

Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 November 2008

Cumulative for September, October and November 2008

Section H cumulative for August, September, October and
November 2008



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Summary of PHARMAC decisions

EFFECTIVE 1 NOVEMBER 2008

New listings (pages 18 to 24)

- Bicalutamide (Bicalox) tab 50 mg – Special Authority – Retail pharmacy
 - Citalopram hydrobromide (Arrow-Citalopram) tab 20 mg - 84 tablet pack size
 - Insulin lispro with insulin lispro protamine inj lispro 25% with insulin lispro protamine 75% (Humalog Mix 25), 100 u per ml, 3 ml and inj lispro 50% with insulin lispro protamine 50% (Humalog Mix 50), 100 u per ml, 3 ml
 - Doxazosin mesylate (Apo-Doxazosin) tab 2 mg – new pack size, 500 tabs
 - Aqueous cream (AFT) crm
 - Clotrimazole (Clomazol) vaginal crm 2% with applicators
 - Oestradiol valerate (Progynova) tab 2 mg – new pack size, 56 tabs
 - Thyroxine (Goldshield) tab 50 µg and 100 µg
 - Amoxicillin (Ospamox) drops 100 mg per 1 ml, 30 ml OP
 - Amoxicillin (Ibiamox) inj 250 mg, 500 mg, 1 g – 10 injection pack size
 - Ciprofloxacin (Rex Medical) tab 250 mg, 500 mg and 750 mg
 - Citalopram hydrobromide (Arrow-Citalopram) tab 20 mg – new pack, size 84 tab
 - Carboplatin (Biomed) inj 1 mg for ECP – PCT only – Specialist
 - Carmustine (Biomed) inj 100 mg for ECP, 100 mg OP – PCT only – Specialist
 - Cyclophosphamide (Biomed) inj 1 mg for ECP – PCT only – Specialist
 - Cisplatin (Biomed) inj 1 mg for ECP – PCT only – Specialist
 - Ifosfamide (Biomed) inj 1 mg for ECP – PCT only – Specialist
 - Oxaliplatin (Biomed) inj 1 mg for ECP – PCT only – Specialist – Special Authority
 - Calcium folinate (Biomed) inj 1 mg for ECP – PCT only – Specialist
 - Cladribine (Biomed) inj 10 mg for ECP, 10 mg OP – PCT only – Specialist
 - Cytarabine (Biomed) inj 1 mg for ECP, and inj 100 mg intrathecal syringe for ECP, 100 mg OP – PCT only – Specialist
 - Fludarabine phosphate (Biomed) inj 50 mg for ECP, 50 mg OP – PCT only – Specialist
 - Fluorouracil sodium (Biomed) inj 1 mg for ECP – PCT only – Specialist
 - Gemcitabine hydrochloride (Biomed) inj 1 mg for ECP – PCT only – Specialist – Special Authority
 - Irinotecan (Biomed) inj 1 mg for ECP – PCT only – Specialist – Special Authority
 - Methotrexate (Biomed) inj 1 mg for ECP, and inj 5 mg intrathecal syringe for ECP, 5 mg OP – PCT only – Specialist
-

Summary of PHARMAC decisions – effective 1 November 2008 (continued)

- Bleomycin sulphate (Biomed) inj 1,000 iu for ECP – PCT only – Specialist
- Colaspase (L-asparaginase) (Biomed) inj 10,000 iu for ECP, 10,000 iu OP – PCT only – Specialist
- Dacarbazine (Biomed) inj 200 mg for ECP, 200 mg OP – PCT only – Specialist
- Dactinomycin (actinomycin D) (Biomed) inj 0.5 mg for ECP, 0.5 mg OP – PCT only – Specialist
- Daunorubicin (Biomed) inj 20 mg for ECP, 20 mg OP – PCT only – Specialist
- Docetaxel (Biomed) inj 1 mg for ECP – PCT only – Specialist – Special Authority
- Doxorubicin (Biomed) inj 1 mg for ECP – PCT only – Specialist
- Epirubicin (Biomed) inj 1 mg for ECP – PCT only – Specialist
- Etoposide (Biomed) inj 1 mg for ECP – PCT only – Specialist
- Etoposide phosphate (Biomed) inj 1 mg (of etoposide base) for ECP – PCT only – Specialist
- Idarubicin hydrochloride (Biomed) inj 1 mg for ECP – PCT only – Specialist
- Mesna (Biomed) inj 1 mg for ECP – PCT only – Specialist
- Mitomycin C (Biomed) inj 1 mg for ECP – PCT only – Specialist
- Mitozantrone (Biomed) inj 1 mg for ECP – PCT only – Specialist
- Paclitaxel (Biomed) inj 1 mg for ECP – PCT only – Specialist
- Teniposide (Biomed) inj 50 mg for ECP, 50 mg OP – PCT only – Specialist
- Vinblastine sulphate (Biomed) inj 1 mg for ECP – PCT only – Specialist
- Vincristine sulphate (Biomed) inj 1 mg for ECP – PCT only – Specialist
- Vinorelbine (Biomed) inj 1 mg for ECP – PCT only – Specialist
- Octreotide (somatostatin analogue) (Hospira) inj 50 µg per ml, 1 ml, 100 µg per ml, 1 ml and 500 µg per ml, 1 ml – Special Authority – Hospital pharmacy [HP3]
- Rituximab (Biomed) inj 1 mg for ECP – PCT only – Specialist – Special Authority
- Trastuzumab (Biomed) inj 1 mg for ECP – PCT only – Specialist – Special Authority
- Spacer device (Space Chamber) 230 ml (single patient) – Only on a WSO, maximum of 20 dev per WSO

Changes to restrictions (pages 25 to 35)

- Folic acid (Biomed) oral liq 50 µg per ml – removal of Retail pharmacy-Specialist
 - Dipyridamole tab 25 mg (Persantin) and tab long-acting 150 mg (Pytazen SR) – amended Special Authority applicant type to Any Relevant Practitioner
-

Summary of PHARMAC decisions – effective 1 November 2008 (continued)

- Heparin sodium (Mayne) inj 25,000 iu per ml, 0.2 ml – removal of Retail pharmacy-Specialist
- Calcium polystyrene sulphonate (Calcium Resonium) powder – removal of Retail pharmacy-Specialist
- 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 and addition of Note for phosphate supplementation
- Acipimox (Olbetam) cap 250 mg – removal of Retail pharmacy-Specialist
- Sodium polystyrene sulphonate (Resonium-A) powder – removal of Retail pharmacy-Specialist
- Pravastatin (Pravachol) tab 10 mg, 20 mg and 40 mg – amended Special Authority applicant type to Any Relevant Practitioner
- Candesartan (Atacand) tab 4 mg, 8 mg, 16 mg and 32 mg – amended Special Authority applicant type to Any Relevant Practitioner
- Midodrine (Gutron) tab 2.5 mg and 5 mg – amended Special Authority applicant type to any relevant practitioner
- Amiloride (Biomed) oral liq 1 mg per ml – removal of Retail pharmacy-Specialist
- Frusemide tab 500 mg (Diurin 500) and infusion 10 mg per ml, 25 ml (Lasix) – removal of Retail pharmacy-Specialist
- Chlorothiazide (Biomed) oral liq 50 mg per ml – removal of Retail pharmacy-Specialist
- Spironolactone (Biomed) oral liq 5 mg per ml – removal of Retail pharmacy-Specialist
- Leflunomide (AFT-Leflunomide and Arava) tab 10 mg, 20 mg and 100 mg – amended Special Authority applicant type to any relevant practitioner
- Fentanyl (Durogesic) transdermal patch, matrix 25 μ g per hour, 50 μ g per hour, 75 μ g per hour and 100 μ g per hour – amended Special Authority applicant type to any relevant practitioner
- Gabapentin (Neurontin and Nupentin) tab 600 mg and cap 100 mg, 300 mg and 400 mg – Special Authority criteria for neuropathic pain
- Vigabatrin (Sabril) tab 500 mg – amended Special Authority criteria to include use as a treatment for infantile spasms
- Betahistine dihydrochloride (Vergo 16) tab 16 mg – removal of Retail pharmacy-Specialist
- Domperidone (Motilium) tab 10 mg – amended Special Authority applicant type to any relevant practitioner

Summary of PHARMAC decisions – effective 1 November 2008 (continued)

- Hyoscine (scopolamine) (Scopoderm TTS) patches, 1.5 mg – amended Special Authority applicant type to any relevant practitioner
- Pergolide (Permax) tab 0.25 mg and 1 mg – removal of Retail pharmacy-Specialist
- Clozapine (Clopine and Clozaril) tab 25 mg, 50 mg, 100 mg and 200 mg – removal of Specialist prescription
- Spacer device (Space Chamber) 230 mg (autoclavable) – addition of Subsidy by endorsement

Decreased subsidy (pages 36 to 40)

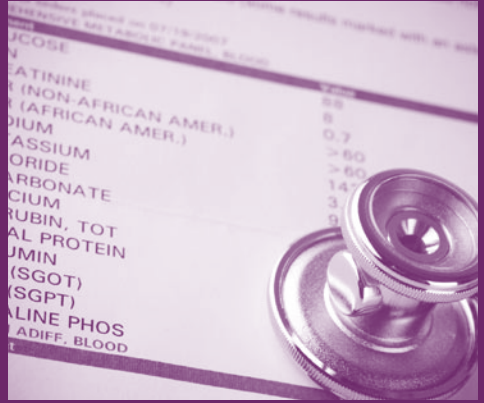
- Quinapril (Accupril) tab 5 mg, 10 mg and 20 mg
- Prednisone (Apo-Prednisone) tab 20 mg
- Zopiclone (Apo-Zopiclone) tab 7.5 mg
- Fludarabine phosphate (Baxter) inj 50 mg for ECP, 50 mg OP
- Methotrexate (Baxter) inj 1 mg for ECP
- Promethazine hydrochloride (Allersoothe) tab 10 mg and 25 mg
- Phenyl free pasta (Loprofin) animal shapes 500 g OP, penne 500 g OP and lasagna 250 g OP

Increased subsidy (pages 36 to 40)

- Heparin sodium (Multiparin) inj 5,000 iu per ml, 5 ml
- Heparin sodium (Mayne) inj 25,000 iu per ml, 0.2 ml

Levothyroxine: additional brand listed

An additional brand of levothyroxine will be listed in the Pharmaceutical Schedule from 1 November 2008. The Goldshield levothyroxine will be available fully subsidised as from 1 November, however stock of the drug will not be available until the first or second week of November.



Morphine sulphate suppositories 30 mg discontinued

The supplier of morphine suppositories, which have been imported under Section 29 of the Medicines Act, has notified PHARMAC that it is no longer willing to continue to supply this medicine due to low usage. Therefore, morphine suppositories 30 mg will be delisted from the Pharmaceutical Schedule from 1 May 2009.

The Analgesic Subcommittee of PTAC has previously been consulted on alternative treatments, given that long-term supply of this low-volume item was uncertain. The Subcommittee considered that subcutaneous opioids (eg, morphine and oxycodone injection) and morphine sulphate long-acting tablets used rectally could be used as an alternative.

Bicalutamide

From 1 November 2008 bicalutamide (Bicalox) 50 mg tablets will be funded under Special Authority criteria. The listing

of bicalutamide provides further treatment options for patients with advanced prostate cancer.



Changes to various nervous system restrictions, clozapine

From 1 November 2008 the prescriber-specific restrictions applying to pergolide (Retail Pharmacy – Specialist), betahistine dihydrochloride (Retail Pharmacy – Specialist) and clozapine (Specialist prescription) have been removed.

Special Authority restrictions for domperidone, hyoscine (scopolamine) patches and fentanyl transdermal patches have been amended to replace all prescriber-specific restrictions with “relevant practitioner” from 1 November 2008.

Please note that with respect to clozapine, pursuant to Section 23 of the Medicines Act the following conditions will still apply to the subsidy for clozapine:

1. The medicine may only be prescribed by:
 - Registered medical practitioners as defined in the Health Practitioners Competence Assurance Act (HPCA) 2003 who are certified by the Medical Council of New Zealand as competent in the practice of psychiatry, and
 2. Persons prescribing the medicine must comply with appropriate local treatment guidelines.
 3. The medicine must be dispensed in accordance with appropriate local dispensing guidelines.
- Medical practitioners employed as registrars in the branch of psychiatry who are under the supervision of persons of the kind referred to above.
 - Medical officers of special scale who
 - work solely in the field of psychiatry
 - are in the employment of a District Health Board; and
 - are under the supervision of persons who are registered medical practitioners as defined in the HPCA 2003 who are certified by the Medical Council of New Zealand as competent in the scope of practice of psychiatry.

Levetiracetam (Keppra) Special Access Application Forms

The Keppra brand of the antiepilepsy agent levetiracetam has been available subsidised ‘cost brand source’ via the Levetiracetam Special Access (LSA) programme since 1 August 2008. Applications are made on approved LSA forms which can be accessed via PHARMAC’s website www.pharmac.govt.nz under Special Authority forms.



Vigabatrin access widened

From 1 November 2008 the Special Authority restrictions applying to the antiepilepsy treatment vigabatrin have been amended to include the first-line treatment of infantile spasms.

News in brief

- The Special Authority has been removed from leflunomide tablets from 1 November 2008.
- The Retail pharmacy – Specialist – restriction has been removed from a number of Cardiovascular and Blood and Blood Forming Products.
- The prescriber-specific restrictions for some Cardiovascular and Blood and Blood Forming Products have been amended with “relevant practitioner” from 1 November 2008. See pages 25 to 30 for full details

New Insulin for patients with diabetes

PHARMAC is to begin funding a new insulin for patients with diabetes. From 1 November, insulin lispro with insulin lispro protamine suspension (Humalog Mix 25 and Humalog Mix 50) will be fully funded with no restrictions. Humalog Mix 25 and Humalog Mix 50 will be

listed in the “Insulin - Intermediate-acting Preparations” therapeutic subgroup of the Pharmaceutical Schedule. In addition, the subgroup name for “Insulin - Rapid-acting insulin analogues will be renamed to “Insulin - Rapid-acting preparations”.

