

07
UPDATE

New Zealand
Pharmaceutical Schedule

Effective 1 November 2007

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

Investing in Health

PHARMAC
Pharmaceutical Management Agency

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Summary of PHARMAC decisions

EFFECTIVE 1 NOVEMBER 2007

New listing (page 17)

- Ranitidine hydrochloride (Peptisoothe) oral liq 150 mg per 10 ml – Only on a prescription – subsidy by endorsement
- Ferrous sulphate (Ferodan) oral liq 150 mg per 5 ml, 500 ml
- Aspirin (Ethics Aspirin EC) tab 100 mg, 990 pack size
- Sodium chloride (Multichem) inj 0.9%, 20 ml
- Doxazosin mesylate (Apo-Doxazosin) tab 2 mg and 4 mg
- Ritonavir (Norvir) oral liq 80 mg per ml, 90 ml OP – Special Authority – Hospital pharmacy [HP1]
- Methadone hydrochloride (AFT) inj 10 mg per ml, 1 ml – only on a controlled drug form – no patient co-payment payable
- Quetiapine (Quetapel) tab 25 mg, 100 mg, 200 mg and 300 mg
- Acetylcysteine (Hospira) inj 200 mg per ml, 10 ml – Hospital pharmacy [HP1] – Specialist

Increased subsidy (page 25)

- Diazepam (Stesolid) rectal tubes 5 mg and 10 mg

Decreased subsidy (page 25)

- Povidone iodine (Riodine) antiseptic soln 10%, 500 ml
- Azithromycin (Zithromax) tab 500 mg
- Methadone hydrochloride (Pallidone) tab 5 mg

Betaloc CR still fully funded

Betaloc CR, metoprolol succinate, continues to be fully funded by endorsement for all patients who are currently taking it.

AstraZeneca has raised the price of Betaloc CR. PHARMAC followed suit by raising the subsidy by endorsement for some patients. This decision represents an additional \$4 million per year of spending. We recognise that the endorsement requirement adds to clinicians' paperwork, however our feeling is that endorsing prescriptions is a preferable option to other choices we could have made at this time.

An additional \$4 million per year is not an insignificant amount of money, and will limit our ability to make other medicine investment decisions.

Our view was that maintaining full subsidy for existing patients, through the endorsement mechanism, was better than the 200,000 or so Betaloc patients having to pay manufacturer's surcharges, or changing to fully funded medicines. This would have meant considerable disruption for patients and more work for clinicians and pharmacists. Compared to the possibility of patients changing medicines, the endorsement option minimises the impact of these funding changes on patients.

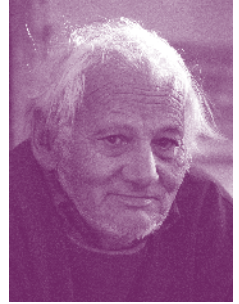
The good news is the endorsement requirement is an interim move while we await the outcome of Medsafe's assessment of a generic form of metoprolol succinate. We will be reviewing the endorsement and subsidy on Betaloc CR.

PHARMAC already has an agreement to fund a generic, once it is registered by Medsafe. The generic metoprolol succinate would cost 53% less than Betaloc CR and could lead to savings of about \$13 million per year which could be used to fund other medicine or healthcare.

In order to have Betaloc CR fully subsidised the patient must have been prescribed Betaloc CR before 1 October, or have had a myocardial infarction, and the prescription must be endorsed accordingly. Pharmacists are not eligible to endorse prescriptions.

All other patients who are prescribed Betaloc CR by their doctor will need to pay a small manufacturer's surcharge.

The decision is also being supported by information developed by BPACNZ. This information has been distributed to all clinicians and pharmacists and is also available on PHARMAC's website (www.pharmac.govt.nz).



