

Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 September 2008

Section H cumulative for August and September 2008



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Summary of PHARMAC decisions

EFFECTIVE 1 SEPTEMBER 2008

New listings (pages 19 to 20)

- Insulin glargine (Lantus SoloStar) inj 100 iu per ml, 3 ml disposable pen, Special Authority – Retail pharmacy
- Erythropoietin alpha (Eprex) inj human recombinant 5,000 iu pre-filled syringe and 6,000 iu pre-filled syringe – Special Authority – Hospital pharmacy [HP3]
- Clopidogrel (Apo-Clopidogrel) tab 75 mg – Special Authority – Retail pharmacy
- Losartan (Cozaar) tab 25 mg 30 tablet pack – Special Authority Retail pharmacy
- Atenolol (Pacific Atenolol) tab 50 mg and 100 mg
- Nicotine (Habitrol) lozenge 1 mg and 2 mg – Only on a Quitcard
- Imiquimod (Aldara) cream 5% sachets – Special Authority – Retail Pharmacy
- Amitriptyline (Amirol) tab 10 mg
- Methylphenidate hydrochloride extended-release (Concerta) tab extended-release 18 mg, 27 mg, 36 mg and 54 mg – Special Authority – Retail pharmacy

Changes to restriction (pages 21 to 24)

- Acarbose – amended Special Authority criteria
- Erythropoietin alpha – amended Special Authority criteria
- Growth hormone biosynthetic human – addition of stat
- Recombinant human growth hormone – addition of stat
- Topiramate – removal of Special Authority criteria
- Risperidone tabs and oral liq – removal of Retail pharmacy – Specialist
- Risperidone microspheres for injection – amended Special Authority criteria
- Risperidone orally-disintegrating tablets – amended Special Authority criteria
- Methylphenidate hydrochloride – amended presentation description

Decreased subsidy (pages 25 to 26)

- Calcium carbonate (Calci-Tab Effervescent) tab dispersible 2.5 g
 - Iron polymaltose (Ferrosig) inj 50 mg per ml, 2 ml
 - Erythropoietin alpha (Eprex) inj human recombinant 1,000 iu pre-filled syringe, 2,000 iu pre-filled syringe, 3,000 iu pre-filled syringe, 4,000 iu pre-filled syringe, 10,000 iu pre-filled syringe
 - Paracetamol oral liq 120 mg per 5 ml (Junior Parapaed) and oral liq 250 mg per 5 ml (Six Plus Parapaed)
 - Topiramate (Topamax) tab 25 mg, 50 mg, 100 mg, and 200 mg, sprinkle cap 15 mg and 25 mg
 - Risperidone (Risperdal) tab 0.5 mg, 1 mg, 2 mg, 3 mg and 4 mg
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Summary of PHARMAC decisions – effective 1 September 2008 (continued)

- Calcium folinate (Baxter) inj 1 mg for ECP
- Fludarabine phosphate (Fludara) inj 50 mg
- Methotrexate (Methotrexate Ebewe) inj 100 mg per ml, 10 ml and 50 ml
- Polyvinyl alcohol eye drops 1.4% (Vistil) and eye drops 3% (Vistil Forte)

Increased subsidy (pages 25 to 26)

- Nitrofurantoin (Nifuran) tab 50 mg and 100 mg
- Lithium carbonate (Priadel) tab long-acting 400 mg
- Fludarabine phosphate (Fludara) tab 10 mg

Extension of the \$3 Prescription Co-payment

In 2008, the Minister announced as part of the Budget that the Government was going to extend access to \$3 co-payments on prescriptions.

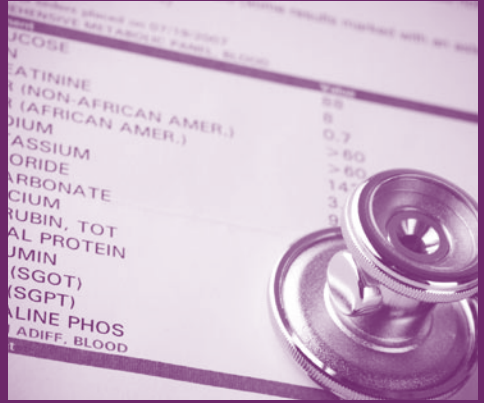
As of 1 September 2008, the Government will continue the implementation of the Primary Health Care Strategy by introducing this policy extension to reduce prescription co-payments.

Under this policy extension a person who is eligible for publicly funded health services in New Zealand under the Eligibility Direction (refer to www.moh.govt.nz/eligibility) is eligible for a \$3 co-payment on prescriptions for fully subsidised medicines if the prescription is issued by:

1. A Practitioner employed by a District Health Board (e.g. hospital or District Health Board community-based services);
2. A provider/Practitioner with an access or service agreement with the Ministry of Health or a District Health Board (DHB) or a Primary Health Organisation (PHO);
3. An After Hours provider with an access or service agreement with a PHO or a DHB;
4. A provider providing a fully publicly funded service under a Section 88 alone.

The policy extension is intended to apply to all registered health practitioners who have prescribing rights under the Health Practitioners Competence Assurance Act 2003 including, but not limited to, medical practitioners, midwives, nurses and dentists.

Exclusions to the policy extension are:



1. Providers providing privately funded services;
2. Providers providing services that are not fully publicly funded under a Section 88 notice alone (for example, general practitioners who are not part of a PHO and private specialists).

There is a new category of 'eligible person and eligible provider/prescriber'. The 'eligible person and eligible provider/prescriber' category will be coded Y4, J4 or A4 depending on the age group of the patient.

The usual rules and provisions associated with the High Use Health Card (HUHC), Community Services Card (CSC) and Pharmaceutical Subsidy Card (PSC) will continue to apply for persons who are not included in other categories of eligibility.

Prescriptions should be correctly coded by the prescriber. Pharmacists are not required to identify or validate whether a particular prescription is correctly coded under this category. However, all prescriptions from public hospitals will be eligible for the \$3 (or \$0 for children under the age of 6 years) and pharmacists may override any public hospital prescriptions that are coded incorrectly.

New General Rules

The General Rules of the Pharmaceutical Schedule have been amended from 1 September 2008. The new rules will mean that pharmacists will not need prescribers to initial the prescription when they (the pharmacist) has substituted and dispensed a fully funded brand when the prescription was initially written for a non-subsidised brand – as long as they have a valid authority to substitute from the prescriber. The authority must be either a general written authority or written or verbal authority for a specific prescription.

