue to receive subsidised levetiracetam, patients with existing approvals would need to use a Pharmaceutical Schedule listed brand. Any applicant who considered that their patient should remain on the Keppra brand (if it is not listed in the Schedule) would need to apply in writing outlining the reasons why. At a minimum, patients would need to have been seizure free for at least 6 months for ongoing Keppra subsidy to be considered.



Aripiprazole – New Antipsychotic Treatment

Aripiprazole (Abilify) tablets will be listed in the Pharmaceutical Schedule from 1 August 2008. Aripiprazole will be fully subsidised for patients who have previously tried risperidone or quetiapine but had to stop therapy with

these medicines because of unacceptable side effects or inadequate response. Clinicians will need to make Special Authority applications for subsidy. See page 14 of this Update for full details.

Glyceryl Trinitrate

Glyceryl trinitrate (Lycinate) tablets are currently supplied under Section 29 of the Medicines Act 1981. Lycinate is currently undergoing registration changes at Medsafe and the Section 29 status will be removed once appropriate changes have been approved by Medsafe. The sole supply status

date for Lycinate will be delayed until such registration approval has been granted.



Tender News

Sole Subsidised Supply changes – effective 1 September 2008

| Chemical Name | Presentation; Pack size | Sole Subsidised Supply brand (and supplier) |
|-------------------|--|---|
| Aciclovir | Tab dispersible 200 mg; 25 tab Tab dispersible 400 mg; 56 tab | Lovir (Douglas) Lovir (Douglas) |
| Aspirin | Tab dispersible 300 mg; 100 tab | Ethics Aspirin (Multichem) |
| Morphine sulphate | Inj 10 mg per ml, 1 ml; 5 inj Inj 30 mg per ml, 1 ml; 5 inj | Mayne (Hospira) Mayne (Hospira) |
| Timolol maleate | Eye drops 0.25%; 5 ml OP Eye drops 0.5%; 5 ml OP | Apo-Timop Apo-Timop |

Looking Forward

This section is designed to alert both pharmacists and prescribers to possible future changes. It may assist pharmacists to manage stock levels and keep prescribers up-to-date with proposals to change the Pharmaceutical Schedule.

Possible decisions for implementation 1 September 2008

- Acarbose (Glucobay) tab 50 mg and 100 mg – amended Special Authority criteria
- Acipimox (Olbetam) cap 250 mg – removal of ‘Retail pharmacy – specialist’
- Amiloride (Biomed) oral liq 1 mg per ml – removal of ‘Retail pharmacy – specialist. Specialist must be a paediatrician or paediatric cardiologist.’
- Apo-Clopidogrel (clopidogrel) tab 75 mg – new listing under existing Special Authority criteria
- Calcium polystyrene sulphonate powder (Calcium Resonium) – removal of ‘Retail pharmacy – specialist’
- Candesartan (Atacand) – amended Special Authority criteria
- Chlorothiazide (Biomed) oral liq 50 mg per ml – removal of ‘Retail pharmacy – specialist. Specialist must be a paediatrician or paediatric cardiologist’
- Dipyridamole tab 25 mg (Persantin) and tab long-acting 150 mg (Pytazen SR) – amended Special Authority criteria
- Erythropoietin alpha (Eprex) – new Special Authority criteria
- Erythropoietin alpha (Eprex) pre-filled syringe, 1,000 u, 2,000 u, 3,000 u, 4,000 u, 10,000 u – price and subsidy decrease
- Erythropoietin alpha (Eprex) pre-filled syringe 5,000 u and 6,000 u – new listing under the new Special Authority criteria

Possible decisions for implementation 1 September 2008 (continued)

- Erythropoietin beta (Recormon) - amended Special Authority criteria
 - Folic acid oral liq 50 µg per ml (Biomed) – removal of ‘Retail pharmacy – specialist. Specialist must be a paediatrician or paediatric cardiologist’
 - Frusemide infusion 10 mg per ml, 25 ml (Lasix) and tab 500 mg (Diurin 500) – removal of ‘Retail pharmacy – specialist’
 - Heparin sodium inj 25,000 iu per ml, 0.2 ml (Mayne) – removal of ‘Hospital pharmacy [HP3] – specialist’ and increased subsidy
 - Heparin sodium injection 5,000 iu per 5 ml (Multiparin) – increased subsidy
 - Imiquimod 5% cream (Aldara) – new listing with Special Authority criteria
 - Insulin glargine prefilled disposable pen (Lantus SoloStar) – new listing under existing Special Authority criteria
 - Lithium carbonate (Priadel) tab long-acting – price and subsidy increase
 - Methylphenidate (Concerta) extended-release tablet 18 mg, 27 mg, 36 mg and 54 mg – new listing with new Special Authority criteria
 - Midodrine (Gutron) – amended Special Authority criteria
 - Nicotine (Habitrol) lozenge 1 mg and 2 mg - only on a Quitcard
 - Nitrofurantoin (Nifuran) tab 50 mg and 100 mg – price and subsidy increase
 - Plavix (clopidogrel) tab 75 mg – subsidy decrease
 - Potassium bicarbonate (Phosphate-Sandoz) tab eff 315 mg with sodium acid phosphate 1.937 g and sodium bicarbonate 350 mg – removal of ‘Retail pharmacy – specialist’
 - Pravastatin (Pravachol) – amended Special Authority criteria
 - Risperidone (Risperdal) tab 0.5 mg, 1 mg, 2 mg, 3 mg and 4 mg – price and subsidy decrease
 - Risperidone tablets (Ridal, Risperdal) and oral liquid (Risperdal) – removal of ‘Retail pharmacy – Specialist’
 - Risperidone microspheres for injection (Risperdal Consta) – amendment of Special Authority criteria
 - Risperidone orally disintegrating tablets (Risperdal Quicklets) – amendment of Special Authority criteria
 - Sodium polystyrene powder (Resonium-A) – removal of ‘Retail pharmacy – specialist’
 - Spironolactone (Biomed) oral liq 5 mg per ml – removal of ‘Retail pharmacy – specialist. Specialist must be a paediatrician or paediatric cardiologist.’
 - Topiramate (Topamax) tab 25 mg, 50 mg, 100 mg, 200 mg, sprinkle cap 15 mg and 25 mg – price and subsidy decrease and removal of Special Authority criteria
-

Sole Subsidised Supply Products – cumulative to August 2008

| Generic Name | Presentation | Brand Name | Expiry Date* |
|-----------------------------|---|--|--------------|
| Alprazolam | Tab 250 µg Tab 500 µg Tab 1 mg | Arrow-Alprazolam Arrow-Alprazolam Arrow-Alprazolam | 2010 |
| Apomorphine hydrochloride | Inj 10 mg per ml, 1 ml | Mayne | 2009 |
| Amoxicillin | Cap 250 mg & 500 mg Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml | Apo-Amoxi Ranbaxy Amoxicillin Ranbaxy Amoxicillin | 2010 2009 |
| Ascorbic acid | Tab 100 mg | Apo-Ascorbic Acid | 2009 |
| Aspirin | Tab 100 mg | Ethics Aspirin EC | 2010 |
| Atenolol | Tab 50 mg & 100 mg | Loten | 2009 |
| Atropine sulphate | Inj 600 µg, 1 ml Inj 1200 µg, 1 ml | AstraZeneca AstraZeneca | 2009 |
| Azithromycin | Tab 500 mg | Arrow-Azithromycin | 2009 |
| Beclomethasone dipropionate | Metered aqueous nasal spray 50 µg Metered aqueous nasal spray 100 µg | Alanase Alanase | 2009 |
| Betamethasone valerate | Scalp app 0.1% | Beta Scalp | 2009 |
| Bisacodyl | Tab 5 mg | Lax-Tab | 2010 |
| Bupivacaine hydrochloride | Inj 0.5%, 4 ml Inj 0.5%, 8% glucose, 4 ml | Marcain Isobaric Marcain Heavy | 2010 |
| Calamine | Lotion BP Crm, aqueous, BP | ABM ABM | 2009 |
| Calcitriol | Cap 0.25 µg & 0.5 µg | Calcitriol-AFT | 2009 |
| Captopril | Tab 12.5 mg, 25 mg & 50 mg | Apo-Captopril | 2010 |
| Cefaclor monohydrate | Cap 250 mg Grans for oral liq 125 mg per 5 ml | Ranbaxy Cefaclor Ranbaxy Cefaclor | 2010 |
| Cetomacrogol | Crm BP | PSM | 2010 |
| Chloramphenicol | Eye drops 0.5% Eye oint 1% | Chlorsig Chlorsig | 2009 |
| Chlorhexidine gluconate | Handrub 1% with ethanol 70% Mouthwash 0.2% | Orion Orion | 2009 |
| Chlorthalidone | Tab 25 mg | Hygroton | 2009 |
| Clarithromycin | Tab 250 mg Grans for oral liq 125 mg per 5 ml | Klamycin Klacid | 2010 |
| Clobetasol propionate | Crm 0.05% | Dermol | 2009 |
| Clotrimazole | Vaginal crm 1% with applicator(s) | Clomazol | 2010 |
| Codeine phosphate | Tab 15 mg, 30 mg & 60 mg | PSM | 2010 |
| Colchicine | Tab 500 µg | Colgout | 2010 |
| Colestipol hydrochloride | Sach 5 g | Colestid | 2010 |
| Colistin sulphomethate | Inj 150 mg | Colistin-Link | 2010 |

**Expiry date of the Sole Subsidised Supply period is 30 June of the year indicated.*

Sole Subsidised Supply Products – cumulative to August 2008

| Generic Name | Presentation | Brand Name | Expiry Date* |
|--|--|---|--------------|
| Compound electrolytes | Powder for soln for oral use | Enerlyte | 2010 |
| Cyclizine hydrochloride | Tab 50 mg | Nausicalm | 2009 |
| Cyclophosphamide | Tab 50 mg | Cycloblastin | 2010 |
| Cyproterone acetate | Tab 50 mg | Siterone | 2009 |
| Dantrolene sodium | Cap 25 mg & 50 mg | Dantrium | 2009 |
| Desferrioxamine mesylate | Inj 500 mg | Mayne | 2010 |
| Dexamethasone sodium phosphate | Inj 4 mg per ml, 1 ml Inj 4 mg per ml, 2 ml | Mayne | 2009 |
| Dexamphetamine sulphate | Tab 5 mg | PSM | 2010 |
| Dextrose | Inj 50%, 10 ml | Biomed | 2011 |
| Dextrose with electrolytes | Oral soln with electrolytes | Pedialyte – Plain Pedialyte – Bubblegum Pedialyte – Fruit | 2010 |
| Diclofenac sodium | Tab EC 25 mg & 50 mg Tab long-acting 75 mg & 100 mg | Apo-Diclo Apo-Diclo SR | 2009 |
| Didanosine (DDI) | Cap 125 mg, 200 mg, 250 mg & 400 mg | Videx EC | 2009 |
| Doxazosin mesylate | Tab 2 mg & 4 mg | Apo-Doxazosin | 2010 |
| Enalapril | Tab 5 mg, 10 mg & 20 mg | m-Enalapril | 2009 |
| Ergometrine maleate | Inj 500 µg per ml, 1 ml | Mayne | 2009 |
| Ergotamine tartrate with caffeine | Tab 1 mg with caffeine 100 mg | Cafergot | 2009 |
| Ethinylestradiol | Tab 10 µg | New Zealand Medical and Scientific | 2009 |
| Ethinylestradiol with norethisterone | Tab 35 µg with norethisterone 500 µg Tab 35 µg with norethisterone 1 mg Tab 35 µg with norethisterone 1 mg and 7 inert tab | Brevinor 21 Brevinor 1/21 Brevinor 1/28 | 2010 |
| Etoposide | Cap 50 mg & 100 mg | Vepesid | 2009 |
| Ferrous sulphate | Oral liq 150 mg per 5 ml | Ferodan | 2010 |
| 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 | Staphlex AFT AFT | 2009 |
| Fluocortolone caproate with fluocortolone pivalate and cinchocaine | Oint 950 µg, with fluocortolone pivalate 920 µg, and cinchocaine hydrochloride 5 mg per g Suppos 630 µg, with fluocortolone pivalate 610 µg, and cinchocaine hydrochloride 1 mg | Ultraproct Ultraproct | 2010 |
| Fluorometholone | Eye drops 0.1% | Flucon | 2009 |

