

Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 April 2010

Cumulative for January, February, March and April 2010

Section H for April 2010



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Summary of PHARMAC decisions

EFFECTIVE 1 APRIL 2010

New listings (page 20)

- Bisacodyl (Dulcolax) suppos 10 mg – Only on a prescription
- Docusate sodium tab 50 mg (Laxofast 50) and 120 mg (Laxofast 120) – Only on a prescription
- Ambrisentan (Volibris) tab 5 mg and 10 mg – Special Authority – Hospital pharmacy [HP1]
- Hydrocortisone (Pharmacy Health) crm 1% - Only on a prescription
- Danazol (Azol) cap 200 mg – Retail pharmacy – Specialist
- Topiramate (Arrow-Topiramate) tab 25 mg, 50 mg, 100 mg and 200 mg

Changes to restrictions (pages 24-29)

- Imiquimod (Aldara) crm 5% sachet – amended Special Authority criteria
- Somatropin (Genotropin) inj cartridge 16 iu (5.3 mg) and 36 iu (12 mg) – amended presentation description
- Nystatin (Nilstat) tab 500,000 u – Section 29 status removal
- Influenza vaccine (Fluvax, Fluarix, Influvac and Vaxigrip) – amended access criteria
- Alendronate for osteoporosis – amended Special Authority criteria
- Gabapentin (Nupentin) cap 100 mg, 300 mg and 400 mg – amended Special Authority criteria
- Vigabatrin (Sabril) tab 500 mg – amended Special Authority criteria
- Travoprost (Travatan) eye drops 0.004% – additional subsidy by endorsement

Decreased subsidy (pages 34-35)

- Docusate sodium with sennosides (Laxsol) tab 50 mg with total sennosides 8 mg
- Hydroxocobalamin (Neo-B12) inj 1 mg per ml, 1 ml
- Tranexamic acid (Cyclokapron) tab 500 mg
- Somatropin (Genotropin) inj cartridge 16 iu (5.3 mg) and 36 iu (12 mg)
- Zidovudine (AZT) (Retrovir) cap 100 mg and oral liq 10 mg per ml
- Dihydrocodeine tartrate (DHC Continus) tab long-acting 60 mg
- Letrozole (Femara) tab 2.5 mg
- Promethazine hydrochloride (Phenergan) oral liq 5 mg per 5 ml
- Travoprost (Travatan) eye drops 0.004%

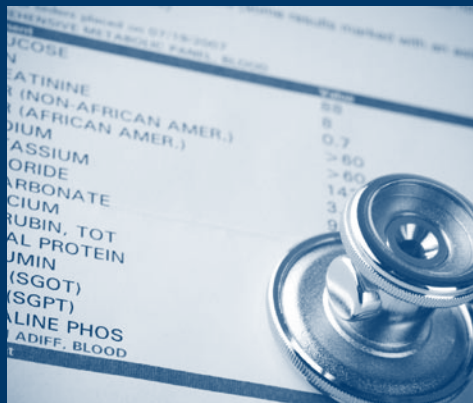
Increased subsidy (page 34)

- Bisacodyl (Dulcolax) suppos 5 mg
- Mitomycin C inj 10 mg (Mitomycin-C) and inj 1 mg for ECP (Baxter)
- Chloramphenicol (Chlorsig) eye drops 0.5%

Diclofenac sodium SR 75 mg long-acting tablets – stock management

Voltaren SR 75 mg long-acting tablets (diclofenac sodium), supplied by Novartis, were listed in the Pharmaceutical Schedule from October 2009 to cover an out-of-stock. The Voltaren SR brand of diclofenac sodium 75 mg long-acting tablets will be delisted from the Pharmaceutical Schedule from 1 June 2010. The Diclax SR brand will remain listed.

Monthly dispensing under Close Control rules will continue at this stage on diclofenac sodium long-acting tablets 75



mg and 100 mg. We will notify pharmacy via fax of the end date of Close Control for these products.

We would like to thank pharmacies and wholesalers for their patience during this out-of-stock.

New treatment for Pulmonary Arterial Hypertension

From 1 April 2010 a new product will be subsidised for the management of pulmonary arterial hypertension (PAH). Ambrisentan (Volibris) 5 mg and 10 mg tablets will be subsidised via application to the Pulmonary Arterial Hypertension Panel. Application forms will be available on our website. Special Authority approvals for bosentan will be interchangeable with ambrisentan.



New brand of topiramate available

An additional brand of topiramate tablets will be subsidised from 1 April 2010. Arrow-Topiramate 25 mg, 50 mg, 100 mg and 200 mg strengths will be subsidised.

Travoprost – reference pricing

From 1 April 2010 the subsidy for travoprost (Travatan) eye drops 0.004% will reduce to match that of latanoprost eye drops 50 µg per ml, 2.5ml (Hysite). This will result in a manufacturer's surcharge on Travatan eye drops as the price has not been reduced to match the subsidy. Bimatoprost and latanoprost remain fully subsidised.

For patients taking travoprost eye drops prior to 1 April 2010 a full subsidy will be available until 30 September 2010 under endorsement criteria. (See page 29 for full details). Pharmacists may annotate prescriptions for patients who were being

prescribed travoprost prior to 1 April 2010 in which case the prescription is deemed to be endorsed. The pharmacist must be able to show a clear dispensing history for the patient.

Clinical feedback to consultation on this change suggested treatment with travoprost was exclusively initiated by ophthalmologists. The six month transition period is provided to allow patients sufficient time to return to their ophthalmologist for a review of their medication if they wish to switch to a fully subsidised alternative.

Alendronate for osteoporosis – amended Special Authority criteria

The Special Authority criteria applying to alendronate for osteoporosis will be amended from 1 April 2010. The Special Authority for alendronate with or without cholecalciferol (Fosamax and Fosamax Plus) will be amended to clarify that T-Scores must be derived using dual-energy x-ray absorptiometry (DXA). The definition of BMD will also be corrected from bone mass density to bone mineral density.



Prednisolone acetate eye drops now fully subsidised

Following an agreement with Allergan NZ Ltd the prices for Pred Mild and Pred Forte (prednisolone acetate) eye drops have been reduced to match the current subsidies. This means Pred Mild eye drops 0.12% and Pred Forte eye drops 1% will be fully subsidised and gives prescribers an alternative fully subsidised ocular topical corticosteroid.

Imiquimod – amended Special Authority criteria

The Special Authority criteria for imiquimod cream 5% will be amended from 1 April 2010.

There has been some confusion over whether or not a biopsy was required when completing a renewal application for imiquimod. A biopsy is preferred but not a mandatory requirement on renewal applications.

Although a biopsy is preferred before imiquimod is used, it is not compulsory.

We would however reinforce when imiquimod has failed a biopsy should ideally be considered. The Special Authority criteria has been amended to make this clear.

Imiquimod is not funded for actinic keratosis (solar keratosis).

Nilstat tablets now registered

Nilstat (nystatin) 500,000 u tablets have been approved by Medsafe for distribution within New Zealand. The funded brand of nystatin has been supplied under Section 29 of the Medicine Act since early 2007; however, this restriction no longer applies.



Acebutolol – discontinuation

Mylan New Zealand Limited has advised that ACB 200 mg capsules are to be discontinued from 1 April 2010. This brand will be delisted from the Pharmaceutical Schedule from 1 October 2010. PHARMAC is not seeking a replacement for this pharmaceutical.

Withdrawal of dextropropoxyphene-containing medicines

In December 2009 the Medicines Adverse Reactions Committee (MARC) of Medsafe reviewed the benefits and risks of dextropropoxyphene containing medicines. The MARC assessed the published literature; adverse reactions reported in New Zealand and internationally; NZ Poisons Centre data; and the results of a Paradex utilisation study conducted in New Zealand in 2007. The MARC also considered reviews conducted by other medicine regulators.

In the interests of public safety, the MARC has recommended that Capadex and Paradex be withdrawn from New Zealand.

Medsafe supports the MARC's conclusions and is currently implementing their recommendation. In recognition of the significant number of patients currently taking dextropropoxyphene-containing medicines, the withdrawal will not be immediate to allow sufficient time for patients to be transferred to alternative medications.

In the interim, Medsafe advises the following:

- Do not start any new patients on Paradex or Capadex.
- Analgesic requirements of patients currently taking Paradex or Capadex should be reviewed at the earliest opportunity.

- In the UK, where this medicine has already been withdrawn, there is evidence to show that the majority of patients were successfully transitioned to full dose paracetamol alone, codeine alone or paracetamol/codeine combination products.
- As dextropropoxyphene is an opiate, similar adverse effects may be seen to those observed with other opiates and it may therefore not be appropriate to abruptly stop this medicine for some patients.

PHARMAC staff intend to recommend to the PHARMAC Board (or Chief Executive acting under delegated authority) that Paradex and Capadex be delisted from the Pharmaceutical Schedule from the date that registration is revoked. There would be no transition period to allow stock to be sold through.

Medsafe will be advising of the date that the consents for Capadex and Paradex will be revoked shortly. It is anticipated that the revocation date will be between 1 August 2010 and the end of this year.

For further information from Medsafe on the withdrawal of dextropropoxyphene-containing medicines please refer to its website <http://www.medsafe.govt.nz/hot/MediaContents.asp>.

Prefixes on Special Authority numbers

PHARMAC has received some queries on what the prefixes on the Special Authority numbers refer to. Below is a summary table that explains the prefixes, which may assist prescribers and pharmacies. The summary table is also published in the Pharmacy Procedures Manual.

Please note that the prefixes should be written on the prescription along with the number and expiry date.

Prefix	SA Type	Description
CHEM	Special Authority	Allows patients to receive funded Special Authority medicines through a Community Pharmacy
EXCP	Community Exceptional Circumstances	Allows a patient to access a subsidy sufficient to fully fund the pharmaceutical that is not subsidised on the Pharmaceutical Schedule. Criteria and application details are described in the Pharmaceutical Schedule.
HOSP	Special Authority	<u>Special Foods</u> This prefix indicates that either: a. the doctor has requested a complete diet for their patient, or b. the medicine can only be dispensed by a hospital pharmacy.
RISK	Risk Number	Available where a Pharmacy has made a dispensing in good faith or if the patient has a life threatening condition.
SPEC	Special Authority	This prefix indicates that either: a. the prescriber has requested a supplement diet for their patient, restricted to 500 ml per day or as defined in the Pharmaceutical Schedule, or b. to waive a restriction
TEMP	Templeton	Enables subsidy for patients who were residents at the Templeton Centre at the time of closure. The approval numbers cover all medicines required by the patient.
Note: The prefix HOSP or SPEC is only required on a prescription if Special Foods have been prescribed.		

Special Foods

Prefixes are used to identify whether a Special Authority has been allocated for complete diet or for supplementary purposes.

- a. A HOSP number for the purposes of a Special Food is an indication that the doctor has requested a complete diet for their patient.
- b. A SPEC number for the purposes of a Special Food is an indication that the doctor requested a supplement diet for



their patient, restricted to 500 ml per day or as defined in the Pharmaceutical Schedule.

Morphine sulphate 200 mg long-acting capsules - discontinuation

Multichem NZ Ltd has advised that m-Eslon (morphine sulphate) 200 mg long-acting capsules are to be discontinued upon depletion of the existing stock. Multichem anticipates this to occur by August/September 2010. It will be delisted from the Pharmaceutical Schedule 6 months

following this date. PHARMAC is not seeking a replacement for the 200 mg strength of morphine sulphate capsules. Morphine sulphate 100 mg long-acting capsules and 100 mg long-acting tablets remain fully subsidised.

Mitomycin-C injection 10 mg

The Mitomycin C brand of mitomycin-C injection 10 mg will remain listed. Previously we have notified the discontinuation of this product in New Zealand. It was due to be delisted from 1 June 2010 but this decision has been revoked to enable claiming for this product if sourced from overseas.

The subsidy and price for Mitomycin-C 10 mg injection will increase, as will the subsidy and price for the injection 1 mg for ECP (Baxter).

Mitomycin-C injection 10 mg remains a Section 29 medicine.