Where a prescriber has included on the bottom of a prescription “Generic Substitution Allowed” or similar, this is seen as an indication of an Authority to Substitute and is applicable to all items on the form. Where a prescriber has issued an Authority to Substitute but wants a specific brand to be dispensed for a specific product or patient the prescriber may indicate on the prescription that no substitution is allowed. The prescriber should make it clear which particular items on the prescription this applies to.

A updated Authority to Substitute letter template was faxed to pharmacies with the Dispatch on 18th September 2008. It will be published in the December 2008 Pharmaceutical Schedule and is available now on the PHARMAC website www.pharmac.govt.nz.

The other change to the General Rules is in relation to cases where the presentation of a pharmaceutical is amended. This is a formalisation of the Pharmacy Procedures Manual rule 4.11 regarding changing the presentation of pharmaceutical dispensed. If there is an amendment to the prescription which means a higher cost to the DHB then

the prescriber must sign the alteration. However, if due to an out of stock or short supply situation, PHARMAC notifies pharmacists that a certain presentation may be claimed in place of a short supply product, then there is no requirement for the prescriber to sign the change. For example if a 400 mg tablet is out of stock, 2 x 200 mg tablets may be dispensed. See page 27 of this Update for details.

We appreciate the feedback we received and acknowledge the time people took to respond. Following consultation, the drafting of the proposal rule change was amended to reflect some of the feedback we received.

- Many consultation responses raised the issue of the need to get the prescribers authority to substitute one brand for another and suggested that this be removed altogether. This is a legal requirement under the section 42(4) of the Medicines Regulations 1984. Changing the Medicines Regulations was beyond the scope of this proposal.
- Some consultation responses suggested that the wording of the proposed rule be changed to include provision for where a prescriber has given authority (verbal or written) in relation to a particular prescription.



The wording of the rule has been amended from that which was consulted on to cover such situations.

- Some consultation responses suggested that the wording of the Authority to Substitute letter be amended to cover situations where only one brand of a pharmaceutical is listed and is not covered by a sole supply arrangement. The wording of the Authority to Substitute letter has been amended accordingly.
- Some consultation responses suggested that the wording of the proposed “Alteration to Quantity Dispensed” rule might incorrectly be interpreted as meaning that pharmacists may alter the total period of supply of a

prescription. The wording of this rule has been amended to “Alteration to Presentation Dispensed” to avoid this confusion.

- Some consultation responses pointed out that there may be times when changing the frequency of dosing may be necessary. For example if a sustained release product is out of stock, a twice daily dosing of a lower strength may be an appropriate alternative. The wording of this rule has been amended accordingly.
- Some consultation responses requested that we widened pharmacists ability to make endorsements to prescriptions. Changing endorsement criteria was beyond the scope of this proposal.

Concerta – newly listed product for ADHD

A once-a-day treatment for people with ADHD (Attention Deficit Hyperactivity Disorder) is being funded from 1 September 2008.

Concerta, extended-release methylphenidate, will be the third form of methylphenidate funded for people with ADHD. The currently funded preparations (immediate-release and sustained-release) are effective treatments for ADHD; however, some patients need to

take several doses a day and problems with compliance can lead to reduced efficacy.

Concerta will be fully subsidised for people who have not responded well to the two other funded methylphenidate preparations because of compliance difficulties, and for people in whom there is a risk of diversion of the immediate-release preparation.

See page 20 of this update for full details.

Topiramate – Now Subsidised for Prophylaxis of Migraines

People having trouble controlling persistent migraines will have a new treatment option from 1 September 2008.

PHARMAC is removing the Special Authority criteria for topiramate (Topamax), an existing funded treatment for epilepsy, so that it can also be used to prevent migraines. This is the second new treatment option for migraine sufferers that PHARMAC has provided this year.

The widening of access to topiramate means it will also now be funded as a first-line treatment for epilepsy.

With the relatively large number of treatments available for people with migraines, and the drug’s side-effects, topiramate is likely to be used as “last resort” for people with migraines.

Risperidone – widened access

Risperidone tablets and oral liquid will no longer be subject to a "Retail pharmacy – Specialist" restriction from 1 September 2008. They will be subsidised when prescribed by any relevant practitioner.

Additionally, the Special Authority criteria for risperidone orally-disintegrating tablets (Risperdal Quicklets) will be amended to remove the requirement for a psychiatrist to submit Special Authority applications and to

write the first prescription. The Special Authority restriction applying to risperidone microspheres for injection (Risperdal Consta) will be amended to remove the requirement for a psychiatrist to make the application.



New Treatment for Basal Cell Carcinoma and Genital Warts

A new treatment is being funded for people with a generally non-malignant form of skin cancer. Imiquimod (Aldara) is a cream that people can apply themselves to treat basal-cell carcinoma. While surgery remains the most effective treatment for skin cancers, imiquimod is useful in treating people for whom surgery might be inappropriate.

Imiquimod has also been funded for the treatment of genital warts.

Imiquimod (Aldara) will be fully subsidised by Special Authority, from 1 September 2008, for patients who:

- have confirmed superficial basal cell carcinoma where other standard treatments, including surgical excision, are contraindicated or inappropriate; or
- have external anogenital warts and podophyllotoxin has been tried and failed (or is contraindicated) or where podophyllotoxin is unable to be applied accurately to the site.

Imiquimod will be listed in the newly named Wart Preparations section of the Dermatologicals therapeutic group in Section B of the Pharmaceutical Schedule. See page 19 of this Update for full details.

Erythropoietin alpha and beta – Special Authority now interchangeable

The Special Authority criteria that currently apply to erythropoietin beta will also apply to erythropoietin alpha from 1 September 2008. Erythropoietin alpha and erythropoietin beta will be interchangeable under this Special Authority from 1 September 2008.

The price and subsidy for all strengths of Eprex (erythropoietin alpha) will be reduced from 1 September 2008 and two new strengths will be listed. All will be fully subsidised.

Habitrol Lozenges

A new presentation of Habitrol will be subsidised from 1 September 2008. Habitrol

lozenges, a nicotine replacement therapy, will be subsidised when ordered on a QuitCard.

Acarbose

The Special Authority criteria applying to acarbose has been changed with effect from 1 September 2008. The applicant type has been amended from relevant specialist only,

to any relevant practitioner. In addition the need for renewal of the Special Authority has been removed. See page 21 of this Update for full details.