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Sole Subsidised Supply Products – cumulative to August 2008

| Generic Name | Presentation | Brand Name | Expiry Date* |
|----------------------------|--|---|--------------|
| Fluoxetine hydrochloride | Cap 20 mg Tab disp 20 mg, scored | Fluox Fluox | 2010 |
| Folic Acid | Tab 0.8 mg & 5 mg | Apo-Folic Acid | 2009 |
| Fusidic acid | Crn 2% & Oint 2% | Foban | 2010 |
| Gentamicin sulphate | Inj 40 mg per ml, 2 ml | Pfizer | 2009 |
| Glyceryl trinitrate | TDDS 5 mg TDDS 10 mg | Nitroderm TTS 5 Nitroderm TTS 10 | 2011 |
| Haloperidol | Oral liq 2 mg per ml | Serenace | 2010 |
| | Tab 500 µg, 1.5 mg & 5 mg | Serenace | |
| | Inj 5 mg per ml, 1 ml | Serenace | 2009 |
| Heparinised saline | Inj 10 iu per ml, 5 ml | AstraZeneca | 2009 |
| Hydrocortisone | Tab 5 mg & 20 mg | Douglas | 2009 |
| Hydrocortisone acetate | Rectal foam 10%, CFC-Free | Colifoam | 2009 |
| Hydrocortisone butyrate | Scalp lotn 0.1% | Locoid | 2010 |
| Ibuprofen | Oral liq 100 mg per 5 ml, 200 ml | Fenpaed | 2010 |
| Imipramine hydrochloride | Tab 10 mg & 25 mg | Tofranil | 2009 |
| Indapamide | Tab 2.5 mg | Napamide | 2009 |
| Ipratropium bromide | Aqueous nasal spray, 0.03% | Apo-Ipravent | 2010 |
| | Nebuliser soln, 250 µg per ml, 1 ml | Ipratropium Steri-Neb | |
| | Nebuliser soln, 250 µg per ml, 2 ml | Ipratropium Steri-Neb | |
| Isosorbide mononitrate | Tab long-acting 60 mg | Duride | 2009 |
| Isotretinoin | Cap 10 mg | Isotane 10 | 2009 |
| | Cap 20 mg | Isotane 20 | |
| Itraconazole | Cap 100 mg | Sporanox | 2010 |
| Lactulose | Oral liq 10 g per 15 ml | Duphalac | 2010 |
| Levobunolol | Eye drops 0.25% & 0.5% | Betagan | 2010 |
| Levodopa with benserazide | Cap 50 mg with benserazide 12.5 mg | Madopar 62.5 | 2009 |
| | Tab dispersible 50 mg with benserazide 12.5 mg | Madopar Dispersible | |
| | Cap 100 mg with benserazide 25 mg | Madopar 125 | |
| | Cap long-acting 100 mg with benserazide 25 mg | Madopar HBS | |
| Lignocaine hydrochloride | Cap 200 mg with benserazide 50 mg | Madopar 250 | |
| | Inj 0.5%, 5 ml | Xylocaine | 2010 |
| | Inj 1%, 5 ml | Xylocaine | |
| Inj 1%, 20 ml | Xylocaine | | |
| Lignocaine with prilocaine | Crn 2.5% with prilocaine 2.5%; 30 g OP | EMLA | 2010 |
| | Crn 2.5% with prilocaine 2.5%; 5 g | EMLA | |
| Lisinopril | Tab 5 mg, 10 mg & 20 mg | Arrow-Lisinopril | 2009 |

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Sole Subsidised Supply Products – cumulative to August 2008

| Generic Name | Presentation | Brand Name | Expiry Date* |
|-------------------------------------|--|---------------------------|--------------|
| Loperamide hydrochloride | Tab 2 mg | Nodia | 2010 |
| Loratadine | Tab 10 mg | Loraclear Hayfever Relief | 2010 |
| | Oral liq 1 mg per ml | Lorapaed | |
| Lorazepam | Tab 1 mg & 2.5 mg | Ativan | 2009 |
| Magnesium sulphate | Inj 49.3% | Mayne | 2009 |
| Malathion | Liq 0.5% | Derbac M | 2010 |
| Maldison | Shampoo 1% | A-Lices | 2010 |
| Maprotiline hydrochloride | Tab 25 mg & 75 mg | Ludiomil | 2009 |
| Medroxyprogesterone acetate | Tab 2.5 mg, 5 mg, 10 mg, 100 mg & 200 mg | Provera | 2010 |
| Mesalazine | Enema 1 g per 100 ml | Pentasa | 2009 |
| Metformin hydrochloride | Tab 500 mg & 850 mg | Arrow-Metformin | 2009 |
| Methadone hydrochloride | Tab 5 mg | Methatabs | 2010 |
| | Powder 1 g | AFT | 2009 |
| Methotrexate | Tab 2.5 mg & 10 mg | Methoblastin | 2009 |
| Methylphenidate hydrochloride | Tab long-acting 20 mg | Rubifen SR | 2009 |
| | Tab 5 mg & 20 mg | Rubifen | |
| | Tab 10 mg | Rubifen | |
| Methylprednisolone | Tab 4 mg & 100 mg | Medrol | 2009 |
| Methylprednisolone aceponate | Crn 0.1% and oint 0.1% | Advantan | 2009 |
| Methylprednisolone sodium succinate | Inj 40 mg per ml, 1 ml | Solu-Medrol | 2009 |
| | Inj 62.5 mg per ml, 1 ml | Solu-Medrol | |
| | Inj 500 mg & 1 g | Solu-Medrol | |
| Metoprolol tartrate | Tab long-acting 200 mg | Slow-Lopresor | 2009 |
| Metyrapone | Cap 250 mg | Metopirone | 2009 |
| Midodrine | Tab 2.5 mg & 5 mg | Gutron | 2009 |
| Misoprostol | Tab 200 µg | Cytotec | 2009 |
| Moclobemide | Tab 150 mg & 300 mg | Apo-Moclobemide | 2009 |
| Morphine hydrochloride | Oral liq 1 mg per ml | RA-Morph | 2009 |
| | Oral liq 2 mg per ml | RA-Morph | |
| | Oral liq 5 mg per ml | RA-Morph | |
| | Oral liq 10 mg per ml | RA-Morph | |
| Morphine sulphate | Inj 5 mg per ml, 1 ml | Mayne | 2009 |
| | Inj 15 mg per ml, 1 ml | Mayne | |
| | Cap long-acting 10 mg, 30 mg, 60 mg, 100 mg & 200 mg | m-Eslon | |
| | Tab immediate release 10 mg & 20 mg | Sevredol | |
| | | | |
| Morphine tartrate | Inj 80 mg per ml, 1.5 ml & 5 ml | Mayne | 2009 |

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Sole Subsidised Supply Products – cumulative to August 2008

| Generic Name | Presentation | Brand Name | Expiry Date* |
|--|---|--------------------------|--------------|
| Nadolol | Tab 40 mg & 80 mg | Apo-Nadolol | 2010 |
| Naltrexone hydrochloride | Tab 50 mg | ReVia | 2010 |
| Naproxen | Tab 250 mg Tab 500 mg | Noflam 250 Noflam 500 | 2009 |
| Naproxen sodium | Tab 275 mg | Sonaflam | 2010 |
| Neostigmine | Inj 2.5 mg per ml, 1 ml | AstraZeneca | 2010 |
| Nevirapine | Oral suspension 10 mg per ml | Viramune Suspension | 2009 |
| Nicotinic acid | Tab 50 mg & 500 mg | Apo-Nicotinic Acid | 2009 |
| Nifedipine | Tab long-acting 20 mg | Nyefax Retard | 2009 |
| Norethisterone | Tab 350 µg | Noriday 28 | 2009 |
| Nystatin | Cap 500,000 u | Nilstat | 2010 |
| | Tab 500,000 u | Nilstat | |
| | Vaginal crm 100,000 u per 5 g with applicators | Nilstat | 2009 |
| Ondansetron | Tab 4 mg & 8 mg | Zofran | 2010 |
| | Tab disp 4 mg & 8 mg | Zofran Zydis | |
| Oxybutynin | Tab 5 mg | Apo-Oxybutynin | 2010 |
| | Oral liq 5 mg per 5 ml | Apo-Oxybutynin | |
| Oxycodone hydrochloride | Inj 10 mg per ml, 1 ml and 2 ml | OxyNorm | 2010 |
| | Oral liq 5 mg per 5 ml | OxyNorm | |
| Oxytocin | Inj 5 iu per ml, 1 ml | Syntocinon | 2009 |
| | Inj 10 iu per ml, 1 ml | Syntocinon | |
| | Inj 5 iu with ergometrine maleate 500 µg per ml, 1 ml | Syntometrine | |
| | | | |
| Pantoprazole | Tab 20 mg | Dr Reddy's Pantoprazole | 2010 |
| | Tab 40 mg | Dr Reddy's Pantoprazole | |
| Paraffin liquid with soft white paraffin | Eye oint with soft white paraffin | Lacri-Lube | 2010 |
| Paroxetine hydrochloride | Tab 20 mg | Loxamine | 2010 |
| Perhexiline maleate | Tab 100 mg | Pexsig | 2009 |
| Phenoxyethylpenicillin (Penicillin V) | Grans for oral liq 125 mg per 5 ml | AFT | 2010 |
| | Grans for oral liq 250 mg per 5 ml | AFT | |
| | Cap potassium salt 250 mg | Cilicaine VK | |
| | Cap potassium salt 500 mg | Cilicaine VK | |
| Phenylephrine hydrochloride | Eye drops 0.12% | Prefrin | 2010 |
| Potassium chloride | Tab long-acting 600 mg | Span-K | 2009 |
| Prazosin hydrochloride | Tab 1 mg, 2 mg & 5 mg | Apo-Prazo | 2010 |
| Pregnancy tests - HCG urine | Cassette | MDS Quick Card | 2009 |
| Pyridoxine hydrochloride | Tab 50 mg | Apo-Pyridoxine | 2009 |

