

Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 December 2009

Cumulative for September, October, November and
December 2009

Section H for December 2009



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Summary of PHARMAC decisions

EFFECTIVE 1 DECEMBER 2009

New listings (pages 18 to 22)

- Insulin pen needles (Fine-Ject) 31 g x 6 mm – maximum of 100 dev per prescription
- Calcitriol (Airflow) cap 0.25 µg and 0.5 µg
- Furosemide (Urex Forte) tab 500 mg – Section 29
- Permethrin (A-Scabies) lotn 5%, 30 ml OP
- Cephalexin monohydrate (Cefalexin Sandoz) grans for oral liq 125 mg per 5 ml and 250 mg per 5 ml – Hospital pharmacy [HP3]
- Amoxicillin (Ospamox) grans for oral liq 125 mg per 5 ml and 250 mg per 5 ml – up to 200 ml available on a PSO
- Ethambutol hydrochloride (Myambutol) tab 100 mg – Section 29 – no patient co-payment payable
- Diclofenac sodium (Diclax-SR) tab long-acting 75 mg and 100 mg
- Clomipramine hydrochloride (Apo-Clomipramine) tab 10 mg and 25 mg
- Bromocriptine mesylate (Apo-Bromocriptine) tab 2.5 mg
- Bleomycin sulphate (DBL Bleomycin Sulfate) inj 15,000 iu – PCT only – Specialist
- Docetaxel (Docetaxel Ebewe) inj 20 mg and 80 mg – PCT only – Specialist – Special Authority

Changes to restrictions (pages 23 to 34)

- Permethrin crm 5% (Lyderm) and lotn 5% (A-Scabies) – removal of note for use as second line therapy
- Tenofovir disoproxil fumarate (Viread) tab 300 mg – removal of antiretroviral Special Authority – addition of endorsement for treatment of HIV/AIDS – addition of Special Authority for the treatment of drug-resistant chronic Hepatitis B
- Antiretrovirals – amended notes in Special Authority criteria
- Midazolam – subsidy if injection prescribed for intranasal administration
- Letrozole (Femara) tab 2.5 mg – removal of Special Authority for Alternate Subsidy
- Atropine sulphate (Atropt) eye drops 1% - removal of Sole Subsidised Supply status

Decreased subsidy (page 35)

- Quetiapine (Quetapel) tab 25 mg, 100 mg, 200 mg and 300 mg
- Latanoprost (Xalatan) eye drops 50 µg per ml, 2.5 ml

Summary of PHARMAC decisions – effective 1 December 2009 (continued)

Increased subsidy (page 35)

- Bleomycin sulphate (Baxter) inj 1,000 iu for ECP
- Azathioprine (Azamun) tab 50 mg
- Atropine sulphate (Atropt) eye drops 1%

Access change to tenofovir

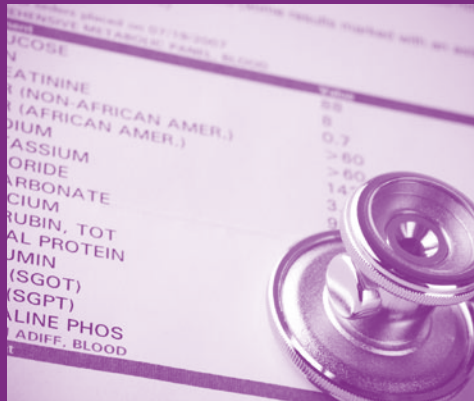
Access to tenofovir disoproxil fumarate (Viread) 300 mg tablets will be widened, via Special Authority to include the treatment of Hepatitis B under Special Authority. From 1 December 2009 funding for tenofovir for HIV/AIDS will be via endorsement rather than Special Authority. The endorsement criteria for the HIV/AIDS subsidy will be met when tenofovir is co-prescribed with another anti-retroviral that is subsidised under Special Authority SA0779, and the prescription is annotated accordingly by the pharmacist or prescriber.

Subsidy for tenofovir for Hepatitis B will be via a Special Authority. Subsidised treatment under Special Authority is only for patients with drug-resistant chronic hepatitis B (CHB) infection. See page 23 for further information.

Special Authority approvals for HIV/AIDS will no longer apply to tenofovir from 1 December 2009. Any outstanding repeats for tenofovir from 1 December will not be funded if tenofovir is dispensed using current Special Authority approvals after this date.

Pharmacy [HP1]

Pharmacy will need to manually annotate any repeats for tenofovir if the original prescription was dispensed under the Special Authority. If the prescription is not annotated with the required endorsement



in the claim, it will not be funded and would require resubmission after endorsement for claiming. Pharmacy computer software will need to be adjusted to implement the changed criteria. For more information regarding this, please contact your software vendor.

All new prescriptions for tenofovir for HIV/AIDS should be claimed via endorsement and annotated accordingly. All new prescriptions for tenofovir for Hepatitis B will need a Special Authority – it is only those prescriptions for tenofovir in conjunction with another anti-retroviral subsidised that no longer need the Special Authority but instead need an endorsement.

It is important to note that tenofovir when prescribed under endorsement for the treatment of HIV/AIDS is included in the count of up to three subsidised anti-retrovirals for the purposes of Special Authority SA0779.

Letrozole fully subsidised without Special Authority

Novartis New Zealand Ltd has reduced the price of Femara (letrozole) 2.5 mg tablets to match the level of the current subsidy. This means that patients no longer require Special Authority approval to access fully subsidised letrozole tablets.

Calcium tab effervescent – paid in multiples

From 1 December 2009 the Calsource brand of calcium tab effervescent 1 g (elemental) will be paid in multiples of 10 tablets. It will not be listed as an original pack (OP). The multiple tablet payment is to acknowledge that the original tube containers come with their own desiccants in the lid and once

tablets have been removed from the tubes their integrity may be compromised.

This is a computer change only and is not printed in the Pharmaceutical Schedule. Other products paid in this manner are calendar packed oral contraceptive tablets.

Permethrin – removal of prescribing note

The additional information in the listing in the Pharmaceutical Schedule for permethrin noting that it should be strictly reserved for second line therapy will be removed from 1 December 2009. Clinical advice from BPAC's Best Practice publication and the Cochrane review (2007) suggests permethrin should be used as a first line therapy.

Clomipramine tablets – new listing

Apo-Clomipramine 10 mg and 25 mg tablets will be listed fully subsidised on the Pharmaceutical Schedule from 1 December 2009. This follows the discontinuation of Mylan New Zealand's Clopress brand.



Cephalexin oral liquids – new listing

The Cephalexin Sandoz brand of cephalexin monohydrate granules for oral liquid 125 mg per 5 ml and 250 mg per 5 ml will be listed fully subsidised on the Pharmaceutical Schedule from 1 December 2009. Previously subsidised

cephalexin oral liquids were discontinued in 2006 so PHARMAC are pleased to be funding a first generation oral cephalosporin treatment option.

Diclofenac sodium – new listing

From 1 December 2009 Diclax SR (diclofenac sodium) long-acting 75 mg and long-acting 100 mg tablets will be listed fully subsidised. These listings are due to a short supply of diclofenac sodium tablets.

Please note that ***it is highly likely that Diclax SR 75 mg tablets will not be available until the week of 21 December 2009.*** We are listing it in the Pharmaceutical Schedule from 1 December because of the potential for an out-of-stock situation if we were to wait for 1 January 2010 to list this presentation. Douglas

Pharmaceuticals will notify wholesalers as soon as Diclax SR is available.



Please note that pharmacist authorisation to endorse prescriptions Close Control monthly continues to apply for all subsidised brands of diclofenac sodium long-acting 75 mg and long-acting 100 mg tablets. PHARMAC will notify at a later date when authorisation is to be revoked.

Bleomycin sulphate - new listing

From 1 December 2009 a new brand of bleomycin sulphate injection 15,000 iu (DBL Bleomycin Sulfate, Hospira) will be listed in the Pharmaceutical Schedule at a price and subsidy of \$120.00 per vial. The price and subsidy of bleomycin sulphate injection 1,000

iu for ECP (Baxter) will also be increased to \$9.28. Bleomycin sulphate is a Pharmaceutical Cancer Treatment. This new brand has been listed following discontinuation of the current Blenoxane brand (Bristol Myers Squibb).

Tender News

Sole Subsidised Supply changes – effective 1 January 2010

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Atropine sulphate	Inj 600 µg, 1 ml; 50 inj	AstraZeneca (AstraZeneca)
Baclofen	Tab 10 mg; 100 tab	Pacifen (Mylan)
Betamethasone valerate	Scalp app 0.1%; 100 ml OP	Beta Scalp (Mylan)
Calamine	Crn, aqueous, BP; 100 g	healthE (Jaychem)
Calamine	Lotn, BP; 2,000 ml	API (API)
Clobetasol propionate	Crn 0.05%; 30 g OP	Dermol (Mylan)
Clobetasol propionate	Oint 0.05%; 30 g OP	Dermol (Mylan)
Clobetasol propionate	Scalp app 0.05%; 30 ml OP	Dermol (Mylan)
Clonidine	TDDS 2.5 mg, 100 µg per day; 4 each	Catapres-TTS-1 (Boehringer Ingelheim)
Clonidine	TDDS 5 mg, 200 µg per day; 4 each	Catapres-TTS-2 (Boehringer Ingelheim)
Clonidine	TDDS 7.5 mg, 300 µg per day; 4 each	Catapres-TTS-3 (Boehringer Ingelheim)
Clonidine hydrochloride	Inj 150 µg per ml, 1 ml; 5 inj	Catapres (Boehringer Ingelheim)
Clonidine hydrochloride	Tab 150 µg; 100 tab	Catapres (Boehringer Ingelheim)
Clonidine hydrochloride	Tab 25 µg; 100 tab	Dixarit (Boehringer Ingelheim)
Flucloxacillin sodium	Grans for oral liq 125 mg per 5 ml; 100 ml	AFT (AFT)
Flucloxacillin sodium	Grans for oral liq 250 mg per 5 ml; 100 ml	AFT (AFT)
Gentamicin sulphate	Inj 40 mg per ml, 2 ml; 10 inj	Pfizer (Pfizer)
Hydrocortisone	Tab 5 mg; 100 tab	Douglas (Douglas)
Hydrocortisone	Tab 20 mg; 100 tab	Douglas (Douglas)
Hydrocortisone acetate	Rectal foam 10%, CFC-Free (14 applications); 21.1 g OP	Colifoam (Aspen)
Methylprednisolone sodium succinate	Inj 40 mg per ml, 1 ml; 25 inj	Solu-Medrol (Pfizer)
Methylprednisolone sodium succinate	Inj 62.5 mg per ml; 25 inj	Solu-Medrol (Pfizer)
Methylprednisolone sodium succinate	Inj 500 mg; 1 inj	Solu-Medrol (Pfizer)
Methylprednisolone sodium succinate	Inj 1 g; 1 inj	Solu-Medrol (Pfizer)
Morphine hydrochloride	Oral liq 1 mg per ml; 200 ml	RA-Morph (Pfizer)
Morphine hydrochloride	Oral liq 2 mg per ml; 200 ml	RA-Morph (Pfizer)
Morphine hydrochloride	Oral liq 5 mg per ml; 200 ml	RA-Morph (Pfizer)
Morphine hydrochloride	Oral liq 10 mg per ml; 200 ml	RA-Morph (Pfizer)

Sole Subsidised Supply changes – effective 1 January 2010 (continued)

Morphine sulphate	Tab immediate release 10 mg; 10 tab	Sevredol (Douglas)
Morphine sulphate	Tab immediate release 20 mg; 10 tab	Sevredol (Douglas)
Naproxen	Tab 250 mg; 500 tab	Noflam 250 (Mylan)
Naproxen	Tab 500 mg; 250 tab	Noflam 500 (Mylan)
Oxycotin	Inj 5 iu per ml, 1 ml; 5 inj	Syntocinon (Novartis)
Oxycotin	Inj 10 iu per ml, 1 ml; 5 inj	Syntocinon (Novartis)
Oxycotin	Inj 5 iu with ergometrine maleate 500 µg per ml, 1 ml; 5 inj	Syntometrine (Novartis)
Potassium chloride	Tab long-acting 600 mg; 200 tab	Span-K (Aspen)
Quinine sulphate	Tab 300 mg; 500 tab	Q 300 (Mylan)
Sodium cromoglycate	Nasal spray, 4%; 22 ml OP	Rex (Rex)

Looking Forward

This section is designed to alert both pharmacists and prescribers to possible future changes to the Pharmaceutical Schedule. It may also assist pharmacists, distributors and wholesalers to manage stock levels.