New Brand of Clopidogrel

A new brand of the antiplatelet agent clopidogrel will be listed in the Pharmaceutical Schedule from 1 September 2008. Apo-Clopidogrel will be fully subsidised for patients meeting the existing Special

Authority criteria for clopidogrel. The Plavix brand of clopidogrel will continue to be listed. The subsidy for Plavix will be reduced from 1 October 2008 to the same level as that of Apo-Clopidogrel.

Insulin Glargine (Lantus SoloStar) - new delivery device

Lantus SoloStar – a pre-filled cartridge for the administration of insulin glargine will be listed on the Pharmaceutical Schedule under the existing Special Authority from 1 September 2008. Lantus SoloStar will be supplied as an alternative device to the freely supplied

Owen Munford pen that will also continue to be available. The new delivery device incorporates a number of new and improved features compared with existing insulin pen devices.

Poloxamer

Poloxamer 10% oral drops (Coloxyl) is currently listed in the Pharmaceutical Schedule. There have been manufacturing delays and Coloxyl is not currently available in the market. The sole supply status date for Coloxyl will be delayed until the product is available.



Name change for atenolol

Pacific Pharmaceuticals is changing the name of its atenolol product, Loten, to Pacific Atenolol. Both Loten and Pacific

Atenolol will be listed and fully subsidised until March 2009 when the Loten brand will be delisted.

Tender News

Sole Subsidised Supply changes – effective 1 October 2008

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Brimonidine tartrate	Eye drops 0.2%; 5 ml OP	AFT (AFT)
Calcium folinate	Inj 50 mg; 5 inj	Calcium Folate Ebewe (InterPharma)
Clotrimazole	Crn 1%; 20 g OP	Clomazol (Multichem)
Desmopressin	Nasal spray 10 mcg per dose; 6 ml OP	Desmopressin-PH&T (AFT)
Diclofenac sodium	Eye drops 1 mg per ml; 5 ml OP	Voltaren Ophtha (Novartis)
Diclofenac sodium	Suppos 12.5 mg; 10 suppos	Voltaren (Novartis)
Diclofenac sodium	Suppos 25 mg; 10 suppos	Voltaren (Novartis)
Diclofenac sodium	Suppos 50 mg; 10 suppos	Voltaren (Novartis)
Diclofenac sodium	Suppos 100 mg; 10 suppos	Voltaren (Novartis)
Diclofenac sodium	Inj 25 mg per ml, 3 ml; 5 inj	Voltaren (Novartis)
Emulsifying ointment	Oint BP; 500 g	AFT (AFT)
Flucanazole	Cap 50 mg; 28 cap	Pacific (Pacific)
Flucanazole	Cap 150 mg; 1 cap	Pacific (Pacific)
Flucanazole	Cap 200 mg; 28 cap	Pacific (Pacific)
Gliclazide	Tab 80 mg; 500 tab	Apo-Gliclazide (Apotex)
Glipizide	Tab 5 mg; 100 tab	Minidiab (Pfizer)
Hydrocortisone	Crn 1%; 500 g	PSM (API)
Hydrocortisone with wool fat and mineral oil	Lotn 1% with wool fat hydrous 3% and mineral oil; 250 ml	DP Lotn HC (Douglas)
Methylprednisolone acetate	Inj 40 mg per ml, 1 ml; 1 inj	Depo-Medrol (Pfizer)
Methylprednisolone acetate with lignocaine	Inj 40 mg per ml with lignocaine 1 ml; 1 inj	Depo-Medrol with Lidocaine (Pfizer)
Metoclopramide hydrochloride	Inj 5 mg per ml, 2 ml; 10 inj	Pfizer (Pfizer)
Miconazole nitrate	Crn 2%; 15 g OP	Multichem (Multichem)
Norethisterone	Tab 5 mg; 100 tab	Primolut N (Bayer)

Sole Subsidised Supply changes – effective 1 October 2008 (continued)

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Pamidronate disodium	Inj 3 mg per ml, 5 ml; 1 inj	Pamisol (Mayne)
Pamidronate disodium	Inj 6 mg per ml, 10 ml; 1 inj	Pamisol (Mayne)
Pamidronate disodium	Inj 9 mg per ml, 10 ml; 1 inj	Pamisol (Mayne)
Pergolide	Tab 0.25 mg; 100 tab	Permax (Anspec)
Pergolide	Tab 1 mg; 100 tab	Permax (Anspec)
Terbinafine	Tab 250 mg; 100 tab	Apo-Terbinafine (Apotex)
Testosterone cypionate	Inj long-acting 100 mg per ml, 10 ml; 1 inj	Depo-Testosterone (Pfizer)
Tetracosactrin	Inj 250 mcg; 10 inj	Synacthen (Novartis)
Tetracosactrin	Inj 1 mg per ml, 1 ml; 1 inj	Synacthen Depot (Novartis)
Triamcinolone acetonide	0.1% in Dental Paste USP; 5 g OP	Oracort (AFT)
Ursodeoxycholic acid	Cap 300 mg; 100 cap	Actigall (Novartis)

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 October 2008

- 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.’
- Aminoacid formula without phenylalanine (Lophlex LQ) – with 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’
- Clozapine (Clopine) 25 mg, 50 mg, 100 mg and 200 mg – new listing of 100 tablet bottle pack
- Dipyridamole tab 25 mg (Persantin) and tab long-acting 150 mg (Pytazen SR) – 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’

Possible decisions for implementation 1 October 2008 (continued)

- Frusemide (Lasix) infusion 10 mg per ml, 25 ml – 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
- Midodrine (Gutron) – amended Special Authority criteria
- Peak flow meter (Breath-Alert), low range and normal range – decreased subsidy
- 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 (Ridal) Tab 0.5 mg, 1 mg, 2 mg, 3 mg and 4 mg – new listing of 60 tablet bottle pack
- Simvastatin (SimvaRex) tab 80 mg – new listing
- Sodium polystyrene powder (Resonium-A) – removal of ‘Retail pharmacy – specialist’
- Spacer device (Space Chamber) 230 ml (autoclavable) – decreased subsidy and addition of endorsement criteria
- Spacer device (Space Chamber) 230 ml (single patient) – new listing – only on a WSO
- Spironolactone (Biomed) oral liq 5 mg per ml – removal of ‘Retail pharmacy – specialist. Specialist must be a paediatrician or paediatric cardiologist.’