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Sole Subsidised Supply Products – cumulative to August 2008

| Generic Name | Presentation | Brand Name | Expiry Date* |
|--|--|---------------------------------|------------------|
| Quinine sulphate | Tab 200 mg Tab 300 mg | Q 200 Q 300 | 2009 |
| Ranitidine hydrochloride | Oral liq 150 mg per 10 ml | Peptisoothe | 2010 |
| Rifabutin | Cap 150 mg | Mycobutin | 2010 |
| Roxithromycin | Tab 150 mg & 300 mg | Arrow-Roxithromycin | 2009 |
| Salbutamol | Nebuliser soln 1 mg per ml, 2.5 ml Nebuliser soln 2 mg per ml, 2.5 ml Oral liq 2 mg per 5 ml | Asthalin Asthalin Salapin | 2009 2010 |
| Salbutamol with ipratropium bromide | Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg | Duolin | 2009 |
| Selegiline hydrochloride | Tab 5 mg | Apo-Selegiline | 2009 |
| Sodium chloride | Inj 0.9%, 5 ml & 10 ml | AstraZeneca | 2009 |
| Sodium citro-tartrate | Grans eff 4 g sachets | Ural | 2010 |
| Sodium cromoglycate | Nasal spray 4% | Rex | 2009 |
| Sulphasalazine | Tab 500 mg Tab EC 500 mg | Salazopyrin Salazopyrin EN | 2009 |
| Syrup (pharmaceutical grade) | Liq | Midwest | 2010 |
| Timolol maleate | Tab 10 mg | Apo-Timol | 2009 |
| Thiamine hydrochloride | Tab 50 mg | Apo-Thiamine | 2009 |
| Triamcinolone acetonide with gramicidin, neomycin and nystatin | Ear drops 1 mg with nystatin 100,000 u, neomycin sulphate 2.5 mg and gramicidin 250 mcg per g | Kenacomb | 2009 |
| Vincristine sulphate | Inj 1 mg per ml, 1 ml Inj 1 mg per ml, 2 ml | Mayne Mayne | 2009 |
| Vitamins | Tab (BPC cap strength) | Healtheries | 2009 |
| Vitamin B complex | Tab, strong, BPC | Apo-B-Complex | 2009 |
| Water | Purified for injection 20 ml | Multichem | 2009 |

August changes in bold type.

*Expiry date of the Sole Subsidised Supply period is 30 June of the year indicated.

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings

Effective 1 August 2008

| | | | | |
|-----|---|----------|-----------|--------------------------------|
| 68 | KETOCONAZOLE Shampoo 2%..... | 3.48 | 100 ml OP | ✓ Sebizole |
| | a) maximum of 100 ml per prescription b) Only on a prescription | | | |
| 70 | CONDOMS * 49 mm – Up to 144 dev available on a PSO | 13.36 | 144 | ✓ Marquis Tantaliza |
| | * 52 mm – Up to 144 dev available on a PSO | 13.36 | 144 | ✓ Marquis Selecta |
| | * 52 mm – Up to 144 dev available on a PSO | 13.36 | 144 | ✓ Marquis Sensolite |
| | * 53 mm – Up to 144 dev available on a PSO | 13.36 | 144 | ✓ Marquis Titillata |
| | * 53 mm – Up to 144 dev available on a PSO | 13.36 | 144 | ✓ Marquis Black |
| | * 55 mm – Up to 144 dev available on a PSO | 13.36 | 144 | ✓ Marquis Conforma |
| | * 60 mm – Up to 144 dev available on a PSO | 13.36 | 144 | ✓ Shield XL |
| 100 | ADALIMUMAB – Special Authority see SA0812 – Retail Pharmacy Inj 40 mg per 0.8 ml pre-filled pen | 1,799.92 | 2 | ✓ HumiraPen |
| 110 | LEVETIRACETAM – Subsidy by application to the Levetiracetam Special Access Panel Tab | CBS | 1 | ✓ Kepra |
| 115 | ARIPIPRAZOLE – Special Authority see SA0920 – Retail Pharmacy Tab 10 mg | 123.54 | 30 | ✓ Abilify |
| | Tab 15 mg | 175.28 | 30 | ✓ Abilify |
| | Tab 20 mg | 213.42 | 30 | ✓ Abilify |
| | Tab 30 mg | 260.07 | 30 | ✓ Abilify |
| | ▶ SA0920] Special Authority for Subsidy Initial application from any relevant practitioner. Approvals valid for 2 years for applications meeting the following criteria: Both: 1 Patient is suffering from schizophrenia or related psychoses; and 2 Either: 2.1 An effective dose of risperidone or quetiapine has been trialled and has been discontinued, or is in the process of being discontinued, because of unacceptable side effects; or 2.2 An effective dose of risperidone or quetiapine has been trialled and has been discontinued, or is in the process of being discontinued, because of inadequate clinical response. Renewal from any relevant practitioner. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment. | | | |
| 131 | PACLITAXEL – PCT only – Specialist Inj 30 mg | 37.95 | 1 | ✓ Paclitaxel Ebewe |
| | Inj 100 mg | 125.35 | 1 | ✓ Paclitaxel Ebewe |
| | Inj 600 mg | 724.50 | 1 | ✓ Paclitaxel Ebewe |

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(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings - effective 1 July 2008

| | | | | |
|-----|---|----------------|-------------|---------------------------------|
| 27 | OMEPRAZOLE * Cap 10 mg | 2.14 | 30 | ✓ Dr Reddy's Omeprazole |
| | * Cap 20 mg | 3.05 | 30 | ✓ Dr Reddy's Omeprazole |
| | * Cap 40 mg | 3.59 | 30 | ✓ Dr Reddy's Omeprazole |
| 37 | CALCIUM * Tab eff 1 g..... | 6.54 | 30 | ✓ Calcium Sandoz ✓ Calsource |
| 37 | IRON POLYMALTOSE Inj 50 mg per ml, 2 ml | 20.95 | 5 | ✓ Ferrum H |
| 60 | GLYCERYL TRINITRATE * Tab 600 µg – Up to 100 tab available on a PSO | 8.00 | 100 OP | ✓ Lycinat |
| 65 | ZINC AND CASTOR OIL Oint BP..... | 5.11 | 500 g | ✓ PSM |
| 104 | PARACETAMOL *‡ Oral liq 120 mg per 5 ml | 6.80 | 1,000 ml | ✓ Paracare Junior |
| | a) Up to 200 ml available on a PSO b) Not in combination | | | |
| | *‡ Oral liq 250 mg per 5 ml | 7.00 | 1,000 ml | ✓ Paracare Double Strength |
| | a) Up to 100 ml available on a PSO b) Not in combination | | | |
| 107 | NORTRIPTYLINE HYDROCHLORIDE Tab 25 mg | 17.45 | 250 | ✓ Norpress |
| 147 | BUDESONIDE WITH EFORMOTEROL – Special Authority see SA0838– Retail pharmacy Aerosol inhaler 100 µg with eformoterol fumarate 6 µg..... | 55.00 | 120 dose OP | ✓ Vannair |
| | Aerosol inhaler 200 µg with eformoterol fumarate 6 µg..... | 60.00 | 120 dose OP | ✓ Vannair |
| 177 | GLUTEN FREE PASTA – Special Authority see SA0722– Hospital pharmacy [HP3] Garlic and Parsley Shells | 2.00 (2.63) | 250 g OP | Orgran |

Effective 1 June 2008

| | | | | |
|----|---|------|----|---------------------------|
| 35 | HYDROXOCOBALAMIN * Inj 1 mg per ml, 1 ml | 9.21 | 3 | ✓ ABM Hydroxocobalamin |
| 46 | HEPARINISED SALINE * Inj 100 iu per ml, 2 ml | 8.30 | 10 | ✓ Hospira S29 |

▲ 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

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New Listings - effective 1 June 2008 (continued)

| | | | | |
|-----|---|-------|-------------|-----------------------|
| 54 | LOSARTAN – Special Authority see SA0911 – Retail Pharmacy * Tab 25 mg | 20.31 | 28 | ✓ Cozaar |
| 70 | CONDOMS * 49mm - Up to 144 dev available on a PSO | 1.11 | 12 | ✓ Gold Knight |
| | * 49mm - Up to 144 dev available on a PSO | 13.36 | 144 | ✓ Gold Knight |
| | * 53mm (chocolate) - Up to 144 dev available on a PSO | 13.36 | 144 | ✓ Gold Knight |
| | * 53mm (strawberry) - Up to 144 dev available on a PSO | 13.36 | 144 | ✓ Gold Knight |
| | * 55mm - Up to 144 dev available on a PSO | 1.11 | 12 | ✓ Gold Knight |
| | * 55mm - Up to 144 dev available on a PSO | 13.36 | 144 | ✓ Gold Knight |
| | * 53mm extra strength - Up to 144 dev available on a PSO | 1.11 | 12 | ✓ Gold Knight |
| | * 53mm extra strength - Up to 144 dev available on a PSO | 13.36 | 144 | ✓ Gold Knight |
| 73 | LEVONORGESTREL * Tab 1.5 mg | 12.50 | 1 | ✓ Postinor-1 |
| | a) Maximum of 1 tab per prescription | | | |
| | b) Up to 5 tab available on a PSO | | | |
| 79 | OESTRADIOL VALERATE * Tab 1 mg | 8.24 | 56 | ✓ Progynova |
| 110 | LAMOTRIGINE ▲ Tab dispersible 25 mg | 19.38 | 56 | ✓ Logem |
| | ▲ Tab dispersible 50 mg | 32.97 | 56 | ✓ Logem |
| | ▲ Tab dispersible 100 mg | 56.91 | 56 | ✓ Logem |
| 112 | RIZATRIPTAN BENZOATE Wafer 10 mg | 25.32 | 3 | ✓ Maxalt Melt |
| 147 | SALBUTAMOL Aerosol inhaler, 100 µg per dose CFC free – Up to 1000 dose available on a PSO | 3.80 | 200 dose OP | ✓ Respigen |
| 167 | ORAL SUPPLEMENT 1KCAL/ML – Special Authority see SA0583 – Hospital pharmacy [HP3] Powder (vanilla) sachet 54 g | 6.91 | 10 | ✓ Fortisip Powder |
| 168 | DIABETIC ENTERAL FEED 1KCAL/ML – Special Authority see SA0594 – Hospital Pharmacy [HP3] Liquid | 7.50 | 1000 ml OP | ✓ Glucerna Select RTH |
| 168 | ORAL FEED 1KCAL / ML – Special Authority see SA0594 – Hospital Pharmacy [HP3] Liquid (vanilla) | 1.88 | 250 ml OP | ✓ Glucerna Select |

Effective 1 May 2008

| | | | | |
|----|---|-------|-----|-------|
| 31 | INSULIN PEN NEEDLES – Maximum of 100 dev per prescription * 29 g x 12.7 mm | 11.75 | 100 | ✓ ABM |
| | * 31 g x 6 mm | 11.75 | 100 | ✓ ABM |
| | * 31 g x 8 mm | 11.75 | 100 | ✓ ABM |