Possible decisions for implementation 1 January 2010

- Alprazolam (Arrow-Alprazolam) tab 250 µg, 500 µg and 1 mg – price and subsidy decrease
- Blood glucose diagnostic test meter (On Call Advanced) meter – new listing
- Blood glucose diagnostic test strips (On Call Advanced) blood glucose test strip x 50 with lancets x 5 – new listing
- Cabergoline (Dostinex) tab 0.5 mg, 2 and 8 tab packs – price and subsidy decrease
- Cholecalciferol (Cal-d-Forte) tab 1.25 mg (50,000 iu) – price and subsidy decrease
- Clindamycin (Dalacin C) inj phosphate 150 mg per ml, 4 ml – price and subsidy decrease
- Codeine phosphate (PSM) tab 15 mg, 30 mg and 60 mg – price and subsidy decrease
- Cyclosporin A (Neoral) cap 25 mg, 50 mg and 100 mg, and oral liq 100 mg per ml – price and subsidy decrease
- Danazol (Azol) cap 200 mg – new listing – Retail pharmacy-Specialist
- Dexamphetamine sulphate (PSM) tab 5 mg – price and subsidy decrease
- Glycerol (PSM) suppos 3.6 g – price and subsidy increase

Looking forward – effective 1 January 2010 (continued)

- Hydrocortisone butyrate lipocream 0.1% 30 g OP and 100 mg OP (Locoid Lipocream), oint 0.1% 100 g OP (Locoid), milky emulsion 0.1% 100 ml OP (Locoid Crelo), and scalp lotion 0.1% (Locoid) – price and subsidy decrease
- Hydrocortisone with natamycin and neomycin (Pimafucort) crm and oint 15 g OP – price and subsidy decrease
- Isoniazid (PSM) tab 100 mg – price and subsidy decrease
- Medroxyprogesterone acetate (Depo-Provera) inj 150 mg per ml, 1 ml – price and subsidy decrease
- Medroxyprogesterone acetate (Provera) tab 2.5 mg – price and subsidy increase
- Medroxyprogesterone acetate (Provera) tab 5 mg, 10 mg, 100 mg and 200 mg – price and subsidy decrease
- Mesalazine (Asamax) tab EC 500 mg – new listing
- Pethidine hydrochloride (PSM) tab 50 mg and 100 mg – price and subsidy increase
- Phenobarbitone (PSM) tab 15 mg and 30 mg – price and subsidy increase
- Risperidone (Apo-Risperidone) tab 0.5 mg, 1 mg, 2 mg, 3 mg and 4 mg, and oral liquid 1 mg per ml – new listing
- Silver sulphadiazine (Flamazine) crm 1% - new listing
- Solifenacin (Vesicare) tab 5 mg and 10 mg – new listing with Special Authority criteria
- Somatropin (Genotropin) inj 16 iu and 36 iu – price and subsidy decrease
- Topiramate (Apo-Topiramate) tab 25 mg, 50 mg, 100 mg and 200 mg – new listing

Possible decisions for implementation 1 February 2010

- Anastrozole (Arimidex) tab 1 mg - subsidy decrease
- Exemestane (Aromasin) tab 25 mg - subsidy decrease
- Letrozole (Letara) tab 2.5 mg - new listing
- Metoprolol succinate (Betaloc CR) tab long-acting 23.75 mg, 47.5 mg, 95 mg and 190 mg – price and subsidy decrease

Sole Subsidised Supply Products – cumulative to December 2009

Generic Name	Presentation	Brand Name	Expiry Date*
Acarbose	Tab 50 mg & 100 mg	Glucobay	2012
Acetazolamide	Tab 250 mg	Diamox	2011
Allopurinol	Tab 100 mg & 300 mg	Apo-Allopurinol	2011
Alprazolam	Tab 250 µg, 500 µg & 1 mg	Arrow-Alprazolam	2010
Amantadine hydrochloride	Cap 100 mg	Symmetrel	2011
Amlodipine	Tab 5 mg & 10 mg	Apo-Amlodipine	2011
Amoxicillin	Drops 125 mg per 1.25 ml	Ospamox Paediatric Drops	2011
	Inj 250 mg, 500 mg & 1 g	Ibiamox	2010
	Cap 250 mg & 500 mg	Apo-Amoxi	
Amoxicillin clavulanate	Tab amoxicillin 500 mg with potassium clavulanate 125 mg	Synermox	2011
Aqueous cream	Crn 500 g	AFT	2011
Aspirin	Tab dispersible 300 mg	Ethics Aspirin	2010
	Tab 100 mg	Ethics Aspirin EC	
Atenolol	Tab 50 mg & 100 mg	Pacific Atenolol	2012
Azithromycin	Tab 500 mg	Arrow-Azithromycin	2012
Benzylpenicillin sodium (Penicillin G)	Inj 1 mega u	Sandoz	2011
Bezafibrate	Tab 200 mg	Fibalip	2011
Bicalutamide	Tab 50 mg	Bicalox	2011
Bisacodyl	Tab 5 mg	Lax-Tabs	2010
Brimonidine tartrate	Eye drops 0.2%	AFT	2011
Bupivacaine hydrochloride	Inj 0.5%, 4 ml	Marcaïn Isobaric	2010
	Inj 0.5%, 8% glucose, 4 ml	Marcaïn Heavy	
Calcitonin	Inj 100 iu per ml, 1 ml	Miacalcic	2011
Calcium	Tab eff 1 g	Calsource	2011
Calcium folinate	Inj 50 mg	Calcium Folate Ebewe	2011
Captopril	Tab 12.5 mg, 25 mg & 50 mg	Apo-Captopril	2010
Cefaclor monohydrate	Cap 250 mg	Ranbaxy-Cefaclor	2010
	Grans for oral liq 125 mg per 5 ml	Ranbaxy-Cefaclor	
Cefazolin sodium	Inj 500 mg & 1 g	Hospira	2011
Cefuroxime sodium	Inj 750 mg & 1.5 g	Zinacef	2011
Cetomacrogol	Crn BP	PSM	2010
Cetirizine hydrochloride	Tab 10 mg	Zetop	2011
	Oral liq 1 mg per ml	Cetirizine-AFT	
Chloramphenicol	Eye oint 1%	Chlorsig	2012
Chlorhexidine gluconate	Soln 4%	Orion	2011

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

Sole Subsidised Supply Products – cumulative to December 2009

Generic Name	Presentation	Brand Name	Expiry Date*
Ciclopiroxolamine	Nail soln 8%	Batrafen	2012
Ciprofloxacin	Tab 250 mg, 500 mg & 750 mg	Rex Medical	2011
Citalopram	Tab 20 mg	Arrow-Citalopram	2011
Clarithromycin	Tab 250 mg Grans for oral liq 125 mg per 5 ml	Klamycin Klacid	2010
Clonazepam	Tab 500 µg & 2 mg	Paxam	2011
Clotrimazole	Vaginal crm 2% with applicators(s) Crm 1% Vaginal crm 1% with applicator(s)	Clomazol Clomazol Clomazol	2010
Codeine phosphate	Tab 15 mg, 30 mg & 60 mg	PSM	2010
Colchicine	Tab 500 µg	Colgout	2010
Colestipol hydrochloride	Sach 5 g	Colestid	2010
Colistin sulphomethate	Inj 150 mg	Colistin-Link	2010
Compound electrolytes	Powder for soln for oral use	Enerlyte	2010
Cyclizine hydrochloride	Tab 50 mg	Nausicalm	2012
Cyclophosphamide	Tab 50 mg	Cycloblastin	2010
Cyproterone acetate	Tab 50 mg & 100 mg	Siterone	2012
Desferrioxamine mesylate	Inj 500 mg	Mayne	2010
Desmopressin	Nasal spray 10 mcg per dose	Desmopressin-PH&T	2011
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, 25 mg, 50 mg & 100 mg	Voltaren Ophtha Voltaren Voltaren	2011
Diltiazem hydrochloride	Tab 30 mg & 60 mg Cap long-acting 120 mg, 180 mg & 240 mg	Dilzem Cardizem CD	2011
Dipyridamole	Tab long-acting 150 mg	Pytazen SR	2011
Doxazosin mesylate	Tab 2 mg & 4 mg	Apo-Doxazosin	2010
Emulsifying ointment	Oint BP	AFT	2011
Enoxaparin sodium (low molecular weight heparin)	Inj 20 mg, 40 mg, 60 mg, 80 mg, 100 mg, 120 mg & 150 mg	Clexane	2012
Entacapone	Tab 200 mg	Comtan	2012

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Sole Subsidised Supply Products – cumulative to December 2009

Generic Name	Presentation	Brand Name	Expiry Date*
Erythromycin ethyl succinate	Tab 400 mg	E-Mycin	2012
	Grans for oral liq 200 mg per 5 ml	E-Mycin	2011
	Grans for oral liq 400 mg per 5 ml	E-Mycin	
Ethinylloestradiol	Tab 10 µg	NZ Medical and Scientific	2012
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	
Felodipine	Tab long-acting 5 mg	Felo 5 ER	2012
	Tab long-acting 10 mg	Felo 10 ER	
Ferrous sulphate	Oral liq 150 mg per 5 ml	Ferodan	2010
Finasteride	Tab 5 mg	Fintral	2011
Flucloxacillin	Inj 250 mg, 500 mg & 1 g	Flucloxin	2011
Fluconazole	Cap 50 mg, 150 mg & 200 mg	Pacific	2011
Fludarabine phosphate	Inj 50 mg	Fludara	2011
	Tab 10 mg	Fludara Oral	
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	
Fluoromethalone	Eye drops 0.1%	FML	2012
Fluoxetine hydrochloride	Cap 20 mg	Fluox	2010
	Tab disp 20 mg, scored	Fluox	
Furosemide	Tab 40 mg	Diurin 40	2012
Fusidic acid	Crn 2%	Foban	2010
	Oint 2%	Foban	
Gabapentin	Cap 100 mg, 300 mg & 400 mg	Nupentin	31/7/12
Gliclazide	Tab 80 mg	Apo-Gliclazide	2011
Glipizide	Tab 5 mg	Minidiab	2011
Glyceril trinitrate	Tab 600 µg	Lycinate	2011
	Oral pump spray 400 µg per dose	Nitrolingual pumpspray	
	TDDS 5 mg & 10 mg	Nitroderm TTS	
Haloperidol	Oral liq 2 mg per ml	Serenace	2010
	Tab 500 µg, 1.5 mg & 5 mg	Serenace	
Hydrocortisone	Powder	ABM	2011
	Crn 1%	PSM	
Hydrctisone butyrate	Scalp lotn 0.1%	Locoid	2010

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Sole Subsidised Supply Products – cumulative to December 2009

Generic Name	Presentation	Brand Name	Expiry Date*
Hydrocortisone with wool fat and mineral oil	Lotn 1% with wool fat hydrous 3% and mineral oil	DP Lotn HC	2011
Hydroxychloroquine sulphate	Tab 200 mg	Plaquenil	2012
Hypromellose	Eye drops 0.5%	Methopt	2011
Hysocine N-butylbromide	Inj 20 mg, 1 ml Tab 20 mg	Buscopan Gastrosoothe	2011
Ibuprofen	Tab 200 mg Oral liq 100 mg per 5 ml	Ethics Ibuprofen Fenpaed	2012 2010
Ipratropium bromide	Aqueous nasal spray, 0.03% Nebuliser soln, 250 µg per ml, 1 ml Nebuliser soln, 250 µg per ml, 2 ml	Apo-Ipravent Ipratropium Steri-Neb Ipratropium Steri-Neb	2010
Iron polymaltose	Inj 50 mg per ml, 2 ml	Ferrum H	2011
Itraconazole	Cap 100 mg	Sporanox	2010
Ketoconazole	Shampoo 2%	Sebizole	2011
Lactulose	Oral liq 10 g per 15 ml	Duphalac	2010
Levobunolol	Eye drops 0.25% & 0.5%	Betagan	2010
Lignocaine hydrochloride	Inj 0.5%, 5 ml Inj 1%, 5 ml Inj 1%, 20 ml	Xylocaine Xylocaine Xylocaine	2010
Lignocaine with prilocaine	Crn 2.5% with prilocaine 2.5%; 30 g OP Crn 2.5% with prilocaine 2.5%; 5 g	EMLA EMLA	2010
Lisinopril	Tab 5 mg, 10 mg & 20 mg	Arrow-Lisinopril	2012
Loperamide hydrochloride	Tab 2 mg	Nodia	2010
Loratadine	Tab 10 mg Oral liq 1 mg per ml	Loraclear Hayfever Relief Lorapaed	2010
Malathion	Liq 0.5% Shampoo 1%	Derbac M A-Lices	2010 2011
Mask for Spacer Device	Device	Foremount Child's Silicone Mask	30/9/11
Mebendazole	Tab 100 mg	De-Worm	2011
Mebeverine hydrochloride	Tab 135 mg	Colofac	2011
Medroxyprogesterone acetate	Tab 2.5 mg, 5 mg, 10 mg, 100 mg & 200 mg	Provera	2010
Mesalazine	Enema 1 g per 100 ml	Pentasa	2012
Methadone hydrochloride	Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml Tab 5 mg	Biodone Biodone Forte Biodone Extra Forte Methatabs	2012 2010

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Sole Subsidised Supply Products – cumulative to December 2009

Generic Name	Presentation	Brand Name	Expiry Date*
Methotrexate	Tab 2.5 mg & 10 mg	Methoblastin	2012
	Inj 100 mg per ml, 10 ml Inj 100 mg per ml, 50 ml	Methotrexate Ebewe Methotrexate Ebewe	2011
Methyldopa	Tab 125 mg, 250 mg, 500 mg	Prodopa	2011
Methylprednisolone	Tab 4 mg & 100 mg	Medrol	2012
Methylprednisolone acetate	Inj 40 mg per ml, 1 ml	Depo-Medrol	2011
Methylprednisolone acetate with lignocaine	Inj 40 mg per ml with lignocaine 1 ml	Depo-Medrol with Lidocaine	2011
Metoclopramide hydrochloride	Inj 5 mg per ml, 2 ml	Pfizer	2011
Miconazole nitrate	Crn 2%	Multichem	2011
Morphine sulphate	Inj 10 mg per ml, 1 ml	Mayne	2011
	Inj 30 mg per ml, 1 ml	Mayne	
Nadolol	Tab 40 mg & 80 mg	Apo-Nadolol	2010
Naltrexone hydrochloride	Tab 50 mg	ReVia	2010
Naproxen sodium	Tab 275 mg	Sonafnam	2010
Neostigmine	Inj 2.5 mg per ml, 1 ml	AstraZeneca	2010
Nevirapine	Oral suspension 10 mg per ml	Viramune Suspension	2012
	Tab 200 mg	Viramune	
Nicotine	Patch 7 mg, 14 mg and 21 mg	Habitrol	2010
	Lozenge 1 mg and 2 mg	Habitrol	
	Gum 2 mg & 4 mg (Fruit)	Habitrol	
	Gum 2 mg & 4 mg (Mint)	Habitrol	
Norethisterone	Tab 350 µg	Noriday 28	2012
	Tab 5 mg	Primolut N	2011
Nortriptyline hydrochloride	Tab 10 mg & 25 mg	Norpress	2011
Nystatin	Oral liq 100,000 u per ml, 24 ml OP	Nilstat	2011
	Cap 500,000 u	Nilstat	2010
	Tab 500,000 u	Nilstat	
Omeprazole	Cap 10 mg, 20 mg & 40 mg	Dr Reddy's Omeprazole	2011
	Inj 40 mg	Dr Reddy's Omeprazole	
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 & 2 ml	OxyNorm	2010
	Oral liq 5 mg per 5 ml	OxyNorm	
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	