Sole Subsidised Supply Products – cumulative to September 2008

Generic Name	Presentation	Brand Name	Expiry Date*
Aciclovir	Tab dispersible 200 mg Tab dispersible 400 mg	Lovir Lovir	2009
Alprazolam	Tab 250 µg Tab 500 µg Tab 1 mg	Arrow-Alprazolam Arrow-Alprazolam Arrow-Alprazolam	2010
Apomorphine hydrochloride	Inj 10 mg per ml, 1 ml	Mayne	2009
Amoxicillin	Cap 250 mg & 500 mg Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml	Apo-Amoxi Ranbaxy Amoxicillin Ranbaxy Amoxicillin	2010 2009
Ascorbic acid	Tab 100 mg	Apo-Ascorbic Acid	2009
Aspirin	Tab dispersible 300 mg Tab 100 mg	Ethics Aspirin Ethics Aspirin EC	2010
Atenolol	Tab 50 mg & 100 mg	Loten	2009
Atropine sulphate	Inj 600 µg, 1 ml Inj 1200 µg, 1 ml	AstraZeneca AstraZeneca	2009
Azithromycin	Tab 500 mg	Arrow-Azithromycin	2009
Beclomethasone dipropionate	Metered aqueous nasal spray 50 µg Metered aqueous nasal spray 100 µg	Alanase Alanase	2009
Betamethasone valerate	Scalp app 0.1%	Beta Scalp	2009
Bisacodyl	Tab 5 mg	Lax-Tab	2010
Bupivacaine hydrochloride	Inj 0.5%, 4 ml Inj 0.5%, 8% glucose, 4 ml	Marcaïn Isobaric Marcaïn Heavy	2010
Calamine	Lotion BP Crn, 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	Crn 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	Crn 0.05%	Dermol	2009
Clotrimazole	Vaginal crn 1% with applicator(s)	Clomazol	2010
Codeine phosphate	Tab 15 mg, 30 mg & 60 mg	PSM	2010
Colchicine	Tab 500 µg	Colgout	2010

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

Sole Subsidised Supply Products – cumulative to September 2008

Generic Name	Presentation	Brand Name	Expiry Date*
Colestipol hydrochloride	Sach 5 g	Colestid	2010
Colistin sulphomethate	Inj 150 mg	Colistin-Link	2010
Compound electrolytes	Powder for soln for oral use	Enerlyte	2010
Cyclizine hydrochloride	Tab 50 mg	Nausicalm	2009
Cyclophosphamide	Tab 50 mg	Cycloblastin	2010
Cyproterone acetate	Tab 50 mg	Siterone	2009
Dantrolene sodium	Cap 25 mg & 50 mg	Dantrium	2009
Desferrioxamine mesylate	Inj 500 mg	Mayne	2010
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

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

Sole Subsidised Supply Products – cumulative to September 2008

Generic Name	Presentation	Brand Name	Expiry Date*
Fluocortolone caproate with fluocortolone pivalate and cinchocaine	Oint 950 µg, with fluocortolone pivalate 920 µg, and cinchocaine hydrochloride 5 mg per g	Ultraproct	2010
	Suppos 630 µg, with fluocortolone pivalate 610 µg, and cinchocaine hydrochloride 1 mg	Ultraproct	
Fluorometholone	Eye drops 0.1%	Flucon	2009
Fluoxetine hydrochloride	Cap 20 mg	Fluox	2010
	Tab disp 20 mg, scored	Fluox	
Folic Acid	Tab 0.8 mg & 5 mg	Apo-Folic Acid	2009
Fusidic acid	Crn 2% & Oint 2%	Foban	2010
Gentamicin sulphate	Inj 40 mg per ml, 2 ml	Pfizer	2009
Glyceryl trinitrate	TDDS 5 mg	Nitroderm TTS 5	2011
	TDDS 10 mg	Nitroderm TTS 10	
Haloperidol	Oral liq 2 mg per ml	Serenace	2010
	Tab 500 µg, 1.5 mg & 5 mg	Serenace	2009
	Inj 5 mg per ml, 1 ml	Serenace	
Heparinised saline	Inj 10 iu per ml, 5 ml	AstraZeneca	2009
Hydrocortisone	Tab 5 mg & 20 mg	Douglas	2009
Hydrocortisone acetate	Rectal foam 10%, CFC-Free	Colifoam	2009
Hydrocortisone butyrate	Scalp lotn 0.1%	Locoid	2010
Ibuprofen	Oral liq 100 mg per 5 ml, 200 ml	Fenpaed	2010
Imipramine hydrochloride	Tab 10 mg & 25 mg	Tofranil	2009
Indapamide	Tab 2.5 mg	Napamide	2009
Ipratropium bromide	Aqueous nasal spray, 0.03%	Apo-Ipravent	2010
	Nebuliser soln, 250 µg per ml, 1 ml	Ipratropium Steri-Neb	
	Nebuliser soln, 250 µg per ml, 2 ml	Ipratropium Steri-Neb	
Isosorbide mononitrate	Tab long-acting 60 mg	Duride	2009
Isotretinoin	Cap 10 mg	Isotane 10	2009
	Cap 20 mg	Isotane 20	
Itraconazole	Cap 100 mg	Sporanox	2010
Lactulose	Oral liq 10 g per 15 ml	Duphalac	2010
Levobunolol	Eye drops 0.25% & 0.5%	Betagan	2010
Levodopa with benserazide	Cap 50 mg with benserazide 12.5 mg	Madopar 62.5	2009
	Tab dispersible 50 mg with benserazide 12.5 mg	Madopar Dispersible	
	Cap 100 mg with benserazide 25 mg	Madopar 125	
	Cap long-acting 100 mg with benserazide 25 mg	Madopar HBS	
	Cap 200 mg with benserazide 50 mg	Madopar 250	