Tender News

Sole Subsidised Supply changes – effective 1 May 2010

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Amoxicillin	Grans for oral liq 250 mg per 5 ml; 100 ml	Ospamox (Sandoz)
Calcitriol	Cap 0.25 µg; 30 tab	Airflow (Airflow)
Calcitriol	Cap 0.5 µg; 30 tab	Airflow (Airflow)
Metformin hydrochloride	Tab immediate-release 500 mg; 500 tab	Apotex (Apotex)
Metformin hydrochloride	Tab immediate-release 850 mg; 250 tab	Apotex (Apotex)
Permethrin	Lotn 5%; 30 ml OP	A-Scabies (AFT)
Pizotifen	Tab 500 µg; 100 tab	Sandomigran (Novartis)
Sumatriptan	Tab 50 mg; 100 tab	Arrow-Sumatriptan (Arrow)
Sumatriptan	Tab 100 mg; 100 tab	Arrow-Sumatriptan (Arrow)

Looking Forward

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

Possible decisions for implementation 1 May 2010

- Gemcitabine hydrochloride inj 200 mg and 1 g (Gemcitabine Ebewe and Gemzar), and inj 1 mg for ECP (Baxter) – amended Special Authority criteria
- Lignocaine (Pfizer) gel 2% urethral syringe 10 ml – new listing
- Sumatriptan (Arrow-Sumatriptan) tab 50 mg (4-tablet pack) and 100 mg (2-tablet pack) - continued listing from 1 May 2010 (i.e. reversal of previous decision to delist the smaller pack sizes of Arrow-Sumatriptan from 1 May 2010)
- Vinorelbine inj 10 mg per ml, 1 mg and 5 ml (Navelbine and Vinorelbine Ebewe), and inj 1 mg for ECP (Baxter) – amended Special Authority criteria

Decision for implementation 1 July 2010

- Metoprolol succinate (AFT-Metoprolol CR and Betaloc CR) tab long-acting 23.75 mg, 47.5 mg, 95 mg and 190 mg – subsidy decrease

Sole Subsidised Supply Products – cumulative to April 2010

Generic Name	Presentation	Brand Name	Expiry Date*
Acarbose	Tab 50 mg & 100 mg	Glucobay	2012
Acetazolamide	Tab 250 mg	Diamox	2011
Allopurinol	Tab 100 mg & 300 mg	Apo-Allopurinol	2011
Alprazolam	Tab 250 µg, 500 µg & 1 mg	Arrow-Alprazolam	2010
Amantadine hydrochloride	Cap 100 mg	Symmetrel	2011
Amlodipine	Tab 5 mg & 10 mg	Apo-Amlodipine	2011
Amoxicillin	Drops 125 mg per 1.25 ml	Ospamox Paediatric Drops	2011
	Inj 250 mg, 500 mg & 1 g	Ibiamox	2010
	Cap 250 mg & 500 mg	Apo-Amoxi	
Amoxicillin clavulanate	Grans for oral liq amoxicillin 125 mg with potassium clavulanate 31.25 mg per 5 ml	Curam	2012
	Grans for oral liq amoxicillin 250 mg with potassium clavulanate 62.5 mg per 5 ml	Curam	
	Tab amoxicillin 500 mg with potassium clavulanate 125 mg	Synermox	2011
Aqueous cream	Crn 500 g	AFT	2011
Aspirin	Tab dispersible 300 mg	Ethics Aspirin	2010
	Tab 100 mg	Ethics Aspirin EC	
Atenolol	Tab 50 mg & 100 mg	Pacific Atenolol	2012
Atropine sulphate	Inj 600 µg, 1 ml	AstraZeneca	2012
Azithromycin	Tab 500 mg	Arrow-Azithromycin	2012
Baclofen	Tab 10 mg	Pacifen	2012
Benzylpenicillin sodium (Penicillin G)	Inj 1 mega u	Sandoz	2011
Betamethasone valerate	Scalp app 0.1%	Beta Scalp	2012
Bezafibrate	Tab 200 mg	Fibalip	2011
Bicalutamide	Tab 50 mg	Bicalox	2011
Bisacodyl	Tab 5 mg	Lax-Tabs	2010
Brimonidine tartrate	Eye drops 0.2%	AFT	2011
Bupivacaine hydrochloride	Inj 0.5%, 4 ml	Marcaïn Isobaric	2010
	Inj 0.5%, 8% glucose, 4 ml	Marcaïn Heavy	
Calamine	Crn, aqueous, BP	healthE API	2012
	Lotn, BP		
Calcitonin	Inj 100 iu per ml, 1 ml	Miacalcic	2011
Calcium	Tab eff 1 g	Calsource	2011
Calcium folinate	Inj 50 mg	Calcium Folate Ebewe	2011
Captopril	Tab 12.5 mg, 25 mg & 50 mg	Apo-Captopril	2010

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

Sole Subsidised Supply Products – cumulative to April 2010

Generic Name	Presentation	Brand Name	Expiry Date*
Cefaclor monohydrate	Cap 250 mg Grans for oral liq 125 mg per 5 ml	Ranbaxy-Cefaclor Ranbaxy-Cefaclor	2010
Cefazolin sodium	Inj 500 mg & 1 g	Hospira	2011
Cefuroxime sodium	Inj 750 mg & 1.5 g	Zinacef	2011
Cephalexin monohydrate	Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml	Cefalexin Sandoz Cefalexin Sandoz	2012
Cetomacrogol	Crn BP	PSM	2010
Cetirizine hydrochloride	Tab 10 mg Oral liq 1 mg per ml	Zetop Cetirizine-AFT	2011
Chloramphenicol	Eye oint 1%	Chlorsig	2012
Chlorhexidine gluconate	Soln 4%	Orion	2011
Ciclopiroxolamine	Nail soln 8%	Batrafen	2012
Ciprofloxacin	Tab 250 mg, 500 mg & 750 mg	Rex Medical	2011
Citalopram	Tab 20 mg	Arrow-Citalopram	2011
Clarithromycin	Tab 250 mg Grans for oral liq 125 mg per 5 ml	Klamycin Klacid	2010
Clobetasol propionate	Crn 0.05% Oint 0.05% Scalp app 0.05%	Dermol Dermol Dermol	2012
Clonazepam	Tab 500 µg & 2 mg	Paxam	2011
Clonidine	TDDS 2.5 mg, 100 µg per day TDDS 5 mg, 200 µg per day TDDS 7.5 mg, 300 µg per day	Catapres-TTS-1 Catapres-TTS-2 Catapres-TTS-3	2012
Clonidine hydrochloride	Inj 150 µg per ml, 1 ml Tab 25 µg Tab 150 µg	Catapres Dixarit Catapres	2012
Clotrimazole	Crn 1% Vaginal crn 1% with applicator(s) Vaginal crn 2% with applicators(s)	Clomazol 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	2012
Cyclophosphamide	Tab 50 mg	Cycloblastin	2010
Cyproterone acetate	Tab 50 mg & 100 mg	Siterone	2012
Cyproterone acetate with ethinyloestradiol	Tab 2 mg with ethinyloestradiol 35 µg and 7 inert tabs	Ginet 84	2011

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Sole Subsidised Supply Products – cumulative to April 2010

Generic Name	Presentation	Brand Name	Expiry Date*
Desferrioxamine mesylate	Inj 500 mg	Mayne	2010
Desmopressin	Nasal spray 10 µg per dose	Desmopressin-PH&T	2011
Dexamphetamine sulphate	Tab 5 mg	PSM	2010
Dextrose	Inj 50%, 10 ml	Biomed	2011
Dextrose with electrolytes	Oral soln with electrolytes	Pedialyte – Plain Pedialyte – Bubblegum Pedialyte – Fruit	2010
Diclofenac sodium	Tab EC 25 mg & 50 mg	Diclohexal	2012
	Eye drops 1 mg per ml	Voltaren Ophtha	2011
	Inj 25 mg per ml, 3 ml	Voltaren	
	Suppos 12.5 mg, 25 mg, 50 mg & 100 mg	Voltaren	
Diltiazem hydrochloride	Tab 30 mg & 60 mg	Dilzem	2011
	Cap long-acting 120 mg, 180 mg & 240 mg	Cardizem CD	
Dipyridamole	Tab long-acting 150 mg	Pytazen SR	2011
Doxazosin mesylate	Tab 2 mg & 4 mg	Apo-Doxazosin	2010
Emulsifying ointment	Oint BP	AFT	2011
Enoxaparin sodium (low molecular weight heparin)	Inj 20 mg, 40 mg, 60 mg, 80 mg, 100 mg, 120 mg & 150 mg	Clexane	2012
Entacapone	Tab 200 mg	Comtan	2012
Erythromycin ethyl succinate	Tab 400 mg	E-Mycin	2012
	Grans for oral liq 200 mg per 5 ml	E-Mycin	2011
	Grans for oral liq 400 mg per 5 ml	E-Mycin	
Ethinylestradiol	Tab 10 µg	NZ Medical and Scientific	2012
Ethinylestradiol 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	
Etidronate disodium	Tab 200 mg	Arrow-Etidronate	2012
Felodipine	Tab long-acting 5 mg	Felo 5 ER	2012
	Tab long-acting 10 mg	Felo 10 ER	
Ferrous sulphate	Oral liq 150 mg per 5 ml	Ferodan	2010
Finasteride	Tab 5 mg	Fintral	2011
Flucloxacillin sodium	Grans for oral liq 125 mg per 5 ml	AFT	2012
	Grans for oral liq 250 mg per 5 ml	AFT	
	Inj 250 mg, 500 mg & 1 g	Flucloxin	2011
Fluconazole	Cap 50 mg, 150 mg & 200 mg	Pacific	2011

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Sole Subsidised Supply Products – cumulative to April 2010

Generic Name	Presentation	Brand Name	Expiry Date*
Fludarabine phosphate	Inj 50 mg Tab 10 mg	Fludara Fludara Oral	2011
Fluocortolone caproate with fluocortolone pivalate and cinchocaine	Oint 950 µg, with fluocortolone pivalate 920 µg, and cinchocaine hydrochloride 5 mg per g Suppos 630 µg, with fluocortolone pivalate 610 µg, and cinchocaine hydrochloride 1 mg	Ultraproct Ultraproct	2010
Fluoromethalone	Eye drops 0.1%	FML	2012
Fluoxetine hydrochloride	Cap 20 mg Tab disp 20 mg, scored	Fluox Fluox	2010
Fluticasone propionate	Metered aqueous nasal spray, 50 µg per dose	Flixonase Hayfever & Allergy	31/1/13
Furosemide	Tab 40 mg	Diurin 40	2012
Fusidic acid	Crn 2% Oint 2%	Foban Foban	2010
Gabapentin	Cap 100 mg, 300 mg & 400 mg	Nupentin	31/7/12
Gentamicin sulphate	Inj 40 mg per ml, 2 ml	Pfizer	2012
Gliclazide	Tab 80 mg	Apo-Gliclazide	2011
Glipizide	Tab 5 mg	Minidiab	2011
Glyceryl trinitrate	Tab 600 µg Oral pump spray 400 µg per dose TDDS 5 mg & 10 mg	Lycinat Nitrolingual Pumpspray Nitroderm TTS	2011
Haloperidol	Oral liq 2 mg per ml Tab 500 µg, 1.5 mg & 5 mg	Serenace Serenace	2010
Hydrocortisone	Tab 5 mg & 20 mg Powder Crn 1%	Douglas ABM PSM	2012 2011
Hydrocortisone acetate	Rectal foam 10%, CFC-free (14 applications)	Colifoam	2012
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
Hydroxychloroquine sulphate	Tab 200 mg	Plaquenil	2012
Hypromellose	Eye drops 0.5%	Methopt	2011
Hysocine N-butylbromide	Inj 20 mg, 1 ml Tab 20 mg	Buscopan Gastrosoothe	2011
Ibuprofen	Tab 200 mg Oral liq 100 mg per 5 ml	Ethics Ibuprofen Fenpaed	2012 2010

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Sole Subsidised Supply Products – cumulative to April 2010