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

Sole Subsidised Supply Products – cumulative to December 2009

Generic Name	Presentation	Brand Name	Expiry Date*
Pantoprazole	Inj 40 mg Tab 20 mg & 40 mg	Pantocid IV Dr Reddy's Pantoprazole	2010
Paracetamol	Tab 500 mg Oral liq 120 mg per 5 ml Oral liq 250 mg per 5 ml	Pharmacare Paracare Junior Paracare Double Strength	2011
Paraffin liquid with soft white paraffin	Eye oint with soft white paraffin	Lacri-Lube	2010
Paroxetine hydrochloride	Tab 20 mg	Loxamine	2010
Peak Flow Meter	Low range and Normal range	Breath-Alert	30/9/11
Pergolide	Tab 0.25 mg & 1 mg	Permax	2011
Phenoxymethylpenicillin (Penicillin V)	Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml Cap potassium salt 250 mg & 500 mg	AFT AFT Cilicaine VK	2010
Phenylephrine hydrochloride	Eye drops 0.12%	Prefrin	2010
Pioglitazone	Tab 15 mg, 30 mg and 45 mg	Pizaccord	2012
Poloxamer	Oral drops 10%	Coloxyl	2011
Polyvinyl alcohol	Eye drops 1.4% Eye drops 3%	Vistil Vistil Forte	2011
Prazosin hydrochloride	Tab 1 mg, 2 mg & 5 mg	Apo-Prazo	2010
Prednisone	Tab 1 mg, 2.5 mg, 5 mg & 20 mg	Apo-Prednisone	2011
Prednisone sodium phosphate	Oral liq 5 mg per ml	Redipred	2012
Procaine penicillin	Inj 1.5 mega u	Cilicaine	2011
Promethazine	Tab 10 mg & 25 mg	Allersoothe	2011
Quinapril	Tab 5 mg, 10 mg & 20 mg	Accupril	2011
Quinapril with hydrochlorothiazide	Tab 10 mg with hydrochlorothiazide 12.5 mg Tab 20 mg with hydrochlorothiazide 12.5 mg	Accuretic 10 Accuretic 20	2011
Ranitidine hydrochloride	Oral liq 150 mg per 10 ml	Peptisoothe	2010
Rifabutin	Cap 150 mg	Mycobutin	2010
Ropinirole hydrochloride	Tab 0.25 mg, 1 mg, 2 mg and 5 mg	Ropin	2010
Roxithromycin	Tab 150 mg & 300 mg	Arrow- Roxithromycin	2012
Salbutamol	Nebuliser soln, 1 mg per ml, 2.5 ml Nebuliser soln, 2 mg per ml, 2.5 ml Oral liq 2 mg per 5 ml	Asthalin Asthalin Salapin	2012 2010
Salbutamol with ipratropium bromide	Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml	Duolin	2012

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

Sole Subsidised Supply Products – cumulative to December 2009

Generic Name	Presentation	Brand Name	Expiry Date*
Selegiline hydrochloride	Tab 5 mg	Apo-Selegiline	2012
Simvastatin	Tab 10 mg Tab 20 mg Tab 40 mg Tab 80 mg	Arrow-Simva 10 mg Arrow-Simva 20 mg Arrow-Simva 40 mg Arrow-Simva 80 mg	2011
Sodium citro-tartrate	Grans eff 4 g sachets	Ural	2010
Sotalol	Tab 80 mg & 160 mg	Mylan	2012
Spacer Device	230 ml	Space Chamber	30/9/11
Syrup (pharmaceutical grade)	Liq	Midwest	2010
Tar with triethanolamine lauryl sulphate and fluorescein	Soln 2.3%	Pinetarsol	2011
Temazepam	Tab 10 mg	Normison	2011
Terazosin hydrochloride	Tab 2 mg & 5 mg	Apo-Terazosin	2010
Terbinafine	Tab 250 mg	Apo-Terbinafine	2011
Testosterone cypionate	Inj long-acting 100 mg per ml, 10 ml	Depo-Testosterone	2011
Tetracosactrin	Inj 250 mcg Inj 1 mg per ml, 1 ml	Synacthen Synacthen Depot	2011
Timolol maleate	Tab 10 mg Eye drops 0.25% & 0.5%	Apo-Timol Apo-Timop	2012 2011
Triamcinolone acetonide	Crm 0.02% Oint 0.02% Inj 40 mg per ml, 1 ml 0.1% in Dental Paste USP	Aristocort Aristocort Kenacort-A40 Oracort	2011 2011
Trimethoprim	Tab 300 mg	TMP	2011
Ursodeoxycholic acid	Cap 300 mg	Actigall	2011
Vancomycin hydrochloride	Inj 50 mg per ml, 10 ml	Pacific	2011
Zinc and castor oil	Ointment BP	PSM	2011
Zinc sulphate	Cap 220 mg	Zincaps	2011
Zopiclone	Tab 7.5 mg	Apo-Zopiclone	2011

December changes in bold

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings

Effective 1 December 2009

32	INSULIN PEN NEEDLES – Maximum of 100 dev per prescription * 31 g × 6 mm	11.75	100	✓ Fine-Ject
36	CALCITRIOL * Cap 0.25 µg	3.03	30	✓ Airflow
	* Cap 0.5 µg	5.62	30	✓ Airflow
54	FUROSEMIDE * Tab 500 mg	50.00	50	✓ Urex Forte S29
65	PERMETHRIN Lotn 5%	3.65	30 ml OP	✓ A-Scabies
83	CEPHALEXIN MONOHYDRATE – Hospital pharmacy [HP3] Grans for oral liq 125 mg per 5 ml	8.50	100 ml	✓ Cefalexin Sandoz
	Grans for oral liq 250 mg per 5 ml	11.50	100 ml	✓ Cefalexin Sandoz
85	AMOXYCILLIN Grans for oral liq 125 mg per 5 ml – Up to 200 ml available on a PSO	1.55	100 ml	✓ Ospamox
	Grans for oral liq 250 mg per 5 ml – Up to 200 ml available on a PSO	1.10	100 ml	✓ Ospamox
88	ETHAMBUTOL HYDROCHLORIDE – No patient co-payment payable Tab 100 mg	57.81	56	✓ Myambutol S29
99	DICLOFENAC SODIUM * Tab long-acting 75 mg	32.80	500	✓ Diclax SR
	* Tab long-acting 100 mg	63.22	500	✓ Diclax SR
111	CLOMIPRAMINE HYDROCHLORIDE Tab 10 mg	12.60	100	✓ Apo-Clomipramine
	Tab 25 mg	8.68	100	✓ Apo-Clomipramine
119	BROMOCRIPTINE MESYLATE * Tab 2.5 mg	32.08	100	✓ Apo-Bromocriptine
138	BLEOMYCIN SULPHATE – PCT only – Specialist Inj 15,000 iu	120.00	1	✓ DBL Bleomycin Sulfate
138	DOCETAXEL – PCT only – Specialist – Special Authority see SA0880 Inj 20 mg	325.00	1	✓ Docetaxel Ebewe
	Inj 80 mg	1,300.00	1	✓ Docetaxel Ebewe

Effective 1 November 2009

30	METFORMIN HYDROCHLORIDE * Tab immediate-release 500 mg	8.09	500	✓ Apotex
	* Tab immediate-release 850 mg	6.67	250	✓ Apotex

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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New listings - effective 1 November 2009 (continued)

62	MOMETASONE FUROATE			
	Crn 0.1%	2.38	15 g OP	✓ m-Mometasone
		4.55	45 g OP	✓ m-Mometasone
	Oint 0.1%	2.38	15 g OP	✓ m-Mometasone
		4.55	45 g OP	✓ m-Mometasone
72	CYPROTERONE ACETATE WITH ETHINYLOESTRADIOL			
	* Tab 2 mg with ethinyloestradiol 35 µg and 7 inert tabs	4.91	84	✓ Ginet 84
85	AMOXYCILLIN CLAVULANATE			
	Grans for oral liq amoxicillin 125 mg with potassium clavulanate			
	31.25 mg per 5 ml – Up to 200 ml available on a PSO.....	2.20	100 ml	✓ Curam
	Grans for oral liq amoxicillin 250 mg with potassium clavulanate			
	62.5 mg per 5 ml – Up to 200 ml available on a PSO.....	3.85	100 ml	✓ Curam
107	ETIDRONATE DISODIUM			
	* Tab 200 mg	23.95	100	✓ Arrow-Etidronate
	Prescribing Guidelines			
	Etidronate for osteoporosis should be prescribed for 14 days (400 mg in the morning) and repeated every three months. It should not be taken at the same time of the day as any calcium supplementation (minimum dose – 500 mg per day of elemental calcium). Etidronate should be taken at least 2 hours before or after any food or fluid, except water.			
112	MIRTAZAPINE – Special Authority see SA0994– Retail pharmacy			
	Tab 30 mg	22.00	30	✓ Avanza
	Tab 45 mg	35.00	30	✓ Avanza
	▶ SA0994 Special Authority for Subsidy			
	Initial application from any relevant practitioner. Approvals valid for 2 years for applications meeting the following criteria:			
	Both:			
	1 The patient has a severe major depressive episode; and			
	2 Either:			
	2.1 The patient must have had a trial of two different antidepressants and was unable to tolerate the treatments or failed to respond to an adequate dose over an adequate period of time (usually at least four weeks); or			
	2.2 Both:			
	2.2.1 The patient is currently a hospital in-patient as a result of an acute depressive episode; and			
	2.2.2 The patient must have had a trial of one other antidepressant and either could not tolerate it or failed to respond to an adequate dose over an adequate period of time.			
	Renewal from any relevant practitioner. Approvals valid for 2 years where the patient has a high risk of relapse (prescriber determined).			
134	OXALIPLATIN – PCT only – Specialist – Special Authority see SA0900			
	Inj 50 mg	65.00	1	✓ Oxaliplatin Ebewe
	Inj 100 mg	130.00	1	✓ Oxaliplatin Ebewe
151	DEXTROCHLORPHENIRAMINE MALEATE			
	* Tab 2 mg	1.01	20	
		(4.93)		Polaramine
		2.02	40	
		(7.99)		Polaramine

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New listings - effective 1 November 2009 (continued)

167	PHENOBARBITONE SODIUM			
	Powder – Only in combination	52.50	10 g	✓MidWest
	a) Only in children up to 12 years			
	b) ‡ Safety cap for extemporaneously compounded oral liquid preparations.			

Effective 13 October 2009

112	MOCLOBEMIDE			
	Note: There is a significant cost differential between moclobemide and fluoxetine (moclobemide being about three times more expensive). For depressive syndromes it is therefore more cost-effective to start treatment with fluoxetine first before considering prescribing moclobemide.			
	Tab 150 mg	8.31	60	✓GenRx Moclobemide
	Tab 300 mg	18.80	60	✓GenRx Moclobemide

Effective 1 October 2009

27	CLARITHROMYCIN			
	Tab 500 mg – Subsidy by endorsement	23.30	14	✓Klamycin
	a) Maximum of 14 tablets per prescription			
	b) Subsidised only if prescribed for helicobacter pylori eradication and prescription is endorsed accordingly.			
	Note: the prescription is considered endorsed if clarithromycin is prescribed in conjunction with a proton pump inhibitor and either amoxicillin or metronidazole.			
31	BLOOD GLUCOSE DIAGNOSTIC TEST METER – Subsidy by endorsement			
	a) Maximum of 1 meter per prescription			
	b)			
	1) A diagnostic blood glucose test meter is subsidised for patients who begin insulin or sulphonylurea therapy after 1 March 2005 or is prescribed for a pregnant woman with diabetes.			
	2) Only one meter per patient. No further prescriptions will be subsidised. The prescription must be endorsed accordingly.			
	Meter	6.00	1	✓CareSens POP
		9.00		✓CareSens II
32	BLOOD GLUCOSE DIAGNOSTIC TEST STRIP			
	The number of test strips available on a prescription is restricted to 50 unless:			
	1) Prescribed with insulin or a sulphonylurea but are on a different prescription and the prescription is endorsed accordingly; or			
	2) Prescribed on the same prescription as insulin or a sulphonylurea in which case the prescription is deemed to be endorsed; or			
	3) Prescribed for a pregnant woman with diabetes and endorsed accordingly.			
	Blood glucose test strips x 50 and lancets x 5	19.60	1 OP	✓CareSens
42	HEPARIN SODIUM			
	Inj 1,000 iu per ml, 5 ml	11.44	10	✓Pfizer
		46.30	50	✓Pfizer
	Inj 5,000 iu per ml, 5 ml	118.50	50	✓Pfizer
42	HEPARINISED SALINE			
	* Inj 10 iu per ml, 5 ml	32.50	50	✓Pfizer

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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New listings - effective 1 October 2009 (continued)

