

07

UPDATE

New Zealand Pharmaceutical Schedule

Effective 1 April 2007

Cumulative for January, February, March and April 2007
Section H for April 2007

Investing in Health

PHARMAC
Pharmaceutical Management Agency

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Summary of PHARMAC decisions

EFFECTIVE 1 APRIL 2007

New listings (pages 16-20)

- Hyoscine N-butylbromide (Gastrosoothe) tab 10 mg
- Glucose blood diagnostic test meter (Accu-Chek Performa) meter – subsidised for patients initiated on insulin or sulphonylurea therapy after 1 March 2005. Only one meter per patient. No further prescriptions will be subsidised
- Glucose dehydrogenase (Accu-Chek Performa) blood/glucose test strip, 50 test OP – maximum per prescription criteria
- Lisinopril (Arrow-Lisinopril) tab 5 mg, 10 mg and 20 mg
- Emtricitabine (Emtriva) cap 200 mg – Special Authority – Hospital pharmacy [HP1]
- Tenofovir disoproxil fumarate (Viread) tab 300 mg – Special Authority – Hospital pharmacy [HP1]
- Morphine sulphate (Baxter) suppos 10 mg – only on a controlled drug form – no patient co-payment payable – listed under Section 29
- Paroxetine hydrochloride (Loxamine) tab 20 mg
- Sumatriptan (Arrow-Sumatriptan) tab 50 mg and 100 mg
- Brimonidine tartrate (AFT) eye drops 0.2%, 5 ml OP – Retail pharmacy – specialist

Changes to restriction (pages 21-26)

- Pioglitazone (Actos) tab 15 mg, 30 mg and 45 mg – amended Special Authority criteria

Decreased subsidy (page 27-31)

- Candesartan (Atacand) tab 4 mg, 8 mg, 16 mg and 32 mg
- Sumatriptan (Imigran) tab 50 mg and 100 mg

Two new medicines funded for people with HIV infection

Tenofovir disoproxil fumarate 300 mg tablets (Viread) and emtricitabine 200 mg capsules (Emtriva) are new treatments for people with HIV and will be subsidised on the Pharmaceutical Schedule from 1 April 2007. They have similar actions to other anti-HIV medicines that are already subsidised. However, they have some advantages over already subsidised medicines, including once-daily dosing, and are important because the HIV virus can become resistant to existing treatments. Viread may be of particular benefit in patients co-infected with HIV and Hepatitis B.

Viread and Emtriva will be subsidised under the same Special Authority criteria as other antiretrovirals.

Pioglitazone – widened access

The Special Authority criteria for pioglitazone tablets (Actos) will be amended from 1 April 2007. The changes will mean the Special Authority can be applied for by any relevant practitioner as well as specialists. Other changes include reducing the threshold in HbA1c level, and removing the BMI criterion and allowing practitioner's discretion to determine obesity in individual patients. See page 21 for details.

New brand of sumatriptan tablets

A new brand of the migraine treatment sumatriptan tablets will be listed from 1 April 2007. The Arrow-Sumatriptan brand will be listed fully subsidised on the Pharmaceutical Schedule without restriction. Also from 1 April 2007 the price and subsidy for Imigran tablets will be reduced but it will remain fully subsidised. PHARMAC does not intend to delist or reference price either brand for at least the next three years.

Paroxetine hydrochloride 20 mg tablets – brand change

The brand of subsidised paroxetine hydrochloride 20 mg tablets is changing from Aropax to Loxamine, as a result of a recent agreement with Pacific Pharmaceuticals. This will result in savings of \$45 million over a three year period, which will allow funding of other medications on the Pharmaceutical Schedule.

Timelines for this change are as follows:

- From 1 April 2007 Loxamine will be available fully subsidised without the need for endorsement, and Aropax will be available fully subsidised by endorsement (as it is now).
- From 1 June 2007 the endorsement for full subsidy for Aropax will be removed.

All decisions related to news items are effective from 1 April unless otherwise indicated

The subsidy for Aropax will increase from \$1.90 to \$5.90 per 30 tablets; however patients would have to pay a part-charge of approximately \$54.00 per 30 tablets (plus a co-payment of \$15 or \$3, as applicable) if the manufacturer's price for Aropax is not reduced from the current price of \$35.02 per 30 tablets. Loxamine will remain fully subsidised.

- From 1 September 2007 Loxamine will remain fully subsidised and Aropax will be delisted from the Pharmaceutical Schedule.
- From 1 September 2007 Loxamine will be the Sole Subsidised Supply brand of paroxetine hydrochloride 20 mg tablets until 30 June 2010.

Aropax and Loxamine tablets both contain 20 mg of paroxetine. In the clinical studies considered by Medsafe during the registration process, Loxamine was demonstrated to be bioequivalent to Aropax, so patients should receive the same benefit from Loxamine as from Aropax.

Brand change notification leaflets are available for your patients from PHARMAC. These leaflets help explain the changes to your patients and their caregivers.

Close control and delist date: Calcium Carbonate

The delist date for the Healththeries brand of Calcium Carbonate, Osteo~500 and Osteo~600, has been extended until 1 June 2007. This is to allow residual stock to be cleared from wholesalers and pharmacies. Note that PHARMAC will review the volume of stock still remaining in the supply chain in May 2007, and may extend the delist date if required.

Provision for close control monthly for all brands of calcium carbonate 1.25 g and 1.5 g tablets without endorsement from prescriber remains in place. Pharmacies will be notified by fax when this provision is to be removed. Note however, that endorsement of calcium carbonate prescriptions close control monthly is at the discretion of the pharmacist. If sufficient stock is available prescriptions can be dispensed stat.

Tender News

Sole Subsidised Supply changes – effective 1 May 2007

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Amoxycillin	Grans for oral liq 125 mg per 5 ml; 100 ml	Ranbaxy Amoxicillin (Apotex)
Amoxycillin	Grans for oral liq 250 mg per 5 ml; 100 ml	Ranbaxy Amoxicillin (Apotex)
Calcitriol	Cap 0.25 µg; 100 cap	Calcitriol-AFT (AFT)
Calcitriol	Cap 0.5 µg; 100 cap	Calcitriol-AFT (AFT)
Cyclizine hydrochloride	Tab 50 mg; 10 tab	Nausiclam (AFT)

Looking Forward

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

Possible decisions for implementation 1 May 2007

- Clopidogrel (Plavix) tab 75 mg – subsidy and price decrease to \$73.38 per 28 tab
- Leflunomide (Arava) tab 10 mg, 20 mg and 100 mg – subsidy and price decrease
- Midazolam inj 1 mg per ml, 5 ml and 5 mg per ml, 3 ml - removal of Special Authority

Sole Subsidised Supply Products – cumulative to April 2007

Generic Name	Presentation	Brand Name	Expiry Date*
Acetazolamide	Tab 250 mg	Diamox	2008
Acipimox	Cap 250 mg	Olbetam	2008
Acitretin	Cap 10 mg & 25 mg	Neotigason	2008
Allopurinol	Tab 100 mg & 300 mg	Progout	2008
Amitriptyline	Tab 10 mg, 25 mg & 50 mg	Amitrip	2008
Amlodipine	Tab 5 mg & 10 mg	Calvasc	2008
Apomorphine hydrochloride	Inj 10 mg per ml, 1 ml	Mayne	2009
Amoxycillin	Inj 250 mg, 500 mg & 1 g Cap 250 mg & 500 mg	Ibiamox Apo-Amoxi	2008 2007
Applicator	Device	Ortho	2008
Aqueous cream	Cream	Multichem	2008
Ascorbic acid	Tab 100 mg	Apo-Ascorbic Acid	2009
Aspirin	Tab, dispersible 300 mg	Ethics Aspirin	2007
Atenolol	Tab 50 mg & 100 mg	Loten	2009
Atropine sulphate	Inj 600 µg, 1 ml	AstraZeneca	2009
	Inj 1200 µg, 1 ml Eye drops 1%	AstraZeneca Atropt	2008
Beclomethasone dipropionate	Metered aqueous nasal spray 50 µg	Alanase	2009
	Metered aqueous nasal spray 100 µg	Alanase	
Betamethasone valerate	Scalp app 0.1%	Beta Scalp	2009
	Crm 0.1%	Beta Cream	2008
	Oint 0.1%	Beta Ointment	
Betaxolol hydrochloride	Eye drops 0.5%	Betoptic	2007
	Eye drops 0.25%	Betoptic S	
Bezafibrate	Tab 200 mg	Fibalip	2008
Bisacodyl	Tab 5 mg	AFT, Lax-Tabs	2007
	Suppos 10 mg	Fleet	
Bromocriptine mesylate	Tab 2.5 mg & 10 mg	Alpha-Bromocriptine	2008
Bupivacaine hydrochloride	Inj 0.5%, 4 ml	Marcain Isobaric	2007
	Inj 0.5%, 8% glucose, 4 ml	Marcain Heavy	
Buspirone hydrochloride	Tab 5 mg & 10 mg	Pacific Buspirone	2007
Calamine	Lotion BP	ABM	2009
	Crm, aqueous, BP	ABM	
Calcium carbonate	Tab dispersible 2.5 g	Calci-Tab Effervescent	2008
	Tab 1.25 g	Calci-Tab 500	
	Tab 1.5 g	Calci-Tab 600	
Calcium folinate	Inj 50 mg	Calcium Folate Ebewe	2008
Captopril	Tab 12.5 mg, 25 mg & 50 mg	Apo-Captopril	2007

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

Sole Subsidised Supply Products – cumulative to April 2007

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	2007
Cefazolin sodium	Inj 500 mg & 1 g	m-Cefazolin	2008
Ceftriaxone sodium	Inj 500 mg & 1 g	AFT	2008
Celiprolol	Tab 200 mg	Celol	2007
Cetirizine hydrochloride	Oral liq 1 mg per ml Tab 10 mg	Allerid C Razene	2008
Chloramphenicol	Eye drops 0.5% Eye oint 1%	Chlorsig Chlorsig	2009
Chlorhexidine gluconate	Handrub 1% with ethanol 70% Mouthwash 0.2% Soln 4%	Orion Orion Orion	2009 2008
Chlorthalidone	Tab 25 mg	Hygroton	2009
Cholecalciferol	Tab 1.25 mg (50,000 iu)	Cal-d-Forte	2007
Ciprofloxacin	Tab 250 mg, 500 mg & 750 mg	Cipflox	2008
Clarithromycin	Tab 250 mg	Clarac	2007
Clindamycin	Cap hydrochloride 150 mg Inj phosphate 150 mg per ml, 4 ml	Dalacin C	2008
Clobetasol propionate	Crm 0.05% Scalp app 0.05% Oint 0.05%	Dermol Dermol Dermol	2009 2008
Clonazepam	Tab 500 µg & 2 mg	Paxam	2008
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	2008
Clonidine hydrochloride	Tab 25 µg Tab 150 µg Inj 150 µg per ml, 1 ml	Dixarit Catapres Catapres	2008
Clotrimazole	Vaginal crm 1% with applicators Vaginal crm 2% with applicators Crm 1%	Clomazol Clotrimaderm 2% Clomazol	2007 2008
Codeine phosphate	Tab 15 mg, 30 mg & 60 mg	PSM	2007
Compound electrolytes	Powder for soln for oral use 5 g	Enerlyte	2007
Co-trimoxazole	Oral liq sugar-free trimethoprim 40 mg and sulphamethoxazole 200 mg per 5 ml Tab trimethoprim 80 mg and sulphamethoxazole 400 mg	Trisul	2008
Cyclizine lactate	Inj 50 mg per ml, 1 ml	Valoid (AFT)	2008
Cyproterone acetate	Tab 50 mg	Siterone	2009