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

Sole Subsidised Supply Products – cumulative to September 2008

Generic Name	Presentation	Brand Name	Expiry Date*
Lignocaine hydrochloride	Inj 0.5%, 5 ml Inj 1%, 5 ml Inj 1%, 20 ml	Xylocaine Xylocaine Xylocaine	2010
Lignocaine with prilocaine	Crn 2.5% with prilocaine 2.5%; 30 g OP Crn 2.5% with prilocaine 2.5%; 5 g	EMLA EMLA	2010
Lisinopril	Tab 5 mg, 10 mg & 20 mg	Arrow-Lisinopril	2009
Loperamide hydrochloride	Tab 2 mg	Nodia	2010
Loratadine	Tab 10 mg Oral liq 1 mg per ml	Loraclear Hayfever Relief Lorapaed	2010
Lorazepam	Tab 1 mg & 2.5 mg	Ativan	2009
Magnesium sulphate	Inj 49.3%	Mayne	2009
Malathion	Liq 0.5%	Derbac M	2010
Maldison	Shampoo 1%	A-Lices	2010
Maprotiline hydrochloride	Tab 25 mg & 75 mg	Ludiomil	2009
Medroxyprogesterone acetate	Tab 2.5 mg, 5 mg, 10 mg, 100 mg & 200 mg	Provera	2010
Mesalazine	Enema 1 g per 100 ml	Pentasa	2009
Metformin hydrochloride	Tab 500 mg & 850 mg	Arrow-Metformin	2009
Methadone hydrochloride	Tab 5 mg Powder 1 g	Methatabs AFT	2010 2009
Methotrexate	Tab 2.5 mg & 10 mg	Methoblastin	2009
Methylphenidate hydrochloride	Tab long-acting 20 mg Tab 5 mg & 20 mg Tab 10 mg	Rubifen SR Rubifen Rubifen	2009
Methylprednisolone	Tab 4 mg & 100 mg	Medrol	2009
Methylprednisolone aceponate	Crn 0.1% and oint 0.1%	Advantan	2009
Methylprednisolone sodium succinate	Inj 40 mg per ml, 1 ml Inj 62.5 mg per ml, 1 ml Inj 500 mg & 1 g	Solu-Medrol Solu-Medrol Solu-Medrol	2009
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 Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml	RA-Morph RA-Morph RA-Morph RA-Morph	2009

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

Sole Subsidised Supply Products – cumulative to September 2008

Generic Name	Presentation	Brand Name	Expiry Date*
Morphine sulphate	Inj 10 mg per ml, 1 ml	Mayne	2011
	Inj 30 mg per ml, 1 ml	Mayne	2009
	Inj 5 mg per ml, 1 ml	Mayne	
	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
Nadolol	Tab 40 mg & 80 mg	Apo-Nadolol	2010
Naltrexone hydrochloride	Tab 50 mg	ReVia	2010
Naproxen	Tab 250 mg	Noflam 250	2009
	Tab 500 mg	Noflam 500	
Naproxen sodium	Tab 275 mg	Sonaflam	2010
Neostigmine	Inj 2.5 mg per ml, 1 ml	AstraZeneca	2010
Nevirapine	Oral suspension 10 mg per ml	Viramune Suspension	2009
Nicotinic acid	Tab 50 mg & 500 mg	Apo-Nicotinic Acid	2009
Nifedipine	Tab long-acting 20 mg	Nyefax Retard	2009
Norethisterone	Tab 350 µg	Noriday 28	2009
Nystatin	Cap 500,000 u	Nilstat	2010
	Tab 500,000 u	Nilstat	
	Vaginal crm 100,000 u per 5 g with applicators	Nilstat	2009
Ondansetron	Tab 4 mg & 8 mg	Zofran	2010
	Tab disp 4 mg & 8 mg	Zofran Zydis	
Oxybutynin	Tab 5 mg	Apo-Oxybutynin	2010
	Oral liq 5 mg per 5 ml	Apo-Oxybutynin	
Oxycodone hydrochloride	Inj 10 mg per ml, 1 ml and 2 ml	OxyNorm	2010
	Oral liq 5 mg per 5 ml	OxyNorm	
Oxytocin	Inj 5 iu per ml, 1 ml	Syntocinon	2009
	Inj 10 iu per ml, 1 ml	Syntocinon	
	Inj 5 iu with ergometrine maleate 500 µg per ml, 1 ml	Syntometrine	
Pantoprazole	Tab 20 mg	Dr Reddy's Pantoprazole	2010
	Tab 40 mg	Dr Reddy's Pantoprazole	
Paraffin liquid with soft white paraffin	Eye oint with soft white paraffin	Lacri-Lube	2010
Paroxetine hydrochloride	Tab 20 mg	Loxamine	2010
Perhexiline maleate	Tab 100 mg	Pexsig	2009

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

Sole Subsidised Supply Products – cumulative to September 2008

Generic Name	Presentation	Brand Name	Expiry Date*
Phenoxyethylpenicillin (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 Cap potassium salt 500 mg	AFT AFT Cilicaine VK Cilicaine VK	2010
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
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	Eye drops 0.25% Eye drops 0.5% Tab 10 mg	Apo-Timop Apo-Timop Apo-Timol	2011 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

September 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

75	MEDROXYPROGESTERONE ACETATE * Inj 150 mg per ml, 1ml – Up to 5 inj available on a PSO	8.05	1	✓ Depo-Provera
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Effective 1 September 2008

29	INSULIN GLARGINE – Special Authority see SA0834 – Retail pharmacy ▲ Inj 100 iu per ml, 3 ml disposable pen	94.50	5	✓ Lantus SoloStar
43	ERYTHROPOIETIN ALPHA – Special Authority SA0922 – Hospital pharmacy [HP3] Inj human recombinant 5,000 iu, pre-filled syringe	243.26	6	✓ Eprex
	Inj human recombinant 6,000 iu, pre-filled syringe	291.92	6	✓ Eprex
45	CLOPIDOGREL – Special Authority see SA0867 – Retail pharmacy Tab 75 mg	35.00	28	✓ Apo-Clopidogrel
55	LOSARTAN – Special Authority see SA0911 – Retail pharmacy * Tab 25 mg	21.76	30	✓ Cozaar
56	ATENOLOL * Tab 50 mg	6.50	500	✓ Pacific Atenolol
	* Tab 100 mg	11.30	500	✓ Pacific Atenolol
61	NICOTINE – Only on a Quitcard Lozenge 1 mg	11.08	36	✓ Habitrol
	Lozenge 2 mg	11.08	36	✓ Habitrol
70	IMIQUIMOD – Special Authority see SA0923 – Retail pharmacy Crm 5 %	110.40	12 sachets	✓ Aldara

► SA0923]Special Authority for Subsidy

Initial application from any relevant practitioner. Approvals valid for 4 months for

Applications meeting the following criteria:

Either:

- 1 The patient has external anogenital warts and podophyllotoxin has been tried and failed (or is contraindicated); or
- 2 The patient has external anogenital warts and podophyllotoxin is unable to be applied accurately to the site; or
- 3 The patient has confirmed superficial basal cell carcinoma where other standard treatments, including surgical excision, are contraindicated or inappropriate.

