

07
UPDATE

New Zealand
Pharmaceutical Schedule

Effective 1 December 2007

Cumulative for September, October, November
and December 2007
Section H cumulative for December 2007

Investing in Health

PHARMAC
Pharmaceutical Management Agency

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Summary of PHARMAC decisions

EFFECTIVE 1 DECEMBER 2007

New listing (page 17)

- Calcium gluconate (Mayne) inj 10%, 10 ml, 10 inj pack size
- Erythromycin lactobionate (Erythrocin IV) inj 1 g
- Saquinavir (Invirase) tab 500 mg – Special Authority – Hospital pharmacy [HP1]
- Naproxen sodium (Sonaflam) tab 275 mg
- Alprazolam (Arrow-Alprazolam) tab 250 μ g, 500 μ g and 1 mg – Retail pharmacy-Specialist – Month Restriction
- Mitozantrone (Mitozantrone Ebewe) inj 2 mg per ml, 5 ml and 10 ml – PCT only – Specialist

Changes to restriction (pages 21 – 22)

- Oxaliplatin – amended Special Authority criteria
- Paclitaxel – removal of Special Authority criteria
- Vinorelbine – amended Special Authority criteria

Decreased subsidy (page 27)

- Cefoxitin sodium (Mayne) inj 1 g
- Mitozantrone (Baxter) inj 1 mg for ECP
- Loratadine (Apo-Loratadine) tab 10 mg
- Ipratropium bromide (Atrovent Nasal Aqueous) aqueous nasal spray, 0.03%

PHARMAC Schedule User Survey – Thank You

We would like to thank everyone who responded to the Pharmaceutical Schedule Users Questionnaire. Thank you to all who took the time to share their views on the Pharmaceutical Schedule. Colmar Brunton has been inundated with responses.

The survey was posted to all Schedule subscribers last month with the November 2007 Update. Colmar Brunton is analysing the responses and will report back to PHARMAC next month.

Two Mystery Weekends for two are up for grabs to those who participated. These will be randomly drawn and the successful winners will be announced next month.



Endorsements – do these need to be initialled by the prescriber?

An endorsement is text written by the prescriber on a prescription. An endorsement can be either hand written or computer generated on the prescription by the prescriber. The endorsement usually does not need to be initialled by the prescriber. If the endorsement is written (either by hand or computer generated) on the prescription by the prescriber at the time of prescribing then it does not need to be separately initialled by the prescriber. The only endorsement that must be initialled separately is the close control endorsement (see Close Control definition in Section A).

Further, where an endorsement has been altered by the pharmacy, with the prescriber's authorisation, then it must be initialled by the prescriber. Pharmacists are not eligible to endorse prescriptions.



Tender News

Sole Subsidised Supply changes – effective 1 January 2008

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Captopril	Tab 12.5 mg; 500 tab	Apo-Captopril (Apotex)
Captopril	Tab 25 mg; 500 tab	Apo-Captopril (Apotex)
Captopril	Tab 50 mg; 500 tab	Apo-Captopril (Apotex)
Colestipol hydrochloride	Sach 5 g; 30 sach	Colestid (Pfizer)
Colistin sulphomethate	Inj 150 mg; 1 inj	Colistin-Link (Link)
Dextrose with electrolytes	Oral soln with electrolytes; 1000 ml OP	Pedialyte – Plain (Abbott) Pedialyte – Bubblegum (Abbott) Pedialyte – Fruit (Abbott)
Metformin hydrochloride	Tab 500 mg; 500 tab	Arrow-Metformin (Arrow)
Metformin hydrochloride	Tab 850 mg; 250 tab	Arrow-Metformin (Arrow)
Oxybutynin	Tab 5 mg; 500 tab	Apo-Oxybutynin (Apotex)
Oxybutynin	Oral liq 5 mg per 5 ml; 473 ml OP	Apo-Oxybutynin (Apotex)
Phenoxymethylpenicillin (Penicillin V)	Grans for oral liq 125 mg per 5 ml; 100 ml	AFT (AFT)
Phenoxymethylpenicillin (Penicillin V)	Grans for oral liq 250 mg per 5 ml; 100 ml	AFT (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 January 2008

- Influenza vaccine (Vaxigrip, Fluvax) – new listings with access criteria
- Thyroxine (Eltroxin) tab 50 µg and 100 µg – subsidy increase
- Simvastatin (SimvaRex) tab 10 mg, 20 mg and 40 mg – subsidy decrease
- Timolol maleate (Timoptol XE) eye drops 0.25% and 0.5% - subsidy decrease
- Sodium chloride (Pharmacia) inj 0.9%, 20 ml – subsidy decrease

Possible decisions for implementation 1 February 2008

- Lamotrigine (Mogine and Arrow-Lamotrigine) tab dispersible 25 mg, 50 mg, 100 mg and 200 mg – subsidy decrease
- Clozapine (Clopine) tab 25 mg, 50 mg, 100 mg and 200 mg – subsidy decrease

Sole Subsidised Supply Products – cumulative to December 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
Amoxicillin	Cap 250 mg & 500 mg	Apo-Amoxi	2010
	Grans for oral liq 125 mg per 5 ml	Ranbaxy Amoxicillin	2009
	Grans for oral liq 250 mg per 5 ml Inj 250 mg, 500 mg & 1 g	Ranbaxy Amoxicillin Ibiamox	2008
Applicator	Device	Ortho	2008
Aqueous cream	Cream	Multichem	2008
Ascorbic acid	Tab 100 mg	Apo-Ascorbic Acid	2009
Atenolol	Tab 50 mg & 100 mg	Loten	2009
Atropine sulphate	Inj 600 µg, 1 ml	AstraZeneca	2009
	Inj 1200 µg, 1 ml	AstraZeneca	
	Eye drops 1%	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
	Crn 0.1%	Beta Cream	2008
	Oint 0.1%	Beta Ointment	
Bezafibrate	Tab 200 mg	Fibalip	2008
Bisacodyl	Tab 5 mg	Lax-Tab	2010
Brimonidine tartrate	Eye drops 0.2%	AFT	2008
Bromocriptine mesylate	Tab 2.5 mg & 10 mg	Alpha-Bromocriptine	2008
Bupivacaine hydrochloride	Inj 0.5%, 4 ml	Marcain Isobaric	2010
	Inj 0.5%, 8% glucose, 4 ml	Marcain Heavy	
Calamine	Lotion BP	ABM	2009
	Crn, aqueous, BP	ABM	
Calcitriol	Cap 0.25 µg & 0.5 µg	Calcitriol-AFT	2009
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
Cefaclor monohydrate	Cap 250 mg	Ranbaxy Cefaclor	2010
	Grans for oral liq 125 mg per 5 ml	Ranbaxy Cefaclor	
Cefazolin sodium	Inj 500 mg & 1 g	m-Cefazolin	2008

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

Sole Subsidised Supply Products – cumulative to December 2007

Generic Name	Presentation	Brand Name	Expiry Date*
Ceftriaxone sodium	Inj 500 mg & 1 g	AFT	2008
Cetirizine hydrochloride	Oral liq 1 mg per ml Tab 10 mg	Allerid C Razene	2008
Cetomacrogol	Crn BP	PSM	2010
Chloramphenicol	Eye drops 0.5% Eye oint 1%	Chlorsig Chlorsig	2009
Chlorhexidine gluconate	Handrub 1% with ethanol 70% Mouthwash 0.2% Soln 4%	Orion Orion Orion	2009 2008
Chlorthalidone	Tab 25 mg	Hygroton	2009
Ciprofloxacin	Tab 250 mg, 500 mg & 750 mg	Cipflox	2008
Clarithromycin	Grans for oral liq 125 mg per 5 ml	Klacid	2010
Clindamycin	Cap hydrochloride 150 mg Inj phosphate 150 mg per ml, 4 ml	Dalacin C	2008
Clobetasol propionate	Crn 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 applicator(s) Crn 1%	Clomazol Clomazol	2010 2008
Colchicine	Tab 500 µg	Colgout	2010
Compound electrolytes	Powder for soln for oral use	Enerlyte	2010
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 hydrochloride	Tab 50 mg	Nausicalm	2009
Cyclizine lactate	Inj 50 mg per ml, 1 ml	Valoid (AFT)	2008
Cyclophosphamide	Tab 50 mg	Cycloblastin	2010
Cyproterone acetate	Tab 50 mg	Siterone	2009
Dantrolene sodium	Cap 25 mg & 50 mg	Dantrium	2009
Desferrioxamine mesylate	Inj 500 mg	Mayne	2010
Desmopressin	Nasal spray 10 µg per dose	Desmopressin-PH&T	2008

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Sole Subsidised Supply Products – cumulative to December 2007

