

Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 October 2008

Cumulative for September and October 2008

Section H cumulative for August, September and October 2008



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Summary of PHARMAC decisions

EFFECTIVE 1 OCTOBER 2008

New listings (pages 14 to 15)

- Aminoacid formula without phenylalanine (Lophlex LQ) Liquid berry 62.5 ml OP and 125 ml OP, liquid citrus 62.5 ml OP and 125 ml OP and liquid orange 62.5 ml OP and 125 ml OP
- Cefazolin sodium (Hospira) inj 500 mg and 1 g
- Clozapine (Clopine) tabs 25 mg, 50 mg, 100 mg and 200 mg – 100 tablet bottle pack
- Finasteride (Fintral) tab 5 mg – Special Authority – Retail pharmacy
- Flucloxacillin sodium (Flucloxin) inj 250 mg, 500 mg and 1 g – 10 inj packs
- Paediatric oral feed 1kcal/ml (Pediasure) liquid strawberry 200ml OP and liquid chocolate 200 ml OP – Special Authority – Hospital pharmacy [HP3]
- Phenyl free pasta (Loprofin) animal shapes 500 g OP, lasagne 250 g OP, penne 500 g OP and macaroni 250 g OP – Special Authority – Hospital pharmacy [HP3]
- Risperidone (Ridal) tabs tab 0.5 mg, 1 mg, 2 mg, 3 mg and 4 mg – 60 tablet bottle pack
- Simvastatin (Simvarex) tab 80 mg

Changes to restriction (page 17)

- Diphenoxylate hydrochloride with atropine sulphate (Diastop) tab 2.5 mg with atropine sulphate 25 µg – addition of Section 29 criteria
- Methadone hydrochloride (AFT) inj 10 mg per ml, 1 ml – removal of Section 29
- Risperidone (Risperdal) oral liquid 1 mg per ml – removal of OP

Decreased subsidy (pages 21 to 23)

- Clopidogrel (Plavix) tab 75 mg
- Ketoconazole (Ketopine) shampoo 2%
- Mask for spacer device (Foremount Child's Silicone Mask) size 2
- Paclitaxel (Baxter) inj 1 mg for ECP
- Peak flow meter (Breath-Alert) low range and normal range
- Poloxamer (Coloxyl) oral drops 10%
- Spacer device (Space Chamber) 230 ml (autoclavable)

Increased subsidy (pages 21 to 23)

- Acetazolamide (Diamox) tab 250 mg
- Aminoacid formula without phenylalanine (Phlexy 10, Minaphlex, Phlexy 10, XP Analog LCP, XP Maxamaid, XP Maxamum, Easiphen Liquid and Easiphen)

Summary of PHARMAC decisions – effective 1 October 2008

Increased subsidy (pages 21 to 23) (continued)

- Atropine sulphate (Atropt) eye drops 1%
- Benzylpenicillin sodium (Penicillin G) (Sandoz) inj 1 mega u
- Bezafibrate (Fibalip) tab 200 mg
- Calcitonin (Miacalcic) inj 100 iu per ml, 1 ml
- Clonazepam (Paxam) tab 500 µg and 2 mg
- Erythromycin ethyl succinate (E-Mycin) grans for oral liq 200 mg per 5 ml and 400 mg per 5 ml
- Hyoscine N-Butylbromide (Gastrosoothe) tab 10 mg
- Hyoscine N-Butylbromide (Buscopan) inj 20 mg, 1 ml
- Mebeverine (Colofac) tab 135 mg
- Methyldopa (Prodopa) tab 125 mg, 250 mg and 500 mg
- Nortriptyline (Norpress) tab 10 mg and 25 mg
- Nystatin (Nilstat) oral liq 100,000 u per ml
- Potassium bicarbonate (Phosphate-Sandoz) tab eff 315 mg with sodium acid phosphate 1.937 g and sodium bicarbonate 350 mg
- Prednisone (Apo-Prednisone) tab 1 mg and 2.5 mg
- Procaine penicillin (Cilicaine) inj 1.5 mega u
- Tar with triethanolamine lauryl sulphate and fluorescein (Pinetarsol) soln 500 ml and 1,000ml
- Temazepam (Normison) tab 10 mg
- Triamcinolone acetonide (Aristocort) crm 0.02% and oint 0.02%
- Trimethoprim (TMP) tab 300 mg
- Vancomycin hydrochloride (Pacific) inj 50 mg per ml, 10 ml
- Zinc sulphate (Zincaps) cap 220 mg

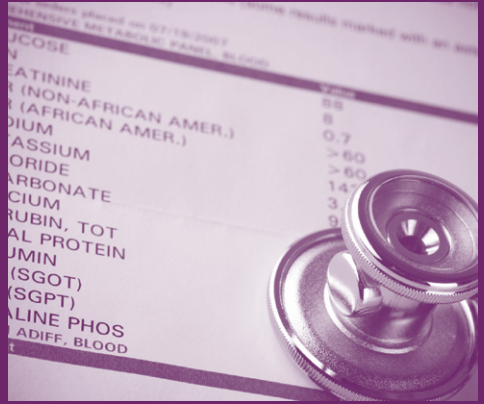
New Treatment for Benign Prostatic Hyperplasia

PHARMAC is to begin funding a treatment for benign prostatic hyperplasia (BPH).

From 1 October, finasteride (Fintral) 5 mg tablets will be funded for BPH with Special Authority criteria.

BPH is relatively common, particularly in men aged over 50. It is the most prevalent urological disease in men, and causes an enlarged prostate that interferes with urine flow, and can interfere with daily activities.

Finasteride is an off-patent drug that has been sourced through the PHARMAC tender.



Finasteride is being listed under Special Authority for men who are unable to be successfully treated with alpha blockers.

CD Dispensing

In the rare situation where the pharmacist does not have the stock to fill the first dispensing of a Class B Controlled Drug, it is acceptable, as stated in the Pharmacy Procedures Manual, to claim an extra dispensing fee to cover the amount due from the first dispensing. This applies only to the initial dispensing of a Class B Controlled drug. For example, if a prescription for 60 morphine long-acting 60 mg tablets,

dispensed 20 + 20 + 20, is received by a pharmacy and only 10 tablets are in stock the prescription can be dispensed and claimed as 10 + 10 + 20 + 20. This includes situations where both dispensings of 10 are dispensed on the same day. Sufficient stock should be held for the subsequent dispensings of 20 so only one dispensing fee per 20 would be paid. This applies only to prescriptions and not PSO or BSO supplies.