Tender News

Sole Subsidised Supply changes – effective 1 December 2008

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Calcium	Tab eff 1 g; 30 tab	Calcium-Sandoz 1000 (Novartis Consumer) Calsource (Novartis Consumer)
Fludarabine phosphate	Tab 10 mg; 5 inj	Fludara (Bayer)
Fludarabine phosphate	Tab 10 mg; 15 tab	Fludara (Bayer)
Iron polymaltose	Inj 50 mg per ml, 2 ml; 5 inj	Ferrum H (Aspen)
Methotrexate	Inj 100 mg per ml, 10 ml; 1 inj	Methotrexate Ebewe (InterPharma)
Methotrexate	Inj 100 mg per ml, 50 ml; 1 inj	Methotrexate Ebewe (InterPharma)
Paracetamol	Oral liq 120 mg per 5 ml; 1000 ml	Paracare Junior (API)
Paracetamol	Oral liq 250 mg per 5 ml; 1000 ml	Paracare Double Strength (API)
Zinc and castor oil	Ointment BP; 500 g	PSM (API)

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 December 2008

- Acitretin cap 10 mg and 25 mg – removal of Specialist prescription (specialist must be a dermatologist)
- Adrenaline (Aspen Adrenaline) inj 1 in 1,000, 1 ml – new listing and available on a PSO
- Amisulpride (Solian) tab 100 mg, 200 mg and 400 mg, and oral liquid 100 mg per ml – new listing
- Antibiotic oral liquid where diluent must be added – addition of OP and removal of wastage rule
- Clonazepam (Rivotril) inj 1 mg per ml, 1 ml – price and subsidy increase
- Diltiazem hydrochloride (Dilzem) immediate release tab 30 mg - price and subsidy increase
- Diltiazem hydrochloride (Cardizem) long-acting tab 120 mg, 180 mg and 240 mg - price and subsidy reduction
- Erythropoietin beta (Recormon) pre-filled syringe – price and subsidy reductions between 20% and 48% depending upon the strength
- Fluorouracil sodium (Efudix) crm 5% - increased subsidy and decreased price (full subsidy), and removal of Retail pharmacy-Specialist restriction
- Isotretinoin cap 10 mg and 20 mg – removal of Specialist prescription (specialist must be a dermatologist) and addition of Special Authority
- Paracetamol (Pharmacare Paracetamol) tab 500 mg – new tender listing
- Prochlorperazine (Stemetil) inj 12.5 mg per ml, 1 ml and suppos 25 mg – increased subsidy

Sole Subsidised Supply Products – cumulative to November 2008

Generic Name	Presentation	Brand Name	Expiry Date*
Aciclovir	Tab dispersible 200 mg Tab dispersible 400 mg	Lovir Lovir	2009
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
Amantadine hydrochloride	Cap 100 mg	Symmetrel	2011
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 dispersible 300 mg Tab 100 mg	Ethics Aspirin 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
Brimonidine tartrate	Eye drops 0.2%	AFT	2011
Bupivacaine hydrochloride	Inj 0.5%, 4 ml Inj 0.5%, 8% glucose, 4 ml	Marcaïn Isobaric Marcaïn Heavy	2010
Calamine	Lotion BP Crm, aqueous, BP	ABM ABM	2009
Calcitriol	Cap 0.25 µg & 0.5 µg	Calcitriol-AFT	2009
Calcium folinate	Inj 50 mg	Calcium Folate Ebewe	2011
Captopril	Tab 12.5 mg, 25 mg & 50 mg	Apo-Captopril	2010
Cefaclor monohydrate	Cap 250 mg Grans for oral liq 125 mg per 5 ml	Ranbaxy Cefaclor Ranbaxy Cefaclor	2010
Cefuroxime sodium	Inj 750 mg & 1.5 g	Zinacef	2011
Cetomacrogol	Crm BP	PSM	2010
Chloramphenicol	Eye drops 0.5% Eye oint 1%	Chlorsig Chlorsig	2009
Chlorhexidine gluconate	Soln 4% Handrub 1% with ethanol 70% Mouthwash 0.2%	Orion Orion Orion	2011 2009
Chlorthalidone	Tab 25 mg	Hygroton	2009

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

Sole Subsidised Supply Products – cumulative to November 2008

Generic Name	Presentation	Brand Name	Expiry Date*
Clarithromycin	Tab 250 mg Grans for oral liq 125 mg per 5 ml	Klamycin Klacid	2010
Clobetasol propionate	Crn 0.05%	Dermol	2009
Clotrimazole	Crn 1% Vaginal crn 1% with applicator(s)	Clomazol Clomazol	2011 2010
Codeine phosphate	Tab 15 mg, 30 mg & 60 mg	PSM	2010
Colchicine	Tab 500 µg	Colgout	2010
Colestipol hydrochloride	Sach 5 g	Colestid	2010
Colistin sulphomethate	Inj 150 mg	Colistin-Link	2010
Compound electrolytes	Powder for soln for oral use	Enerlyte	2010
Cyclizine hydrochloride	Tab 50 mg	Nausicalm	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
Desmopressin	Nasal spray 10 mcg per dose	Desmopressin-PH&T	2011
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	Eye drops 1 mg per ml Inj 25 mg per ml, 3 ml Suppos 12.5 mg Suppos 25 mg Suppos 50 mg Suppos 100 mg Tab EC 25 mg & 50 mg Tab long-acting 75 mg & 100 mg	Voltaren Ophtha Voltaren Voltaren Voltaren Voltaren Apo-Diclo Apo-Diclo SR	2011 2009
Didanosine (DDI)	Cap 125 mg, 200 mg, 250 mg & 400 mg	Videx EC	2009
Dipyridamole	Tab long-acting 150 mg	Pytazen SR	2011
Doxazosin mesylate	Tab 2 mg & 4 mg	Apo-Doxazosin	2010
Emulsifying ointment	Oint BP	AFT	2011
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

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Sole Subsidised Supply Products – cumulative to November 2008

Generic Name	Presentation	Brand Name	Expiry Date*
Ethinylloestradiol	Tab 10 µg	New Zealand Medical and Scientific	2009
Ethinylloestradiol with norethisterone	Tab 35 µg with norethisterone 500 µg	Brevinor 21	2010
	Tab 35 µg with norethisterone 1 mg	Brevinor 1/21	
	Tab 35 µg with norethisterone 1 mg and 7 inert tab	Brevinor 1/28	
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	Staphlex	2009
	Grans for oral liq 125 mg per 5 ml	AFT	
	Grans for oral liq 250 mg per 5 ml	AFT	
Fluconazole	Cap 50 mg	Pacific	2011
	Cap 150 mg	Pacific	
	Cap 200 mg	Pacific	
Fluocortolone caproate with fluocortolone pivalate and cinchocaine	Oint 950 µg, with fluocortolone pivalate 920 µg, and cinchocaine hydrochloride 5 mg per g	Ultraproct	2010
	Suppos 630 µg, with fluocortolone pivalate 610 µg, and cinchocaine hydrochloride 1 mg	Ultraproct	
Fluorometholone	Eye drops 0.1%	Flucon	2009
Fluoxetine hydrochloride	Cap 20 mg	Fluox	2010
	Tab disp 20 mg, scored	Fluox	
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
Gliclazide	Tab 80 mg	Apo-Gliclazide	2011
Glipizide	Tab 5 mg	Minidiab	2011
Glyceryl trinitrate	Oral pump spray 400 µg per dose	Nitrolingual pumpspray	2011
	TDDS 5 mg	Nitroderm TTS 5	
	TDDS 10 mg	Nitroderm TTS 10	
Haloperidol	Oral liq 2 mg per ml	Serenace	2010
	Tab 500 µg, 1.5 mg & 5 mg	Serenace	2009
	Inj 5 mg per ml, 1 ml	Serenace	
Heparinised saline	Inj 10 iu per ml, 5 ml	AstraZeneca	2009
Hydrocortisone	Crn 1%	PSM	2011
	Tab 5 mg & 20 mg	Douglas	2009
Hydrocortisone acetate	Rectal foam 10%, CFC-Free	Colifoam	2009
Hydrocortisone butyrate	Scalp lotn 0.1%	Locoid	2010
Hydrocortisone with wool fat and mineral oil	Lotn 1% with wool fat hydrous 3% and mineral oil	DP Lotn HC	2011

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Sole Subsidised Supply Products – cumulative to November 2008

Generic Name	Presentation	Brand Name	Expiry Date*
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% Nebuliser soln, 250 µg per ml, 1 ml Nebuliser soln, 250 µg per ml, 2 ml	Apo-Ipravent Ipratropium Steri-Neb Ipratropium Steri-Neb	2010
Isosorbide mononitrate	Tab long-acting 60 mg	Duride	2009
Isotretinoin	Cap 10 mg Cap 20 mg	Isotane 10 Isotane 20	2009
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 Tab dispersible 50 mg with benserazide 12.5 mg Cap 100 mg with benserazide 25 mg Cap long-acting 100 mg with benserazide 25 mg Cap 200 mg with benserazide 50 mg	Madopar 62.5 Madopar Dispersible Madopar 125 Madopar HBS Madopar 250	2009
Lignocaine hydrochloride	Inj 0.5%, 5 ml Inj 1%, 5 ml Inj 1%, 20 ml	Xylocaine Xylocaine Xylocaine	2010
Lignocaine with prilocaine	Crn 2.5% with prilocaine 2.5%; 30 g OP Crn 2.5% with prilocaine 2.5%; 5 g	EMLA EMLA	2010
Lisinopril	Tab 5 mg, 10 mg & 20 mg	Arrow-Lisinopril	2009
Loperamide hydrochloride	Tab 2 mg	Nodia	2010
Loratadine	Tab 10 mg Oral liq 1 mg per ml	Loraclear Hayfever Relief Lorapaed	2010
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 Powder 1 g	Methatabs AFT	2010 2009

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Sole Subsidised Supply Products – cumulative to November 2008

Generic Name	Presentation	Brand Name	Expiry Date*
Methotrexate	Tab 2.5 mg & 10 mg	Methoblastin	2009
Methylphenidate hydrochloride	Tab long-acting 20 mg Tab 5 mg & 20 mg Tab 10 mg	Rubifen SR Rubifen Rubifen	2009
Methylprednisolone	Tab 4 mg & 100 mg	Medrol	2009
Methylprednisolone aceponate	Crn 0.1% and oint 0.1%	Advantan	2009
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, 1 ml Inj 500 mg & 1 g	Solu-Medrol Solu-Medrol Solu-Medrol	2009
Metoclopramide hydrochloride	Inj 5 mg per ml, 2 ml	Pfizer	2011
Metoprolol tartrate	Tab long-acting 200 mg	Slow-Lopresor	2009
Metyrapone	Cap 250 mg	Metopirone	2009
Miconazole nitrate	Crn 2%	Multichem	2011
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 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	2009
Morphine sulphate	Inj 10 mg per ml, 1 ml Inj 30 mg per ml, 1 ml Inj 5 mg per ml, 1 ml Inj 15 mg per ml, 1 ml Cap long-acting 10 mg, 30 mg, 60 mg, 100 mg & 200 mg Tab immediate release 10 mg & 20 mg	Mayne Mayne Mayne Mayne m-Eslon Sevredol	2011 2009
Morphine tartrate	Inj 80 mg per ml, 1.5 ml & 5 ml	Mayne	2009
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

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

Sole Subsidised Supply Products – cumulative to November 2008

Generic Name	Presentation	Brand Name	Expiry Date*
Nifedipine	Tab long-acting 20 mg	Nyefax Retard	2009
Norethisterone	Tab 5 mg Tab 350 µg	Primolut N Noriday 28	2011 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	
Pamidronate disodium	Inj 3 mg per ml, 5 ml	Pamisol	2011
	Inj 3 mg per ml, 10 ml	Pamisol	
	Inj 6 mg per ml, 10 ml	Pamisol	
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
Pergolide	Tab 0.25 mg	Permax	2011
	Tab 1 mg	Permax	
Perhexiline maleate	Tab 100 mg	Pexsig	2009
Phenoxymethylpenicillin (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
Quinapril	Tab 5 mg; 10 mg & 20 mg	Accupril	2011

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

Sole Subsidised Supply Products – cumulative to November 2008

Generic Name	Presentation	Brand Name	Expiry Date*
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 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	Asthalin	2009
	Nebuliser soln 2 mg per ml, 2.5 ml	Asthalin	
	Oral liq 2 mg per 5 ml	Salapin	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	Salazopyrin	2009
	Tab EC 500 mg	Salazopyrin EN	
Syrup (pharmaceutical grade)	Liq	Midwest	2010
Terbinafine	Tab 250 mg	Apo-Terbinafine	2011
Testosterone cypionate	Inj long-acting 100 mg per ml, 10 ml	Depo-Testosterone	2011
Tetracosactrin	Inj 250 mcg	Synacthen	2011
	Inj 1 mg per ml, 1 ml	Synacthen Depot	
Timolol maleate	Eye drops 0.25%	Apo-Timop	2011
	Eye drops 0.5%	Apo-Timop	
	Tab 10 mg	Apo-Timol	2009
Thiamine hydrochloride	Tab 50 mg	Apo-Thiamine	2009
Triamcinolone acetonide	0.1% in Dental Paste USP	Oracort	2011
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
Ursodeoxycholic acid	Cap 300 mg	Actigall	2011
Vincristine sulphate	Inj 1 mg per ml, 1 ml	Mayne	2009
	Inj 1 mg per ml, 2 ml	Mayne	
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

November 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

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Generic Mnfr
✓ fully subsidised