93	RALTEGRAVIR POTASSIUM – Special Authority see SA0779 – Hospital pharmacy [HP1] Tab 400 mg	1,350.00	60	✓ Isentress
99	DICLOFENAC SODIUM * Tab EC 25 mg	1.63	50	✓ Diclohexal
	* Tab EC 50 mg	2.13	50	✓ Diclohexal
	* Tab long-acting 75 mg	3.10	30	✓ Diclax SR
		19.60	100	✓ Voltaren SR
106	ALENDRONATE SODIUM WITH CHOLECALCIFEROL – Special Authority see SA0990 – Retail pharmacy Tab 70 mg with cholecalciferol 5600 iu	35.91	4	✓ Fosamax Plus
117	APREPITANT – Special Authority see SA0987 – Retail pharmacy Cap 2 x 80 mg and 1 x 125 mg	116.00	3 OP	✓ Emend Tri-Pack
	➔ SA0987 Special Authority for Subsidy Initial application from any relevant practitioner. Approvals valid for 12 months where the patient is undergoing highly emetogenic chemotherapy and/or anthracycline-based chemotherapy for the treatment of malignancy. Renewal from any relevant practitioner. Approvals valid for 12 months where the patient is undergoing highly emetogenic chemotherapy and/or anthracycline-based chemotherapy for the treatment of malignancy.			
123	RISPERIDONE Oral liq 1 mg per ml	18.35	30 ml	✓ Risperon
159	LATANOPROST – Retail pharmacy-Specialist See prescribing guideline ▲ Eye drops 50 µg per ml, 2.5ml	9.75	2.5 ml OP	✓ Hysite
186	AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA0733 – Hospital pharmacy [HP3] See prescribing guideline Infant formula	174.72	400 g OP	✓ PKU Anamix Infant
	Liquid (berry)	15.65	62.5 ml OP	✓ PKU Lophlex LQ
		31.20	125 ml OP	✓ PKU Lophlex LQ
	Liquid (citrus)	15.65	62.5 ml OP	✓ PKU Lophlex LQ
		31.20	125 ml OP	✓ PKU Lophlex LQ
	Liquid (orange)	15.65	62.5 ml OP	✓ PKU Lophlex LQ
		31.20	125 ml OP	✓ PKU Lophlex LQ
187	ELEMENTAL FORMULA – Special Authority see SA0603 – Hospital pharmacy [HP3] Powder	11.72 (15.21)	450 g OP	Pepti Junior Gold

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

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Generic Mnfr
✓ fully subsidised

New listings - effective 1 September 2009

32	INSULIN PEN NEEDLES – Maximum of 100 dev per prescription			
	* 29 g × 12.7 mm	11.75	100	✓ SC Profi-Fine
	* 31 g × 5 mm	11.75	100	✓ SC Profi-Fine
	* 31 g × 8 mm	11.75	100	✓ SC Profi-Fine
32	INSULIN SYRINGES, DISPOSABLE WITH ATTACHED NEEDLE – Maximum of 100 dev per prescription			
	* Syringe 0.3 ml with 29 g × 12.7 mm needle	13.00	100	✓ DM Ject
	* Syringe 0.3 ml with 31 g × 8 mm needle	13.00	100	✓ DM Ject
	* Syringe 0.5 ml with 29 g × 12.7 mm needle	13.00	100	✓ DM Ject
	* Syringe 0.5 ml with 31 g × 8 mm needle	13.00	100	✓ DM Ject
	* Syringe 1 ml with 29 g × 12.7 mm needle	13.00	100	✓ DM Ject
	* Syringe 1 ml with 31 g × 8 mm needle	13.00	100	✓ DM Ject
40	CLOPIDOGREL – Special Authority see SA0867 – Retail pharmacy			
	Tab 75 mg	25.00	28	✓ Arrow-Clopidogrel
58	ISOTRETINOIN – Special Authority see SA0955 – Retail pharmacy			
	Cap 10 mg	48.48	180	✓ Oratane
	Cap 20 mg	69.70	180	✓ Oratane
76	TESTOSTERONE UNDECANOATE – Retail pharmacy-Specialist			
	Cap 40 mg	60.71	60	✓ Andriol Testocaps
119	BROMOCRIPTINE MESYLATE			
	* Cap 5 mg	60.43	100	✓ Apo-Bromocriptine S29
123	ZUCLOPENTHIXOL HYDROCHLORIDE			
	Tab 10 mg	31.45	100	✓ Clopixol

Changes to Restrictions

Effective 1 December 2009

65	<p>PERMETHRIN</p> <p>1) Should be strictly reserved for use as second line therapy in:</p> <ol style="list-style-type: none"> 1) patients unable to tolerate the other medications, such as infants, young children and patients with allergies or eczema; 2) cases of scabies which are resistant to gamma benzene hexachloride and resistant to malathion. <p>2) Verification of drug resistance is dependent on the persistence of the condition after treatment. In order to establish whether there is drug resistance, the following criteria should be fulfilled:</p> <ol style="list-style-type: none"> 1) a definite diagnosis of scabies should be made; 2) it should be ascertained that the medication was administered properly; 3) the possibility of reinfestation should have been excluded. <p>Crn 5% 4.20 30 g OP ✓ Lyderm Lotn 5% 3.65 30 ml OP ✓ A-Scabies</p>
88	<p>TENOFOVIR DISOPROXIL FUMARATE – Special Authority see SA0779 – Hospital pharmacy [HP1] – Subsidy by endorsement; can be waived by Special Authority see SA0997</p> <p>Tab 300 mg 531.00 30 ✓ Viread</p> <p>Endorsement for treatment of HIV/AIDS: Prescription is deemed to be endorsed if tenofovir disoproxil fumarate is co-prescribed with another anti-retroviral subsidised under Special Authority SA0779 and the prescription is annotated accordingly by the Pharmacist or endorsed by the prescriber.</p> <p>Note:</p> <ul style="list-style-type: none"> • Tenofovir disoproxil fumarate prescribed under endorsement for the treatment of HIV/AIDS is included in the count of up to 3 subsidised antiretrovirals for the purposes of Special Authority SA0779 • Subsidy for a combination of up to three anti-retroviral medications, including a maximum of two protease inhibitors. Combinations including ritonavir plus indinavir or saquinavir or atazanavir will be counted as one protease inhibitor for the purpose of accessing funding to antiretrovirals. <p>▶ SA0997 Special Authority for Waiver of Rule</p> <p>Initial application - (Drug-Resistant Chronic Hepatitis B) only from a gastroenterologist, infectious disease specialist or general physician. Approvals valid for 1 year for applications meeting the following criteria: All of the following:</p> <ol style="list-style-type: none"> 1. Patient has confirmed Hepatitis B infection (HBsAg positive for more than 6 months); and 2. Patient has had previous lamivudine, adefovir or entecavir therapy; and 3. Both of the following: <ul style="list-style-type: none"> Documented drug resistance, defined as all of the following: <ol style="list-style-type: none"> 3.1. ALT greater than upper limit of normal; or ≥ Metavir Stage F3; and 3.2. HBV DNA greater than 20,000 IU/mL or increased ≥ 10 fold over nadir; and 4. Any of the following: <ol style="list-style-type: none"> 4.1. Hepatitis B virus resistant to lamivudine with detection of M204I/V mutation; or 4.2. Hepatitis B virus resistant to adefovir with detection of A181T/V or N236T mutation; or 4.3. Hepatitis B virus resistant to entecavir with detection of I169T, L180M T184S/A/I/L/G/C/M, S202C/G/I, M204V or M250I/V mutation. <p>Renewal - (Drug-Resistant Chronic Hepatitis B) only from a gastroenterologist, infectious disease specialist or general physician. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.</p> <p>Note</p> <ul style="list-style-type: none"> • Tenofovir disoproxil fumarate should be stopped 6 months following HBeAg seroconversion for patients who were HBeAg positive prior to commencing tenofovir disoproxil fumarate. • The recommended dose of tenofovir disoproxil fumarate for the treatment of hepatitis B is 300 mg once daily. • In patients with renal insufficiency (calculated creatinine clearance less than 50 ml/min), the tenofovir disoproxil fumarate dose should be reduced in accordance with the approved Medsafe datasheet guidelines.

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

Changes to Restrictions - effective 1 December 2009 (continued)

continued...

- **Tenofovir disoproxil fumarate is not approved for use in children.**

► SA0779 Special Authority for Subsidy

Initial application — (Confirmed HIV/AIDS) only from a named specialist. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Both:

1 Confirmed HIV infection; and

2 Any of the following:

2.1 Symptomatic patient; or

2.2 Patient aged 12 months and under; or

2.3 Both:

2.3.1 Patient aged 1 to 5 years; and

2.3.2 Any of the following:

2.3.2.1 CD4 counts < 1000 cells/mm³; or

2.3.2.2 CD4 counts $< 0.25 \times$ total lymphocyte count; or

2.3.2.3 Viral load counts > 100000 copies per ml; or

2.4 Both:

2.4.1 Patient aged 6 years and over; and

2.4.2 CD4 counts < 350 cells/mm³.

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

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

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

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

Either:

1 — Prevention of maternal foetal transmission; or

2 — Treatment of the newborn for up to eight weeks.

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

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

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

91 ANTIRETROVIRALS

► SA0779 Special Authority for Subsidy

Initial application — (Confirmed HIV/AIDS) only from a named specialist. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Both:

1 Confirmed HIV infection; and

2 Any of the following:

2.1 Symptomatic patient; or

2.2 Patient aged 12 months and under; or

2.3 Both:

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 December 2009 (continued)

continued...

- 2.3.1 Patient aged 1 to 5 years; and
- 2.3.2 Any of the following:
 - 2.3.2.1 CD4 counts < 1000 cells/mm³; or
 - 2.3.2.2 CD4 counts < 0.25 × total lymphocyte count; or
 - 2.3.2.3 Viral load counts > 100000 copies per ml; or

2.4 Both:

- 2.4.1 Patient aged 6 years and over; and
- 2.4.2 CD4 counts < 350 cells/mm³.

Note:

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

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

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

Note:

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

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

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

Either:

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

Notes:

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

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

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

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

128 MIDAZOLAM

Note – Midazolam injection will be funded if prescribed for intranasal administration for use in palliative care. Note that only the Hypnovel brand is currently indicated for intranasal administration.

Tab 7.5 mg – Month Restriction.....	10.38	100	
	(25.00)		Hypnovel
‡ Safety cap for extemporaneously compounded oral liquid preparations.			
Inj 1 mg per ml, 5 ml	10.75	10	✓ Hypnovel
	(14.73)		Pfizer
Inj 5 mg per ml, 3 ml	11.90	5	✓ Hypnovel
	(19.64)		Pfizer

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Restrictions - effective 1 December 2009 (continued)

144	LETROZOLE Tab 2.5 mg – Higher subsidy of \$200.00 per 30 with Special Authority see SA0943	146.46	30	✓ Femara
	<p>▶ SA0943 Special Authority for Alternate Subsidy</p> <p>Initial application — (New patients) only from a relevant specialist. Approvals valid for 5 years for applications meeting the following criteria:</p> <p>All of the following:</p> <p>1— Patient is a postmenopausal woman; and</p> <p>2— Patient has hormone receptor positive early breast cancer; and</p> <p>3— Either:</p> <p>3.1 The patient has a very clear history of intolerance to tamoxifen; or</p> <p>3.2 The use of tamoxifen is contraindicated due to a history of thromboembolic disease.</p> <p>Initial application — (Patient has had a Special Authority approval for letrozole prior to 1 December 2008) only from a relevant specialist. Approvals valid without further renewal unless notified where the treatment remains appropriate and the patient is benefiting from treatment.</p> <p>Renewal only from a relevant specialist. Approvals valid without further renewal unless notified where the treatment remains appropriate and the patient is benefiting from treatment.</p> <p>Note: If the patient had an approval for letrozole prior to 1 December 2008 the applicant is required to submit a fresh initial application in the first instance, not a renewal application. Please phone Ministry of Health Sector Services on 0800 243 666 for clarification if needed.</p>			
160	ATROPINE SULPHATE * Eye drops 1%	17.36	15 ml OP	✓ Atropt
	Note – Sole Subsidised Supply status was removed effective 1 December 2009.			

Effective 1 November 2009

30	METFORMIN HYDROCHLORIDE * Tab immediate-release 500 mg	8.09 9.75	500	✓ Apotex ✓ Arrow-Metformin
	* Tab immediate-release 850 mg	6.67 8.00	250	✓ Apotex ✓ Arrow-Metformin
37	MULTIVITAMINS – Special Authority see SA0963 – Retail pharmacy Tab	19.65	100	✓ Ketovite
	Powder	36.00	100 g OP	✓ Paediatric Seravit
	Oral liq	13.50	150 ml OP	✓ Ketovite Liquid
	<p>▶ SA0963 Special Authority for Subsidy</p> <p>Initial application from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:</p> <p>Either:</p> <p>1 The patient has inborn errors of metabolism; or</p> <p>2 For use as a supplement to a ketogenic diet in patients diagnosed with epilepsy.</p> <p>Note: Use of Paediatric Seravit is not recommended as a supplement to a ketogenic diet.</p> <p>Renewal application from any relevant practitioner. Approvals valid without further renewal unless notified for applications where the patient has had a previous approval for multivitamins.</p>			

Changes to Restrictions - effective 1 November 2009 (continued)

98	<p>INFLUENZA VACCINE – Hospital pharmacy [Xpharm]</p> <p>1) Subsidy is available between 1 March and 30 September 30 June of each year for patients who meet the following criteria, as set by the Ministry of Health:</p> <p>a) all people 65 years of age and over;</p> <p>b) people under 65 years of age with:</p> <p>i) the following cardiovascular disease:</p> <p>1) ischaemic heart disease,</p> <p>2) congestive heart disease,</p> <p>3) rheumatic heart disease,</p> <p>4) congenital heart disease, or</p> <p>5) cerebo-vascular disease;</p> <p>ii) the following chronic respiratory disease:</p> <p>1) asthma, if on a regular preventative therapy, or</p> <p>2) other chronic respiratory disease with impaired lung function;</p> <p>iii) diabetes;</p> <p>iv) chronic renal disease;</p> <p>v) any cancer, excluding basal and squamous skin cancers if not invasive;</p> <p>vi) the following other conditions:</p> <p>a) autoimmune disease,</p> <p>b) immune suppression,</p> <p>c) HIV,</p> <p>d) transplant recipients,</p> <p>e) neuromuscular and CNS diseases,</p> <p>f) haemoglobinopathies, or</p> <p>g) children on long term aspirin.</p> <p>The following conditions are excluded from funding:</p> <p>a) asthma not requiring regular preventative therapy,</p> <p>b) hypertension and/or dyslipidaemia without evidence of end-organ disease,</p> <p>c) pregnancy in the absence of another risk factor.</p> <p>2) Doctors are the only Contractors entitled to claim payment from the Funder for the supply of influenza vaccine to patients eligible under (1) above for subsidised immunisation and they may only do so in respect of the influenza vaccine listed in the Pharmaceutical Schedule.</p> <p>3) Individual DHBs may fund patients over and above the above criteria. The claiming process for these additional patients should be determined between the DHB and Contractor.</p> <p>43) Influenza Vaccine does not fall within the definition Community Pharmaceutical as it is not funded directly from the Pharmaceutical Budget. Pharmacists are unable to claim for the dispensing of influenza vaccine from the Funder.</p>	9.00	1	<p>✓ Fluvax</p> <p>✓ Fluarix</p>
		90.00	10	<p>✓ Fluarix</p> <p>✓ Vaxigrip</p>
143	<p>ANASTROZOLE-DP</p> <p>Tab 1 mg</p>	29.50	30	<p>✓ DP-Anastrozole</p>
186	<p>AMINOACID FORMULA WITH MINERALS WITHOUT PHENYLALANINE – Special Authority see SA0962 – Retail pharmacy</p> <p>See prescribing guideline</p> <p>Powder</p>	58.44	250 g OP	<p>✓ Metabolic Mineral Mixture</p>

▶ SA0962 Special Authority for Subsidy

continued...