Tender Notification Corrections

Amendments to the August Tender Notification dated 29 August 2008:

Flucloxacillin sodium

Douglas' brand of flucloxacillin sodium 1 g injection will be listed fully subsidised in a pack size of 10 injections, with a new tender subsidy of \$14.00 per pack not \$7.00 as included in the notification fax.

Mebendazole

Multichem's brand of mebendazole 100 mg tablets in a pack size of 24 tablets will be listed

in Section H from 1 March 2009; and the 1% DV limit and DV Pharmaceutical (Vermox) will apply from 1 May 2009. This information was omitted from the notification fax.

Nortriptyline hydrochloride

Pacific's brand of nortriptyline hydrochloride 25 mg tablets will continue to be supplied in a bottle of 250 tablets not in blisters as included in the notification fax.

Tender News

Sole Subsidised Supply changes – effective 1 November 2008

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Amantadine hydrochloride	Cap 100 mg; 60 cap	Symmetrel (Novartis New Zealand Limited)
Cefuroxime sodium	Inj 1.5 g; 1 inj	Zinacef (GlaxoSmithKline)
Cefuroxime sodium	Inj 750 mg; 5 inj	Zinacef (GlaxoSmithKline)
Chlorhexidine gluconate	Soln 4%; 500 ml	Orion (Orion Laboratories Pty Ltd)
Dipyridamole	Tab long-acting 150 mg; 60 tab	Pytazen SR (Douglas Pharmaceuticals Ltd)
Glyceryl trinitrate	Oral pump spray 400 µg per dose; 250 dose	Nitrolingual Pumpspray (Douglas Pharmaceuticals Ltd)

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 November 2008

- Bicalutamide (BiclaX) tab 50 mg – new listing with Special Authority criteria
- Insulin lispro 25% with insulin lispro protamine suspension 75% (Humalog Mix 25) soln for inj 100 u per ml, 3 ml – new listing
- Insulin lispro 50% with insulin lispro protamine suspension 50% (Humalog Mix 50) soln for inj 100 u per ml, 3 ml – new listing
- Leflunomide tab 10 mg, 20 mg and 100 mg – removal of Special Authority criteria
- Quinapril (Accupril) tab 5 mg, 10 mg and 20 mg – decreased subsidy

Sole Subsidised Supply Products – cumulative to October 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
Brimonidine tartrate	Eye drops 0.2%	AFT	2011
Bupivacaine hydrochloride	Inj 0.5%, 4 ml Inj 0.5%, 8% glucose, 4 ml	Marcain Isobaric Marcain Heavy	2010
Calamine	Lotion BP Crn, aqueous, BP	ABM ABM	2009
Calcitriol	Cap 0.25 µg & 0.5 µg	Calcitriol-AFT	2009
Calcium folinate	Inj 50 mg	Calcium Folate Ebewe	2011
Captopril	Tab 12.5 mg, 25 mg & 50 mg	Apo-Captopril	2010
Cefaclor monohydrate	Cap 250 mg Grans for oral liq 125 mg per 5 ml	Ranbaxy Cefaclor Ranbaxy Cefaclor	2010
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

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

Sole Subsidised Supply Products – cumulative to October 2008

Generic Name	Presentation	Brand Name	Expiry Date*
Clotrimazole	Crn 1% Vaginal crn 1% with applicator(s)	Clomazol Clomazol	2011 2010
Codeine phosphate	Tab 15 mg, 30 mg & 60 mg	PSM	2010
Colchicine	Tab 500 µg	Colgout	2010
Colestipol hydrochloride	Sach 5 g	Colestid	2010
Colistin sulphomethate	Inj 150 mg	Colistin-Link	2010
Compound electrolytes	Powder for soln for oral use	Enerlyte	2010
Cyclizine hydrochloride	Tab 50 mg	Nausicalm	2009
Cyclophosphamide	Tab 50 mg	Cycloblastin	2010
Cyproterone acetate	Tab 50 mg	Siterone	2009
Dantrolene sodium	Cap 25 mg & 50 mg	Dantrium	2009
Desferrioxamine mesylate	Inj 500 mg	Mayne	2010
Desmopressin	Nasal spray 10 mcg per dose	Desmopressin-PH&T	2011
Dexamethasone sodium phosphate	Inj 4 mg per ml, 1 ml Inj 4 mg per ml, 2 ml	Mayne	2009
Dexamphetamine sulphate	Tab 5 mg	PSM	2010
Dextrose	Inj 50%, 10 ml	Biomed	2011
Dextrose with electrolytes	Oral soln with electrolytes	Pedialyte – Plain Pedialyte – Bubblegum Pedialyte – Fruit	2010
Diclofenac sodium	Eye drops 1 mg per ml Inj 25 mg per ml, 3 ml Suppos 12.5 mg Suppos 25 mg Suppos 50 mg Suppos 100 mg Tab EC 25 mg & 50 mg Tab long-acting 75 mg & 100 mg	Voltaren Ophtha Voltaren Voltaren Voltaren Voltaren Voltaren Apo-Diclo Apo-Diclo SR	2011 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
Emulsifying ointment	Oint BP	AFT	2011
Enalapril	Tab 5 mg, 10 mg & 20 mg	m-Enalapril	2009
Ergometrine maleate	Inj 500 µg per ml, 1 ml	Mayne	2009
Ergotamine tartrate with caffeine	Tab 1 mg with caffeine 100 mg	Cafergot	2009
Ethinylloestradiol	Tab 10 µg	New Zealand Medical and Scientific	2009

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Sole Subsidised Supply Products – cumulative to October 2008