Generic Name	Presentation	Brand Name	Expiry Date*
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 Tab long-acting 75 mg & 100 mg	Apo-Diclo Apo-Diclo SR	2009
Didanosine (DDI)	Cap 125 mg, 200 mg, 250 mg & 400 mg	Videx EC	2009
Dihydrocodeine tartrate	Tab long-acting 60 mg	DHC Continus	2008
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
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 Grans for oral liq 400 mg per 5 ml	E-Mycin E-Mycin	2008
Ethambutol hydrochloride	Tab 400 mg	Myambutol	2008
Ethinylestradiol	Tab 10 µg	New Zealand Medical and Scientific	2009
Ethinylestradiol with norethisterone	Tab 35 µg with norethisterone 500 µg Tab 35 µg with norethisterone 1 mg Tab 35 µg with norethisterone 1 mg and 7 inert tab Tab 35 µg with norethisterone 500 µg and 7 inert tab	Brevinor 21 Brevinor 1/21 Brevinor 1/28 Norimin	2010 2008
Etoposide	Cap 50 mg & 100 mg	Vepesid	2009
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	2010
Fluorometholone	Eye drops 0.1%	Flucon	2009

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Sole Subsidised Supply Products – cumulative to December 2007

Generic Name	Presentation	Brand Name	Expiry Date*
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
Fusidic acid	Crn 2% & Oint 2%	Foban	2010
Gentamicin sulphate	Inj 40 mg per ml, 2 ml	Pfizer	2009
Gliclazide	Tab 80 mg	Apo-Gliclazide	2008
Glipizide	Tab 5 mg	Minidiab	2008
Haloperidol	Oral liq 2 mg per ml Tab 500 µg, 1.5 mg & 5 mg Inj 5 mg per ml, 1 ml	Serenace Serenace Serenace	2010 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 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	2008
Hyoscine N-butylbromide	Tab 10 mg Inj 20 mg	Gastrosoothe Buscopan	2008
Hypromellose	Eye drops 0.3% Eye drops 0.5%	Poly-Tears Methopt	2008
Ibuprofen	Oral liq 100 mg per 5 ml, 200 ml Tab 200 mg	Fenpaed I-Profen	2010 2008
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	Nebuliser soln, 250 µg per ml, 1 ml Nebuliser soln, 250 µg per ml, 2 ml Aerosol inhaler, 20 µg per dose CFC-free	Ipratropium Steri-Neb Ipratropium Steri-Neb Atrovent	2010 2008
Isosorbide mononitrate	Tab long-acting 60 mg	Duride	2009
Isotretinoin	Cap 10 mg Cap 20 mg	Isotane 10 Isotane 20	2009
Itraconazole	Cap 100 mg	Sporanox	2010
Ketoconazole	Shampoo 2%	Ketopine	2008
Levobunolol	Eye drops 0.25% & 0.5%	Betagan	2010

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Sole Subsidised Supply Products – cumulative to December 2007

Generic Name	Presentation	Brand Name	Expiry Date*
Levodopa with benserazide	Cap 50 mg with benserazide 12.5 mg	Madopar 62.5	2009
	Tab dispersible 50 mg with benserazide 12.5 mg	Madopar Dispersible	
	Cap 100 mg with benserazide 25 mg	Madopar 125	
	Cap long-acting 100 mg with benserazide 25 mg	Madopar HBS	
	Cap 200 mg with benserazide 50 mg	Madopar 250	
Lignocaine hydrochloride	Inj 0.5%, 5 ml	Xylocaine	2010
	Inj 1%, 5 ml	Xylocaine	
	Inj 1%, 20 ml	Xylocaine	
Lignocaine with prilocaine	Crn 2.5% with prilocaine 2.5%; 30 g OP	EMLA	2010
	Crn 2.5% with prilocaine 2.5%; 5 g	EMLA	
Lisinopril	Tab 5 mg, 10 mg & 20 mg	Arrow-Lisinopril	2009
Loperamide hydrochloride	Tab 2 mg	Nodia	2010
Loratadine	Oral liq 1 mg per ml	Lorapaed	2010
Lorazepam	Tab 1 mg & 2.5 mg	Ativan	2009
Magnesium sulphate	Inj 49.3%	Mayne	2009
Malathion	Liq 0.5%	Derbac M	2010
Maldison	Shampoo 1%	A-Lices	2010
Maprotiline hydrochloride	Tab 25 mg & 75 mg	Ludiomil	2009
Medroxyprogesterone acetate	Tab 2.5 mg, 5 mg, 10 mg, 100 mg & 200 mg	Provera	2010
Mesalazine	Enema 1 g per 100 ml	Pentasa	2009
Methadone hydrochloride	Powder 1 g	AFT	2009
Methotrexate	Tab 2.5 mg & 10 mg	Methoblastin	2009
	Inj 100 mg per ml, 5 ml	Methotrexate Ebewe	2008
	Inj 100 mg per ml, 10 ml	Methotrexate Ebewe	
	Inj 100 mg per ml, 50 ml	Methotrexate Ebewe	
Methyl dopa	Tab 125 mg, 250 mg & 500 mg	Prodopa	2008
Methylphenidate hydrochloride	Tab long-acting 20 mg	Rubifen SR	2009
	Tab 5 mg & 20 mg	Rubifen	
	Tab 10 mg	Rubifen	
Methylprednisolone	Tab 4 mg & 100 mg	Medrol	2009
Methylprednisolone aceponate	Crn 0.1% and oint 0.1%	Advantan	2009
Methylprednisolone 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	Solu-Medrol	2009
	Inj 62.5 mg per ml, 1 ml	Solu-Medrol	
	Inj 500 mg & 1 g	Solu-Medrol	

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Sole Subsidised Supply Products – cumulative to December 2007

Generic Name	Presentation	Brand Name	Expiry Date*
Metoclopramide hydrochloride	Inj 5 mg per ml, 2 ml	Pfizer	2008
Metoprolol tartrate	Tab long-acting 200 mg	Slow-Lopressor	2009
Metyrapone	Cap 250 mg	Metopirone	2009
Mexiletine hydrochloride	Cap 50 mg & 200 mg	Mexitil	2008
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
Morphine tartrate	Inj 80 mg per ml, 1.5 ml & 5 ml	Mayne	2009
Nadolol	Tab 40 mg & 80 mg	Apo-Nadolol	2010
Naltrexone hydrochloride	Tab 50 mg	ReVia	2010
Naphazoline hydrochloride	Eye drops 0.1%	Naphcon Forte	2008
Naproxen	Tab 250 mg	Noflam 250	2009
	Tab 500 mg	Noflam 500	
	Tab long-acting 750 mg	Naprosyn SR 750	2008
	Tab long-acting 1000 mg	Naprosyn SR 1000	
Neostigmine	Inj 2.5 mg per ml, 1 ml	AstraZeneca	2010
Nevirapine	Oral suspension 10 mg per ml	Viramune Suspension	2009
Nicotinic acid	Tab 50 mg & 500 mg	Apo-Nicotinic Acid	2009
Nifedipine	Tab long-acting 20 mg	Nyefax Retard	2009
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	Cap 500,000 u	Nilstat	2010
	Tab 500,000 u	Nilstat	
	Vaginal crm 100,000 u per 5 g with applicators	Nilstat	2009
	Oral liq 100,000 u per ml	Nilstat	2008

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Sole Subsidised Supply Products – cumulative to December 2007

Generic Name	Presentation	Brand Name	Expiry Date*
Ondansetron	Tab 4 mg & 8 mg Tab disp 4 mg & 8 mg	Zofran Zofran Zydis	2010
Oxycodone hydrochloride	Inj 10 mg per ml, 1 ml and 2 ml Oral liq 5 mg per 5 ml	OxyNorm OxyNorm	2010
Oxytocin	Inj 5 iu per ml, 1 ml Inj 10 iu per ml, 1 ml Inj 5 iu with ergometrine maleate 500 µg per ml, 1 ml	Syntocinon Syntocinon Syntometrine	2009
Pamidronate disodium	Inj 3 mg per ml, 5 ml Inj 3 mg per ml, 10 ml Inj 6 mg per ml, 10 ml	Pamisol Pamisol Pamisol	2008
Paracetamol	Tab 500 mg Suppos 125 mg & 250 mg Oral liq 120 mg per 5 ml Oral liq 250 mg per 5 ml	Panadol Panadol Junior Parapaed Six Plus Parapaed	2008
Paracetamol with codeine	Tab 500 mg with 8 mg codeine	Codalgin	2008
Paraffin liquid with soft white paraffin	Eye oint with soft white paraffin	Laci-Lube	2010
Paroxetine hydrochloride	Tab 20 mg	Loxamine	2010
Pergolide	Tab 0.25 mg & 1 mg	Permax	2008
Perhexiline maleate	Tab 100 mg	Pexsig	2009
Phenoxymethylpenicillin (Penicillin V)	Cap potassium salt 250 mg Cap potassium salt 500 mg	Cilicaine VK Cilicaine VK	2010
Phenylephrine hydrochloride	Eye drops 0.12%	Prefrin	2010
Pilocarpine	Eye drops 0.5%, 1%, 2%, 4% & 6%	Pilopt	2008
Poloxamer	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
Prednisone	Tab 1 mg, 2.5 mg, 5 mg & 20 mg	Apo-Prednisone	2008
Pregnancy tests - HCG urine	Cassette	MDS Quick Card	2009
Procaine penicillin	Inj 1.5 mega u	Cilicaine	2008
Promethazine hydrochloride	Tab 10 mg & 25 mg	Allersoothe	2008
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