Note

Superficial basal cell carcinoma

Surgical excision remains first-line treatment for superficial basal cell carcinoma as it has a higher cure rate than imiquimod and allows histological assessment of tumour clearance.

Imiquimod has not been evaluated for the treatment of superficial basal cell carcinoma within 1 cm of the hairline, eyes, nose, mouth or ears.

Imiquimod is not indicated for recurrent, invasive, infiltrating, or nodular basal cell carcinoma.

External anogenital warts

Imiquimod is only indicated for external genital and perianal warts (condyloma acuminata).

Renewal from any relevant practitioner. Approvals valid for 4 months for applications meeting the following criteria:

Any of the following:

continued...

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings - effective 1 September 2008 (continued)

continued...

- 1 Inadequate response to initial treatment for anogenital warts; or
- 2 New confirmed superficial basal cell carcinoma where other standard treatments, including surgical excision, are contraindicated or inappropriate; or
- 3 Inadequate response to initial treatment for superficial basal cell carcinoma.

Note

Confirmation that the lesion is a superficial basal cell carcinoma should be obtained using a biopsy.

109	AMITRIPTYLINE			
	Tab 10 mg	2.77	50	✓ Amirol
128	METHYLPHENIDATE HYDROCHLORIDE EXTENDED-RELEASE – Special Authority SA0924 – Retail Pharmacy			
	Only on a controlled drug form			
	Tab extended-release 18 mg.....	58.96	30	✓ Concerta
	Tab extended-release 27 mg.....	65.44	30	✓ Concerta
	Tab extended-release 36 mg.....	71.93	30	✓ Concerta
	Tab extended-release 54 mg.....	86.24	30	✓ Concerta

▶ SA0924] Special Authority for Subsidy

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

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

All of the following:

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

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

Both:

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

Changes to Restrictions

Effective 1 September 2008

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

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 2008 (continued)

continued...

- 2.1.1 patient is not diabetic; and
- 2.1.2 glomerular filtration rate \leq 30ml/min; or

2.2 Both:

- 2.2.1 patient is diabetic; and
- 2.2.2 glomerular filtration rate \leq 45ml/min; or

2.3 patient is on haemodialysis or peritoneal dialysis.

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

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

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

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

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

- 84 GROWTH HORMONE BIOSYNTHETIC HUMAN – Special Authority see SA0755 (addition of stat dispensing)
- | | | | |
|---------------------------------|----------|---|--------------|
| * Cartridge 16 iu per vial..... | 1,600.00 | 5 | ✓ Genotropin |
| * Cartridge 36 iu per vial..... | 3,600.00 | 5 | ✓ Genotropin |
- 85 RECOMBINANT HUMAN GROWTH HORMONE – Special Authority see SA0755 (addition of stat dispensing)
- | | | | |
|-------------------|--------|---|-----------------------------|
| * Inj 5 mg | 300.00 | 1 | ✓ Norditropin SimpleXx 5mg |
| * Inj 10 mg | 600.00 | 1 | ✓ Norditropin SimpleXx 10mg |
| * Inj 15 mg | 900.00 | 1 | ✓ Norditropin SimpleXx 15mg |
- 114 TOPIRAMATE – Special Authority see SA0874 – Retail pharmacy
- SA0874 Special Authority for Subsidy
- Initial application — (new patients) from any relevant practitioner. Approvals valid for 15 months for applications meeting the following criteria:
- Both:
- 1— Patient has epilepsy; and
 - 2— Either:
 - 2.1 Seizures are not adequately controlled with optimal treatment with other antiepilepsy agents; or
 - 2.2 Seizures are controlled adequately but the patient has experienced unacceptable side effects from optimal treatment with other antiepilepsy agents.
- Note: "Optimal treatment with other antiepilepsy agents" is defined as treatment with other antiepilepsy agents which are indicated and clinically appropriate for the patient, given in adequate doses for the patient's age, weight, and other features affecting the pharmacokinetics of the drug with good evidence of compliance.
- Initial application — (patient has had an approval for gabapentin, lamotrigine, topiramate or vigabatrin for epilepsy prior to 1 August 2007) from any relevant practitioner. Approvals valid without further renewal unless notified where the patient has demonstrated a significant and sustained improvement in seizure rate or severity and/or quality of life from gabapentin, topiramate, vigabatrin and/or lamotrigine.
- Note: As a guideline, clinical trials have referred to a notional 50% reduction in seizure frequency as an indicator of success with anticonvulsant therapy and have assessed quality of life from the patient's perspective.
- Renewal from any relevant practitioner. Approvals valid without further renewal unless notified where the patient has demonstrated a significant and sustained improvement in seizure rate or severity and/or quality of life.

continued...

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

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

Changes to Restrictions - effective 1 September 2008 (continued)

continued...

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.

120	RISPERIDONE – Retail Pharmacy – Specialist			
	Tab 0.5 mg	5.20	20	✓Ridal ✓Risperdal
	Tab 1 mg	30.77	60	✓Ridal ✓Risperdal
	Tab 2 mg	61.53	60	✓Ridal ✓Risperdal
	Tab 3 mg	92.32	60	✓Ridal ✓Risperdal
	Tab 4 mg	123.05	60	✓Ridal ✓Risperdal
	Oral liquid 1 mg per ml	45.92	30 ml OP	✓Risperdal
121	RISPERIDONE – Special Authority see SA09260792 – Retail pharmacy			
	Subject to budgetary cap. Applications will be considered and approved subject to funding availability.			
	Microspheres for injection 25 mg.....	175.00	1	✓Risperdal Consta
	Microspheres for injection 37.5 mg.....	230.00	1	✓Risperdal Consta
	Microspheres for injection 50mg.....	280.00	1	✓Risperdal Consta

▶ SA09260792 Special Authority for Subsidy

Initial application ~~only from a psychiatrist~~ **from any relevant practitioner**. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

- 1 The patient has schizophrenia or other psychotic disorder; and
- 2 Has tried but failed to comply with treatment using oral atypical antipsychotic agents; and
- 3 Has been admitted to hospital or treated in respite care, or intensive outpatient or home-based treatment for 30 days or more in last 12 months.