Ritalin SR Special Access Subsidy

PHARMAC has agreed to fund Ritalin SR for some patients. Funding is available for patients who have experienced serious adverse reactions when switching from Ritalin SR to Rubifen SR, the recently funded brand of 20 mg sustained-release methylphenidate hydrochloride. This action is being taken in response to concerns raised by Medsafe and the Centre for Adverse Reactions Monitoring (CARM).

Some patients have reported serious adverse reactions associated with switching from Ritalin SR to Rubifen SR, including aggressive or threatening behaviour and, less commonly, unusual psychiatric events. These adverse reactions were reported in less than 2% of patients and did not have any obvious cause. Most of the adverse reactions reported to CARM occurred within a few days of the brand switch.

These types of severe behavioural side effects have been reported overseas for all brands of methylphenidate, including Ritalin. Most people who developed these side effects never exhibited this type of behaviour before being started on methylphenidate.

Medsafe remains satisfied that the two brands are bioequivalent, and that no safety issues have been identified for patients currently stabilised on Rubifen SR. However, Medsafe is seeking further information from the supplier of Rubifen SR, AFT Pharmaceuticals, to try and determine whether any further action is necessary.

While Medsafe conducts its investigations into Rubifen SR, PHARMAC intends to make Ritalin SR available, on application, to those patients with documented evidence of serious adverse events associated with the change from Ritalin SR to Rubifen SR.

As PHARMAC cannot guarantee the ongoing long-term supply of Ritalin SR we would urge prescribers to consider this mechanism only in cases where all other alternative treatment options, including dose adjustment of Rubifen SR, have been unsuccessful.

The Ritalin SR Special Access form is available on the PHARMAC website at www.pharmac.govt.nz. Amongst other information, applicants are required to provide details of their nominated pharmacy. A nominated pharmacy is a pharmacy that has agreed to source and stock Ritalin SR for the specified patient. Please note that if the patient moves and/or needs to collect the medication from a different pharmacy, or the pharmacy decides to source Ritalin SR with a different pharmacode, PHARMAC must be informed or the medication will not be subsidised. An estimated yearly cost of treatment as quoted by the pharmacy is also required (Cost, Brand, Source). Pharmacies are encouraged to source Ritalin SR from Novartis NZ Ltd in the first instance but if New Zealand stocks are no longer available Ritalin SR may be sourced from overseas under Section 29 of the Medicines Act 1981.

Clarification of General Rule – Specialist Prescription

The definitions of *Retail Pharmacy – Specialist Prescription* and *Hospital Pharmacy – Specialist Prescription* have been amended in the Pharmaceutical Schedule. This is to help avoid any misinterpretation of who is eligible to sign the prescription.

For the purposes of *Retail Pharmacy – Specialist* and *Hospital Pharmacy – Specialist* restrictions, DHB hospital prescriptions are considered to meet the criteria for subsidy.

For *Retail Pharmacy – Specialist Prescription* and *Hospital Pharmacy – Specialist Prescription* restrictions, the person signing the prescription must be a Specialist. The rule amendment does not change the intention of the *Retail* and *Hospital Pharmacy – Specialist Prescription* definition but, helps to clarify it. Please refer to page 29 for full details.

Tender News

Sole Subsidised Supply changes – effective 1 December 2007

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Cetomacrogol	Crn BP; 500 g	PSM (API)
Hydrocortisone butyrate	Scalp lotn 0.1%; 100 ml OP	Locoid (CSL)
Malathion	Liq 0.5%; 200 ml	Derbac-M (SSL)
Oxycodone hydrochloride	Inj 10 mg per ml, 1 ml; 5 inj	OxyNorm (MundiPharma)
Oxycodone hydrochloride	Inj 10 mg per ml, 2 ml; 5 inj	OxyNorm (MundiPharma)
Oxycodone hydrochloride	Oral liq 5 mg per 5 ml; 250 ml	OxyNorm (MundiPharma)
Phenylephrine hydrochloride	Eye drops 0.12%; 15 ml OP	Prefrin (Allergan)