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Sole Subsidised Supply Products – cumulative to December 2007

Generic Name	Presentation	Brand Name	Expiry Date*
Ranitidine hydrochloride	Tab 150 mg & 300 mg	Arrow Ranitidine	2008
Rifabutin	Cap 150 mg	Mycobutin	2010
Roxithromycin	Tab 150 mg & 300 mg	Arrow-Roxithromycin	2009
Salbutamol	Nebuliser soln 1 mg per ml, 2.5 ml	Asthalin	2009
	Nebuliser soln 2 mg per ml, 2.5 ml	Asthalin	
	Oral liq 2 mg per 5 ml	Salapin	2010
Salbutamol with ipratropium bromide	Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg	Duolin	2009
Selegiline hydrochloride	Tab 5 mg	Apo-Selegiline	2009
Sodium chloride	Inj 0.9%, 5 ml & 10 ml	AstraZeneca	2009
Sodium citro-tartrate	Grans eff 4 g sachets	Ural	2010
Sodium cromoglycate	Nasal spray 4%	Rex	2009
	Eye drops 2%	Cromolux	2008
Sulphasalazine	Tab 500 mg	Salazopyrin	2009
	Tab EC 500 mg	Salazopyrin EN	
Syrup (pharmaceutical grade)	Liq	Midwest	2010
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	Apo-Timol	2009
Thiamine hydrochloride	Tab 50 mg	Apo-Thiamine	2009
Triamcinolone acetonide	Crn & Oint 0.02%	Aristocort	2008
	Dental Paste USP 0.1%	Oracort	
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	Hypam	2008
	Tab 250 µg	Hypam	
Trimethoprim	Tab 300 mg	TMP	2008
Trimipramine maleate	Cap 25 mg & 50 mg	Tripres	2008
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	Mayne	2009
	Inj 1 mg per ml, 2 ml	Mayne	

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Sole Subsidised Supply Products – cumulative to December 2007

Generic Name	Presentation	Brand Name	Expiry Date*
Vitamins	Tab (BPC cap strength)	Healtheries	2009
Vitamin B complex	Tab, strong, BPC	Apo-B-Complex	2009
Water	Purified for injection 20 ml	Multichem	2009
Zinc and castor oil	Oint BP	Multichem	2008
Zinc sulphate	Cap 220 mg	Zincaps	2008
Zopiclone	Tab 7.5 mg	Apo-Zopiclone	2008

December changes are in bold type

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Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings

Effective 1 December 2007

37	CALCIUM GLUCONATE * Inj 10%, 10 ml	21.40	10	✓ Mayne
86	ERYTHROMYCIN LACTOBIONATE Inj 1 g	6.50	1	✓ Erythrocin IV
95	SAQUINAVIR – Special Authority see SA0779 – Hospital pharmacy [HP1] Tab 500 mg	556.59	120	✓ Invirase
99	NAPROXEN SODIUM * Tab 275 mg	6.00	120	✓ Sonafam
120	ALPRAZOLAM – Retail pharmacy – Specialist – Month Restriction Tab 250 µg	3.25	50	✓ Arrow-Alprazolam
	‡ Safety cap for extemporaneously compounded oral liquid preparations. Tab 500 µg	4.30	50	✓ Arrow-Alprazolam
	‡ Safety cap for extemporaneously compounded oral liquid preparations. Tab 1 mg	7.85	50	✓ Arrow-Alprazolam
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
129	MITOZANTRONE – PCT only – Specialist Inj 2 mg per ml, 5 ml	110.00	1	✓ Mitozantrone Ebewe
	Inj 2 mg per ml, 10 ml	220.00	1	✓ Mitozantrone Ebewe

Effective 9 November 2007

44	ASPIRIN * Tab 100 mg	3.06	90	✓ Ethics Aspirin EC
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Effective 1 November 2007

26	RANITIDINE HYDROCHLORIDE – Only on a prescription * Oral liq 150 mg per 10 ml – Subsidy by endorsement	7.95	300 ml	✓ Peptisothe
	Oral liquid is subsidised only for patients: 1) with oesophageal stricture, or 2) in terminal care, or 3) who are either too young or too old to swallow conventional tablets and the prescription is endorsed accordingly. Note: the cost of treatment with ranitidine oral liquid is higher than that of ranitidine tablets. Following the derestriction of access PHARMAC will be monitoring expenditure on ranitidine oral liquid more closely and may, subject to consultation and PHARMAC Board approval, restrict access again if the expenditure was to grow substantially.			
37	FERROUS SULPHATE *‡ Oral liq 150 mg per 5 ml	10.30	500 ml	✓ Ferodan
44	ASPIRIN * Tab 100 mg	16.83	990	✓ Ethics Aspirin EC

▲ 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 November 2007 (continued)

47	SODIUM CHLORIDE Inj 0.9%, 20 ml	7.86	20	✓ Multichem
51	DOXAZOSIN MESYLATE * Tab 2 mg	4.81	100	✓ Apo-Doxazosin
	* Tab 4 mg	6.37	100	✓ Apo-Doxazosin
95	RITONAVIR – Special Authority see SA0779 – Hospital pharmacy [HP1] Oral liq 80 mg per ml	103.98	90 ml OP	✓ Norvir
104	METHADONE HYDROCHLORIDE a) Only on a controlled drug form b) No patient co-payment payable c) Extemporaneously compounded methadone will only be reimbursed at the rate of the cheapest form available (methadone powder, not methadone tablets). d) For methadone hydrochloride oral liquid refer, page 159 Inj 10 mg per ml, 1 ml	52.00	10	✓ AFT S29
117	QUETIAPINE Tab 25 mg	20.62	90	✓ Quetapel
	Tab 100 mg	41.25	90	✓ Quetapel
	Tab 200 mg	70.88	90	✓ Quetapel
	Tab 300 mg	119.25	90	✓ Quetapel
160	ACETYLCYSTEINE – Hospital pharmacy [HP1]-Specialist Inj 200 mg per ml, 10 ml	137.06 (242.50)	10	Hospira

Effective 1 October 2007

25	MESALAZINE Suppos 1 g	50.96	28	✓ Pentasa
27	OMEPRAZOLE * Cap 10 mg	2.99	28	✓ Dr Reddy's Omeprazole
	* Cap 20 mg	4.27	28	✓ Dr Reddy's Omeprazole
	* Cap 40 mg	5.01	28	✓ Dr Reddy's Omeprazole
34	LACTULOSE – Only on a prescription * Oral liq 10 g per 15 ml	6.65	1,000 ml	✓ Duphalac

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 October 2007 (continued)

34	MACROGOL 3350 – Special Authority see SA0891 – Retail pharmacy Powder 13.125 g, sachets – not more than 60 sachets per prescription.....	18.14	30	✓ Movicol
	➔ SA0891 Special Authority for Subsidy			
	Initial application by any relevant practitioner. Approvals valid for 6 months where the patient has problematic constipation requiring intervention with a per rectal preparation despite an adequate trial of other oral pharmacotherapies including lactulose where lactulose is not contraindicated.			
	Renewal from any relevant practitioner. Approvals valid for 12 months where the patient is compliant and is continuing to gain benefit from treatment.			
49	SIMVASTATIN – See prescribing guideline * Tab 10 mg * Tab 20 mg * Tab 40 mg	2.31 2.81 4.98	30 30 30	✓ SimvaRex ✓ SimvaRex ✓ SimvaRex
98	IBUPROFEN – Additional subsidy by Special Authority see SA0291 – Retail pharmacy * Tab 600 mg	1.60 (6.84)	30	Brufen
107	CITALOPRAM HYDROBROMIDE * Tab 20 mg	3.50	28	✓ Citalopram - Rex
121	MIDAZOLAM Inj 1 mg per ml, 5 ml Inj 5 mg per ml, 3 ml	12.65 (14.73) 14.00 (19.64)	10 5	Pfizer Pfizer
146	BUDESONIDE WITH EFORMOTEROL – Special Authority see SA0838 – Retail pharmacy Aerosol inhaler 100 µg with eformoterol fumarate 6 µg Aerosol inhaler 200 µg with eformoterol fumarate 6 µg	55.00 60.00	120 dose OP 120 dose OP	✓ Symbicort Rapihaler ✓ Symbicort Rapihaler
148	IPRATROPIUM BROMIDE Aqueous nasal spray, 0.03%	12.66	30 ml OP	✓ Apo-Ipravent
180	SOYA INFANT FORMULA – Special Authority see SA0604 – Retail pharmacy Powder	6.34 (19.57)	900 g OP	S26 Soy