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Sole Subsidised Supply Products – cumulative to April 2007

Generic Name	Presentation	Brand Name	Expiry Date*
Cyproterone acetate with ethinyloestradiol	2 mg with ethinyloestradiol 35 µg tab with 7 inert tablets	Estelle-35 ED	2007
Danthron with poloxamer	Oral liq 25 mg with poloxamer 200 mg per 5 ml	Codalax	2007
	Oral liq 75 mg with poloxamer 1 g per 5 ml	Codalax Forte	
Dantrolene sodium	Cap 25 mg & 50 mg	Dantrium	2009
Desferrioxamine mesylate	Inj 500 mg	Mayne	2007
Desmopressin	Nasal spray 10 µg per dose	Desmopressin-PH&T	2008
Dexamethasone sodium phosphate	Inj 4 mg per ml, 1 ml Inj 4 mg per ml, 2 ml	Mayne	2009
Diaphragm	Range of sizes	Ortho All-flex & Ortho Coil	2008
Diclofenac sodium	Tab EC 25 mg & 50 mg	Apo-Diclo	2009
	Tab long-acting 75 mg & 100 mg	Apo-Diclo SR	
Didanosine (DDI)	Cap 125 mg, 200 mg, 250 mg & 400 mg	Videx EC	2009
Dihydrocodeine tartrate	Tab long-acting 60 mg	DHC Continus	2008
Diltiazem hydrochloride	Tab 30 mg & 60 mg	Dilzem	2007
Diphenoxylate hydrochloride with atropine sulphate	Tab 2.5 mg with atropine sulphate 25 µg	Diastop	2008
Dipyridamole	Tab long-acting 150 mg	Pytazen SR	2008
Docusate sodium	Tab 50 mg & 120 mg	Coloxyl	2008
Docusate sodium with sennosides	Tab 50 mg with total sennosides 8 mg	Laxsol	2007
Doxazosin mesylate	Tab 2 mg & 4 mg	Dosan	2007
Emulsifying ointment BP	Ointment	AFT	2008
Enalapril	Tab 5 mg, 10 mg & 20 mg	m-Enalapril	2009
Ergometrine maleate	Inj 500 µg per ml, 1 ml	Mayne	2009
Ergotamine tartrate with caffeine	Tab 1 mg with caffeine 100 mg	Cafergot	2009
Erythromycin ethyl succinate	Grans for oral liq 200 mg per 5 ml	E-Mycin	2008
	Grans for oral liq 400 mg per 5 ml	E-Mycin	
Ethambutol hydrochloride	Tab 400 mg	Myambutol	2008
Ethinyloestradiol	Tab 10 µg	New Zealand Medical and Scientific	2009
Ethinyloestradiol with norethisterone	Tab 35 µg with norethisterone 500 µg and 7 inert tab	Norimin	2008
Etoposide	Cap 50 mg & 100 mg	Vepesid	2009
Famotidine	Tab 20 mg & 40 mg	Famox	2007

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Sole Subsidised Supply Products – cumulative to April 2007

Generic Name	Presentation	Brand Name	Expiry Date*
Felodopine	Tab long-acting 5 mg Tab long-acting 10 mg	Felo 5 ER Felo 10 ER	2007
Ferrous fumarate	Tab 200 mg	Ferro-tab	2007
Ferrous sulphate	Oral liq 150 mg per 5 ml	Ferro-liquid	2007
Flucloxacillin sodium	Cap 250 mg & 500 mg Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml	Staphlex AFT AFT	2009
Fluconazole	Cap 50 mg, 150 mg & 200 mg	Pacific	2008
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	2007
Fluorometholone	Eye drops 0.1%	Flucon	2009
Fluoxetine hydrochloride	Cap 20 mg Tab disp 20 mg, scored	Fluox Fluox	2007
Fluphenazine decanoate	Inj 12.5 mg per 0.5 ml, 0.5 ml Inj 25 mg per ml, 1 ml Inj 100 mg per ml, 1 ml	Modecate Modecate Modecate	2008
Folic Acid	Tab 0.8 mg & 5 mg	Apo-Folic Acid	2009
Frusemide	Inj 10 mg per ml, 2 ml	Mayne	2007
Fusidic Acid	Crn 2% & Oint 2%	Foban	2007
Gentamicin sulphate	Inj 40 mg per ml, 2 ml	Pfizer	2009
Gliclazide	Tab 80 mg	Apo-Gliclazide	2008
Glipizide	Tab 5 mg	Minidiab	2008
Glycerol	Suppos 3.6 g	PSM	2007
Glyceryl trinitrate	TDOS 5 mg and 10 mg Oral pump spray 400 µg per dose	Nitroderm TTS Nitrolingual Pumpspray	2007
Haloperidol	Inj 5 mg per ml, 1 ml	Serenace	2009
Haloperidol decanoate	Inj 50 mg per ml, 1 ml Inj 100 mg per ml, 1 ml	Haldol Haldol Concentrate	2008
Heparinised saline	Inj 10 iu per ml, 5 ml	AstraZeneca	2009
Hydrocortisone	Tab 5 mg & 20 mg Powder 25 g	Douglas m-Hydrocortisone	2009 2008
Hydrocortisone acetate	Rectal foam 10%, CFC-Free	Colifoam	2009
Hydrocortisone with miconazole	Crn 1% with miconazole nitrate 2%	Micreme H	2007
Hydrocortisone with wool fat and mineral oil	Lotn 1% with wool fat hydrous 3% and mineral oil	DP Lotn HC	2008
Hyoscine N-butylbromide	Inj 20 mg	Buscopan	2008

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Sole Subsidised Supply Products – cumulative to April 2007

Generic Name	Presentation	Brand Name	Expiry Date*
Hypromellose	Eye drops 0.3% Eye drops 0.5%	Poly-Tears Methopt	2008
Ibuprofen	Tab 200 mg Oral liq 100 mg per 5 ml	I-Profen Fenpaed	2008 2007
Imipramine hydrochloride	Tab 10 mg & 25 mg	Tofranil	2009
Indapamide	Tab 2.5 mg	Napamide	2009
Indomethacin	Cap 25 mg & 50 mg	Rheumacin	2008
Ipratropium bromide	Aerosol inhaler, 20 µg per dose CFC-free Nebuliser soln 250 µg per 1 ml, 1 ml Nebuliser soln 500 µg per 2 ml, 2 ml	Atrovent Steri-Neb Steri-Neb	2008 2007
Isosorbide mononitrate	Tab long-acting 60 mg	Duride	2009
Isotretinoin	Cap 10 mg Cap 20 mg	Isotane 10 Isotane 20	2009
Ketoconazole	Shampoo 2% Tab 200 mg	Ketopine Nizoral	2008 2007
Lactulose	Oral liq 10 g per 15 ml	Laevolac	2007
Leuporelin	Inj 3.75 mg & 11.25 mg	Lucrin Depot	2007
Levodopa with benserazide	Cap 50 mg with benserazide 12.5 mg Tab dispersible 50 mg with benserazide 12.5 mg Cap 100 mg with benserazide 25 mg Cap long-acting 100 mg with benserazide 25 mg Cap 200 mg with benserazide 50 mg	Madopar 62.5 Madopar Dispersible Madopar 125 Madopar HBS Madopar 250	2009
Lignocaine hydrochloride	Inj 0.5%, 5 ml Inj 1%, 5 ml Inj 1%, 20 ml	Xylocaine 0.5% Xylocaine 1.0% Xylocaine 1.0%	2007
Lignocaine with prilocaine hydrochloride	Crn 2.5% with prilocaine hydrochloride 2.5% 5g Crn 2.5% with prilocaine hydrochloride 2.5% 30g	Emla Emla	2007
Loperamide hydrochloride	Tab 2 mg	Nodia	2007
Loratadine	Oral liq 1 mg per ml Tab 10 mg	Lorapaed Apo-Loratadine	2007
Lorazepam	Tab 1 mg & 2.5 mg	Ativan	2009
Magnesium hydroxide	Paste	PSM	2007
Magnesium sulphate	Inj 49.3%	Mayne	2009
Malathion	Liq 0.5%	AFT	2007
Maldison	Shampoo 1%	A-Lices	2007
Maprotiline hydrochloride	Tab 25 mg & 75 mg	Ludiomil	2009

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Sole Subsidised Supply Products – cumulative to April 2007

Generic Name	Presentation	Brand Name	Expiry Date*
Medroxyprogesterone acetate	Inj 150 mg per ml, 1 ml syringe	Depo-Provera	2007
Mesalazine	Enema 1 g per 100 ml	Pentasa	2009
Methadone hydrochloride	Powder 1 g Tab 5 mg	AFT Pallidone	2009 2007
Methotrexate	Tab 2.5 mg & 10 mg Inj 100 mg per ml, 5 ml Inj 100 mg per ml, 10 ml Inj 100 mg per ml, 50 ml	Methoblastin Methotrexate Ebewe Methotrexate Ebewe Methotrexate Ebewe	2009 2008
Methyl dopa	Tab 125 mg, 250 mg & 500 mg	Prodopa	2008
Methylphenidate hydrochloride	Tab long-acting 20 mg Tab 5 mg & 20 mg Tab 10 mg	Rubifen SR Rubifen Rubifen	2009 2009
Methylprednisolone	Tab 4 mg & 100 mg	Medrol	2009
Methylprednisolone aceponate	Crn 0.1% and oint 0.1%	Advantan	2009
Methylprednisolone acetate	Inj 40 mg per ml, 1 ml	Depo-Medrol	2008
Methylprednisolone acetate with lignocaine	Inj 40 mg per ml with lignocaine 1 ml	Depo-Medrol with Lidocaine	2008
Methylprednisolone sodium succinate	Inj 40 mg per ml, 1 ml Inj 62.5 mg per ml, 1 ml Inj 500 mg & 1 g	Solu-Medrol Solu-Medrol Solu-Medrol	2009
Metoclopramide hydrochloride	Inj 5 mg per ml, 2 ml Tab 10 mg	Pfizer Metamide	2008 2007
Metoprolol tartrate	Tab long-acting 200 mg	Slow-Lopressor	2009
Metronidazole	Tab 200 mg & 400 mg	Trichozole	2007
Metyrapone	Cap 250 mg	Metopirone	2009
Mexiletine hydrochloride	Cap 50 mg & 200 mg	Mexitil	2008
Miconazole	Oral gel 20 mg per g	Daktarin	2007
Miconazole nitrate	Crn 2%	Multichem	2008
Midodrine	Tab 2.5 mg & 5 mg	Gutron	2009
Misoprostol	Tab 200 µg	Cytotec	2009
Moclobemide	Tab 150 mg & 300 mg	Apo-Moclobemide	2009
Morphine hydrochloride	Oral liq 1 mg per ml Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml	RA-Morph RA-Morph RA-Morph RA-Morph	2009
Morphine sulphate	Inj 5 mg per ml, 1 ml Inj 15 mg per ml, 1 ml Cap long-acting 10 mg, 30 mg, 60 mg, 100 mg & 200 mg Tab immediate release 10 mg & 20 mg	Mayne Mayne m-Eslon Sevredol	2009

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Sole Subsidised Supply Products – cumulative to April 2007