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions - effective 1 November 2009 (continued)

continued...

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

Either:

- 1 Dietary management of phenylketonuria (PKU); or
- 2 For use as a supplement to the ketogenic diet in patients diagnosed with epilepsy; or
- 3 **Patient has had a previous approval for metabolic mineral mixture.**

Effective 1 October 2009

40	PHYTOMENADIONE Inj 2 mg per 0.2 ml – Up to 5 inj available on a PSO 8.00	5	✓ Konakion MM
	May be administered orally		
	Inj 10 mg per ml, 1 ml – Up to 5 inj available on a PSO 9.21	5	✓ Konakion MM
	May be administered orally		

84 CLARITHROMYCIN – Maximum of 500 mg per prescription; can be waived by Special Authority
see **SA0988 0657**

Tab 250 mg	7.75	14	✓ Klamycin
Grans for oral liquid 125 mg per 5 ml	23.12	70 ml	✓ Klacid

► **SA0988 0657** Special Authority for Waiver of Rule

Initial application — (*Helicobacter pylori* infections) only from a general practitioner or relevant specialist.

Approvals valid for 6 months for applications meeting the following criteria:

Both:

- 1 Eradication of *Helicobacter pylori* in patient with proven infection; and
- 2 Peptic ulcer disease proven by endoscopy.

Note: Maximum of two prescriptions (two courses) per patient.

Initial application — (Mycobacterial infections) only from a respiratory specialist, infectious disease specialist or paediatrician.

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

Any of the following:

- 1 Mycobacterium Avium Intracellulare Complex infections in patient with AIDS; or
- 2 Atypical and drug-resistant mycobacterial infection; or
- 3 All of the following:
 - 3.1 Prophylaxis against disseminated Mycobacterium Avium Intracellulare Complex infection; and
 - 3.2 HIV infection; and
 - 3.3 CD4 count \leq 50 cells/mm³.

Renewal — (Mycobacterial infections) only from a respiratory specialist, infectious disease specialist or paediatrician. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.

105 ALENDRONATE FOR OSTEOPOROSIS

► **SA0990 0948** Special Authority for Subsidy

Initial application — (Underlying cause – Osteoporosis) from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Any of the following:

- 1 History of one significant osteoporotic fracture demonstrated radiologically and documented bone mass density (BMD) \geq 2.5 standard deviations below the mean normal value in young adults (i.e. T-Score \leq -2.5); or
- 2 History of one significant osteoporotic fracture demonstrated radiologically, and either the patient is elderly, or densitometry scanning cannot be performed because of major logistical, technical or pathophysiological reasons. It is unlikely that this provision would apply to many patients under 75 years of age; or
- 3 History of two significant osteoporotic fractures demonstrated radiologically; or

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 October 2009 (continued)

continued...

4 Documented T-Score \leq -3.0; or

5 A 10-year risk of hip fracture \geq 3%, calculated using a published risk assessment algorithm (e.g. FRAX or Dubbo) which incorporates BMD measurements.

Initial application — (Underlying cause – glucocorticosteroid therapy) from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria:

Both:

1 The patient is receiving systemic glucocorticosteroid therapy (\geq 5 mg per day prednisone equivalents) and has already received or is expected to receive therapy for at least three months; and

2 Either:

2.1 The patient has documented BMD \geq 1.5 standard deviations below the mean normal value in young adults (i.e. T-Score \leq -1.5); or

2.2 The patient has a history of one significant osteoporotic fracture demonstrated radiologically.

Renewal —(Underlying cause was, and remains, glucocorticosteroid therapy) from any relevant practitioner.

Approvals valid for 1 year where the patient is continuing systemic glucocorticosteroid therapy (\geq 5 mg per day prednisone equivalents).

Renewal — (Underlying cause was glucocorticosteroid therapy but patient now meets the 'Underlying cause - osteoporosis' criteria) from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Any of the following:

1 History of one significant osteoporotic fracture demonstrated radiologically and documented bone mass density (BMD) \geq 2.5 standard deviations below the mean normal value in young adults (i.e. T-Score \leq -2.5); or

2 History of one significant osteoporotic fracture demonstrated radiologically, and either the patient is elderly, or densitometry scanning cannot be performed because of major logistical, technical or pathophysiological reasons. It is unlikely that this provision would apply to many patients under 75 years of age; or

3 History of two significant osteoporotic fractures demonstrated radiologically; or

4 Documented T-Score \leq -3.0; or

5 A 10-year risk of hip fracture \geq 3%, calculated using a published risk assessment algorithm (e.g. FRAX or Dubbo) which incorporates BMD measurements.

Notes:

a) Evidence used by National Institute for Health and Clinical Excellence (NICE) guidance indicates that patients aged 75 years and over who have a history of significant osteoporotic fracture demonstrated radiologically are very likely to have a T-Score \leq -2.5, and therefore do not require BMD measurement for treatment with bisphosphonates.

b) Osteoporotic fractures are the incident events for severe (established) osteoporosis, and can be defined using the WHO definitions of osteoporosis and fragility fracture. The WHO defines severe (established) osteoporosis as a T-score below -2.5 with one or more associated fragility fractures. Fragility fractures are fractures that occur as a result of mechanical forces that would not ordinarily cause fracture (minimal trauma). The WHO has quantified this as forces equivalent to a fall from a standing height or less.

c) In line with the Australian guidelines for funding alendronate, a vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

119 LEVODOPA WITH CARBIDOPA

* Tab long-acting 200 mg with carbidopa 50 mg —Retail

pharmacy-Specialist.....47.50 100 ✓ Sinemet CR

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions - effective 1 October 2009 (continued)

156	MASK FOR SPACER DEVICE a) Maximum of 20 dev per WSO b) Only on a WSO c) 1) Spacer devices and masks 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. 12) Only available for children aged six years and under. 23) 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. 34) 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 Size 2..... 3.28 1	✓ Foremount Child's Silicone Mask
156	SPACER DEVICE a) Maximum of 20 dev per WSO b) Only on a WSO c) 1) Spacer devices and masks 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. 12) 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. Space Chamber distributed by Airflow Products. Forward orders to: Airflow Products - PO Box 1485, Wellington Telephone: 04 499 1240 or 0800 AIR FLOW, Facsimile: 04 499 1245 or 0800 323 270 Volumatic Distributed by GlaxoSmithKline. Forward orders to: Telephone: 0800 877 789 Facsimile: 0800 877 785 230 ml (autoclavable) – Subsidy by endorsement..... 11.60 1 Available where the prescriber requires a spacer device that is capable of sterilisation in an autoclave and the WSO is endorsed accordingly. 230 ml (single patient) 8.38 1 800 ml 8.50 1	✓ Space Chamber ✓ Space Chamber ✓ Volumatic

Effective 1 September 2009

31	KETONE BLOOD BETA-KETONE ELECTRODES – Subsidy by endorsement Patient has type 1 diabetes and has had one or more episodes of ketoacidosis (excluding first presentation). Maximum quantity of 2 packs per annum. No further prescriptions will be subsidised. The prescription must be endorsed accordingly. Test strip – Not on a BSO 8.50 10 strip OP	✓ Optium Blood Ketone Test Strips
52	METOPROLOL SUCCINATE Additional subsidy by endorsement for Betaloc-CR is available for patients who: 1) were being prescribed metoprolol succinate prior to 1 October 2007; or 2) have experienced a myocardial infarction; or 3) have experienced heart failure and are either intolerant of carvedilol or it is contra-indicated. Pharmacists may annotate prescriptions for patients who were being prescribed metoprolol succinate prior to 1 October 2007 in which case the prescription is deemed to be endorsed. The pharmacist must be able to show a clear documented dispensing history for the patient. The prescription must be endorsed accordingly.	

continued...

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Restrictions - effective 1 September 2009 (continued)

continued...

* Tab long-acting 23.75 mg — Higher subsidy of up to \$6.20 per 30 with Endorsement	3.61	30	✓ Betaloc CR
* Tab long-acting 47.5 mg — Higher subsidy of up to \$7.00 per 30 with Endorsement	4.50	30	✓ Betaloc CR
* Tab long-acting 95 mg — Higher subsidy of up to \$13.20 per 30 with Endorsement	7.40	30	✓ Betaloc CR
* Tab long-acting 190 mg — Higher subsidy of up to \$21.00 per 30 with Endorsement	12.50	30	✓ Betaloc CR
57 NICOTINE — Only on a Quitcard			
a) Maximum of 28 patch per dispensing			
b) Maximum of 56 patch per prescription			
c) For the avoidance of doubt Nicotine will not be funded Close Control in amounts less than 4 weeks.			
Patch 7 mg	10.53	7 OP	✓ Habitrol
Patch 14 mg	11.63	7 OP	✓ Habitrol
Patch 21 mg	12.32	7 OP	✓ Habitrol
57 NICOTINE — Only on a Quitcard			
a) Maximum of 216 loz per dispensing			
b) Maximum of 432 loz per prescription			
c) For the avoidance of doubt Nicotine will not be funded Close Control in amounts less than 4 weeks.			
Lozenge 1 mg	11.08	36 OP	✓ Habitrol
Lozenge 2 mg	11.08	36 OP	✓ Habitrol
57 NICOTINE — Only on a Quitcard			
a) Maximum of 384 piece per dispensing			
b) Maximum of 768 piece per prescription			
c) For the avoidance of doubt Nicotine will not be funded Close Control in amounts less than 4 weeks.			
Gum 2 mg (Fruit)	14.97	96 OP	✓ Habitrol
	23.41		✓ Nicotinell
Gum 2 mg (Mint)	14.97	96 OP	✓ Habitrol
	23.41		✓ Nicotinell
Gum 4 mg (Fruit)	20.02	96 OP	✓ Habitrol
	23.41		✓ Nicotinell
Gum 4 mg (Mint)	20.02	96 OP	✓ Habitrol
	23.41		✓ Nicotinell
81 GOSERELIN ACETATE — Special Authority see SA0839 — Hospital pharmacy [HP3]			
Inj 3.6 mg	221.60	1	✓ Zoladex
Inj 10.8 mg	554.70	1	✓ Zoladex
▶ SA0839 Special Authority for Subsidy			
Initial application — (Breast cancer) from any medical practitioner. Approvals valid for 1 year where the patient is a premenopausal woman with breast cancer.			
Initial application — (Prostate cancer) only from an oncologist, urologist or endocrinologist. Approvals valid for 1 year for applications meeting the following criteria:			
Either:			
1— Advanced prostatic cancer; or			
2— Neoadjuvant or adjuvant treatment of locally advanced prostatic cancer.			
Note: Not to be prescribed with an anti-androgen except for a period of three weeks, if necessary, when GnRH analogue therapy is initiated.			
Initial application — (Endometriosis) only from a gynaecologist. Approvals valid for 3 months 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

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 2009 (continued)

continued...

Both:

1— Endometriosis; and

2— Either:

2.1 6 months treatment with medroxyprogesterone acetate, danazol or dimetiose has proven ineffective; or

2.2 The patient has failed to tolerate the treatment with medroxyprogesterone acetate, danazol or dimetiose for 6 months.

Note: The maximum treatment period for a GnRH analogue is:

• 3 months to assess whether surgery is appropriate

• 3 months for infertile patients after surgery

• 6 months for patients with symptoms of endometriosis After the first 3 months patients should be assessed to determine whether there has been a satisfactory response to the first 3 months treatment.

Initial application — (Precocious puberty) only from a paediatrician or endocrinologist. Approvals valid for 1 year where the patient is affected by gonadotropin dependent precocious puberty.

Renewal — (Breast or prostate cancer) from any medical practitioner. Approvals valid for 1 year where the treatment remains appropriate and the patient is benefiting from treatment.

Note: If a patient had an approval for any GnRH analogue prior to 1 July 2006 the applicant is required to submit a fresh initial application, not a renewal application.