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 December 2007

- Oxaliplatin inj 50 mg and 100 mg (Eloxatin) and inj 1 mg for ECP (Baxter) – amended Special Authority criteria
- Paclitaxel inj 30 mg, 100 mg (Taxol), 150 mg, 300 mg (Paclitaxel Ebewe) and inj 1 mg for ECP (Baxter) – removal of Special Authority restriction
- Saquinavir (Invirase) film-coated tablet 500 mg – new listing under existing Special Authority criteria
- Vinorelbine inj 10 mg per ml, 1 ml and 5 ml (Vinorelbine Ebewe) and inj 1 mg for ECP (Baxter) – amended Special Authority criteria

Sole Subsidised Supply Products – cumulative to November 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	Ranbaxy Amoxicillin	
	Inj 250 mg, 500 mg & 1 g	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

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Sole Subsidised Supply Products – cumulative to November 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
Chloramphenicol	Eye drops 0.5% Eye oint 1%	Chlorsig Chlorsig	2009
Chlorhexidine gluconate	Handrub 1% with ethanol 70%	Orion	2009
	Mouthwash 0.2%	Orion	
	Soln 4%	Orion	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	Dalacin C	2008
	Inj phosphate 150 mg per ml, 4 ml		
Clobetasol propionate	Crn 0.05%	Dermol	2009
	Scalp app 0.05%	Dermol	2008
	Oint 0.05%	Dermol	
Clonazepam	Tab 500 µg & 2 mg	Paxam	2008
Clonidine	TDDS 2.5 mg, 100 µg per day	Catapres-TTS-1	2008
	TDDS 5 mg, 200 µg per day	Catapres-TTS-2	
	TDDS 7.5 mg, 300 µg per day	Catapres-TTS-3	
Clonidine hydrochloride	Tab 25 µg	Dixarit	2008
	Tab 150 µg	Catapres	
	Inj 150 µg per ml, 1 ml	Catapres	
Clotrimazole	Vaginal crn 1% with applicator(s)	Clomazol	2010
	Crn 1%	Clomazol	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
Dexamethasone sodium phosphate	Inj 4 mg per ml, 1 ml	Mayne	2009
	Inj 4 mg per ml, 2 ml		

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Sole Subsidised Supply Products – cumulative to November 2007

Generic Name	Presentation	Brand Name	Expiry Date*
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
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

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Sole Subsidised Supply Products – cumulative to November 2007

Generic Name	Presentation	Brand Name	Expiry Date*
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 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 November 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	Crm 2.5% with prilocaine 2.5%; 30 g OP	EMLA	2010
	Crm 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
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	Crm 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	
Metoclopramide hydrochloride	Inj 5 mg per ml, 2 ml	Pfizer	2008

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Sole Subsidised Supply Products – cumulative to November 2007

Generic Name	Presentation	Brand Name	Expiry Date*
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 Tab 500 mg Tab long-acting 750 mg Tab long-acting 1000 mg	Noflam 250 Noflam 500 Naprosyn SR 750 Naprosyn SR 1000	2009 2008
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 Tab 5 mg	Noriday 28 Primolut-N	2009 2008
Norfloxacin	Tab 400 mg	Arrow-Norfloxacin	2008
Nortriptyline	Tab 10 mg & 25 mg	Norpress	2008
Nystatin	Cap 500,000 u Tab 500,000 u Vaginal crm 100,000 u per 5 g with applicators Oral liq 100,000 u per ml	Nilstat Nilstat Nilstat Nilstat	2010 2009 2008
Ondansetron	Tab 4 mg & 8 mg Tab disp 4 mg & 8 mg	Zofran Zofran Zydis	2010

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Sole Subsidised Supply Products – cumulative to November 2007

Generic Name	Presentation	Brand Name	Expiry Date*
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
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
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

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Sole Subsidised Supply Products – cumulative to November 2007