Check your Schedule for full details
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Generic Mnfr
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New Listings - effective 1 May 2008 (continued)

| | | | | |
|-----|---|--------|-----|----------------------|
| 32 | INSULIN SYRINGES, DISPOSABLE WITH ATTACHED NEEDLE – Maximum of 100 dev per prescription | | | |
| | * Syringe 0.3 ml with 29 g × 12.7 mm needle | 14.45 | 100 | ✓ ABM |
| | * Syringe 0.3 ml with 31 g × 8 mm needle | 14.45 | 100 | ✓ ABM |
| | * Syringe 0.5 ml with 29 g × 12.7 mm needle | 14.45 | 100 | ✓ ABM |
| | * Syringe 0.5 ml with 31 g × 8 mm needle | 14.45 | 100 | ✓ ABM |
| | * Syringe 1 ml with 29 g × 12.7 mm needle | 14.45 | 100 | ✓ ABM |
| | * Syringe 1 ml with 31 g × 8 mm needle | 14.45 | 100 | ✓ ABM |
| 70 | CONDOMS | | | |
| | * 53 mm (chocolate)..... | 1.11 | 12 | ✓ Gold Knight |
| | * 53 mm (strawberry) | 1.11 | 12 | ✓ Gold Knight |
| 91 | VALACICLOVIR | | | |
| | Tab 500 mg | 163.80 | 30 | ✓ Valtrex |
| 95 | RITONAVIR – Special Authority see SA0779 on page 93 – Hospital pharmacy [HP1] | | | |
| | Cap 100 mg | 121.27 | 84 | ✓ Norvir |
| 108 | VENLAFAXINE – Special Authority see SA0789 below – Retail pharmacy | | | |
| | Cap 37.5 mg | 18.64 | 28 | ✓ Efexor XR |

▲ 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

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Changes to Restrictions

Effective 1 August 2008

| | | | | |
|----|--|------|--------|---|
| 60 | GLYCERYL TRINITRATE * Tab 600 µg – Up to 100 tab available on a PSO | 8.00 | 100 OP | ✓ Lycinate S29 |
|----|--|------|--------|---|

Effective 1 July 2008

| | | | | |
|----|--|------------------|--------|-----------------------|
| 24 | BUDESONIDE Cap 3 mg – Special Authority see SA0913 0698 – Retail pharmacy..... | 166.50 | 90 | ✓ Entocort CIR |
| | ▶ SA0913 0698 Special Authority for Subsidy | | | |
| | Initial application only from any relevant practitioner a gastroenterologist, general surgeon or general physician. | | | |
| | Approvals valid for 3 months for applications meeting the following criteria: | | | |
| | Both: | | | |
| | 1. Mild to moderate ileal, ileocaecal or proximal Crohn's disease; and | | | |
| | 2. Any of the following: | | | |
| | 2.1 Diabetes; or | | | |
| | 2.2 Cushingoid habitus; or | | | |
| | 2.3 Osteoporosis where there is significant risk of fracture; or | | | |
| | 2.4 Severe acne following treatment with conventional corticosteroid therapy. | | | |
| | Renewal only from any relevant practitioner a gastroenterologist, general surgeon or general physician. | | | |
| | Approvals valid for 3 months where the treatment remains appropriate and the patient is benefiting from treatment. | | | |
| 25 | OLSALAZINE –Retail pharmacy-Specialist Tab 500 mg | 59.86 | 100 | ✓ Dipentum |
| | Cap 250 mg | 31.51 | 100 | ✓ Dipentum |
| 25 | SODIUM CROMOGLYCATE Cap 100 mg –Hospital pharmacy [HP3]-Specialist..... | 89.21 | 100 | ✓ Nalcrom |
| 26 | MEBEVERINE HYDROCHLORIDE –Retail pharmacy-Specialist * Tab 135 mg | 10.72 (25.73) | 90 | Colofac |
| 26 | MISOPROSTOL –Retail pharmacy-Specialist * Tab 200 µg | 52.70 | 120 | ✓ Cytotec |
| 26 | RANITIDINE HYDROCHLORIDE – Only on a prescription * Oral liq 150 mg per 10 ml –Subsidy by endorsement | 7.95 | 300 ml | ✓ Peptisoothe |
| | Oral liquid is subsidized for patients: | | | |
| | 1. with oesophageal stricture, or | | | |
| | 2. in terminal care, or | | | |
| | 3. who are either too young or too old to swallow conventional tablets and the prescription is endorsed accordingly | | | |
| | Note: the cost of treatment with ranitidine oral liquid is more than 10 times higher than that of ranitidine tablets.– | | | |
| | Following the derestriction of access PHARMAC will be monitoring expenditure on ranitidine oral liquid more closely and may, subject to consultation and PHARMAC Board approval, restrict access again if expenditure was to grow substantially. | | | |

Check your Schedule for full details
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(Mnfr's price)
\$ Per

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Changes to Restrictions - effective 1 July 2008 (continued)

| | | | |
|----|---|--|--|
| 32 | URSODEOXYCHOLIC ACID – Special Authority see SA0914 0844 Retail pharmacy Cap 300 mg 269.98 100 ✓ Actigall | | |
| | ▶ SA0914 0844 Special Authority for Subsidy Initial application only from any relevant practitioner a gastroenterologist or general physician. Approvals valid for 6 months for applications meeting the following criteria: Both: 1. Primary biliary cirrhosis confirmed by antimitochondrial antibody titre (AMA) > 1:80, and raised cholestatic liver enzymes with or without raised serum IgM or, if AMA is negative, by liver biopsy; and 2. Patient not requiring a liver transplant (bilirubin > 170umol/l; decompensated cirrhosis). Note: Liver biopsy is not usually required for diagnosis but is helpful to stage the disease. Renewal only from any relevant practitioner a gastroenterologist or general physician. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment. Note: Actigall is not an appropriate therapy for patients requiring a liver transplant (bilirubin > 170 micromol/l; decompensated cirrhosis). These patients should be referred to an appropriate transplant centre. Treatment failure – doubling of serum bilirubin levels, absence of a significant decrease in ALP or ALT and AST, development of varices, ascites or encephalopathy, marked worsening of pruritus or fatigue, histological progression by two stages, or to cirrhosis, need for transplantation. | | |
| 34 | BENZYDAMINE HYDROCHLORIDE – Retail pharmacy-Specialist prescription Soln 0.15% 9.00 500 ml (15.36) Diffiam | | |
| 36 | ALFACALCIDOL – Retail pharmacy-Specialist Cap 0.25 µg 26.32 100 ✓ One-Alpha Cap 1 µg 87.98 100 ✓ One-Alpha Oral drops 2 µg per ml 60.68 20 ml OP ✓ One-Alpha | | |
| 36 | ALPHA TOCOPHERYL ACETATE – Special Authority see SA0915 0264 – Hospital pharmacy [HP3] Water solubilised soln 156 iu/ml, with calibrated dropper 18.30 50 ml OP ✓ Micelle E | | |
| | ▶ SA0915 0264 Special Authority for Subsidy Initial application only from any relevant practitioner a paediatrician or respiratory specialist. Approvals valid for 2 years for applications meeting the following criteria: Either: 1. Cystic fibrosis patient; or Both: 2. Infant or child with liver disease or short gut syndrome; and 3. Requires vitamin supplementation. Renewal only from any relevant practitioner a paediatrician or respiratory specialist. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment. | | |
| 36 | CALCITRIOL – Retail pharmacy-Specialist * Cap 0.25 µg 13.45 100 ✓ Calcitriol-AFT * Cap 0.5 µg 24.95 100 ✓ Calcitriol-AFT * Oral liq 1 µg per ml 39.40 10 ml OP ✓ Rocaltrol solution | | |
| 47 | CALCIUM POLYSTYRENE SULPHONATE – Retail pharmacy-Specialist Powder 169.85 300 g OP ✓ Calcium Resonium | | |
| 47 | SODIUM POLYSTYRENE SULPHONATE – Retail pharmacy-Specialist Powder 89.10 450 g OP ✓ Resonium-A | | |

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

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

Check your Schedule for full details
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Changes to Restrictions - effective 1 July 2008 (continued)

- 73 LEVONORGESTREL
* Tab 1.5 mg 12.50 1 ✓ Postinor-1
a) Maximum of + 2 tab per prescription
b) Up to 5 tab available on a PSO
- 117 ZIPRASIDONE
Ziprasidone is subsidised for patients suffering from schizophrenia or related psychoses after a trial of an effective dose of risperidone or quetiapine that has been discontinued, **or is in the process of being discontinued**, because of unacceptable side effects or inadequate response, and the prescription is endorsed accordingly.

Effective 1 June 2008

- 54 LOSARTAN
SA0862 Special Authority for Subsidy
Initial application only from a relevant specialist or general practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:
Either:
1—Both:
1.1 Patient with congestive heart failure; and
1.2 Either:
1.2.1 Has been treated with, and cannot tolerate, two ACE inhibitors, due to persistent cough; or
1.2.2 Has experienced angioedema on an ACE inhibitor at any time in the past or who have experienced angioedema (even if not using an ACE inhibitor) in the last 2 years; or
2—All of the following:
2.1 Patient with raised blood pressure; and
2.2 Use of fully funded beta blockers or diuretics are contraindicated; or not well tolerated; or insufficient to control blood pressure adequately at appropriate doses; and
2.3 Either:
2.3.1 Has been treated with, and cannot tolerate, two ACE inhibitors, due to persistent cough; or
2.3.2 Has experienced angioedema on an ACE inhibitor at any time in the past or who have experienced angioedema (even if not using an ACE inhibitor) in the last 2 years.
- SA0911 Special Authority for Subsidy**
Initial application – (ACE inhibitor intolerant) from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:
Either:
1 Patient has persistent ACE inhibitor induced cough that has recurred by ACE inhibitor retrial (same or new ACE inhibitor); or
2 Patient has a history of angioedema.
Initial application - (Unsatisfactory response to ACE inhibitor) from any relevant practitioner. Approvals valid without further renewal unless notified where the patient's condition is not adequately controlled on maximum tolerated dose of an ACE inhibitor.
Initial application (patient has had an approval for losartan with hydrochlorothiazide prior to 1 May 2008) from any relevant practitioner. Approvals valid without further renewal unless notified where the treatment remains appropriate and the patient is benefiting from treatment.

- 54 LOSARTAN WITH HYDROCHLOROTHIAZIDE
SA0862 Special Authority for Subsidy
Initial application only from a relevant specialist or general practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:
Either:
1—Both:

continued...

Changes to Restrictions - effective 1 June 2008 (continued)

continued...

1.1 Patient with congestive heart failure; and

1.2 Either:

1.2.1 Has been treated with, and cannot tolerate, two ACE inhibitors, due to persistent cough; or

1.2.2 Has experienced angioedema on an ACE inhibitor at any time in the past or who have experienced angioedema (even if not using an ACE inhibitor) in the last 2 years; or

2—All of the following:

2.1 Patient with raised blood pressure; and

2.2 Use of fully funded beta blockers or diuretics are contraindicated; or not well tolerated; or insufficient to control blood pressure adequately at appropriate doses; and

2.3 Either:

2.3.1 Has been treated with, and cannot tolerate, two ACE inhibitors, due to persistent cough; or

2.3.2 Has experienced angioedema on an ACE inhibitor at any time in the past or who have experienced angioedema (even if not using an ACE inhibitor) in the last 2 years.

▶ SA0911 Special Authority for Subsidy

Initial application – (ACE inhibitor intolerant) from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Either:

1 Patient has persistent ACE inhibitor induced cough that has recurred by ACE inhibitor retriial (same or new ACE inhibitor); or

2 Patient has a history of angioedema.

Initial application - (Unsatisfactory response to ACE inhibitor) from any relevant practitioner. Approvals valid without further renewal unless notified where the patient's condition is not adequately controlled on maximum tolerated dose of an ACE inhibitor.

Initial application (patient has had an approval for losartan with hydrochlorothiazide prior to 1 May 2008) from any relevant practitioner. Approvals valid without further renewal unless notified where the treatment remains appropriate and the patient is benefiting from treatment.