Generic Name	Presentation	Brand Name	Expiry Date*
Ethinylloestradiol with norethisterone	Tab 35 µg with norethisterone 500 µg	Brevinor 21	2010
	Tab 35 µg with norethisterone 1 mg	Brevinor 1/21	
	Tab 35 µg with norethisterone 1 mg and 7 inert tab	Brevinor 1/28	
Etoposide	Cap 50 mg & 100 mg	Vepesid	2009
Ferrous sulphate	Oral liq 150 mg per 5 ml	Ferodan	2010
Flucloxacillin sodium	Cap 250 mg & 500 mg	Staphlex	2009
	Grans for oral liq 125 mg per 5 ml	AFT	
	Grans for oral liq 250 mg per 5 ml	AFT	
Fluconazole	Cap 50 mg Cap 150 mg Cap 200 mg	Pacific Pacific Pacific	2011
Fluocortolone caproate with fluocortolone pivalate and cinchocaine	Oint 950 µg, with fluocortolone pivalate 920 µg, and cinchocaine hydrochloride 5 mg per g	Ultraproct	2010
	Suppos 630 µg, with fluocortolone pivalate 610 µg, and cinchocaine hydrochloride 1 mg	Ultraproct	
Fluorometholone	Eye drops 0.1%	Flucon	2009
Fluoxetine hydrochloride	Cap 20 mg	Fluox	2010
	Tab disp 20 mg, scored	Fluox	
Folic Acid	Tab 0.8 mg & 5 mg	Apo-Folic Acid	2009
Fusidic acid	Crn 2% & Oint 2%	Foban	2010
Gentamicin sulphate	Inj 40 mg per ml, 2 ml	Pfizer	2009
Gliclazide	Tab 80 mg	Apo-Gliclazide	2011
Glipizide	Tab 5 mg	Minidiab	2011
Glyceryl trinitrate	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	
	Inj 5 mg per ml, 1 ml	Serenace	2009
Heparinised saline	Inj 10 iu per ml, 5 ml	AstraZeneca	2009
Hydrocortisone	Crn 1% Tab 5 mg & 20 mg	PSM Douglas	2011 2009
Hydrocortisone acetate	Rectal foam 10%, CFC-Free	Colifoam	2009
Hydrocortisone butyrate	Scalp lotn 0.1%	Locoid	2010
Hydrocortisone with wool fat and mineral oil	Lotn 1% with wool fat hydrous 3% and mineral oil	DP Lotn HC	2011
Ibuprofen	Oral liq 100 mg per 5 ml, 200 ml	Fenpaed	2010

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Sole Subsidised Supply Products – cumulative to October 2008

Generic Name	Presentation	Brand Name	Expiry Date*
Imipramine hydrochloride	Tab 10 mg & 25 mg	Tofranil	2009
Indapamide	Tab 2.5 mg	Napamide	2009
Ipratropium bromide	Aqueous nasal spray, 0.03% Nebuliser soln, 250 µg per ml, 1 ml Nebuliser soln, 250 µg per ml, 2 ml	Apo-Ipravent Ipratropium Steri-Neb Ipratropium Steri-Neb	2010
Isosorbide mononitrate	Tab long-acting 60 mg	Duride	2009
Isotretinoin	Cap 10 mg Cap 20 mg	Isotane 10 Isotane 20	2009
Itraconazole	Cap 100 mg	Sporanox	2010
Lactulose	Oral liq 10 g per 15 ml	Duphalac	2010
Levobunolol	Eye drops 0.25% & 0.5%	Betagan	2010
Levodopa with benserazide	Cap 50 mg with benserazide 12.5 mg Tab dispersible 50 mg with benserazide 12.5 mg Cap 100 mg with benserazide 25 mg Cap long-acting 100 mg with benserazide 25 mg Cap 200 mg with benserazide 50 mg	Madopar 62.5 Madopar Dispersible Madopar 125 Madopar HBS Madopar 250	2009
Lignocaine hydrochloride	Inj 0.5%, 5 ml Inj 1%, 5 ml Inj 1%, 20 ml	Xylocaine Xylocaine Xylocaine	2010
Lignocaine with prilocaine	Crn 2.5% with prilocaine 2.5%; 30 g OP Crn 2.5% with prilocaine 2.5%; 5 g	EMLA EMLA	2010
Lisinopril	Tab 5 mg, 10 mg & 20 mg	Arrow-Lisinopril	2009
Loperamide hydrochloride	Tab 2 mg	Nodia	2010
Loratadine	Tab 10 mg Oral liq 1 mg per ml	Loraclear Hayfever Relief Lorapaed	2010
Lorazepam	Tab 1 mg & 2.5 mg	Ativan	2009
Magnesium sulphate	Inj 49.3%	Mayne	2009
Malathion	Liq 0.5%	Derbac M	2010
Maldison	Shampoo 1%	A-Lices	2010
Maprotiline hydrochloride	Tab 25 mg & 75 mg	Ludiomil	2009
Medroxyprogesterone acetate	Tab 2.5 mg, 5 mg, 10 mg, 100 mg & 200 mg	Provera	2010
Mesalazine	Enema 1 g per 100 ml	Pentasa	2009
Metformin hydrochloride	Tab 500 mg & 850 mg	Arrow-Metformin	2009
Methadone hydrochloride	Tab 5 mg Powder 1 g	Methatabs AFT	2010 2009
Methotrexate	Tab 2.5 mg & 10 mg	Methoblastin	2009

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Sole Subsidised Supply Products – cumulative to October 2008

Generic Name	Presentation	Brand Name	Expiry Date*
Methylphenidate hydrochloride	Tab long-acting 20 mg Tab 5 mg & 20 mg Tab 10 mg	Rubifen SR Rubifen Rubifen	2009
Methylprednisolone	Tab 4 mg & 100 mg	Medrol	2009
Methylprednisolone aceponate	Crn 0.1% and oint 0.1%	Advantan	2009
Methylprednisolone acetate	Inj 40 mg per ml, 1 ml	Depo-Medrol	2011
Methylprednisolone acetate with lignocaine	Inj 40 mg per ml with lignocaine 1 ml	Depo-Medrol with Lidocaine	2011
Methylprednisolone sodium succinate	Inj 40 mg per ml, 1 ml Inj 62.5 mg per ml, 1 ml Inj 500 mg & 1 g	Solu-Medrol Solu-Medrol Solu-Medrol	2009
Metoclopramide hydrochloride	Inj 5 mg per ml, 2 ml	Pfizer	2011
Metoprolol tartrate	Tab long-acting 200 mg	Slow-Lopresor	2009
Metyrapone	Cap 250 mg	Metopirone	2009
Miconazole nitrate	Crn 2%	Multichem	2011
Midodrine	Tab 2.5 mg & 5 mg	Gutron	2009
Misoprostol	Tab 200 µg	Cytotec	2009
Moclobemide	Tab 150 mg & 300 mg	Apo-Moclobemide	2009
Morphine hydrochloride	Oral liq 1 mg per ml Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml	RA-Morph RA-Morph RA-Morph RA-Morph	2009
Morphine sulphate	Inj 10 mg per ml, 1 ml Inj 30 mg per ml, 1 ml Inj 5 mg per ml, 1 ml Inj 15 mg per ml, 1 ml Cap long-acting 10 mg, 30 mg, 60 mg, 100 mg & 200 mg Tab immediate release 10 mg & 20 mg	Mayne Mayne Mayne Mayne m-Eslon Sevredol	2011 2009
Morphine tartrate	Inj 80 mg per ml, 1.5 ml & 5 ml	Mayne	2009
Nadolol	Tab 40 mg & 80 mg	Apo-Nadolol	2010
Naltrexone hydrochloride	Tab 50 mg	ReVia	2010
Naproxen	Tab 250 mg Tab 500 mg	Noflam 250 Noflam 500	2009
Naproxen sodium	Tab 275 mg	Sonaflam	2010
Neostigmine	Inj 2.5 mg per ml, 1 ml	AstraZeneca	2010
Nevirapine	Oral suspension 10 mg per ml	Viramune Suspension	2009
Nicotinic acid	Tab 50 mg & 500 mg	Apo-Nicotinic Acid	2009
Nifedipine	Tab long-acting 20 mg	Nyefax Retard	2009