Generic Name	Presentation	Brand Name	Expiry Date*
Salbutamol	Nebuliser soln 1 mg per ml, 2.5 ml	Asthalin	2009
	Nebuliser soln 2 mg per ml, 2.5 ml	Asthalin	2010
	Oral liq 2 mg per 5 ml	Salapin	
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	Tripress	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	
Vitamins	Tab (BPC cap strength)	Healtheries	2009

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

Sole Subsidised Supply Products – cumulative to November 2007

Generic Name	Presentation	Brand Name	Expiry Date*
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

November changes are in bold type

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

New Listings

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	✓ Peptisoothe
	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
47	SODIUM CHLORIDE Inj 0.9%, 20 ml 7.86	20	✓ Multichem
51	DOXAZOSIN MESYLATE * Tab 2 mg 4.81 * Tab 4 mg 6.37	100 100	✓ Apo-Doxazosin ✓ 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 Tab 100 mg 41.25 Tab 200 mg 70.88 Tab 300 mg 119.25	90 90 90 90	✓ Quetapel ✓ Quetapel ✓ Quetapel ✓ 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
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▲ Three months supply may be dispensed at one time if endorsed “certified exemption” by the prescriber.

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings - effective 1 October 2007 (continued)

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
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	2.31	30	✓ SimvaRex
	* Tab 20 mg	2.81	30	✓ SimvaRex
	* Tab 40 mg	4.98	30	✓ 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	12.65 (14.73)	10	Pfizer
	Inj 5 mg per ml, 3 ml	14.00 (19.64)	5	Pfizer
146	BUDESONIDE WITH EFORMOTEROL – Special Authority see SA0838 – Retail pharmacy Aerosol inhaler 100 µg with eformoterol fumarate 6 µg	55.00	120 dose OP	✓ Symbicort Rapihaler
	Aerosol inhaler 200 µg with eformoterol fumarate 6 µg	60.00	120 dose OP	✓ 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

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
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New Listings - effective 17 September 2007

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

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 Inj 10 mg per ml, 2 ml ‡ Oral liq 5 mg per 5 ml	14.40 28.80 11.20	5 5 250 ml	✓ OxyNorm ✓ OxyNorm ✓ 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.

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
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\$ Per

Brand or
Generic Mnfr
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Changes to Restrictions

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.

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.

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**

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)

continued...

▶ 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 (9.27)	8 ml OP	Sofradex
150	GENTAMICIN SULPHATE Eye drops 0.3% —Retail pharmacy-Specialist.....	11.40	5 ml OP	✓ Genoptic
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	✓ Flucon
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

▲ 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)
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Changes to Restrictions - effective 1 October 2007 (continued)

151	—Retail pharmacy—Specialist PREDNISOLONE ACETATE * Eye drops 0.12%	4.50 (7.53)	5 ml OP	
	* Eye drops 1%	4.50 (9.44)	5 ml OP	Pred Mild Pred Forte
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	—Retail pharmacy—Specialist BRIMONIDINE TARTRATE * Eye Drops 0.2%	8.95	5 ml OP	✓AFT
152	—Retail pharmacy—Specialist DORZOLAMIDE HYDROCHLORIDE * Eye drops 2%	9.77 (13.95)	5 ml OP	Trusopt
152	—Retail pharmacy—Specialist DORZOLAMIDE HYDROCHLORIDE WITH TIMOLOL MALEATE * Eye drops 2% with timolol maleate 0.5%	18.50	5 ml OP	✓Cosopt
152	—Retail pharmacy—Specialist TIMOLOL MALEATE * 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	—Retail pharmacy—Specialist BRIMONIDINE TARTRATE WITH TIMOLOL MALEATE ▲ Eye drops 0.2% with timolol maleate 0.5%	18.50	5 ml OP	✓Combigan
153	PILOCARPINE * Eye drops 2% single dose – Special Authority see SA0895 0121 – Hospital pharmacy [HP3]	31.95 (32.72)	20 dose	Minims

▶ SA0895 0121 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

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**

Changes to Restrictions - effective 1 October 2007 (continued)

continued...