New Listings

Effective 1 November 2008

29	INSULIN LISPRO WITH INSULIN LISPRO PROTAMINE ▲ Inj lispro 25% with insulin lispro protamine 75%, 100 u per ml, 3 ml 52.15	5	✓ Humalog Mix 25
	▲ Inj lispro 50% with insulin lispro protamine 50%, 100 u per ml, 3 ml 52.15	5	✓ Humalog Mix 50
53	DOXAZOSIN MESYLATE * Tab 2 mg 22.85	500	✓ Apo-Doxazosin
66	AQUEOUS CREAM * Crm..... 2.28	500 g	✓ AFT
76	CLOTRIMAZOLE * Vaginal crm 2% with applicators 2.75	20 g OP	✓ Clomazol
82	OESTRADIOL VALERATE – See prescribing guideline * Tab 2 mg 8.24	56	✓ Progynova
84	THYROXINE * Tab 50 µg 1.71 ‡ Safety cap for extemporaneously compounded oral liquid preparations. * Tab 100 µg 1.78 ‡ Safety cap for extemporaneously compounded oral liquid preparations.	28	✓ Goldshield
		28	✓ Goldshield
91	AMOXYCILLIN Drops 100 mg per 1 ml 4.00 Inj 250 mg 12.42 Inj 500 mg 14.24 Inj 1 g – Up to 5 inj available on a PSO..... 21.62	30 ml OP 10 10 10	✓ Ospamox ✓ Ibiamax ✓ Ibiamax ✓ Ibiamax
92	CIPROFLOXACIN Tab 250 mg – Up to 5 tab available on a PSO 3.35 Tab 500 mg – Up to 5 tab available on a PSO 4.90 Tab 750 mg – Retail pharmacy-Specialist 7.54	30 30 30	✓ Rex Medical ✓ Rex Medical ✓ Rex Medical
110	CITALOPRAM HYDROBROMIDE * Tab 20 mg 3.78	84	✓ Arrow-Citalopram
130	CARBOPLATIN – PCT only – Specialist Inj 1 mg for ECP 0.13	1 mg	✓ Biomed
130	CARMUSTINE – PCT only – Specialist Inj 100 mg for ECP 204.13	100 mg OP	✓ Biomed
130	CYCLOPHOSPHAMIDE Inj 1 mg for ECP – PCT only – Specialist 0.02	1 mg	✓ Biomed
130	CISPLATIN – PCT only – Specialist Inj 1 mg for ECP 0.46	1 mg	✓ Biomed

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
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New Listings - effective 1 November 2008 (continued)

130	IFOSFAMIDE – PCT only – Specialist Inj 1 mg for ECP	0.09	1 mg	✓ Biomed
130	OXALIPLATIN – PCT only – Specialist – Special Authority see SA0900 Inj 1 mg for ECP	8.74	1 mg	✓ Biomed
131	CALCIUM FOLINATE Inj 1 mg for ECP – PCT only – Specialist	0.10	1 mg	✓ Biomed
132	CLADRIBINE – PCT only – Specialist Inj 10 mg for ECP	749.96	10 mg OP	✓ Biomed
132	CYTARABINE Inj 1 mg for ECP – PCT only – Specialist	0.03	1 mg	✓ Biomed
	Inj 100 mg intrathecal syringe for ECP – PCT only – Specialist	16.00	100 mg OP	✓ Biomed
132	FLUDARABINE PHOSPHATE – PCT only – Specialist Inj 50 mg for ECP	299.25	50 mg OP	✓ Biomed
132	FLUOROURACIL SODIUM Inj 1 mg for ECP – PCT only – Specialist	0.01	1 mg	✓ Biomed
132	GEMCITABINE HYDROCHLORIDE – PCT only – Specialist – Special Authority see SA0877 Inj 1 mg for ECP	0.38	1 mg	✓ Biomed
132	IRINOTECAN – PCT only – Specialist – Special Authority see SA0878 Inj 1 mg for ECP	3.19	1 mg	✓ Biomed
133	METHOTREXATE * Inj 1 mg for ECP – PCT only – Specialist	0.10	1 mg	✓ Biomed
	* Inj 5 mg intrathecal syringe for ECP – PCT only – Specialist	4.73	5 mg OP	✓ Biomed
134	BLEOMYCIN SULPHATE – PCT only – Specialist Inj 1,000 iu for ECP	5.26	1,000 iu	✓ Biomed
134	COLASPASE (L-ASPARAGINASE) – PCT only – Specialist Inj 10,000 iu for ECP	102.32	10,000 iu OP	✓ Biomed
134	DACARBAZINE – PCT only – Specialist Inj 200 mg for ECP	43.86	200 mg OP	✓ Biomed
134	DACTINOMYCIN (ACTINOMYCIN D) – PCT only – Specialist Inj 0.5 mg for ECP	13.52	0.5 mg OP	✓ Biomed
134	DAUNORUBICIN – PCT only – Specialist Inj 20 mg for ECP	99.00	20 mg OP	✓ Biomed
134	DOCETAXEL – PCT only – Specialist – Special Authority see SA0880 Inj 1 mg for ECP	23.81	1 mg	✓ Biomed

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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New Listings - effective 1 November 2008 (continued)

135	DOXORUBICIN – PCT only – Specialist Inj 1 mg for ECP	0.87	1 mg	✓ Biomed
135	EPIRUBICIN – PCT only – Specialist Inj 1 mg for ECP	2.74	1 mg	✓ Biomed
135	ETOPOSIDE Inj 1 mg for ECP – PCT only – Specialist	0.30	1 mg	✓ Biomed
135	ETOPOSIDE PHOSPHATE – PCT only – Specialist Inj 1 mg (of etoposide base) for ECP	0.47	1 mg	✓ Biomed
135	IDARUBICIN HYDROCHLORIDE – PCT only – Specialist Inj 1 mg for ECP	37.74	1 mg	✓ Biomed
136	MESNA – PCT only – Specialist Inj 1 mg for ECP	0.02	1 mg	✓ Biomed
136	MITOMYCIN C – PCT only – Specialist Inj 1 mg for ECP	11.85	1 mg	✓ Biomed
136	MITOZANTRONE – PCT only – Specialist Inj 1 mg for ECP	12.43	1 mg	✓ Biomed
136	PACLITAXEL – PCT only – Specialist Inj 1 mg for ECP	1.32	1 mg	✓ Biomed
136	TENIPOSIDE – PCT only – Specialist Inj 50 mg for ECP	84.51	50 mg OP	✓ Biomed
137	VINBLASTINE SULPHATE Inj 1 mg for ECP – PCT only – Specialist	3.05	1 mg	✓ Biomed
137	VINCISTINE SULPHATE Inj 1 mg for ECP – PCT only – Specialist	21.46	1 mg	✓ Biomed
137	VINORELBINE – PCT only – Specialist – Special Authority see SA0901 Inj 1 mg for ECP	4.75	1 mg	✓ Biomed
139	BICALUTAMIDE – Special Authority see SA0941 below Tab 50 mg	27.10	30	✓ Bicalox
<p>▶ SA0941] Special Authority for Subsidy Initial application from any medical practitioner. Approvals valid without further renewal unless notified where the patient has advanced prostate cancer.</p>				
139	OCTREOTIDE (SOMATOSTATIN ANALOGUE) – Special Authority see SA0563 – Hospital pharmacy [HP3] Inj 50 µg per ml, 1 ml	25.65	5	✓ Hospira
	Inj 100 µg per ml, 1 ml	48.50	5	✓ Hospira
	Inj 500 µg per ml, 1 ml	175.00	5	✓ Hospira

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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New Listings - effective 1 November 2008 (continued)

144	RITUXIMAB – PCT only – Specialist – Special Authority see SA0884 See prescribing guideline Inj 1 mg for ECP	6.27	1 mg	✓ Biomed
144	TRASTUZUMAB – PCT only – Specialist – Special Authority see SA0885 See prescribing guideline Inj 1 mg for ECP	9.36	1 mg	✓ Biomed
153	SPACER DEVICE a) Maximum of 20 dev per WSO b) Only on a WSO c) 1) Spacer devices also available to paediatricians employed by a DHB on a wholesale supply order signed by the paediatrician. Limited to one pack of 20 per order. Orders via a hospital pharmacy. 2) Only available for children aged six years and under. 3) For Space Chamber and Foremount Child's Silicone Mask wholesale supply order must indicate clearly if either the spacer device, the mask, or both are required. 4) Distributed by Airflow Products. Forward orders to: Airflow Products Telephone: 04 499 1240 or 0800 AIR FLOW PO Box 1485, Wellington Facsimile: 04 499 1245 or 0800 323 270 230 ml (single patient)	8.38	1	✓ Space Chamber

Effective 1 October 2008

50	SIMVASTATIN - see prescribing guidelines on the preceding page * Tab 80 mg	3.18	30	✓ SimvaRex
77	FINASTERIDE Special Authority see SA0928 – Retail Pharmacy Tab 5 mg	19.20	30	✓ Fintral
	▶ SA0928 Special Authority for Subsidy Initial application from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria: Both: 1 Patient has symptomatic benign prostatic hyperplasia; and 2 Either: 2.1 The patient is intolerant of non-selective alpha blockers or these are contraindicated; or 2.2 Symptoms are not adequately controlled with non-selective alpha blockers Note: patients with enlarged prostates are the appropriate candidates for therapy with finasteride.			
89	CEFAZOLIN SODIUM – Hospital Pharmacy [HP3] – Subsidy by endorsement Only if prescribed for dialysis or cystic fibrosis patients and the prescription is endorsed accordingly. Inj 500 mg	5.00	5	✓ Hospira
	Inj 1 g	8.00	5	✓ Hospira
92	FLUCLOXACILLIN SODIUM Inj 250 mg	9.00	10	✓ Flucloxin
	Inj 500 mg	10.40	10	✓ Flucloxin
	Inj 1 g – Up to 5 inj available on a PSO.....	14.00	10	✓ Flucloxin

▲ 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 October 2008 (continued)

119	CLOZAPINE – Hospital pharmacy [HP4] – Specialist prescription				
	Tab 25 mg	35.20	100	✓ Clopine	
	Tab 50 mg	45.60	100	✓ Clopine	
	Tab 100 mg	91.20	100	✓ Clopine	
	Tab 200 mg	145.92	100	✓ Clopine	
120	RISPERIDONE				
	Tab 0.5 mg	15.60	60	✓ Ridal	
173	PAEDIATRIC ORAL FEED 1KCAL/ML – Special Authority see SA0896 – Hospital Pharmacy [HP3]				
	Liquid (strawberry)	1.07	200 ml OP	✓ Pediasure	
	Liquid (chocolate)	1.07	200 ml OP	✓ Pediasure	
176	ADULT PRODUCTS STANDARD				
	ENTERAL FEED 1KCAL/ML – Special Authority see SA0702 – Hospital pharmacy [HP3]				
	Liquid	1.24	250 ml OP	✓ IsoSource HN – Unflavoured	
		5.29	1000 ml OP	✓ IsoSource HN – Unflavoured	
177	ENTERAL FEED WITH FIBRE 1KCAL/ML – Special Authority see SA0702 – Hospital pharmacy [HP3]				
	Liquid	1.24	250 ml OP	✓ Fibersource HN – Unflavoured	
		5.29	1,000 ml OP	✓ Fibersource HN – Unflavoured	
182	PHENYL FREE PASTA – Special Authority see SA0733 – Hospital Pharmacy [HP3]				
	Animal shapes.....	10.65	500 g OP		
		(11.91)			Loprofin
	Lasagne	5.32	250 g OP		
		(5.99)			Loprofin
	Penne.....	10.65	500g OP		
		(11.91)			Loprofin
	Macaroni.....	5.32	250 g OP		
		(5.95)			Loprofin
182	AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA0733 – Hospital Pharmacy [HP3]				
	Liquid (berry)	15.65	62.5 ml OP	✓ Lophlex LQ	
	Liquid (berry)	31.20	125 ml OP	✓ Lophlex LQ	
	Liquid (citrus).....	15.65	62.5 ml OP	✓ Lophlex LQ	
	Liquid (citrus).....	31.20	125 ml OP	✓ Lophlex LQ	
	Liquid (orange).....	15.65	62.5 ml OP	✓ Lophlex LQ	
	Liquid (orange).....	31.20	125 ml OP	✓ Lophlex LQ	

Effective 1 September 2008

29	INSULIN GLARGINE – Special Authority see SA0834 – Retail pharmacy				
	▲ Inj 100 iu per ml, 3 ml disposable pen	94.50	5	✓ Lantus SoloStar	
43	ERYTHROPOIETIN ALPHA – Special Authority SA0922 – Hospital pharmacy [HP3]				
	Inj human recombinant 5,000 iu, pre-filled syringe	243.26	6	✓ Eprex	
	Inj human recombinant 6,000 iu, pre-filled syringe	291.92	6	✓ Eprex	

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**

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New Listings - effective 1 September 2008 (continued)

45	CLOPIDOGREL – Special Authority see SA0867 – Retail pharmacy Tab 75 mg	35.00	28	✓ Apo-Clopidogrel
55	LOSARTAN – Special Authority see SA0911 – Retail pharmacy * Tab 25 mg	21.76	30	✓ Cozaar
56	ATENOLOL * Tab 50 mg	6.50	500	✓ Pacific Atenolol
	* Tab 100 mg	11.30	500	✓ Pacific Atenolol
61	NICOTINE – Only on a Quitcard Lozenge 1 mg	11.08	36	✓ Habitrol
	Lozenge 2 mg	11.08	36	✓ Habitrol
70	IMIQUIMOD – Special Authority see SA0923 – Retail pharmacy Crm 5 %	110.40	12 sachets	✓ Aldara
<p>➔ SA0923 Special Authority for Subsidy Initial application from any relevant practitioner. Approvals valid for 4 months for Applications meeting the following criteria: Either: 1 The patient has external anogenital warts and podophyllotoxin has been tried and failed (or is contraindicated); or 2 The patient has external anogenital warts and podophyllotoxin is unable to be applied accurately to the site; or 3 The patient has confirmed superficial basal cell carcinoma where other standard treatments, including surgical excision, are contraindicated or inappropriate.</p> <p>Note Superficial basal cell carcinoma Surgical excision remains first-line treatment for superficial basal cell carcinoma as it has a higher cure rate than imiquimod and allows histological assessment of tumour clearance. Imiquimod has not been evaluated for the treatment of superficial basal cell carcinoma within 1 cm of the hairline, eyes, nose, mouth or ears. Imiquimod is not indicated for recurrent, invasive, infiltrating, or nodular basal cell carcinoma. External anogenital warts Imiquimod is only indicated for external genital and perianal warts (condyloma acuminata).</p> <p>Renewal from any relevant practitioner. Approvals valid for 4 months for applications meeting the following criteria: Any of the following: 1 Inadequate response to initial treatment for anogenital warts; or 2 New confirmed superficial basal cell carcinoma where other standard treatments, including surgical excision, are contraindicated or inappropriate; or 3 Inadequate response to initial treatment for superficial basal cell carcinoma.</p> <p>Note Confirmation that the lesion is a superficial basal cell carcinoma should be obtained using a biopsy.</p>				
109	AMITRIPTYLINE Tab 10 mg	2.77	50	✓ Amirol

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

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New Listings - effective 1 September 2008 (continued)

128	METHYLPHENIDATE HYDROCHLORIDE EXTENDED-RELEASE – Special Authority SA0924 – Retail Pharmacy Only on a controlled drug form			
	Tab extended-release 18 mg.....	58.96	30	✓ Concerta
	Tab extended-release 27 mg.....	65.44	30	✓ Concerta
	Tab extended-release 36 mg.....	71.93	30	✓ Concerta
	Tab extended-release 54 mg.....	86.24	30	✓ Concerta

► SA0924 Special Authority for Subsidy

Initial application only from a paediatrician, psychiatrist or any other medical practitioner on the recommendation of a relevant specialist.

