

Pharmaceutical Management Agency

Update

# New Zealand Pharmaceutical Schedule

Effective 1 October 2009

Section H cumulative for August, September  
and October 2009



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## Summary of PHARMAC decisions

EFFECTIVE 1 OCTOBER 2009

### New listings (pages 17 to 18)

- Clarithromycin (Klamycin) tab 500 mg - subsidy by endorsement – maximum of 14 tabs per prescription, subsidised for helicobacter pylori eradication
- Blood glucose diagnostic test meter (CareSens POP and CareSens II) meter – subsidy by endorsement
- Blood glucose diagnostic test strip (CareSens) blood glucose test strips x 50 and lancets x 5 – subsidy by endorsement
- Heparin sodium (Pfizer) inj 1,000 iu per ml, 5 ml (10 and 50 inj pack) and inj 5,000 iu per ml, 5 ml
- Heparinised saline (Pfizer) inj 10 iu per ml, 5 ml
- Raltegravir potassium (Isentress) tab 400 mg – Special Authority – Hospital pharmacy [HP1]
- Alendronate sodium with cholecalciferol (Fosamax Plus) tab 70 mg with cholecalciferol 5600 iu – Special Authority – Retail pharmacy
- Aprepitant (Emend Tri-Pack) cap 2 x 80 mg and 1 x 125 mg – Special Authority – Retail pharmacy
- Risperidone (Risperon) oral liq 1 mg per ml, 30 ml
- Latanoprost (Hysite) eye drops 50 µg per ml, 2.5ml OP – Retail pharmacy – Specialist
- Aminoacid formula without phenylalanine (PKU Anamix Infant) infant formula, 400 g OP – Special Authority – Hospital pharmacy [HP3]
- Aminoacid formula without phenylalanine (PKU Lophlex LQ) liquid (berry, citrus and orange) 62.5 ml OP and 125 ml OP – Special Authority – Hospital pharmacy [HP3]
- Elemental formula (Pepti Junior Gold) powder 450 g OP - Special Authority - Hospital pharmacy [HP3]

### Changes to restrictions (pages 19 to 25)

- Phytomenadione (Konaktion MM) inj 2 mg per 0.2 ml and inj 10 mg per ml, 1 ml – also subsidised for oral administration
- Clarithromycin tab 250 mg and grans for oral liq 125 mg per 5 ml – amended Special Authority criteria
- Alendronate for osteoporosis – amended Special Authority criteria
- Levodopa with carbidopa (Sinemet CR) tab long-acting 200 mg with carbidopa 50 mg – removal of Retail pharmacy-Specialist restriction
- Mask for spacer device – amended restriction criteria
- Spacer device – amended restriction criteria

## Summary of PHARMAC decisions – effective 1 October 2009 (continued)

### Decreased subsidy (pages 26 to 29)

- Pioglitazone (Actos) tab 15 mg, 30 mg and 45 mg
- Blood glucose diagnostic test strip (Accu-Chek Performa) blood glucose test strips
- Calamine (ABM) crm, aqueous, BP; and lotn, BP
- Leuprorelin (Eligard) inj 7.5 mg, 22.5 mg, 30 mg and 45 mg
- Levodopa with carbidopa tab long-acting 200 mg with carbidopa 50 mg (Sinemet CR) and tab 250 mg with carbidopa 25 mg (Sinemet)
- Carboplatin (Carboplatin Ebewe) inj 10 mg per ml, 45 ml and 10 mg per ml, 100 ml
- Dorzolamide hydrochloride with timolol maleate (Cosopt) eye drops 2% with timolol maleate 0.5%

### Increased subsidy (pages 26 to 29)

- Hydrocortisone acetate (Colifoam) rectal foam 10 %, CFC free (14 applications)
- Atropine sulphate (AstraZeneca) inj 600 µg, 1 ml
- Vitamin A with Vitamins D and C (Vitadol C) soln 1000 u with Vitamin D 400 u and ascorbic acid 30 mg per 10 drops
- Heparin sodium (Mayne) inj 5,000 iu per ml, 1 ml
- Potassium chloride (Span-K) tab long-acting 600 mg
- Clonidine TDDS 2.5 mg, 100 µg per day (Catapres-TTS-1); TDDS 5 mg, 200 µg per day (Catapres-TTS-2); and TDDS 7.5 mg, 300 µg per day (Catapres-TTS-3)
- Clonidine hydrochloride (Catapres) tab 150 µg
- Clonidine hydrochloride (Catapres) inj 150 µg per ml, 1 ml
- Clobetasol propionate (Dermol) crm 0.05% and oint 0.05%
- Betamethasone valerate (Beta Scalp) scalp app 0.1%
- Clobetasol propionate (Dermol) scalp app 0.05%
- Oxytocin (Syntocinon) inj 5 iu per ml, 1 ml and 10 iu per ml, 1 ml
- Oxytocin (Syntometrine) inj 5 iu with ergometrine maleate 500 µg per ml, 1 ml
- Hydrocortisone (Douglas) tab 5 mg and 20 mg
- Methylprednisolone sodium succinate (Solu-Medrol) inj 500 mg
- Flucloxacillin sodium (AFT) grans for oral liq 125 mg per 5 ml and 250 mg per 5 ml
- Gentamicin sulphate (Pfizer) inj 40 mg per ml, 2 ml
- Naproxen tab 250 mg (Noflam 250) and 500 mg (Noflam 500)
- Baclofen (Pacifen) tab 10 mg
- Quinine sulphate (Q 300) tab 300 mg

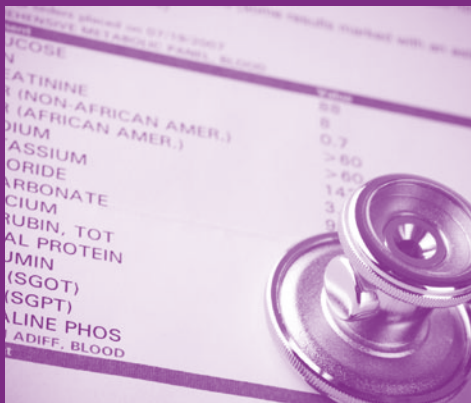
## Summary of PHARMAC decisions – effective 1 October 2009 (continued)