Generic Name	Presentation	Brand Name	Expiry Date*
Ipratropium bromide	Aqueous nasal spray, 0.03% Nebuliser soln, 250 µg per ml, 1 ml Nebuliser soln, 250 µg per ml, 2 ml	Apo-Ipravent Ipratropium Steri-Neb Ipratropium Steri-Neb	2010
Iron polymaltose	Inj 50 mg per ml, 2 ml	Ferrum H	2011
Isotretinoin	Cap 10 mg & 20 mg	Oratane	2012
Itraconazole	Cap 100 mg	Sporanox	2010
Ketoconazole	Shampoo 2%	Sebizole	2011
Lactulose	Oral liq 10 g per 15 ml	Duphalac	2010
Latanoprost	Eye drops 50 µg per ml	Hysite	2012
Levobunolol	Eye drops 0.25% & 0.5%	Betagan	2010
Lignocaine hydrochloride	Inj 0.5%, 5 ml Inj 1%, 5 ml Inj 1%, 20 ml	Xylocaine Xylocaine Xylocaine	2010
Lignocaine with prilocaine	Crn 2.5% with prilocaine 2.5%; 30 g OP Crn 2.5% with prilocaine 2.5%; 5 g	EMLA EMLA	2010
Lisinopril	Tab 5 mg, 10 mg & 20 mg	Arrow-Lisinopril	2012
Loperamide hydrochloride	Tab 2 mg	Nodia	2010
Loratadine	Tab 10 mg Oral liq 1 mg per ml	Loraclear Hayfever Relief Lorapaed	2010
Malathion	Liq 0.5% Shampoo 1%	Derbac M A-Lices	2010 2011
Mask for Spacer Device	Device	Foremount Child's Silicone Mask	30/9/11
Mebendazole	Tab 100 mg	De-Worm	2011
Mebeverine hydrochloride	Tab 135 mg	Colofac	2011
Medroxyprogesterone acetate	Tab 2.5 mg, 5 mg, 10 mg, 100 mg & 200 mg	Provera	2010
Mesalazine	Enema 1 g per 100 ml	Pentasa	2012
Methadone hydrochloride	Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml Tab 5 mg	Biodone Biodone Forte Biodone Extra Forte Methatabs	2012 2010
Methotrexate	Tab 2.5 mg & 10 mg Inj 100 mg per ml, 10 ml Inj 100 mg per ml, 50 ml	Methoblastin Methotrexate Ebewe Methotrexate Ebewe	2012 2011
Methyldopa	Tab 125 mg, 250 mg & 500 mg	Prodopa	2011
Methylprednisolone	Tab 4 mg & 100 mg	Medrol	2012
Methylprednisolone acetate	Inj 40 mg per ml, 1 ml	Depo-Medrol	2011

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Sole Subsidised Supply Products – cumulative to April 2010

Generic Name	Presentation	Brand Name	Expiry Date*
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, 2 ml Inj 500 mg Inj 1 g	Solu-Medrol Solu-Medrol Solu-Medrol Solu-Medrol	2012
Metoclopramide hydrochloride	Inj 5 mg per ml, 2 ml	Pfizer	2011
Miconazole nitrate	Crn 2%	Multichem	2011
Mometasone furoate	Crn 0.1% Oint 0.1%	m-Mometasone m-Mometasone	2012
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	2012
Morphine sulphate	Tab immediate release 10 mg & 20 mg Inj 10 mg per ml, 1 ml Inj 30 mg per ml, 1 ml	Sevredol Mayne Mayne	2012 2011
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	2012
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 Tab 200 mg	Viramune Suspension Viramune	2012
Nicotine	Patch 7 mg, 14 mg & 21 mg Lozenge 1 mg & 2 mg Gum 2 mg & 4 mg (Fruit) Gum 2 mg & 4 mg (Mint)	Habitrol Habitrol Habitrol Habitrol	2010
Norethisterone	Tab 350 µg Tab 5 mg	Noriday 28 Primolut N	2012 2011
Nortriptyline hydrochloride	Tab 10 mg & 25 mg	Norpress	2011
Nystatin	Oral liq 100,000 u per ml, 24 ml OP Cap 500,000 u Tab 500,000 u	Nilstat Nilstat Nilstat	2011 2010
Omeprazole	Cap 10 mg, 20 mg & 40 mg Inj 40 mg	Dr Reddy's Omeprazole Dr Reddy's Omeprazole	2011
Ondansetron	Tab 4 mg & 8 mg Tab disp 4 mg & 8 mg	Zofran Zofran Zydis	2010

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

Sole Subsidised Supply Products – cumulative to April 2010

Generic Name	Presentation	Brand Name	Expiry Date*
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 & 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	2012
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	Inj 40 mg Tab 20 mg & 40 mg	Pantocid IV Dr Reddy's Pantoprazole	2010
Paracetamol	Tab 500 mg Oral liq 120 mg per 5 ml Oral liq 250 mg per 5 ml	Pharmacare Paracare Junior Paracare Double Strength	2011
Paraffin liquid with soft white paraffin	Eye oint with soft white paraffin	Lacri-Lube	2010
Paroxetine hydrochloride	Tab 20 mg	Loxamine	2010
Peak Flow Meter	Low range and Normal range	Breath-Alert	30/9/11
Pegylated interferon alpha-2A	Inj 135 µg prefilled syringe Inj 180 µg prefilled syringe Inj 135 µg prefilled syringe x 4 with ribavirin tab 200 mg x 112 Inj 135 µg prefilled syringe x 4 with ribavirin tab 200 mg x 168 Inj 180 µg prefilled syringe x 4 with ribavirin tab 200 mg x 112 Inj 180 µg prefilled syringe x 4 with ribavirin tab 200 mg x 168	Pegasys Pegasys Pegasys RBV Combination Pack Pegasys RBV Combination Pack Pegasys RBV Combination Pack Pegasys RBV Combination Pack	31/12/12
Pergolide	Tab 0.25 mg & 1 mg	Permax	2011
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 & 500 mg	AFT AFT Cilicaine VK	2010
Phenylephrine hydrochloride	Eye drops 0.12%	Prefrin	2010
Pioglitazone	Tab 15 mg, 30 mg & 45 mg	Pizaccord	2012
Poloxamer	Oral drops 10%	Coloxyl	2011
Polyvinyl alcohol	Eye drops 1.4% Eye drops 3%	Vistil Vistil Forte	2011
Potassium chloride	Tab long-acting 600 mg	Span-K	2012
Prazosin hydrochloride	Tab 1 mg, 2 mg & 5 mg	Apo-Prazo	2010
Prednisone	Tab 1 mg, 2.5 mg, 5 mg & 20 mg	Apo-Prednisone	2011

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

Sole Subsidised Supply Products – cumulative to April 2010

Generic Name	Presentation	Brand Name	Expiry Date*
Prednisone sodium phosphate	Oral liq 5 mg per ml	Redipred	2012
Procaine penicillin	Inj 1.5 mega u	Cilicaine	2011
Promethazine	Tab 10 mg & 25 mg	Allersoothe	2011
Quinapril	Tab 5 mg, 10 mg & 20 mg	Accupril	2011
Quinapril with hydrochlorothiazide	Tab 10 mg with hydrochlorothiazide 12.5 mg	Accuretic 10	2011
	Tab 20 mg with hydrochlorothiazide 12.5 mg	Accuretic 20	
Quinine sulphate	Tab 300 mg	Q 300	2012
Ranitidine hydrochloride	Oral liq 150 mg per 10 ml	Peptisoothe	2010
Rifabutin	Cap 150 mg	Mycobutin	2010
Ropinirole hydrochloride	Tab 0.25 mg, 1 mg, 2 mg and 5 mg	Ropin	2010
Roxithromycin	Tab 150 mg & 300 mg	Arrow-Roxithromycin	2012
Salbutamol	Nebuliser soln, 1 mg per ml, 2.5 ml	Asthalin	2012
	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 per vial, 2.5 ml	Duolin	2012
Selegiline hydrochloride	Tab 5 mg	Apo-Selegiline	2012
Simvastatin	Tab 10 mg	Arrow-Simva 10 mg	2011
	Tab 20 mg	Arrow-Simva 20 mg	
	Tab 40 mg	Arrow-Simva 40 mg	
	Tab 80 mg	Arrow-Simva 80 mg	
Sodium citro-tartrate	Grans eff 4 g sachets	Ural	2010
Sodium cromoglycate	Nasal spray, 4%	Rex	2012
Sotalol	Tab 80 mg & 160 mg	Mylan	2012
Spacer Device	230 ml	Space Chamber	30/9/11
Syrup (pharmaceutical grade)	Liq	Midwest	2010
Tar with triethanolamine lauryl sulphate and fluorescein	Soln 2.3%	Pinetarsol	2011
Temazepam	Tab 10 mg	Normison	2011
Terazosin hydrochloride	Tab 2 mg & 5 mg	Apo-Terazosin	2010
Terbinafine	Tab 250 mg	Apo-Terbinafine	2011
Testosterone cypionate	Inj long-acting 100 mg per ml, 10 ml	Depo-Testosterone	2011
Tetracosactrin	Inj 250 µg	Synacthen	2011
	Inj 1 mg per ml, 1 ml	Synacthen Depot	
Timolol maleate	Tab 10 mg	Apo-Timol	2012
	Eye drops 0.25% & 0.5%	Apo-Timop	2011

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

Sole Subsidised Supply Products – cumulative to April 2010

Generic Name	Presentation	Brand Name	Expiry Date*
Triamcinolone acetonide	Crm 0.02% Oint 0.02% Inj 40 mg per ml, 1 ml 0.1% in Dental Paste USP	Aristocort Aristocort Kenacort-A40 Oracort	2011
Trimethoprim	Tab 300 mg	TMP	2011
Tropisetron	Cap 5 mg	Navoban	2012
Ursodeoxycholic acid	Cap 300 mg	Actigall	2011
Vancomycin hydrochloride	Inj 50 mg per ml, 10 ml	Pacific	2011
Zinc and castor oil	Oint BP	PSM	2011
Zinc sulphate	Cap 220 mg	Zincaps	2011
Zopiclone	Tab 7.5 mg	Apo-Zopiclone	2011

April changes in bold

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings

Effective 1 April 2010

34	BISACODYL – Only on a prescription * Suppos 10 mg	3.00	6	✓ Dulcolax
34	DOCUSATE SODIUM – Only on a prescription * Tab 50 mg	3.95	100	✓ Laxofast 50
	* Tab 120 mg	5.49	100	✓ Laxofast 120
56	AMBRISENTAN – Special Authority see SA0967 – Hospital pharmacy [HP1] Tab 5 mg	4,585.00	30	✓ Volibris
	Tab 10 mg	4,585.00	30	✓ Volibris
61	HYDROCORTISONE * Crm 1% – Only on a prescription	3.75	100 g	✓ Pharmacy Health
81	DANAZOL – Retail pharmacy-Specialist Cap 200 mg	97.83	100	✓ Azol
118	TOPIRAMATE ▲ Tab 25 mg	11.07	60	✓ Arrow-Topiramate
	▲ Tab 50 mg	18.81	60	✓ Arrow-Topiramate
	▲ Tab 100 mg	31.99	60	✓ Arrow-Topiramate
	▲ Tab 200 mg	55.19	60	✓ Arrow-Topiramate

Effective 1 March 2010

37	VITAMINS * Cap (fat soluble vitamins A, D, E, K) – Special Authority see SA1002 – Retail pharmacy	23.40	60	✓ Vitabdeck
	▶ SA1002] Special Authority for Subsidy Initial Application from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria: Either: 1. Patient has cystic fibrosis with pancreatic insufficiency; or 2. Patient is an infant or child with liver disease or short gut syndrome.			
60	CROTAMITON a) Only on a prescription b) Not in combination Crm 10%	3.79	20 g OP	✓ Itch-Soothe
63	CHLORHEXIDINE GLUCONATE - Subsidy by endorsement a) No more than 500 ml per month b) Only if prescribed for a dialysis patient and the prescription is endorsed accordingly * Handrub 1% with ethanol 70%	4.60	500 ml	✓ healthE
73	PREGNANCY TESTS - HCG URINE – Only on a PSO Cassette – Up to 200 test available on a PSO	22.80	40 test OP	✓ Innovacon hCG One Step Pregnancy Test Device

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 March 2010 (continued)