Approvals valid for 24 months for applications meeting the following criteria:

All of the following:

- 1 ADHD (Attention Deficit and Hyperactivity Disorder); and
- 2 Diagnosed according to DSM-IV or ICD 10 criteria; and
- 3 Either:
 - 3.1 Applicant is a paediatrician or psychiatrist; or
 - 3.2 Both
 - 3.2.1 Applicant is a medical practitioner and confirms that a relevant specialist has been consulted within the last 2 years and has recommended treatment for the patient; and
 - 3.2.2 Provide name of the recommending specialist; and
- 4 Either:
 - 4.1 Patient is taking a currently subsidised formulation of methylphenidate hydrochloride (immediate-release or sustained-release) which has not been effective due to significant administration and/or compliance difficulties; or
 - 4.2 There is significant concern regarding the risk of diversion or abuse of immediate-release methylphenidate hydrochloride.

Renewal only from a paediatrician, psychiatrist or any other medical practitioner on the recommendation of a relevant specialist. Approvals valid for 24 months for applications meeting the following criteria:

Both:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 Either:
 - 2.1 Applicant is a paediatrician or psychiatrist; or
 - 2.2 Both:
 - 2.2.1 Applicant is a medical practitioner and confirms that a relevant specialist has been consulted within the last 2 years and has recommended treatment for the patient; and
 - 2.2.2 Provide name of the recommending specialist

Effective 1 August 2008

75	MEDROXYPROGESTERONE ACETATE * Inj 150 mg per ml, 1ml – Up to 5 inj available on a PSO	8.05	1	✓ Depo-Provera
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Changes to Restrictions

Effective 1 November 2008

44	<p>FOLIC ACID</p> <p>Oral liq 50 µg per ml — Retail pharmacy Specialist 21.05 25 ml OP ✓ Biomed</p> <p>Specialist must be a paediatrician or paediatric cardiologist.</p>
46	<p>DIPYRIDAMOLE</p> <p>* Tab 25 mg — Additional subsidy by Special Authority see SA0930 0648 below — Retail pharmacy 0.16 84 (8.36) Persantin</p> <p>* Tab long-acting 150 mg — Special Authority see SA0929 0649 below — Retail pharmacy 11.52 60 ✓ Pytazen SR</p> <p>▶ SA0930 0648 Special Authority for Manufacturers Price</p> <p>Initial application — (Conditions other than transient ischaemic episodes) from any relevant practitioner only — from a cardiothoracic surgeon, cardiologist or general physician. Approvals valid without further renewal unless notified for applications meeting the following criteria:</p> <p>Either:</p> <ol style="list-style-type: none"> 1 Patients with prosthetic heart valves — as an adjunct to oral anticoagulation for prophylaxis of thromboembolism; or 2 Patients after coronary artery vein bypass graft — as an adjunct to aspirin or as monotherapy for patients who are aspirin intolerant. <p>Note: Aspirin intolerant patients are defined as those with aspirin induced asthma, urticaria, or anaphylaxi, or those with significant aspirin induced bleeding, excluding bruising.</p> <p>Initial application — (Transient ischaemic episodes) from any relevant practitioner only — from a neurologist, neuro surgeon, cardiologist, vascular surgeon or general physician. Approvals valid without further renewal unless notified where the patient continues to have transient ischaemic episodes despite aspirin therapy or has transient ischaemic episodes and is aspirin intolerant.</p> <p>Note: Aspirin intolerant patients are defined as those with aspirin induced asthma, urticaria, or anaphylaxi, or those with significant aspirin induced bleeding, excluding bruising.</p> <p>Renewal — (Existing 2 year approvals) from any relevant practitioner only — from a general practitioner or relevant specialist. Approvals valid without further renewal unless notified where the treatment remains appropriate and the patient is benefiting from treatment.</p> <p>▶ SA0929 0649 Special Authority for Subsidy</p> <p>Initial application — (Conditions other than transient ischaemic episodes) from any relevant practitioner only — from a cardiothoracic surgeon, cardiologist or general physician. Approvals valid without further renewal unless notified for applications meeting the following criteria:</p> <p>Either:</p> <ol style="list-style-type: none"> 1 Patients with prosthetic heart valves — as an adjunct to oral anticoagulation for prophylaxis of thromboembolism; or 2 Patients after coronary artery vein bypass graft — as an adjunct to aspirin or as monotherapy for patients who are aspirin intolerant. <p>Note: Aspirin intolerant patients are defined as those with aspirin induced asthma, urticaria, or anaphylaxi, or those with significant aspirin induced bleeding, excluding bruising.</p> <p>Initial application — (Transient ischaemic episodes) from any relevant practitioner only — from a neurologist, neuro surgeon, cardiologist, vascular surgeon or general physician. Approvals valid without further renewal unless notified where the patient continues to have transient ischaemic episodes despite aspirin therapy or has transient ischaemic episodes and is aspirin intolerant.</p> <p>Note: Aspirin intolerant patients are defined as those with aspirin induced asthma, urticaria, or anaphylaxi, or those with significant aspirin induced bleeding, excluding bruising.</p> <p>Renewal — (Existing 2 year approvals) from any relevant practitioner only — from a general practitioner or relevant specialist. Approvals valid without further renewal unless notified where the treatment remains appropriate and the patient is benefiting from treatment.</p>

▲ 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 November 2008 (continued)

47	HEPARIN SODIUM Inj 25,000 iu per ml, 0.2 ml — Hospital pharmacy [HP3]- Specialist	9.50	5	✓ Mayne
48	CALCIUM POLYSTYRENE SULPHONATE — Retail pharmacy-Specialist Powder	169.85	300 g OP	✓ Calcium Resonium
48	POTASSIUM BICARBONATE — Retail pharmacy-Specialist Tab eff 315 mg with sodium acid phosphate 1.937 g and sodium bicarbonate 350 mg - for phosphate supplementation	75.00	100	✓ Phosphate-Sandoz
49	ACIPIMOX — Retail pharmacy-Specialist * Cap 250 mg	18.75	30	✓ Olbetam
49	SODIUM POLYSTYRENE SULPHONATE — Retail pharmacy-Specialist Powder	89.10	450 g OP	✓ Resonium-A
50	PRAVASTATIN — Special Authority see SA0932 0849 below — Retail pharmacy See prescribing guideline			
	Tab 10 mg	27.46	30	✓ Pravachol
	Tab 20 mg	42.58	30	✓ Pravachol
	Tab 40 mg	65.31	30	✓ Pravachol

► **SA0932 0849** Special Authority for Subsidy

Initial application — (Confirmed HIV/AIDS) **from any relevant practitioner only from a named specialist.**

Approvals valid without further renewal unless notified for applications meeting the following criteria:

All of the following:

- 1 Patient has dyslipidaemia and an absolute 5 year cardiovascular risk of 15% or greater; and
- 2 Confirmed HIV infection; and
- 3 Patient is being treated with an HIV protease inhibitor.

54	CANDESARTAN — Special Authority see SA0933 0862 below — Retail pharmacy			
	* Tab 4 mg — No more than 1.5 tab per day	16.22	30	✓ Atacand
	* Tab 8 mg — No more than 1.5 tab per day	19.30	30	✓ Atacand
	* Tab 16 mg — No more than 1 tab per day	23.54	30	✓ Atacand
	* Tab 32 mg — No more than 1 tab per day	38.50	30	✓ Atacand

► **SA0933 0862** Special Authority for Subsidy

Initial application **from any relevant practitioner 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:

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 November 2008 (continued)

continued...

- 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.

56	MIDODRINE – Special Authority see SA0934 0364 below – Hospital pharmacy [HP3] Tab 2.5 mg 53.00 100 ✓ Gutron Tab 5 mg 79.00 100 ✓ Gutron
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▶ **SA0934 0364** Special Authority for Subsidy

Initial application **from any relevant practitioner only** from a geriatrician, neurologist or general physician.

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

All of the following:

- 1 Disabling orthostatic hypotension not due to drugs; and
- 2 Patient has tried fludrocortisone (unless contra-indicated) with unsatisfactory results; and
- 3 Patient has tried non pharmacological treatments such as support hose, increased salt intake, exercise, and elevation of head and trunk at night.

Notes: Treatment should be started with small doses and titrated upwards as necessary.

Hypertension should be avoided, and the usual target is a standing systolic blood pressure of 90 mm Hg.

Renewal **from any relevant practitioner only** from a geriatrician, neurologist or general physician. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.

59	AMILORIDE ‡ Oral liq 1 mg per ml – Retail pharmacy Specialist 26.20 25 ml OP ✓ Biomed Specialist must be a paediatrician or paediatric cardiologist.
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59	FRUSEMIDE * Tab 500 mg – Retail pharmacy Specialist 12.00 100 ✓ Diurin 500 * Infusion 10 mg per ml, 25 ml – Retail pharmacy Specialist 48.14 5 ✓ Lasix
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60	CHLOROTHIAZIDE ‡ Oral liq 50 mg per ml – Retail pharmacy Specialist 22.60 25 ml OP ✓ Biomed Specialist must be a paediatrician or paediatric cardiologist.
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60	SPIRONOLACTONE ‡ Oral liq 5 mg per ml – Retail pharmacy Specialist 26.80 25 ml OP ✓ Biomed Specialist must be a paediatrician or paediatric cardiologist.
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102	LEFLUNOMIDE – Special Authority see SA0635 – Retail pharmacy Tab 10 mg 55.00 30 ✓ AFT-Leflunomide 79.27 ✓ Arava Tab 20 mg 76.00 30 ✓ AFT-Leflunomide 108.60 ✓ Arava Tab 100 mg 54.44 3 ✓ Arava
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▶ **SA0635** Special Authority for Subsidy

Initial application **only** from a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

- 1 Rheumatoid arthritis; and
- 2 Patient is not a pregnant woman, or a woman of child-bearing age without adequate contraception; and
- 3 Patient has been unable to tolerate or has a contraindication to or has had an inadequate response to sulphasalazine and methotrexate (individually or in combination).

Renewal **only** from a rheumatologist. Approvals valid without further renewal unless notified for applications meeting the following criteria:

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

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Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions - effective 1 November 2008 (continued)

continued...

Both:

- 1— Compliance (prescriber determined) with medication; and
- 2— Improved rheumatoid arthritis symptom control.

Note: Patient should have full blood count and liver function tests regularly monitored.

107 FENTANYL – Special Authority see SA0935 0743 – Retail pharmacy

- a) Only on a controlled drug form
- b) No patient co-payment payable

Transdermal patch, matrix 25 µg per hour	55.23	5	✓ Durogesic
Transdermal patch, matrix 50 µg per hour	100.52	5	✓ Durogesic
Transdermal patch, matrix 75 µg per hour	139.18	5	✓ Durogesic
Transdermal patch, matrix 100 µg per hour	171.22	5	✓ Durogesic

➔ SA0935 0743 Special Authority for Subsidy

Initial application ~~only from a relevant specialist~~ **from any relevant practitioner**. Approvals valid for 3 months for applications meeting the following criteria:

Both:

- 1 Patient is terminally ill and is opioid-responsive; and
- 2 Either:
 - 2.1 is unable to take oral medication; or
 - 2.2 is intolerant to morphine, or morphine is contraindicated.

Renewal ~~only from a relevant specialist or general practitioner~~ **from any relevant practitioner**. Approvals valid for 3 months where the treatment remains appropriate and the patient is benefiting from treatment.

112 GABAPENTIN – Special Authority see SA0936 0873 – Retail pharmacy

▲ Tab 600 mg	79.79	100	✓ Neurontin
▲ Cap 100 mg	13.26	100	✓ Nupentin
	15.67		✓ Neurontin
▲ Cap 300 mg	39.76	100	✓ Nupentin
	47.00		✓ Neurontin
▲ Cap 400 mg	53.01	100	✓ Nupentin
	62.66		✓ Neurontin

➔ SA0936 0873 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, vigabatrin or pregabalin 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

continued...

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions - effective 1 November 2008 (continued)

continued...

August 2007) from any relevant practitioner. Approvals valid for 2 years **for applications meeting the following criteria:**

Either

- 1 The patient has demonstrated a marked improvement in their control of pain (prescriber determined); or
- 2 **The patient has previously demonstrated clinical responsiveness to gabapentin and has now developed neuropathic pain in a new site.**

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 **for applications meeting the following criteria:**

Either

- 1 The patient has demonstrated a marked improvement in their control of pain (prescriber determined); or
- 2 **The patient has previously demonstrated clinical responsiveness to gabapentin and has now developed neuropathic pain in a new site.**

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.

114 VIGABATRIN – Special Authority see **SA0937 0875** – Retail pharmacy
▲ Tab 500 mg 119.30 100 ✓ **Sabril**

► **SA0937 0875** 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 Either:

- 1.1 **The patient has infantile spasms; or**
- 1.2 **Both**

‡1.2.1 The patient has epilepsy; and

‡1.2.2 Either:

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

‡1.2.2.2 Seizures are controlled adequately but the patient has experienced unacceptable side effects from optimal treatment with other antiepilepsy agents; and

32 Either:

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

‡2.2.2 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:**

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

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Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
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Changes to Restrictions - effective 1 November 2008 (continued)

continued...

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 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 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.

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.

116 BETAHISTINE DIHYDROCHLORIDE – ~~Retail pharmacy~~ – ~~Specialist~~
* Tab 16 mg 7.56 84 ✓ **Vergo 16**

116 DOMPERIDONE – Additional subsidy by Special Authority see **SA0938 0435** – Retail pharmacy
* Tab 10 mg 3.90 100
(7.99) Motilium

▶ **SA0938 0435** Special Authority for Manufacturers Price

Initial application from any **relevant medical** practitioner. Approvals valid for 6 months where the patient is terminally ill and requires control of nausea and vomiting.