- Morphine hydrochloride (RA-Morph) oral liq 1 mg per ml, 2 mg per ml, 5 mg per ml, and 10 mg per ml
- Morphine sulphate (Sevredol) tab immediate-release 10 mg and 20 mg
- Moclobemide (Apo-Moclobemide) tab 150 mg and 300 mg
- Clonidine hydrochloride (Dixarit) tab 25 µg
- Carboplatin (Carboplatin Ebewe) inj 10 mg per ml, 5 ml and 10 mg per ml, 15 ml
- Carboplatin (Baxter) inj 1 mg for ECP
- Sodium cromoglycate (Rex) nasal spray, 4%

## Clarithromycin for helicobacter pylori eradication

The Special Authority requirement for helicobacter pylori eradication therapy on clarithromycin 250 mg tablets will be removed from 1 October 2009. This is because clarithromycin 500 mg tablets will be listed with endorsement criteria for h. pylori from 1 October 2009. Please note that prescriptions are considered endorsed if clarithromycin is prescribed in conjunction with a proton pump inhibitor and either amoxicillin or metronidazole.

This means clarithromycin (Klamycin) 500 mg tablets will be subsidised by endorsement with a maximum quantity of 14 tablets per prescription for eradication



of h. pylori. The existing clarithromycin Special Authority criteria for mycobacterial infections will remain unchanged.

Losec Hp7 OAC will remain fully funded for the treatment of h. pylori although the supplier (AstraZeneca) has advised that it will discontinue this pack once its current stocks are exhausted (anticipated to be in May 2010).

## Diabetes Management Products – subsidy changes, new listing

From 1 October 2009, the subsidy and price will be reduced for the Accu-Chek Performa brand of blood glucose diagnostic test strips. The Accu-Chek Performa brand of blood glucose diagnostics test meters will also remain fully subsidised. A confidential rebate will apply to the test strips and meters subsidised in the community.

The CareSens II and CareSens POP blood glucose diagnostic test meters will be

listed fully subsidised from 1 October 2009. These are compatible with the newly listed CareSens test strips.

Lancets in combination with the supply of the CareSens brand of blood glucose diagnostic test strips will be fully subsidised from 1 October 2009. We understand that the supplier of CareSens intends to provide patients with the choice of a free meter swap out.

## Aprepitant – new listing

From 1 October 2009, the antiemetic aprepitant (Emend Tri-Pack) capsules will be fully subsidised under Special Authority criteria for patients undergoing

highly emetogenic chemotherapy and/or anthracycline-based chemotherapy for the treatment of malignancy. See page 17 for further information.

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## Raltegravir potassium – new listing

The antiretroviral medication raltegravir potassium (Isentress) 400 mg tablets will be subsidised from 1 October 2009. Isentress will be subsidised under the same Special Authority criteria that apply to currently

funded antiretrovirals (Non-nucleoside Reverse Transcriptase Inhibitors, Nucleoside Reverse Transcriptase Inhibitors and Protease Inhibitors).

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## Fosamax Plus – new strength subsidised

A new strength of Fosamax Plus tablets (alendronate sodium 70 mg with cholecalciferol 5,600 iu) will be subsidised from 1 October 2009. It is subject to the same Special Authority criteria as for the existing

strength of Fosamax Plus. The currently listed presentation of Fosamax Plus (alendronate sodium with cholecalciferol 2,800 iu) will be delisted in approximately 6 months.



## Tender awarded for latanoprost eye drops

From 1 October 2009 Hysite (latanoprost 50 µg per ml) 2.5 ml eye drops will be listed on the Pharmaceutical Schedule. Hysite is manufactured and supplied by Pfizer who also manufacture and supply the current brand Xalatan. Hysite will be the Sole Subsidised Supply brand of latanoprost 50 µg per ml eye drops from 1 March 2010 until 30 June 2012.



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## Spacer devices and masks

From 1 October 2009, the Pharmaceutical Schedule rule allowing spacer devices and masks to be subsidised on Wholesale Supply Order (WSO) when written by a DHB paediatrician will be removed. This change

correctly aligns DHB budgetary expenditure for their own use of spacers and masks. DHB hospitals will be able to order via their own internal systems.

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## Vitadol C fully subsidised

Vitadol C oral solution (vitamin A with vitamins D and C) will be fully subsidised without restriction from 1 October 2009. This

is a result of a concurrent subsidy increase and price decrease.

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## Phytomenadione injection – subsidised for oral use

Roche Products is discontinuing supply of their chewable phytomenadione 10 mg tablet formulation. As a result, phytomenadione injections will be subsidised for oral administration from 1 October 2009. This change is necessary as section 2.2.17 of the General Rules in the Pharmaceutical Schedule state that substances in a form intended for intravenous delivery, prescribed for a purpose

other than by injection, are not subsidised unless specified in Sections B to G of the Schedule.

PHARMAC notes that the medicine datasheet includes instructions on the oral use of the injection formulation. The Konakion MM brand of phytomenadione injections are registered for oral use.



# Tender News

Sole Subsidised Supply changes – effective 1 November 2009

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Atenolol	Tab 50 mg; 500 tab	Pacific Atenolol (Mylan)
Atenolol	Tab 100 mg; 500 tab	Pacific Atenolol (Mylan)
Hydrocortisone	Powder; 25 g	ABM (ABM)
Nevirapine	Oral suspension 10 mg per ml; 240 ml	Viramune Suspension (Beohringer Ingelheim)
Nevirapine	Tab 200 mg; 60 tab	Viramune (Beohringer Ingelheim)

## Looking Forward

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

### Possible decisions for implementation 1 November 2009

- Azathioprine (Azamun) tab 50 mg – price and subsidy increase
- Blood glucose diagnostic test meter (On Call Advanced) – new listing
- Blood glucose diagnostic test strips with lancets (On Call Advanced) – new listing
- Codeine phosphate (Douglas) powder 25 g – price and subsidy increase
- Lansoprazole (Solox) – price and subsidy decrease
- Lithium carbonate (Douglas) cap 250 mg – price and subsidy increase
- Mesalazine (Pentasa) tab long-acting 500 mg – price and subsidy decrease
- Nitrazepam (Nitrados) tab 5 mg – price and subsidy increase
- Oxazepam (Ox-Pam) tab 10 and 15 mg – price and subsidy increase