99	<p>INFLUENZA VACCINE – Hospital pharmacy [Xpharm]</p> <p>A) is available between 1 March and 30 June each year for patients who meet the following criteria, as set by the Ministry of Health:</p> <p>a) all people 65 years of age and over;</p> <p>b) people under 65 years of age with:</p> <p>i) the following cardiovascular disease:</p> <p>1) ischaemic heart disease,</p> <p>2) congestive heart disease,</p> <p>3) rheumatic heart disease,</p> <p>4) congenital heart disease, or</p> <p>5) cerebo-vascular disease;</p> <p>ii) the following chronic respiratory disease:</p> <p>1) asthma, if on a regular preventative therapy, or</p> <p>2) other chronic respiratory disease with impaired lung function;</p> <p>iii) diabetes;</p> <p>iv) chronic renal disease;</p> <p>v) any cancer, excluding basal and squamous skin cancers if not invasive;</p> <p>vi) the following other conditions:</p> <p>a) autoimmune disease,</p> <p>b) immune suppression,</p> <p>c) HIV,</p> <p>d) transplant recipients,</p> <p>e) neuromuscular and CNS diseases,</p> <p>f) haemoglobinopathies, or</p> <p>g) children on long term aspirin.</p> <p>c) people under 65 years of age who are:</p> <p>i) pregnant; or</p> <p>ii) morbidly obese</p> <p>d) children under the age of 5 who are enrolled with an Access Primary Health Organisation</p> <p>The following conditions are excluded from funding:</p> <p>a) asthma not requiring regular preventative therapy,</p> <p>b) hypertension and/or dyslipidaemia without evidence of end-organ disease,</p> <p>B) Doctors are the only Contractors entitled to claim payment from the Funder for the supply of influenza vaccine to patients eligible under the above criteria for subsidised immunisation and they may only do so in respect of the influenza vaccine listed in the Pharmaceutical Schedule.</p> <p>C) Individual DHBs may fund patients over and above the above criteria. The claiming process for these additional patients should be determined between the DHB and Contractor.</p> <p>D) Influenza Vaccine does not fall within the definition Community Pharmaceutical as it is not funded directly from the Pharmaceutical Budget. Pharmacists are unable to claim for the dispensing of influenza vaccine from the Funder.</p>	90.00	10	✓ Influvac
146	<p>MEGESTROL ACETATE – Retail pharmacy-Specialist</p> <p>Tab 160 mg</p>	57.92	30	✓ Apo-Megestrol

▲ 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 February 2010

31	BLOOD GLUCOSE DIAGNOSTIC TEST METER – Subsidy by endorsement a) Maximum of 1 meter per prescription b) 1) A diagnostic blood glucose test meter is subsidised for patients who begin insulin or sulphonylurea therapy after 1 March 2005 or is prescribed for a pregnant woman with diabetes. 2) Only one meter per patient. No further prescriptions will be subsidised. The prescription must be endorsed accordingly. Meter	9.00	1	✓ On Call Advanced
31	BLOOD GLUCOSE DIAGNOSTIC TEST STRIP The number of test strips available on a prescription is restricted to 50 unless: 1) Prescribed with insulin or a sulphonylurea but are on a different prescription and the prescription is endorsed accordingly; or 2) Prescribed on the same prescription as insulin or a sulphonylurea in which case the prescription is deemed to be endorsed; or 3) Prescribed for a pregnant woman with diabetes and endorsed accordingly. Blood glucose test strips × 50 and lancets × 5	19.10	1 OP	✓ On Call Advanced
119	SUMATRIPTAN Tab 50 mg	38.83	100	✓ Arrow-Sumatriptan
	Tab 100 mg	77.66	100	✓ Arrow-Sumatriptan
125	RISPERIDONE Tab 0.5 mg	3.51	60	✓ Apo-Risperidone
	Tab 1 mg	6.00	60	✓ Apo-Risperidone ✓ Dr Reddy's Risperidone
	Tab 2 mg	11.00	60	✓ Apo-Risperidone ✓ Dr Reddy's Risperidone
	Tab 3 mg	15.00	60	✓ Apo-Risperidone ✓ Dr Reddy's Risperidone
	Tab 4 mg	20.00	60	✓ Apo-Risperidone ✓ Dr Reddy's Risperidone
	Oral liq 1 mg per ml	18.35	30 ml	✓ Apo-Risperidone
134	METHYLPHENIDATE HYDROCHLORIDE EXTENDED-RELEASE – Special Authority see SA0924 – Retail pharmacy Only on a controlled drug form Cap modified-release 10 mg	19.50	30	✓ Ritalin LA
144	DASATINIB – Special Authority see SA0976 Tab 100 mg	6,214.20	30	✓ Sprycel
146	LETROZOLE Tab 2.5 mg	26.55	30	✓ Letara
151	PROMETHAZINE HYDROCHLORIDE *‡ Oral liq 5 mg per 5 ml	3.10	100 ml	✓ Promethazine Winthrop Elixir
155	FLUTICASONE PROPIONATE Metered aqueous nasal spray, 50 µg per dose	13.34	120 dose OP	✓ Flixonase Hayfever & Allergy

Patients pay a manufacturer's surcharge when
the Manufacturer's Price is greater than the Subsidy
22

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 January 2010

26	MESALAZINE Tab EC 500 mg	49.50	100	✓ Asamax
52	PINDOLOL * Tab 5 mg	5.40	100	✓ Apo-Pindolol
	* Tab 10 mg	9.19	100	✓ Apo-Pindolol
	* Tab 15 mg	13.80	100	✓ Apo-Pindolol
59	SILVER SULPHADIAZINE Crm 1%	12.30	50 g OP	✓ Flamazine
	a) Up to 250 g available on a PSO			
	b) Not in combination			
73	SOLIFENACIN SUCCINATE – Special Authority see SA0998 – Retail pharmacy Tab 5 mg	56.50	30	✓ Vesicare
	Tab 10 mg	56.50	30	✓ Vesicare
	▶ SA0998 Special Authority for Subsidy Initial application from any relevant practitioner. Applications valid without further renewal unless notified for applications where the patient has overactive bladder and a documented intolerance of oxybutynin.			
85	FLUCLOXACILLIN SODIUM Cap 250 mg – Up to 30 cap available on a PSO	32.00	250	✓ AFT
	Cap 500 mg	110.00	500	✓ AFT
112	PARACETAMOL WITH CODEINE * Tab paracetamol 500 mg with codeine phosphate 8 mg	2.45	100	✓ ParaCode

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

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

Changes to Restrictions

Effective 1 April 2010

67	<p>IMIQUIMOD – Special Authority see SA0923 below – Retail pharmacy Crm 5% sachet 110.40 12 ✓ Aldara</p> <p>➔ SA0923]Special Authority for Subsidy Initial application from any relevant practitioner. Approvals valid for 4 months for applications meeting the following criteria: Any of the following: 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>Notes: Superficial basal cell carcinoma</p> <ul style="list-style-type: none"> • 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. <p>External anogenital warts</p> <ul style="list-style-type: none"> • Imiquimod is only indicated for external genital and perianal warts (condyloma acuminata). <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: Every effort should be made to biopsy Confirmation that the lesion to confirm that it is a superficial basal cell carcinoma should be obtained using a biopsy.</p>
79	<p>SOMATROPIN – Special Authority see SA0755</p> <p>* Inj cartridge 16 iu per vial (5.3 mg) 160.00 1 ✓ Genotropin</p> <p>* Inj cartridge 36 iu per vial (12 mg) 360.00 1 ✓ Genotropin</p>
87	<p>NYSTATIN</p> <p>Tab 500,000 u 9.60 50 ✓ Niostat S29</p>
99	<p>INFLUENZA VACCINE – Hospital pharmacy [Xpharm]</p> <p>A) is available between 1 March and 30 June each year for patients who meet the following criteria, as set by the Ministry of Health:</p> <p>a) all people 65 years of age and over;</p> <p>b) people under 65 years of age with:</p> <p>i) the following cardiovascular disease:</p> <ol style="list-style-type: none"> 1) ischaemic heart disease, 2) congestive heart disease, 3) rheumatic heart disease, 4) congenital heart disease, or 5) cerebo-vascular disease; <p>ii) the following chronic respiratory disease:</p> <ol style="list-style-type: none"> 1) asthma, if on a regular preventative therapy, or 2) other chronic respiratory disease with impaired lung function;

continued...

Changes to Restrictions - effective 1 April 2010 (continued)

continued...

- iii) diabetes;
- iv) chronic renal disease;
- v) any cancer, excluding basal and squamous skin cancers if not invasive;
- vi) the following other conditions:
 - a) autoimmune disease,
 - b) immune suppression,
 - c) HIV,
 - d) transplant recipients,
 - e) neuromuscular and CNS diseases,
 - f) haemoglobinopathies, or
 - g) children on long term aspirin.
- c) people under 65 years of age who are:
 - i) pregnant; or
 - ii) morbidly obese
- d) children under the age of 5 who are enrolled with an Access Primary Health Organisation aged over 6 months and under 5 years who are from high deprivation backgrounds

The following conditions are excluded from funding:

- a) asthma not requiring regular preventative therapy,
 - b) hypertension and/or dyslipidaemia without evidence of end-organ disease.
- B) Doctors are the only Contractors entitled to claim payment from the Funder for the supply of influenza vaccine to patients eligible under the above criteria for subsidised immunisation and they may only do so in respect of the influenza vaccine listed in the Pharmaceutical Schedule.
- C) Individual DHBs may fund patients over and above the above criteria. The claiming process for these additional patients should be determined between the DHB and Contractor.
- D) Influenza Vaccine does not fall within the definition Community Pharmaceutical as it is not funded directly from the Pharmaceutical Budget. Pharmacists are unable to claim for the dispensing of influenza vaccine from the Funder.

Inj	9.00	1	✓ Fluvax
	90.00	10	✓ Influvac
			✓ Vaxigrip

106 ALENDRONATE FOR OSTEOPOROSIS

ALENDRONATE SODIUM – Special Authority see SA0990 – Retail pharmacy

Tab 70 mg	35.91	4	✓ Fosamax
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ALENDRONATE SODIUM WITH CHOLECALCIFEROL – Special Authority see SA0990 – Retail pharmacy

Tab 70 mg with cholecalciferol 2800 iu	35.91	4	✓ Fosamax Plus
Tab 70 mg with cholecalciferol 5600 iu	35.91	4	✓ Fosamax Plus

▶ SA0990]Special Authority for Subsidy

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

Any of the following:

- 1 History of one significant osteoporotic fracture demonstrated radiologically and documented bone mass mineral density (BMD) ≥ 2.5 standard deviations below the mean normal value in young adults (i.e. T-Score ≤ -2.5) (see Note); or
- 2 History of one significant osteoporotic fracture demonstrated radiologically, and either the patient is elderly, or densitometry scanning cannot be performed because of major logistical, technical or pathophysiological reasons. It is unlikely that this provision would apply to many patients under 75 years of age; or
- 3 History of two significant osteoporotic fractures demonstrated radiologically; or
- 4 Documented T-Score ≤ -3.0 (see Note); or

continued...

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

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

Changes to Restrictions - effective 1 April 2010 (continued)

continued...

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

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

Both:

- 1 The patient is receiving systemic glucocorticosteroid therapy (≥ 5 mg per day prednisone equivalents) and has already received or is expected to receive therapy for at least three months; and
- 2 Either:
 - 2.1 The patient has documented BMD ≥ 1.5 standard deviations below the mean normal value in young adults (i.e. T-Score ≤ -1.5) (**see Note**); or
 - 2.2 The patient has a history of one significant osteoporotic fracture demonstrated radiologically.

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

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

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

Any of the following:

- 1 History of one significant osteoporotic fracture demonstrated radiologically and documented bone mass mineral density (BMD) ≥ 2.5 standard deviations below the mean normal value in young adults (i.e. T-Score ≤ -2.5) (**see Note**); or
- 2 History of one significant osteoporotic fracture demonstrated radiologically, and either the patient is elderly, or densitometry scanning cannot be performed because of major logistical, technical or pathophysiological reasons. It is unlikely that this provision would apply to many patients under 75 years of age; or
- 3 History of two significant osteoporotic fractures demonstrated radiologically; or
- 4 Documented T-Score ≤ -3.0 (**see Note**); or
- 5 A 10-year risk of hip fracture $\geq 3\%$, calculated using a published risk assessment algorithm (e.g. FRAX or Dubbo) which incorporates BMD measurements (**see Note**).