- 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
 - 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.

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions - effective 1 September 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 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
108	DIAZEPAM (↑ subsidy) Rectal tubes 5 mg – Available on a PSO..... Rectal tubes 10 mg – Available on a PSO.....	27.83 33.89	5 5	✓ Stesolid ✓ Stesolid
175	GLUTEN FREE BREAD MIX – Special Authority see SA0722 – Hospital pharmacy [HP3] (↑ price) Powder	3.93 (5.43)	1,000 g OP	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 (12.20)	2,000 g OP	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

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
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Generic Mnfr
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Changes to Subsidy and Manufacturer's Price - effective 1 October 2007 (continued)

47	DEXTROSE WITH ELECTROLYTES (↓ subsidy) Soln with electrolytes.....	3.33 (3.44) 6.30 (6.66)	500 ml OP 946 ml OP	 Plasma-Lyte Oral 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
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	OXYBUTYNIN (↑ subsidy) * Oral liq 5 mg per 5 ml	50.40	473 ml OP	✓ Apo-Oxybutynin

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)

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
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

▲ 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 September 2007 (continued)

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):
- a) to maintain and manage a pharmaceutical schedule that applies consistently throughout New Zealand, including determining eligibility and criteria for the provision of subsidies;
 - b) 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;
 - c) 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;
 - d) to promote the responsible use of pharmaceuticals;
 - e) to manage the purchasing of any or all pharmaceuticals, whether used either in a hospital or outside it, on behalf of DHBs;
 - f) 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:
- a) to an Outpatient; and
 - b) 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 November 2007

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

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**

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 (17.51)	56		Surgam SA
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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.....	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
108	DIAZEPAM Inj 5 mg per ml, 2 ml – Subsidy by endorsement	16.64 (33.90)	10		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 (4.83)	20		Ventolin Nebules
	Nebuliser soln, 2 mg per ml, 2.5 ml – Available on a PSO	3.85 (5.10)	20		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 (10.85)	100		Buscopan
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▲ Three months supply may be dispensed at one time if endorsed “certified exemption” by the prescriber.

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

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	

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**

Delisted Items - effective 1 September 2007 (continued)

175	GLUTEN FREE BREAD MIX – Special Authority see SA0722 – Hospital pharmacy [HP3] Powder	4.77 (7.63)	1,000 g OP	Bakels Gluten Free Bread Mix
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▲ Three months supply may be dispensed at one time if endorsed “certified exemption” by the prescriber.

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Items to be Delisted

Effective 1 December 2007

64	CETOMACROGOL * Cream BP	2.80 (4.35)	500 g	IPW
66	MALATHION Liq 0.5%	4.99 (5.80)	200 ml	AFT
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.

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 (3.44)	500 ml OP	Plasma-Lyte Oral
		6.30 (6.66)	946 ml OP	Pedialyte - Fruit
97	INFLUENZA VACCINE – Hospital pharmacy [Xpharm] Inj.....	7.50	1	✓ Fluvax

Effective 1 February 2008

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 (15.53)	2 OP	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 (2.78)	10	Pallidone

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 March 2008

28	INSULIN ISOPHANE WITH INSULIN NEUTRAL ▲ Inj human with neutral insulin 100 u per ml25.26 ▲ Inj human with neutral insulin 100 u per ml, 3 ml42.66	10 ml OP 5	✓ Mixtard 50 ✓ PenMix 10 ✓ PenMix 20
55	ACEBUTOLOL * Tab 400 mg27.63	100	✓ ACB
65	POVIDONE IODINE Oint 10%2.88 6.87 (7.02)	25 g OP 100 g OP	✓ Biocil Betadine
	a) Maximum of 100 g per prescription b) Only on a prescription		
	Antiseptic soln 10%6.42 64.20	500 ml 5,000 ml	✓ Biocil ✓ Biocil
116	PIMOZIDE – Retail pharmacy-Specialist Tab 4 mg11.78	20	✓ Orap Forte \$29