New Listings - effective 17 September 2007

144	LORATADINE * Tab 10 mg	3.58	100	✓ Loraclear Hayfever Relief
		8.50	30	✓ Loraclear Hayfever Relief

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings - effective 1 September 2007

86	AZITHROMYCIN – Subsidy by endorsement			
	a) Maximum of 2 tab per prescription			
	b) Available on a PSO			
	c) Subsidised only if prescribed for patients with uncomplicated urethritis or cervicitis proven or presumed to be due to Chlamydia trachomatis and their sexual contacts and prescription or PSO is endorsed accordingly.			
	Tab 500 mg	9.90	2 OP	✓ Arrow-Azithromycin
104	METHADONE HYDROCHLORIDE			
	a) Only on a controlled drug form			
	b) No patient co-payment payable			
	c) Extemporaneously compounded methadone will only be reimbursed at the rate of the cheapest form available (methadone powder, not methadone tablets).			
	d) For methadone hydrochloride oral liquid refer, page 159			
	Tab 5 mg	2.10	10	✓ PSM
106	OXYCODONE HYDROCHLORIDE			
	a) Only on a controlled drug form			
	b) No patient co-payment payable			
	Inj 10 mg per ml, 1 ml	14.40	5	✓ OxyNorm
	Inj 10 mg per ml, 2 ml	28.80	5	✓ OxyNorm
	‡ Oral liq 5 mg per 5 ml	11.20	250 ml	✓ OxyNorm

Prescribing Guideline

Prescribers should note that oxycodone is significantly more expensive than long-acting morphine sulphate and clinical advice suggests that it is reasonable to consider this as a second-line agent to be used after morphine.

Changes to Restrictions

Effective 1 December 2007

124	OXALIPLATIN – PCT only – Specialist – Special Authority see SA0900 0876			
	Inj 50 mg	410.00	1	✓ Eloxatin
	Inj 100 mg	800.00	1	✓ Eloxatin
	Inj 1 mg for ECP	8.80	1 mg	✓ Baxter

➔ **SA0900 0876 Special Authority for Subsidy**

Initial application only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

Either:

1 Both:

- 1.1 The patient has metastatic colorectal cancer; and
- 1.2 To be used for first or second line use as part of a combination chemotherapy regimen; or

2 Both:

- 2.1 The patient has Stage III (Duke's C) colorectal* cancer; and
- 2.2 Adjuvant oxaliplatin to be given in combination with a fluoropyrimidine (fluorouracil or capecitabine)

Renewal only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

Either:

- 1 The patient requires continued therapy; or
- 2 The tumour has relapsed and requires re-treatment

Note: Indications marked with * are Unapproved Indications, oxaliplatin is indicated for adjuvant treatment of stage III (Duke's C) colon cancer after complete resection of the primary tumour.

130	PACLITAXEL – PCT only – Specialist – Special Authority see SA0881			
	Inj 30 mg	100.00	1	✓ Taxol
	Inj 100 mg	333.00	1	✓ Taxol
	Inj 150 mg	461.70	1	✓ Paclitaxel Ebewe
	Inj 300 mg	895.85	1	✓ Paclitaxel Ebewe
	Inj 1 mg for ECP	3.65	1 mg	✓ Baxter

➔ **SA0881 Special Authority for Subsidy**

Initial application only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

Any of the following:

1 Both:

- 1.1 The patient has ovarian, fallopian* or primary peritoneal cancer*; and

1.2 Either:

- 1.2.1 Has not received prior chemotherapy; or
- 1.2.2 Has received prior chemotherapy but have not previously been treated with taxanes; or

2 The patient has metastatic breast cancer; or

3 The patient has node-positive early breast cancer; or

4 Both

- 4.1 The patient has non-small-cell lung cancer; and

4.2 Either:

- 4.2.1 Has advancing disease (stage IIIa or above); or
- 4.2.2 Is receiving combined chemotherapy and radiotherapy; or

5 Both:

- 5.1 The patient has small-cell lung cancer*; and
- 5.2 Paclitaxel is to be used as second-line therapy.

Renewal only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

Both:

continued...

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions - effective 1 December 2007 (continued)

continued...

1 The patient has metastatic breast cancer, non-small-cell lung cancer, or small-cell lung cancer* and;

2 Either:

2.1 The patient requires continued therapy; or

2.2 The tumour has relapsed and requires re-treatment.

Note indications marked with * are Unapproved Indications.

131	VINORELBINE – PCT only – Specialist – Special Authority see SA0901 0883			
	Inj 10 mg per ml, 1 ml	42.00	1	✓ Vinorelbine Ebewe
	Inj 10 mg per ml, 5 ml	210.00	1	✓ Vinorelbine Ebewe
	Inj 1 mg for ECP	4.96	1 mg	✓ Baxter

▶ SA0901 0883 Special Authority for Subsidy

Initial application only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

Either **Any of the following:**

1 The patient has metastatic breast cancer; or

2 The patient has non-small cell lung cancer (stage IIIa, or above); or

3 All of the following:

3.1 The patient has stage IB-IIIa non-small cell lung cancer; and

3.2 Vinorelbine is to be given as adjuvant treatment in combination with cisplatin; and

3.3 The patient has good performance status (WHO/ECOG grade 0-1).

Renewal only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist.

Approvals valid for 12 months for applications meeting the following criteria:

Either:

1 The patient requires continued therapy; or

2 The tumour has relapsed and requires re-treatment.

Effective 1 October 2007

25	HYDROCORTISONE ACETATE Rectal foam 10 %, CFC-Free (14 applications)	21.10	21.1 g OP	✓ Colifoam
55	METOPROLOL SUCCINATE			
	* Tab long-acting 23.75 mg – Higher subsidy of \$6.20 per 30 with Endorsement	5.20 (6.20)	30	Betaloc CR
	* Tab long-acting 47.5 mg – Higher subsidy of \$7.80 per 30 with Endorsement	6.50 (7.80)	30	Betaloc CR
	* Tab long-acting 95 mg – Higher subsidy of \$13.20 per 30 with Endorsement	11.20 (13.20)	30	Betaloc CR
	* Tab long-acting 190 mg – Higher subsidy of \$21.00 per 30 with Endorsement	20.25 (21.00)	30	Betaloc CR

Additional subsidy by endorsement is available for patients who:

a) were being prescribed metoprolol succinate prior to 1 October 2007; or

b) have experienced a myocardial infarction.

The prescription must be endorsed accordingly

Note – Repeats for Betaloc CR tab long-acting will be fully subsidised where the initial dispensing was before 1 October 2007.

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 October 2007 (continued)

88	PHENOXYMETHYLPENICILLIN (PENICILLIN V) Grans for oral liq benzathine 125 mg per 5 ml – Available on a PSO 1.68	100 ml	✓ AFT
	Grans for oral liq benzathine 250 mg per 5 ml – Available on a PSO 1.82	100 ml	✓ AFT
117	QUETIAPINE – Subsidy by endorsement Subsidised for: 1) patients presenting with first episode schizophrenia or related psychoses, or manic episodes associated with bipolar disorder; and 2) patients suffering from schizophrenia or related psychoses, or manic episodes associated with bipolar disorder, after a trial of an effective dose of risperidone that has been discontinued because of unacceptable side effects or inadequate response. Initial prescription must be written by a relevant specialist. Subsequent prescriptions may be written by a general practitioner. The prescription must be endorsed "certified condition".		
	Tab 25 mg 46.20	60	✓ Seroquel
	Tab 100 mg 92.40	60	✓ Seroquel
	Tab 200 mg 158.76	60	✓ Seroquel
	Tab 300 mg 267.12	60	✓ Seroquel
134	MYCOPHENOLATE MOFETIL – Special Authority see SA0893 0798 – Hospital pharmacy [HP3] Tab 500 mg 206.66	50	✓ Cellcept
	Cap 250 mg 206.66	100	✓ Cellcept
	Powder for oral liq 1 g per 5 ml – Subsidy by endorsement 285.00	165 ml OP	✓ Cellcept
	Mycophenolate powder for oral liquid is subsidised only for patients unable to swallow tablets and capsules, and when the prescription is endorsed accordingly.		
	▶▶ SA0893 0798 Special Authority for Subsidy		
	Initial application only from a relevant specialist. Approvals valid without further renewal unless notified for applications meeting the following criteria: Any of the following: 1 Renal transplant recipient; or 2 Heart transplant recipient; or 3 Patient has an organ transplant and has severe tophaceous gout making azathioprine unsuitable. Renewal only from a relevant specialist. Approvals valid without further renewal unless notified where the patient had a previous Special Authority approval and was receiving mycophenolate prior to 1 October 2005.		
150	ACICLOVIR * Eye oint 3% – Retail pharmacy-Specialist 37.53	4.5 g OP	✓ Zovirax
150	CIPROFLOXACIN Eye Drops 0.3% – Retail pharmacy-Specialist prescription 12.43	5 ml OP	✓ Ciloxan
	1) Specialist must be an ophthalmologist. 2) For treatment of bacterial keratitis or severe bacterial conjunctivitis resistant to chloramphenicol.		
150	DEXAMETHASONE WITH FRAMYCETIN AND GRAMICIDIN Retail Pharmacy – Specialist when used in the treatment of eye conditions: Ear/Eye drops 500 µg with framycetin sulphate 5 mg and gramicidin 50 µg per ml 4.50	8 ml OP	Sofradex
		(9.27)	
150	GENTAMICIN SULPHATE Eye drops 0.3% – Retail pharmacy-Specialist 11.40	5 ml OP	✓ Genoptic