109 GABAPENTIN

▶ SA0873 Special Authority for Subsidy

Initial application — (Epilepsy - new patients) from any relevant practitioner. Approvals valid for 15 months for applications meeting the following criteria:

Either:

1 Seizures are not adequately controlled with optimal treatment with other antiepilepsy agents; or

2 Seizures are controlled adequately but the patient has experienced unacceptable side effects from optimal treatment with other antiepilepsy agents.

Note: "Optimal treatment with other antiepilepsy agents" is defined as treatment with other antiepilepsy agents which are indicated and clinically appropriate for the patient, given in adequate doses for the patient's age, weight, and other features affecting the pharmacokinetics of the drug with good evidence of compliance.

Initial application — (Epilepsy - patient has had an approval for gabapentin, lamotrigine, topiramate or vigabatrin for epilepsy prior to 1 August 2007) from any relevant practitioner. Approvals valid without further renewal unless notified where the patient has demonstrated a significant and sustained improvement in seizure rate or severity and/or quality of life from gabapentin, topiramate, vigabatrin and/or lamotrigine.

Note: As a guideline, clinical trials have referred to a notional 50% reduction in seizure frequency as an indicator of success with anticonvulsant therapy and have assessed quality of life from the patient's perspective.

Initial application — (Neuropathic pain - new patients) from any relevant practitioner. Approvals valid for 3 months where the patient has tried and failed, or has been unable to tolerate, treatment with a tricyclic antidepressant AND an anticonvulsant agent.

Initial application — (Neuropathic pain - patient has had an approval for gabapentin for neuropathic pain prior to 1 August 2007) from any relevant practitioner. Approvals valid for 2 years where the patient has demonstrated a marked improvement in their control of pain (prescriber determined).

continued...

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Changes to Restrictions - effective 1 June 2008 (continued)

continued...

Renewal — (Epilepsy) from any relevant practitioner. Approvals valid without further renewal unless notified where the patient has demonstrated a significant and sustained improvement in seizure rate or severity and/or quality of life.

Notes: As a guideline, clinical trials have referred to a notional 50% reduction in seizure frequency as an indicator of success with anticonvulsant therapy and have assessed quality of life from the patient's perspective.

If the patient had an approval for gabapentin, lamotrigine, topiramate or vigabatrin for epilepsy prior to 1 August 2007 the applicant is required to submit a fresh initial application in the first instance, not a renewal application.

Renewal — (Neuropathic pain) from any relevant practitioner. Approvals valid for 2 years where the patient has demonstrated a marked improvement in their control of pain (prescriber determined).

Note: If the patient had an approval for gabapentin for neuropathic pain prior to 1 August 2007 the applicant is required to submit a fresh initial application in the first instance, not a renewal application.

110 TOPIRAMATE

► SA0874]Special Authority for Subsidy

Initial application — (new patients) from any relevant practitioner. Approvals valid for 15 months for applications meeting the following criteria:

Both:

- 1 Patient has epilepsy; and
- 2 Either:
 - 2.1 Seizures are not adequately controlled with optimal treatment with other antiepilepsy agents; or
 - 2.2 Seizures are controlled adequately but the patient has experienced unacceptable side effects from optimal treatment with other antiepilepsy agents.

Note: "Optimal treatment with other antiepilepsy agents" is defined as treatment with other antiepilepsy agents which are indicated and clinically appropriate for the patient, given in adequate doses for the patient's age, weight, and other features affecting the pharmacokinetics of the drug with good evidence of compliance.

Initial application — (patient has had an approval for gabapentin, lamotrigine, topiramate or vigabatrin for epilepsy prior to 1 August 2007) from any relevant practitioner. Approvals valid without further renewal unless notified where the patient has demonstrated a significant and sustained improvement in seizure rate or severity and/or quality of life **from gabapentin, topiramate, vigabatrin and/or lamotrigine.**

Note: As a guideline, clinical trials have referred to a notional 50% reduction in seizure frequency as an indicator of success with anticonvulsant therapy and have assessed quality of life from the patient's perspective.

Renewal from any relevant practitioner. Approvals valid without further renewal unless notified where the patient has demonstrated a significant and sustained improvement in seizure rate or severity and/or quality of life.

Notes: As a guideline, clinical trials have referred to a notional 50% reduction in seizure frequency as an indicator of success with anticonvulsant therapy and have assessed quality of life from the patient's perspective.

If the patient had an approval for gabapentin, lamotrigine, topiramate or vigabatrin for epilepsy prior to 1 August 2007 the applicant is required to submit a fresh initial application in the first instance, not a renewal application.

111 VIGABATRIN

► SA0875]Special Authority for Subsidy

Initial application — (new patients) from any relevant practitioner. Approvals valid for 15 months for applications meeting the following criteria:

All of the following:

- 1 Patient has epilepsy; and
- 2 Either:
 - 2.1 Seizures are not adequately controlled with optimal treatment with other antiepilepsy agents; or
 - 2.2 Seizures are controlled adequately but the patient has experienced unacceptable side effects from optimal treatment with other antiepilepsy agents; and
- 3 Either:

continued...

Changes to Restrictions - effective 1 June 2008 (continued)

continued...

3.1 Patient is, or will be, receiving regular automated visual field testing (ideally before starting therapy and on a 6-monthly basis thereafter); or

3.2 It is impractical or impossible (due to comorbid conditions) to monitor the patient's visual fields.

Notes: "Optimal treatment with other antiepilepsy agents" is defined as treatment with other antiepilepsy agents which are indicated and clinically appropriate for the patient, given in adequate doses for the patient's age, weight, and other features affecting the pharmacokinetics of the drug with good evidence of compliance. Vigabatrin is associated with a risk of irreversible visual field defects, which may be asymptomatic in the early stages.

Initial application — (patient has had an approval for gabapentin, lamotrigine, topiramate or vigabatrin for epilepsy prior to 1 August 2007) from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Both:

1 Patient has demonstrated a significant and sustained improvement in seizure rate or severity and/or quality of life **from gabapentin, topiramate, vigabatrin and/or lamotrigine**; and

2 Either:

2.1 Patient is receiving regular automated visual field testing (ideally every 6 months) on an ongoing basis for the duration of treatment with vigabatrin; or

2.2 It is impractical or impossible (due to comorbid conditions) to monitor the patient's visual fields.

Notes: As a guideline, clinical trials have referred to a notional 50% reduction in seizure frequency as an indicator of success with anticonvulsant therapy and have assessed quality of life from the patient's perspective.

Vigabatrin is associated with a risk of irreversible visual field defects, which may be asymptomatic in the early stages.

Renewal from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Both:

1 The patient has demonstrated a significant and sustained improvement in seizure rate or severity and/or quality of life; and

2 Either:

2.1 Patient is receiving regular automated visual field testing (ideally every 6 months) on an ongoing basis for duration of treatment with vigabatrin; or

2.2 It is impractical or impossible (due to comorbid conditions) to monitor the patient's visual fields.

Notes: As a guideline, clinical trials have referred to a notional 50% reduction in seizure frequency as an indicator of success with anticonvulsant therapy and have assessed quality of life from the patient's perspective.

Vigabatrin is associated with a risk of irreversible visual field defects, which may be asymptomatic in the early stages.

If the patient had an approval for gabapentin, lamotrigine, topiramate or vigabatrin for epilepsy prior to 1 August 2007 the applicant is required to submit a fresh initial application in the first instance, not a renewal application.

164 CARBOHYDRATE

► **SA0579 SA0912** Special Authority for Subsidy

Initial application - (Cystic fibrosis or renal failure) only from a relevant specialist. Approvals valid for 3 years for applications meeting the following criteria:

Either:

1 cystic fibrosis; or

2 chronic renal failure or continuous ambulatory peritoneal dialysis (CAPD) patient.

Initial application - (Indications other than cystic fibrosis or renal failure) only from a relevant specialist.

Approvals valid for 1 year for applications meeting the following criteria:

Any of the following:

1 cancer in children; or

continued...

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Changes to Restrictions - effective 1 June 2008 (continued)

continued...

- 2 cancers affecting alimentary tract where there are malabsorption problems in patients over the age of 20 years; or
- 3 failure to thrive; or
- 4 growth deficiency; or
- 5 bronchopulmonary dysplasia; or
- 6 premature and post premature infant; or
- 7 **inborn errors of metabolism**

Renewal - (Cystic fibrosis or renal failure) only from a relevant specialist or general practitioner on the recommendation of a relevant specialist. Approvals valid for 3 years for applications meeting the following criteria:

Both:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 General Practitioners must include the name of the specialist and date contacted.

Renewal - (Indications other than cystic fibrosis or renal failure) only from a relevant specialist or general practitioner on the recommendation of a relevant specialist. Approvals valid for 1 year for applications meeting the following criteria:

Both:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 General Practitioners must include the name of the specialist and date contacted.

Effective 1 May 2008

| | | | | |
|----|--|-------|-----|--------------------|
| 91 | PYRAZINAMIDE – Retail pharmacy-Specialist No patient co-payment payable * Tab 500 mg | 59.00 | 100 | ✓ AFT-Pyrazinamide |
|----|--|-------|-----|--------------------|

~~S29~~

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(Mnfr's price)
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Generic Mnfr
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Changes to Subsidy and Manufacturer's Price

Effective 1 August 2008

| | | | | | |
|-----|---|-------------------|------------|---|--------------------------|
| 62 | ECONAZOLE NITRATE (↑ price) Foaming solution 1%, 10 ml sachets..... | 9.89 (15.66) | 3 | | Pevaryl Foaming Solution |
| 70 | CONDOMS (↓ price) 54 mm shaped – Up to 144 dev available on a PSO | 1.11 (1.24) | 12 | | Lifestyles Flared |
| | 56 mm, shaped – Up to 144 dev available on a PSO | 13.36 1.11 | 144 12 | ✓ | Durex Confidence |
| | | | | ✓ | Durex Confidence |
| 86 | CEFUROXIME SODIUM – Hospital Pharmacy [HP3] (↓ subsidy) Inj 750 mg – Maximum of 1 inj per prescription; can be waived by endorsement..... | 21.42 (56.47) | 10 | | Mayne |
| | Inj 1.5 g - Hospital Pharmacy [HP3] – Specialist – Subsidy by Endorsement (↓ subsidy) | 40.40 (123.55) | 10 | | Mayne |
| | Only if prescribed for a dialysis or cystic fibrosis patient and the prescription is endorsed accordingly. | | | | |
| 131 | PACLITAXEL - PCT only - Specialist (↓ subsidy) Inj 150 mg | 188.03 | 1 | ✓ | Paclitaxel Ebewe |
| | Inj 300mg | 376.05 | 1 | ✓ | Paclitaxel Ebewe |
| 141 | INTERFERON BETA-1-BETA - Special Authority see SA0470 – Hospital Pharmacy [HP3] (↑ subsidy) Inj 8 million iu per 1 ml | 1378.71 | 15 | ✓ | Betaferon |
| 176 | GLUTEN FREE BREAD MIX – Special Authority see SA0722 – Hospital pharmacy [HP3] Powder | 3.51 (9.96) | 1,000 g OP | | Horleys Bread Mix |
| 176 | GLUTEN FREE FLOUR – Special Authority see SA0722 – Hospital pharmacy [HP3] (↑ price) Powder | 5.62 (16.44) | 2,000 g OP | | Horleys Flour |