## Sole Subsidised Supply Products – cumulative to October 2009

Generic Name	Presentation	Brand Name	Expiry Date*
Acarbose	Tab 50 mg & 100 mg	Glucobay	2012
Acetazolamide	Tab 250 mg	Diamox	2011
Allopurinol	Tab 100 mg & 300 mg	Apo-Allopurinol	2011
Alprazolam	Tab 250 µg, 500 µg & 1 mg	Arrow-Alprazolam	2010
Amantadine hydrochloride	Cap 100 mg	Symmetrel	2011
Amlodipine	Tab 5 mg & 10 mg	Apo-Amlodipine	2011
Amoxicillin	Drops 125 mg per 1.25 ml	Ospamox Paediatric Drops	2011
	Inj 250 mg, 500 mg & 1 g	Ibiamox	2010
	Cap 250 mg & 500 mg	Apo-Amoxi	
Amoxicillin clavulanate	Tab amoxicillin 500 mg with potassium clavulanate 125 mg	Synermox	2011
Aqueous cream	Crn 500 g	AFT	2011
Aspirin	Tab dispersible 300 mg	Ethics Aspirin	2010
	Tab 100 mg	Ethics Aspirin EC	
Atropine sulphate	Eye drops 1%	Atropt	2011
<b>Azithromycin</b>	<b>Tab 500 mg</b>	<b>Arrow-Azithromycin</b>	<b>2012</b>
Benzylpenicillin sodium (Penicillin G)	Inj 1 mega u	Sandoz	2011
Bezafibrate	Tab 200 mg	Fibalip	2011
Bicalutamide	Tab 50 mg	Bicalox	2011
Bisacodyl	Tab 5 mg	Lax-Tabs	2010
Brimonidine tartrate	Eye drops 0.2%	AFT	2011
Bupivacaine hydrochloride	Inj 0.5%, 4 ml	Marcaïn Isobaric	2010
	Inj 0.5%, 8% glucose, 4 ml	Marcaïn Heavy	
Calcitonin	Inj 100 iu per ml, 1 ml	Miacalcic	2011
Calcium	Tab eff 1 g	Calsource	2011
Calcium folinate	Inj 50 mg	Calcium Folate Ebewe	2011
Captopril	Tab 12.5 mg, 25 mg & 50 mg	Apo-Captopril	2010
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	Hospira	2011
Cefuroxime sodium	Inj 750 mg & 1.5 g	Zinacef	2011
Cetomacrogol	Crn BP	PSM	2010
Cetirizine hydrochloride	Tab 10 mg	Zetop	2011
	Oral liq 1 mg per ml	Cetirizine-AFT	
<b>Chloramphenicol</b>	<b>Eye oint 1%</b>	<b>Chlorsig</b>	<b>2012</b>
Chlorhexidine gluconate	Soln 4%	Orion	2011

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

## Sole Subsidised Supply Products – cumulative to October 2009

Generic Name	Presentation	Brand Name	Expiry Date*
Ciclopiroxolamine	Nail soln 8%	Batrafen	2012
Ciprofloxacin	Tab 250 mg, 500 mg & 750 mg	Rex Medical	2011
Citalopram	Tab 20 mg	Arrow-Citalopram	2010
Clarithromycin	Tab 250 mg Grans for oral liq 125 mg per 5 ml	Klamycin Klacid	2010
Clonazepam	Tab 500 µg & 2 mg	Paxam	2011
Clotrimazole	Vaginal crm 2% with applicators(s) Crn 1% Vaginal crm 1% with applicator(s)	Clomazol Clomazol Clomazol	2010
Codeine phosphate	Tab 15 mg, 30 mg & 60 mg	PSM	2010
Colchicine	Tab 500 µg	Colgout	2010
Colestipol hydrochloride	Sach 5 g	Colestid	2010
Colistin sulphomethate	Inj 150 mg	Colistin-Link	2010
Compound electrolytes	Powder for soln for oral use	Enerlyte	2010
<b>Cyclizine hydrochloride</b>	<b>Tab 50 mg</b>	<b>Nausicalm</b>	<b>2012</b>
Cyclophosphamide	Tab 50 mg	Cycloblastin	2010
<b>Cyproterone acetate</b>	<b>Tab 50 mg &amp; 100 mg</b>	<b>Siterone</b>	<b>2012</b>
Desferrioxamine mesylate	Inj 500 mg	Mayne	2010
Desmopressin	Nasal spray 10 mcg per dose	Desmopressin-PH&T	2011
Dexamphetamine sulphate	Tab 5 mg	PSM	2010
Dextrose	Inj 50%, 10 ml	Biomed	2011
Dextrose with electrolytes	Oral soln with electrolytes	Pedialyte – Plain Pedialyte – Bubblegum Pedialyte – Fruit	2010
Diclofenac sodium	Eye drops 1 mg per ml Inj 25 mg per ml, 3 ml Suppos 12.5 mg, 25 mg, 50 mg & 100 mg	Voltaren Ophtha Voltaren Voltaren	2011
Diltiazem hydrochloride	Tab 30 mg & 60 mg Cap long-acting 120 mg, 180 mg & 240 mg	Dilzem Cardizem CD	2011
Dipyridamole	Tab long-acting 150 mg	Pytazen SR	2011
Doxazosin mesylate	Tab 2 mg & 4 mg	Apo-Doxazosin	2010
Emulsifying ointment	Oint BP	AFT	2011
Enoxaparin sodium (low molecular weight heparin)	Inj 20 mg, 40 mg, 60 mg, 80 mg, 100 mg, 120 mg & 150 mg	Clexane	2012
Entacapone	Tab 200 mg	Comtan	2012

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## Sole Subsidised Supply Products – cumulative to October 2009