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Sole Subsidised Supply Products – cumulative to October 2008

Generic Name	Presentation	Brand Name	Expiry Date*
Norethisterone	Tab 5 mg Tab 350 µg	Primolut N Noriday 28	2011 2009
Nystatin	Cap 500,000 u Tab 500,000 u Vaginal crm 100,000 u per 5 g with applicators	Nilstat Nilstat Nilstat	2010 2009
Ondansetron	Tab 4 mg & 8 mg Tab disp 4 mg & 8 mg	Zofran Zofran Zydis	2010
Oxybutynin	Tab 5 mg Oral liq 5 mg per 5 ml	Apo-Oxybutynin Apo-Oxybutynin	2010
Oxycodone hydrochloride	Inj 10 mg per ml, 1 ml and 2 ml Oral liq 5 mg per 5 ml	OxyNorm OxyNorm	2010
Oxytocin	Inj 5 iu per ml, 1 ml Inj 10 iu per ml, 1 ml Inj 5 iu with ergometrine maleate 500 µg per ml, 1 ml	Syntocinon Syntocinon Syntometrine	2009
Pamidronate disodium	Inj 3 mg per ml, 5 ml Inj 3 mg per ml, 10 ml Inj 6 mg per ml, 10 ml	Pamisol Pamisol Pamisol	2011
Pantoprazole	Tab 20 mg Tab 40 mg	Dr Reddy's Pantoprazole Dr Reddy's Pantoprazole	2010
Paraffin liquid with soft white paraffin	Eye oint with soft white paraffin	Lacri-Lube	2010
Paroxetine hydrochloride	Tab 20 mg	Loxamine	2010
Pergolide	Tab 0.25 mg Tab 1 mg	Permax Permax	2011
Perhexiline maleate	Tab 100 mg	Pexsig	2009
Phenoxymethylpenicillin (Penicillin V)	Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml Cap potassium salt 250 mg 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

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Sole Subsidised Supply Products – cumulative to October 2008

Generic Name	Presentation	Brand Name	Expiry Date*
Roxithromycin	Tab 150 mg & 300 mg	Arrow-Roxithromycin	2009
Salbutamol	Nebuliser soln 1 mg per ml, 2.5 ml	Asthalin	2009
	Nebuliser soln 2 mg per ml, 2.5 ml	Asthalin	
	Oral liq 2 mg per 5 ml	Salapin	2010
Salbutamol with ipratropium bromide	Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg	Duolin	2009
Selegiline hydrochloride	Tab 5 mg	Apo-Selegiline	2009
Sodium chloride	Inj 0.9%, 5 ml & 10 ml	AstraZeneca	2009
Sodium citro-tartrate	Grans eff 4 g sachets	Ural	2010
Sodium cromoglycate	Nasal spray 4%	Rex	2009
Sulphasalazine	Tab 500 mg	Salazopyrin	2009
	Tab EC 500 mg	Salazopyrin EN	
Syrup (pharmaceutical grade)	Liq	Midwest	2010
Terbinafine	Tab 250 mg	Apo-Terbinafine	2011
Testosterone cypionate	Inj long-acting 100 mg per ml, 10 ml	Depo-Testosterone	2011
Tetracosactrin	Inj 250 mcg Inj 1 mg per ml, 1 ml	Synacthen Synacthen Depot	2011
Timolol maleate	Eye drops 0.25%	Apo-Timop	2011
	Eye drops 0.5%	Apo-Timop	
	Tab 10 mg	Apo-Timol	2009
Thiamine hydrochloride	Tab 50 mg	Apo-Thiamine	2009
Triamcinolone acetonide	0.1% in Dental Paste USP	Oracort	2011
Triamcinolone acetonide with gramicidin, neomycin and nystatin	Ear drops 1 mg with nystatin 100,000 u, neomycin sulphate 2.5 mg and gramicidin 250 mcg per g	Kenacomb	2009
Ursodeoxycholic acid	Cap 300 mg	Actigall	2011
Vincristine sulphate	Inj 1 mg per ml, 1 ml	Mayne	2009
	Inj 1 mg per ml, 2 ml	Mayne	
Vitamins	Tab (BPC cap strength)	Healtheries	2009
Vitamin B complex	Tab, strong, BPC	Apo-B-Complex	2009
Water	Purified for injection 20 ml	Multichem	2009

October 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 October 2008

50	SIMVASTATIN - see prescribing guidelines on the preceding page * Tab 80 mg	3.18	30	✓ SimvaRex
77	FINASTERIDE Special Authority see SA0928 – Retail Pharmacy Tab 5 mg	19.20	30	✓ Fintral
	▶ SA0928] Special Authority for Subsidy Initial application from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria: Both: 1 Patient has symptomatic benign prostatic hyperplasia; and 2 Either: 2.1 The patient is intolerant of non-selective alpha blockers or these are contraindicated; or 2.2 Symptoms are not adequately controlled with non-selective alpha blockers Note: patients with enlarged prostates are the appropriate candidates for therapy with finasteride.			
89	CEFAZOLIN SODIUM – Hospital Pharmacy [HP3] – Subsidy by endorsement Only if prescribed for dialysis or cystic fibrosis patients and the prescription is endorsed accordingly. Inj 500 mg	5.00	5	✓ Hospira
	Inj 1 g	8.00	5	✓ Hospira
92	FLUCLOXACILLIN SODIUM Inj 250 mg	9.00	10	✓ Flucloxin
	Inj 500 mg	10.40	10	✓ Flucloxin
	Inj 1 g – Up to 5 inj available on a PSO.....	14.00	10	✓ Flucloxin
119	CLOZAPINE – Hospital pharmacy [HP4] – Specialist prescription Tab 25 mg	35.20	100	✓ Clopine
	Tab 50 mg	45.60	100	✓ Clopine
	Tab 100 mg	91.20	100	✓ Clopine
	Tab 200 mg	145.92	100	✓ Clopine
120	RISPERIDONE Retail Pharmacy – Specialist Tab 0.5 mg	15.60	60	✓ Ridal
173	PAEDIATRIC ORAL FEED 1KCAL/ML – Special Authority see SA0896 – Hospital Pharmacy [HP3] Liquid (strawberry)	1.07	200 ml OP	✓ Pediasure
	Liquid (chocolate)	1.07	200 ml OP	✓ Pediasure
182	PHENYL FREE PASTA – Special Authority see SA0733 – Hospital Pharmacy [HP3] Animal shapes.....	11.91	500 g OP	✓ Loprofin
	Lasagne	5.95	250 g OP	✓ Loprofin
	Penne.....	11.91	500g OP	✓ Loprofin
	Macaroni.....	5.32	250 g OP	
		(5.95)	Loprofin	
182	AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA0733 – Hospital Pharmacy [HP3] Liquid (berry)	15.65	62.5 ml OP	✓ Lophlex LQ
	Liquid (berry)	31.20	125 ml OP	✓ Lophlex LQ
	Liquid (citrus).....	15.65	62.5 ml OP	✓ Lophlex LQ
	Liquid (citrus).....	31.20	125 ml OP	✓ Lophlex LQ
	Liquid (orange).....	15.65	62.5 ml OP	✓ Lophlex LQ
	Liquid (orange).....	31.20	125 ml OP	✓ Lophlex LQ