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions - effective 1 October 2007 (continued)

151	BETAXOLOL HYDROCHLORIDE —Retail pharmacy-Specialist				
	* Eye drops 0.25%	11.80	5 ml OP	✓Betoptic S	
	* Eye drops 0.5%	7.50	5 ml OP	✓Betoptic	
151	DEXAMETHASONE —Retail pharmacy-Specialist				
	* Eye oint 0.1%	5.86	3.5 g OP	✓Maxidex	
	* Eye drops 0.1%	4.50	5 ml OP	✓Maxidex	
151	DEXAMETHASONE WITH NEOMYCIN AND POLYMYXIN B SULPHATE —Retail pharmacy-Specialist				
	* Eye oint 0.1% with neomycin sulphate 0.35% and polymyxin B sulphate 6,000 u per g	5.39	3.5 g OP	✓Maxitrol	
	* Eye drops 0.1% with neomycin sulphate 0.35% and polymyxin B sulphate 6,000 u per ml	4.50	5 ml OP	✓Maxitrol	
151	DICLOFENAC SODIUM				
	* Eye drops 1 mg per ml —Retail pharmacy-Specialist.....	13.80	5 ml OP	✓Voltaren Ophtha	
151	FLUOROMETHOLONE —Retail pharmacy-Specialist				
	* Eye drops 0.1%	4.30	5 ml OP	✓Fluon	
151	LEVOBUNOLOL —Retail pharmacy-Specialist				
	* Eye drops 0.25%	7.00	5 ml OP	✓Betagan	
	* Eye drops 0.5%	7.00	5 ml OP	✓Betagan	
151	PREDNISOLONE ACETATE —Retail pharmacy-Specialist				
	* Eye drops 0.12%	4.50	5 ml OP		Pred Mild
		(7.53)			
	* Eye drops 1%	4.50	5 ml OP		Pred Forte
		(9.44)			
151	TOBRAMYCIN				
	Eye oint 0.3% —Retail pharmacy-Specialist.....	10.45	3.5 g OP	✓Tobrex	
	Eye drops 0.3% —Retail pharmacy-Specialist.....	11.48	5 ml OP	✓Tobrex	
152	BRIMONIDINE TARTRATE —Retail pharmacy-Specialist				
	* Eye Drops 0.2%	8.95	5 ml OP	✓AFT	
152	DORZOLAMIDE HYDROCHLORIDE —Retail pharmacy-Specialist				
	* Eye drops 2%	9.77	5 ml OP		Trusopt
		(13.95)			
152	DORZOLAMIDE HYDROCHLORIDE WITH TIMOLOL MALEATE —Retail pharmacy-Specialist				
	* Eye drops 2% with timolol maleate 0.5%	18.50	5 ml OP	✓Cosopt	
152	TIMOLOL MALEATE —Retail pharmacy-Specialist				
	* Eye drops 0.25%	2.37	5 ml OP	✓Apo-Timop	
	* Eye drops 0.25%, gel forming	5.30	2.5 ml OP	✓Timoptol XE	
	* Eye drops 0.5%	2.29	5 ml OP	✓Apo-Timop	
	* Eye drops 0.5%, gel forming	5.78	2.5 ml OP	✓Timoptol XE	
153	BRIMONIDINE TARTRATE WITH TIMOLOL MALEATE —Retail pharmacy-Specialist				
	▲ Eye drops 0.2% with timolol maleate 0.5%	18.50	5 ml OP	✓Combigan	

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

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

Changes to Restrictions - effective 1 October 2007 (continued)

153 PILOCARPINE

* Eye drops 2% single dose – Special Authority see **SA0895 0424**

– Hospital pharmacy [HP3] 31.95 20 dose
(32.72)

Minims

▶ **SA0895 0424** Special Authority for Subsidy

Initial application from any **relevant practitioner** medical-practitioner. Approvals valid for 2 years for applications meeting the following criteria:

Either:

- 1 Patient has to use an unpreserved solution due to an allergy to the preservative; or
- 2 Patient wears soft contact lenses.

Note: Minims for a general practice are considered to be “tools of trade” and are not approved as special authority items.

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

164 FAT

▶ **SA0899 0580** Special Authority for Subsidy

Initial application — (Inborn errors of metabolism) only from a relevant specialist. Approvals valid for 3 years where the patient has inborn errors of metabolism.

Initial application — (Indications other than inborn errors of metabolism) only from a relevant specialist.

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

Any of the following:

- 1 failure to thrive **where other high calorie products are inappropriate or inadequate**; or
- 2 growth deficiency; or
- 3 bronchopulmonary dysplasia; or
- 4 fat malabsorption; or
- 5 lymphangiectasia; or
- 6 short bowel syndrome; or
- 7 infants with necrotising enterocolitis; or
- 8 biliary atresia.

Renewal — (Inborn errors of metabolism) only from a relevant specialist or general practitioner on the recommendation of a relevant specialist. Approvals valid for 3 years for applications meeting the following criteria:

Both:

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

Renewal — (Indications other than inborn errors of metabolism) only from a relevant specialist or general practitioner on the recommendation of a relevant specialist. Approvals valid for 1 year for applications meeting the following criteria:

Both:

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

168 PAEDIATRIC PRODUCTS

▶ **SA0896 0590** Special Authority for Subsidy

Initial application only from a relevant specialist. Approvals valid for 1 year for applications meeting the following criteria:

All of the following:

- 1 infant aged one to **eight six** years; and
- 2 Any of the following:
 - 2.1 any condition causing malabsorption; or
 - 2.2 failure to thrive; 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 October 2007 (continued)

continued...

- 2.3 increased nutritional requirements; and
- 3 Either:
- 3.1 The product is to be used as a supplement (maximum 500 ml per day); or
- 3.2 The product is to be used as a complete diet.
- Renewal only from a relevant specialist or general practitioner on the recommendation of a relevant specialist.
- Approvals valid for 1 year for applications meeting the following criteria:
- All of the following:
- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 Either:
- 2.1 The product is to be used as a supplement (maximum 500 ml per day); or
- 2.2 The product is to be used as a complete diet; and
- 3 General Practitioners must include the name of the specialist and date contacted.

Effective 1 September 2007

- 113 ONDANSETRON – ~~Hospital pharmacy [HP3]~~ **Retail pharmacy-Specialist**
- a) Maximum of 12 tab per prescription; **can be waived by Special Authority see SA0887 below**
- b) Maximum of 6 tab per dispensing; **can be waived by Special Authority see SA0887 below**
- c) Not more than one prescription per month; **can be waived by Special Authority see SA0887 below.**
- | | | | |
|---------------------|-------|----|---------------|
| Tab 4 mg | 17.18 | 10 | ✓Zofran |
| Tab disp 4 mg | 17.18 | 10 | ✓Zofran Zydys |
| Tab 8 mg | 33.89 | 20 | ✓Zofran |
| Tab disp 8 mg | 20.43 | 10 | ✓Zofran Zydys |

► SA0887 Special Authority for Waiver of Rule

Initial application from any relevant practitioner. Approvals valid for 12 months where patient is undergoing prolonged treatment with highly emetogenic chemotherapy and/or highly emetogenic radiation therapy for the treatment of malignancy.

Renewal from any relevant practitioner. Renewals valid for 12 months where patient is undergoing prolonged treatment with highly emetogenic chemotherapy and/or highly emetogenic radiation therapy for the treatment of malignancy.