Effective 1 July 2008

| | | | | | |
|----|---|----------------|-----|---|----------------|
| 27 | OMEPRAZOLE (↓ subsidy) * Cap 10 mg | 2.14 (5.95) | 30 | | Omezol |
| | * Cap 20 mg | 3.05 (5.95) | 30 | | Omezol |
| | * Cap 40 mg | 3.59 (8.84) | 30 | | Omezol |
| 29 | GLICLAZIDE (↓ subsidy) * Tab 80 mg | 22.24 | 500 | ✓ | Apo-Gliclazide |
| 32 | URSODEOXYCHOLIC ACID – Special Authority see SA0841 – Retail Pharmacy (↓ subsidy) Cap 300 mg | 179.00 | 100 | ✓ | Actigall |

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$

Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Subsidy and Manufacturer's Price - effective 1 July 2008 (continued)

| | | | | |
|----|---|----------------------------------|---------------------|-----------------------------------|
| 35 | TRIAMCINOLONE ACETONIDE (↓ subsidy) 0.1% in Dental Paste USP | 4.38 | 5 g OP | ✓ Oracort |
| 62 | CLOTRIMAZOLE (↓ subsidy) * Crm 1%..... a) Only on a prescription b) Not in combination | 0.50 | 20 g OP | ✓ Clomazol |
| 62 | MICONAZOLE NITRATE (↓ subsidy) * Crm 2%..... a) Only on a prescription b) Not in combination | 0.42 | 15 g OP | ✓ Multichem |
| 63 | BETAMETHASONE VALERATE (↑ subsidy) * Crm 0.1% * Oint 0.1% | 2.00 2.20 | 50 g OP 50 g OP | ✓ Beta Cream ✓ Beta Ointment |
| 64 | HYDROCORTISONE (↓ price) * Crm 1% – Only on a prescription | 12.20 | 500 g | ✓ PSM |
| 65 | EMULSIFYING OINTMENT (↓ subsidy) * Ointment BP | 3.69 | 500 g | ✓ AFT |
| 68 | SALICYLIC ACID (↓ subsidy) Powder – Only in combination | 15.00 (55.63) | 500 g | David Craig |
| | 1) Only in combination with a dermatological base or proprietary Topical Corticosteroid – Plain or collodion flexible, 2) With or without other dermatological galenicals 3) Maximum 20 g or 20 ml per prescription when prescribed with white soft paraffin or collodion flexible. | | | |
| 68 | SULPHUR (↓ subsidy) Precipitated – Only in combination | 6.50 (9.25) | 100 g | PSM |
| | 1) Only in combination with a dermatological base or proprietary Topical Corticosteroid – Plain, 2) With or without other dermatological galenicals. | | | |
| 69 | SUNSCREENS, PROPRIETARY – Subsidy by endorsement (↓ subsidy) Only if prescribed for a patient with severe photosenstivity secondary to a defined clinical condition and the prescription is endorsed accordingly | | | |
| | Crm..... | 2.55 (5.89) 1.28 (5.84) | 100 g OP 50 g OP | Hamilton Sunscreen |
| | Lotn | 3.19 (8.82) | 125 ml OP | Aquasun Oil Free Faces SPF 30+ |
| | | (9.38) | 125 ml OP | Aquasun Sensitive SPF 30+ |
| | | | | Aquasun 30+ |

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Subsidy and Manufacturer's Price - effective 1 July 2008 (continued)

| | | | | |
|-----|--|---------|---------|--|
| 70 | CONDOMS (↓ subsidy) | | | |
| | * 52mm – Up to 144 dev available on a PSO | 13.36 | 144 | ✓ Marquis Supalite |
| | * 52 mm extra strength – Up to 144 dev available on a PSO | 13.36 | 144 | ✓ Marquis Protecta |
| | * 54 mm, shaped – Up to 144 dev available on a PSO | 1.11 | 12 | |
| | | (2.60) | | Lifestyles Flared |
| | * 54 mm, shaped – Up to 144 dev available on a PSO | 13.36 | 144 | |
| | | (14.84) | | Lifestyles Flared |
| | * 56mm, shaped – Up to 144 dev available on a PSO | 1.11 | 12 | |
| | | (1.24) | | Durex Confidence |
| | * 56mm, shaped – Up to 144 dev available on a PSO | 13.36 | 144 | |
| | | (14.84) | | Durex Confidence |
| 76 | PAMIDRONATE DISODIUM – Special Authority see SA0091 – Hospital Pharmacy [HP3] (↓ subsidy) | | | |
| | Inj 3 mg per ml, 5 ml | 18.75 | 1 | ✓ Pamisol |
| | Inj 3 mg per ml, 10 ml | 37.50 | 1 | ✓ Pamisol |
| | Inj 6 mg per ml, 10 ml | 75.00 | 1 | ✓ Pamisol |
| 85 | DESMOPRESSIN (↓ subsidy) | | | |
| | ▲ Nasal Spray 10 µ per dose – | | | |
| | Retail Pharmacy – Specialist | 29.94 | 6 ml OP | ✓ Desmopressin-PH&T |
| 86 | CEFUROXIME AXETIL – Subsidy by endorsement (↓ subsidy) | | | |
| | Only if prescribed for prophylaxis of endocarditis and the prescription is endorsed accordingly. | | | |
| | Tab 250 mg | 29.40 | 50 | ✓ Zinnat |
| 90 | FLUCONAZOLE - Hospital Pharmacy [HP3]- Specialist (↓ subsidy) | | | |
| | Cap 50 mg | 6.82 | 28 | ✓ Pacific |
| | Cap 150 mg | 1.30 | 1 | ✓ Pacific |
| | Cap 200 mg | 19.05 | 28 | ✓ Pacific |
| 90 | TERBINAFINE (↓ subsidy) | | | |
| | Tab 250 mg | 25.50 | 100 | ✓ Apo-Terbinafine |
| 96 | NORFLOXACIN (↓ subsidy) | | | |
| | Tabs 400 mg – Maximum of 6 tab per prescription; can be waived by endorsement – | | | |
| | Retail Pharmacy – Specialist | 22.50 | 100 | ✓ Arrow-Norfloxacin |
| 113 | METOCLOPRAMIDE HYDROCHLORIDE (↓ subsidy) | | | |
| | * Inj 5 mg per ml, 2 ml – Up to 5 inj available on a PSO | 4.50 | 5 | ✓ Pfizer |
| 115 | PERGOLIDE – Retail Pharmacy – Specialist (↓ subsidy) | | | |
| | ▲ Tab 0.25 mg | 48.00 | 100 | ✓ Permax |
| | ▲ Tab 1 mg | 170.00 | 100 | ✓ Permax |
| 126 | CALCIUM FOLINATE (↓ subsidy) | | | |
| | Inj 50 mg – PCT – Hospital pharmacy [HP1] – Specialist | 24.50 | 5 | ✓ Calcium Folate Ebewe |
| 131 | PENTOSTATIN (DEOXYCOFORMYCIN) – PCT only – Specialist (Now CBS) | | | |
| | Inj 10 mg | CBS | 1 | ✓ Nipent S29 |

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Subsidy and Manufacturer's Price - effective 1 July 2008 (continued)

| | | | | |
|-----|--|----------------------------|-------------|---|
| 148 | SALBUTAMOL WITH IPBRATROPIUM BROMIDE († subsidy) Aerosol inhaler, 100 µg with ipratropium bromide, 20 µg per dose | 13.50 | 200 dose OP | ✓ Combivent |
| 153 | BRIMONIDINE TARTRATE (↓ subsidy) * Eye Drops 0.2%..... | 7.93 | 5 ml OP | ✓ AFT |
| 161 | GLYCEROL (↓ subsidy) * Liquid – Only in combination..... Only in extemporaneously compounded oral liquid preparations | 19.80 (24.75) | 2000 ml | Midwest |
| 161 | METHYL HYDROXYBENZOATE (↓ subsidy) Powder | 10.00 (18.45) | 25 g | PSM |
| 161 | METHYLCELLULOSE (↓ subsidy) Powder | 14.00 (17.72) | 100 g | MidWest |
| 162 | SODIUM BICARBONATE (↓ subsidy) Powder BP - Only in combination..... Only in extemporaneously compounded omeprazole suspension | 9.80 (11.99) (29.50) | 500 g | Biomed David Craig |
| 178 | AMINOACID FORMULA WITHOUT METHIONINE – Special Authority see SA0732 – Hospital pharmacy [HP3] († subsidy) Powder | 461.94 | 500 g OP | ✓ XMET Maxamum |
| 178 | AMINOACID FORMULA WITHOUT VALINE, LEUCINE AND ISOLEUCINE – Special Authority see SA0732 – Hospital pharmacy [HP3] († subsidy) Powder | 300.54 437.22 | 500 g OP | ✓ MSUD Maxamaid ✓ MSUD Maxamum |
| 179 | AMINOACID FORMULA WITH MINERALS WITHOUT PHENYLALANINE – Special Authority see SA0733 – Hospital pharmacy [HP3] († subsidy) Powder | 58.44 | 250 g OP | ✓ Metabolic Mineral Mixture |

Effective 1 June 2008

| | | | | |
|----|---|-------|---------|-----------------|
| 54 | LOSARTAN – Special Authority see SA0911 († subsidy) * Tab 12.5 mg | 17.40 | 30 | ✓ Cozaar |
| | * Tab 50 mg | 23.10 | 30 | ✓ Cozaar |
| 54 | LOSARTAN WITH HYDROCHLOROTHIAZIDE – Special Authority see SA0911 († subsidy) Tab 50 mg with hydrochlorothiazide 12.5 mg..... | 30.00 | 30 | ✓ Hyzaar |
| 66 | PARAFFIN († subsidy) White soft – Only in combination | 20.20 | 2,500 g | ✓ IPW |