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

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

Check your Schedule for full details Schedule page ref		Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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New Listings - effective 1 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 Inj human recombinant 6,000 iu, pre-filled syringe 291.92		6 6	✓ Eporex ✓ Eporex
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 * Tab 100 mg 11.30		500 500	✓ Pacific Atenolol ✓ Pacific Atenolol
61	NICOTINE – Only on a Quitcard Lozenge 1 mg 11.08 Lozenge 2 mg 11.08		36 36	✓ Habitrol ✓ Habitrol
70	IMIQUIMOD – Special Authority see SA0923 – Retail pharmacy Crm 5 % 110.40		12 sachets	✓ Aldara
<p>▶ SA0923]Special Authority for Subsidy Initial application from any relevant practitioner. Approvals valid for 4 months for Applications meeting the following criteria: Either: 1 The patient has external anogenital warts and podophyllotoxin has been tried and failed (or is contraindicated); or 2 The patient has external anogenital warts and podophyllotoxin is unable to be applied accurately to the site; or 3 The patient has confirmed superficial basal cell carcinoma where other standard treatments, including surgical excision, are contraindicated or inappropriate.</p> <p>Note Superficial basal cell carcinoma Surgical excision remains first-line treatment for superficial basal cell carcinoma as it has a higher cure rate than imiquimod and allows histological assessment of tumour clearance. Imiquimod has not been evaluated for the treatment of superficial basal cell carcinoma within 1 cm of the hairline, eyes, nose, mouth or ears. Imiquimod is not indicated for recurrent, invasive, infiltrating, or nodular basal cell carcinoma. External anogenital warts Imiquimod is only indicated for external genital and perianal warts (condyloma acuminata).</p> <p>Renewal from any relevant practitioner. Approvals valid for 4 months for applications meeting the following criteria: Any of the following: 1 Inadequate response to initial treatment for anogenital warts; or 2 New confirmed superficial basal cell carcinoma where other standard treatments, including surgical excision, are contraindicated or inappropriate; or 3 Inadequate response to initial treatment for superficial basal cell carcinoma.</p> <p>Note Confirmation that the lesion is a superficial basal cell carcinoma should be obtained using a biopsy.</p>				

▲ 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)

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

Effective 1 August 2008

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

Effective 1 October 2008

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

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 <u>Initial application</u> only from a relevant practitioner specialist. Approvals valid for 2 years without renewal for applications meeting the following criteria: 1 The patient has type 2 diabetes; and 2 Either: 2.1 Metformin is not tolerated, or is contraindicated; or 2.2 The patient has not responded to the maximum appropriate dose of metformin. Any of the following:- 1—Requires but is not able to tolerate metformin therapy; or 2—Requires metformin but metformin is contraindicated; or 3—Has not responded to or tolerated the maximum appropriate dose of metformin. Renewal only from a relevant specialist. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.			
43	ERYTHROPOIETIN ALPHA – Special Authority see SA09220626 – Hospital pharmacy [HP3] ➔ SA0626 Special Authority for Subsidy <u>Initial application</u> 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			

continued...

Changes to Restrictions - effective 1 September 2008 (continued)

continued...

4 Any of the following:

Specific Criteria:

4.1 Anephric; or

4.2 Dependent on regular blood transfusion (1 unit each 4-8 weeks) to maintain haemoglobin > 60g/L; or

4.3 Dependent on regular blood transfusion but cannot be transfused because of severe transfusion reactions; or

4.4 Transfusion induced haemosiderosis (clinical manifestations, serum ferritin > 1500 ug/L); or

4.5 Haemoglobin < 70 g/L (mean of at least 4 haemoglobin concentrations over 4 months); or

4.6 Both:

4.6.1 Haemoglobin < 90 g/L; and

4.6.2 Either:

4.6.2.1 Heart failure (low cardiac output, LV ejection fraction < 40%); or

4.6.2.2 Persistent angina—

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

► SA0922 Special Authority for Subsidy

Initial application only from a relevant specialist. Approvals valid for 2 years for applications meeting the following criteria:

Both:

1 Both:

1.1 patient in chronic renal failure; and

1.2 Haemoglobin ≤ 100g/L; and

2 Any of the following:

2.1 Both:

2.1.1 patient is not diabetic; and

2.1.2 glomerular filtration rate ≤ 30ml/min; or

2.2 Both:

2.2.1 patient is diabetic; and

2.2.2 glomerular filtration rate ≤ 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) × Ideal Body Weight (kg) / 814 × serum creatinine (mmol/l)

GFR (ml/min) (female) = Estimated GFR (male) × 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

Changes to Restrictions - effective 1 September 2008 (continued)

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.

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

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

continued...