Renewal from any **relevant medical** practitioner. Approvals valid for 6 months where the treatment remains appropriate and the patient is benefiting from treatment.

116 HYOSCINE (SCOPOLAMINE) – Special Authority see **SA0939 0727** – Hospital pharmacy [HP3]
Patches, 1.5 mg 9.56 2
(12.40) Scopoderm TTS

▶ **SA0939 0727** Special Authority for Subsidy

Initial application from any **relevant medical** practitioner. Approvals valid for 1 year for applications meeting the following criteria:

All of the following:

1 Control of intractable nausea, vomiting, or inability to swallow saliva in the treatment of malignancy or chronic disease; and

2 Patient cannot tolerate or does not adequately respond to oral anti-nausea agents; and

3 The applicant must specify the underlying malignancy or chronic disease.

Renewal from any **relevant medical** practitioner. Approvals valid for 1 year where the treatment remains appropriate and the patient is benefiting from treatment.

118 PERGOLIDE – ~~Retail pharmacy~~ – ~~Specialist~~
▲ Tab 0.25 mg 48.00 100 ✓ **Permax**
▲ Tab 1 mg 170.00 100 ✓ **Permax**

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 November 2008 (continued)

119	CLOZAPINE – Hospital pharmacy [HP4]-Specialist prescription			
	Tab 25 mg	17.60	50	✓ Clopine ✓ Clozaril
		35.20	100	✓ Clopine
	Tab 50 mg	22.80	50	✓ Clopine
		45.60	100	✓ Clopine
	Tab 100 mg	45.60	50	✓ Clopine ✓ Clozaril
		91.20	100	✓ Clopine
	Tab 200 mg	72.96	50	✓ Clopine
		145.92	100	✓ Clopine
152	SPACER DEVICE			
	a) Maximum of 20 dev per WSO			
	b) Only on a WSO			
	c)			
	1) Spacer devices also available to paediatricians employed by a DHB on a wholesale supply order signed by the paediatrician. Limited to one pack of 20 per order. Orders via a hospital pharmacy.			
	2) Only available for children aged six years and under.			
	3) For Space Chamber and Foremount Child's Silicone Mask wholesale supply order must indicate clearly if either the spacer device, the mask, or both are required.			
	4) Distributed by Airflow Products. Forward orders to: Airflow Products Telephone: 04 499 1240 or 0800 AIR FLOW PO Box 1485, Wellington Facsimile: 04 499 1245 or 0800 323 270			
	230 ml (autoclavable) – Subsidy by endorsement	11.60	1	✓ Space Chamber
	Available where the prescriber requires a spacer device that is capable of sterilisation in an autoclave and the WSO is endorsed accordingly			

Effective 1 October 2008

25	DIPHENOXYLATE HYDROCHLORIDE WITH ATROPINE SULPHATE			
	* Tab 2.5 with atropine sulphate 25 mcg	3.90	100	✓ Diastop S29
108	METHADONE HYDROCHLORIDE			
	a) Only on a controlled drug form			
	b) No patient co-payment payable			
	c) Extemporaneously compounded methadone will only be reimbursed at the rate of the cheapest form available (methadone powder, not methadone tablets).			
	d) For methadone hydrochloride oral liquid refer, page 162			
	Inj 10 mg per ml, 1 ml	52.00	10	✓ AFT S29
120	RISPERIDONE			
	Oral liquid 1 mg per ml	45.92	30 ml OP	✓ Risperdal
121	RISPERIDONE – Special Authority see SA0926 below – Retail pharmacy			
	Subject to budgetary cap. Applications will be considered and approved subject to funding availability:			
	Microspheres for injection 25 mg	175.00	1	✓ Risperdal Consta
	Microspheres for injection 37.5 mg	230.00	1	✓ Risperdal Consta
	Microspheres for injection 50 mg	280.00	1	✓ Risperdal Consta

▲ 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

Brand or
Generic Mnfr
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Changes to Restrictions - effective 1 September 2008

- 29 ACARBOSE - Special Authority see SA04900925 – Retail pharmacy
- | | | | |
|--------------------|-------|----|------------|
| * Tab 50 mg | 22.00 | 90 | ✓ Glucobay |
| * Tab 100 mg | 31.00 | 90 | ✓ Glucobay |
- ▶ SA08740925 Special Authority for Subsidy
Initial application only from a relevant **practitioner** specialist. Approvals valid for 2 years **without renewal** for applications meeting the following criteria:
- 1 **The patient has type 2 diabetes; and**
 - 2 **Either:**
 - 2.1 **Metformin is not tolerated, or is contraindicated; or**
 - 2.2 **The patient has not responded to the maximum appropriate dose of metformin.**
- Any of the following:-
- 1—Requires but is not able to tolerate metformin therapy; or
 - 2—Requires metformin but metformin is contraindicated; or
 - 3—Has not responded to or tolerated the maximum appropriate dose of metformin.
- Renewal only from a relevant specialist. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.
- 43 ERYTHROPOIETIN ALPHA – Special Authority see SA09220626 – Hospital pharmacy [HP3]
- ▶ SA0626 Special Authority for Subsidy
Initial application only from a renal physician. Approvals valid for 2 years for applications meeting the following criteria:
- All of the following:
- General Criteria:
- 1—Anaemia of end stage renal failure (other treatable causes of anaemia being excluded); and
 - 2—Been on haemodialysis or continuous ambulatory peritoneal dialysis (CAPD) for at least three months; and
 - 3—Not under evaluation for, or awaiting, a live donor kidney transplant; and
 - 4—Any of the following:
- Specific Criteria:
- 4.1 Anephric; or
 - 4.2 Dependent on regular blood transfusion (1 unit each 4-8 weeks) to maintain haemoglobin > 60g/L; or
 - 4.3 Dependent on regular blood transfusion but cannot be transfused because of severe transfusion reactions; or
 - 4.4 Transfusion induced haemosiderosis (clinical manifestations, serum ferritin > 1500 ug/L); or
 - 4.5 Haemoglobin < 70 g/L (mean of at least 4 haemoglobin concentrations over 4 months); or
 - 4.6 Both:
 - 4.6.1 Haemoglobin < 90 g/L; and
 - 4.6.2 Either:
 - 4.6.2.1 Heart failure (low cardiac output, LV ejection fraction < 40%); or
 - 4.6.2.2 Persistent angina—
- Renewal only from a renal physician. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.
- ▶ SA0922 Special Authority for Subsidy
Initial application only from a relevant specialist. Approvals valid for 2 years for applications meeting the following criteria:
- Both:
- 1 **Both:**
 - 1.1 **patient in chronic renal failure; and**
 - 1.2 **Haemoglobin ≤ 100g/L; and**
 - 2 **Any of the following:**
 - 2.1 **Both:**
 - 2.1.1 **patient is not diabetic; and**
 - 2.1.2 **glomerular filtration rate ≤ 30ml/min; or**

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 September 2008 (continued)

continued...

2.2 Both:

2.2.1 patient is diabetic; and

2.2.2 glomerular filtration rate \leq 45ml/min; or

2.3 patient is on haemodialysis or peritoneal dialysis.

Renewal only from a relevant specialist. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.

Notes: Erythropoietin beta is indicated in the treatment of anaemia associated with chronic renal failure (CRF) where no cause for anaemia other than CRF is detected and there is adequate monitoring of iron stores and iron replacement therapy.

The Cockcroft-Gault Formula may be used to estimate glomerular filtration rate (GFR) in persons 18 years and over:

GFR (ml/min) (male) = (140 - age) \times Ideal Body Weight (kg) / 814 \times serum creatinine (mmol/l)

GFR (ml/min) (female) = Estimated GFR (male) \times 0.85

84	GROWTH HORMONE BIOSYNTHETIC HUMAN – Special Authority see SA0755 (addition of stat dispensing) * Cartridge 16 iu per vial..... 1,600.00 5 ✓ Genotropin * Cartridge 36 iu per vial..... 3,600.00 5 ✓ Genotropin
85	RECOMBINANT HUMAN GROWTH HORMONE – Special Authority see SA0755 (addition of stat dispensing) * 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
114	<p>TOPIRAMATE – Special Authority see SA0874 – Retail pharmacy ▶ 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.</p>

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions - effective 1 September 2008 (continued)

120	RISPERIDONE – Retail Pharmacy – Specialist			
	Tab 0.5 mg	5.20	20	✓ Ridal ✓ Risperdal
	Tab 1 mg	30.77	60	✓ Ridal ✓ Risperdal
	Tab 2 mg	61.53	60	✓ Ridal ✓ Risperdal
	Tab 3 mg	92.32	60	✓ Ridal ✓ Risperdal
	Tab 4 mg	123.05	60	✓ Ridal ✓ Risperdal
	Oral liquid 1 mg per ml	45.92	30 ml OP	✓ Risperdal
121	RISPERIDONE – Special Authority see SA09260792 – Retail pharmacy			
	Subject to budgetary cap. Applications will be considered and approved subject to funding availability.			
	Microspheres for injection 25 mg.....	175.00	1	✓ Risperdal Consta
	Microspheres for injection 37.5 mg.....	230.00	1	✓ Risperdal Consta
	Microspheres for injection 50mg.....	280.00	1	✓ Risperdal Consta
	▶ SA09260792 Special Authority for Subsidy			
	Initial application only from a psychiatrist from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:			
	All of the following:			
	1 The patient has schizophrenia or other psychotic disorder; and			
	2 Has tried but failed to comply with treatment using oral atypical antipsychotic agents; and			
	3 Has been admitted to hospital or treated in respite care, or intensive outpatient or home-based treatment for 30 days or more in last 12 months.			
	Renewal only from a psychiatrist from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:			
	Either:			
	1 Both:			
	1.1 The patient has had less than 12 months treatment with risperidone microspheres; and			
	1.2 There is no clinical reason to discontinue treatment; or			
	2 The initiation of risperidone microspheres has been associated with fewer days of intensive intervention than was the case during a corresponding period of time prior to the initiation of risperidone microspheres.			
	Note: Risperidone microspheres should ideally be used as monotherapy (i.e. without concurrent use of any other antipsychotic medication). In some cases, it may be clinically appropriate to attempt to treat a patient with typical antipsychotic agents in depot injectable form before trialing risperidone microspheres.			
122	RISPERIDONE – Special Authority see SA09270794 – Retail pharmacy			
	Orally-disintegrating tablets 0.5 mg.....	21.42	28	✓ Risperdal Quicklet
	Orally-disintegrating tablets 1 mg.....	42.84	28	✓ Risperdal Quicklet
	Orally-disintegrating tablets 2 mg.....	85.71	28	✓ Risperdal Quicklet
	▶ SA09270794 Special Authority for Subsidy			
	Initial application - (Acute situations) only from a psychiatrist from any relevant practitioner. Approvals valid for 6 weeks for applications meeting the following criteria:			
	Both:			
	1 For a non-adherent patient on oral therapy with standard risperidone tablets or risperidone oral liquid; and			
	2 The patient is under direct supervision for administration of medicine.			
	Initial application - (Chronic situations) only from a psychiatrist from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria:			
	Both:			

continued...

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ **fully subsidised**

Changes to Restrictions - effective 1 September 2008 (continued)

continued...

- 1 The patient is unable to take standard risperidone tablets or oral liquid, or once stabilized refuses to take risperidone tablets or oral liquid; and
- 2 The patient is under direct supervision for administration of medicine.

Renewal ~~only from a psychiatrist~~ **from any relevant practitioner**. Approvals valid for 1 year for applications meeting the following criteria:

Both:

- 1 The patient is unable to take standard risperidone tablets or oral liquid, or once stabilized refuses to take risperidone tablets or oral liquid; and
- 2 The patient is under direct supervision for administration of medicine.

~~Note: Initial prescriptions to be written by psychiatrists and subsequent prescriptions can be written by psychiatric registrars or General Practitioners.~~

Risperdal Quicklets cost significantly more than risperidone tablets and should only be used where necessary.

127 METHYLPHENIDATE HYDROCHLORIDE – Special Authority see SA0908 – Retail Pharmacy

Only on a controlled drug form

Tab immediate-release 5 mg.....	3.20	30	✓ Rubifen
Tab immediate-release 10 mg.....	4.29	30	✓ Rubifen
Tab immediate-release 20 mg.....	7.85	30	✓ Rubifen
Tab long-acting sustained-release 20 mg	10.95	30	✓ Rubifen SR

▲ 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 November 2008

47	HEPARIN SODIUM (↑ subsidy)				
	Inj 5,000 iu per ml, 5 ml	37.45	10	✓ Multiparin	
	Inj 25,000 iu per ml, 0.2 ml	9.50	5	✓ Mayne	
54	QUINAPRIL (↓ subsidy)				
	* Tab 5 mg	1.60	30	✓ Accupril	
	* Tab 10 mg	1.75	30	✓ Accupril	
	* Tab 20 mg	2.35	30	✓ Accupril	
80	PREDNISONE (↓ subsidy)				
	* Tab 20 mg	29.03	500	✓ Apo-Prednisone	
126	ZOPICLONE – Month Restriction (↓ subsidy)				
	Tab 7.5 mg	21.02	500	✓ Apo-Zopiclone	
132	FLUDARABINE PHOSPHATE – PCT only – Specialist (↓ subsidy)				
	Inj 50 mg for ECP	286.00	50 mg OP	✓ Baxter	
133	METHOTREXATE (↓ subsidy)				
	* Inj 1 mg for ECP – PCT only – Specialist	0.09	1 mg	✓ Baxter	
148	PROMETHAZINE HYDROCHLORIDE (↓ subsidy)				
	* Tab 10 mg	2.72	50	✓ Allersoothe	
	* Tab 25 mg	4.44	50	✓ Allersoothe	
157	POLYVINYL ALCOHOL (↓ price)				
	* Eye drops 1.4%	2.68	15 ml OP	✓ Liquifilm Tears	
	* Eye drops 3%	3.75	15 ml OP	✓ Liquifilm Forte	
182	PHENYL FREE PASTA – Special Authority see SA0733 – Hospital pharmacy [HP3] (↓ subsidy)				
	See prescribing guideline				
	Animal shapes	10.65	500 g OP		
		(11.91)			Loprofin
	Penne.....	10.65	500 g OP		
		(11.91)			Loprofin
	Lasagne	5.32	250 g OP		
		(5.95)			Loprofin