Generic Name	Presentation	Brand Name	Expiry Date*
Erythromycin ethyl succinate	Tab 400 mg Grans for oral liq 200 mg per 5 ml Grans for oral liq 400 mg per 5 ml	E-Mycin E-Mycin E-Mycin	2012 2011
<b>Ethinylestradiol</b>	<b>Tab 10 µg</b>	<b>NZ Medical and Scientific</b>	<b>2012</b>
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	Brevinor 21 Brevinor 1/21 Brevinor 1/28	2010
<b>Felodipine</b>	<b>Tab long-acting 5 mg</b> <b>Tab long-acting 10 mg</b>	<b>Felo 5 ER</b> <b>Felo 10 ER</b>	<b>2012</b>
Ferrous sulphate	Oral liq 150 mg per 5 ml	Ferodan	2010
Finasteride	Tab 5 mg	Fintral	2011
Flucloxacillin	Inj 250 mg, 500 mg & 1 g	Flucloxin	2011
Fluconazole	Cap 50 mg, 150 mg & 200 mg	Pacific	2011
Fludarabine phosphate	Inj 50 mg Tab 10 mg	Fludara Fludara Oral	2011
Fluocortolone caproate with fluocortolone pivalate and cinchocaine	Oint 950 µg, with fluocortolone pivalate 920 µg, and cinchocaine hydrochloride 5 mg per g Suppos 630 µg, with fluocortolone pivalate 610 µg, and cinchocaine hydrochloride 1 mg	Ultraproct Ultraproct	2010
Fluoxetine hydrochloride	Cap 20 mg Tab disp 20 mg, scored	Fluox Fluox	2010
Furosemide	Tab 40 mg	Diurin 40	2012
Fusidic acid	Crn 2% Oint 2%	Foban Foban	2010
Gabapentin	Cap 100 mg, 300 mg & 400 mg	Nupentin	31/7/12
Gliclazide	Tab 80 mg	Apo-Gliclazide	2011
Glipizide	Tab 5 mg	Minidiab	2011
Glyceryl trinitrate	Tab 600 µg Oral pump spray 400 µg per dose TDDS 5 mg & 10 mg	Lycinate Nitrolingual pumpspray Nitroderm TTS	2011
Haloperidol	Oral liq 2 mg per ml Tab 500 µg, 1.5 mg & 5 mg	Serenace Serenace	2010
Hydrocortisone	Crn 1%	PSM	2011
Hydrocortisone butyrate	Scalp lotn 0.1%	Locoid	2010
Hydrocortisone with wool fat and mineral oil	Lotn 1% with wool fat hydrous 3% and mineral oil	DP Lotn HC	2011

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## Sole Subsidised Supply Products – cumulative to October 2009

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

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## Sole Subsidised Supply Products – cumulative to October 2009

Generic Name	Presentation	Brand Name	Expiry Date*
Methyl dopa	Tab 125 mg, 250 mg, 500 mg	Prodopa	2011
<b>Methylprednisolone</b>	<b>Tab 4 mg &amp; 100 mg</b>	<b>Medrol</b>	<b>2012</b>
Methylprednisolone acetate	Inj 40 mg per ml, 1 ml	Depo-Medrol	2011
Methylprednisolone acetate with lignocaine	Inj 40 mg per ml with lignocaine 1 ml	Depo-Medrol with Lidocaine	2011
Metoclopramide hydrochloride	Inj 5 mg per ml, 2 ml	Pfizer	2011
Miconazole nitrate	Crn 2%	Multichem	2011
Morphine sulphate	Inj 10 mg per ml, 1 ml Inj 30 mg per ml, 1 ml	Mayne Mayne	2011
Nadolol	Tab 40 mg & 80 mg	Apo-Nadolol	2010
Naltrexone hydrochloride	Tab 50 mg	ReVia	2010
Naproxen sodium	Tab 275 mg	Sonaflam	2010
Neostigmine	Inj 2.5 mg per ml, 1 ml	AstraZeneca	2010
Nicotine	Patch 7 mg, 14 mg and 21 mg Lozenge 1 mg and 2 mg Gum 2 mg & 4 mg (Fruit) Gum 2 mg & 4 mg (Mint)	Habitrol Habitrol Habitrol Habitrol	2010
<b>Norethisterone</b>	<b>Tab 350 µg</b> Tab 5 mg	<b>Noriday 28</b> Primolut N	<b>2012</b> 2011
Nortriptyline hydrochloride	Tab 10 mg & 25 mg	Norpress	2011
Nystatin	Oral liq 100,000 u per ml, 24 ml OP Cap 500,000 u Tab 500,000 u	Nilstat Nilstat Nilstat	2011 2010
Omeprazole	Cap 10 mg, 20 mg & 40 mg  Inj 40 mg	Dr Reddy's Omeprazole Dr Reddy's Omeprazole	2011
Ondansetron	Tab 4 mg & 8 mg Tab disp 4 mg & 8 mg	Zofran Zofran Zydis	2010
Oxybutynin	Tab 5 mg Oral liq 5 mg per 5 ml	Apo-Oxybutynin Apo-Oxybutynin	2010
Oxycodone hydrochloride	Inj 10 mg per ml, 1 ml & 2 ml Oral liq 5 mg per 5 ml	OxyNorm OxyNorm	2010
Pamidronate disodium	Inj 3 mg per ml, 5 ml Inj 3 mg per ml, 10 ml Inj 6 mg per ml, 10 ml	Pamisol Pamisol Pamisol	2011
Pantoprazole	Inj 40 mg Tab 20 mg & 40 mg	Pantocid IV Dr Reddy's Pantoprazole	2010
Paracetamol	Tab 500 mg Oral liq 120 mg per 5 ml Oral liq 250 mg per 5 ml	Pharmacare Paracare Junior Paracare Double Strength	2011

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## Sole Subsidised Supply Products – cumulative to October 2009