Generic Name	Presentation	Brand Name	Expiry Date*
Morphine tartrate	Inj 80 mg per ml, 1.5 ml & 5 ml	Mayne	2009
Nadolol	Tab 40 mg & 80 mg	Apo-Nadolol	2007
Naphazoline hydrochloride	Eye drops 0.1%	Naphcon Forte	2008
Naproxen	Tab 250 mg	Noflam 250	2009
	Tab 500 mg	Noflam 500	2008
	Tab long-acting 750 mg	Naprosyn SR 750	
	Tab long-acting 1000 mg	Naprosyn SR 1000	
Neostigmine	Inj 2.5 mg per ml, 1 ml	AstraZeneca	2007
Nevirapine	Oral suspension 10 mg per ml	Viramune Suspension	2009
Nicotinic acid	Tab 50 mg & 500 mg	Apo-Nicotinic Acid	2009
Nifedipine	Tab long-acting 20 mg	Nyefax Retard	2009
Nonoxynol-9	Jelly 2%	Gynol II	2008
Norethisterone	Tab 350 µg	Noriday 28	2009
	Tab 5 mg	Primolut-N	2008
Norfloxacin	Tab 400 mg	Arrow-Norfloxacin	2008
Nortriptyline	Tab 10 mg & 25 mg	Norpress	2008
Nystatin	Vaginal crm 100,000 u per 5 g with applicators	Nilstat	2009
	Oral liq 100,000 u per ml	Nilstat	2008
	Cap 500,000 u	Nilstat	2007
	Tab 500,000 u	Nilstat	
Oxybutynin	Oral liq 5 mg per 5 ml	Apo-Oxybutynin	2007
	Tab 5 mg	Apo-Oxybutynin	
Pamidronate disodium	Inj 3 mg per ml, 5 ml	Pamisol	2008
	Inj 3 mg per ml, 10 ml	Pamisol	
	Inj 6 mg per ml, 10 ml	Pamisol	
Paracetamol	Tab 500 mg	Panadol	2008
	Suppos 125 mg & 250 mg	Panadol	
	Oral liq 120 mg per 5 ml	Junior Parapaed	
	Oral liq 250 mg per 5 ml	Six Plus Parapaed	
	Suppos 500 mg	Paracare	2007
Paracetamol with codeine	Tab 500 mg with 8 mg codeine	Codalgin	2008
Pergolide	Tab 0.25 mg & 1 mg	Permax	2008
Perhexiline maleate	Tab 100 mg	Pexsig	2009
Permethrin	Crm 5%	Lyderm	2007
Pethidine hydrochloride	Tab 50 mg & 100 mg	PSM	2007
Phenoxymethylpenicillin (Penicillin V)	Oral liq benzathine 125 mg per 5 ml	AFT	2007
	Oral liq benzathine 250 mg per 5 ml	AFT	
Pilocarpine	Eye drops 0.5%, 1%, 2%, 3%, 4% & 6%	Pilopt	2008
Pindolol	Tab 5 mg, 10 mg & 15 mg	Pindol	2007

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Sole Subsidised Supply Products – cumulative to April 2007

Generic Name	Presentation	Brand Name	Expiry Date*
Plooxamer	Oral drops 10%	Coloxyl	2008
Potassium chloride	Tab long-acting 600 mg Inj 75 mg per ml, 10 ml Inj 150 mg per ml, 10 ml	Span-K AstraZeneca AstraZeneca	2009 2008
Prazosin hydrochloride	Tab 1 mg, 2 mg & 5 mg	Hyprosin	2007
Prednisone	Tab 1 mg, 2.5 mg, 5 mg & 20 mg	Apo-Prednisone	2008
Prednisolone sodium phosphate	Oral liq 5 mg per ml	Redipred	2007
Pregnancy tests - HCG urine	Cassette	MDS Quick Card	2009
Procaine penicillin	Inj 1.5 mega u	Cilicaine	2008
Prochlorperazine	Tab 5 mg	Antinaus	2007
Propranolol	Tab 10 mg & 40 mg Cap long-acting 160 mg	Cardinol Cardinol LA	2007
Pyridoxine hydrochloride	Tab 50 mg	Apo-Pyridoxine	2009
Quinapril	Tab 5 mg, 10 mg & 20 mg	Accupril	2008
Quinapril with hydrochlorothiazide	Tab 10 mg with hydrochlorothiazide 12.5 mg Tab 20 mg with hydrochlorothiazide 12.5 mg	Accuretic 10 Accuretic 20	2008
Quinine sulphate	Tab 200 mg Tab 300 mg	Q 200 Q 300	2009
Ranitidine hydrochloride	Tab 150 mg & 300 mg	Arrow Ranitidine	2008
Salbutamol	Oral liq 2 mg per 5 ml	Salapin	2007
Salbutamol with ipratropium bromide	Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg	Duolin	2009
Selegiline hydrochloride	Tab 5 mg	Apo-Selegiline	2009
Silver sulphadiazine	Crn 1% with chlorhexidine digluconate 0.2%	Silvazine	2007
Sodium chloride	Inj 0.9%, 5 ml & 10 ml	AstraZeneca	2009
Sodium citro-tartrate	Grans effervescent 4 g sachets	Ural	2007
Sodium cromoglycate	Eye drops 2%	Cromolux	2008
Sulphasalazine	Tab 500 mg Tab EC 500 mg	Salazopyrin Salazopyrin EN	2009
Tar with triethanolamine lauryl sulphate and fluorescein	Soln 2.3% with triethanolamine lauryl sulphate and fluorescein sodium	Pinetarsol	2008
Temazepam	Tab 10 mg	Normison	2008
Terbinafine	Tab 250 mg	Apo-Terbinafine	2008
Timolol maleate	Tab 10 mg Eye Drops 0.25% & 0.5%	Apo-Timol Apo-Timop	2009 2007
Thiamine hydrochloride	Tab 50 mg	Apo-Thiamine	2009

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Sole Subsidised Supply Products – cumulative to April 2007

Generic Name	Presentation	Brand Name	Expiry Date*
Tranexamic acid	Tab 500 mg	Cyklokapron	2007
Triamcinolone acetonide	Crn & Oint 0.02% Dental Paste USP 0.1%	Aristocort Oracort	2008
Triamcinolone acetonide with gramicidin, neomycin and nystatin	Ear drops 1 mg with nystatin 100,000 u, neomycin sulphate 2.5 mg and gramicidin 250 mcg per g	Kenacomb	2009
	Oint 1 mg with nystatin 100,000 u, neomycin sulphate 2.5 mg and gramicidin 250 µg per g	Kenacomb	2008
Triazolam	Tab 125 µg Tab 250 µg	Hypam Hypam	2008
Trimethoprim	Tab 300 mg	TMP	2008
Trimipramine maleate	Cap 25 mg & 50 mg	Tripress	2008
Tropisetron	Cap 5 mg	Navoban	2007
Urea	Crn 10%	Nutraplus	2008
Ursodeoxycholic acid	Cap 300 mg	Actigall	2008
Vancomycin hydrochloride	Inj 50 mg per ml, 10 ml	Pacific	2008
Verapamil hydrochloride	Tab long-acting 120 mg	Verpamil SR	2008
Vincristine sulphate	Inj 1 mg per ml, 1 ml Inj 1 mg per ml, 2 ml	Mayne Mayne	2009
Vitamins	Tab (BPC cap strength)	Healtheries	2009
Vitamin B complex	Tab, strong, BPC	Apo-B-Complex	2009
Water	Purified for injection 5 ml & 10 ml	AstraZeneca	2007
Zinc and castor oil	Oint BP	Multichem	2008
Zinc sulphate	Cap 220 mg	Zincaps	2008
Zopiclone	Tab 7.5 mg	Apo-Zopiclone	2008

April changes are in bold type

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$

Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings

Effective 1 April 2007

28	HYOSCINE N-BUTYLBROMIDE * Tab 10 mg	1.33	20	✓ Gastrosoothe
34	GLUCOSE BLOOD DIAGNOSTIC TEST METER - Subsidy by endorsement Meter	19.00	1	✓ Accu-Chek Performa
34	GLUCOSE DEHYDROGENASE The number of test strips available on a prescription is restricted to 50 unless: a) Prescribed with insulin or a sulphonylurea but are on a different prescription and the prescription is endorsed accordingly; or b) Prescribed on the same prescription as insulin or a sulphonylurea in which case the prescription is deemed to be endorsed; or c) Prescribed for a pregnant woman with diabetes and endorsed accordingly. Blood/glucose test strips	22.00	50 test OP	✓ Accu-Chek Performa
56	LISINOPRIL * Tab 5 mg	2.78	30	✓ Arrow-Lisinopril
	* Tab 10 mg	3.16	30	✓ Arrow-Lisinopril
	* Tab 20 mg	3.91	30	✓ Arrow-Lisinopril
101	EMTRICITABINE – Special Authority – Hospital pharmacy [HP1] Cap 200 mg	307.20	30	✓ Emtriva
	Special Authority for subsidy – Form SA0779			
101	TENOFOVIR DISOPROXIL FUMARATE – Special Authority – Hospital pharmacy [HP1] Tab 300 mg	531.00	30	✓ Viread
	Special Authority for subsidy – Form SA0779			
111	MORPHINE SULPHATE - Only on a controlled drug form - no patient co-payment payable Suppos 10 mg.....	11.08	12	✓ Baxter S29
113	PAROXETINE HYDROCHLORIDE Tab 20 mg	5.90	30	✓ Loxamine
117	SUMATRIPTAN Tab 50 mg	12.00	4	✓ Arrow-Sumatriptan
	Tab 100 mg	12.00	2	✓ Arrow-Sumatriptan
156	BRIMONIDINE TARTRATE - Retail pharmacy-specialist * Eye drops 0.2%	8.95	5 ml OP	✓ AFT

Effective 1 March 2007

29	LANSOPRAZOLE * Cap 15 mg	4.30	28	✓ Solox
38	HYDROXOCOBALAMIN * Inj 1 mg per ml, 1 ml	10.84	5	✓ Goldshield S29

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

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

Check your Schedule for full details Schedule page ref		Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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New Listings - effective 1 March 2007 (continued)

92	ROXITHROMYCIN			
	Tab 150 mg	9.50	50	✓ Arrow-Roxithromycin
	Tab 300 mg	18.00	50	✓ Arrow-Roxithromycin
119	ROPINIROLE HYDROCHLORIDE – Retail pharmacy-specialist			
	▲ Tab 0.25 mg x 42, 0.5 mg x 42 and 1 mg x 21	35.70	105 OP	✓ Requip Starter Pack
	▲ Tab 0.5 mg x 42, 1 mg x 42 and 2 mg x 63	122.11	147 OP	✓ Requip Follow-on Pack
121	OLANZAPINE - Special Authority - Retail pharmacy			
	Tab 2.5 mg	51.07	28	✓ Zyprexa
	Tab 5 mg	101.21	28	✓ Zyprexa
	Tab 10 mg	204.49	28	✓ Zyprexa
147	PROMETHAZINE HYDROCHLORIDE			
	* Tab 10 mg	2.75	50	✓ Allersoothe
	* Tab 25 mg	4.50	50	✓ Allersoothe
182	GLUTEN FREE BREAD MIX - Hospital Pharmacy [HP3] - Special Authority			
	Powder	4.77 (7.63)	1,000 g OP	Bakels Gluten Free Health Bread Mix

Special Authority for Subsidy – Form: SA0722

Effective 16 February 2007

104	DICLOFENAC SODIUM - Special Authority available - Retail pharmacy			
	* Tab long-acting 75 mg	19.60	100	✓ Voltaren SR
		3.10	30	✓ Diclax SR
		32.67	500	✓ Diclax SR

Note – Voltaren SR and Diclax SR 30 pack are to be delisted 1 April 2007, and Diclax SR 500 pack is to be delisted 1 August 2007.