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

Either:

1— Both:

1.1 There has been a satisfactory response to the first 3 months treatment; and

1.2 Surgery is inappropriate; or

2— The first three months of therapy did not follow surgery for infertility.

Note: If a patient had an approval for any GnRH analogue prior to 1 July 2006 the applicant is required to submit a fresh initial application, not a renewal application.

Renewal — (Precocious puberty) only from a paediatrician or endocrinologist. Approvals valid for 1 year where the treatment remains appropriate and the patient is benefiting from treatment.

Note: If a patient had an approval for any GnRH analogue prior to 1 July 2006 the applicant is required to submit a fresh initial application, not a renewal application.

83	AZITHROMYCIN – Subsidy by endorsement			
	a) Maximum of 2 tab per prescription; can be waived by Special Authority see SA0964			
	b) Up to 4 tab available on a PSO			
	c) Subsidised only if prescribed for patients with uncomplicated urethritis or cervicitis proven or presumed to be due to chlamydia trachomatis and their sexual contacts and prescription or PSO is endorsed accordingly; can be waived by Special Authority see SA0964.			
	Tab 500 mg	5.95	2 OP	✓ Arrow-Azithromycin
89	ENTECAVIR – Special Authority see SA0977 – Retail pharmacy			
	Tab 0.5 mg	400.00	30	✓ Baraclude
	➔ SA0977 Special Authority for Subsidy			
	Initial application only from a gastroenterologist or infectious disease specialist. Approvals valid without further renewal unless notified for applications meeting the following criteria:			
	All of the following:			
	1 Patient has confirmed Hepatitis B infection (HBsAg positive for more than 6 months); and			
	2 Patient is Hepatitis B nucleoside analogue treatment-naive; and			
	3 Entecavir dose 0.5 mg/day; and			
	4 Either:			
	4.1 ALT greater than upper limit of normal; or			
	4.2 Bridging fibrosis or cirrhosis (Metavir stage 3 or greater) on liver histology; and			
	5 Either:			

continued...

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions - effective 1 September 2009 (continued)

continued...

	5.1 HBeAg positive; or			
	5.2 patient has \geq 2,000 IU HBV DNA units per ml and fibrosis (Metavir stage 2 or greater) on liver histology; and			
6	No continuing alcohol abuse or intravenous drug use; and			
7	Not co-infected with HCV, HIV or HDV; and			
8	Neither ALT nor AST greater than 10 times upper limit of normal; and			
9	No history of hypersensitivity to entecavir; and			
10	No previous documented lamivudine resistance (either clinical or genotypic).			
	Notes:			
	• Entecavir should be continued for 6 months following documentation of complete HBeAg seroconversion (defined as loss of HBeAg plus appearance of anti-HBe plus loss of serum HBV DNA) for patients who were HBeAg positive prior to commencing this agent. This period of consolidation therapy should be extended to 12 months in patients with advanced fibrosis (Metavir Stage F3 or F4).			
	• Entecavir should be taken on an empty stomach to improve absorption.			
112	TRANLYCYPROMINE SULPHATE			
	Tab 10 mg 22.94	50		✓ Parnate S29 S29
	Note – removal of Section 29 annotation			
143	ANASTROZOLE-DP —Subsidy by endorsement			
	Subsidised only for patients with hormone receptor positive advanced breast cancer and the prescription is endorsed accordingly:			
	Tab 1 mg 29.50	30		✓ DP-Anastrozole
147	CYCLOSPORIN A —Special Authority see SA0470 – Hospital pharmacy [HP3]			
	Cap 25 mg 85.00	50		✓ Neoral
	Cap 50 mg 169.34	50		✓ Neoral
	Cap 100 mg 338.69	50		✓ Neoral
	Oral liq 100 mg per ml 377.38	50 ml OP		✓ Neoral
	▶ SA0470 Special Authority for Subsidy			
	Initial application — (Organ transplant) only from a relevant specialist. Approvals valid without further renewal unless notified where the patient is an organ transplant recipient.			
	Initial application — (Bone marrow transplant or Graft v host disease) only from a relevant specialist. Approvals valid for 2 years for applications meeting the following criteria:			
	Either:			
	1— Bone marrow transplant; or			
	2— Graft v host disease.			
	Initial application — (Psoriasis) only from a dermatologist. Approvals valid for 2 years for applications meeting the following criteria:			
	Both:			
	1— Psoriasis; and			
	2— Applicant must state which systemic and topical therapies have failed.			
	Initial application — (Severe atopic dermatitis) only from a dermatologist. Approvals valid for 6 months for applications meeting the following criteria:			
	Both:			
	1— Severe atopic dermatitis; and			
	2— Not responsive to topical therapy, oral antihistamines and other commonly used orthodox therapies.			
	Initial application — (Nephrotic Syndrome) only from a relevant specialist. Approvals valid for 2 years for applications meeting the following criteria:			
	Both:			
	1— Nephrotic Syndrome; and			
	2— Corticosteroid dependent patients who have failed on cytotoxic therapy.			

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

Changes to Restrictions - effective 1 September 2009 (continued)

continued...

Initial application — (Endogenous uveitis) only from a relevant specialist. Approvals valid for 2 years where the patient suffers from endogenous uveitis.

Initial application — (Severe rheumatoid arthritis) only from a rheumatologist. Approvals valid for 2 years for applications meeting the following criteria:

All of the following:

- 1— Severe rheumatoid arthritis; and
- 2— The patient must be either unresponsive to or unable to tolerate, both sulphasalazine and methotrexate; and
- 3— Patients must have 2 serum creatinine test results within the normal range within the three months prior to initiation of therapy.

Renewal — (Severe atopic dermatitis) only from a dermatologist. Approvals valid for 6 months where the treatment remains appropriate and the patient is benefiting from treatment.

Renewal — (Indications other than severe atopic dermatitis) only from a dermatologist, rheumatologist or relevant specialist. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.

Guidelines for use of cyclosporin A in rheumatoid arthritis

Monitoring:

All patients require frequent monitoring for creatinine levels and blood pressure:

- fortnightly, in the first three months of therapy and then monthly, if results are stable;
- if dose is increased or there is a rise in serum creatinine or blood pressure, then more frequent monitoring is required.

Contraindications:

Cyclosporin A is contraindicated in patients with the following conditions:

- current or past malignancy;
- uncontrolled hypertension;
- renal dysfunction (abnormal serum creatinine for age and sex);
- immunodeficiency and neutropenia;
- abnormally low white blood cell count or platelet count; or
- liver function tests more than twice the upper limit of normal.

Gaution in use:

- age above 65 years;
- controlled hypertension;
- use of anti-epileptic medications;
- use of ketoconazole, fluconazole, trimethoprim, erythromycin, verapamil, and diltiazem;
- concurrent or previous use of alkylating agents such as cyclophosphamide;
- use of any experimental drug within the past three months;
- premalignant conditions such as leukoplakia, monoclonal paraproteinaemia, myelodysplastic syndrome and dysplastic naevi;
- active infection may necessitate temporary discontinuation;
- pregnancy and lactation.

Therapy should be discontinued if there has been no improvement after 6 months with the patient on the maximum tolerated dose. For further information please consult the data sheet.

166	PILOCARPINE ORAL LIQUID	
	Pilocarpine 4% 6% eye drops	qs
	Preservative	qs
	Water	to 500 ml
	(Preservative should be used if quantity supplied is for more than 5 days.)	

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 December 2009

99	DICLOFENAC SODIUM (↓ subsidy)			
	* Tab EC 25 mg	3.26	100	
		(3.51)		Apo-Diclo
	* Tab EC 50 mg	21.30	500	
		(25.88)		Apo-Diclo
122	QUETIAPINE (↓ subsidy)			
	Tab 25 mg	16.78	90	✓ Quetapel
	Tab 100 mg	32.59	90	✓ Quetapel
	Tab 200 mg	56.70	90	✓ Quetapel
	Tab 300 mg	95.40	90	✓ Quetapel
138	BLEOMYCIN SULPHATE – PCT only – Specialist (↑ subsidy)			
	Inj 1,000 iu for ECP	9.28	1,000 iu	✓ Baxter
144	LETROZOLE (↓ price)			
	Tab 2.5 mg	146.46	30	✓ Femara
145	AZATHIOPRINE – Retail pharmacy-Specialist (↑ subsidy)			
	* Tab 50 mg	26.75	100	✓ Azamun
159	LATANOPROST - Retail pharmacy – Specialist (↓ subsidy)			
	▲ Eye drops 50 µg per ml, 2.5 ml	9.75	2.5ml OP	
		(19.50)		Xalatan
160	ATROPINE SULPHATE (↑ subsidy)			
	* Eye drops 1%	17.36	15 ml OP	✓ Atropt
182	GLUTEN FREE BREAD MIX – Special Authority see SA0722 – Hospital pharmacy [HP3] (↑ price)			
	Powder	3.93	1,000 g OP	
		(7.32)		NZB Low Gluten Bread Mix
		4.77		
		(8.71)		Bakels Gluten Free Health Bread Mix
		3.51		
		(10.87)		Horleys Bread Mix
182	GLUTEN FREE FLOUR – Special Authority see SA0722 – Hospital pharmacy [HP3] (↑ price)			
	Powder	5.62	2,000 g OP	
		(18.10)		Horleys Flour

Effective 1 November 2009

26	MESALAZINE (↓ subsidy)			
	Tab long-acting 500 mg	59.05	100	✓ Pentasa
27	LANSOPRAZOLE (↓ subsidy)			
	* Cap 15 mg	3.50	28	✓ Solox
	* Cap 30 mg	4.65	28	✓ Solox

▲ 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 2009 (continued)

58	ISOTRETINOIN – Special Authority see SA0955 – Retail pharmacy (↓ subsidy)			
	Cap 10 mg	26.93	100	✓ Isotane 10
	Cap 20 mg	38.72	100	✓ Isotane 20
63	ZINC (↑ price)			
	Crn BP	6.55 (12.00)	500 g	PSM
67	SUNSCREENS, PROPRIETARY – Subsidy by endorsement (↓ price)			
	Only if prescribed for a patient with severe photosensitivity secondary to a defined clinical condition and the prescription is endorsed accordingly.			
	Crn	1.28 (5.50)	50 g OP	Aquasun Oil Free Faces SPF30+
	Lotn	3.19 (6.94)	125 ml OP	Aquasun 30+
122	LITHIUM CARBONATE (↑ subsidy)			
	Cap 250 mg	7.73	100	✓ Douglas
126	OXAZEPAM – Month Restriction (↑ price)			
	Tab 10 mg	1.98 (5.89)	100	Ox-Pam
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
	Tab 15 mg	2.45 (8.13)	100	Ox-Pam
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
128	NITRAZEPAM – Month Restriction (↑ price)			
	Tab 5 mg	2.00 (4.98)	100	Nitrados
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
139	IDARUBICIN HYDROCHLORIDE - PCT only - Specialist (↑ subsidy)			
	Cap 5 mg	115.00	1	✓ Zavedos
167	CODEINE PHOSPHATE (↑ price)			
	Powder – Only in combination	63.09 (90.09)	25 g	Douglas
	a) Only in extemporaneously compounded codeine linctus diabetic or codeine linctus paediatric.			
	b) ‡ Safety cap for extemporaneously compounded oral liquid preparations.			

Effective 1 October 2009

26	HYDROCORTISONE ACETATE (↑ subsidy)			
	Rectal foam 10 %, CFC-Free (14 applications)	23.00	21.1 g OP	✓ Colifoam
27	ATROPINE SULPHATE (↑ subsidy)			
	* Inj 600 µg, 1 ml – Up to 5 inj available on a PSO.....	52.00	50	✓ AstraZeneca

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 2009 (continued)

30	PIOGLITAZONE – Special Authority see SA0959 – Retail pharmacy (↓ subsidy)			
	Tab 15 mg	2.61 (45.78)	28	Actos
	Tab 30 mg	5.23 (70.43)	28	Actos
	Tab 45 mg	7.80 (89.39)	28	Actos
32	BLOOD GLUCOSE DIAGNOSTIC TEST STRIP (↓ subsidy)			
	The number of test strips available on a prescription is restricted to 50 unless:			
	1) Prescribed with insulin or a sulphonylurea but are on a different prescription and the prescription is endorsed accordingly; or			
	2) Prescribed on the same prescription as insulin or a sulphonylurea in which case the prescription is deemed to be endorsed; or			
	3) Prescribed for a pregnant woman with diabetes and endorsed accordingly.			
	Blood glucose test strips	21.65	50 test OP	✓ Accu-Chek Performa
36	VITAMIN A WITH VITAMINS D AND C (↑ subsidy and ↓ price)			
	Soln 1000 u with Vitamin D 400 u and ascorbic acid 30 mg per 10 drops	4.50	10 ml OP	✓ Vitadol C
42	HEPARIN SODIUM (↑ subsidy)			
	Inj 5,000 iu per ml, 1 ml	14.20	5	✓ Mayne
44	POTASSIUM CHLORIDE (↑ subsidy)			
	* Tab long-acting 600 mg	7.00	200	✓ Span-K
54	CLONIDINE (↑ subsidy)			
	* TDDS 2.5 mg, 100 µg per day – Only on a prescription.....	23.30	4	✓ Catapres-TTS-1
	* TDDS 5 mg, 200 µg per day – Only on a prescription.....	32.80	4	✓ Catapres-TTS-2
	* TDDS 7.5 mg, 300 µg per day – Only on a prescription.....	41.20	4	✓ Catapres-TTS-3
54	CLONIDINE HYDROCHLORIDE (↑ subsidy)			
	* Tab 150 µg	33.00	100	✓ Catapres
	* Inj 150 µg per ml, 1 ml	15.45	5	✓ Catapres
60	CALAMINE (↓ subsidy)			
	a) Only on a prescription			
	b) Not in combination			
	Crn, aqueous, BP	2.78 (3.02)	100 g	ABM
	Lotn, BP	16.70 (19.44)	2,000 ml	ABM
61	CLOBETASOL PROPIONATE (↑ subsidy)			
	* Crn 0.05%	3.48	30 g OP	✓ Dermol
	* Oint 0.05%	3.48	30 g OP	✓ Dermol
64	WOOL FAT WITH MINERAL OIL – Only on a prescription (↑ price)			
	* Lotn hydrous 3% with mineral oil	5.60 (20.53)	1,000 ml	Alpha-Keri Lotion