Generic Name	Presentation	Brand Name	Expiry Date*
Paraffin liquid with soft white paraffin	Eye oint with soft white paraffin	Lacri-Lube	2010
Paroxetine hydrochloride	Tab 20 mg	Loxamine	2010
Peak Flow Meter	Low range and Normal range	Breath-Alert	30/9/11
Pergolide	Tab 0.25 mg & 1 mg	Permax	2011
Phenoxymethylpenicillin (Penicillin V)	Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml Cap potassium salt 250 mg & 500 mg	AFT AFT Cilicaine VK	2010
Phenylephrine hydrochloride	Eye drops 0.12%	Prefrin	2010
Poloxamer	Oral drops 10%	Coloxyl	2011
Polyvinyl alcohol	Eye drops 1.4% Eye drops 3%	Vistil Vistil Forte	2011
Prazosin hydrochloride	Tab 1 mg, 2 mg & 5 mg	Apo-Prazo	2010
Prednisone	Tab 1 mg, 2.5 mg, 5 mg & 20 mg	Apo-Prednisone	2011
<b>Prednisone sodium phosphate</b>	<b>Oral liq 5 mg per ml</b>	<b>Redipred</b>	<b>2012</b>
Procaine penicillin	Inj 1.5 mega u	Cilicaine	2011
Promethazine	Tab 10 mg & 25 mg	Allersoothe	2011
Quinapril	Tab 5 mg, 10 mg & 20 mg	Accupril	2011
Quinapril with hydrochlorothiazide	Tab 10 mg with hydrochlorothiazide 12.5 mg Tab 20 mg with hydrochlorothiazide 12.5 mg	Accuretic 10 Accuretic 20	2011
Ranitidine hydrochloride	Oral liq 150 mg per 10 ml	Peptisoothe	2010
Rifabutin	Cap 150 mg	Mycobutin	2010
Ropinirole hydrochloride	Tab 0.25 mg, 1 mg, 2 mg and 5 mg	Ropin	2010
<b>Roxithromycin</b>	<b>Tab 150 mg &amp; 300 mg</b>	<b>Arrow-Roxithromycin</b>	<b>2012</b>
<b>Salbutamol</b>	<b>Nebuliser soln, 1 mg per ml, 2.5 ml</b> <b>Nebuliser soln, 2 mg per ml, 2.5 ml</b> Oral liq 2 mg per 5 ml	<b>Asthalin</b> <b>Asthalin</b> Salapin	<b>2012</b> 2010
<b>Salbutamol with ipratropium bromide</b>	<b>Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml</b>	<b>Duolin</b>	<b>2012</b>
<b>Selegiline hydrochloride</b>	<b>Tab 5 mg</b>	<b>Apo-Selegiline</b>	<b>2012</b>
Simvastatin	Tab 10 mg Tab 20 mg Tab 40 mg Tab 80 mg	Arrow-Simva 10 mg Arrow-Simva 20 mg Arrow-Simva 40 mg Arrow-Simva 80 mg	2011
Sodium citro-tartrate	Grans eff 4 g sachets	Ural	2010
<b>Sotalol</b>	<b>Tab 80 mg &amp; 160 mg</b>	<b>Mylan</b>	<b>2012</b>

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

## Sole Subsidised Supply Products – cumulative to October 2009

Generic Name	Presentation	Brand Name	Expiry Date*
Spacer Device	230 ml	Space Chamber	30/9/11
Syrup (pharmaceutical grade)	Liq	Midwest	2010
Tar with triethanolamine lauryl sulphate and fluorescein	Soln 2.3%	Pinetarsol	2011
Temazepam	Tab 10 mg	Normison	2011
<b>Terazosin hydrochloride</b>	<b>Tab 2 mg &amp; 5 mg</b>	<b>Apo-Terazosin</b>	<b>2010</b>
Terbinafine	Tab 250 mg	Apo-Terbinafine	2011
Testosterone cypionate	Inj long-acting 100 mg per ml, 10 ml	Depo-Testosterone	2011
Tetracosactrin	Inj 250 mcg Inj 1 mg per ml, 1 ml	Synacthen Synacthen Depot	2011
<b>Timolol maleate</b>	<b>Tab 10 mg</b> Eye drops 0.25% & 0.5%	<b>Apo-Timol</b> Apo-Timop	<b>2012</b> 2011
Triamcinolone acetonide	Crn 0.02% Oint 0.02% Inj 40 mg per ml, 1 ml 0.1% in Dental Paste USP	Aristocort Aristocort Kenacort-A40 Oracort	2011  2011
Trimethoprim	Tab 300 mg	TMP	2011
Ursodeoxycholic acid	Cap 300 mg	Actigall	2011
Vancomycin hydrochloride	Inj 50 mg per ml, 10 ml	Pacific	2011
Zinc and castor oil	Ointment BP	PSM	2011
Zinc sulphate	Cap 220 mg	Zincaps	2011
Zopiclone	Tab 7.5 mg	Apo-Zopiclone	2011