Effective 1 October 2008

27	HYOSCINE N-BUTYLBROMIDE (↑ subsidy)				
	* Tab 10 mg	1.62	20	✓ Gastrosoothe	
	* Inj 20 mg, 1 ml – Up to 5 inj available on a PSO.....	8.04	5	✓ Buscopan	
27	MEBEVERINE HYDROCHLORIDE (↑ subsidy)				
	* Tab 135 mg	18.00	90	✓ Colofac	
34	POLOXAMER – Only on a prescription (↓ subsidy)				
	* Oral drops 10%	3.78	30 ml OP	✓ Coloxyl	

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

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

36	NYSTATIN († subsidy) Oral liq 100,000 u per ml	3.19	24 ml OP	✓ Nilstat
38	ZINC SULPHATE († subsidy) * Cap 220 mg	10.00	100	✓ Zincaps
45	CLOPIDOGREL – Special Authority see SA0867– Retail pharmacy († subsidy) Tab 75 mg	35.00 (73.38)	28	Plavix
47	HEPARIN SODIUM († price) Inj 25,000 iu per ml, 0.2 ml – Hospital pharmacy [HP3]- Specialist	7.50 (9.50)	5	Mayne
48	POTASSIUM BICARBONATE – Retail pharmacy-Specialist († subsidy) Tab eff 315 mg with sodium acid phosphate 1.937 g and sodium bicarbonate 350 mg	82.50	100	✓ Phosphate-Sandoz
49	BEZAFIBRATE († subsidy) * Tab 200 mg	9.75	90	✓ Fibalip
59	METHYLDOPA († subsidy) * Tab 125 mg	12.00	100	✓ Prodopa
	* Tab 250 mg	13.10	100	✓ Prodopa
	* Tab 500 mg	20.85	100	✓ Prodopa
65	TRIAMCINOLONE ACETONIDE († subsidy) Crm 0.02%	6.63	100 g OP	✓ Aristocort
	Oint 0.02%	6.69	100 g OP	✓ Aristocort
67	WOOL FAT WITH MINERAL OIL – Only on a prescription († price) * Lotn hydrous 3% with mineral oil	1.40 (3.50) 5.60 (10.90)	250 ml OP 1,000 ml	 DP Lotion DP Lotion
69	TAR WITH TRIETHANOLAMINE LAURYL SULPHATE AND FLUORESCIN – Only on a prescription († subsidy) * Soln 2.3% with triethanolamine lauryl sulphate and fluorescein sodium	2.90 5.54	500 ml 1,000 ml	✓ Pinetarsol ✓ Pinetarsol
70	KETOCONAZOLE († subsidy) Shampoo 2%	3.48	100 ml OP	✓ Ketopine
	a) Maximum of 100 ml per prescription			
	b) Only on a prescription			
79	CALCITONIN – Hospital pharmacy [HP3]-Specialist († subsidy) * Inj 100 iu per ml, 1 ml	110.00	5	✓ Miacalcic

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Subsidy and Manufacturer's Price - effective 1 October 2008 (continued)

80	PREDNISONE (↑ subsidy) * Tab 1 mg * Tab 2.5 mg	10.68 12.09	500 500	✓ Apo-Prednisone ✓ Apo-Prednisone
90	ERYTHROMYCIN ETHYL SUCCINATE (↑ subsidy) Grans for oral liq 200 mg per 5 ml – Up to 200 ml available on a PSO Grans for oral liq 400 mg per 5 ml – Up to 200 ml Available on a PSO	4.35 5.85	100 ml 100 ml	✓ E-Mycin ✓ E-Mycin
91	BENZYL PENICILLIN SODIUM (PENICILLIN G) (↑ subsidy) Inj 1 mega u – Up to 5 inj available on a PSO	10.49	10	✓ Sandoz
92	PROCAINE PENICILLIN (↑ subsidy) Inj 1.5 mega u – Up to 5 inj available on a PSO	50.86	5	✓ Cilicaine
93	TRIMETHOPRIM (↑ subsidy) * Tab 300 mg – Up to 30 tab available on a PSO	8.69	50	✓ TMP
93	VANCOMYCIN HYDROCHLORIDE – Hospital pharmacy [HP3] – Subsidy by endorsement (↑ subsidy) Only if prescribed for a dialysis or cystic fibrosis patient or in the treatment of pseudomembranous colitis or for prophylaxis of endocarditis and the prescription is endorsed accordingly. Inj 50 mg per ml, 10 ml	5.04	1	✓ Pacific
110	NORTRIPTYLINE HYDROCHLORIDE (↑ subsidy) Tab 10 mg Tab 25 mg	5.94 20.06	100 250	✓ Norpress ✓ Norpress
112	CLONAZEPAM (↑ subsidy) Tab 500 µg Tab 2 mg	6.26 11.15	100 100	✓ Paxam ✓ Paxam
125	MIDAZOLAM (↑ price) Tab 7.5 mg – Month Restriction.....	10.38 (25.00)	100	Hypnovel
126	TEMAZEPAM – Month Restriction (↑ subsidy) Tab 10 mg	0.83	25	✓ Normison
136	PACLITAXEL – PCT only – Specialist (↓ subsidy) Inj 1 mg for ECP	1.32	1 mg	✓ Baxter
152	MASK FOR SPACER DEVICE (↓ subsidy) Only on a WSO Size 2.....	3.28	1	✓ Foremount Child's Silicone Mask
152	PEAK FLOW METER (↓ subsidy) Only on a WSO Low range Normal range	13.75 13.75	1 1	✓ Breath-Alert ✓ Breath-Alert

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Subsidy and Manufacturer's Price - effective 1 October 2008 (continued)

152	SPACER DEVICE (↓ subsidy) Only on a WSO 230 ml (autoclavable).....	11.60	1	✓ Space Chamber
156	ACETAZOLAMIDE (↑ subsidy) * Tab 250 mg	10.40	100	✓ Diamox
157	ATROPINE SULPHATE (↑ subsidy) * Eye drops 1%	4.40	15 ml OP	✓ Atrop
182	AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA0733 – Hospital pharmacy [HP3] (↑ subsidy)			
	Tabs	99.00	75 OP	✓ Phlexy 10
	Sachets (pineapple/vanilla) 29 g	330.10	30 OP	✓ Minaphlex
	Sachets (tropical)	324.00	30	✓ Phlexy 10
	Infant formula	174.72	400 g OP	✓ XP Analog LCP
	Powder (orange)	221.00	500 g OP	✓ XP Maxamaid
		320.00		✓ XP Maxamum
	Powder (unflavoured)	221.00	500 g OP	✓ XP Maxamaid
		320.00		✓ XP Maxamum
	Liquid (forest berries)	30.00	250 ml OP	✓ Easiphen Liquid
	Liquid (tropical)	30.00	250 ml OP	✓ Easiphen

Effective 1 September 2008

38	CALCIUM CARBONATE (↓ subsidy) * Tab dispersible 2.5 g	4.36	20 OP	✓ Calci-Tab Effervescent
38	IRON POLYMALTOSE (↓ subsidy) Inj 50 mg per ml, 2 ml	20.95 (29.95)	5	Ferrosig
43	ERYTHROPOIETIN ALPHA – Special Authority see SA0922 – Hospital pharmacy [HP3] (↓ subsidy)			
	Inj human recombinant 1,000 iu, pre-filled syringe	48.68	6	✓ Eprex
	Inj human recombinant 2,000 iu, pre-filled syringe	120.18	6	✓ Eprex
	Inj human recombinant 3,000 iu, pre-filled syringe	166.87	6	✓ Eprex
	Inj human recombinant 4,000 iu, pre-filled syringe	193.13	6	✓ Eprex
	Inj human recombinant 10,000 iu, pre-filled syringe	395.18	6	✓ Eprex
48	POTASSIUM BICARBONATE – Retail pharmacy – Specialist (↑ price) Tab eff 315 mg with sodium acid phosphate with 1.937 g and sodium bicarbonate 350 mg	75.00 (82.50)	100	Phosphate-Sandoz
53	PHENTOLAMINE MESYLATE (↑ price) * Inj 10 mg per ml, 1 ml	17.97 (31.65)	5	Regitine
99	NITROFURANTOIN (↑ subsidy) * Tab 50 mg	17.90	100	✓ Nifuran
	* Tab 100 mg	30.25	100	✓ Nifuran

▲ 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 September 2008 (continued)

107	PARACETAMOL (↓ subsidy) * Oral liq 120 mg per 5ml * Oral liq 250 mg per 5 ml.....	6.80 7.00	1,000 ml 1,000 ml	✓ Junior Parapaed ✓ Six Plus Parapaed
114	TOPIRAMATE (↓ subsidy) ▲ Tab 25 mg ▲ Tab 50 mg ▲ Tab 100 mg ▲ Tab 200 mg ▲ Sprinkle cap 15 mg ▲ Sprinkle cap 25 mg	26.04 44.26 75.25 129.85 20.84 26.04	60 60 60 60 60 60	✓ Topamax ✓ Topamax ✓ Topamax ✓ Topamax ✓ Topamax ✓ Topamax
119	LITHIUM CARBONATE (↑ subsidy) Tab long-acting 400 mg.....	16.05	100	✓ Priadel
120	RISPERIDONE (↓ subsidy) Tab 0.5 mg Tab 1 mg Tab 2 mg Tab 3 mg Tab 4 mg	5.20 30.77 61.53 92.32 123.05	20 60 60 60 60	✓ Risperdal ✓ Risperdal ✓ Risperdal ✓ Risperdal ✓ Risperdal
131	CALCIUM FOLINATE (↓ subsidy) Inj 1 mg for ECP – PCT only – Specialist.....	0.10	1 mg	✓ Baxter
132	FLUDARABINE PHOSPHATE – PCT only – Specialist (↑ subsidy) Tab 10 mg	650.25	15	✓ Fludara
132	FLUDARABINE PHOSPHATE – PCT only – Specialist (↓ subsidy) Inj 50 mg	1430.00	5	✓ Fludara
133	METHOTREXATE – PCT – Hospital pharmacy [HP1] – Specialist (↓ subsidy) Inj 100 mg per ml, 10 ml – PCT Only – Specialist Inj 100 mg per ml, 50 ml – PCT Only – Specialist	27.50 135.00	1 1	✓ Methotrexate Ebewe ✓ Methotrexate Ebewe
154	POLYVINYL ALCOHOL (↓ subsidy) * Eye drops 1.4% * Eye drops 3%	2.68 3.75	15 ml OP 15 ml OP	✓ Vistil ✓ Vistil Forte

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 October 2008

91	BENZYLPENICILLIN SODIUM (PENICILLIN G) Inj 1 mega u – Up to 5 inj available on a PSO	6.99	10	✓ Sandoz ✓ Novartis
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Effective 1 September 2008

43	ERYTHROPOIETIN BETA – Special Authority SA0922 – Hospital pharmacy [HP3] Inj 2,000 iu pre-filled syringe	152.04	6	✓ NeoRecormon Recormon
	Inj 3,000 iu pre-filled syringe	228.06	6	✓ NeoRecormon Recormon
	Inj 4,000 iu pre-filled syringe	304.08	6	✓ NeoRecormon Recormon
	Inj 5,000 iu pre-filled syring	380.10	6	✓ NeoRecormon Recormon
	Inj 6,000 iu pre-filled syringe	456.12	6	✓ NeoRecormon Recormon
	Inj 10,000 iu pre-filled syringe	760.20	6	✓ NeoRecormon Recormon

Changes to Description

Effective 1 November 2008

84 ~~THYROXINE~~ LEVOTHYROXINE

Effective 1 October 2008

152	PEAK FLOW METER Peak-flow meters-low range Low range Peak-flow meters-normal range Normal range
153	SPACER DEVICES AND MASKS Spacer device 230 ml (autoclavable)
153	SPACER DEVICES AND MASK FOR SPACER DEVICE Mask, size 2 Size 2

Changes to Section F: Part II

Effective 1 November 2008

ALIMENTARY TRACT AND METABOLISM
 INSULIN ASPART
 INSULIN GLARGINE
 INSULIN ISOPHANE
 INSULIN ISOPHANE WITH INSULIN NEUTRAL
 INSULIN LISPRO
INSULIN LISPRO WITH INSULIN LISPRO PROTAMINE
 INSULIN NEUTRAL

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

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

Changes to General Rules

Effective 1 September 2008

12 "Authority to Substitute" means an authority for the dispensing pharmacist to change a prescribed medicine in accordance with regulation 42(4) of the Medicines Regulations 1984. An authority to substitute letter, which may be used by Practitioners, is available on the final page of the Schedule.

23 4.7 Substitution

Where a Practitioner has prescribed a brand of a Community Pharmaceutical that has no Subsidy or has a Manufacturer's Price that is greater than the Subsidy and there is an alternative fully subsidised Community Pharmaceutical available, a Contractor may dispense the fully subsidised Community Pharmaceutical, subject to:

- the Contractor having received a general Authority to Substitute from the Practitioner in relation to the particular medicine or medicines in general; or
 - the Practitioner having indicated their Authority to Substitute on the prescription; or
 - the Practitioner having given their Authority to Substitute in relation to the particular prescription.
- Such an Authority to Substitute is valid whether or not there is a financial implication for the Pharmaceutical Budget.

When dispensing a subsidised alternative brand, the Contractor must annotate and initial the prescription.

4.8 Alteration to Presentation of Pharmaceutical Dispensed

A Contractor, when dispensing a Community Pharmaceutical, may alter the presentation of a Pharmaceutical dispensed but may not alter the total daily dose. If the change will result in additional cost to the DHBs, then:

- the Practitioner must authorise and initial the alteration; or
- in cases where PHARMAC has approved and notified in writing such a change in dispensing of a named Pharmaceutical due to an out of stock event or short supply, the Contractor must annotate and initial the alteration.

4.9 4-7 Amendment of the Schedule

PHARMAC may amend the terms of the Schedule from time to time by notice in writing given in such manner as PHARMAC thinks fit, and in accordance with such protocols as agreed with the Pharmacy Guild of New Zealand (inc) from time to time.

4.10 4-8 Conflict of Provisions

If any rules in Sections B-G of this Schedule conflict with the rules in Section A, the rules in Sections B-G apply.