Effective 1 April 2008

25	SULPHASALAZINE Enema 3 g per 100 ml - Retail pharmacy - Specialist37.40 (43.00)	7	Salazopyrin
46	DEXTROSE * Inj 50%, 10 ml – Available on a PSO8.25	5	✓ Mayne
87	BENZATHINE BENZYL PENICILLIN Injection 1.2 mega u – Available on a PSO160.00	10	✓ Pan Benzathine Benzylpenicillin
96	IBUPROFEN – Additional subsidy by Special Authority see SA0291 – Retail pharmacy * Tab 600 mg5.32 (22.80)	100	Brufen
99	TENOXCAM – Additional subsidy by Special Authority see SA0291 – Retail pharmacy * Inj 10 mg per ml, 2 ml – Available on a PSO10.00	5	✓ Tilcotil
113	DIMENHYDRINATE * Tab 50 mg0.59 (3.07)	10	Dramamine
117	THIORIDAZINE HYDROCHLORIDE Tab 50 mg10.66	90	✓ Aldazine
153	PILOCARPINE * Eye drops 3%6.41	15 ml OP	✓ Pilopt

▲ 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 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

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 November 2007

DIAZEPAM († price)

Rectal tubes 5 mg	Stesolid	27.83	5
Rectal tubes 10 mg	Stesolid	33.89	5

DOXAZOSIN MESYLATE

Tab 2 mg.....	Apo-Doxazosin	4.81	100	1%	Jan-08	Dosan
Tab 4 mg.....	Apo-Doxazosin	6.37	100	1%	Jan-08	Dosan

Note – Dosan tab 2 mg and 4 mg to be delisted 1 January 2008

FERROUS SULPHATE

Oral liq 150 mg per 5 ml.....	Ferodan	10.30	500 ml	1%	Jan-08	Ferro-liquid
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Note – Ferro-liquid to be delisted 1 January 2008

GANCICLOVIR

Cap 250 mg	Cymevene	441.00	84
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Note – Cymevene cap 250 mg delisted 1 November 2007

METHADONE HYDROCHLORIDE

Inj 10 mg per ml, 1 ml	AFT	52.00	10
Inj 10 mg per ml, 1 ml	AFT	26.00	5

Note – AFT methadone hydrochloride inj 10 mg per ml, 1 ml delisted 1 November 2007

POVIDONE IODINE

Antiseptic soln 10%	Riodine	2.95	100 ml
Antiseptic soln 10%	Riodine	6.20	500 ml

QUETIAPINE

Tab 25 mg.....	Quetapel	20.62	90
Tab 100 mg.....	Quetapel	41.25	90
Tab 200 mg.....	Quetapel	70.88	90
Tab 300 mg.....	Quetapel	119.25	90

RANITIDINE HYDROCHLORIDE

Oral liq 150 mg per 10 ml.....	Peptisoothe	7.95	300 ml	1%	Jan-08	Zantac
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SODIUM CHLORIDE

Inj 0.9%, 20 ml.....	Multichem	7.86	20
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WATER

Purified for inj 5 ml.....	Multichem	9.31	50	1%	Feb-07	AstraZeneca Pharmacia
Purified for inj 10 ml.....	Multichem	10.38	50	1%	Feb-07	AstraZeneca Pharmacia

Note – removal of the AstraZeneca brand of water purified for inj 5 ml and 10 ml as a DV Pharmaceutical following its discontinuation.