### October changes in bold

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



## New Listings

### Effective 1 October 2009

27	CLARITHROMYCIN Tab 500 mg – Subsidy by endorsement .....23.30	14	✓ <b>Klamycin</b>
	a) Maximum of 14 tablets per prescription		
	b) Subsidised only if prescribed for helicobacter pylori eradication and prescription is endorsed accordingly. Note: the prescription is considered endorsed if clarithromycin is prescribed in conjunction with a proton pump inhibitor and either amoxicillin or metronidazole.		
31	BLOOD GLUCOSE DIAGNOSTIC TEST METER – Subsidy by endorsement		
	a) Maximum of 1 meter per prescription		
	b)		
	1) A diagnostic blood glucose test meter is subsidised for patients who begin insulin or sulphonylurea therapy after 1 March 2005 or is prescribed for a pregnant woman with diabetes.		
	2) Only one meter per patient. No further prescriptions will be subsidised. The prescription must be endorsed accordingly.		
	Meter ..... 6.00	1	✓ <b>CareSens POP</b>
	..... 9.00		✓ <b>CareSens II</b>
32	BLOOD GLUCOSE DIAGNOSTIC TEST STRIP The number of test strips available on a prescription is restricted to 50 unless:		
	1) Prescribed with insulin or a sulphonylurea but are on a different prescription and the prescription is endorsed accordingly; or		
	2) Prescribed on the same prescription as insulin or a sulphonylurea in which case the prescription is deemed to be endorsed; or		
	3) Prescribed for a pregnant woman with diabetes and endorsed accordingly.		
	Blood glucose test strips x 50 and lancets x 5 ..... 19.60	1 OP	✓ <b>CareSens</b>
42	HEPARIN SODIUM		
	Inj 1,000 iu per ml, 5 ml ..... 11.44	10	✓ <b>Pfizer</b>
	..... 46.30	50	✓ <b>Pfizer</b>
	Inj 5,000 iu per ml, 5 ml ..... 118.50	50	✓ <b>Pfizer</b>
42	HEPARINISED SALINE		
	* Inj 10 iu per ml, 5 ml ..... 32.50	50	✓ <b>Pfizer</b>
93	RALTEGRAVIR POTASSIUM – Special Authority see SA0779 – Hospital pharmacy [HP1]		
	Tab 400 mg ..... 1,350.00	60	✓ <b>Isentress</b>
106	ALENDRONATE SODIUM WITH CHOLECALCIFEROL – Special Authority see SA0990 – Retail pharmacy		
	Tab 70 mg with cholecalciferol 5600 iu ..... 35.91	4	✓ <b>Fosamax Plus</b>
117	APREPITANT – Special Authority see SA0987 – Retail pharmacy		
	Cap 2 x 80 mg and 1 x 125 mg ..... 116.00	3 OP	✓ <b>Emend Tri-Pack</b>
	▶ SA0987 Special Authority for Subsidy		
	Initial application from any relevant practitioner. Approvals valid for 12 months where the patient is undergoing highly emetogenic chemotherapy and/or anthracycline-based chemotherapy for the treatment of malignancy.		
	Renewal from any relevant practitioner. Approvals valid for 12 months where the patient is undergoing highly emetogenic chemotherapy and/or anthracycline-based chemotherapy for the treatment of malignancy.		
123	RISPERIDONE		
	Oral liq 1 mg per ml ..... 18.35	30 ml	✓ <b>Risperon</b>

▲ 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 2009 (continued)

159	LATANOPROST – Retail pharmacy-Specialist See prescribing guideline ▲ Eye drops 50 µg per ml, 2.5ml .....	9.75	2.5 ml OP	✓ Hysite
186	AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA0733 – Hospital pharmacy [HP3] See prescribing guideline			
	Infant formula .....	174.72	400 g OP	✓ PKU Anamix Infant
	Liquid (berry) .....	15.65	62.5 ml OP	✓ PKU Lophlex LQ
		31.20	125 ml OP	✓ PKU Lophlex LQ
	Liquid (citrus) .....	15.65	62.5 ml OP	✓ PKU Lophlex LQ
		31.20	125 ml OP	✓ PKU Lophlex LQ
	Liquid (orange) .....	15.65	62.5 ml OP	✓ PKU Lophlex LQ
		31.20	125 ml OP	✓ PKU Lophlex LQ
187	ELEMENTAL FORMULA – Special Authority see SA0603 – Hospital pharmacy [HP3] Powder .....	11.72 (15.21)	450 g OP	Pepti Junior Gold

## Effective 1 September 2009

32	INSULIN PEN NEEDLES – Maximum of 100 dev per prescription			
	* 29 g × 12.7 mm .....	11.75	100	✓ SC Profi-Fine
	* 31 g × 5 mm .....	11.75	100	✓ SC Profi-Fine
	* 31 g × 8 mm .....	11.75	100	✓ SC Profi-Fine
32	INSULIN SYRINGES, DISPOSABLE WITH ATTACHED NEEDLE – Maximum of 100 dev per prescription			
	* Syringe 0.3 ml with 29 g × 12.7 mm needle .....	13.00	100	✓ DM Ject
	* Syringe 0.3 ml with 31 g × 8 mm needle .....	13.00	100	✓ DM Ject
	* Syringe 0.5 ml with 29 g × 12.7 mm needle .....	13.00	100	✓ DM Ject
	* Syringe 0.5 ml with 31 g × 8 mm needle .....	13.00	100	✓ DM Ject
	* Syringe 1 ml with 29 g × 12.7 mm needle .....	13.00	100	✓ DM Ject
	* Syringe 1 ml with 31 g × 8 mm needle .....	13.00	100	✓ DM Ject
40	CLOPIDOGREL – Special Authority see SA0867 – Retail pharmacy Tab 75 mg .....	25.00	28	✓ Arrow-Clopidogrel
58	ISOTRETINOIN – Special Authority see SA0955 – Retail pharmacy Cap 10 mg .....	48.48	180	✓ Oratane
	Cap 20 mg .....	69.70	180	✓ Oratane
76	TESTOSTERONE UNDECANOATE – Retail pharmacy-Specialist Cap 40 mg .....	60.71	60	✓ Andriol Testocaps
119	BROMOCRIPTINE MESYLATE * Cap 5 mg .....	60.43	100	✓ Apo-Bromocriptine S29
123	ZUCLOPENTHIXOL HYDROCHLORIDE Tab 10 mg .....	31.45	100	✓ Clopixol