Renewal ~~only from a psychiatrist~~ **from any relevant practitioner**. Approvals valid for 12 months for applications meeting the following criteria:

Either:

1 Both:

- 1.1 The patient has had less than 12 months treatment with risperidone microspheres; and
- 1.2 There is no clinical reason to discontinue treatment; or

2 The initiation of risperidone microspheres has been associated with fewer days of intensive intervention than was the case during a corresponding period of time prior to the initiation of risperidone microspheres.

Note: Risperidone microspheres should ideally be used as monotherapy (i.e. without concurrent use of any other antipsychotic medication). In some cases, it may be clinically appropriate to attempt to treat a patient with typical antipsychotic agents in depot injectable form before trialing risperidone microspheres.

122	RISPERIDONE – Special Authority see SA09270794 – Retail pharmacy			
	Orally-disintegrating tablets 0.5 mg.....	21.42	28	✓Risperdal Quicklet
	Orally-disintegrating tablets 1 mg.....	42.84	28	✓Risperdal Quicklet
	Orally-disintegrating tablets 2 mg.....	85.71	28	✓Risperdal Quicklet

▶ SA09270794 Special Authority for Subsidy

Initial application - (Acute situations) ~~only from a psychiatrist~~ **from any relevant practitioner**. Approvals valid for 6 weeks for applications meeting the following criteria:

Both:

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 2008 (continued)

continued...

- 1 For a non-adherent patient on oral therapy with standard risperidone tablets or risperidone oral liquid; and
- 2 The patient is under direct supervision for administration of medicine.

Initial application - (Chronic situations) ~~only from a psychiatrist~~ **from any relevant practitioner**. Approvals valid for 1 year for applications meeting the following criteria:

Both:

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

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

Both:

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

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

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

127 METHYLPHENIDATE HYDROCHLORIDE – Special Authority see SA0908 – Retail Pharmacy

Only on a controlled drug form

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Subsidy and Manufacturer's Price

Effective 1 September 2008

38	CALCIUM CARBONATE (↓ subsidy) * Tab dispersible 2.5 g	4.36 (4.98)	20 OP		Calci-Tab Effervescent
38	IRON POLYMALTOSE (↓ subsidy) Inj 50 mg per ml, 2 ml	20.95 (29.95)	5		Ferrosig
43	ERYTHROPOIETIN ALPHA – Special Authority see SA0922 – Hospital pharmacy [HP3] (↓ subsidy) Inj human recombinant 1,000 iu, pre-filled syringe	48.68	6		✓ Eprex
	Inj human recombinant 2,000 iu, pre-filled syringe	120.18	6		✓ Eprex
	Inj human recombinant 3,000 iu, pre-filled syringe	166.87	6		✓ Eprex
	Inj human recombinant 4,000 iu, pre-filled syringe	193.13	6		✓ Eprex
	Inj human recombinant 10,000 iu, pre-filled syringe	395.18	6		✓ Eprex
48	POTASSIUM BICARBONATE – Retail pharmacy – Specialist (↑ price) Tab eff 315 mg with sodium acid phosphate with 1.937 g and sodium bicarbonate 350 mg	75.00 (82.50)	100		Phosphate-Sandoz
53	PHENTOLAMINE MESYLATE (↑ price) * Inj 10 mg per ml, 1 ml	17.97 (31.65)	5		Regitine
99	NITROFURANTOIN (↑ subsidy) * Tab 50 mg	17.90	100		✓ Nifuran
	* Tab 100 mg	30.25	100		✓ Nifuran
107	PARACETAMOL (↓ subsidy) * Oral liq 120 mg per 5ml	6.80	1,000 ml		✓ Junior Parapaed
	* Oral liq 250 mg per 5 ml	7.00	1,000 ml		✓ Six Plus Parapaed
114	TOPIRAMATE (↓ subsidy) ▲ Tab 25 mg	26.04	60		✓ Topamax
	▲ Tab 50 mg	44.26	60		✓ Topamax
	▲ Tab 100 mg	75.25	60		✓ Topamax
	▲ Tab 200 mg	129.85	60		✓ Topamax
	▲ Sprinkle cap 15 mg	20.84	60		✓ Topamax
	▲ Sprinkle cap 25 mg	26.04	60		✓ Topamax
119	LITHIUM CARBONATE (↑ subsidy) Tab long-acting 400 mg	16.05	100		✓ Priadel
120	RISPERIDONE (↓ subsidy) Tab 0.5 mg	5.20	20		✓ Risperdal
	Tab 1 mg	30.77	60		✓ Risperdal
	Tab 2 mg	61.53	60		✓ Risperdal
	Tab 3 mg	92.32	60		✓ Risperdal
	Tab 4 mg	123.05	60		✓ Risperdal

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

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

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

131	CALCIUM FOLINATE (↓ subsidy) Inj 1 mg for ECP – PCT only – Specialist.....	0.10	1 mg	✓ Baxter
132	FLUDARABINE PHOSPHATE – PCT only – Specialist (↑ subsidy) Tab 10 mg	650.25	15	✓ Fludara
132	FLUDARABINE PHOSPHATE – PCT only – Specialist (↓ subsidy) Inj 50 mg	1430.00	5	✓ Fludara
133	METHOTREXATE – PCT – Hospital pharmacy [HP1] – Specialist (↓ subsidy) Inj 100 mg per ml, 10 ml – PCT Only – Specialist	27.50	1	✓ Methotrexate Ebewe
	Inj 100 mg per ml, 50 ml – PCT Only – Specialist	135.00	1	✓ Methotrexate Ebewe
154	POLYVINYL ALCOHOL (↓ subsidy) * Eye drops 1.4%	2.68	15 ml OP	✓ Vistil
	* Eye drops 3%	3.75	15 ml OP	✓ Vistil Forte

Changes to Brand Name

Effective 1 September 2008

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

continued...

Changes to General Rules

Effective 1 September 2008

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

23 **4.7 Substitution**

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

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

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

4.8 Alteration to Presentation of Pharmaceutical Dispensed

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

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

4.9 ~~4-7~~ Amendment of the Schedule

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

4.10 ~~4-8~~ Conflict of Provisions

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

Changes to Sole Subsidised Supply

Effective 1 September 2008

For the list of new Sole Subsidised Supply products effective 1 September 2008 refer to the bold entries in the cumulative Sole Subsidised Supply table pages 13-18.