Notes:

a) T-Score must be derived using dual-energy x-ray absorptiometry (DXA). Quantitative ultrasound and quantitative computed tomography (QCT) are not acceptable.

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

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

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

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 April 2010 (continued)

116	GABAPENTIN – Special Authority see SA1009 0936 – Retail pharmacy			
	▲ Cap 100 mg	7.16	100	✓ Nupentin
	▲ Cap 300 mg	11.50	100	✓ Nupentin
	▲ Cap 400 mg	14.75	100	✓ Nupentin

➔ **SA1009 0936** Special Authority for Subsidy

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

Either:

- 1 Seizures are not adequately controlled with optimal treatment with other antiepilepsy agents; or
- 2 Seizures are controlled adequately but the patient has experienced unacceptable side effects from optimal treatment with other antiepilepsy agents.

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

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

Either:

- 1 Patient has demonstrated a significant and sustained improvement in seizure rate or severity and/or quality of life from gabapentin; or
- 2 Seizures are not adequately controlled with optimal treatment with other antiepilepsy agents, or seizures are controlled adequately but the patient has experienced unacceptable side effects from optimal treatment with other antiepilepsy agents.

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

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

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

Initial application — (Neuropathic pain - patient has had an approval for gabapentin for neuropathic pain prior to 1 August 2007) from any relevant practitioner. Approvals valid for 2 years for applications meeting the following criteria:

Either:

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

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

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

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

Renewal — (Neuropathic pain) from any relevant practitioner. Approvals valid for 2 years for applications meeting the following criteria:

Either:

- 1 The patient has demonstrated a marked improvement in their control of pain (prescriber determined); or

continued...

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

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

Changes to Restrictions - effective 1 April 2010 (continued)

continued...

- 2 The patient has previously demonstrated clinical responsiveness to gabapentin and has now developed neuropathic pain in a new site.

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

118	VIGABATRIN – Special Authority see SA1010 0937 – Retail pharmacy ▲ Tab 500 mg	119.30	100	✓ Sabril
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▶ **SA1010 0937** Special Authority for Subsidy

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

Both:

- 1 Either:

1.1 Patient has infantile spasms; or

- 1.2 Both:

1.2.1 Patient has epilepsy; and

- 1.2.2 Either:

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

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

- 2 Either:

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

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

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

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

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

Both:

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

- 2 Either:

1 2-1 Patient is receiving regular automated visual field testing (ideally every 6 months) on an ongoing basis for the duration of treatment with vigabatrin; or

2 2-2 It is impractical or impossible (due to comorbid conditions) to monitor the patient's visual fields.

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

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

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

Both:

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

- 2 Either:

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

continued...

Changes to Restrictions - effective 1 April 2010 (continued)

continued...

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

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

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

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

159 TRAVOPROST – Retail pharmacy-Specialist

See prescribing guideline

Additional subsidy by endorsement is available for patients who were being prescribed travoprost prior to 1 April 2010.

Note additional subsidy valid until 30 September 2010.

Pharmacists may annotate prescriptions for patients who were being prescribed travoprost prior to 1 April 2010 in which case the prescription is deemed to be endorsed. The pharmacist must be able to show a clear documented dispensing history for the patient. The prescription must be endorsed accordingly.

▲ Eye drops 0.004%	9.75	2.5 ml OP	
	(19.50)		Travatan

Effective 1 March 2010

33 URSODEOXYCHOLIC ACID – Special Authority see SA1003 0914 – Retail pharmacy

Cap 300 mg	179.00	100	✓ Actigall
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▶ SA1003 0914 Special Authority for Subsidy

Initial application from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:

Either

1. Patient diagnosed with cholestasis of pregnancy; or

2. Both:

- +2.1 Primary biliary cirrhosis confirmed by antimitochondrial antibody titre (AMA) > 1:80, and raised cholestatic liver enzymes with or without raised serum IgM or, if AMA is negative, by liver biopsy; and
- 2.2 Patient not requiring a liver transplant (bilirubin > 170µmol/l; decompensated cirrhosis).

Note: Liver biopsy is not usually required for diagnosis but is helpful to stage the disease.

Renewal from any relevant practitioner. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.

Note: **Ursodeoxycholic acid Actigall** is not an appropriate therapy for patients requiring a liver transplant (bilirubin > 170 micromol/l; decompensated cirrhosis). These patients should be referred to an appropriate transplant centre. Treatment failure – doubling of serum bilirubin levels, absence of a significant decrease in ALP or ALT and AST, development of varices, ascites or encephalopathy, marked worsening of pruritus or fatigue, histological progression by two stages, or to cirrhosis, need for transplantation.

53 DILTIAZEM HYDROCHLORIDE

* Cap long-acting 120 mg (once per day)	4.34	30	✓ Cardizem CD
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▲ Three months supply may be dispensed at one time if endorsed "certified exemption" by the prescriber.

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

Changes to Restrictions - effective 1 March 2010 (continued)

55	NICOTINE			
	a) Maximum of 768 piece per prescription			
	b) Maximum of 384 piece per dispensing			
	c) For the avoidance of doubt Nicotine will not be funded Close Control in amounts less than 4 weeks.			
	d) The maximum of 384 piece per dispensing cannot be waived via Access Exemption Criteria.			
	Gum 2 mg (Fruit).....	14.97	96 OP	✓ <u>Habitrol</u>
		23.41		✓ <u>Nicotinell</u>
	Gum 2 mg (Mint).....	14.97	96 OP	✓ <u>Habitrol</u>
		23.41		✓ <u>Nicotinell</u>
	Gum 4 mg (Fruit).....	20.02	96 OP	✓ <u>Habitrol</u>
		23.41		✓ <u>Nicotinell</u>
	Gum 4 mg (Mint).....	20.02	96 OP	✓ <u>Habitrol</u>
		23.41		✓ <u>Nicotinell</u>
55	NICOTINE			
	a) Maximum of 432 loz per prescription			
	b) Maximum of 216 loz per dispensing			
	c) For the avoidance of doubt Nicotine will not be funded Close Control in amounts less than 4 weeks.			
	d) The maximum of 216 loz per dispensing cannot be waived via Access Exemption Criteria.			
	Lozenge 1 mg	11.08	36 OP	✓ <u>Habitrol</u>
	Lozenge 2 mg	11.08	36 OP	✓ <u>Habitrol</u>
55	NICOTINE			
	a) Maximum of 56 patch per prescription			
	b) Maximum of 28 patch per dispensing			
	c) For the avoidance of doubt Nicotine will not be funded Close Control in amounts less than 4 weeks.			
	d) The maximum of 28 patch per dispensing cannot be waived via Access Exemption Criteria.			
	Patch 7 mg	10.53	7 OP	✓ <u>Habitrol</u>
	Patch 14 mg	11.63	7 OP	✓ <u>Habitrol</u>
	Patch 21 mg	12.32	7 OP	✓ <u>Habitrol</u>
99	INFLUENZA VACCINE – Hospital pharmacy [Xpharm]			
	A) is available between 1 March and 30 June each year for patients who meet the following criteria, as set by the Ministry of Health:			
	a) all people 65 years of age and over;			
	b) people under 65 years of age with:			
	i) the following cardiovascular disease:			
	1) ischaemic heart disease,			
	2) congestive heart disease,			
	3) rheumatic heart disease,			
	4) congenital heart disease, or			
	5) cerebo-vascular disease;			
	ii) the following chronic respiratory disease:			
	1) asthma, if on a regular preventative therapy, or			
	2) other chronic respiratory disease with impaired lung function;			
	iii) diabetes;			
	iv) chronic renal disease;			
	v) any cancer, excluding basal and squamous skin cancers if not invasive;			
	vi) the following other conditions:			
	a) autoimmune disease,			
	b) immune suppression,			
	c) HIV,			

continued...

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

continued...

d) transplant recipients, e) neuromuscular and CNS diseases, f) haemoglobinopathies, or g) children on long term aspirin.			
c) people under 65 years of age who are: i) pregnant; or ii) morbidly obese			
d) children under the age of 5 who are enrolled with an Access Primary Health Organisation			
The following conditions are excluded from funding: a) asthma not requiring regular preventative therapy, b) hypertension and/or dyslipidaemia without evidence of end-organ disease. c) pregnancy in the absence of another risk factor.			
B) Doctors are the only Contractors entitled to claim payment from the Funder for the supply of influenza vaccine to patients eligible under the above criteria for subsidised immunisation and they may only do so in respect of the influenza vaccine listed in the Pharmaceutical Schedule.			
C) Individual DHBs may fund patients over and above the above criteria. The claiming process for these additional patients should be determined between the DHB and Contractor.			
D) Influenza Vaccine does not fall within the definition Community Pharmaceutical as it is not funded directly from the Pharmaceutical Budget. Pharmacists are unable to claim for the dispensing of influenza vaccine from the Funder.			
Inj	9.00	1	✓ Fluvax ✓ Fluarix
	90.00	10	✓ Fluarix ✓ Influvac ✓ Vaxigrip

125	TRIFLUOPERAZINE HYDROCHLORIDE			
	Tab 1 mg	9.83	100	✓ Stelazine S29
	Tab 2 mg	14.64	100	✓ Stelazine S29
	Tab 5 mg	16.66	100	✓ Stelazine S29

Effective 1 February 2010

73	PREGNANCY TESTS - HCG URINE – Only on a PSO WSO Cassette – Up to 200 test available on a PSO	19.00	25 test OP	✓ MDS Quick Card
	Distributed by MDS Diagnostics, PO Box 24-162, Royal Oak, Auckland. Ph 09-570-5761			
99	INFLUENZA VACCINE – Hospital pharmacy [Xpharm]			
	A) is available between 1 March and 30 June each year for patients who meet the following criteria, as set by the Ministry of Health: a) all people 65 years of age and over; b) people under 65 years of age with: i) the following cardiovascular disease: 1) ischaemic heart disease, 2) congestive heart disease, 3) rheumatic heart disease, 4) congenital heart disease, or 5) cerebo-vascular disease; ii) the following chronic respiratory disease: 1) asthma, if on a regular preventative therapy, or 2) other chronic respiratory disease with impaired lung function;			

continued...

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

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

Changes to Restrictions - effective 1 February 2010 (continued)

continued...

- iii) diabetes;
- iv) chronic renal disease;
- v) any cancer, excluding basal and squamous skin cancers if not invasive;
- vi) the following other conditions:
 - a) autoimmune disease,
 - b) immune suppression,
 - c) HIV,
 - d) transplant recipients,
 - e) neuromuscular and CNS diseases,
 - f) haemoglobinopathies, or
 - g) children on long term aspirin.

c) people under 65 years of age who are:

- (i) pregnant; or**
- (ii) morbidly obese**

d) children under the age of 5 who are enrolled with an Access Primary Health Organisation

The following conditions are excluded from funding:

- a) asthma not requiring regular preventative therapy,
 - b) hypertension and/or dyslipidaemia without evidence of end-organ disease,
 - c) pregnancy in the absence of another risk factor.
- B) Doctors are the only Contractors entitled to claim payment from the Funder for the supply of influenza vaccine to patients eligible under the above criteria for subsidised immunisation and they may only do so in respect of the influenza vaccine listed in the Pharmaceutical Schedule.
- C) Individual DHBs may fund patients over and above the above criteria. The claiming process for these additional patients should be determined between the DHB and Contractor.
- D) Influenza Vaccine does not fall within the definition Community Pharmaceutical as it is not funded directly from the Pharmaceutical Budget. Pharmacists are unable to claim for the dispensing of influenza vaccine from the Funder.