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

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Generic Mnfr
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Changes to Subsidy and Manufacturer's Price – effective 1 October 2009 (continued)

66	BETAMETHASONE VALERATE († subsidy) * Scalp app 0.1%	7.22	100 ml OP	✓ Beta Scalp
66	CLOBETASOL PROPIONATE († subsidy) * Scalp app 0.05%	6.36	30 ml OP	✓ Dermol
73	OXYTOCIN – Up to 5 inj available on a PSO († subsidy) Inj 5 iu per ml, 1 ml	5.94	5	✓ Syntocinon
	Inj 10 iu per ml, 1 ml	7.48	5	✓ Syntocinon
	Inj 5 iu with ergometrine maleate 500 µg per ml, 1 ml	10.12	5	✓ Syntometrine
75	HYDROCORTISONE († subsidy) * Tab 5 mg	8.35	100	✓ Douglas
	* Tab 20 mg	20.95	100	✓ Douglas
75	METHYLPREDNISOLONE SODIUM SUCCINATE – Retail pharmacy-Specialist († subsidy) Inj 500 mg	20.80	1	✓ Solu-Medrol
82	LEUPRORELIN – Hospital pharmacy [HP3] (‡ subsidy) Inj 7.5 mg	166.20	1	✓ Eligard
	Inj 22.5 mg	443.76	1	✓ Eligard
	Inj 30 mg	591.68	1	✓ Eligard
	Inj 45 mg	832.05	1	✓ Eligard
85	FLUCLOXACILLIN SODIUM († subsidy) Grans for oral liq 125 mg per 5 ml – Up to 200 ml available on a PSO	3.12	100 ml	✓ AFT
	Grans for oral liq 250 mg per 5 ml – Up to 200 ml available on a PSO	3.55	100 ml	✓ AFT
87	GENTAMICIN SULPHATE († subsidy) Inj 40 mg per ml, 2 ml – Hospital pharmacy [HP3] – Subsidy by endorsement	9.00	10	✓ Pfizer
	Only if prescribed for a dialysis or cystic fibrosis patient or for prophylaxis of endocarditis and the prescription is endorsed accordingly.			
100	NAPROXEN († subsidy) * Tab 250 mg	23.70	500	✓ Noflam 250
	* Tab 500 mg	24.88	250	✓ Noflam 500
107	BACLOFEN († subsidy) * Tab 10 mg	4.75	100	✓ Pacifen
107	QUININE SULPHATE († subsidy) * Tab 300 mg	54.06	500	✓ Q 300
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			

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 2009 (continued)

110	MORPHINE HYDROCHLORIDE († subsidy) a) Only on a controlled drug form b) No patient co-payment payable			
	‡ Oral liq 1 mg per ml	8.84	200 ml	✓ RA-Morph
	‡ Oral liq 2 mg per ml	11.62	200 ml	✓ RA-Morph
	‡ Oral liq 5 mg per ml	14.65	200 ml	✓ RA-Morph
	‡ Oral liq 10 mg per ml	21.55	200 ml	✓ RA-Morph
110	MORPHINE SULPHATE († subsidy) a) Only on a controlled drug form b) No patient co-payment payable			
	Tab immediate-release 10 mg	2.80	10	✓ Sevredol
	Tab immediate-release 20 mg	5.52	10	✓ Sevredol
112	MOCLOBEMIDE († subsidy) Note: There is a significant cost differential between moclobemide and fluoxetine (moclobemide being about three times more expensive). For depressive syndromes it is therefore more cost-effective to start treatment with fluoxetine first before considering prescribing moclobemide.			
	Tab 150 mg	69.23	500	✓ Apo-Moclobemide
	Tab 300 mg	31.33	100	✓ Apo-Moclobemide
117	CLONIDINE HYDROCHLORIDE († subsidy) * Tab 25 µg	19.25	100	✓ Dixarit
119	LEVODOPA WITH CARBIDOPA (↓ subsidy) * Tab long-acting 200 mg with carbidopa 50 mg	47.50	100	✓ Sinemet CR
	* Tab 250 mg with carbidopa 25 mg	40.00	100	✓ Sinemet
134	CARBOPLATIN – PCT only – Specialist			
	Inj 10 mg per ml, 5 ml († subsidy)	20.00	1	✓ Carboplatin Ebewe
	Inj 10 mg per ml, 15 ml († subsidy)	22.50	1	✓ Carboplatin Ebewe
	Inj 10 mg per ml, 45 ml (↓ subsidy)	55.00	1	✓ Carboplatin Ebewe
	Inj 10 mg per ml, 100 ml (↓ subsidy)	120.00	1	✓ Carboplatin Ebewe
	Inj 1 mg for ECP († subsidy)	0.15	1 mg	✓ Baxter
155	SODIUM CROMOGLYCATATE († subsidy) Nasal spray, 4%	15.85	22 ml OP	✓ Rex
159	DORZOLAMIDE HYDROCHLORIDE WITH TIMOLOL MALEATE (↓ subsidy) * Eye drops 2% with timolol maleate 0.5%	15.50	5 ml OP	✓ Cosopt

Effective 1 September 2009

32	INSULIN PEN NEEDLES – Maximum of 100 dev per prescription (↓ subsidy) * 31 g × 5 mm	11.75	100	✓ B-D Micro-Fine
40	CLOPIDOGREL – Special Authority see SA0867 – Retail pharmacy (↓ subsidy) Tab 75 mg	25.00 (73.38)	28	✓ Apo-Clopidogrel Plavix

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
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Changes to Subsidy and Manufacturer's Price – effective 1 September 2009 (continued)

52	METOPROLOL SUCCINATE (↓ subsidy)			
	* Tab long-acting 23.75 mg	3.61	30	✓ Betaloc CR
	* Tab long-acting 47.5 mg	4.50	30	✓ Betaloc CR
	* Tab long-acting 95 mg	7.40	30	✓ Betaloc CR
	* Tab long-acting 190 mg	12.50	30	✓ Betaloc CR
64	POVIDONE IODINE (↑ subsidy)			
	Skin preparation, povidone iodine 10% with 30% alcohol	10.00	500 ml	✓ Betadine Skin Prep
82	DANAZOL – Retail pharmacy-Specialist (↑ subsidy)			
	Cap 100 mg	20.50	30	✓ D-Zol
		68.33	100	✓ Azol
	Cap 200 mg	29.35	30	✓ D-Zol
117	BETAHISTINE DIHYDROCHLORIDE (↑ subsidy)			
	* Tab 16 mg	9.26	84	✓ Vergo 16
141	VINORELBINE – PCT only – Specialist – Special Authority see SA0901 (↓ subsidy)			
	Inj 1 mg for ECP	2.71	1 mg	✓ Baxter
143	FLUTAMIDE – Hospital pharmacy [HP3]-Specialist (↑ subsidy)			
	Tab 250 mg	48.30	100	✓ Flutamin
155	BUDESONIDE (↑ price)			
	Metered aqueous nasal spray, 50 µg per dose	2.35	200 dose OP	
		(4.00)		Butacort Aqueous
	Metered aqueous nasal spray, 100 µg per dose	2.61	200 dose OP	
		(4.81)		Butacort Aqueous
158	FLUOROMETHOLONE (↓ subsidy)			
	* Eye drops 0.1%	4.05	5 ml OP	
		(4.30)		Flucon
175	ORAL FEED 1KCAL/ML – Special Authority see SA0589 – Hospital pharmacy [HP3] (↑ subsidy)			
	Liquid	1.90	200 ml OP	✓ Fortimel

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 December 2009

175	ORAL FEED 1KCAL/ML – Special Authority see SA0589 – Hospital pharmacy [HP3] Liquid.....	1.90	200 ml OP	✓ Fortimel Regular Fortimel
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Effective 1 November 2009

172	PROTEIN SUPPLEMENT – Special Authority see SA0582 – Hospital pharmacy [HP3] Powder	7.90	225 g OP	✓ Protifar Protifar 90
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Effective 1 October 2009

137	AMSACRINE – PCT only – Specialist Inj 75 mg	CBS	6	✓ Amsidine Amsidyf S29
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Changes to Sole Subsidised Supply

Effective 1 December 2009

For the list of new Sole Subsidised Supply products effective 1 December 2009 refer to the bold entries in the cumulative Sole Subsidised Supply table pages 11-17.

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
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Delisted Items

Effective 1 December 2009

25	CALCIUM CARBONATE WITH AMINOACETIC ACID * Tab 420 mg with aminoacetic acid 180 mg – Higher subsidy of \$38.73 per 1000 with Endorsement	30.00 (38.73)	1,000		Titralac
30	PIOGLITAZONE – Special Authority see SA0959 – Retail pharmacy Tab 15 mg	2.61 (45.78)	28		Actos
	Tab 30 mg	5.23 (70.43)	28		Actos
	Tab 45 mg	7.80 (89.39)	28		Actos
31	GLUCOSE OXIDASE Urine diagnostic test with peroxidase, sodium nitroprusside and aminoacetic acid – Not on a BSO	4.53 (8.00)	50 stick OP		Keto-Diabur 5000
	Urine diagnostic test with peroxidase, potassium iodide, sodium nitroprusside and aminoacetic acid – Not on a BSO	4.53 (14.87)	50 strip OP		Keto-Diastix
31	SODIUM NITROPRUSSIDE * Urine diagnostic strips, buffered – Not on a BSO	3.39 (6.00) 3.40 (10.94)	50 strip OP		Ketur-Test Ketostix
63	OIL IN WATER EMULSION * Crm.....	2.80	500g	✓	Lemnis Fatty Cream
71	ETHINYLOESTRADIOL WITH LEVONORGESTREL * Tab	6.62 (9.45)	84		Triquilar ED
78	OESTRADIOL WITH LEVONORGESTREL * Tab 2 mg with 75 µg levonorgestrel (36) and tab 2 mg Oestradiol (48)	16.20	84	✓	Nuvelle
92	EFAVIRENZ – Special Authority see SA0779 – Hospital pharmacy [HP1] Tab 50 mg	158.33	30	✓	Stocrin
	Tab 200 mg	474.99	90	✓	Stocrin
100	INDOMETHACIN * Cap 25 mg	5.90	100	✓	Rheumacin

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Delisted Items – effective 1 December 2009 (continued)

110	NORTRIPTYLINE HYDROCHLORIDE Tab 25 mg	20.06	250	✓ Norpress
Note: Norpress tab 25 mg 180 tablet pack size listed 1 May 2009				
156	PILOCARPINE * Eye drops 0.5%	3.19	15 ml OP	✓ Pilot
158	FLUOROMETHOLONE * Eye drops 0.1%	4.05 (4.30)	5 ml OP	Flucon
176	ENTERAL FEED WITH FIBRE 1KCAL/ML – Special Authority see SA0702 – Hospital pharmacy [HP3] Liquid.....	1.24 5.29	250 ml OP 1,000 ml OP	✓ Fibersource ✓ Fibersource RTH

Effective 1 November 2009

61	HYDROCORTISONE * Powder – Only in combination	33.00 (37.64)	25 g	m-Hydrocortisone
Up to 5% in a dermatological base (not proprietary Topical Corticosteroid – Plain) with or without other dermatological galenicals.				
176	PAEDIATRIC ORAL FEED 1.5KCAL/ML – Special Authority see SA0896 – Hospital pharmacy [HP3] Liquid (strawberry)	1.60	200 ml OP	✓ Fortini
	Liquid (vanilla)	1.60	200 ml OP	✓ Fortini
176	PAEDIATRIC ORAL FEED WITH FIBRE 1.5KCAL/ML – Special Authority see SA0896 – Hospital pharmacy [HP3] Liquid (chocolate)	1.60	200 ml OP	✓ Fortini Multifibre
	Liquid (strawberry)	1.60	200 ml OP	✓ Fortini Multifibre
	Liquid (vanilla)	1.60	200 ml OP	✓ Fortini Multifibre

Effective 1 October 2009

48	TERAZOSIN HYDROCHLORIDE * Tab 2 mg	1.30	28	✓ Hytrin
	* Tab 5 mg	1.62	28	✓ Hytrin
53	CILAZAPRIL Tab 2.5 mg	4.39	30	✓ Inhibace
	Tab 5 mg	6.44	30	✓ Inhibace
100	INDOMETHACIN * Cap 50 mg	6.95	100	✓ Rheumacin
119	APOMORPHINE HYDROCHLORIDE ▲ Inj 10 mg per ml, 2 ml	50.43	5	✓ APO-go S29
	▲ Inj 10 mg per ml, 1 ml	50.53	5	✓ Mayne
145	AZATHIOPRINE – Retail pharmacy – Specialist * Tab 50 mg	25.00	100	✓ Thioprine

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

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Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

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Delisted Items – effective 1 October 2009 (continued)

170	CARBOHYDRATE SUPPLEMENT – Special Authority – Hospital pharmacy [HP3] Powder	1.14 (7.85)	350 g OP		Polydose
176	PAEDIATRIC ORAL FEED 1KCAL/ML – Special Authority – Hospital pharmacy [HP3] Liquid (strawberry)	1.27	237 ml OP	✓	Pediasure
	Liquid (chocolate)	1.27	237 ml OP	✓	Pediasure