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 2009

40	<p>PHYTOMENADIONE</p> <p>Inj 2 mg per 0.2 ml – Up to 5 inj available on a PSO ..... 8.00</p> <p><b>May be administered orally</b></p> <p>Inj 10 mg per ml, 1 ml – Up to 5 inj available on a PSO ..... 9.21</p> <p><b>May be administered orally</b></p>	5	5	<p>✓ <b>Konaktion MM</b></p> <p>✓ <b>Konaktion MM</b></p>
84	<p>CLARITHROMYCIN – Maximum of 500 mg per prescription; can be waived by Special Authority see <b>SA0988 0657</b></p> <p>Tab 250 mg ..... 7.75</p> <p>Grans for oral liquid 125 mg per 5 ml ..... 23.12</p> <p>▶ <b>SA0988 0657</b> Special Authority for Waiver of Rule</p> <p>Initial application — (<i>Helicobacter pylori</i> infections) only from a general practitioner or relevant specialist. Approvals valid for 6 months for applications meeting the following criteria:</p> <p>Both:</p> <p>1—Eradication of <i>Helicobacter pylori</i> in patient with proven infection; and</p> <p>2—Peptic ulcer disease proven by endoscopy.</p> <p>Note: Maximum of two prescriptions (two courses) per patient.</p> <p>Initial application — (Mycobacterial infections) only from a respiratory specialist, infectious disease specialist or paediatrician. Approvals valid for 2 years for applications meeting the following criteria:</p> <p>Any of the following:</p> <p>1 Mycobacterium Avium Intracellulare Complex infections in patient with AIDS; or</p> <p>2 Atypical and drug-resistant mycobacterial infection; or</p> <p>3 All of the following:</p> <p>3.1 Prophylaxis against disseminated Mycobacterium Avium Intracellulare Complex infection; and</p> <p>3.2 HIV infection; and</p> <p>3.3 CD4 count <math>\leq</math> 50 cells/mm<sup>3</sup>.</p> <p>Renewal — (Mycobacterial infections) only from a respiratory specialist, infectious disease specialist or paediatrician. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.</p>	14	70 ml	<p>✓ <b>Klamycin</b></p> <p>✓ <b>Klacid</b></p>
105	<p>ALENDRONATE FOR OSTEOPOROSIS</p> <p>▶ <b>SA0990 0948</b> Special Authority for Subsidy</p> <p>Initial application — (Underlying cause – Osteoporosis) from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:</p> <p>Any of the following:</p> <p>1 History of one significant osteoporotic fracture demonstrated radiologically and documented bone mass density (BMD) <math>\geq</math> 2.5 standard deviations below the mean normal value in young adults (i.e. T-Score <math>\leq</math> -2.5); or</p> <p>2 History of one significant osteoporotic fracture demonstrated radiologically, and either the patient is elderly, or densitometry scanning cannot be performed because of major logistical, technical or pathophysiological reasons. It is unlikely that this provision would apply to many patients under 75 years of age; or</p> <p>3 History of two significant osteoporotic fractures demonstrated radiologically; or</p> <p>4 Documented T-Score <math>\leq</math> -3.0; or</p> <p><b>5 A 10-year risk of hip fracture <math>\geq</math> 3%, calculated using a published risk assessment algorithm (e.g. FRAX or Dubbo) which incorporates BMD measurements.</b></p> <p>Initial application — (Underlying cause – glucocorticosteroid therapy) from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria:</p> <p>Both:</p>			

*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 October 2009 (continued)

continued...

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

Renewal — (Underlying cause was, and remains, glucocorticosteroid therapy) from any relevant practitioner. Approvals valid for 1 year where the patient is continuing systemic glucocorticosteroid therapy ( $\geq 5$  mg per day prednisone equivalents).

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

Any of the following:

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

Notes:

- a) Evidence used by National Institute for Health and Clinical Excellence (NICE) guidance indicates that patients aged 75 years and over who have a history of significant osteoporotic fracture demonstrated radiologically are very likely to have a T-Score  $\leq -2.5$ , and therefore do not require BMD measurement for treatment with bisphosphonates.
- b) Osteoporotic fractures are the incident events for severe (established) osteoporosis, and can be defined using the WHO definitions of osteoporosis and fragility fracture. The WHO defines severe (established) osteoporosis as a T-score below  $-2.5$  with one or more associated fragility fractures. Fragility fractures are fractures that occur as a result of mechanical forces that would not ordinarily cause fracture (minimal trauma). The WHO has quantified this as forces equivalent to a fall from a standing height or less.
- c) In line with the Australian guidelines for funding alendronate, a vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

### 119 LEVODOPA WITH CARBIDOPA

\* Tab long-acting 200 mg with carbidopa 50 mg —Retail

pharmacy-Specialist.....	47.50	100	✓ Sinemet CR
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## Changes to Restrictions - effective 1 October 2009 (continued)

156	MASK FOR SPACER DEVICE a) Maximum of 20 dev per WSO b) Only on a WSO c) 1) <del>Spacer devices and masks also available to paediatricians employed by a DHB on a wholesale supply order signed by the paediatrician. Limited to one pack of 20 per order. Orders via a hospital pharmacy.</del> 12) Only available for children aged six years and under. 23) For Space Chamber and Foremount Child's Silicone Mask wholesale supply order must indicate clearly if either the spacer device, the mask, or both are required. 34) Distributed by Airflow Products. Forward orders to: Airflow Products Telephone: 04 499 1240 or 0800 AIR FLOW PO Box 1485, Wellington Facsimile: 04 499 1245 or 0800 323 270 Size 2.....	3.28	1	✓ <b>Foremount Child's Silicone Mask</b>
156	SPACER DEVICE a) Maximum of 20 dev per WSO b) Only on a WSO c) 1) <del>Spacer devices and masks also available to paediatricians employed by a DHB on a wholesale supply order signed by the paediatrician. Limited to one pack of 20 per order. Orders via a hospital pharmacy.</del> 12) For Space Chamber and Foremount Child's Silicone Mask wholesale supply order must indicate clearly if either the spacer device, the mask, or both are required. Space Chamber distributed by Airflow Products. Forward orders to: Airflow Products - PO Box 1485, Wellington Telephone: 04 499 1240 or 0800 AIR FLOW, Facsimile: 04 499 1245 or 0800 323 270 Volumatic Distributed by GlaxoSmithKline. Forward orders to: Telephone: 0800 877 789 Facsimile: 0800 877 785 230 ml (autoclavable) – Subsidy by endorsement..... Available where the prescriber requires a spacer device that is capable of sterilisation in an autoclave and the WSO is endorsed accordingly. 230 ml (single patient) ..... 800 ml .....	11.60	1	✓ <b>Space Chamber</b>
		8.38	1	✓ <b>Space Chamber</b>
		8.50	1	✓ <b>Volumatic</b>

## Effective 1 September 2009

31	KETONE BLOOD BETA-KETONE ELECTRODES – <b>Subsidy by endorsement</b> Patient has type 1 diabetes and has had one or more episodes of ketoacidosis (excluding first presentation). Maximum quantity of 2 packs per annum. No further prescriptions will be subsidised. <b>The prescription must be endorsed accordingly.</b> Test strip – Not on a BSO .....	8.50	10 strip OP	✓ <b>Optium Blood Ketone Test Strips</b>
52	METOPROLOL SUCCINATE Additional subsidy by endorsement for Betaloc CR is available for patients who: 1) were being prescribed metoprolol succinate prior to 1 October 2007; or 2) have experienced a myocardial infarction; or 3) have experienced heart failure and are either intolerant of carvedilol or it is contra-indicated. Pharmacists may annotate prescriptions for patients who were being prescribed metoprolol succinate prior to 1 October 2007 in which case the prescription is deemed to be endorsed. The pharmacist must be able to show a clear documented dispensing history for the patient. The prescription must be endorsed accordingly.			