Effective 1 February 2007

34	GLUCOSE BLOOD DIAGNOSTIC TEST METER - Subsidy by endorsement			
	Meter	9.00	1	✓ Optium Xceed
	A diagnostic blood glucose test meter is subsidised for patients who begin insulin or sulphonylurea therapy after 1 March 2005.			
	Only one meter per patient. No further prescriptions will be subsidised.			
	The prescription must be endorsed accordingly.			
45	DEXTROSE - Available on a PSO			
	* Inj 50%, 90 ml	11.25	1	✓ Biomed
63	ADRENALINE			
	Inj 1 in 1,000, 1 ml - Available on a PSO	12.50	5	✓ AstraZeneca
		90.00	50	✓ AstraZeneca
81	TESTOSTERONE			
	Transdermal patch 2.5 mg per day	80.00	60	✓ Androderm

▲ 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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New Listings - effective 1 February 2007 (continued)

96	ETHAMBUTOL HYDROCHLORIDE - Retail pharmacy-specialist – No patient co-payment payable * Tab 400 mg	10.98	56	✓ Myambutol S29
113	CITALOPRAM HYDROBROMIDE * Tab 20 mg	3.50	28	✓ Celapram
115	LAMOTRIGINE ▲ Tab chewable/dispersible 5 mg..... ▲ Tab chewable/dispersible 25 mg..... ▲ Tab chewable/dispersible 50 mg..... ▲ Tab chewable/dispersible 100 mg..... ▲ Tab chewable/dispersible 200 mg.....	15.00 25.50 43.40 74.90 127.30	56 56 56 56 56	✓ Arrow-Lamotrigine ✓ Arrow-Lamotrigine ✓ Mogine ✓ Arrow-Lamotrigine ✓ Mogine ✓ Arrow-Lamotrigine ✓ Mogine ✓ Arrow-Lamotrigine ✓ Mogine
120	CLOZAPINE - Hospital pharmacy [HP4]-specialist prescription Tab 50 mg Tab 200 mg	28.50 91.20	50 50	✓ Clopine ✓ Clopine
121	PIMOZIDE - Retail pharmacy-specialist Tab 4 mg	11.78	20	✓ Orap Forte S29
121	RISPERIDONE - Retail pharmacy-specialist Tab 0.5 mg Tab 1 mg Tab 2 mg Tab 3 mg Tab 4 mg	5.20 30.77 61.53 92.32 123.05	20 60 60 60 60	✓ Ridal ✓ Ridal ✓ Ridal ✓ Ridal ✓ Ridal
186	AMINOACID FORMULA WITHOUT PHENYLALANINE - Hospital Pharmacy [HP3] - Special Authority Liquid (tropical)..... Special Authority for Subsidy – Form: SA0733	22.50	250 ml OP	✓ Easiphen Liquid

Effective 1 January 2007

40	CALCIUM CARBONATE * Tab 1.25 g * Tab 1.5 g	4.50 3.55	100 60	✓ Osteo~500 ✓ Osteo~600
Note: Osteo~500 and Osteo~600 were subsidised from 21 December 2006.				
40	FERROUS FUMARATE WITH FOLIC ACID Tab 310 mg with folic acid 350 µg	3.95	60	✓ Ferro-F-Tabs
45	DEXTROSE * Inj 50%, 10 ml - Available on a PSO..... * Inj 50%, 90 ml.....	27.50 135.00	5 12	✓ Biomed ✓ Biomed

Check your Schedule for full details Schedule page ref		Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
New Listings - effective 1 January 2007 (continued)				
45	SODIUM BICARBONATE – Not in combination Inj 8.4%, 50 ml - Available on a PSO 19.95 Inj 8.4%, 100 ml - Available on a PSO 20.50		1 1	✓ Biomed ✓ Biomed
46	WATER a) On a prescription or Practitioner's Supply Order only when on the same form as an injection listed in the Pharmaceutical Schedule requiring a solvent or diluent, or b) On a bulk supply order, or c) When used in the extemporaneous compounding of eye drops. Purified for inj 20 ml 5.04		20	✓ Multichem
83	OESTRADIOL WITH LEVONORGESTREL * Tab 2 mg with 75 µg levonorgestrel (36) and 2 mg oestradiol tab (48) 16.20		84	✓ Nuvelle
98	ACICLOVIR * Tab 200 mg 7.92		100	✓ Apo-Acyclovir
99	ACICLOVIR * Tab 400 mg 11.86		100	✓ Apo-Acyclovir
101	ABACAVIR SULPHATE WITH LAMIVUDINE - Special Authority - Hospital pharmacy [HP1] Tab 600 mg with lamivudine 300 mg 630.00 Special Authority for Subsidy - Form: SA0779 Note: Kivexa counts as two anti-retroviral medications for the purposes of the anti-retroviral Special Authority.		30	✓ Kivexa
110	FENTANYL - Only on a controlled drug form - Special Authority - Retail pharmacy – No patient co-payment payable Transdermal patch, matrix 25 µg per hour 55.23 Transdermal patch, matrix 50 µg per hour 100.52 Transdermal patch, matrix 75 µg per hour 139.18 Transdermal patch, matrix 100 µg per hour 171.22 Special Authority for Subsidy - Form: SA0743		5 5 5 5	✓ Durogesic ✓ Durogesic ✓ Durogesic ✓ Durogesic
128	CARBOPLATIN – PCT only - specialist Inj 10 mg per ml, 100 ml 135.65		1	✓ Carboplatin Ebewe
128	CISPLATIN – PCT only – specialist Inj 1 mg per ml, 50 ml 50.00 Inj 1 mg per ml, 100 ml 100.00		1 1	✓ Cisplatin Ebewe ✓ Cisplatin Ebewe
130	FLUOROURACIL SODIUM Inj 50 mg per ml, 10 ml – PCT only – specialist 5.50 Inj 50 mg per ml, 20 ml – PCT only – specialist 10.15 Inj 50 mg per ml, 50 ml – PCT only – specialist 26.00 Inj 50 mg per ml, 100 ml – PCT only – specialist 50.00		1 1 1 1	✓ Fluorouracil Ebewe ✓ Fluorouracil Ebewe ✓ Fluorouracil Ebewe ✓ Fluorouracil Ebewe
149	SALMETEROL Aerosol inhaler CFC-free, 25 µg per dose 26.46		120 dose OP	✓ Serevent
153	SODIUM CROMOGLYCATE Nasal spray, 4% 13.50		22 ml OP	✓ Rex

▲ 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

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New Listings - effective 1 January 2007 (continued)

158	POLYVINYL ALCOHOL				
	* Eye drops 1.4%.....	2.95	15 ml OP	✓	Vistil
	* Eye drops 3%.....	3.80	15 ml OP	✓	Vistil Forte
171	ORAL SUPPLEMENT 1KCAL/ML - Hospital Pharmacy [HP3] - Special Authority				
	Powder (vanilla).....	11.50	900 g OP	✓	Fortisip Powder
	Special Authority for Subsidy – Form: SA0583				

Changes to Restrictions

Effective 1 April 2007

32	PIOGLITAZONE - Special Authority - Retail pharmacy			
	Tab 15 mg	61.04	28	✓ Actos
	Tab 30 mg	93.90	28	✓ Actos
	Tab 45 mg	119.18	28	✓ Actos

Special Authority for Subsidy – Form: SA0859

Initial application for patients with type 2 diabetes only from **any relevant practitioner** a relevant specialist.

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

Any of the following:

Monotherapy

1 All of the following:

- 1.1 To be used as monotherapy for patients who after six months of diet and lifestyle changes have inadequate glycaemic control (defined as HbA1c > 7.0% in tests carried out at least two months apart); and
- 1.2 Metformin is contraindicated or not tolerated after a minimum of a four week trial period; and
- 1.3 Sulphonylurea is contraindicated or not tolerated or the **patient is obese** patient's body mass index (BMI) exceeds 33 kg/m²; or

In combination with sulphonylurea

2 Both:

- 2.1 For use in combination with a sulphonylurea for patients who after diet and lifestyle changes and a six month trial of sulphonylurea have poor glycaemic control (defined as HbA1c > **7.5 8.0%** measured within the last month of the six month period); and
- 2.2 Metformin is contraindicated or not tolerated after a minimum of a four-week trial period; or

In combination with metformin

3 Both:

- 3.1 For use in combination with metformin for patients who after diet and lifestyle changes and a six-month trial of the maximum tolerated dose of metformin have poor glycaemic control (defined as HbA1c > **7.5 8.0%** measured within the last month of the six month period); and
- 3.2 Sulphonylurea is contraindicated or not tolerated or the **patient is obese** patient's body mass index (BMI) exceeds 33 kg/m²; or

In combination with metformin after a trial of metformin and sulphonylurea

4 For use in combination with metformin for patients who after diet and lifestyle changes and a six-month trial of a combination of metformin and sulphonylurea at maximum tolerated doses have poor glycaemic control (defined as HbA1c > **7.5 8.0%** measured within the last month of the six month period); or

In combination with insulin

5 For use in combination with insulin in patients requiring more than 1.5 units per kilogram of insulin a day for atleast 6 months in conjunction with metformin if tolerated.

Note

Pioglitazone is not to be used in triple oral combination (defined as a combination of metformin, sulphonylurea and pioglitazone)

Pioglitazone should not be used in patients with heart failure.

Liver function tests should be performed at baseline.

Gastrointestinal side effects are relatively common when initiating metformin therapy. Upward titration of metformin dose over several weeks and taking metformin with food will help to minimize these side effects.

Intolerance and contraindications for metformin include:

- i) Serum creatinine ≥ 0.15 or creatinine clearance < 60 ml/min
- ii) Significant liver impairment
- iii) Severe left ventricular dysfunction
- iv) Intolerable gastrointestinal side effects that persist beyond 4 weeks duration.

continued...

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

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

Check your Schedule for full details
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Changes to Restrictions - effective 1 April 2007 (continued)

continued...

Intolerance for sulphonylurea includes: nausea; diarrhoea; rash; blood disorders (thrombocytopenia, agranulocytosis, aplastic anaemia); erythema multiforme, exfoliative dermatitis, hepatitis; and syndrome of inappropriate antidiuretic hormone secretion (SIADH) with water retention and hyponatraemia.

Maximum tolerated dose of metformin defined as: A dose up to a maximum of 3 g daily.

Maximum tolerated dose of sulphonylurea defined as: A dose up to a maximum of glibenclamide 20 mg daily or glipizide 20 mg daily or gliclazide 320 mg daily.

For the purposes of these criteria "obese" is defined as body mass index (BMI) greater than 33 kg/m².

However, as ethnic differences between patients may vary BMI scores, practitioners may use discretion as to whether the patient meets this criterion.

It is considered that when applying under criterion 1.1, that the patient may have initiated "six months diet and lifestyle changes" from the date of diagnosis of type 2 diabetes.