Changes to Subsidy and Manufacturer's Price

Effective 1 December 2007

85	CEFOXITIN SODIUM – Hospital pharmacy [HP3]-Specialist – Subsidy by endorsement (↓ subsidy) Only if prescribed for dialysis or cystic fibrosis patient and the prescription is endorsed accordingly. Inj 1 g	48.48	5	✓ Mayne
129	MITOZANTRONE – PCT only – Specialist (↓ subsidy) Inj 1 mg for ECP	12.98	1 mg	✓ Baxter
144	LORATADINE (↓ subsidy) * Tab 10 mg	3.58 (6.70)	100	Apo-Loratadine
148	IPRATROPIUM BROMIDE (↓ subsidy) Aqueous nasal spray, 0.03%	6.33 (11.79)	15 ml OP	Atrovent Nasal Aqueous
160	ACETYLCYSTEINE – Hospital pharmacy [HP1]-Specialist (↑ price) Inj 200 mg per ml, 10 ml	137.06 (255.35)	10	Hospira

Effective 1 November 2007

65	POVIDONE IODINE (↑ price) Oint 10%	2.88 (3.27)	25 g OP	Betadine
	a) Maximum of 100 g per prescription b) Only on a prescription			
65	POVIDONE IODINE (↓ subsidy) Antiseptic soln 10%	6.20	500 ml	✓ Riodine
86	AZITHROMYCIN – Subsidy by endorsement (↓ subsidy) a) Maximum of 2 tab per prescription b) Available on a PSO c) Subsidised only if prescribed for patients with uncomplicated urethritis or cervicitis proven or presumed to be due to Chlamydia trachomatis and their sexual contacts and prescription or PSO is endorsed accordingly. Tab 500 mg	9.90 (15.53)	2 OP	Zithromax
104	METHADONE HYDROCHLORIDE (↓ subsidy) a) Only on a controlled drug form b) No patient co-payment payable c) Extemporaneously compounded methadone will only be reimbursed at the rate of the cheapest form available (methadone powder, not methadone tablets). d) For methadone hydrochloride oral liquid refer, page 159 Tab 5 mg	2.10 (2.78)	10	Pallidone

▲ 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 November 2007 (continued)

108	DIAZEPAM (↑ subsidy)			
	Rectal tubes 5 mg – Available on a PSO.....	27.83	5	✓ Stesolid
	Rectal tubes 10 mg – Available on a PSO.....	33.89	5	✓ Stesolid
175	GLUTEN FREE BREAD MIX – Special Authority see SA0722 – Hospital pharmacy [HP3] (↑ price)			
	Powder	3.93	1,000 g OP	
		(5.43)		NZB Low Gluten Bread Mix
		3.51		
		(7.55)		Horleys Bread Mix
		4.77		
		(8.13)		Bakels Gluten Free Health Bread Mix
175	GLUTEN FREE FLOUR – Special Authority see SA0722 – Hospital pharmacy [HP3] (↑ price)			
	Powder	5.62	2,000 g OP	
		(12.20)		Horleys Flour

Effective 1 October 2007

25	MESALAZINE (↓ subsidy)			
	Tab 400 mg – Retail pharmacy-Specialist	49.50	100	✓ Asacol
	Suppos 500 mg	25.20	20	✓ Asacol
47	DEXTROSE WITH ELECTROLYTES (↓ subsidy)			
	Soln with electrolytes.....	3.33	500 ml OP	
		(3.44)		Plasma-Lyte Oral
		6.30	946 ml OP	
		(6.66)		Pedialyte - Fruit
48	COLESTIPOL HYDROCHLORIDE (↑ subsidy)			
	Sachets 5 g	16.17	30	✓ Colestid
51	CAPTOPRIL (↑ subsidy)			
	* Tab 12.5 mg	10.40	500	✓ Apo-Captopril
	* Tab 25 mg	13.40	500	✓ Apo-Captopril
	* Tab 50 mg	19.00	500	✓ Apo-Captopril
54	DIGOXIN (↑ subsidy)			
	* Tab 62.5 µg – Available on a PSO	6.94	250	✓ Lanoxin PG
	* Tab 250 µg – Available on a PSO	15.13	250	✓ Lanoxin
	*‡ Oral liq 50 µg per ml	16.60	60 ml	✓ Lanoxin

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 October 2007 (continued)

55	METOPROLOL SUCCINATE (↑ price and alternate subsidy) * Tab long-acting 23.75 mg – Higher subsidy of \$6.20 per 30 with Endorsement	5.20 (6.20)	30	Betaloc CR
	* Tab long-acting 47.5 mg – Higher subsidy of \$7.80 per 30 with Endorsement	6.50 (7.80)	30	Betaloc CR
	* Tab long-acting 95 mg – Higher subsidy of \$13.20 per 30 with Endorsement	11.20 (13.20)	30	Betaloc CR
	* Tab long-acting 190 mg – Higher subsidy of \$21.00 per 30 with Endorsement	20.25 (21.00)	30	Betaloc CR
	Additional subsidy by endorsement is available for patients who: a) were being prescribed metoprolol succinate prior to 1 October 2007; or b) have experienced a myocardial infarction. The prescription must be endorsed accordingly Note – Repeats for Betaloc CR tab long-acting will be fully subsidised where the initial dispensing was before 1 October 2007.			
55	METOPROLOL TARTRATE (↑ subsidy) * Tab 50 mg	16.50	100	✓ Lopresor
65	POVIDONE IODINE (↓ price) Oint 10%	2.88	25 g OP	✓ Betadine
65	POVIDONE IODINE (↓ subsidy) Antiseptic soln 10%	6.20	500 ml	✓ Betadine
73	OXYBUTYNYN (↑ subsidy) * Oral liq 5 mg per 5 ml	50.40	473 ml OP	✓ Apo-Oxybutynin
80	THYROXINE (↑ subsidy) * Tab 50 µg	48.14	1,000	✓ Eltroxin
	‡ Safety cap for extemporaneously compounded oral liquid preparations. * Tab 100 µg	50.39	1,000	✓ Eltroxin
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
88	PHENOXYMETHYLPENICILLIN (PENICILLIN V) (↑ subsidy) Grans for oral liq 125 mg per 5 ml – Available on a PSO	1.68	100 ml	✓ AFT
	Grans for oral liq 250 mg per 5 ml – Available on a PSO	1.82	100 ml	✓ AFT
89	COLISTIN SULPHOMETHATE – Hospital pharmacy [HP3]-Specialist – Subsidy by endorsement (↑ subsidy) Only if prescribed for dialysis or cystic fibrosis patient and the prescription is endorsed accordingly. Inj 150 mg	65.00	1	✓ Colistin-Link
89	FUSIDIC ACID (↑ subsidy) Tab 250 mg – Hospital pharmacy [HP3]-Specialist	43.67	12	✓ Fucidin

▲ 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 October 2007 (continued)

117	QUETIAPINE (↓ subsidy)			
	Tab 25 mg	46.20	60	✓ Seroquel
	Tab 100 mg	92.40	60	✓ Seroquel
	Tab 200 mg	158.76	60	✓ Seroquel
	Tab 300 mg	267.12	60	✓ Seroquel
130	PACLITAXEL – PCT only – Specialist – Special Authority SA0881 (↓ subsidy)			
	Inj 30 mg	90.00	1	✓ Taxol
	Inj 100 mg	299.70	1	✓ Taxol
	Inj 1 mg for ECP	3.29	1 mg	✓ Baxter
140	INTERFERON BETA-1-BETA – Special Authority SA0855 (↓ subsidy)			
	Inj 8 million iu per 1 ml	1270.23	15	✓ Betaferon

Effective 1 September 2007

29	METFORMIN HYDROCHLORIDE (↓ subsidy)			
	* Tab 500 mg	9.75	500	✓ Metomin
	* Tab 850 mg	8.00	250	✓ Metomin
47	WATER (↓ subsidy)			
	1) On a prescription or Practitioner's Supply Order only when on the same form as an injection listed in the Pharmaceutical Schedule requiring a solvent or diluent; or			
	2) On a bulk supply order; or			
	3) When used in the extemporaneous compounding of eye drops.			
	Purified for inj 5 ml – Available on a PSO	9.31	50	✓ AstraZeneca
	Purified for inj 10 ml – Available on a PSO	10.38	50	✓ AstraZeneca
66	MALATHION (↓ subsidy)			
	Liq 0.5%	4.99 (5.80)	200 ml	AFT
67	HYDROCORTISONE BUTYRATE (↑ subsidy)			
	Scalp lotn 0.1%	7.52	100 ml OP	✓ Locoid
96	NITROFURANTOIN (↑ subsidy)			
	* Tab 50 mg	17.20	100	✓ Nifuran
	* Tab 100 mg	29.40	100	✓ Nifuran
116	LITHIUM CARBONATE (↑ subsidy)			
	Tab long-acting 400 mg	15.45	100	✓ Priadel
154	PHENYLEPHRINE HYDROCHLORIDE (↑ subsidy)			
	* Eye drops 0.12%	4.47	15 ml OP	✓ Prefrin

Changes to General Rules

Effective 1 November 2007

- 2 The functions of PHARMAC are to perform the following, within the amount of funding provided to it in the Pharmaceutical Budget or to DHBs from their own budgets for the use of pharmaceuticals in their hospitals, as applicable, and in accordance with its annual plan and any directions given by the Minister (Section 103 of the Crown Entities Act):
- to maintain and manage a pharmaceutical schedule that applies consistently throughout New Zealand, including determining eligibility and criteria for the provision of subsidies;
 - to manage incidental matters arising out of (a), including in exceptional circumstances providing for subsidies for the supply of pharmaceuticals not on the pharmaceutical schedule;
 - to engage as it sees fit, but within its operational budget, in research to meet its objectives as set out in Section 47 (a) of the Act;
 - to promote the responsible use of pharmaceuticals;
 - to manage the purchasing of any or all pharmaceuticals, whether used either in a hospital or outside it, on behalf of DHBs;
 - any other functions given to PHARMAC by or under any enactment or authorised by the Minister.