Inj	9.00	1	✓Fluvax ✓Fluarix
	90.00	10	✓Fluarix ✓Vaxigrip

146 EXEMESTANE – **Additional subsidy by Special Authority see SA1000 – Retail pharmacy**

Tab 25 mg	26.55	30	
	(175.00)		Aromasin

► **SA1000** Special Authority for Alternate Subsidy

Initial Application – from any relevant practitioner. Approvals valid for 5 years for applications meeting the following criteria:

All of the following:

1. Patient is a postmenopausal woman; and
2. Patient has hormone receptor positive breast cancer; and
3. Any of the following
 - 3.1 The patient was receiving funded exemestane prior to 1 February 2010; or
 - 3.2 The patient has advanced breast cancer and a very clear history of intolerance to anastrozole or letrozole; or
 - 3.3 The patient has advanced breast cancer and disease has progressed following treatment with anastrozole or letrozole.

Renewal from any relevant practitioner. Approvals valid without further renewal unless notified where the treatment remains appropriate and the patient is benefitting from treatment.

Note – Repeat dispensings for Aromasin tab 25 mg will be fully subsidised where the initial dispensing was before 1 February 2010.

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 January 2010

79	SOMATROPIN GROWTH HORMONE BIOSYNTHETIC HUMAN – Special Authority see SA0755			
	* Inj cartridge 16 iu per vial	249.60	1	✓ Genotropin
		1,248.00	5	✓ Genotropin
	* Inj cartridge 36 iu per vial	561.60	1	✓ Genotropin
		2,808.00	5	✓ Genotropin
80	SOMATROPIN RECOMBINANT HUMAN GROWTH HORMONE – Special Authority see SA0755			
	* Inj 5 mg	300.00	1	✓ Norditropin SimpleXx 5 mg
	* Inj 10 mg	600.00	1	✓ Norditropin SimpleXx 10 mg
	* Inj 15 mg	900.00	1	✓ Norditropin SimpleXx 15 mg
149	CYCLOSPORIN A – Hospital pharmacy [HP3]			
	Cap 25 mg	59.50	50	✓ Neoral
	Cap 50 mg	118.54	50	✓ Neoral
	Cap 100 mg	237.08	50	✓ Neoral
	Oral liq 100 mg per ml	264.17	50 ml OP	✓ Neoral
	Note – change in chemical name from cyclosporin A to cyclosporin only.			
179	ORAL FEED 1.5KCAL/ML – Special Authority see SA0702 – Hospital pharmacy [HP3]			
	Liquid (coffee latte)	1.33	237 ml OP	✓ Ensure Plus

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Subsidy and Manufacturer's Price

Effective 1 April 2010

34	BISACODYL – Only on a prescription (↑ subsidy) * Suppos 5 mg	3.00	6	✓ Dulcolax
34	DOCUSATE SODIUM WITH SENNOSIDES (↓ subsidy) * Tab 50 mg with total sennosides 8 mg	6.38	200	✓ Laxsol
36	HYDROXOCOBALAMIN (↓ subsidy) * Inj 1 mg per ml, 1 ml – Up to 6 inj available on a PSO	6.15 (10.84)	3	Neo-B12
40	TRANEXAMIC ACID (↓ subsidy) Tab 500 mg	32.92	100	✓ Cyklokapron
72	ACETIC ACID WITH HYDROXYQUINOLINE AND RICINOLEIC ACID (↑ price) Jelly with glacial acetic acid 0.94%, hydroxyquinoline sulphate 0.025%, glycerol 5% and ricinoleic acid 0.75% with applicator	8.43 (24.00)	100 g OP	Aci-Jel
79	SOMATROPIN – Special Authority see SA0755 (↓ subsidy) * Inj cartridge 16 iu (5.3 mg)	160.00	1	✓ Genotropin
	* Inj cartridge 36 iu (12 mg)	360.00	1	✓ Genotropin
93	ZIDOVUDINE [AZT] – Special Authority see SA0779 – Hospital pharmacy [HP1] (↓ subsidy) Cap 100 mg	145.00	100	✓ Retrovir
	Oral liq 10 mg per ml	29.00	200 ml OP	✓ Retrovir
111	DIHYDROCODEINE TARTRATE (↓ subsidy) Tab long-acting 60 mg	27.27	60	✓ DHC Continus
142	MITOMYCIN C – PCT only – Specialist (↑ subsidy) Inj 10 mg	808.00	5	✓ Mitomycin-C S29
	Inj 1 mg for ECP	16.13	1 mg	✓ Baxter
146	LETROZOLE (↓ subsidy) Tab 2.5 mg	26.55 (146.46)	30	Femara
151	PROMETHAZINE HYDROCHLORIDE (↓ subsidy) *‡ Oral liq 5 mg per 5 ml	3.10 (8.51)	100 ml	Phenergan
157	CHLORAMPHENICOL (↑ subsidy) Eye drops 0.5%	2.40	10 ml OP	✓ Chlorsig
158	PREDNISOLONE ACETATE (↑ price) * Eye drops 0.12%	4.50	5 ml OP	✓ Pred Mild
	* Eye drops 1%	4.50	5 ml OP	✓ Pred 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**

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 April 2010 (continued)

159	TRAVOPROST – Retail pharmacy-Specialist (↓ subsidy) See prescribing guideline Additional subsidy by endorsement is available for patients who were being prescribed travoprost prior to 1 April 2010. Note additional subsidy valid until 30 September 2010. Pharmacists may annotate prescriptions for patients who were being prescribed travoprost prior to 1 April 2010 in which case the prescription is deemed to be endorsed. The pharmacist must be able to show a clear documented dispensing history for the patient. The prescription must be endorsed accordingly.			
	▲ Eye drops 0.004%	9.75	2.5 ml OP	
		(19.50)		Travatan

Effective 1 March 2010

26	SULPHASALAZINE (↑ subsidy)			
	* Tab 500 mg	11.68	100	✓ Salazopyrin
	* Tab EC 500 mg	12.89	100	✓ Salazopyrin EN
112	PARACETAMOL WITH CODEINE (↓ subsidy)			
	* Tab paracetamol 500 mg with codeine phosphate 8 mg	2.45	100	
		(3.24)		Codalgin
121	APOMORPHINE HYDROCHLORIDE (↑ subsidy)			
	▲ Inj 10 mg per ml, 2 ml	110.00	5	✓ Apomine
124	LITHIUM CARBONATE (↑ subsidy)			
	Tab long-acting 400 mg	17.65	100	✓ Priadel
127	LORAZEPAM – Month Restriction (↑ subsidy)			
	Tab 1 mg	16.42	250	✓ Ativan
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
	Tab 2.5 mg	11.17	100	✓ Ativan
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			

Effective 9 February 2010

140	DOCETAXEL – PCT only – Specialist – Special Authority see SA0880 (↑ subsidy)			
	Inj 1 mg for ECP	23.81	1 mg	✓ Baxter

Effective 1 February 2010

36	CALCITRIOL (↓ subsidy)			
	* Cap 0.25 µg	10.10	100	✓ Calcitriol-AFT
	* Cap 0.5 µg	18.73	100	✓ Calcitriol-AFT
36	HYDROXOCOBALAMIN (↓ subsidy)			
	* Inj 1 mg per ml, 1 ml – Up to 6 inj available on a PSO	6.15	3	✓ ABM Hydroxocobalamin

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Subsidy and Manufacturer's Price – effective 1 February 2010 (continued)

50	FLECAINIDE ACETATE – Retail pharmacy–Specialist († subsidy)			
	▲ Tab 50 mg	45.82	60	✓ Tambocor
	▲ Tab 100 mg	80.92	60	✓ Tambocor
	▲ Cap long-acting 100 mg	45.82	30	✓ Tambocor CR
	▲ Cap long-acting 200 mg	80.92	30	✓ Tambocor CR
	Inj 10 mg per ml, 15 ml	52.45	5	✓ Tambocor
52	METOPROLOL SUCCINATE (↓ subsidy)			
	* Tab long-acting 23.75 mg	2.73	30	✓ Betaloc CR
	* Tab long-acting 47.5 mg	3.41	30	✓ Betaloc CR
	* Tab long-acting 95 mg	5.88	30	✓ Betaloc CR
	* Tab long-acting 190 mg	10.63	30	✓ Betaloc CR
56	SILDENAFIL – Special Authority see SA0968 – Hospital pharmacy [HP1] († subsidy)			
	Tab 25 mg	52.00	4	✓ Viagra
	Tab 100 mg	68.00	4	✓ Viagra
64	PERMETHRIN (↓ subsidy)			
	Crn 5%	3.65 (4.20)	30 g OP	Lyderm
65	CALCIPOTRIOL (↓ subsidy)			
	Crn 50 µg per g	20.20	30 g OP	✓ Daivonex
		56.32	100 g OP	✓ Daivonex
	Oint 50 µg per g	20.20	30 g OP	✓ Daivonex
		56.32	100 g OP	✓ Daivonex
	Soln 50 µg per ml	20.22	30 ml OP	✓ Daivonex
		33.79	60 ml OP	✓ Daivonex
81	GOSERELIN ACETATE – Hospital pharmacy [HP3] (↓ subsidy)			
	Inj 3.6 mg	200.00	1	✓ Zoladex
	Inj 10.8 mg	500.00	1	✓ Zoladex
119	SUMATRIPTAN (↓ subsidy)			
	Tab 50 mg	1.55 (12.00) (22.00)	4	✓ Arrow-Sumatriptan Sumagran Imigran
	Tab 100 mg	1.55 (12.00) (22.00)	2	✓ Arrow-Sumatriptan Sumagran Imigran
120	PIZOTIFEN (↓ price)			
	* Tab 500 µg	21.10	100	✓ Sandomigran
140	DOCETAXEL – PCT only – Specialist – Special Authority see SA0880 (↓ subsidy)			
	Inj 1 mg for ECP	17.55	1 mg	✓ Baxter
145	ANASTROZOLE (↓ subsidy)			
	Tab 1 mg	26.55	30	✓ Arimidex

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 February 2010 (continued)

146	EXEMESTANE – Additional subsidy by Special Authority see SA1000 – Retail pharmacy (↓ subsidy)			
	Tab 25 mg	26.55	30	
		(175.00)		Aromasin

Effective 1 January 2010

30	METFORMIN HYDROCHLORIDE (↓ subsidy)			
	* Tab immediate-release 500 mg.....	8.09	500	✓ Arrow-Metformin
	* Tab immediate-release 850 mg.....	6.67	250	✓ Arrow-Metformin
34	GLYCEROL (↑ subsidy)			
	* Suppos 3.6 g – Only on a prescription	6.00	20	✓ PSM
37	CHOLECALCIFEROL (↓ subsidy)			
	* Tab 1.25 mg (50,000 iu)			
	– Maximum of 12 tab per prescription.....	7.76	12	✓ Cal-d-Forte
39	FOLIC ACID (↑ subsidy)			
	* Tab 0.8 mg	19.80	1,000	✓ Apo-Folic Acid
	* Tab 5 mg	10.21	500	✓ Apo-Folic Acid
62	HYDROCORTISONE BUTYRATE (↓ subsidy)			
	Lipocream 0.1%	2.30	30 g OP	✓ Locoid Lipocream
		6.85	100 g OP	✓ Locoid Lipocream
	Oint 0.1%	6.85	100 g OP	✓ Locoid
	Milky emul 0.1%.....	6.85	100 ml OP	✓ Locoid Crelo
62	HYDROCORTISONE WITH NATAMYCIN AND NEOMYCIN – Only on a prescription (↓ subsidy)			
	Crm 1% with natamycin 1% and neomycin sulphate 0.5%.....	2.79	15 g OP	✓ Pimafucort
	Oint 1% with natamycin 1% and neomycin sulphate 0.5%.....	2.79	15 g OP	✓ Pimafucort
62	MOMETASONE FUROATE (↓ subsidy)			
	Crm 0.1%.....	2.38	15 g OP	✓ Elocon
		4.55	45 g OP	✓ Elocon
	Oint 0.1%	2.38	15 g OP	✓ Elocon
		4.55	45 g OP	✓ Elocon
64	WOOL FAT WITH MINERAL OIL – Only on a prescription (↑ price)			
	* Lotn hydrous 3% with mineral oil	1.40	250 ml OP	
		(3.50)		Hydroderm Lotion
66	HYDROCORTISONE BUTYRATE (↓ subsidy)			
	Scalp lotn 0.1%	3.65	100 ml OP	✓ Locoid
72	MEDROXYPROGESTERONE ACETATE (↓ subsidy)			
	* Inj 150 mg per ml, 1 ml syringe			
	– Up to 5 inj available on a PSO	7.15	1	✓ Depo-Provera
72	CYPROTERONE ACETATE WITH ETHINYLOESTRADIOL (↓ subsidy)			
	* Tab 2 mg with ethinyloestradiol 35 µg and 7 inert tabs.....	4.91	84	
		(6.30)		Estelle 35-ED