Contracted Pharmaceutical Description	Brand	Price (\$) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceutical
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Section H changes to Part II - effective 1 October 2007

ALENDRONATE SODIUM WITH CHOLECALCIFEROL

Tab 70 mg with cholecalciferol
2,800 iu.....Fosamax Plus 35.91 4

CAPTOPRIL

Tab 12.5 mg.....**Apo-Captopril** 10.40 500 1% Dec-07 Capoten
Captohexal
Tab 25 mg.....**Apo-Captopril** 13.40 500 1% Dec-07 Capoten
Captohexal
Tab 50 mg.....**Apo-Captopril** 19.00 500 1% Dec-07 Capoten
Captohexal

CITALOPRAM HYDROBROMIDE

Tab 20 mg.....Citalopram - Rex 3.50 28

COLISTIN SULPHOMETHATE

Inj 150 mg.....**Colistin-Link** 65.00 1 1% Dec-07 (B)

FUSIDIC ACID (↑ price)

Tab 250 mg.....Fucidin 43.67 12

HALOPERIDOL (↑ price)

Inj 5 mg per ml, 1 mlSerenace 17.04 10

HYDROCORTISONE ACETATE

Rectal foam 10%, CFC-Free
(14 applications).....**Colifoam** 21.10 21.1 g 1% Dec-06 (B)
Note – change in presentation description

ISOFLURANE

Liq 250 ml bottle**Forthane** 99.00 250 ml 1% Jan-07 Aerrane
Abbott-Forane Rhodia

Note – change in brand name only

LACTULOSE

Oral liq 10 g per 15 ml.....**Duphalac** 6.65 1000 ml 1% Dec-07 Actilax
Laevolac

LORATADINE

Tab 10 mg.....**Loraclear** 3.58 100 1% Dec-07 Apo-Loratadine
Hayfever Relief Aridine
Arrow-Loratadine
Claratyne
Lorastyne
Lora-tabs
Lorfast
Tirlor

MACROGOL 3350

Powder 13.125 g, sachets.....Movicol 18.14 30

Contracted Pharmaceutical Description	Brand	Price (\$) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceutical
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Section H changes to Part II - effective 1 October 2007 (continued)

MESALAZINE

Suppos 500 mg.....	Asacol	25.20	20			
Suppos 1 g.....	Pentasa	50.96	28			
Tab 400 mg.....	Asacol	49.50	100			

OMEPRAZOLE

Cap 10 mg	Dr Reddy's Omeprazole	2.99	28			
Cap 20 mg	Dr Reddy's Omeprazole	4.27	28			
Cap 40 mg	Dr Reddy's Omeprazole	5.01	28			

OXYBUTYNIN

Oral liq 5 mg per 5 ml	Apo-Oxybutynin	50.40	473 ml	1%	Dec-07	(B)
Tab 5 mg.....	Apo-Oxybutynin	44.79	500	1%	Dec-07	(B)

PACLITAXEL (↓ price)

Inj 30 mg.....	Taxol	90.00	1	1%	Sept-05	Anzatax Paclitaxel Ebewe
Inj 100 mg.....	Taxol	299.70	1	1%	Sept-05	Anzatax Paclitaxel Ebewe

PHENOXYMETHYLPENICILLIN (PENICILLIN V)

Grans for oral liq 125 mg per 5 ml	AFT	1.68	100 ml	1%	Dec-07	(B)
Grans for oral liq 250 mg per 5 ml	AFT	1.82	100 ml	1%	Dec-07	(B)

PODOPHYLLOTOXIN (↑ price)

Soln 0.5%	Condyline	38.00	3.5 ml			
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POVIDONE IODINE

Alcohol skin preparation 10% with 30% alcohol.....	Betadine Skin Prep	8.13	500 ml			
Antiseptic soln 10%	Betadine	6.42	500 ml			
Oint 10%	Betadine	2.88	25 g			

QUETIAPINE (↓ price)

Tab 25 mg.....	Seroquel	46.20	60			
Tab 100 mg.....	Seroquel	92.40	60			
Tab 200 mg.....	Seroquel	158.76	60			
Tab 300 mg.....	Seroquel	267.12	60			