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

Changes to Subsidy and Manufacturer's Price - effective 1 June 2008 (continued)

| | | | | |
|-----|---|------------------|------------------------|------------------------------------|
| 86 | CEFUROXIME SODIUM – Hospital Pharmacy [HP3] (↓ subsidy) Inj 750 mg - Maximum of 1 inj per prescription; can be waived by endorsement..... | 10.71 | 5 | ✓ Zinacef |
| | Inj 1.5 g - Hospital pharmacy [HP3] – Specialist – Subsidy by endorsement | 4.04 | 1 | ✓ Zinacef |
| 103 | ASPIRIN (↓ subsidy) * Tab dispersible 300 mg – Up to 30 tab available on a PSO | 21.50 (22.50) | 1000 | Ethics Aspirin |
| 105 | MORPHINE SULPHATE (↓ subsidy) a) Only on a controlled drug form b) No patient co-payment payable Inj 10 mg per ml, 1 ml – Up to 5 inj available on a PSO | 4.50 | 5 | ✓ Mayne |
| | Inj 30 mg per ml, 1 ml – Up to 5 inj available on a PSO | 4.98 | 5 | ✓ Mayne |
| 147 | SALBUTAMOL (↓ subsidy) Aerosol inhaler, 100 µg per dose CFC free – Up to 1000 dose available on a PSO..... | 3.80 (6.00) | 200 dose OP | ✓ Salamol Ventolin |
| 151 | ACETIC ACID WITH 1, 2- PROPANEDIOL DIACETATE AND BENZETHONIUM (↑ subsidy) Ear drops 2% with 1, 2-Propanediol diacetate 3% and benzethonium chloride 0.02 % | 6.97 | 35 ml OP | ✓ Vosol |
| 164 | CARBOHYDRATE AND FAT SUPPLEMENT – Special Authority see SA0581 – Hospital pharmacy [HP3] (↑ subsidy) Powder (neutral) | 60.31 | 400 g OP | ✓ Duocal Super Soluble Powder |
| 166 | FAT SUPPLEMENT – Special Authority see SA0899 – Hospital pharmacy [HP3] (↑ subsidy) Oil | 28.73 30.00 | 250 ml OP 500 ml OP | ✓ Liquigen ✓ MCT oil (Nutricia) |
| 168 | FAT MODIFIED FEED – Special Authority see SA0615– Hospital pharmacy [HP3] (↑ subsidy) Powder | 60.48 | 400 g OP | ✓ Monogen |
| 169 | ENTERAL/ORAL FEED 1KCAL/ML – Special Authority see SA0607– Hospital pharmacy [HP3] (↑ subsidy) Powder | 78.97 | 400 g OP | ✓ Generaid Plus |
| 169 | ENTERAL/ORAL FEED 1KCAL/ML – Special Authority see SA0606 – Hospital pharmacy [HP3] (↑ subsidy) Liquid..... | 54.00 | 400 g OP | ✓ Kindergen |
| 171 | ORAL ELEMENTAL FEED 0.8KCAL/ML – Special Authority see SA0592 – Hospital pharmacy [HP3] (↑ subsidy) Liquid (grapefruit) | 9.50 | 250 ml OP | ✓ Elemental 028 Extra |
| | Liquid (pineapple & orange) | 9.50 | 250 ml OP | ✓ Elemental 028 Extra |
| | Liquid (summer fruit) | 9.50 | 250 ml OP | ✓ Elemental 028 Extra |
| 179 | MULTIVITAMINS – Special Authority see SA0600– Hospital pharmacy [HP3] (↑ subsidy) Powder | 36.00 | 100 g OP | ✓ Paediatric Seravit |

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Subsidy and Manufacturer's Price - effective 1 June 2008 (continued)

180 LOW CALCIUM INFANT FORMULA – Special Authority see SA0601– Hospital pharmacy [HP3] († subsidy)
Powder 44.40 400 g OP ✓ **Locasol**

Effective 1 May 2008

| | | | | | |
|----|--|-----------------|---------|--|------------------------------------|
| 27 | OMEPRAZOLE (↓ subsidy) | | | | |
| | * Cap 10 mg | 2.00 | 28 | | ✓ Dr Reddy's Omeprazole |
| | * Cap 20 mg | 2.85 | 28 | | ✓ Dr Reddy's Omeprazole |
| | * Cap 40 mg | 3.35 | 28 | | ✓ Dr Reddy's Omeprazole |
| 46 | DEXTROSE (↓ subsidy) | | | | |
| | * Inj 50%, 10 ml – Up to 5 inj available on a PSO | 22.75 | 5 | | ✓ Biomed |
| 60 | GLYCERYL TRINITRATE (↓ subsidy) | | | | |
| | * TDDS 5 mg | 16.56 | 30 | | ✓ Nitroderm TTS |
| | * TDDS 10 mg | 19.60 | 30 | | ✓ Nitroderm TTS |
| 66 | POVIDONE IODINE († price) | | | | |
| | Skin preparation, povidone iodine 10% with 70% alcohol..... | 8.13 (18.63) | 500 ml | | Orion |
| | | 1.63 (6.04) | 100 ml | | Orion |
| 69 | SUNSCREENS, PROPRIETARY – Sunscreens by endorsement († price) | | | | |
| | Crm..... | 1.74 (5.84) | 50 g OP | | Aquasun Oil Free Faces SPF 30+ |
| 80 | OESTRADIOL (↓ subsidy) | | | | |
| | * Tab 2 mg | 4.12 (7.00) | 28 OP | | Estrofem |
| 99 | LEFLUNOMIDE – Special Authority see SA0635 – Retail Pharmacy (↓ subsidy) | | | | |
| | Tab 10 mg | 55.00 | 30 | | ✓ AFT-Leflunomide |
| | Tab 20 mg | 76.00 | 30 | | ✓ AFT-Leflunomide |

Changes to General Rules

Effective 1 June 2008

- 12 “Close Control” means the dispensing of a Community Pharmaceutical, in accordance with a Prescription, in quantities less than one 90 Day Lot (or, in the case of oral contraceptives, less than one 180 Day Lot) for a Community Pharmaceutical referred to in Section F Part I, or in quantities less than a Monthly Lot for any other Community Pharmaceutical, **where any of a), b) or c) apply, as applicable, where**
- a) All of the following conditions are met:
- i) the Community Pharmaceutical is a ~~tri-cyclic antidepressant, antipsychotic, benzodiazepine, a Class B Controlled Drug, or any other Community Pharmaceutical~~ that has been prescribed for a patient who:
- 1A) is not a resident in a Penal Institution, Rest Home or Residential Disability Care Institution; and
- 2B) **either of the following:**
- i) in the opinion of the prescribing ~~Practitioner Doctor, Midwife or Nurse Prescriber~~ is:
- a. frail; or
- b. infirm; or
- c. unable to manage their medication without additional support; or
- d. intellectually impaired; **or and**
- e. **requires close monitoring due to recent initiation onto, or dose change for, the Community Pharmaceutical (applicable to the patient's first changed Prescription only); and**
- f. requires that Community Pharmaceutical to be dispensed in a smaller quantity than that for which it is currently funded, **or**
- ii) **the Community Pharmaceutical is any of the following:**
- a. **a tri-cyclic antidepressant; or**
- b. **an antipsychotic; or**
- c. **a benzodiazepine; or**
- d. **a Class B Controlled Drug; and**
- ii) the prescribing ~~Practitioner Doctor, Midwife or Nurse Prescriber~~ has:
- A) endorsed each Community Pharmaceutical on the Prescription clearly with the words “close control” or “CC”; and
- B) initialled the endorsement in ~~their the prescribers own handwriting~~; and
- C) specified the maximum quantity or period of supply to be dispensed at any one time.
- b) **All of the following conditions are met:**
- i) **The Community Pharmaceutical is prescribed for a patient who is a resident in a Rest Home or Residential Disability Care Institution; and**
- A) **the quantity or period of supply to be dispensed at any one time is not less than 28 days' supply; and**
- B) **the prescriber or pharmacist has written the name of the Rest Home or Residential Disability Care Institution on the prescription; and**
- C) **the prescriber or pharmacist has:**
- 1) **written on the Prescription the words “close control” or “CC” (this applies to all medicines prescribed on the prescription), and**
- 2) **initialled the endorsement/annotation in their own handwriting; and**
- 3) **specified the maximum quantity or period of supply to be dispensed at any one time.**
- c) **All of the following conditions are met:**
- i) **where PHARMAC has approved and notified pharmacists to annotate prescriptions for a specified Community Pharmaceutical(s) “Close Control” without prescriber endorsement for a specified time; and**
- ii) **the dispensing pharmacist has:**
- A) **clearly annotated each of the approved Community Pharmaceuticals that appear on the prescription with the words “close control” or “CC”; and**
- B) **initialled the annotation in their own handwriting; and**
- C) **specified the maximum quantity or period of supply to be dispensed at any one time, as specified by PHARMAC at the time of notification.**

▲ 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 PSO

Effective 1 August 2008

CONDOMS
60 mm144

Effective 1 July 2008

GLYCERYL TRINITRATE
Tab 600 µg100

HYDROXOCOBALAMIN
Inj 1 mg per ml, 1 ml6

Effective 1 June 2008

CONDOMS
53 mm extra strength144
55 mm144

LEVONORGESTREL
Tab 1.5 mg5

Effective 1 May 2008

CONDOMS
53 mm (chocolate)144
55 mm (strawberry)144

Changes to Sole Subsidised Supply

Effective 1 August 2008

For the list of new Sole Subsidised Supply products effective 1 August 2008 refer to the bold entries in the cumulative Sole Subsidised Supply table pages 8-13.

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Delisted Items

Effective 1 August 2008

| | | | | |
|-----|---|--------|----------|------------|
| 52 | PRAZOSIN HYDROCHLORIDE | | | |
| | * Tab 1 mg | 2.99 | 100 | ✓ Hyprosin |
| | * Tab 2 mg | 4.00 | 100 | ✓ Hyprosin |
| | * Tab 5 mg | 6.50 | 100 | ✓ Hyprosin |
| 177 | GLUTEN FREE PASTA – Special Authority see SA0722– Hospital pharmacy [HP3] | | | |
| | Rice and Maize Spaghetti | 2.00 | 250 g OP | |
| | | (2.63) | | Orgran |

Effective 1 July 2008

| | | | | |
|-----|--|---------|------------|-----------------------|
| 28 | INSULIN ISOPHANE | | | |
| | ▲ Inj animal (pork) 100 u per ml | 25.26 | 10 ml OP | ✓ Protaphane |
| 31 | GLUCOSE BLOOD DIAGNOSTIC TEST METER – Subsidy by endorsement | | | |
| | a) Maximum of 1 meter per prescription | | | |
| | b) A diagnostic blood glucose test meter is subsidised for patients who begin insulin or sulphonylurea therapy after 1 March 2005. Only one meter per patient. No further prescriptions will be subsidised. The prescription must be endorsed accordingly. | | | |
| | Meter | 19.00 | 1 | ✓ Accu-Chek Advantage |
| 31 | GLUCOSE DEHYDROGENASE | | | |
| | The number of test strips available on a prescription is restricted to 50 unless: | | | |
| | 1) Prescribed with insulin or a sulphonylurea but are on a different prescription and the prescription is endorsed accordingly; or | | | |
| | 2) Prescribed on the same prescription as insulin or a sulphonylurea in which case the prescription is deemed to be endorsed; or | | | |
| | 3) Prescribed for a pregnant woman with diabetes and endorsed accordingly. | | | |
| | Blood/glucose test strips | 22.00 | 50 test OP | ✓ Accu-Chek Advantage |
| 33 | MUCILAGINOUS LAXATIVES WITH STIMULANTS | | | |
| | * Dry | 4.40 | 250 g OP | |
| | | (12.00) | | Granocol |
| 67 | METHOXSALEN – Retail pharmacy-Specialist | | | |
| | Cap 10 mg | 11.66 | 25 | ✓ Oxoralen |
| 91 | VALACICLOVIR | | | |
| | Tab 500 mg | 163.80 | 30 | ✓ Valtrex |
| 95 | NELFINAVIR – Special Authority see SA0779 – Hospital pharmacy [HP1] | | | |
| | Tab 250 mg | 600.00 | 270 | ✓ Viracept |
| | Powder 50 mg per g | 55.44 | 144 g OP | ✓ Viracept |
| 105 | MORPHINE SULPHATE | | | |
| | a) Only on a controlled drug form | | | |
| | b) No patient co-payment payable | | | |
| | Suppos 10 mg..... | 11.08 | 12 | ✓ Martindale S29 |
| | Suppos 20 mg..... | 20.31 | 12 | ✓ Martindale S29 |