Renewal for patients with type 2 diabetes only from **any relevant practitioner** ~~a relevant specialist or general practitioner~~. Approvals valid for one year for **patients who are** ~~applications meeting the following criteria:~~

Both:

6 continuing to derive benefit from treatment ~~Patient has had two consecutive HbA_{1c} levels test results of < 8.0 % (at least two months apart) in the last six-month period of pioglitazone treatment and~~

~~7 Either:~~

~~7.1 The patient is not on insulin combination therapy; or~~

~~7.2 Following the addition of pioglitazone, there has been at least a 30% reduction in insulin dosage~~

Effective 1 March 2007

66	HYDROCORTISONE WITH WOOL FAT AND MINERAL OIL - Only on a the prescription of a doctor			
	Lotn 1% with wool fat hydrous 3% and mineral oil	9.95	250 ml	✓ DP Lotn HC
68	GLYCEROL WITH PARAFFIN AND CETYL ALCOHOL - Only on a the prescription of a doctor			
	* Lotn 5% with paraffin liq 5% and cetyl alcohol 2%	1.40	250 ml	
		(8.10)		QV
69	WOOL FAT WITH MINERAL OIL - Only on a the prescription of a doctor			
	Lotn hydrous 3% with mineral oil	1.12	200 ml OP	
		(5.00)		Alpha-Keri Lotion
	Lotn hydrous 3% with mineral oil	1.40	250 ml OP	
		(2.58)		DP Lotion
		(2.92)		Hydroderm Lotion
		(7.73)		BK Lotion
	Lotn hydrous 3% with mineral oil	2.10	375 ml OP	
		(9.38)		Alpha-Keri Lotion
	Lotn hydrous 3% with mineral oil	5.60	1,000 ml	
		(9.48)		DP Lotion
		(9.54)		Hydroderm Lotion
		(18.43)		Alpha-Keri Lotion
		(23.91)		BK Lotion
71	TAR WITH TRIETHANOLAMINE LAURYL SULPHATE AND FLUORESCEIN - Only on a the prescription of a doctor			
	* Soln 2.3% with triethanolamine lauryl sulphate and fluorescein sodium	2.30	500 ml	✓ Pinetarsol

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 2007 (continued)

98	VALACICLOVIR HYDROCHLORIDE Tab 500 mg	54.63 163.80	10 30	✓ Valtrex \$29 ✓ Valtrex \$29
Note: Valtrex tab 500 mg is now a registered medicine.				
117	CYCLIZINE HYDROCHLORIDE - Special Authority available - Retail pharmacy Tab 50 mg	1.26 (4.20)	10	Marzine
Special Authority for Manufacturers Price - Form: SA0178 Note: The alternate subsidy by Special Authority for Marzine tab 50 mg is for the Manufacturers Price.				
119	SELEGILINE HYDROCHLORIDE - Retail pharmacy-specialist * Tab 5 mg	16.06	100	✓ Apo-Selegiline
Note: Due to uncertainty around the long term effects of Selegiline it is not recommended as a first line agent.				
122	TRIFLUOPERAZINE HYDROCHLORIDE Tab 2 mg	13.63 (15.61)	100	Stelazine \$29
	Tab 5 mg	15.79 (17.77)	100	Stelazine \$29
Note: Stelazine tab 2 mg and 5 mg, 100 tab packs are now supplied under Section 29 of the Medicines Act 1981.				
128	CYCLOPHOSPHAMIDE Inj 1 g – Retail pharmacy-specialist - PCT PCT only – specialist	21.51	1	✓ Endoxan
142	MULTIPLE SCLEROSIS TREATMENT GLATIRAMER ACETATE – Access by application Inj 20 mg pre-filled syringe	1,089.25	28	✓ Copaxone
	INTERFERON BETA-1-ALPHA - Access by application Inj 6 million iu per vial	1,152.30	4	✓ Avonex
	INTERFERON BETA-1-BETA - Access by application Inj 8 million iu per 1 ml	1,364.09	15	✓ Betaferon
Access by application				
a) Budget managed by appointed clinicians on the Multiple Sclerosis Treatment Assessments Committee (MSTAC).				
b) Applications will be considered by MSTAC at its regular meetings and approved subject to eligibility according to the Entry and Stopping criteria (below).				
c) Applications to be made on the approved forms which are available from the co-ordinator for MSTAC: The Co-ordinator Multiple Sclerosis Treatment Assessments Committee PHARMAC, PO Box 10 254 Wellington Email silvia.valenti@pharmac.govt.nz mstaccoordinator@pharmac.govt.nz Phone: (04) 460 4990 Facsimile: (04) 916 7571				
d) Completed application forms must be sent to the co-ordinator for MSTAC and will be considered by MSTAC at the next practicable opportunity.				

continued...

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

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

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Changes to Restrictions - effective 1 March 2007 (continued)

continued...

- e) Notification of MSTAC's decision will be sent to the patient, the applying clinician and the patient's GP (if specified).
- f) These agents will NOT be subsidised if dispensed from a community or hospital pharmacy. Regular supplies will be distributed to all approved patients or their clinicians by courier.
- g) Prescribers must ~~fax~~ **send** quarterly prescriptions for approved patients to the MSTAC co-ordinator.
- h) Only prescriptions for 6 million iu of interferon beta-1- alpha per week, or 8 million iu of interferon beta-1-beta every other day, **or 20 mg glatiramer acetate daily** will be subsidised.
- i) Appeals against MSTAC's decision and/or the processing of any application may be lodged with the MSTAC co-ordinator. Concerns that cannot be or have not been adequately addressed by MSTAC will be forwarded to a separate Appeal Committee if necessary.
- j) **Switching between treatments is permitted within the 12 month approval period without reapproval by MSTAC. The MSTAC co-ordinator should be notified of the change and a new prescription provided.**
- k) Entry and Stopping criteria

Entry Criteria

- Diagnosis of multiple sclerosis (MS) must be confirmed by a neurologist. Diagnosis should as a rule include MRI confirmation. For patients diagnosed before MRI was widely utilised in New Zealand, confirmation of diagnosis via clinical assessment and laboratory/ancillary data must be provided; and
- patients must have active relapsing MS (confirmed by MR scan where necessary) with or without underlying progression; and
- patients must have either:
 1. EDSS score 2.5 - 5.5 with 2+ relapses:
 - experienced at least 2 significant relapses of MS in the previous 12 months, and
 - an EDSS score of between 2.5 and 5.5 inclusive;
 - or
 2. EDSS score 2.0 with 3+ relapses:
 - experienced at least 3 significant relapses of MS in the previous 12 months, and
 - an EDSS score of 2.0; and
- Each relapse must:
 - be confirmed by a neurologist or general physician (the patient may not necessarily have been seen during the relapse but the neurologist/physician must be satisfied that the clinical features were characteristic and met the specified criteria);
 - be associated with characteristic new symptom(s)/sign(s) or substantial worsening of previously experienced symptom(s)/sign(s);
 - last at least one week;
 - follow a period of stability of at least one month;
 - be severe enough to change either the EDSS or at least one of the Kurtzke functional systems scores by at least 1 point;
 - be distinguishable from the effects of general fatigue; and
 - not be associated with a fever ($T > 37.5^{\circ}\text{C}$); and
- applications must be made at least four weeks after the date of the onset of the last known relapse; and
- patients must have no previous history of lack of response to beta-interferon ~~and~~ **or** glatiramer acetate (see criteria for stopping ~~beta-interferon~~).
- applications must be submitted to the Multiple Sclerosis Treatment Assessment Committee (MSTAC) by the patient's neurologist or a general physician; and
- patients must agree (via informed consent) to co-operate if as a result of their meeting the stopping criteria, funding is withdrawn. Patients must agree to the collection of clinical data relating to their MS and use of those data by PHARMAC; and
- patients must agree to allow clinical data to be collected and reviewed by MSTAC annually for each year in which they receive funding for beta-interferon or glatiramer acetate.

continued...

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

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

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Changes to Restrictions - effective 1 March 2007 (continued)

continued...

Stopping Criteria

- Confirmed progression of disability that is sustained for three months after a minimum of one year of treatment. Progression of disability is defined as either an increase of 1 EDSS point from the starting EDSS or an increase in EDSS score to 6.0 or more; or
- stable or increasing relapse rate over 12 months of treatment (compared with the relapse rate on starting treatment); or
- pregnancy and/or lactation; or
- **within the 12 month approval year**, intolerance to interferon beta-1-alpha, **and/or** interferon beta-1-beta and/or glatiramer acetate; or
- non-compliance with treatment, including refusal to undergo annual assessment or refusal to allow the results of the assessment to be submitted to MSTAC; or
- patients may, subject to conclusions drawn from published evidence available at the time, be excluded if they develop a high titre of neutralising anti-bodies to beta-interferon or glatiramer acetate.

153 SPACER DEVICES AND MASKS - Only on a WSO

a) Only on a WSO

b) Maximum of **20 5** per WSO

Spacer device.....	12.50	1 OP	✓ Space Chamber
Mask, size 2.....	4.10	1 OP	✓ Foremount Child's Silicone Mask

a) Spacer devices and masks also available to paediatricians employed by a DHB on a wholesale supply order signed by the paediatrician. Limited to one pack of 20 per order. Orders via a hospital pharmacy.

b) Only available for children aged six years and under.

c) For Space Chamber and Foremount Child's Silicone Mask wholesale supply order must indicate clearly if either the spacer device, the mask, or both are required.

d) Distributed by Airflow Products. Forward orders to:

Airflow Products	Telephone: 04 499 1240 or 0800 AIR FLOW
PO Box 1485, Wellington	Facsimile: 04 499 1245 or 0800 323 270

Effective 1 February 2007

59 CARVEDILOL -Special Authority-Retail pharmacy

Tab 6.25 mg	21.00	30	✓ Dilatrend
Tab 12.5 mg	27.00	30	✓ Dilatrend
Tab 25 mg	33.75	30	✓ Dilatrend

Special Authority for Subsidy - Form: SA0633

Initial application only from a general practitioner or relevant specialist. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Both:

1— Patient is already on an ACE inhibitor or Angiotensin II Antagonist; and

2— Any of the following:

2.1 Both:

2.1.1— Symptomatic heart failure NYHA functional class II-III; and

2.1.2— Patient has been treated with metoprolol and is intolerant to metoprolol or has demonstrated a sub-optimal response to metoprolol; or

2.2 Symptomatic heart failure NYHA functional class II-IV; or

2.3 Patient has left ventricular systolic dysfunction with an ejection fraction of less than 35%.

Note:

Where possible treatment should be initiated by or on the recommendation of a specialist.