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Delisted Items

Effective 1 September 2008

37	ASCORBIC ACID AND SODIUM ASCORBATE a) No more than 100 mg per dose b) Only on a prescription * Tab 100 mg	2.60	100	✓ Healtheries Vitamin C
68	PERMETHRIN Lotion 5%.....	4.50 (7.00)	50 ml OP	Quellada-P
76	ECONAZOLE NITRATE Pessaries 150 mg with applicators	2.75 (9.71)	3	Pevaryl Ovules
91	BENZATHINE BENZYL PENICILLIN Inj 1.2 mega u per 2 ml – Up to 5 inj available on a PSO.....	16.00 160	1 10	✓ Bicillin ✓ Bicillin
Note: Bicillin LA continues to be listed fully subsidised				
95	ACICLOVIR * Tab 200 mg	7.92	100	✓ Apo-Acyclovir
	* Tab 400 mg	11.86	100	✓ Apo-Acyclovir
99	SAQUINAVIR – Special Authority see SA0779 – Hospital pharmacy [HP1] Cap 200 mg	271.00	180	✓ Fortovase
106	ASPIRIN * Tab dispersible 300 mg – Up to 30 tab available on a PSO	21.50 (22.50)	1000	Ethics Aspirin
	* Tab EC 650 mg	6.88	100	✓ Ecotrin
Note: the 100 tablet pack of Ethics Aspirin, tab dispersible 300 mg will continue to be listed fully subsidised				
170	ORAL SUPPLEMENT 1KCAL/ML – Special Authority see SA0583 – Hospital pharmacy [HP3] Powder (vanilla) sachet 54 g	6.91	10 OP	✓ Fortisip Powder

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$

Per

Brand or
Generic Mnfr
✓ fully subsidised

Items to be Delisted

Effective 1 December 2008

38	CALCIUM * Tab eff 1 g.....	6.54	30	✓ Calcium-Sandoz 1000
38	CALCIUM CARBONATE * Tab dispersible 2.5 g.....	4.36 (4.98)	20 OP	Calci-Tab Effervescent
38	IRON POLYMALTOSE Inj 50 mg per ml, 2 ml.....	20.95 (29.95)	5	Ferrosig
66	ZINC AND CASTOR OIL Ointment BP.....	5.11	500 g	✓ Multichem
107	PARACETAMOL *‡ Oral liq 120 mg per 5 ml.....	6.80	1,000 ml	✓ Junior Parapaed
	a) Up to 200 ml available on a PSO			
	b) Not in combination			
	*‡ Oral liq 250 mg per 5 ml.....	7.00	1,000 ml	✓ Six Plus Parapaed

Effective 1 March 2009

43	ERYTHROPOIETIN BETA – Special Authority see SA0922 – Hospital pharmacy [HP3] Inj 1,000 iu, pre-filled syringe.....	76.02	6	✓ Recormon
47	HEPARINISED SALINE * Inj 100 iu per ml, 5 ml.....	103.76	50	✓ Mayne
54	LOSARTAN * Tab 25 mg.....	20.31	28	✓ Cozaar
56	ATENOLOL * Tab 50 mg.....	6.50	500	✓ <u>Loten</u>
	* Tab 100 mg.....	11.30	500	✓ <u>Loten</u>
59	VERAPAMIL HYDROCHLORIDE * Tab 40 mg.....	4.75	100	✓ Verpamil
61	NICOTINE – Only on a Quitcard Gum 2 mg (Fruit).....	23.41	96	✓ Nicotinell
	Gum 2 mg (Mint).....	23.41	96	✓ Nicotinell
	Gum 4 mg (Fruit).....	23.41	96	✓ Nicotinell
	Gum 4 mg (Mint).....	23.41	96	✓ Nicotinell
90	ERYTHROMYCIN LACTOBIONATE Inj 300 mg.....	70.97	5	✓ Mayne
99	SAQUINAVIR – Special Authority see SA0779 – Hospital pharmacy [HP1] Cap 200 mg.....	519.75	270	✓ Invirase

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

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

109	AMITRIPTYLINE Tab 10 mg	3.00	100	✓ Amitrip
125	NITRAZEPAM – Month Restriction Tab 5 mg	2.00 (3.90)	100	Insoma
150	SALBUTAMOL Tab long-acting 4 mg	11.18	56	✓ Volmax
154	DIBROMOPROPAMIDINE ISETHIONATE * Eye oint 0.15%	2.97 (7.99)	5 g OP	Brolene

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 September 2008

AMANTADINE HYDROCHLORIDE

Cap 100 mg **Symmetrel** 47.81 60 1% Oct-08 (B)

AMITRIPTYLINE

Tab 10 mg **Amirol** 2.77 50

ATENOLOL

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

Tab 50 mg **Loten**

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

Tab 100 mg **Loten**

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

AQUEOUS (new listing)

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

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

CLOPIDOGREL (new listing)

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

DIPYRIDAMOLE

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

EMULSIFYING OINTMENT (new listing)

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

ERYTHROPOIETIN ALPHA (new listing)

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

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

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

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

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

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

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

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

ERYTHROPOIETIN BETA (change to brand name)

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

FLUDARABINE (↑ price)

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

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

Cream 5 %, sachet	Aldara	110.40	12			
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INSULIN GLARGINE

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

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

METHYLPHENIDATE HYDROCHLORIDE EXTENDED-RELEASE (new listing)

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

NICOTINE

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

PRILOCAINE HYDROCHLORIDE

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

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

RISPERIDONE (↓ price)

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

SODIUM CHLORIDE (new listing)

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

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

Effective 1 August 2008

ADALIMUMAB (new listing)

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

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

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

GLYCERYL TRINITRATE

Tab 600 µg	Lycinate	8.00	100	1%	Sept-08	(B)
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IVERMECTIN (new listing)

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

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

Inj 100 mg per ml, 5 ml	Methotrexate Ebewe	18.00	1			
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METRONIDAZOLE

Suppos 1 g.....	Flagyl	33.31	10			
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Contracted Pharmaceutical Description	Brand	Price (\$) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceutical
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Section H - effective 1 August 2008 (continued)

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	Taxol (B)

PACLITAXEL (↓ price and addition of HSS)

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

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

Section H changes to Part IV

Effective 1 September 2008

CEFUROXIME AXETIL

Tab 250 mg

Oral liq 125 mg per 5 ml

Up to 2 weeks supply for any appropriate indication

CEFUROXIME SODIUM

Tab 250 mg

Oral liq 125 mg per 5 ml

Up to 2 weeks supply for any appropriate indication

Inj 250 mg

Inj 750 mg

Inj 1.5 g

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

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