The policies and criteria set out in the Pharmaceutical Schedule and PHARMAC's Operating Policies and Procedures arise out of, and are designed to help PHARMAC achieve and perform, PHARMAC's objective and functions under the Act.

However PHARMAC may, having regard to its public law obligations, depart from the strict application of those policies and criteria in certain exceptional cases where it considers this necessary or appropriate in the proper exercise of its statutory discretion and to give effect to its objective and functions, particularly with respect to:

- **Determining eligibility and criteria for the provision of subsidies: and**
- **In exceptional circumstances providing for subsidies for the supply of pharmaceuticals not on the Pharmaceutical Schedule.**

- 14 "Hospital Pharmacy-Specialist Prescription" 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 an Outpatient; and
 - on a Prescription signed by a Specialist.
- For the purposes of this definition, a "specialist" means a doctor who holds a current annual practicing certificate and who satisfies the criteria set out in paragraphs (a) or (b) or (c) of the definitions of Specialist below.**
- 16 "Retail Pharmacy-Specialist Prescription" means that the Community Pharmaceutical is only eligible for Subsidy if it is supplied on a Prescription, or Practitioner's Supply Order, signed by a Specialist.
- For the purposes of this definition, a "specialist" means a doctor who holds a current annual practicing certificate and who satisfies the criteria set out in paragraphs (a) or (b) or (c) of the definitions of Specialist below.**
- 16 "Special Authority" means that the Community Pharmaceutical **or Pharmaceutical Cancer Treatment** is only eligible for Subsidy or additional Subsidy for a particular person if an application meeting the criteria specified in the Schedule has been approved, and the valid Special Authority number is present on the prescription.

▲ 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 Section G: Safety Cap Medicines

Effective 1 September 2007

OXYCODONE HYDROCHLORIDE

Oral liq 5 mg per 5 ml.....OxyNorm

Changes to Sole Subsidised Supply

Effective 1 December 2007

For the list of new Sole Subsidised Supply products effective 1 December 2007 refer to the bold entries in the cumulative Sole Subsidised Supply table pages 8-16.

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Delisted Items

Effective 1 December 2007

27	TRIPOTASSIUM DICITRATOBISMUTHATE Tab 120 mg	38.00	112	✓ De-nol
59	ADRENALINE Inj 1 in 1,000, 1 ml – Available on a PSO	12.50 90.00	5 50	✓ AstraZeneca ✓ AstraZeneca
64	CETOMACROGOL * Cream BP	2.80 (4.35)	500 g	IPW
66	MALATHION Liq 0.5%	4.99 (5.80)	200 ml	AFT
69	CONDOMS WITHOUT SPERMICIDE * Condoms, proprietary – Available on a PSO	1.24 (5.70)	12	R3 Superfeucht
73	SODIUM CITRO-TARTRATE * Grans eff 4 g sachets	1.02 (2.40)	8	✓ Ural
Note – the 28 pack size of Ural will continue to be available fully subsidised.				
98	IBUPROFEN – Additional subsidy by Special Authority see SA0291 – Retail pharmacy * Tab 400 mg	1.78 (7.60)	50	Brufen
	* Tab long-acting 800 mg	3.01 (18.24)	60	Brufen Retard
Note – the 30 pack size of Brufen tab 400 mg and Brufen Retard tab long-acting 800 mg will continue to be available partially subsidised..				
117	THIORIDAZINE HYDROCHLORIDE Tab 100 mg	17.14	90	✓ Aldazine
155	CHARCOAL * Oral liq 50 g per 300 ml – Only on a PSO	19.95	300 ml OP	✓ Carbosorb
165	FAT SUPPLEMENT – Special Authority see SA0580 – Hospital pharmacy [HP3] Emulsion (neutral)	15.38	250 ml OP	✓ Calogen
	Emulsion (strawberry)	15.38	250 ml OP	✓ Calogen
170	RENAL ORAL FEED 2KCAL/ML – Special Authority see SA0587 – Hospital pharmacy [HP3] Liquid.....	2.88	237 ml OP	✓ Nepro (vanilla)
179	PREMATURE BIRTH FORMULA – Special Authority see SA0602 – Hospital pharmacy [HP3] Powder	0.98 7.41	120 g OP 400 g OP	✓ Similac Special Care ✓ S26LBW Gold

▲ 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 November 2007

99	TIAPROFENIC ACID – Additional subsidy by Special Authority see SA0291 – Retail pharmacy * Cap long-acting 300 mg	3.77	56	
		(17.51)		Surgam SA

Effective 1 October 2007

77	TESTOSTERONE ENANTHATE – Retail pharmacy-Specialist Inj long-acting 250 mg - pre-filled syringe	45.00	3	✓ Primoteston
97	INFLUENZA VACCINE – Hospital pharmacy [Xpharm] Inj	75.00	10	✓ Vaxigrip
105	MORPHINE SULPHATE a) Only on a controlled drug form b) No patient co-payment payable Suppos 5 mg..... Suppos 10 mg	17.74 19.14	12 12	✓ RMS ✓ RMS
	Suppos 20 mg	20.31	12	✓ RMS
	Suppos 30 mg	31.39	12	✓ RMS
108	DIAZEPAM Inj 5 mg per ml, 2 ml – Subsidy by endorsement	16.64	10	
		(33.90)		Diazemuls
	a) Only on a PSO b) PSO must be endorsed “not for anaesthetic procedures”.			
144	LORATADINE * Tab 10 mg	8.50	30	✓ Loraclear Hayfever Relief
145	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			
146	SALBUTAMOL Nebuliser soln, 1 mg per ml, 2.5 ml – Available on a PSO	3.70	20	
		(4.83)		Ventolin Nebules
	Nebuliser soln, 2 mg per ml, 2.5 ml – Available on a PSO	3.85	20	
		(5.10)		Ventolin Nebules
177	AMINOACID FORMULA WITHOUT VALINE, LEUCINE AND ISOLEUCINE – Special Authority see SA0732 – Hospital pharmacy [HP3] See prescribing guideline Powder	487.38	500 g OP	✓ MSUD Aid III

Effective 1 September 2007

26	HYOSCINE N-BUTYLBROMIDE * Tab 10 mg	6.65	100	
		(10.85)		Buscopan

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$

Per

Brand or
Generic Mnfr
✓ fully subsidised

Delisted Items - effective 1 September 2007 (continued)

52	LISINOPRIL				
	* Tab 5 mg	2.78	30		
		(4.91)			Prinivil
	* Tab 10 mg	3.16	30		
		(7.14)			Prinivil
	* Tab 20 mg	3.91	30		
		(10.10)			Prinivil
85	CEFTRIAXONE SODIUM – Hospital pharmacy [HP3] – Subsidy by endorsement				
	a) Available on a PSO				
	b) 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
91	ACICLOVIR				
	* Tab dispersible 200 mg	7.92	100		
		(10.00)			Acicvir
		7.13	90		
		(48.75)			Zovirax
	* Tab dispersible 400 mg	28.46	240		
		(36.00)			Acicvir
	* Tab dispersible 800 mg	21.09	100		
		(26.70)			Acicvir
91	VALACICLOVIR				
	Tab 500 mg	1.58	10		
		(54.63)			Valtrex
		4.74	30		
		(163.80)			Valtrex
107	PAROXETINE HYDROCHLORIDE				
	Tab 20 mg	5.90	30		
		(35.02)			Aropax
116	OLANZAPINE – Special Authority see SA0741– Retail pharmacy				
	Tab 2.5 mg	54.72	30		✓Zyprexa
	Tab 5 mg	108.44	30		✓Zyprexa
	Tab 10 mg	219.10	30		✓Zyprexa
	Note – Zyprexa tab 2.5 mg, 5 mg and 10 mg 28 tablet pack size is still subsidised.				
117	TRIFLUOPERAZINE HYDROCHLORIDE				
	Tab 5 mg	15.79	112		
		(17.77)			Stelazine Section 29 S29
125	CALCIUM FOLINATE				
	Tab 15 mg – PCT – Hospital pharmacy [HP3]-Specialist.....	38.90	10		
		(55.60)			Leucovorin
152	BRIMONIDINE TARTRATE – Retail pharmacy-Specialist				
	* Eye Drops 0.2%	8.95	5 ml OP		✓Alphagan