3Has 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

2The 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:

- 1For a non-adherent patient on oral therapy with standard risperidone tablets or risperidone oral liquid; and
- 2The 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:

- 1The patient is unable to take standard risperidone tablets or oral liquid, or once stabilized refuses to take risperidone tablets or oral liquid; and
- 2The 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:

- 1The patient is unable to take standard risperidone tablets or oral liquid, or once stabilized refuses to take risperidone tablets or oral liquid; and
- 2The 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

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Changes to Subsidy and Manufacturer's Price

Effective 1 October 2008

27	HYOSCINE N-BUTYLBROMIDE (↑ subsidy) * Tab 10 mg 1.62 20 * Inj 20 mg, 1 ml – Up to 5 inj available on a PSO 8.04 5	✓ Gastrosoothe ✓ Buscopan
27	MEBEVERINE HYDROCHLORIDE (↑ subsidy) * Tab 135 mg 18.00 90	✓ Colofac
34	POLOXAMER – Only on a prescription (↓ subsidy) * Oral drops 10% 3.78 30 ml OP	✓ Coloxyl
36	NYSTATIN (↑ subsidy) Oral liq 100,000 u per ml 3.19 24 ml OP	✓ Nilstat
38	ZINC SULPHATE (↑ subsidy) * Cap 220 mg 10.00 100	✓ Zincaps
45	CLOPIDOGREL – Special Authority see SA0867– Retail pharmacy (↓ subsidy) Tab 75 mg 35.00 28 (73.38)	Plavix
47	HEPARIN SODIUM (↑ price) Inj 25,000 iu per ml, 0.2 ml – Hospital pharmacy [HP3]- Specialist 7.50 (9.50) 5	Mayne
48	POTASSIUM BICARBONATE – Retail pharmacy-Specialist (↑ subsidy) Tab eff 315 mg with sodium acid phosphate 1.937 g and sodium bicarbonate 350 mg 82.50 100	✓ Phosphate-Sandoz
49	BEZAFIBRATE (↑ subsidy) * Tab 200 mg 9.75 90	✓ Fibalip
59	METHYLDOPA (↑ subsidy) * Tab 125 mg 12.00 100 * Tab 250 mg 13.10 100 * Tab 500 mg 20.85 100	✓ Prodopa ✓ Prodopa ✓ Prodopa
65	TRIAMCINOLONE ACETONIDE (↑ subsidy) Crm 0.02% 6.63 100 g OP Oint 0.02% 6.69 100 g OP	✓ Aristocort ✓ Aristocort
67	WOOL FAT WITH MINERAL OIL – Only on a prescription (↑ price) * Lotn hydrous 3% with mineral oil 1.40 250 ml OP (3.50) DP Lotion 5.60 1,000 ml (10.90) DP Lotion	
69	TAR WITH TRIETHANOLAMINE LAURYL SULPHATE AND FLUORESCEIN – Only on a prescription (↑ subsidy) * Soln 2.3% with triethanolamine lauryl sulphate and fluorescein sodium 2.90 500 ml 5.54 1,000 ml	✓ Pinetarsol ✓ Pinetarsol

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

70	KETOCONAZOLE (↓ subsidy) Shampoo 2%3.48	100 ml OP	✓Ketopine
	a) Maximum of 100 ml per prescription		
	b) Only on a prescription		
79	CALCITONIN – Hospital pharmacy [HP3]-Specialist (↑ subsidy) * Inj 100 iu per ml, 1 ml 110.00	5	✓Miacalcic
80	PREDNISONE (↑ subsidy) * Tab 1 mg 10.68	500	✓Apo-Prednisone
	* Tab 2.5 mg 12.09	500	✓Apo-Prednisone
90	ERYTHROMYCIN ETHYL SUCCINATE (↑ subsidy) Grans for oral liq 200 mg per 5 ml – Up to 200 ml available on a PSO4.35	100 ml	✓E-Mycin
	Grans for oral liq 400 mg per 5 ml – Up to 200 ml Available on a PSO5.85	100 ml	✓E-Mycin
91	BENZYL PENICILLIN SODIUM (PENICILLIN G) (↑ subsidy) Inj 1 mega u – Up to 5 inj available on a PSO 10.49	10	✓Sandoz
92	PROCAINE PENICILLIN (↑ subsidy) Inj 1.5 mega u – Up to 5 inj available on a PSO50.86	5	✓Cilicaine
93	TRIMETHOPRIM (↑ subsidy) * Tab 300 mg – Up to 30 tab available on a PSO 8.69	50	✓TMP
93	VANCOMYCIN HYDROCHLORIDE – Hospital pharmacy [HP3] – Subsidy by endorsement (↑ subsidy) Only if prescribed for a dialysis or cystic fibrosis patient or in the treatment of pseudomembranous colitis or for prophylaxis of endocarditis and the prescription is endorsed accordingly. Inj 50 mg per ml, 10 ml5.04	1	✓Pacific
110	NORTRIPTYLINE HYDROCHLORIDE (↑ subsidy) Tab 10 mg5.94	100	✓Norpress
	Tab 25 mg20.06	250	✓Norpress
112	CLONAZEPAM (↑ subsidy) Tab 500 µg6.26	100	✓Paxam
	Tab 2 mg11.15	100	✓Paxam
125	MIDAZOLAM (↑ price) Tab 7.5 mg – Month Restriction.....10.38	100	Hypnovel
	(25.00)		
126	TEMAZEPAM – Month Restriction (↑ subsidy) Tab 10 mg0.83	25	✓Normison
136	PACLITAXEL – PCT only – Specialist (↓ subsidy) Inj 1 mg for ECP1.32	1 mg	✓Baxter

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

152	MASK FOR SPACER DEVICE (↓ subsidy) Only on a WSO Size 2.....	3.28	1	✓ Foremont Child's Silicone Mask
152	PEAK FLOW METER (↓ subsidy) Only on a WSO Low range..... Normal range	13.75 13.75	1 1	✓ Breath-Alert ✓ Breath-Alert
152	SPACER DEVICE (↓ subsidy) Only on a WSO 230 ml (autoclavable).....	11.60	1	✓ Space Chamber
156	ACETAZOLAMIDE (↑ subsidy) * Tab 250 mg	10.40	100	✓ Diamox
157	ATROPINE SULPHATE (↑ subsidy) * Eye drops 1%	4.40	15 ml OP	✓ Atropt
182	AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA0733 – Hospital pharmacy [HP3] (↑ subsidy) Tabs	99.00	75 OP	✓ Phlexy 10
	Sachets (pineapple/vanilla) 29 g	330.10	30 OP	✓ Minaphlex
	Sachets (tropical)	324.00	30	✓ Phlexy 10
	Infant formula	174.72	400 g OP	✓ XP Analog LCP
	Powder (orange)	221.00	500 g OP	✓ XP Maxamaid
		320.00		✓ XP Maxamum
	Powder (unflavoured)	221.00	500 g OP	✓ XP Maxamaid
		320.00		✓ XP Maxamum
	Liquid (forest berries)	30.00	250 ml OP	✓ Easiphen Liquid
	Liquid (tropical)	30.00	250 ml OP	✓ Easiphen