SIMVASTATIN

Tab 10 mg.....	SimvaRex	2.31	30			
Tab 20 mg.....	SimvaRex	2.81	30			
Tab 40 mg.....	SimvaRex	4.98	30			

Contracted Pharmaceutical Description	Brand	Price (\$) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceutical
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Section H changes to Part II - effective 1 October 2007 (continued)

SODIUM ACID PHOSPHATE

Enema 16% with sodium phosphate 8%.....	Fleet Phosphate Enema	2.50	1			
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Effective 1 September 2007

AZITHROMYCIN

Tab 500 mg.....	Arrow-Azithromycin	9.90	2	1%	Nov-07	Zithromax
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METHADONE HYDROCHLORIDE

Tab 5 mg.....	PSM	2.10	10	1%	Nov-07	Pallidone
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OXYCODONE HYDROCHLORIDE

Inj 10 mg per ml, 1 ml.....	OxyNorm	14.40	5	1%	Nov-07	(B)
Inj 10 mg per ml, 2 ml.....	OxyNorm	28.80	5	1%	Nov-07	(B)
Oral liq 5 mg per 5 ml.....	OxyNorm	11.20	250 ml	1%	Nov-07	(B)

Effective 1 August 2007

EXEMESTANE

Tab 25 mg.....	Aromasin	175.00	30			
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FLUOROURACIL SODIUM (↓ price and addition of HSS)

Inj 25 mg per ml 100 ml.....	Mayne	13.55	1	1%	Oct-07	(B)
Inj 50 mg per ml, 10 ml.....	Fluorouracil Ebewe	4.95	1	1%	Oct-07	Mayne
Inj 50 mg per ml, 20 ml.....	Fluorouracil Ebewe	8.60	1	1%	Oct-07	Mayne
Inj 50 mg per ml, 50 ml.....	Fluorouracil Ebewe	21.50	1	1%	Oct-07	Mayne
Inj 50 mg per ml, 100 ml.....	Fluorouracil Ebewe	43.00	1	1%	Oct-07	(B)

Note – Mayne’s brand of Fluorouracil sodium inj 50 mg per ml, 10 ml, 20 ml and 50 ml to be delisted 1 October 2007

GABAPENTIN (↓ price)

Cap 100 mg.....	Neurontin	15.67	100			
Cap 300 mg.....	Neurontin	47.00	100			
Cap 400 mg.....	Neurontin	62.66	100			
Tab 600 mg.....	Neurontin	79.79	100			

HYDROXOCOBALAMIN (Delisted effective 1 August 2007)

Inj 1 mg per ml, 1 ml.....	Neo-Cytamen	10.84	3			
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IBUPROFEN

Oral liq 100 mg per 5 ml.....	Fenpaed	3.49	200 ml	1%	Oct-07	Nurofen
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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 August 2007 (continued)

LOPINAVIR WITH RITONAVIR						
Tab 200 mg with ritonavir 50 mg	Kaletra	735.00	120			
Oral liq 80 mg with ritonavir 20 mg per ml	Kaletra	735.00	300 ml			
MESNA (addition of HSS)						
Inj 100 mg per ml, 4 ml	Uromitexan	109.63	15	1%	Oct-07	(B)
Inj 100 mg per ml, 10 ml	Uromitexan	251.73	15	1%	Oct-07	(B)
OXYCODONE HYDROCHLORIDE						
Tab controlled-release 5 mg	OxyContin	7.51	20			
ZIPRASIDONE						
Cap 20 mg	Zeldox	87.88	60			
Cap 40 mg	Zeldox	164.78	60			
Cap 60 mg	Zeldox	247.17	60			
Cap 80 mg	Zeldox	329.56	60			

Section H changes to Part IV

Effective 1 November 2007

GANCICLOVIR

Cap 250 mg ~~Cymevene~~
 Inj 500 mg Cymevene

For prophylaxis and treatment of CMV-associated disease in immunocompromised patients and following organ transplant.

Note – Cymevene cap 250 mg delisted 1 November 2007

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