▲ 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 January 2010 (continued)

77	MEDROXYPROGESTERONE ACETATE			
	* Tab 2.5 mg (↑ subsidy)	3.09	30	✓ Provera
	* Tab 5 mg (↓ subsidy)	13.06	100	✓ Provera
	* Tab 10 mg (↓ subsidy)	6.85	30	✓ Provera
79	MEDROXYPROGESTERONE ACETATE (↓ subsidy)			
	* Tab 100 mg – Retail pharmacy – Specialist	96.50	100	✓ Provera
	* Tab 200 mg – Retail pharmacy – Specialist	70.50	30	✓ Provera
79	SOMATROPIN – Special Authority see SA0755 (↓ subsidy)			
	* Inj cartridge 16 iu per vial	249.60	1	✓ Genotropin
		1,248.00	5	✓ Genotropin
	* Inj cartridge 36 iu per vial	561.60	1	✓ Genotropin
		2,808.00	5	✓ Genotropin
81	CABERGOLINE (↓ subsidy)			
	Tab 0.5 mg – Maximum of 2 tab per prescription; can be waived by Special Authority see SA0175	16.50	2	✓ Dostinex
		66.00	8	✓ Dostinex
84	AMOXYCILLIN CLAVULANATE (↓ subsidy)			
	Grans for oral liq amoxicillin 125 mg with potassium clavulanate 31.25 mg per 5 ml – Up to 200 ml available on a PSO	2.20	100 ml	Augmentin
		(2.75)		
	Grans for oral liq amoxicillin 250 mg with potassium clavulanate 62.5 mg per 5 ml – Up to 200 ml available on a PSO	3.85	100 ml	Augmentin
		(4.75)		
85	CLINDAMYCIN (↓ subsidy)			
	Inj phosphate 150 mg per ml, 4 ml – Retail pharmacy – Specialist.....	16.00	1	✓ Dalacin C
87	ISONIAZID – Retail pharmacy – Specialist (↓ subsidy)			
	No patient co-payment payable			
	* Tab 100 mg	20.00	100	✓ PSM
108	ETIDRONATE DISODIUM (↓ subsidy)			
	* Tab 200 mg	14.37	60	
		(22.80)		DidroneI
		23.95	100	✓ Etidrate
109	QUININE SULPHATE (↑ price)			
	* Tab 200 mg	15.95	250	
		(17.20)		Q 200
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
111	CODEINE PHOSPHATE (↓ subsidy)			
	Tab 15 mg	5.39	100	✓ PSM
	Tab 30 mg	8.25	100	✓ PSM
	Tab 60 mg	17.76	100	✓ PSM

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Subsidy and Manufacturer's Price – effective 1 January 2010 (continued)

113	PETHIDINE HYDROCHLORIDE (↑ subsidy)			
	a) Only on a controlled drug form			
	b) No patient co-payment payable			
	Tab 50 mg	3.20	10	✓ PSM
	Tab 100 mg	4.20	10	✓ PSM
118	PHENOBARBITONE (↑ subsidy)			
	* Tab 15 mg	25.00	500	✓ PSM
	* Tab 30 mg	26.00	500	✓ PSM
127	ALPRAZOLAM – Month Restriction (↓ subsidy)			
	Tab 250 µg	3.15	50	✓ Arrow-Alprazolam
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
	Tab 500 µg	4.10	50	✓ Arrow-Alprazolam
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
	Tab 1 mg	7.25	50	✓ Arrow-Alprazolam
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
131	DEXAMPHETAMINE SULPHATE – Special Authority see SA0907 – Retail pharmacy (↓ subsidy)			
	Only on a controlled drug form			
	Tab 5 mg	16.50	100	✓ PSM
136	OXALIPLATIN – PCT only – Specialist – Special Authority see SA0900 (↓ subsidy)			
	Inj 1 mg for ECP	1.42	1 mg	✓ Baxter
149	CYCLOSPORIN – Hospital pharmacy [HP3] (↓ subsidy)			
	Cap 25 mg	59.50	50	✓ Neoral
	Cap 50 mg	118.54	50	✓ Neoral
	Cap 100 mg	237.08	50	✓ Neoral
	Oral liq 100 mg per ml	264.17	50 ml OP	✓ Neoral

▲ 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 March 2010

- 14 "Cost, Brand, Source of Supply" means that the Community Pharmaceutical is eligible for Subsidy on the basis of the Contractor's annotated purchase price, brand, and source of supply. **Alternatively a copy of the invoice for the purchase of the Pharmaceutical may be attached to the prescription, in the place of an annotation, in order to be eligible for Subsidy.**

Changes to Sole Subsidised Supply

Effective 1 April 2010

For the list of new Sole Subsidised Supply products effective 1 April 2010 refer to the bold entries in the cumulative Sole Subsidised Supply table pages 11-19.

Changes to Section E Part I

Effective 1 February 2010

Pharmaceuticals and quantities that may be obtained on a Practitioner's Supply Order

189 **PREGNANCY TESTS – HCG URINE**
✓ Cassette

200 test

Pharmaceuticals that may be obtained on a Wholesale Supply Order

190 **PREGNANCY TESTS – HCG URINE**
✓ Cassette

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$

Per

Brand or
Generic Mnfr
✓ fully subsidised

Delisted Items

Effective 1 April 2010

40	PHYTOMENADIONE Tab 10 mg	5.60	10	✓Konaktion
42	HEPARINISED SALINE * Inj 10 iu per ml, 5 ml	18.00	50	✓AstraZeneca
62	MOMETASONE FUROATE Crm 0.1%	2.38	15 g OP	✓Elocon
		4.55	45 g OP	✓Elocon
	Oint 0.1%	2.38	15 g OP	✓Elocon
		4.55	45 g OP	✓Elocon
72	CYPROTERONE ACETATE WITH ETHINYLOESTRADIOL * Tab 2 mg with ethinyloestradiol 35 µg and 7 inert tabs	4.91 (6.30)	84	Estelle 35-ED
79	SOMATROPIN – Special Authority see SA0755 * Inj cartridge 16 iu (5.3 mg)	1,248.00	5	✓Genotropin
	* Inj cartridge 36 iu (12 mg)	2,808.00	5	✓Genotropin
	Note – Genotropin inj cartridge 16 iu and 36 iu 1 injection packs remain subsidised.			
84	AMOXYCILLIN CLAVULANATE Grans for oral liq amoxicillin 125 mg with potassium clavulanate 31.25 mg per 5 ml – Up to 200 ml available on a PSO	2.20 (2.75)	100 ml	Augmentin
	Grans for oral liq amoxicillin 250 mg with potassium clavulanate 62.5 mg per 5 ml – Up to 200 ml available on a PSO	3.85 (4.75)	100 ml	Augmentin
99	INFLUENZA VACCINE – Hospital pharmacy [Xpharm] Inj	9.00 90.00	1 10	✓Fluarix ✓Fluarix
108	ETIDRONATE DISODIUM * Tab 200 mg	14.37 (22.80) 23.95	60 100	Didronel ✓Etidrate
127	DIAZEPAM Tab 10 mg – Month Restriction..... ‡ Safety cap for extemporaneously compounded oral liquid preparations.	3.45	100	✓Pro-Pam
160	PILOCARPINE * Eye drops 4%	6.57	15 ml OP	✓Pilopt
176	SEMI-ELEMENTAL ENTERAL FEED 1KCAL/ML – Special Authority see SA0592 – Hospital pharmacy [HP3] Liquid	6.02	500 ml OP	✓Peptisorb

▲ 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 March 2010

97	PEGYLATED INTERFERON ALPHA-2B WITH RIBAVIRIN – Special Authority see SA0953 – Hospital pharmacy [HP3] See prescribing guideline			
	Inj 50 µg × 4 with ribavirin cap 200 mg × 112	1,080.40	1 OP	✓ Pegatron Combination Therapy
	Inj 50 µg × 4 with ribavirin cap 200 mg × 84	976.80	1 OP	✓ Pegatron Combination Therapy
	Inj 80 µg × 4 with ribavirin cap 200 mg × 140	1,583.60	1 OP	✓ Pegatron Combination Therapy
	Inj 80 µg × 4 with ribavirin cap 200 mg × 168	1,687.20	1 OP	✓ Pegatron Combination Therapy
	Inj 80 µg × 4 with ribavirin cap 200 mg × 84	1,376.40	1 OP	✓ Pegatron Combination Therapy
	Inj 100 µg × 4 with ribavirin cap 200 mg × 112	1,746.40	1 OP	✓ Pegatron Combination Therapy
	Inj 100 µg × 4 with ribavirin cap 200 mg × 84	1,642.80	1 OP	✓ Pegatron Combination Therapy
	Inj 120 µg × 4 with ribavirin cap 200 mg × 140	2,116.40	1 OP	✓ Pegatron Combination Therapy
	Inj 120 µg × 4 with ribavirin cap 200 mg × 84	1,909.20	1 OP	✓ Pegatron Combination Therapy
	Inj 150 µg × 4 with ribavirin cap 200 mg × 140	2,516.00	1 OP	✓ Pegatron Combination Therapy
	Inj 150 µg × 4 with ribavirin cap 200 mg × 168	2,619.60	1 OP	✓ Pegatron Combination Therapy
	Inj 150 µg × 4 with ribavirin cap 200 mg × 84	2,308.80	1 OP	✓ Pegatron Combination Therapy
101	DICLOFENAC SODIUM			
	* Tab EC 25 mg	3.26 (3.51)	100	Apo-Diclo
	* Tab EC 50 mg	21.30 (25.88)	500	Apo-Diclo
115	TRIMIPRAMINE MALEATE			
	Cap 25 mg	6.20	100	✓ Tripress
117	LAMOTRIGINE			
	▲ Tab dispersible 200 mg	101.80	56	✓ Mogine

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

121	BROMOCRIPTINE MESYLATE * Tab 10 mg	120.86	100	✓ Alpha-Bromocriptine
127	DIAZEPAM Tab 5 mg – Month Restriction..... ‡ Safety cap for extemporaneously compounded oral liquid preparations.	5.00	250	✓ Pro-Pam
142	PACLITAXEL – PCT only – Specialist Inj 30 mg	37.95	1	✓ Paclitaxel Ebewe
Note – Paclitaxel Ebewe inj 30 mg, 5 inj pack remains listed.				
159	LATANOPROST – Retail pharmacy-Specialist See prescribing guideline ▲ Eye drops 50 µg per ml, 2.5ml	9.75 (19.50)	2.5 ml OP	Xalatan
160	PILOCARPINE * Eye drops 1%	3.24	15 ml OP	✓ Piloft
181	GLUTEN FREE PASTA – Special Authority see SA0722 – Hospital pharmacy [HP3] Corn and Spinach Rigatini	2.00 (2.92)	250 g OP	Orgran
	Garlic and Parsley Shells	2.00 (2.92)	250 g OP	Orgran
	Rice and Corn Garden Herb Pasta	2.00 (2.92)	250 g OP	Orgran

Effective 1 February 2010

30	GLIBENCLAMIDE * Tab 2.5 mg	3.78	100	✓ Gliben
	* Tab 5 mg	3.31	100	✓ Gliben
51	ACEBUTOLOL * Cap 100 mg	9.50	100	✓ ACB
54	TRIAMTERENE WITH HYDROCHLOROTHIAZIDE * Tab 50 mg with hydrochlorothiazide 25 mg	5.00	100	✓ Triamizide
58	ISOTRETINOIN – Special Authority see SA0955 – Retail pharmacy Cap 10 mg	26.93	100	✓ Isotane 10
	Cap 20 mg	38.72	100	✓ Isotane 20
93	SAQUINAVIR – Special Authority see SA0779 – Hospital pharmacy [HP1] Tab 500 mg	556.59	120	✓ Invirase
127	DIAZEPAM Tab 2 mg – Month Restriction..... ‡ Safety cap for extemporaneously compounded oral liquid preparations.	8.40	500	✓ Pro-Pam