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Restrictions - effective 1 February 2007 (continued)

129	CYTARABINE				
	Inj 100 mg per ml, 5 ml 500-mg				
	- Retail pharmacy-specialist – PCT	95.36	5	✓ Mayne	
	Inj 100 mg per ml, 10 ml 1-g				
	- Retail pharmacy-specialist – PCT	42.65	1	✓ Mayne	
159	CHARCOAL				
	* Oral liq 50 g per 250 ml – Only on a PSO	37.75	25 0 ml OP	✓ Carbosorb-X	S29
	Note: Because activated charcoal is used in acute poisonings, patient details required under Section 29 of the Medicines Act may be retrospectively provided to the supplier.				
165	GLYCEROL - Only in combination				
	* Liquid	24.75	2,000 ml	✓ MidWest	
				✓ PSM	
	(Only in extemporaneously compounded oral liquid preparations methadone mixture, codeine linctus diabetic, codeine linctus paediatric or phenobarbitone oral liquid)				

Effective 1 January 2007

69	POVIDONE IODINE				
	Alcohol skin preparation 10%	8.13	500 ml	✓ Betadine Skin Prep	
		(17.39)		Orion	
	Skin preparation, povidone iodine 10% with 30% alcohol	8.13	500 ml	✓ Betadine Skin Prep	
	Skin preparation, povidone iodine 10% with 70% alcohol	8.13	500 ml		
		(17.39)		Orion	
	Note: this is a description change only.				
95	NYSTATIN				
	Tab 500,000 u	9.60	50	✓ Nilatat	S29
98	ACICLOVIR				
	* Tab dispersible 200 mg	48.75	90	✓ Zovirax	S29
	Zovirax tab dispersible 200 mg now has Ministerial consent for distribution, so Section 29 criteria no longer applies.				
122	TRIFLUOPERAZINE HYDROCHLORIDE				
	Tab 1 mg	9.83	100		
		(10.22)		Stelazine	S29

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 2007

42	APROTININ - Hospital pharmacy [HP3]-specialist (↑ price) * Inj 10,000 µg per ml 50 ml.....	63.60 (73.40)	1		Trasylol
45	HEPARIN SODIUM (↑ price) Inj 5,000 iu per ml, 5 ml	27.70 (37.45)	10		Multiparin
56	CANDESARTAN - Special Authority - Retail pharmacy (↓ subsidy) * Tab 4 mg No more than 1.5 tabs per day * Tab 8 mg No more than 1.5 tabs per day * Tab 16 mg No more than 1 tab per day * Tab 32 mg No more than 1 tab per day Special Authority for Subsidy - Form: SAQQQQ	16.22 19.30 23.54 38.50	30 30 30 30	✓ ✓ ✓ ✓	Atacand Atacand Atacand Atacand
67	BETAMETHASONE VALERATE WITH FUSIDIC ACID (↑ price) a) Only on a prescription; b) Maximum 15 g per prescription. Crm 0.1% with fusidic acid 2%	3.49 (8.84)	15 g OP		Fucicort
117	SUMATRIPTAN (↓ subsidy) Tab 50 mg Tab 100 mg	22.00 22.00	4 2	✓ ✓	Imigran Imigran
154	FUSIDIC ACID (↑ price) Eye drops 1%	4.50 (9.83)	5 g OP		Fucithalmic

Effective 1 March 2007

37	CHOLINE SALICYLATE WITH CETALKONIUM CHLORIDE (↑ price) * Adhesive gel 8.7% with cetalkonium chloride 0.01%	2.06 (4.62)	15 g OP		Bonjela
46	WATER (↓ subsidy) a) On a prescription or Practitioner's Supply Order only when on the same form as an injection listed in the Pharmaceutical Schedule requiring a solvent or diluent, or b) On a bulk supply order, or c) When used in the extemporaneous compounding of eye drops. Purified for inj 20 ml	7.56 (21.00)	30		Pharmacia

▲ 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 March 2007 (continued)

76	OXYTOCIN - Available on a PSO			
	Inj 5 iu per ml, 1 ml (↓ subsidy)	5.40	5	✓ Syntocinon
	Inj 10 iu per ml, 1 ml (↓ subsidy)	6.80	5	✓ Syntocinon
	Inj 5 iu with ergometrine maleate 500 µg per ml, 1 ml (↑ subsidy)	9.20	5	✓ Syntometrine
94	FUSIDIC ACID (↑ price)			
	Inj 500 mg sodium fusidate per 10 ml	12.87 (17.80)	1	Fucidin
	a) Hospital pharmacy [HP3] - Specialist			
	b) Subsidy by endorsement			
	Only if prescribed for a dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.			
128	CISPLATIN – PCT only – specialist (↓ subsidy)			
	Inj 1 mg per ml, 50 ml	19.00	1	✓ Cisplatin Ebewe
	Inj 1 mg per ml, 100 ml	38.00	1	✓ Cisplatin Ebewe
153	SODIUM CROMOGLYCAT (↓ subsidy)			
	Nasal spray, 4%	13.50	22 ml OP	✓ Rynacrom Forte

Effective 1 February 2007

38	HYDROGEN PEROXIDE (↑ subsidy)			
	* Soln 10 vol	1.28	100 ml	✓ PSM
	a) maximum 200 ml per prescription			
38	THYMOL GLYCERIN (↑ subsidy)			
	* Compound, BPC	9.15	500 ml	✓ PSM
39	CALCITRIOL - Retail pharmacy-specialist (↓ subsidy)			
	* Cap 0.25 µg	13.45 (52.63)	100	Rocaltrol
	* Cap 0.5 µg	24.95 (87.98)	100	Rocaltrol
40	SODIUM FLUORIDE (↑ subsidy)			
	Tab 1.1 mg	4.00	100	✓ PSM
48	SIMVASTATIN - See Prescribing Guideline (↓ subsidy)			
	* Tab 10 mg	8.33	30	✓ Lipex
	* Tab 20 mg	10.13	30	✓ Lipex
	* Tab 40 mg	18.00	30	✓ Lipex
	* Tab 80 mg	21.00	30	✓ Lipex
65	MENTHOL - Only in combination (↓ price)			
	Crystals	7.40	25 g	✓ PSM
	a) Only in combination with aqueous cream, 10% urea cream, wool fat with mineral oil lotion, 1% hydrocortisone with wool fat and mineral oil lotion, and glycerol, paraffin and cetyl alcohol lotion.			
68	CETOMACROGOL (↑ subsidy)			
	* Cream BP	4.35	500 g	✓ 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 February 2007 (continued)

69	GAMMA BENZENE HEXACHLORIDE (↑ subsidy) Crm 1%	3.50	50 g OP	✓ Benhex
70	COAL TAR - Only in combination (↑ subsidy) Soln BP	36.48	500 ml	✓ PSM
	a) Up to 10%;			
	b) Only in combination with a dermatological base or proprietary Topical Corticosteroid - Plain; (refer page 160)			
	c) With or without other dermatological galenicals.			
70	SALICYLIC ACID - Only in combination (↑ subsidy) Powder	18.88	250 g	✓ PSM
	a) Only in combination with a dermatological base or proprietary Topical Corticosteroid - Plain or collodian flexible; (refer page 160)			
	b) With or without other dermatological galenicals.			
	c) Maximum 20 g or 20 ml per prescription when prescribed with white soft paraffin or collodian flexible.			
92	AMOXYCILLIN (↓ subsidy) Grans for oral liq 125 mg per 5 ml - Available on a PSO	1.00 (1.08)	100 ml	Ospamox
	Grans for oral liq 250 mg per 5 ml - Available on a PSO	1.27 (1.38)	100 ml	Ospamox
95	METRONIDAZOLE (↑ subsidy) Oral liq benzoate 200 mg per 5 ml	25.00	100 ml	✓ Flagyl - S
96	ISONIAZID - Retail pharmacy-specialist – No patient co-payment payable (↓ subsidy) * Tab 100 mg	20.50	100	✓ PSM
106	PENICILLAMINE - Retail pharmacy-specialist (↑ subsidy) Tab 125 mg	61.93	100	✓ D-Penamine
	Tab 250 mg	98.98	100	✓ D-Penamine
112	DOTHIEPIN HYDROCHLORIDE (↑ subsidy) Cap 25 mg	4.75	100	✓ Dopress
117	CYCLIZINE HYDROCHLORIDE - Special Authority available - Retail pharmacy (↓ alternate subsidy) Tab 50 mg	1.26 (4.20)	10	Marzine
	Special Authority for Manufacturers Price - Form: SA0178			
	Note: The alternate subsidy by Special Authority for Marzine tab 50 mg will be \$1.99 per 10 tablets.			
126	DEXAMPHETAMINE SULPHATE (↓ subsidy) a) Special Authority - Retail pharmacy b) Controlled Drug Form Tab 5 mg	18.00	100	✓ PSM
	Special Authority for Subsidy - Form: SA0696			
128	CISPLATIN – PCT only – specialist (↓ subsidy) Inj 1 mg per ml, 50 ml	19.00	1	✓ Mayne
	Inj 1 mg per ml, 100 ml	38.00	1	✓ Mayne

▲ 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 February 2007 (continued)

129	CYTARABINE (↓ subsidy)			
	Inj 100 mg per ml, 5 ml - Retail pharmacy-specialist – PCT	95.36	5	✓ Mayne
	Inj 100 mg per ml, 10 ml - Retail pharmacy-specialist – PCT ...	42.65	1	✓ Mayne
	Inj 100 mg per ml, 20 ml - PCT only – specialist	34.47	1	✓ Mayne
132	ETOPOSIDE (↓ subsidy)			
	Inj 20 mg per ml, 5 ml - Hospital pharmacy [HP1]			
	- specialist – PCT	25.00	1	✓ Mayne
142	INTERFERON BETA-1-BETA - Access by application (↑ subsidy)			
	Inj 8 million iu per 1 ml	1,364.09	15	✓ Betaferon
159	NALOXONE HYDROCHLORIDE - Only on a PSO (↑ subsidy)			
	* Inj 400 µg per ml, 1 ml	33.00	5	✓ Mayne
165	CHLOROFORM - Only in combination (↑ subsidy)			
	Chloroform BP	25.50	500 ml	✓ PSM
	(Only in aspirin and chloroform application)			
165	COLLODION FLEXIBLE (↑ subsidy)	19.30	100 ml	✓ PSM
165	GLYCEROL - Only in combination (↓ price)			
	* Liquid	24.75	2,000 ml	✓ PSM
	(Only in extemporaneously compounded oral liquid preparations)			
165	PROPYLENE GLYCOL (↑ subsidy)	17.70	500 ml	✓ PSM
	(Only in extemporaneously compounded methylhydroxybenzoate 10% solution)			

Effective 1 January 2007

31	INSULIN ASPART (↓ subsidy)			
	▲ Inj 100 u per ml, 3 ml	53.57	5	✓ NovoRapid Penfill
	▲ Inj 100 u per ml, 10 ml	31.43	1	✓ NovoRapid
36	MUCILAGINOUS LAXATIVES WITH STIMULANTS (↑ price)			
	* Dry	4.40	250 g OP	
	(12.00)			Granocol
45	DEXTROSE (↑ subsidy)			
	* Inj 50% 10 ml - Available on a PSO	8.25	5	✓ Mayne
66	BETAMETHASONE DIPROPIONATE (↑ price)			
	Crm 0.05%	2.96	15 g OP	
	(6.91)			Diprosone
	Crm 0.05% in propylene glycol base	4.33	30 g OP	
	(13.83)			Diprosone OV
	Oint 0.05% in propylene glycol base	4.33	30 g OP	
	(13.83)			Diprosone OV

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 2007 (continued)

71	PODOPHYLOTOXIN († price) Soln 0.5%	32.00 (38.00)	3.5 ml OP	Condyline
	a) Only on a prescription; b) Maximum 3.5 ml per prescription.			
76	OXYTOCIN - Available on a PSO († subsidy) Inj 5 iu per ml, 1 ml	9.88	5	✓ Syntocinon
	Inj 10 iu per ml, 1 ml	12.36	5	✓ Syntocinon
82	OESTRADIOL († price) * TDDS 3.9 mg per day (releases 50 µg of oestradiol per day)	4.12 (14.50)	4	Climara 50
	a) Only on a prescription; b) No more than 1 patch per week; c) Higher subsidy of \$13.18 per 4 with Special Authority.			
82	OESTRADIOL († price) * TDDS 7.8 mg per day (releases 100 µg of oestradiol per day)	7.05 (17.75)	4	Climara 100
	a) Only on a prescription; b) No more than 1 patch per week; c) Higher subsidy of \$16.14 per 4 with Special Authority.			
104	DICLOFENAC SODIUM - Special Authority available - Retail pharmacy († price) * Tab 50 mg dispersible	1.50 (8.00)	20	Voltaren D
117	CYCLIZINE HYDROCHLORIDE - Special Authority available - Retail pharmacy († price) Tab 50 mg	1.26 (4.20)	10	Marzine
126	METHYLPHENIDATE HYDROCHLORIDE (↓ subsidy) a) Special Authority - Retail pharmacy b) Controlled Drug Form Tab long-acting 20 mg	36.50	100	✓ Ritalin SR
	Special Authority for Subsidy - Form: SA0696			
128	CISPLATIN – PCT only – specialist (↓ subsidy) Inj 1 mg for ECP	1.24	1 mg	✓ Baxter
159	CHARCOAL († subsidy) * Oral liq 50 g per 250 ml – Only on a PSO	37.75	250 ml OP	✓ Carbosorb-X S29