Effective 1 September 2009

32	BLOOD GLUCOSE DIAGNOSTIC TEST STRIP The number of test strips available on a prescription is restricted to 50 unless: 1) Prescribed with insulin or a sulphonylurea but are on a different prescription and the prescription is endorsed accordingly; or 2) Prescribed on the same prescription as insulin or a sulphonylurea in which case the prescription is deemed to be endorsed; or 3) Prescribed for a pregnant woman with diabetes and endorsed accordingly.				
	Blood glucose test strips	22.00	50 test OP	✓	Optium 10 second test
		11.00	25 test OP	✓	Optium 10 second test
34	GLYCEROL * Suppos 2.55 g – Only on a prescription	3.12	12	✓	Fleet Glycerin Suppositories
52	LABETALOL * Inj 5 mg per ml, 5 ml	14.77 (22.15)	5		Trandate S29
62	TRIAMCINOLONE ACETONIDE WITH GRAMICIDIN, NEOMYCIN AND NYSTATIN Oint 1 mg with nystatin 100,000 u, neomycin sulphate 2.5 mg and gramicidin 250 µg per g – Only on a prescription.....	3.00	15 g OP	✓	Kenacomb
70	ETHINYLÖESTRADIOL WITH GESTODENE * Tab 30 µg with gestodene 75 µg and 7 inert tab	6.62 (14.49)	84		Minulet 28
	a) Higher subsidy of \$14.49 per 84 with Special Authority see SA0500 above b) Up to 84 tab available on a PSO				
71	ETHINYLÖESTRADIOL WITH LEVONORGESTREL * Tab ethinylöestradiol 30 µg with levonorgestrel 50 µg (6) and tab ethinylöestradiol 40 µg with levonorgestrel 75 µg (5), and tab ethinylöestradiol 30 µg with levonorgestrel 125 µg (10) and 7 inert tab	6.62 (14.49)	84		Triphasil 28
	a) Higher subsidy of up to \$14.49 per 84 with Special Authority see SA0500 on the preceding page b) Up to 84 tab available on a PSO				

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 2009 (continued)

76	TRIAMCINOLONE ACETONIDE Inj 10 mg per ml, 5 ml	10.31	1	✔ Kenacort-A
85	DICLOXACILLIN Cap 250 mg	2.47 (4.35)	24	Diclocil
	Cap 500 mg	3.83 (8.65)	24	Diclocil
120	ROPINIROLE HYDROCHLORIDE ▲ Tab 0.25 mg	19.75 (31.50)	210	Requip
	▲ Tab 0.25 mg × 42, 0.5 mg × 42 and 1 mg × 21	21.92 (35.70)	105	Requip Starter Pack
	▲ Tab 0.5 mg × 42, 1 mg × 42 and 2 mg × 63	73.60 (122.11)	147	Requip Follow-on Pack
	▲ Tab 1 mg	40.32 (67.20)	84	Requip
	▲ Tab 2 mg	60.72 (101.21)	84	Requip
	▲ Tab 5 mg	90.00 (150.00)	84	Requip
174	DIABETIC ENTERAL FEED 1KCAL/ML – Special Authority see SA0594 – Hospital pharmacy [HP3] Liquid.....	7.50	1,000 ml OP	✔ Resource Diabetic TF RTH

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

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Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

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Generic Mnfr
✓ fully subsidised

Items to be Delisted

Effective 1 January 2010

60	CALAMINE			
	a) Only on a prescription			
	b) Not in combination			
	Crn, aqueous, BP	2.78	100 g	
		(3.02)		ABM
	Lotn, BP	16.70	2,000 ml	
		(19.44)		ABM

Effective 1 February 2010

58	ISOTRETINOIN – Special Authority see SA0955 – Retail pharmacy			
	Cap 10 mg	26.93	100	✓ Isotane 10
	Cap 20 mg	38.72	100	✓ Isotane 20

Effective 1 March 2010

97	PEGYLATED INTERFERON ALPHA-2B WITH RIBAVIRIN – Special Authority see SA0953 – Hospital pharmacy [HP3] See prescribing guideline			
	Inj 50 µg × 4 with ribavirin cap 200 mg × 112	1,080.40	1 OP	✓ Pegatron Combination Therapy
	Inj 50 µg × 4 with ribavirin cap 200 mg × 84	976.80	1 OP	✓ Pegatron Combination Therapy
	Inj 80 µg × 4 with ribavirin cap 200 mg × 140	1,583.60	1 OP	✓ Pegatron Combination Therapy
	Inj 80 µg × 4 with ribavirin cap 200 mg × 168	1,687.20	1 OP	✓ Pegatron Combination Therapy
	Inj 80 µg × 4 with ribavirin cap 200 mg × 84	1,376.40	1 OP	✓ Pegatron Combination Therapy
	Inj 100 µg × 4 with ribavirin cap 200 mg × 112	1,746.40	1 OP	✓ Pegatron Combination Therapy
	Inj 100 µg × 4 with ribavirin cap 200 mg × 84	1,642.80	1 OP	✓ Pegatron Combination Therapy
	Inj 120 µg × 4 with ribavirin cap 200 mg × 140	2,116.40	1 OP	✓ Pegatron Combination Therapy
	Inj 120 µg × 4 with ribavirin cap 200 mg × 84	1,909.20	1 OP	✓ Pegatron Combination Therapy
	Inj 150 µg × 4 with ribavirin cap 200 mg × 140	2,516.00	1 OP	✓ Pegatron Combination Therapy

continued...

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Items to be Delisted – effective 1 March 2010 (continued)

continued...

	Inj 150 µg × 4 with ribavirin cap 200 mg × 168	2,619.60	1 OP	✓ Pegatron Combination Therapy
	Inj 150 µg × 4 with ribavirin cap 200 mg × 84	2,308.80	1 OP	✓ Pegatron Combination Therapy
99	DICLOFENAC SODIUM			
	* Tab EC 25 mg	3.26 (3.51)	100	Apo-Diclo
	* Tab EC 50 mg	21.30 (25.88)	500	Apo-Diclo
112	TRIMIPRAMINE MALEATE			
	Cap 25 mg	6.20	100	✓ Tripress
115	LAMOTRIGINE			
	▲ Tab dispersible 200 mg	101.80	56	✓ Mogine
119	BROMOCRIPTINE MESYLATE			
	* Tab 10 mg	120.86	100	✓ Alpha-Bromocriptine
125	DIAZEPAM			
	Tab 5 mg – Month Restriction.....	5.00	250	✓ Pro-Pam
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
140	PACLITAXEL – PCT only – Specialist			
	Inj 30 mg	37.95	1	✓ Paclitaxel Ebewe
	Note – Paclitaxel Ebewe inj 30 mg, 5 inj pack remains listed.			
159	LATANOPROST - Retail pharmacy – Specialist			
	▲ Eye drops 50 mcg per ml, 2.5 ml.....	9.75 (19.50)	2.5ml OP	Xalatan
160	PILOCARPINE			
	* Eye drops 1%	3.24	15 ml OP	✓ Piloft
183	GLUTEN FREE PASTA – Special Authority see SA0722 – Hospital pharmacy [HP3]			
	Corn and Spinach Rigatini.....	2.00 (2.92)	250 g OP	Orgran
	Garlic and Parsley Shells	2.00 (2.92)	250 g OP	Orgran
	Rice and Corn Garden Herb Pasta.....	2.00 (2.92)	250 g OP	Orgran

Effective 1 April 2010

40	PHYTOMENADIONE			
	Tab 10 mg	5.60	10	✓ Konakion
42	HEPARINISED SALINE			
	* Inj 10 iu per ml, 5 ml	18.00	50	✓ AstraZeneca

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Items to be Delisted – effective 1 April 2010 (continued)

125	DIAZEPAM Tab 10 mg – Month Restriction.....	3.45	100	✓ Pro-Pam
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
160	PILOCARPINE * Eye drops 4%.....	6.57	15 ml OP	✓ Pilot
178	SEMI-ELEMENTAL ENTERAL FEED 1KCAL/ML - Special Authority – Hospital pharmacy [HP3] Liquid.....	6.02	500 ml OP	✓ Peptisorb

Effective 1 May 2010

64	WOOL FAT WITH MINERAL OIL – Only on a prescription * Lotn hydrous 3% with mineral oil	1.12 (5.00) 2.10 (9.38)	200 ml OP 375 ml OP	Alpha-Keri Lotion Alpha-Keri Lotion
67	SUNSCREENS, PROPRIETARY – Subsidy by endorsement Only if prescribed for a patient with severe photosensitivity secondary to a defined clinical condition and the prescription is endorsed accordingly. Lotn	3.19 (8.82)	125 ml OP	Aquasun Sensitive SPF 30+
115	LAMOTRIGINE ▲ Tab dispersible 200 mg	101.80	56	✓ Arrow-Lamotrigine
140	TENIPOSIDE – PCT only – Specialist Inj 10 mg per ml, 5 ml	845.11	10	✓ Vumon
	Inj 50 mg for ECP	84.51	50 mg OP	✓ Baxter
151	DEXTROCHLORPHENIRAMINE MALEATE * Tab 2 mg	1.26 (5.60) 2.52 (9.99)	25 50	Polaramine Polaramine

Effective 1 June 2010

27	ATROPINE SULPHATE * Inj 1200 µg, 1 ml – Up to 5 inj available on a PSO.....	32.00	50	✓ AstraZeneca
28	OMEPRAZOLE * Cap 10 mg	2.00	28	✓ Dr Reddy's Omeprazole
	* Cap 40 mg	3.35	28	✓ Dr Reddy's Omeprazole

Note – Dr Reddy's Omeprazole cap 10 mg and 40 mg, 30 cap pack, remains listed.

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Items to be Delisted – effective 1 June 2010 (continued)

43	POTASSIUM CHLORIDE * Inj 150 mg per ml, 10 ml	26.00	50	✓ AstraZeneca
51	ATENOLOL * Tab 50 mg	0.39	30	✓ Noten S29
70	ETHINYLLOESTRADIOL WITH GESTODENE * Tab 30 µg with gestodene 75 µg and 7 inert tab	6.62 (16.50)	84	Femodene 28
	a) Higher subsidy of \$14.49 per 84 with Special Authority see SA0500 b) Up to 84 tab available on a PSO			
111	CLOMIPRAMINE HYDROCHLORIDE Tab 10 mg	10.00	100	✓ Clopress
119	BROMOCRIPTINE MESYLATE * Tab 2.5 mg	32.08	100	✓ Alpha-Bromocriptine
138	BLEOMYCIN SULPHATE – PCT only – Specialist Inj 15,000 iu.....	680.00	10	✓ Blenoxane
140	MITOMYCIN C - PCT only – Specialist Inj 10 mg	531.30	5	✓ Mitomycin-C 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 December 2009

AMOXYCILLIN

Grans for oral liq 125 mg per 5 ml ..Ospamox		1.55	100 ml			
Grans for oral liq 250 mg per 5 ml .. Ospamox		1.10	100 ml	1%	Feb-10	Amoxil Ranbaxy Amoxicillin

ATROPINE SULPHATE († price and discontinuing HSS)

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

Inj 1200 µg, 1 ml.....	AstraZeneca	32.00	50			
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Note – AstraZeneca inj 1200 µg, 1 ml to be delisted 1 February 2010.

BLEOMYCIN SULPHATE

Inj 15,000 iu.....	Blenoxane	680.00	10			
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Note – Blenoxane inj 15,000 iu to be delisted 1 February 2010.

CALCITRIOL

Cap 0.25 µg	Airflow	3.03	30	1%	Feb-10	Calcitriol-AFT Rocaltrol
Cap 0.5 µg.....	Airflow	5.62	30	1%	Feb-10	Caltriol-AFT Rocaltrol

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

CEPHALEXIN MONOHYDRATE

Grans for oral liq 125 mg per 5 ml ..	Cefalexin Sandoz	8.50	100 ml	1%	Feb-10	(B)
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Grans for oral liq 250 mg per 5 ml ..	Cefalexin Sandoz	11.50	100 ml	1%	Feb-10	(B)
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DOCETAXEL

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

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

ETHAMBUTOL HYDROCHLORIDE

Tab 100 mg.....	Myambutol	57.81	56			
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FUROSEMIDE

Tab 500 mg.....	Urex Forte	50.00	50			
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HYDROXYETHYL STARCH 200/0.5 PENTASTARCH (amended description)

Inj inf 10% per 500 ml bag.....	StarQuin 10%	216.00	16	1%	Sept-08	Pentaspán
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LETROZOLE (↓ price)

Tab 2.5 mg.....	Femara	146.46	30			
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Contracted Pharmaceutical Description	Brand	Price (\$) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceutical
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Section H changes to Part II - effective 1 December 2009 (continued)

MEGLUMINE DIATRIZOATE WITH SODIUM AMIDOTRIZOATE (↑ price)

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

Inj 469 mg per ml (equivalent to 0.5 mmol per ml), 10 ml prefilled Syringe (↑ price)	Magnevist	92.00	5			
Inj 469 mg per ml (equivalent to 0.5 mmol per ml), 20 ml	Magnevist	33.85	1			

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

PERMETHRIN

Lotn 5%	A-Scabies	3.65	30 ml	1%	Feb-10	Lyderm
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Note – Lyderm crm 5% to be delisted 1 February 2010.

POLYETHYLENE GLYCOL WITH SODIUM SULPHATE (↑ price)

Powder, sachets	Klean-Prep	16.46	4			
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QUETIAPINE (↓ price)

Tab 25 mg	Quetapel	16.78	90			
Tab 100 mg	Quetapel	32.59	90			
Tab 200 mg	Quetapel	56.70	90			
Tab 300 mg	Quetapel	95.40	90			

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PHARMAC is the Government agency responsible for deciding which medicines are subsidised for New Zealanders. It manages spending on pharmaceuticals for the District Health Boards, and ensures that a comprehensive list of medicines (the Pharmaceutical Schedule) is subsidised for New Zealanders, and that the list of medicines continues to grow to meet the needs of patients.