▲ 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 February 2010 (continued)

150	AZATADINE MALEATE * Tab 1 mg	6.94 (16.90)	50		Zadine
151	BECLOMETHASONE DIPROPIONATE Aerosol inhaler, 50 µg per dose	8.54	200 dose OP	✓	Beclazone 50
	Aerosol inhaler, 100 µg per dose	12.50	200 dose OP	✓	Beclazone 100
	Aerosol inhaler, 250 µg per dose	22.67	200 dose OP	✓	Beclazone 250
	Note – Beclazone CFC-free aerosol inhalers were listed 1 July 2009				
160	PILOCARPINE * Eye drops 6%	8.56	15 ml OP	✓	Piloft

Effective 1 January 2010

60	CALAMINE a) Only on a prescription b) Not in combination Crm, aqueous, BP	2.78 (3.02)	100 g		ABM
	Lotn, BP	16.70 (19.44)	2,000 ml		ABM
72	MEDROXYPROGESTERONE ACETATE * Inj 150 mg per ml, 1 ml – Up to 5 inj available on a PSO	8.05	1	✓	Depo-Provera
86	CO-TRIMOXAZOLE * Oral liq sugar-free trimethoprim 40 mg and sulphamethoxazole 200 mg per 5 ml – Up to 200 ml available on a PSO	5.90	500 ml	✓	Trisul
151	DEXTROCHLORPHENIRAMINE MALEATE * Tab long-acting 6 mg	2.70 (7.73)	20		Polaramine Repetab
		5.40 (12.56)	40		Polaramine Repetab
160	PILOCARPINE * Eye drops 2%	4.32	15 ml OP	✓	Piloft

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 May 2010

30	METFORMIN HYDROCHLORIDE * Tab immediate-release 500 mg.....	8.09	500	✓ Arrow-Metformin
	* Tab immediate-release 850 mg.....	6.67	250	✓ Arrow-Metformin
36	CALCITRIOL * Cap 0.25 µg	10.10	100	✓ Calcitriol-AFT
	* Cap 0.5 µg	18.73	100	✓ Calcitriol-AFT
64	PERMETHRIN Crm 5%	3.65 (4.20)	30 g OP	Lyderm
84	AMOXYCILLIN Grans for oral liq 250 mg per 5 ml – Up to 200 ml available on a PSO	1.27	100 ml	✓ Ranbaxy Amoxicillin
119	SUMATRIPTAN Tab 50 mg	1.55 (12.00) (22.00)	4	✓ Arrow-Sumatriptan Sumagran Imigran
	Tab 100 mg	1.55 (12.00) (22.00)	2	✓ Arrow-Sumatriptan Sumagran Imigran

Effective 1 June 2010

52	PINDOLOL * Tab 5 mg	4.50	100	✓ Pindol
	* Tab 10 mg	8.35	100	✓ Pindol
	* Tab 15 mg	12.00	100	✓ Pindol
85	FLUCLOXACILLIN SODIUM Cap 250 mg – Up to 30 cap available on a PSO	18.50	250	✓ Staphlex
	Cap 500 mg	57.90	500	✓ Staphlex
100	DICLOFENAC SODIUM * Tab long-acting 75 mg	19.60	100	✓ Voltaren SR
112	PARACETAMOL WITH CODEINE * Tab paracetamol 500 mg with codeine phosphate 8 mg.....	2.45 (3.24)	100	Codalgin
142	MITOMYCIN C – PCT only – Specialist Inj 10 mg	808.00	5	✓ Mitomycin-C

Note – The decision to delist Mitomycin C inj 10 mg has been revoked. It will remain listed.

▲ 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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Items to be Delisted - effective 1 July 2010

36	HYDROXOCOBALAMIN * Inj 1 mg per ml, 1 ml – Up to 6 inj available on a PSO	6.15 (10.84)	3	Neo-B12
59	SILVER SULPHADIAZINE Crm 1% with chlorhexidine digluconate 0.2%	15.04	100 g OP	✓ Silvazine
	a) Up to 500 g available on a PSO			
	b) Not in combination			
62	HYDROCORTISONE BUTYRATE Milky emul 0.1%.....	5.00	30 ml OP	✓ Locoid Crelo
65	DITHRANOL Crm 1%.....	27.50	50 g OP	✓ Micanol
80	SOMATROPIN – Special Authority see SA0755 * Inj 5 mg	300.00	1	✓ Norditropin SimpleXx 5 mg
	* Inj 10 mg	600.00	1	✓ Norditropin SimpleXx 10 mg
	* Inj 15 mg	900.00	1	✓ Norditropin SimpleXx 15 mg
138	FLUDARABINE PHOSPHATE – PCT only – Specialist Tab 10 mg	650.25	15	✓ Fludara
146	LETROZOLE Tab 2.5 mg	26.55 (146.46)	30	Femara
151	PROMETHAZINE HYDROCHLORIDE *‡ Oral liq 5 mg per 5 ml	3.10 (8.51)	100 ml	Phenergan

Effective 1 August 2010

34	BISACODYL – Only on a prescription * Suppos 10 mg	3.96	12	✓ Fleet
38	FERROUS GLUCONATE WITH ASCORBIC ACID * Tab 170 mg with ascorbic acid 40 mg.....	12.04	500	✓ Healtheries Iron with Vitamin C
95	INTERFERON ALPHA-2A – PCT – Hospital pharmacy [HP3]-Specialist a) See prescribing guideline b) Only one multidose cartridge starter pack to be prescribed and dispensed per patient.			
	Inj 4.5 m iu prefilled syringe	46.98	1	✓ Roferon-A
	Inj 18 m iu multidose cartridge	187.92	1	✓ Roferon-A
	Inj 18 m iu multidose cartridge × 2 starter pack	375.84	1	✓ Roferon-A

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 August 2010 (continued)

95	INTERFERON ALPHA-2A WITH RIBAVIRIN – Special Authority see SA0784 – Hospital pharmacy [HP3] See prescribing guideline Inj 18 m iu multidose cartridge × 2 with ribavirin tab 200 mg × 168.....	1,375.84	1 OP	✓Roferon RBV Combination Pack
	Inj 18 m iu multidose cartridge × 2 with pen and needles with ribavirin tab 200 mg × 168	1,375.84	1 OP	✓Roferon RBV Combination Pack Starter Kit
114	TRIMIPRAMINE MALEATE Cap 50 mg	11.20	100	✓Tripress
151	DEXTROCHLORPHENIRAMINE MALEATE * Tab long-acting 6 mg	5.40 (12.56)	40	Polaramine Colour- Free Repetab
		2.70 (7.73)	20	Polaramine Colour- Free Repetab

Effective 1 September 2010

30	COPPER * Tab, diagnostic – Not on a BSO	5.02 (31.80)	36 OP	Clinitest
31	GLUCOSE OXIDASE Urine diagnostic test – Not on a BSO	4.11 (7.00)	50 strip OP	Diabur 5000
	Urine diagnostic test with peroxidase – Not on a BSO.....	4.11 (6.26)	50 strip OP	Diastix
		4.13 (8.65)		Clinistix
37	MULTIVITAMINS – Special Authority see SA0963 – Retail pharmacy Tab	19.65	100	✓Ketovite
	Oral liq	13.50	150 ml OP	✓Ketovite Liquid
84	AMOXYCILLIN Grans for oral liq 125 mg per 5 ml – Up to 200 ml available on a PSO	1.00	100 ml	✓Ranbaxy Amoxicillin
107	ALENDRONATE SODIUM WITH CHOLECALCIFEROL – Special Authority see SA0990 – Retail pharmacy Tab 70 mg with cholecalciferol 2,800 iu.....	35.91	4	✓Fosamax Plus
150	CYPROHEPTADINE HYDROCHLORIDE * Tab 4 mg	6.27	100	✓Periactin
161	PHENYLEPHRINE HYDROCHLORIDE WITH ZINC SULPHATE * Eye drops 0.12% with zinc sulphate 0.25%	4.51	15 ml OP	✓Zincrin

▲ 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 October 2010

28	OMEPRAZOLE For omeprazole suspension refer, page 166 * Cap 20 mg	2.85	28	✓ <u>Dr Reddy's</u> <u>Omeprazole</u>
	Note – Dr Reddy's Omeprazole cap 20 mg, 30 capsule pack, remains listed.			
51	ACEBUTOLOL * Cap 200 mg	15.94	100	✓ ACB

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 April 2010

AMBRISENTAN						
Tab 5 mg.....	Volibris	4,585.00	30			
Tab 10 mg.....	Volibris	4,585.00	30			
BISACODYL						
Suppos 5 mg.....	Dulcolax	3.00	6			
Suppos 10 mg.....	Dulcolax	3.00	6			
CHLORAMPHENICOL († price)						
Eye drops 0.5%	Chlorsig	2.40	10 ml			
CIPROFLOXACIN (↓ price and addition of HSS)						
Inj 2 mg per ml, 100 ml	Aspen Ciprofloxacina	41.00	10	1%	Jun-10	Ciproxin DBL DP-Cipro Topistin Ufexil
DANAZOL						
Cap 200 mg	Azol	97.83	100			
DIHYDROCODEINE TARTRATE						
Tab long-acting 60 mg.....	DHC Continus	27.27	60	1%	Jun-10	(B)
DOCUSATE SODIUM						
Tab 50 mg.....	Laxofast 50	3.95	100	1%	Jun-10	Coloxyl
Tab 120 mg.....	Laxofast 120	5.49	100	1%	Jun-10	Coloxyl
DOCUSATE SODIUM WITH SENNOSIDES (↓ price and addition of HSS)						
Tab 50 mg with total sennosides 8 mg	Laxsol	6.38	200	1%	Jun-10	Coloxyl with Senna
HYDROCORTISONE						
Crn 1%	Pharmacy Health	3.75	100 g			
HYDROCORTISONE WITH NATAMYCIN AND NEOMYCIN (Amended chemical name)						
Crn 1% with natamycin 1% and neomycin sulphate 0.5%	Pimafucort	2.79	15 g			
Oint 1% with natamycin 1% and neomycin sulphate 0.5%	Pimafucort	2.79	15 g			
OMEPRAZOLE						
Cap 10 mg	Dr Reddy's Omeprazole	2.00	28	1%	May-09	Losec Omezol
Cap 20 mg	Dr Reddy's Omeprazole	2.85	28	1%	May-09	Losec Omezol
Cap 40 mg	Dr Reddy's Omeprazole	3.35	28	1%	May-09	Losec Omezol
Note – Dr Reddy's Omeprazole cap 10 mg, 20 mg and 40 mg, 28 cap packs, to be delisted 1 June 2010. Please note that the 30 capsule packs remain listed.						

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 Part II - effective 1 April 2010 (continued)

PIPERACILLIN SODIUM WITH TAZOBACTAM SODIUM

Inj 4 g with tazobactam

sodium 500 mg **Tazocin EF** 12.00 1 1% Jun-10 DBL
Zobacin

TOPIRAMATE

Tab 25 mg.....Arrow 11.07 60
-Topiramate

Tab 50 mg.....Arrow 18.81 60
-Topiramate

Tab 100 mg.....Arrow 31.99 60
-Topiramate

Tab 200 mg.....Arrow 55.19 60
-Topiramate

TRANEXAMIC ACID (↓ price and addition of HSS)

Tab 500 mg.....**Cyclokapron** 32.92 100 1% Jun-10 (B)

ZIDOVUDINE (AZT)

Cap 100 mg **Retrovir** 145.00 100 1% Jun-10 (B)

Oral liq 10 mg per ml **Retrovir** 29.00 200 ml 1% Jun-10 (B)

Section H changes to Part IV

Effective 1 April 2010

CLOPIDOGREL

Tab 75 mg **Plavix**

Up to 4 weeks supply post stenting. Not to be funded for acute coronary syndrome or transient ischaemic attacks.

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