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$

Per

Brand or
Generic Mnfr
✓ **fully subsidised**

Changes to General Rules

Effective 1 March 2007

- 12 **Hospital Pharmaceutical and Pharmaceutical Cancer Treatment costs**
The cost of purchasing Hospital Pharmaceuticals and Pharmaceutical Cancer Treatments (for use in DHB hospitals and/or in association with Outpatient services provided in DHB hospitals) is met by the Funder (in particular, the relevant DHB) from its own budget. As required by section 23(7) of the Act, in performing any of their functions in relation to the supply of Pharmaceuticals, **including Pharmaceutical Cancer Treatments**, DHBs must not act inconsistently with the Pharmaceutical Schedule.
- 17 **"Hospital Pharmacy"** means that the Community Pharmaceutical is not eligible for Subsidy unless it is supplied by a hospital or pharmacy contracted to the Funder to dispense as a hospital pharmacy to a **person** ~~Outpatient~~ on the Prescription of a **Practitioner** ~~Doctor~~.
- 17 **"Hospital Pharmacy-Dermatologist"** means that the Community Pharmaceutical is not eligible for Subsidy unless it is supplied by a hospital or pharmacy contracted to the Funder to dispense as a hospital pharmacy:
a) to an Outpatient; and
b) on a Prescription signed by a Specialist in dermatology

Changes to Brand Name

Effective 1 March 2007

- 184 AMINOACID FORMULA WITHOUT VALINE, LEUCINE AND ISOLEUCINE - Hospital Pharmacy [HP3] - Special Authority
- | | | | |
|--------------|--------|----------|---|
| Powder | 250.45 | 500 g OP | ✓ MSUD Maxamaid
Maxamaid-MSUD |
| | 364.35 | | ✓ MSUD Maxamum
Maxamum-MSUD |
| | 487.38 | | ✓ MSUD Aid III
MSUD-Aid |
- 186 AMINOACID FORMULA WITHOUT PHENYLALANINE - Hospital Pharmacy [HP3] - Special Authority
- | | | | |
|----------------------------|--------|----------|--------------------------------------|
| Infant formula | 145.60 | 400 g OP | ✓ XP Analog LCP
Analog-LCP |
| Powder (orange) | 195.00 | 500 g OP | ✓ XP Maxamaid
Maxamaid-XP |
| | 305.00 | | ✓ XP Maxamum
Maxamum-XP |
| Powder (unflavoured) | 195.00 | 500 g OP | ✓ XP Maxamaid
Maxamaid-XP |
| | 305.00 | | ✓ XP Maxamum
Maxamum-XP |

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 Brand Name - effective 1 February 2007

95	COLISTIN SULPHOMETHATE			
	a) Hospital pharmacy [HP3]-specialist			
	b) Subsidy by endorsement			
	Only if prescribed for a dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.			
	Inj 150 mg	49.54	1	✓ Colistin-Link Colymycin-M

Changes to Sole Subsidised Supply

Effective 1 April 2007

For the list of new Sole Subsidised Supply products effective 1 April 2007 refer to the bold entries in the cumulative Sole Subsidised Supply table pages 7-15.

Changes to PSO

Effective 1 February 2007

191	Blood and Blood Forming Organs		
	Dextrose	Inj 50%, 90 ml	5

Effective 1 January 2007

191	Blood and Blood Forming Organs		
	Sodium bicarbonate	Inj 8.4%, 50 ml	5
		Inj 8.4%, 100 ml	5

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

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

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

Effective 1 April 2007

28	ATROPINE SULPHATE * Inj 400 µg, 1 ml - Available on a PSO	29.95	50	✓ AstraZeneca
36	BISACODYL - Only on a prescription * Tab 5 mg	5.55	200	✓ AFT
104	DICLOFENAC SODIUM - Special Authority available - Retail pharmacy, * Tab long-acting 75 mg	19.60 3.10	100 30	✓ Voltaren SR ✓ Diclax SR
126	METHYLPHENIDATE HYDROCHLORIDE a) Special Authority - Retail pharmacy b) Controlled Drug Form Tab long-acting 20 mg	36.50	100	✓ Ritalin SR
	Special Authority for Subsidy - Form: SA0696			
139	INTERFERON ALPHA-2A - Hospital pharmacy [HP3] – PCT – specialist Inj 18 m iu multidose cartridge starter pack..... Only one multidose cartridge starter pack to be prescribed and dispensed per patient. Note – Roferon-A inj 18 m iu multidose cartridge x 2 starter pack remains subsidised.	187.92	1	✓ Roferon-A
157	ATROPINE SULPHATE * Eye drops 0.5%	4.02	15 ml OP	✓ Atropt
169	FAT SUPPLEMENT - Hospital Pharmacy [HP3] - Special Authority Oil	95.75	1,000 ml OP	✓ Liguigen
	Special Authority for Subsidy – Form: SA0580			

Effective 1 March 2007

35	MUCILAGINOUS LAXATIVES - Only on a prescription * Dry.....	5.28	300 g OP	✓ Mucilax
47	NICOTINIC ACID * Tab 500 mg	16.15	100	✓ Niacin-Odan S29
65	CALAMINE a) Not in combination; and b) Only on a prescription. Loth, BP	19.44 (26.95) 1.94 (4.55) 0.97 (3.00)	2,000 ml 200 ml 100 ml	PSM PSM PSM

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 2007 (continued)

90	CEFAMANDOLE NAFATE			
	a) Hospital pharmacy [HP3]-specialist			
	b) Subsidy by endorsement			
	Only if prescribed for a dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.			
	Inj 500 mg	3.60	1	
		(4.30)		Mandel
	Inj 1 g	4.30	1	✓ Mandol
91	CEPHALEXIN MONOHYDRATE - Hospital pharmacy [HP3]			
	Cap 250 mg	6.00	20	✓ Keflex
95	FLUCONAZOLE - Hospital pharmacy [HP3]-specialist			
	Cap 200 mg	627.59	28	✓ Diflucan
105	NAPROXEN - Special Authority available - Retail pharmacy			
	* Tab 250 mg	21.00	500	✓ Naxen
	* Tab 500 mg	35.90	500	✓ Naxen

Effective 1 February 2007

26	POLYSILOXANE			
	* Tab aluminium hydroxide 250 mg with magnesium			
	trisil 120 mg, magnesium hydroxide 120 mg and			
	polysiloxane 10 mg.....	15.00	500	
		(18.70)		Gastrogel
30	INSULIN ISOPHANE			
	▲ Inj human 100 u per ml, 3 ml.....	29.86	5	✓ Humulin N
	▲ Inj human 100 u per ml	17.68	10 ml OP	✓ Humulin N
30	INSULIN ISOPHANE WITH INSULIN NEUTRAL			
	▲ Inj human with neutral insulin 100 u per ml, 3 ml	42.66	5	✓ Humulin 70/30
	▲ Inj human with neutral insulin 100 u per ml	25.26	10 ml OP	✓ Humulin 70/30
36	DANTHRON WITH POLOXAMER - Only on a prescription			
	Note: Danthron with poloxamer is only approved for the prevention or treatment of constipation in the terminally ill. Studies in rats have associated use of danthron with tumours.			
	Oral liq 25 mg with poloxamer 200 mg per 5 ml	4.00	300 ml	✓ Codalax
	Oral liq 75 mg with poloxamer 1 g per 5 ml.....	8.30	300 ml	✓ Codalax Forte
38	ASCORBIC ACID			
	a) No more than 100 mg per dose			
	b) Only on a prescription			
	* Tab 100 mg	13.00	500	
		(17.25)		Alpha Ascorbic Acid
		2.60	100	
		(3.45)		Apo-Ascorbic Acid
48	SIMVASTATIN - See Prescribing Guideline			
	* Tab 5 mg	9.30	30	✓ Zocor

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Delisted Items - effective 1 February 2007 (continued)

65	CALAMINE a) Not in combination; and b) Only on a prescription. Crm, aqueous, BP	15.10 (21.75)	500 g	PSM
95	TINIDAZOLE Tab 500 mg	41.67	40	✓ Dyazole
122	FLUPHENAZINE DECANOATE - Retail pharmacy-specialist Inj 25 mg per ml, 2 ml - Available on a PSO	97.50	5	✓ Mayne
157	DIPIVEFRIN HYDROCHLORIDE - Retail pharmacy-specialist ▲ Eye drops 0.1%	5.50	10 ml OP	✓ Propine

Effective 1 January 2007

28	DICYCLOMINE HYDROCHLORIDE * Tab 10 mg - Available on a PSO	4.95	100	✓ Merbentyl
34	INSULIN SYRINGES, disposable with attached needle Maximum of 100 dev per prescription. * Syringe 0.3 ml with 30 g x 8 mm needle	15.92 1.59 (1.99)	100 10	✓ B-D Ultra Fine II
	* Syringe 0.5 ml with 30 g x 8 mm needle	15.92 1.59 (1.99)	100 10	✓ B-D Ultra Fine II
	* Syringe 1 ml with 30 g x 8 mm needle	15.92 1.59 (1.99)	100 10	✓ B-D Ultra Fine II
40	CALCIUM LACTATE-GLUCONATE * Tab 1 g	7.47 2.49 (3.51)	30 10	✓ Calcium-Sandoz 1000 Calcium-Sandoz 1000
75	ETHINYLLOESTRADIOL WITH NORETHISTERONE * Tab ethinylloestradiol 35 µg with norethisterone 500 µg (7) and tab ethinylloestradiol 35 µg with norethisterone 1 mg (9) and tab ethinylloestradiol 35 µg with norethisterone 500 µg (5) and 7 inert tab	6.62 (13.80)	84	Synphasic 28
	a) Available on a PSO b) Higher subsidy of \$13.80 per 84 with Special Authority			
81	CYPROTERONE ACETATE - Hospital pharmacy [HP3]-specialist Tab 50 mg	23.50	50	✓ Pacific Cyproterone

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 January 2007 (continued)