▲ 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 July 2008 (continued)

| | | | | |
|-----|--|-------|-------------|-----------------------|
| 117 | TRIFLUOPERAZINE HYDROCHLORIDE ‡ Oral liq 1 mg per ml | 74.80 | 1,000 ml | ✓ Stelazine |
| 147 | BUDESONIDE WITH EFORMOTEROL – Special Authority see SA0838– Retail pharmacy Aerosol inhaler 100 µg with eformoterol fumarate 6 µg | 55.00 | 120 dose OP | ✓ Symbicort Rapihaler |
| | Aerosol inhaler 200 µg with eformoterol fumarate 6 µg | 60.00 | 120 dose OP | ✓ Symbicort Rapihaler |
| 147 | TERBUTALINE SULPHATE Inj 500 µg per ml, 1 ml | 10.21 | 5 | ✓ Bricanyl |

Effective 1 June 2008

| | | | | |
|-----|--|-----------------|---------|-------------|
| 27 | PANTOPRAZOLE * Tab 20 mg | 2.24 (22.00) | 28 | Somac |
| | * Tab 40 mg | 3.36 (28.00) | 28 | Somac |
| 62 | ECONAZOLE NITRATE Crm 1% | 1.00 (1.30) | 15 g OP | Ecreme |
| 87 | CLARITHROMYCIN – Maximum of 500 mg per prescription; can be waived by Special Authority see SA0657 Tab 250 mg | 7.75 | 14 | ✓ Clarac |
| 87 | ERYTHROMYCIN LACTOBIONATE Inj 1 g | 6.50 | 1 | ✓ ERA |
| 131 | MITOZANTRONE – PCT only – Specialist Inj 2 mg per ml, 10ml | 330.00 | 1 | ✓ Onkotrone |

Effective 1 May 2008

| | | | | |
|----|---|--------|-----------|---------------|
| 47 | WATER 1) On a prescription or Practitioner's Supply Order only when on the same form as an injection listed in the Pharmaceutical Schedule requiring a solvent or diluent; or 2) On a bulk supply order; or 3) When used in the extemporaneous compounding of eye drops. Purified for inj 5 ml – Available on a PSO | 9.31 | 50 | ✓ AstraZeneca |
| | Purified for inj 10 ml – Available on a PSO | 10.38 | 50 | ✓ AstraZeneca |
| 95 | RITONAVIR – Special Authority see SA0779 – Hospital pharmacy [HP1] Oral liq 80 mg per ml | 277.28 | 240 ml OP | ✓ Norvir |
| | Note: The 90 ml OP of Norvir will continue to be listed fully subsidised. | | | |
| 99 | NAPROXEN SODIUM * Tab 275 mg | 5.00 | 100 | ✓ Synflex |

| 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 2008 (continued)

| | | | | |
|-----|--|--------------------|----------|-----------|
| 119 | ALPRAZOLAM – Retail pharmacy-Specialist Month Restriction | | | |
| | Tab 250 µg | 4.77 (8.11) | 100 | Xanax |
| | ‡ Safety cap for extemporaneously compounded oral liquid preparations. Tab 500 µg | 8.60 (16.26) | 100 | Xanax |
| | ‡ Safety cap for extemporaneously compounded oral liquid preparations. Tab 1 mg | 15.70 (32.51) | 100 | Xanax |
| | ‡ Safety cap for extemporaneously compounded oral liquid preparations. | | | |
| 152 | SULPHACETAMIDE SODIUM * Eye drops 10% | 3.60 | 15 ml OP | ✓ Acetopt |
| 161 | ACETYLCYSTEINE – Hospital pharmacy [HP1]-Specialist Inj 200 mg per ml, 10 ml | 137.06 (242.50) | 10 | Parvolex |

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Items to be Delisted

Effective 1 September 2008

| | | | | | |
|-----|---|------------------|------|--|----------------|
| 103 | ASPIRIN * Tab dispersible 300 mg – Up to 30 tab available on a PSO | 21.50 (22.50) | 1000 | | Ethics Aspirin |
|-----|---|------------------|------|--|----------------|

Effective 1 October 2008

| | | | | | |
|-----|---|--------|---|--------|--|
| 131 | PACLITAXEL – PCT only – Specialist Inj 30 mg | 90.00 | 1 | ✓Taxol | |
| | Inj 100 mg | 299.70 | 1 | ✓Taxol | |

Effective 1 November 2008

| | | | | | |
|----|--|-------------------|--------|-----------|----------|
| 43 | APROTININ Inj 10,000 µg per ml 50 ml | 63.60 (73.40) | 1 1 | | Trasylol |
| 58 | VERAPAMIL HYDROCHLORIDE * Tab 80 mg | 6.00 | 100 | ✓Verpamil | |
| 86 | CEFUROXIME SODIUM Inj 750 mg – Maximum of 1 inj per prescription; can be waived by endorsement | 21.42 (56.47) | 10 | | Mayne |
| | Inj 1.5 g- Hospital pharmacy [HP3] – Specialist- Subsidy by endorsement | 40.40 (123.55) | 10 | | Mayne |
| 95 | RITONAVIR – Special Authority see SA0779 on page 93 – Hospital pharmacy [HP1] Cap 100 mg | 242.55 | 168 | ✓Norvir | |

Note – the 84 pack size will continue to be listed fully subsidised

Effective 1 December 2008

| | | | | | |
|----|---|--------|-----|-----------------|--|
| 30 | TOLBUTAMIDE * Tab 500 mg | 12.00 | 100 | ✓Diatol | |
| 73 | LEVONORGESTREL * Tab 750 µg | 8.50 | 2 | ✓Postinor-2 | |
| | a) Maximum of 4 tab per prescription b Up to 10 tab available on a PSO | | | | |
| 78 | CYPROTERONE ACETATE – Hospital pharmacy [HP3] – Specialist Inj 100 mg per ml, 3 ml | 196.82 | 3 | ✓Androcur Depot | |
| 79 | OESTRADIOL VALERATE * Tab 1 mg | 4.12 | 28 | ✓Progynova | |

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Items to be Delisted - effective 1 December 2008 (continued)

| | | | | |
|-----|--|-----------------|-------------|-----------------------|
| 102 | ORPHENADRINE CITRATE Inj 30 mg per ml, 2 ml | 9.60 (20.50) | 3 | Norflex |
| 114 | PROCHLORPERAZINE * Suppos 5 mg..... | 9.52 (18.13) | 5 | Stemetil |
| 168 | DIABETIC ENTERAL FEED 1KCAL/ML – Special Authority see SA0594 – Hospital Pharmacy [HP3] Liquid..... | 7.50 | 1,000 ml OP | ✓ Glucerna RTH |
| 168 | ORAL FEED 1KCAL / ML Liquid (vanilla)..... Note : Glucerna RTH and Glucerna replaced by Glucerna Select RTH and Glucerna See New Listings | 1.88 | 250 ml OP | ✓ Glucerna |

Effective 1 January 2009

| | | | | |
|-----|---|------------------|-----------|--|
| 63 | DIFLUCORTOLONE VALERATE Oint 0.1% | 8.97 (15.23) | 50 g OP | Nerisone |
| 68 | SALICYLIC ACID Powder – Only in combination | 15.00 (55.63) | 500 g | David Craig |
| 99 | TENOXCAM * Suppos 20 mg | 5.30 | 10 | ✓ Tilcotil |
| 173 | ENTERAL FEED WITH FIBRE 1.5KCAL/ML – Special Authority see SA0702 – Hospital pharmacy [HP3] Liquid..... | 3.50 | 500 ml OP | ✓ Nutrison Energy Multi Fibre |
| 177 | GLUTEN FREE PASTA – Special Authority see SA0722– Hospital pharmacy [HP3] Garlic and Parsley Spirals | 2.00 (2.63) | 250 g OP | Orgran |
| 179 | AMINOACID FORMULA WITH MINERALS WITHOUT PHENYLALANINE – Special Authority see SA0733 – Hospital pharmacy [HP3] Powder | 45.06 | 250 g OP | ✓ Aminogran Mineral Mix |

Effective 1 February 2009

| | | | | |
|----|--|------|-----|------------------|
| 52 | PRAZOSIN HYDROCHLORIDE * Tab 0.5 mg | 9.50 | 100 | ✓ Hyposin |
|----|--|------|-----|------------------|

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Items to be Delisted - effective 1 February 2009 (continued)

| | | | | | |
|-----|---|--------|----------|----------------------|--|
| 86 | PYRANTEL EMBONATE | | | | |
| | Tab 125 mg | 5.31 | 18 | | |
| | | (7.00) | | Combantrin | |
| | Tab 250 mg | 3.76 | 6 | | |
| | | (4.95) | | Combantrin | |
| 90 | METRONIDAZOLE | | | | |
| | Suppos 1 g | 33.31 | 10 | ✓ Flagyl | |
| 107 | NORTRIPTYLINE HYDROCHLORIDE | | | | |
| | Tab 25 mg | 34.90 | 500 | ✓ Norpress | |
| 128 | METHOTREXATE | | | | |
| | Inj 100 mg per ml, 5 ml – PCT – Hospital pharmacy [HP1] | | | | |
| | – specialist..... | 18.00 | 1 | ✓ Methotrexate Ebewe | |
| 145 | KETOTIFEN | | | | |
| | * Oral liq 1 mg per 5 ml..... | 4.90 | 200 ml | | |
| | | (5.90) | | Asmafen | |
| 167 | ORAL SUPPLEMENT 1KCAL/ML – Special Authority see SA0583 – Hospital Pharmacy [HP3] | | | | |
| | Powder (vanilla) | 11.50 | 900 g OP | ✓ Fortisip Powder | |

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

Section H changes to Part II

Effective 1 August 2008

ADALIMUMAB (new listing)

Inj 40 mg per 0.8 ml
 prefilled penHumiraPen 1,799.92 2

CEFOTAXIME (new listing)

Inj 500 mg.....**Cefotaxime Sandoz** 1.69 1 1% Oct-08 AFT
 Inj 1 g.....**Cefotaxime Sandoz** 1.90 1 1% Oct-08 AFT
 Inj 2 g.....**Cefotaxime Sandoz** 2.60 1 1% Oct-08 AFT

Note - AFT brand of cefotaxime inj, 1 g & 2 g will be delisted 1 October 2008.

GLYCERYL TRINITRATE

Tab 600 µgLycinate 8.00 100 ~~1%~~ ~~Sept-08~~ (B)

IVERMECTIN (new listing)

Tab 3 mg.....**Stromectol** 25.96 4 1% Oct-08 (B)

KETOCONAZOLE (new listing)

Shampoo 2 %.....**Sebizole** 3.48 100 ml 1% Oct-08 Ketopine
 Nizoral

METHOTREXATE

Inj 100 mg per ml, 5 ml~~Methotrexate 18.00 1~~

METRONIDAZOLE

Suppes 1 g.....~~Flagyl 33.31 10~~

PACLITAXEL (new listing)

Inj 30 mg**Paclitaxel Ebewe** 37.95 1 1% Oct-08 Anzatax
 Taxol
 Inj 100 mg.....**Paclitaxel Ebewe**125.35 1 1% Oct-08 Anzatax
 Taxol
 Inj 600 mg.....**Paclitaxel Ebewe**724.50 1 1% Oct-08 (B)

PACLITAXEL (↓ price and addition of HSS)

Inj 150 mg.....**Paclitaxel Ebewe**188.03 1 1% Oct-08 Anzatax
 Taxol
 Inj 300 mg.....**Paclitaxel Ebewe**376.05 1 1% Oct-08 Anzatax
 Taxol

Note - The Taxol brand of paclitaxel inj 150 mg & 300 mg will be delisted from 1 October 2008.

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