Effective 1 September 2008

38	CALCIUM CARBONATE (↓ subsidy) * Tab dispersible 2.5 g.....	4.36	20 OP	✓ Calci-Tab Effervescent
38	IRON POLYMALTOSE (↓ subsidy) Inj 50 mg per ml, 2 ml.....	20.95 (29.95)	5	Ferrosig
43	ERYTHROPOIETIN ALPHA – Special Authority see SA0922 – Hospital pharmacy [HP3] (↓ subsidy) Inj human recombinant 1,000 iu, pre-filled syringe	48.68	6	✓ Eprex
	Inj human recombinant 2,000 iu, pre-filled syringe	120.18	6	✓ Eprex
	Inj human recombinant 3,000 iu, pre-filled syringe	166.87	6	✓ Eprex
	Inj human recombinant 4,000 iu, pre-filled syringe	193.13	6	✓ Eprex
	Inj human recombinant 10,000 iu, pre-filled syringe	395.18	6	✓ Eprex

▲ 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 Subsidy and Manufacturer's Price - effective 1 September 2008 (continued)

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
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

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

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

Changes to Brand Name

Effective 1 October 2008

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

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

Changes to Description

Effective 1 October 2008

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

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

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

Changes to General Rules

Effective 1 September 2008

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

23 4.7 Substitution

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

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

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

4.8 Alteration to Presentation of Pharmaceutical Dispensed

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

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

4.9 4-7 Amendment of the Schedule

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

4.10 4-8 Conflict of Provisions

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

Changes to Sole Subsidised Supply

Effective 1 October 2008

For the list of new Sole Subsidised Supply products effective 1 October 2008 refer to the bold entries in the cumulative Sole Subsidised Supply table pages 7-13.

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Delisted Items

Effective 1 October 2008

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

Effective 1 September 2008

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

▲ 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 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 January 2009

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

Effective 1 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	✓ Loten
	* Tab 100 mg.....	11.30	500	✓ Loten
59	VERAPAMIL HYDROCHLORIDE * Tab 40 mg.....	4.75	100	✓ Verpamil

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

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
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

Effective 1 April 2009

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

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

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

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

Effective 1 October 2008

ACETAZOLAMIDE (new listing)

Tab 250 mg.....**Diamox** 10.40 100 1% Dec-08 (B)

AMITRIPTYLINE (delisting)

Tab 10 mg.....~~Amitrip 3.00 100~~

ATROPINE SULPHATE (↑ price and addition of HSS)

Eye drops 1%.....**Atropt** 4.40 15 ml 1% Dec-08 (B)

BENZYLPENICILLIN SODIUM (amended brand name, ↑ price and addition of HSS)

Inj 1 mega u.....**Novartis Sandoz** 10.49 10 1% Dec-08 Benpen

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

BEZAFIBRATE (addition of HSS)

Tab 200 mg.....Fibalip 9.75 90 1% Dec-08 (B)

CALCITONIN (new listing)

Inj 100 u per ml, 1 ml.....**Miacalcic** 110.00 5 1% Dec-08 (B)

CEFAZOLIN SODIUM (new listing)

Inj 500 mg.....**Hospira** 5.00 5 1% Dec-08 m-Cefazolin

Inj 1 g.....**Hospira** 8.00 5 1% Dec-08 m-Cefazolin

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

CLONAZEPAM (new listing)

Tab 500 mcg.....**Paxam** 6.26 100 1% Dec-08 (B)

Tab 2 mg.....**Paxam** 11.15 100 1% Dec-08 (B)

CLOZAPINE (new listing)

Tab 25 mg.....Clopine 35.20 100

Tab 50 mg.....Clopine 45.60 100

Tab 100 mg.....Clopine 91.20 100

Tab 200 mg.....Clopine 145.92 100

ERYTHROMYCIN ETHYL SUCCINATE (new listing)

Grans for oral liq 200 mg per 5 ml .**E-Mycin** 4.35 100 ml 1% (B)

Grans for oral liq 400 mg per 5 ml .**E-Mycin** 5.85 100 ml 1% (B)

FINASTERIDE (new listing and addition of HSS)

Tab 5 mg.....**Fintral** 19.20 30 1% Dec-08 Proscar

FLUCLOXACILLIN SODIUM (addition of HSS)

Inj 250 mg.....**Flucloxin** 9.00 10 1% Feb-09 Floxapen

Inj 500 mg.....**Flucloxin** 10.40 10 1% Feb-09 Floxapen

Inj 1 g.....**Flucloxin** 14.00 10 1% Feb-09 Floxapen

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

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

Inj 20 mg per ml, 1ml.....**Buscopan** 8.04 5 1% Dec-08 (B)

Products with Hospital Supply Status (HSS) are in **bold**.

(B) – Subject only to part (b) of the definition of “DV Pharmaceutical”

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

HYOSCINE N-BUTYLBROMIDE (new listing)						
Tab 10 mg.....	Gastrosoothe	1.62	20	1%	Dec-08	Buscopan
MEBEVERINE HYDROCHLORIDE (new listing)						
Tab 135 mg.....	Colofac	18.00	90	1%	Dec-08	(B)
METHYLDOPA (new listing)						
Tab 125 mg.....	Prodopa	12.00	100	1%	Dec-08	(B)
Tab 250 mg.....	Prodopa	13.10	100	1%	Dec-08	(B)
Tab 500 mg.....	Prodopa	20.85	100	1%	Dec-08	(B)
NORTRIPTYLINE HYDROCHLORIDE (new listing)						
Tab 10 mg.....	Norpress	5.94	100	1%	Dec-08	(B)
Tab 25 mg.....	Norpress	20.06	250	1%	Dec-08	(B)
NYSTATIN (addition of HSS)						
Oral liquid 100,000 u per ml	Nilstat	3.19	24 ml	1%	Dec-08	(B)
POLOXAMER (new listing)						
Oral drops 10%	Coloxyl	3.78	30 ml	1%	Dec-08	(B)
PREDNISONE (new listing)						
Tab 1 mg.....	Apo-Prednisone	10.68	500	1%	Dec-08	Douglas Origen
Tab 2.5 mg.....	Apo-Prednisone	12.09	500	1%	Dec-08	Douglas Origen
Tab 5 mg.....	Apo-Prednisone	11.09	500	1%	Dec-08	Douglas Origen
PROCAINE PENICILLIN († price and addition of HSS)						
Inj 1.5 mega u	Cilicaine	50.86	5	1%	Dec-08	(B)
RISPERIDONE (new listing)						
Tab 0.5 mg.....	Ridal	15.60	60			
SALBUTAMOL (removal of DV pharmaceutical)						
Nebuliser soln 1 mg per ml, 2.5 ml.	Asthalin	3.70	20	1%	July-07	Ventolin nebulas (B)
SIMVASTATIN (new listing)						
Tab 80 mg	SimvaRex	3.18	30			
STREPTOKINASE († price and addition of HSS)						
Inj 250,000 IU	Streptase	117.70	1	1%	Dec-08	(B)
Inj 1,500,000 IU	Streptase	188.10	1	1%	Dec-08	(B)
TAR WITH TRIETHANOLAMINE LAURYL SULPHATE AND FLUORESCEIN (new listing)						
Soln 2.3% with triethanolamine lauryl sulphate and fluorescein sodium	Pinetarsol	2.90	500 ml	1%	Dec-08	(B)
	Pinetarsol	5.45	1000 ml			

Products with Hospital Supply Status (HSS) are in **bold**.