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ **fully subsidised**

Delisted Items - effective 1 September 2007 (continued)

175	GLUTEN FREE BREAD MIX – Special Authority see SA0722 – Hospital pharmacy [HP3] Powder	4.77	1,000 g OP	
		(7.63)		Bakels Gluten Free Bread Mix

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 January 2008

29	METFORMIN HYDROCHLORIDE				
	* Tab 500 mg	9.75	500	✓ Metomin	
	* Tab 850 mg	8.00	250	✓ Metomin	
47	DEXTROSE WITH ELECTROLYTES				
	Soln with electrolytes	3.33	500 ml OP		Plasma-Lyte Oral
		(3.44)			
		6.30	946 ml OP		Pedialyte - Fruit
		(6.66)			
97	INFLUENZA VACCINE – Hospital pharmacy [Xpharm]				
	Inj.....	7.50	1	✓ Fluvax	

Effective 1 February 2008

44	ASPIRIN				
	* Tab 100 mg	3.60	90	✓ Ethics Aspirin EC	
86	AZITHROMYCIN – Subsidy by endorsement				
	a) Maximum of 2 tab per prescription				
	b) Available on a PSO				
	c) Subsidised only if prescribed for patients with uncomplicated urethritis or cervicitis proven or presumed to be due to Chlamydia trachomatis and their sexual contacts and prescription or PSO is endorsed accordingly.				
	Tab 500 mg	9.90	2 OP		
		(15.53)			Zithromax
104	METHADONE HYDROCHLORIDE				
	a) Only on a controlled drug form				
	b) No patient co-payment payable				
	c) Extemporaneously compounded methadone will only be reimbursed at the rate of the cheapest form available (methadone powder, not methadone tablets).				
	d) For methadone hydrochloride oral liquid refer, page 159				
	Tab 5 mg	2.10	10		
		(2.78)			Pallidone

Effective 1 March 2008

28	INSULIN ISOPHANE WITH INSULIN NEUTRAL				
	▲ Inj human with neutral insulin 100 u per ml	25.26	10 ml OP	✓ Mixtard 50	
	▲ Inj human with neutral insulin 100 u per ml, 3 ml	42.66	5	✓ PenMix 10	
				✓ PenMix 20	
34	LACTULOSE – Only on a prescription				
	* Oral liq 10 g per 15 ml	6.60	1,000 ml	✓ Laevolac	
55	ACEBUTOLOL				
	* Tab 400 mg	27.63	100	✓ ACB	

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Items to be delisted - effective 1 March 2008 (continued)

65	POVIDONE IODINE				
	Oint 10%	2.88	25 g OP	✓ Biocil	
		6.87	100 g OP		Betadine
		(7.02)			
	a) Maximum of 100 g per prescription				
	b) Only on a prescription				
	Antiseptic soln 10%	6.42	500 ml	✓ Biocil	
		64.20	5,000 ml	✓ Biocil	
116	PIMOZIDE – Retail pharmacy-Specialist				
	Tab 4 mg	11.78	20	✓ Orap Forte	S29
144	LORATADINE				
	* Tab 10 mg	3.58	100		Apo-Loratadine
		(6.70)			
148	IPRATROPIUM BROMIDE				
	Aqueous nasal spray, 0.03%	6.33	15 ml OP		Atrovent Nasal
		(11.79)			Aqueous
Effective 1 April 2008					
25	SULPHASALAZINE				
	Enema 3 g per 100 ml - Retail pharmacy - Specialist	37.40	7		Salazopyrin
		(43.00)			
46	DEXTROSE				
	* Inj 50%, 10 ml – Available on a PSO	8.25	5	✓ Mayne	
87	BENZATHINE BENZYL PENICILLIN				
	Injection 1.2 mega u – Available on a PSO	160.00	10	✓ Pan Benzathine Benzylpenicillin	
96	IBUPROFEN – Additional subsidy by Special Authority see SA0291 – Retail pharmacy				
	* Tab 600 mg	5.32	100		Brufen
		(22.80)			
99	TENOXCAM – Additional subsidy by Special Authority see SA0291 – Retail pharmacy				
	* Inj 10 mg per ml, 2 ml – Available on a PSO	10.00	5	✓ Tilcotil	
113	DIMENHYDRINATE				
	* Tab 50 mg	0.59	10		Dramamine
		(3.07)			
117	THIORIDAZINE HYDROCHLORIDE				
	Tab 50 mg	10.66	90	✓ Aldazine	
153	PILOCARPINE				
	* Eye drops 3%	6.41	15 ml OP	✓ Pilopt	

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Items to be delisted - effective 1 April 2008 (continued)

180	SOYA INFANT FORMULA – Special Authority see SA0604 – Retail pharmacy Powder	6.34 (18.32)	900 g OP	Infasoy
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Effective 1 May 2008

47	WATER 1) On a prescription or Practitioner's Supply Order only when on the same form as an injection listed in the Pharmaceutical Schedule requiring a solvent or diluent; or 2) On a bulk supply order; or 3) When used in the extemporaneous compounding of eye drops. Purified for inj 5 ml – Available on a PSO	9.31	50	✓ AstraZeneca
	Purified for inj 10 ml – Available on a PSO	10.38	50	✓ AstraZeneca
95	RITONAVIR – Special Authority see SA0779 – Hospital pharmacy [HP1] Oral liq 80 mg per ml	277.28	240 ml OP	✓ Norvir
104	METHADONE HYDROCHLORIDE a) Only on a controlled drug form b) No patient co-payment payable c) Extemporaneously compounded methadone will only be reimbursed at the rate of the cheapest form available (methadone powder, not methadone tablets). d) For methadone hydrochloride oral liquid refer, page 159 Inj 10 mg per ml, 1 ml	26.00	5	✓ AFT
151	SULPHACETAMIDE SODIUM * Eye drops 10%	3.60	15 ml OP	✓ Acetopt
160	ACETYLCYSTEINE – Hospital pharmacy [HP1]-Specialist Inj 200 mg per ml, 10 ml	137.06 (242.50)	10	Parvolex

Effective 1 June 2008

37	CALCIUM GLUCONATE * Inj 10%, 10 ml	106.99	50	✓ Mayne
	Note – the 10 injection pack size of the Mayne brand of calcium gluconate inj 10%, 10 ml was listed 1 December 2007.			
61	ECONAZOLE NITRATE Crm 1%	1.00 (1.30)	15 g OP	Ecreme
86	ERYTHROMYCIN LACTOBIONATE Inj 1g	6.50	1	✓ ERA
	Note – the Erythrocin IV brand was listed 1 December 2007			
129	MITOZANTRONE – PCT only – Specialist Inj 2 mg per ml, 10ml	330.00	1	✓ Onkotrone

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ **fully subsidised**

Items to be delisted - effective 1 September 2008

95	SAQUINAVIR – Special Authority see SA0779 – Hospital pharmacy [HP1] Cap 200 mg	271.00	180	✓ Fortovase
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Contracted Pharmaceutical Description	Brand	Price (\$) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceutical
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Section H changes to Part II

Effective 1 December 2007

CALCIUM GLUCONATE

Inj 10%, 10 ml.....	Mayne	21.40	10			
Inj 10%, 10 ml.....	Mayne	106.99	50			

Note – Mayne, 50 inj pack size delisted 1 December 2007

CEFOXITIN SODIUM (+ price)

Powder for inj 1 g.....	Mayne	48.48	5			
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ERYTHROMYCIN LACTOBIONATE

Inj 1 g.....	Erythrocin IV	6.50	1			
Inj 1 g.....	ERA	6.50	1			

Note – ERA inj 1 g delisted 1 December 2007

MITOZANTRONE

Inj 2 mg per ml, 5 ml.....	Mitozantrone Ebewe	110.00	1	1%	Feb-08	Onkotrone
Inj 2 mg per ml, 10 ml.....	Mitozantrone Ebewe	220.00	1	1%	Feb-08	Mayne Novatrone Onkotrone

Note – Onkotrone inj 2 mg per ml, 10 ml to be delisted 1 February 2008

NAPROXEN SODIUM

Tab 275 mg.....	Sonaflam	6.00	120	1%	Feb-08	Synflex
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