Changes to Sole Subsidised Supply

Effective 1 November 2008

For the list of new Sole Subsidised Supply products effective 1 November 2008 refer to the bold entries in the cumulative Sole Subsidised Supply table pages 11-17.

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$

Per

Brand or
Generic Mnfr
✓ fully subsidised

Delisted Items

Effective 1 November 2008

44	APROTININ – Hospital pharmacy [HP3]-Specialist * Inj 10,000 µg per ml 50 ml	63.60 (73.40)	1		Trasylol
59	VERAPAMIL HYDROCHLORIDE * Tab 80 mg	6.00	100	✓	Verpamil
90	CEFUROXIME SODIUM – Hospital pharmacy [HP3] 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
	Only if prescribed for a dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.				
98	RITONAVIR – Special Authority see SA0779 – Hospital pharmacy [HP1] Cap 100 mg	242.55	168	✓	Norvir
	Note – the 84 pack size continues to be listed fully subsidised.				

Effective 1 October 2008

106	NEFOPAM HYDROCHLORIDE Inj 20 mg per ml, 1 ml	9.10 (72.50)	5		Acupan
136	PACLITAXEL – PCT only – Specialist Inj 30 mg	90.00	1	✓	Taxol
	Inj 100 mg	299.70	1	✓	Taxol
150	SALBUTAMOL Tab long-acting 8 mg	15.30	56	✓	Volmax
180	GLUTEN FREE PASTA – Special Authority see SA0722 – Hospital pharmacy [HP3] Tomato and Basil Spirals	2.00 (2.63)	250 g OP		Orgran

Effective 1 September 2008

37	ASCORBIC ACID AND SODIUM ASCORBATE a) No more than 100 mg per dose b) Only on a prescription * Tab 100 mg	2.60	100	✓	Healtheries Vitamin C
68	PERMETHRIN Lotion 5%.....	4.50 (7.00)	50 ml OP		Quellada-P

▲ 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 September 2008 (continued)

76	ECONAZOLE NITRATE Pessaries 150 mg with applicators	2.75 (9.71)	3		Pevaryl Ovules
91	BENZATHINE BENZYL PENICILLIN Inj 1.2 mega u per 2 ml – Up to 5 inj available on a PSO.....	16.00 160	1 10	✓ ✓	Bicillin Bicillin
Note: Bicillin LA continues to be listed fully subsidised					
95	ACICLOVIR * Tab 200 mg	7.92	100	✓	Apo-Acyclovir
	* Tab 400 mg	11.86	100	✓	Apo-Acyclovir
99	SAQUINAVIR – Special Authority see SA0779 – Hospital pharmacy [HP1] Cap 200 mg	271.00	180	✓	Fortovase
106	ASPIRIN * Tab dispersible 300 mg – Up to 30 tab available on a PSO	21.50 (22.50)	1000		Ethics Aspirin
	* Tab EC 650 mg	6.88	100	✓	Ecotrin
Note: the 100 tablet pack of Ethics Aspirin, tab dispersible 300 mg will continue to be listed fully subsidised					
170	ORAL SUPPLEMENT 1KCAL/ML – Special Authority see SA0583 – Hospital pharmacy [HP3] Powder (vanilla) sachet 54 g	6.91	10 OP	✓	Fortisip Powder

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

38	CALCIUM * Tab eff 1 g.....	6.54	30	✓ Calcium-Sandoz 1000
38	CALCIUM CARBONATE * Tab dispersible 2.5 g.....	4.36 (4.98)	20 OP	Calci-Tab Effervescent
38	IRON POLYMALTOSE Inj 50 mg per ml, 2 ml.....	20.95 (29.95)	5	Ferrosig
66	ZINC AND CASTOR OIL Ointment BP.....	5.11	500 g	✓ Multichem
107	PARACETAMOL *‡ Oral liq 120 mg per 5 ml.....	6.80	1,000 ml	✓ Junior Parapaed
	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	✓ Six Plus Parapaed
	a) Up to 200 ml available on a PSO b) Not in combination			

Effective 1 January 2009

70	KETOCONAZOLE Shampoo 2%.....	3.48	100 ml OP	✓ Ketopine
	a) Maximum of 100 ml per prescription b) Only on a prescription			

Effective 1 February 2009

157	POLYVINYL ALCOHOL * Eye drops 1.4%.....	2.68 (3.62)	15 ml OP	Liquifilm Tears
	* Eye drops 3%.....	3.75 (3.88)	15 ml OP	Liquifilm Forte

Paclitaxel inj 500 mg – not listed

Effective 1 March 2009

43	ERYTHROPOIETIN BETA – Special Authority see SA0922 – Hospital pharmacy [HP3] Inj 1,000 iu, pre-filled syringe.....	76.02	6	✓ Recormon
47	HEPARINISED SALINE * Inj 100 iu per ml, 5 ml.....	103.76	50	✓ Mayne
54	LOSARTAN * Tab 25 mg.....	20.31	28	✓ Cozaar

▲ 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 March 2009 (continued)

56	ATENOLOL				
	* Tab 50 mg	6.50	500	✓ <u>Loten</u>	
	* Tab 100 mg	11.30	500	✓ <u>Loten</u>	
59	VERAPAMIL HYDROCHLORIDE				
	* Tab 40 mg	4.75	100	✓ <u>Verpamil</u>	
61	NICOTINE – Only on a Quitcard				
	Gum 2 mg (Fruit)	23.41	96	✓ <u>Nicotinell</u>	
	Gum 2 mg (Mint)	23.41	96	✓ <u>Nicotinell</u>	
	Gum 4 mg (Fruit)	23.41	96	✓ <u>Nicotinell</u>	
	Gum 4 mg (Mint)	23.41	96	✓ <u>Nicotinell</u>	
90	ERYTHROMYCIN LACTOBIONATE				
	Inj 300 mg	70.97	5	✓ <u>Mayne</u>	
99	SAQUINAVIR – Special Authority see SA0779 – Hospital pharmacy [HP1]				
	Cap 200 mg	519.75	270	✓ <u>Invirase</u>	
109	AMITRIPTYLINE				
	Tab 10 mg	3.00	100	✓ <u>Amitrip</u>	
125	NITRAZEPAM – Month Restriction				
	Tab 5 mg	2.00 (3.90)	100		Insoma
150	SALBUTAMOL				
	Tab long-acting 4 mg	11.18	56	✓ <u>Volmax</u>	
154	DIBROMOPROPAMIDINE ISETHIONATE				
	* Eye oint 0.15%	2.97 (7.99)	5 g OP		Brolene

Effective 1 April 2009

109	DOXEPIN HYDROCHLORIDE				
	Cap 75 mg	10.99	100	✓ <u>Anten</u>	
182	PHENYL FREE PASTA – Special Authority see SA0733 – Hospital pharmacy [HP3]				
	Macaroni	10.65 (11.91)	500 g OP		Loprofin

Effective 1 May 2009

28	OMEPRAZOLE				
	* Cap 10 mg	17.37	30	✓ <u>Losec</u>	
	* Cap 20 mg	24.81	30	✓ <u>Losec</u>	
	* Cap 40 mg	29.05	30	✓ <u>Losec</u>	
	* Inj 40 mg	12.50	1	✓ <u>Losec</u>	

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 May 2009 (continued)

53	DOXAZOSIN MESYLATE * Tab 2 mg4.81 Note – the 500 tablet pack listed 1 November 2008	100	✓ Apo-Doxazosin
56	HYDROCORTISONE BUTYRATE Crm 0.1%.....5.00 15.00	30 g OP 100 g OP	✓ Locoid ✓ Locoid
82	OESTRADIOL VALERATE – See prescribing guideline * Tab 2 mg4.12	28	✓ Progynova
108	MORPHINE SULPHATE a) Only on a controlled drug form b) No patient co-payment payable Suppos 30 mg31.39	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

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

Effective 1 November 2008

AMOXYCILLIN (new listing)

Drops 100 mg per 1 ml Ospamox	4.00	30 ml	1%	Jan-09	Amoxil Paediatric Drops
Inj 250 mg..... Ibiamox	12.42	10	1%	Jan-09	(B)
Inj 500 mg..... Ibiamox	14.24	10	1%	Jan-09	(B)
Inj 1 g..... Ibiamox	21.62	10	1%	Jan-09	(B)

Note – the 5 pack of Ibiamox brand of amoxicillin injection 250 mg, 500 mg and 1 g will be delisted 1 January 2009

AQUEOUS (addition of HSS)

Crm..... AFT	2.28	500 g	1%	Jan-09	Aderm 500 g Multichem 500 g Multichem 2,000 g Pharmacy Health
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Note – Multichem brand of aqueous cream 500 g will be delisted from 1 January 2009

DV limit applies to pack sizes of 500 g or greater

BICALUTAMIDE (new listing)

Tab 50 mg..... Bicalox	27.10	30	1%	Jan-09	Cosudex Rex Medical
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BUPIVACAINE HYDROCHLORIDE WITH FENTANYL (addition of HSS)

Inj 0.125% with 2 µg fentanyl per ml, 15 ml prefilled syringe..... Biomed	61.50	10	1%	Jan-09	(B)
Inj 0.125% with 2 µg fentanyl per ml, 20 ml prefilled syringe..... Biomed	78.00	10	1%	Jan-09	(B)
Inf 0.125% with 2 µg fentanyl per ml, 100 ml bag Bupafen	200.00	10	1%	Jan-09	(B)
Inf 0.125% with 2 µg fentanyl per ml, 200 ml bag Bupafen	200.00	10	1%	Jan-09	(B)

Note – Biomed and Bupafen single packs to be delisted from 1 January 2009

CITALOPRAM HYDROBROMIDE (new listing and addition of HSS)

Tab 20 mg..... Arrow-Citalopram	3.78	84	1%	Jan-09	Apo-Citalopram Celapram Cipramil Citalopram-Rex
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Note – Celapram, Citalopram-Rex and Arrow-Citalopram (28 tablet pack size) to be delisted from 1 January 2009

Contracted Pharmaceutical Description	Brand	Price (\$) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceutical
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Section H - effective 1 November 2008 (continued)

CIPROFLOXACIN (addition of HSS)

Tab 250 mg.....	Rex Medical	3.35	30	1%	Jan-09	Cifran Cipflox
Tab 500 mg.....	Rex Medical	4.90	30	1%	Jan-09	Cifran Cipflox
Tab 750 mg.....	Rex Medical	7.54	30	1%	Jan-09	Cifran Cipflox

Note – Cipflox tablets 250 mg, 500 mg and 750 mg to be delisted 1 January 2009

CLOTRIMAZOLE (↑ price)

Vaginal crm 2% with applicator(s)...	Clomazol	2.75	20 g	1%	Jan-09	Canesten Clotrimaderm 2%
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DOXAZOSIN MESYLATE

Tab 2 mg.....	Apo-Doxazosin	22.85	500	1%	Jan-08	Dosan
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Note – Apo-Doxazosin tab 2 mg 100 tablet pack to be delisted 1 January 2009.

FUSIDIC ACID (↑ price)

Eye drops 1%	Fucithalmic	9.83	5 g			
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HYDROCORTISONE BUTYRATE

Crn 0.1%.....	Locoid Cream	5.00	30 g			
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Locoid Cream 30 g to be delisted 1 January 2009

INSULIN LISPRO WITH INSULIN LISPRO PROTAMINE (new listing)

Inj lispro 25% with insulin lispro protamine 75%, 100 u per ml, 3 ml.....	Humalog Mix 25	52.15	5			
Inj lispro 50% with insulin lispro protamine 50%, 100 u per ml, 3 ml.....	Humalog Mix 50	52.15	5			

MORPHINE SULPHATE (new listing)

Inj 1 mg per ml, 10 ml prefilled syringe.....	Biomed	34.50	10	1%	Jan-09	Baxter
Inj 1 mg per ml, 30 ml prefilled syringe.....	Biomed	75.00	10	1%	Jan-09	Baxter
Inj 1 mg per ml, 50 ml prefilled syringe.....	Biomed	59.50	10	1%	Jan-09	Baxter
Inj 2 mg per ml, 30 ml prefilled syringe	Biomed	95.00	10	1%	Jan-09	Baxter

Note - Biomed prefilled syringe single packs to be delisted 1 January 2009

OCTREOTIDE (SOMATOSTATIN ANALOGUE) (new listing)

Inj 50 µg per ml, 1 ml.....	Hospira	25.65	5	1%	Jan-09	Sandostatin
Inj 100 µg per ml, 1 ml.....	Hospira	48.50	5	1%	Jan-09	Sandostatin
Inj 500 µg per ml, 1 ml.....	Hospira	175.00	5	1%	Jan-09	Sandostatin

Sandostatin inj 50 µg per ml, 1 ml; 100 µg per ml, 1 ml; and 500 µg per ml, 1 ml to be delisted 1 January 2009

PREDNISON (new listing)

Tab 20 mg.....	Apo-Prednisone	29.03	500	1%	Dec-08	Douglas Origen
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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 - effective 1 November 2008 (continued)

PROMETHAZINE HYDROCHLORIDE (new listing)						
Tab 10 mg.....	Allersoothe	2.72	50	1%	Jan-09	Phenergan
Tab 25 mg.....	Allersoothe	4.44	50	1%	Jan-09	Phenergan

QUINAPRIL (↓ price)						
Tab 5 mg.....	Accupril	1.60	30			
Tab 10 mg.....	Accupril	1.75	30			
Tab 20 mg.....	Accupril	2.35	20			

QUINAPRIL WITH HYDROCHLOROTHIAZIDE (new listing)						
Tab 10 mg with hydrochlorothiazide 12.5 mg	Accuretic 10	3.37	30			
Tab 20 mg with hydrochlorothiazide 12.5 mg	Accuretic 20	4.57	30			

ZOPICLONE (new listing)						
Tab 7.5 mg.....	Apo-Zopiclone	21.02	500	1%	Jan-09	Imovane

Effective 1 October 2008

ACETAZOLAMIDE (new listing)						
Tab 250 mg.....	Diamox	10.40	100	1%	Dec-08	(B)

AMITRIPTYLINE (delisting)						
Tab 10 mg	Amitrip	3.00	100			

ATROPINE SULPHATE (↑ price and addition of HSS)						
Eye drops 1%.....	Atropt	4.40	15 ml	1%	Dec-08	(B)

BENZYL PENICILLIN SODIUM (amended brand name, ↑ price and addition of HSS)						
Inj 1 mega u	Novartis Sandoz	10.49	10	1%	Dec-08	Benpen