(B) – Subject only to part (b) of the definition of “DV Pharmaceutical”

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

TEMAZEPAM (new listing)						
Tab 10 mg.....	Normison	0.83	25	1%	Dec-08	(B)
TERLIPRESSIN (new listing)						
Inj 1 mg.....	Glypressin	450.00	5	1%	Dec-08	(B)
TRIAMCINOLONE ACETONIDE (new listing)						
Crm 0.02%.....	Aristocort	6.63	100 g	1%	Dec-08	(B)
Oint 0.02%.....	Aristocort	6.69	100 g	1%	Dec-08	(B)
TRIAMCINOLONE ACETONIDE (addition of HSS)						
Inj 40 mg per ml, 1 ml.....	Kenacort-A40	28.09	5	1%	Dec-08	Baxter
TRIMETHOPRIM (new listing)						
Tab 300 mg.....	TMP	8.69	50	1%	Dec-08	(B)
VANCOMYCIN HYDROCHLORIDE († price and addition of HSS)						
Inj 50 mg per ml, 10 ml.....	Pacific	5.04	1	1%	Dec-08	Hospira
ZINC SULPHATE (new listing)						
Cap 220 mg.....	Zincaps	10.00	100	1%	Dec-08	(B)

Effective 1 September 2008

AMANTADINE HYDROCHLORIDE						
Cap 100 mg.....	Symmetrel	47.81	60	1%	Oct-08	(B)
AMITRIPTYLINE						
Tab 10 mg.....	Amirol	2.77	50			
ATENOLOL						
Tab 50 mg.....	Pacific Atenolol	6.50	500	1%	Sept-06	Anselol Apo-Atenolol Golbal Atenolol
Tab 50 mg.....	Loten					
Tab 100 mg.....	Pacific Atenolol	11.30	500	1%	Sept-06	Anselol Apo-Atenolol Golbal Atenolol
Tab 100 mg.....	Loten					
Please note that the Loten brand of atenolol tablets 50 mg and 100 mg will be delisted from 1 September 2008.						
AQUEOUS (new listing)						
Cream.....	AFT	1.49	100 g	1%	Nov 08	Orion Multichem PSM

Note – Multichem brand of aqueous cream 100 g will be delisted from 1 November 2008
DV limit applies to pack sizes of 100 g or less

CLOPIDOGREL (new listing)						
Tab 75 mg.....	Apo-Clopidogrel	35.00	28			

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)

DIPYRIDAMOLE						
Tab long-acting 150 mg.....	Pytazen SR	11.52	60	1%	Oct-08	Persantin
EMULSIFYING OINTMENT (new listing)						
Ointment BP	AFT	2.50	100 g	1%	Nov 08	(B)
ERYTHROPOIETIN ALPHA (new listing)						
Inj human recombinant 1,000 iu, pre-filled syringe	Eporex	48.68	6			
Inj human recombinant 2,000 iu, pre-filled syringe	Eporex	120.18	6			
Inj human recombinant 3,000 iu, pre-filled syringe	Eporex	166.87	6			
Inj human recombinant 4,000 iu, pre-filled syringe	Eporex	193.13	6			
Inj human recombinant 5,000 iu, pre-filled syringe	Eporex	243.26	6			
Inj human recombinant 6,000 iu, pre-filled syringe	Eporex	291.92	6			
Inj human recombinant 10,000 iu, pre-filled syringe	Eporex	395.18	6			
ERYTHROPOIETIN BETA (change to brand name)						
Inj 2,000 iu prefilled syringe.....	NeoRecormon Reecormon	152.04	6	5%	Apr-06	(B)
Inj 3,000 iu prefilled syringe.....	NeoRecormon Reecormon	228.06	6	5%	Apr-06	(B)
Inj 4,000 iu prefilled syringe.....	NeoRecormon Reecormon	304.08	6	5%	Apr-06	(B)
Inj 5,000 iu prefilled syringe.....	NeoRecormon Reecormon	380.10	6	5%	Apr-06	(B)
Inj 6,000 iu prefilled syringe.....	NeoRecormon Reecormon	456.12	6	5%	Apr-06	(B)
Inj 10,000 iu prefilled syringe.....	NeoRecormon Reecormon	760.20	6	5%	Apr-06	(B)
FLUDARABINE (↑ price)						
Tab 10 mg.....	Fludara	650.25	15	1%	Nov 08	(B)
FLUDARABINE PHOSPHATE (↓ price)						
Inj 50 mg.....	Fludara	1430.00	5	1%	Nov 08	(B)
IMIQUIMOD (new listing)						
Cream 5 %, sachet	Aldara	110.40	12			
INSULIN GLARGINE						
Inj 100 iu per ml, 3 ml	Lantus SoloStar	94.50	5			

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)

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			

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.

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)

GLYCERYL TRINITRATE						
Tab 600 µg	Lycinate	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 Ebewe	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.

Section H changes to Part IV

Effective 1 October 2008

CHLORHEXADINE

Eye drops 0.02%

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

ONDANSETRON HYDROCHLORIDE

Tab 4 mg

Zofran

Tab 8 mg

Zofran

Tab dispersible 4 mg

Zofran Zydys

Tab dispersible 8 mg

Zofran Zydys

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

POLYHEXAMETHYLENE BIGUANIDE

Eye drops 0.02%

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

PYRIMETHAMINE

Tab 25 mg (Section 29)

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

For pregnant patients for the term of the pregnancy;

For infants with congenital toxoplasmosis until 12 months of age.

SULPHADIAZINE

Tab 500 mg (Section 29)

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

For pregnant patients for the term of the pregnancy;

For infants with congenital toxoplasmosis until 12 months of age.

Effective 1 September 2008

CEFUROXIME AXETIL

Tab 250 mg

Oral liq 125 mg per 5 ml

Up to 2 weeks supply for any appropriate indication

CEFUROXIME SODIUM

Tab 250 mg

Oral liq 125 mg per 5 ml

Up to 2 weeks supply for any appropriate indication

Inj 250 mg

Inj 750 mg

Inj 1.5 g

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

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