91	CEFTRIAXONE SODIUM a) Hospital pharmacy [HP3] b) Subsidy by endorsement c) Available on a PSO Subsidised only if prescribed for a dialysis or cystic fibrosis patient, or the treatment of confirmed ciprofloxacin-resistant gonorrhoea, or the treatment of suspected meningitis in patients who have a known allergy to penicillin and the prescription or PSO is endorsed accordingly.			
	Inj 500 mg	3.99 (7.00)	1	Rocephin
	Inj 1 g	5.40 (9.00)	1	Rocephin
92	AMOXYCILLIN Drops 125 mg per 1.25 ml	4.75	30 ml OP	✓ Ospamox Paediatric Drops
129	CALCIUM FOLINATE Inj 15 mg - Hospital pharmacy [HP1] - specialist – PCT	57.20	5	✓ Leucovorin Calcium
132	DOXORUBICIN - PCT only – specialist Inj 50 mg	49.95	1	✓ Mayne
132	EPIRUBICIN - PCT only – specialist Inj 2 mg per ml, 5 ml	29.00	1	✓ Pharmorubicin
	Inj 2 mg per ml, 25 ml	136.50	1	✓ Pharmorubicin
147	PROMETHAZINE HYDROCHLORIDE * Inj 25 mg per ml, 1 ml - Available on a PSO	12.68 (20.24)	10	Phenergan
157	CARBACHOL - Retail pharmacy-specialist * Eye drops 1.5%	6.82	15 ml OP	✓ Isopto Carbachol
157	HOMATROPINE HYDROBROMIDE * Eye drops 5%	8.73	15 ml OP	✓ Isopto Homatropine
158	HYPROMELOSE * Eye drops 1%	1.91	15 ml OP	✓ Methopt Forte
169	FAT SUPPLEMENT - Hospital Pharmacy [HP3] - Special Authority Emulsion (neutral)	61.50	1,000 ml OP	✓ Calogen
	Special Authority for Subsidy – Form: SA0580			

▲ 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 May 2007

39	CALCITRIOL - Retail pharmacy-specialist				
	* Cap 0.25 µg	13.45	100		
		(52.63)		Rocaltrol	
	* Cap 0.5 µg	24.95	100		
		(87.98)		Rocaltrol	
92	AMOXYCILLIN				
	Grans for oral liq 125 mg per 5 ml - Available on a PSO	1.00	100 ml		
		(1.08)		Ospamox	
	Grans for oral liq 250 mg per 5 ml - Available on a PSO	1.27	100 ml		
		(1.38)		Ospamox	
117	CYCLIZINE HYDROCHLORIDE - Special Authority available - Retail pharmacy				
	Tab 50 mg	1.26	10		
		(4.20)		Marzine	
	Special Authority for Manufacturers Price - Form: SA0178				

Effective 1 June 2007

40	CALCIUM CARBONATE				
	* Tab 1.25 g	4.50	100	✓ Osteo~500	
	* Tab 1.5 g	3.55	60	✓ Osteo~600	
46	WATER				
	a) On a prescription or Practitioner's Supply Order only when on the same form as an injection listed in the Pharmaceutical Schedule requiring a solvent or diluent, or				
	b) On a bulk supply order, or				
	c) When used in the extemporaneous compounding of eye drops.				
	Purified for inj 20 ml	7.56	30		
		(21.00)		Pharmacia	
153	SODIUM CROMOGLYCATE				
	Nasal spray, 4%	13.50	22 ml OP	✓ Rynacrom Forte	

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 2007

83	OESTRADIOL WITH LEVONORGESTREL – See prescribing guideline * Tab 2 mg with 75 µg levonorgestrel (12) and 2 mg oestradiol tab (16)	5.40	28	✓ Nuvelle
110	FENTANYL - Only on a controlled drug form - Special Authority - Retail pharmacy – No patient co-payment payable Transdermal patch 2.5 mg, 25 µg per hour	55.23	5	✓ Durogesic
	Transdermal patch 5 mg, 50 µg per hour	100.52	5	✓ Durogesic
	Transdermal patch 7.5 mg, 75 µg per hour	139.18	5	✓ Durogesic
	Transdermal patch 10 mg, 100 µg per hour	171.22	5	✓ Durogesic
	Special Authority for Subsidy - Form: SA0743			
122	TRIFLUOPERAZINE HYDROCHLORIDE Tab 1 mg	9.83 (10.22)	112	Stelazine Section 29 S29
157	CARBACHOL - Retail pharmacy-specialist * Eye drops 3%	6.99	15 ml OP	✓ Isopto Carbachol
158	PHENYLEPHRINE HYDROCHLORIDE * Eye drops 0.12%	3.25	15 ml OP	✓ Isopto Frin
158	POLYVINYL ALCOHOL WITH POVIDONE * Eye drops 1.4% with povidone 0.6%	3.62	15 ml OP	✓ Tears Plus
171	ORAL SUPPLEMENT 1KCAL/ML - Hospital Pharmacy [HP3] - Special Authority Powder (vanilla)	11.50	900 g OP	✓ Nutridrink
	Special Authority for Subsidy – Form: SA0583			

Effective 1 August 2007

28	OILY PHENOL * Inj 5%, 5 ml	71.71	5	✓ Mayne
45	DEXTROSE * Inj 50%, 90 ml	135.00	12	✓ Biomed
45	SODIUM BICARBONATE – Not in combination Inj 8.4%, 10 ml	111.20	10	✓ Pharmalab S29
71	SUNSCREENS, PROPRIETARY - Retail pharmacy-specialist Oint	5.00 (15.00)	14 g OP	R V Paque
91	CEPHRADINE - Hospital pharmacy [HP3] Cap 250 mg	14.50	24	✓ Velosef
	Cap 500 mg	19.85	24	✓ Velosef
	Inj 500 mg - Subsidy by endorsement	16.78	5	✓ Velosef
	Only if prescribed for a dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.			
	Inj 1 g - Subsidy by endorsement	31.59	5	✓ Velosef
	Only if prescribed for a dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.			

▲ 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 August 2007 (continued)

96	ETHAMBUTOL - Retail pharmacy-specialist – No patient co-payment payable * Tab 400 mg 19.60	100	✓ Myambutol
	Note – the 100 tab pack is being replaced by a 56 tab pack		
104	DICLOFENAC SODIUM - Special Authority available - Retail pharmacy * Tab long-acting 75 mg 32.67	500	✓ Diclax SR
121	PIMOZIDE - Retail pharmacy-specialist Tab 2 mg 14.72	50	✓ Orap
186	AMINOACID FORMULA WITHOUT PHENYLALANINE - Hospital Pharmacy [HP3] - Special Authority Liquid (grapefruit) 22.50	250 ml OP	✓ Easiphen Liquid
	Special Authority for Subsidy – Form: SA0733		

Effective 1 September 2007

91	CEFTRIAXONE SODIUM a) Hospital pharmacy [HP3] b) Subsidy by endorsement c) Available on a PSO Subsidised only if prescribed for a dialysis or cystic fibrosis patient, or the treatment of confirmed ciprofloxacin-resistant gonorrhoea, or the treatment of suspected meningitis in patients who have a known allergy to penicillin and the prescription or PSO is endorsed accordingly. Inj 250 mg 4.00	1	✓ Rocephin IV
121	OLANZAPINE - Special Authority - Retail pharmacy Tab 2.5 mg 54.72 Tab 5 mg 108.44 Tab 10 mg 219.10	30 30 30	✓ Zyprexa ✓ Zyprexa ✓ Zyprexa
	Special Authority for Subsidy - Form: SA0741		
	Note – Zyprexa tab 2.5 mg, 5 mg and 10 mg 28 tab pack was listed 1 March 2007.		
122	TRIFLUOPERAZINE HYDROCHLORIDE Tab 5 mg 15.79 (17.77)	112	Stelazine Section 29 S29
129	CALCIUM FOLINATE Tab 15 mg - Hospital pharmacy [HP3] - specialist – PCT 38.90 (55.60)	10	Leucovorin
182	GLUTEN FREE BREAD MIX - Hospital Pharmacy [HP3] - Special Authority Powder 4.77 (7.63)	1,000 g OP	Bakels Gluten Free Bread Mix

Effective 1 October 2007

81	TESTOSTERONE ENANTHATE - Retail pharmacy-specialist Inj long-acting 250 mg - pre-filled syringe 45.00	3	✓ Primoteston
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Patients pay a manufacturer's surcharge when
the Manufacturer's Price is greater than the Subsidy

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Items to be Delisted - effective 1 October 2007 (continued)

111	MORPHINE SULPHATE - Only on a controlled drug form – No patient co-payment payable		
	Suppos 5 mg	17.74	12 ✓ RMS
	Suppos 10 mg.....	19.14	12 ✓ RMS
	Suppos 20 mg.....	20.31	12 ✓ RMS
	Suppos 30 mg.....	31.39	12 ✓ RMS
114	DIAZEPAM		
	Inj 5 mg per ml, 2 ml	16.64 (33.90)	10 Diazemuls
	a) Subsidy by endorsement		
	b) Only on a PSO		
	PSO must be endorsed "not for anaesthetic procedures".		
149	SALMETEROL - See Prescribing Guideline		
	Aerosol inhaler, 25 µg per dose	26.46	120 dose OP ✓ Serevent
	Note: this product has been replaced by Serevent aerosol inhaler CFC-free		
184	AMINOACID FORMULA WITHOUT VALINE, LEUCINE AND ISOLEUCINE - Hospital Pharmacy [HP3] - Special Authority		
	Powder	487.38	500 g OP ✓ MSUD Aid III
	Special Authority for Subsidy – Form: SA0732		

Effective 1 February 2008

34	GLUCOSE BLOOD DIAGNOSTIC TEST METER - Subsidy by endorsement		
	Meter	9.00	1 ✓ Optium
	A diagnostic blood glucose test meter is subsidised for patients who begin insulin or sulphonylurea therapy after 1 March 2005.		
	Only one meter per patient. No further prescriptions will be subsidised.		
	The prescription must be endorsed accordingly.		

Effective 1 April 2008

34	GLUCOSE BLOOD DIAGNOSTIC TEST METER - Subsidy by endorsement		
	Meter	19.00	1 ✓ Accu-Chek Advantage
34	GLUCOSE DEHYDROGENASE		
	The number of test strips available on a prescription is restricted to 50 unless:		
	a) Prescribed with insulin or a sulphonylurea but are on a different prescription and the prescription is endorsed accordingly; or		
	b) Prescribed on the same prescription as insulin or a sulphonylurea in which case the prescription is deemed to be endorsed; or		
	c) Prescribed for a pregnant woman with diabetes and endorsed accordingly.		
	Blood/glucose test strips	22.00	50 test OP ✓ Accu-Chek Advantage

▲ 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**

Section H changes to Part II

Effective 1 April 2007

CANDESARTAN (↓ price)

Tab 4 mg.....	Atacand	16.22	30
Tab 8 mg.....	Atacand	19.30	30
Tab 16 mg.....	Atacand	23.54	30
Tab 32 mg.....	Atacand	38.50	30

CEFTAZIDIME

Inj 1 g.....	Mayne	9.00	1
Inj 2 g.....	Mayne	18.00	1

EMTRICITABINE

Cap 200 mg	Emtriva	307.20	30
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HEPARIN WITH SODIUM CHLORIDE

Inf 25,000 iu with 0.9% sodium chloride, 250 ml.....	Baxter	7.25	1
Inf 25,000 iu with 0.9% sodium chloride, 500 ml.....	Baxter	7.67	1

ONDANSETRON HYDROCHLORIDE (new listing)

Inj 2 mg per ml, 2 ml	Mayne	18.00	5
Inj 2 mg per ml, 4 ml	Mayne	29.00	5

ONDANSETRON HYDROCHLORIDE (amended description)

Inj 2 mg per ml, 2 ml 4-mg per 2-ml amp	Zofran	32.86	5
Inj 2 mg per ml, 4 ml 8-mg per 4-ml amp	Zofran	70.39	5

PAROXETINE HYDROCHLORIDE

Tab 20 mg.....	Loxamine	5.90	30	1%	Jul-07	Apo-Paroxetine Aropax Luxotine
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SUMATRIPTAN

Tab 50 mg.....	Arrow-Sumatriptan	12.00	4
Tab 100 mg.....	Arrow-Sumatriptan	12.00	2

TENOFOVIR DISOPROXIL FUMARATE

Tab 300 mg.....	Viread	531.00	30
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