Please note that the Benpen brand of benzylpenicillin sodium inj 1 mega u will be delisted from 1 December 2008

BEZAFIBRATE (addition of HSS)						
Tab 200 mg.....	Fibalip	9.75	90	1%	Dec-08	(B)

CALCITONIN (new listing)						
Inj 100 u per ml, 1 ml	Miacalcic	110.00	5	1%	Dec-08	(B)

CEFAZOLIN SODIUM (new listing)						
Inj 500 mg	Hospira	5.00	5	1%	Dec-08	m-Cefazolin
Inj 1 g.....	Hospira	8.00	5	1%	Dec-08	m-Cefazolin

Please note that the m-Cefazolin brand of cefazolin injections 500 mg and 1 g will be delisted from 1 December 2008

CLONAZEPAM (new listing)						
Tab 500 mcg.....	Paxam	6.26	100	1%	Dec-08	(B)
Tab 2 mg.....	Paxam	11.15	100	1%	Dec-08	(B)

Contracted Pharmaceutical Description	Brand	Price (\$) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceutical
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Section H - effective 1 October 2008 (continued)

CLOZAPINE (new listing)

Tab 25 mg.....	Clopine	35.20	100			
Tab 50 mg.....	Clopine	45.60	100			
Tab 100 mg.....	Clopine	91.20	100			
Tab 200 mg.....	Clopine	145.92	100			

ERYTHROMYCIN ETHYL SUCCINATE (new listing)

Grans for oral liq 200 mg per 5 ml ..	E-Myacin	4.35	100 ml	1%	(B)	
Grans for oral liq 400 mg per 5 ml ..	E-Myacin	5.85	100 ml	1%	(B)	

FINASTERIDE (new listing and addition of HSS)

Tab 5 mg.....	Fintral	19.20	30	1%	Dec-08	Proscar
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FLUCLOXACILLIN SODIUM (addition of HSS)

Inj 250 mg.....	Flucloxin	9.00	10	1%	Feb-09	Floxapen
Inj 500 mg.....	Flucloxin	10.40	10	1%	Feb-09	Floxapen
Inj 1 g	Flucloxin	14.00	10	1%	Feb-09	Floxapen

Please note the 5 pack of Flucloxin brand of flucloxacillin injection 250 mg, 500 mg and 1 g will be delisted from 1 December 2008

HYOSCINE N-BUTYLBROMIDE (↑ price and addition of HSS)

Inj 20 mg per ml, 1ml	Buscopan	8.04	5	1%	Dec-08	(B)
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HYOSCINE N-BUTYLBROMIDE (new listing)

Tab 10 mg.....	Gastrosoothe	1.62	20	1%	Dec-08	Buscopan
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MEBEVERINE HYDROCHLORIDE (new listing)

Tab 135 mg.....	Colofac	18.00	90	1%	Dec-08	(B)
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METHYLDOPA (new listing)

Tab 125 mg.....	Prodopa	12.00	100	1%	Dec-08	(B)
Tab 250 mg.....	Prodopa	13.10	100	1%	Dec-08	(B)
Tab 500 mg.....	Prodopa	20.85	100	1%	Dec-08	(B)

NORTRIPTYLINE HYDROCHLORIDE (new listing)

Tab 10 mg.....	Norpress	5.94	100	1%	Dec-08	(B)
Tab 25 mg.....	Norpress	20.06	250	1%	Dec-08	(B)

NYSTATIN (addition of HSS)

Oral liquid 100,000 u per ml	Nilstat	3.19	24 ml	1%	Dec-08	(B)
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POLOXAMER (new listing)

Oral drops 10%	Coloxyl	3.78	30 ml	1%	Dec-08	(B)
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PREDNISON (new listing)

Tab 1 mg.....	Apo-Prednisone	10.68	500	1%	Dec-08	Douglas Origen
Tab 2.5 mg.....	Apo-Prednisone	12.09	500	1%	Dec-08	Douglas Origen
Tab 5 mg.....	Apo-Prednisone	11.09	500	1%	Dec-08	Douglas Origen

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 - effective 1 October 2008 (continued)

PROCAINE PENICILLIN (↑ price and addition of HSS) Inj 1.5 mega u	Cilicaine	50.86	5	1%	Dec-08	(B)
RISPERIDONE (new listing) Tab 0.5 mg.....	Ridal	15.60	60			
SALBUTAMOL (removal of DV pharmaceutical) Nebuliser soln 1 mg per ml, 2.5 ml	Asthalin	3.70	20	1%	July-07	Ventolin nebulas (B)
SIMVASTATIN (new listing) Tab 80 mg	SimvaRex	3.18	30			
STREPTOKINASE (↑ price and addition of HSS) Inj 250,000 IU	Streptase	117.70	1	1%	Dec-08	(B)
Inj 1,500,000 IU	Streptase	188.10	1	1%	Dec-08	(B)
TAR WITH TRIETHANOLAMINE LAURYL SULPHATE AND FLUORESC EIN (new listing) Soln 2.3% with triethanolamine lauryl sulphate and fluorescein sodium	Pinetarsol Pinetarsol	2.90 5.45	500 ml 1000 ml	1%	Dec-08	(B)
TEMAZEPAM (new listing) Tab 10 mg.....	Normison	0.83	25	1%	Dec-08	(B)
TERLIPRESSIN (new listing) Inj 1 mg.....	Glypressin	450.00	5	1%	Dec-08	(B)
TRIAMCINOLONE ACETONIDE (new listing) Crm 0.02%.....	Aristocort	6.63	100 g	1%	Dec-08	(B)
Oint 0.02%	Aristocort	6.69	100 g	1%	Dec-08	(B)
TRIAMCINOLONE ACETONIDE (addition of HSS) Inj 40 mg per ml, 1 ml	Kenacort-A40	28.09	5	1%	Dec-08	Baxter
TRIMETHOPRIM (new listing) Tab 300 mg.....	TMP	8.69	50	1%	Dec-08	(B)
VANCOMYCIN HYDROCHLORIDE (↑ price and addition of HSS) Inj 50 mg per ml, 10 ml	Pacific	5.04	1	1%	Dec-08	Hospira
ZINC SULPHATE (new listing) Cap 220 mg	Zincaps	10.00	100	1%	Dec-08	(B)

Effective 1 September 2008

AMANTADINE HYDROCHLORIDE Cap 100 mg	Symmetrel	47.81	60	1%	Oct-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 - effective 1 September 2008 (continued)

AMITRIPTYLINE

Tab 10 mg.....Amirol 2.77 50

ATENOLOL

Tab 50 mg.....**Pacific Atenolol** 6.50 500 1% Sept-06 Anselol
Apo-Atenolol
Golbal Atenolol

Tab 50 mg.....Loten

Tab 100 mg.....**Pacific Atenolol** 11.30 500 1% Sept-06 Anselol
Apo-Atenolol
Golbal Atenolol

Tab 100 mg.....Loten

Please note that the Loten brand of atenolol tablets 50 mg and 100 mg will be delisted from 1 September 2008.

AQUEOUS (new listing)

Cream.....**AFT** 1.49 100 g 1% Nov 08 Orion
Multichem
PSM

Note – Multichem brand of aqueous cream 100 g will be delisted from 1 November 2008

DV limit applies to pack sizes of 100 g or less

CLOPIDOGREL (new listing)

Tab 75 mg.....Apo-Clopidogrel 35.00 28

DIPYRIDAMOLE

Tab long-acting 150 mg.....**Pytazen SR** 11.52 60 1% Oct-08 Persantin

EMULSIFYING OINTMENT (new listing)

Ointment BP.....**AFT** 2.50 100 g 1% Nov 08 (B)

ERYTHROPOIETIN ALPHA (new listing)

Inj human recombinant 1,000 iu,
pre-filled syringe.....**Eporex** 48.68 6

Inj human recombinant 2,000 iu,
pre-filled syringe.....**Eporex** 120.18 6

Inj human recombinant 3,000 iu,
pre-filled syringe.....**Eporex** 166.87 6

Inj human recombinant 4,000 iu,
pre-filled syringe.....**Eporex** 193.13 6

Inj human recombinant 5,000 iu,
pre-filled syringe.....**Eporex** 243.26 6

Inj human recombinant 6,000 iu,
pre-filled syringe.....**Eporex** 291.92 6

Inj human recombinant 10,000 iu,
pre-filled syringe.....**Eporex** 395.18 6

Contracted Pharmaceutical Description	Brand	Price (\$) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceutical
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Section H - effective 1 September 2008 (continued)

ERYTHROPOIETIN BETA (change to brand name)

Inj 2,000 iu prefilled syringe.....	NeoRecormon Recormon	152.04	6	5%	Apr-06	(B)
Inj 3,000 iu prefilled syringe.....	NeoRecormon Recormon	228.06	6	5%	Apr-06	(B)
Inj 4,000 iu prefilled syringe.....	NeoRecormon Recormon	304.08	6	5%	Apr-06	(B)
Inj 5,000 iu prefilled syringe.....	NeoRecormon Recormon	380.10	6	5%	Apr-06	(B)
Inj 6,000 iu prefilled syringe.....	NeoRecormon Recormon	456.12	6	5%	Apr-06	(B)
Inj 10,000 iu prefilled syringe.....	NeoRecormon Recormon	760.20	6	5%	Apr-06	(B)

FLUDARABINE (↑ price)

Tab 10 mg.....	Fludara	650.25	15	1%	Nov 08	(B)
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FLUDARABINE PHOSPHATE (↓ price)

Inj 50 mg.....	Fludara	1430.00	5	1%	Nov 08	(B)
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IMIQUIMOD (new listing)

Cream 5 %, sachet	Aldara	110.40	12			
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INSULIN GLARGINE

Inj 100 iu per ml, 3 ml	Lantus SoloStar	94.50	5			
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METHOTREXATE (↓ price and HSS addition)

Inj 100 mg per ml, 10 ml	Methotrexate Ebewe	27.50	1	1%	Nov-08	Hospira
Inj 100 mg per ml, 50 ml	Methotrexate Ebewe	135.00	1	1%	Nov-08	Hospira

METHYLPHENIDATE HYDROCHLORIDE EXTENDED-RELEASE (new listing)

Tablet extended-release 18 mg	Concerta	58.96	30			
Tablet extended-release 27 mg	Concerta	65.44	30			
Tablet extended-release 36 mg	Concerta	71.93	30			
Tablet extended-release 54 mg	Concerta	86.24	30			

NICOTINE

Lozenge 1 mg	Habitrol	11.08	36			
Lozenge 2 mg	Habitrol	11.08	36			

PRILOCAINE HYDROCHLORIDE

Inj 0.5%, 50 ml.....	Citanest	80.00	5			
Inj 0.5%, 50 ml.....	Citanest	160	10			

Contracted Pharmaceutical Description	Brand	Price (\$) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceutical
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Section H - effective 1 September 2008 (continued)

RISPERIDONE (↓ price)

Tab 0.5 mg.....	Risperdal	5.20	20			
Tab 1 mg.....	Risperdal	30.77	60			
Tab 2 mg.....	Risperdal	61.53	60			
Tab 3 mg.....	Risperdal	92.32	60			
Tab 4 mg.....	Risperdal	123.05	60			

SODIUM CHLORIDE (new listing)

Soln 0.9% for irrigation	Pfizer	20.00	30 ml	1%	Nov 08	Orion
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TOPIRAMATE (new listing)

Tab 25 mg.....	Topamax	26.04	60			
Tab 50 mg.....	Topamax	44.26	60			
Tab 100mg.....	Topamax	75.25	60			
Tab 200mg.....	Topamax	129.85	60			
Sprinkle cap 15 mg.....	Topamax	20.84	60			
Sprinkle cap 25 mg.....	Topamax	26.04	60			

Effective 1 August 2008

ADALIMUMAB (new listing)

Inj 40 mg per 0.8 ml prefilled pen	HumiraPen	1,799.92	2			
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ARIPIRAZOLE (new listing)

Tab 10 mg.....	Abilify	123.54	30			
Tab 15 mg.....	Abilify	175.28	30			
Tab 20 mg.....	Abilify	213.42	30			
Tab 30 mg.....	Abilify	260.07	30			

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 µg	Lycinate	8.00	100	1%	Sept-08	(B)
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IVERMECTIN (new listing)

Tab 3 mg.....	Stromectol	25.96	4	1%	Oct-08	(B)
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KETOCONAZOLE (new listing)

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

Inj 100 mg per ml, 5 ml	Methotrexate Ebewe	18.00	1			
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Contracted Pharmaceutical Description	Brand	Price (\$) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceutical
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Section H - effective 1 August 2008 (continued)

METRONIDAZOLE

Suppos 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.

Section H changes to Part IV

Effective 1 October 2008

CHLORHEXIDINE

Eye drops 0.02%

For a period of 3 months for treatment of acanthamoeba keratitis.

ONDANSETRON HYDROCHLORIDE

Tab 4 mg

Zofran

Tab 8 mg

Zofran

Tab dispersible 4 mg

Zofran Zydys

Tab dispersible 8 mg

Zofran Zydys

For treatment of patients with hyperemesis gravidarum for the term of the pregnancy following failure of other antiemetic regimens.

POLYHEXAMETHYLENE BIGUANIDE

Eye drops 0.02%

For a period of 3 months for treatment of acanthamoeba keratitis.

PYRIMETHAMINE

Tab 25 mg (Section 29)

For the treatment of toxoplasmosis in patients with HIV for a period of 3 months;

For pregnant patients for the term of the pregnancy;

For infants with congenital toxoplasmosis until 12 months of age.

SULPHADIAZINE

Tab 500 mg (Section 29)

For the treatment of toxoplasmosis in patients with HIV for a period of 3 months;

For pregnant patients for the term of the pregnancy;

For infants with congenital toxoplasmosis until 12 months of age.

Effective 1 September 2008

CEFUROXIME AXETIL

Tab 250 mg

Oral liq 125 mg per 5 ml

Up to 2 weeks supply for any appropriate indication

CEFUROXIME SODIUM

Tab 250 mg

Oral liq 125 mg per 5 ml

Up to 2 weeks supply for any appropriate indication

Inj 250 mg

Inj 750 mg

Inj 1.5 g

For any indication approved by the hospital service, with review at 6 weeks.

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