

Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 August 2008

Cumulative for May, June, July and August 2008

Section H for August 2008



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Summary of PHARMAC decisions

EFFECTIVE 1 AUGUST 2008

New listings (page 14)

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

Changes to restriction (page 18)

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

Decreased subsidy (page 25)

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

Increased subsidy (page 25)

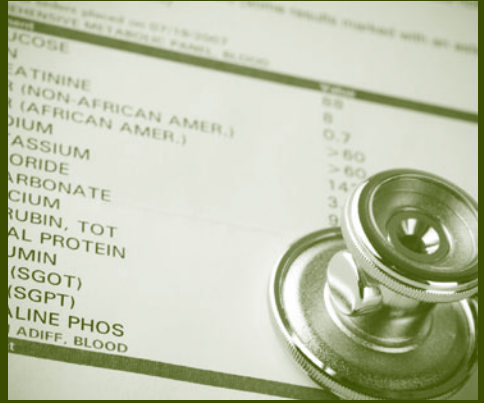
- Interferon beta-1-beta (Betaferon) inj 8 million iu per ml

Levetiracetam – New Antiepilepsy Treatment

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

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

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



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

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

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

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



Aripiprazole – New Antipsychotic Treatment

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

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

Glyceryl Trinitrate

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

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



Tender News

Sole Subsidised Supply changes – effective 1 September 2008

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

Looking Forward

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

Possible decisions for implementation 1 September 2008

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

Possible decisions for implementation 1 September 2008 (continued)

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

Sole Subsidised Supply Products – cumulative to August 2008

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

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

Sole Subsidised Supply Products – cumulative to August 2008

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

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Sole Subsidised Supply Products – cumulative to August 2008

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

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Sole Subsidised Supply Products – cumulative to August 2008

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

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Sole Subsidised Supply Products – cumulative to August 2008

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

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Sole Subsidised Supply Products – cumulative to August 2008

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

August changes in bold type.

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings

Effective 1 August 2008

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings - effective 1 July 2008

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

Effective 1 June 2008

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

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings - effective 1 June 2008 (continued)

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

Effective 1 May 2008

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

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New Listings - effective 1 May 2008 (continued)

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

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

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

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Changes to Restrictions

Effective 1 August 2008

60	GLYCERYL TRINITRATE * Tab 600 µg – Up to 100 tab available on a PSO	8.00	100 OP	✓ Lycinate S29
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Effective 1 July 2008

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

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Changes to Restrictions - effective 1 July 2008 (continued)

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

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

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

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

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

Effective 1 June 2008

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

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

continued...

Changes to Restrictions - effective 1 June 2008 (continued)

continued...

1.1 Patient with congestive heart failure; and

1.2 Either:

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

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

2—All of the following:

2.1 Patient with raised blood pressure; and

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

2.3 Either:

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

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

► SA0911 Special Authority for Subsidy

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

Either:

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

2 Patient has a history of angioedema.

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

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

109 GABAPENTIN

► SA0873 Special Authority for Subsidy

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

Either:

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

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

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

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

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

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

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

continued...

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

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

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Subsidy
(Mnfr's price)
\$ Per

Brand or
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Changes to Restrictions - effective 1 June 2008 (continued)

continued...

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

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

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

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

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

110 TOPIRAMATE

► SA0874]Special Authority for Subsidy

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

Both:

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

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

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

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

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

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

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

111 VIGABATRIN

► SA0875]Special Authority for Subsidy

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

All of the following:

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

continued...

Changes to Restrictions - effective 1 June 2008 (continued)

continued...

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

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

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

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

Both:

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

2 Either:

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

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

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

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

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

Both:

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

2 Either:

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

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

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

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

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

164

CARBOHYDRATE

▶ SA0579 SA0912]Special Authority for Subsidy

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

Either:

1 cystic fibrosis; or

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

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

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

Any of the following:

1 cancer in children; or

continued...

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Changes to Restrictions - effective 1 June 2008 (continued)

continued...

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

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

Both:

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

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

Both:

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

Effective 1 May 2008

91	PYRAZINAMIDE – Retail pharmacy-Specialist No patient co-payment payable * Tab 500 mg	59.00	100	✓ AFT-Pyrazinamide
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Changes to Subsidy and Manufacturer's Price

Effective 1 August 2008

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

Effective 1 July 2008

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

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

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

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Per

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

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

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 July 2008 (continued)

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

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

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

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

Effective 1 June 2008

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

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

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

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

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

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

Effective 1 May 2008

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

Changes to General Rules

Effective 1 June 2008

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

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to PSO

Effective 1 August 2008

CONDOMS
60 mm144

Effective 1 July 2008

GLYCERYL TRINITRATE
Tab 600 µg100

HYDROXOCOBALAMIN
Inj 1 mg per ml, 1 ml6

Effective 1 June 2008

CONDOMS
53 mm extra strength144
55 mm144

LEVONORGESTREL
Tab 1.5 mg5

Effective 1 May 2008

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

Changes to Sole Subsidised Supply

Effective 1 August 2008

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Delisted Items

Effective 1 August 2008

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

Effective 1 July 2008

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

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

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

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

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

Effective 1 June 2008

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

Effective 1 May 2008

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

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

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

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Items to be Delisted

Effective 1 September 2008

103	ASPIRIN * Tab dispersible 300 mg – Up to 30 tab available on a PSO	21.50 (22.50)	1000		Ethics Aspirin
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Effective 1 October 2008

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

Effective 1 November 2008

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

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

Effective 1 December 2008

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

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

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

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

Effective 1 January 2009

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

Effective 1 February 2009

52	PRAZOSIN HYDROCHLORIDE * Tab 0.5 mg	9.50	100	✓ Hyposin
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▲ Three months supply may be dispensed at one time if endorsed “certified exemption” by the prescriber.

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

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

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

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

Effective 1 August 2008

ADALIMUMAB (new listing)

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

CEFOTAXIME (new listing)

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

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

GLYCERYL TRINITRATE

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

IVERMECTIN (new listing)

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

KETOCONAZOLE (new listing)

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

METHOTREXATE

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

METRONIDAZOLE

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

PACLITAXEL (new listing)

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

PACLITAXEL (↓ price and addition of HSS)

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

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

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