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
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## Changes to Restrictions - effective 1 September 2009 (continued)

continued...

	* Tab long-acting 23.75 mg —Higher subsidy of up to \$6.20 per 30 with Endorsement.....	3.61	30	✓ <b>Betaloc CR</b>
	* Tab long-acting 47.5 mg —Higher subsidy of up to \$7.80 per 30 with Endorsement.....	4.50	30	✓ <b>Betaloc CR</b>
	* Tab long-acting 95 mg —Higher subsidy of up to \$13.20 per 30 with Endorsement.....	7.40	30	✓ <b>Betaloc CR</b>
	* Tab long-acting 190 mg —Higher subsidy of up to \$21.00 per 30 with Endorsement.....	12.50	30	✓ <b>Betaloc CR</b>
57	<b>NICOTINE</b> —Only on a Quitcard a) <b>Maximum of 28 patch per dispensing</b> b) <b>Maximum of 56 patch per prescription</b> c) <b>For the avoidance of doubt Nicotine will not be funded Close Control in amounts less than 4 weeks.</b>			
	Patch 7 mg .....	10.53	7 OP	✓ <b>Habitrol</b>
	Patch 14 mg .....	11.63	7 OP	✓ <b>Habitrol</b>
	Patch 21 mg .....	12.32	7 OP	✓ <b>Habitrol</b>
57	<b>NICOTINE</b> —Only on a Quitcard a) <b>Maximum of 216 loz per dispensing</b> b) <b>Maximum of 432 loz per prescription</b> c) <b>For the avoidance of doubt Nicotine will not be funded Close Control in amounts less than 4 weeks.</b>			
	Lozenge 1 mg .....	11.08	36 OP	✓ <b>Habitrol</b>
	Lozenge 2 mg .....	11.08	36 OP	✓ <b>Habitrol</b>
57	<b>NICOTINE</b> —Only on a Quitcard a) <b>Maximum of 384 piece per dispensing</b> b) <b>Maximum of 768 piece per prescription</b> c) <b>For the avoidance of doubt Nicotine will not be funded Close Control in amounts less than 4 weeks.</b>			
	Gum 2 mg (Fruit) .....	14.97	96 OP	✓ <b>Habitrol</b>
		23.41		✓ <b>Nicotinell</b>
	Gum 2 mg (Mint) .....	14.97	96 OP	✓ <b>Habitrol</b>
		23.41		✓ <b>Nicotinell</b>
	Gum 4 mg (Fruit) .....	20.02	96 OP	✓ <b>Habitrol</b>
		23.41		✓ <b>Nicotinell</b>
	Gum 4 mg (Mint) .....	20.02	96 OP	✓ <b>Habitrol</b>
		23.41		✓ <b>Nicotinell</b>
81	<b>GOSERELIN ACETATE</b> —Special Authority see SA0839 – Hospital pharmacy [HP3]			
	Inj 3.6 mg .....	221.60	1	✓ <b>Zoladex</b>
	Inj 10.8 mg .....	554.70	1	✓ <b>Zoladex</b>
	▶ SA0839 Special Authority for Subsidy			
	Initial application — (Breast cancer) from any medical practitioner. Approvals valid for 1 year where the patient is a premenopausal woman with breast cancer.			
	Initial application — (Prostate cancer) only from an oncologist, urologist or endocrinologist. Approvals valid for 1 year for applications meeting the following criteria:			
	Either:			
	1— Advanced prostatic cancer; or			
	2— Neoadjuvant or adjuvant treatment of locally advanced prostatic cancer.			
	Note: Not to be prescribed with an anti-androgen except for a period of three weeks, if necessary, when GnRH-analogue therapy is initiated.			
	Initial application — (Endometriosis) only from a gynaecologist. Approvals valid for 3 months for applications meeting the following criteria:			
	Both:			

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 **Subsidised Supply**

## Changes to Restrictions - effective 1 September 2009 (continued)

continued...

- 1 Endometriosis; and  
2 Either:

- 2.1 6 months treatment with medroxyprogesterone acetate, danazol or dimetiose has proven ineffective; or  
2.2 The patient has failed to tolerate the treatment with medroxyprogesterone acetate, danazol or dimetiose for 6 months.

Note: The maximum treatment period for a GnRH analogue is:

- 3 months to assess whether surgery is appropriate
- 3 months for infertile patients after surgery
- 6 months for patients with symptoms of endometriosis. After the first 3 months patients should be assessed to determine whether there has been a satisfactory response to the first 3 months treatment.

Initial application — (Precocious puberty) only from a paediatrician or endocrinologist. Approvals valid for 1 year where the patient is affected by gonadotropin dependent precocious puberty.

Renewal — (Breast or prostate cancer) from any medical practitioner. Approvals valid for 1 year where the treatment remains appropriate and the patient is benefiting from treatment.

Note: If a patient had an approval for any GnRH analogue prior to 1 July 2006 the applicant is required to submit a fresh initial application, not a renewal application.

Renewal — (Endometriosis) from any medical practitioner. Approvals valid for 3 months for applications meeting the following criteria:

Either:

1 Both:

- 1.1 There has been a satisfactory response to the first 3 months treatment; and  
1.2 Surgery is inappropriate; or

2 The first three months of therapy did not follow surgery for infertility.

Note: If a patient had an approval for any GnRH analogue prior to 1 July 2006 the applicant is required to submit a fresh initial application, not a renewal application.

Renewal — (Precocious puberty) only from a paediatrician or endocrinologist. Approvals valid for 1 year where the treatment remains appropriate and the patient is benefiting from treatment.

Note: If a patient had an approval for any GnRH analogue prior to 1 July 2006 the applicant is required to submit a fresh initial application, not a renewal application.

- 83 AZITHROMYCIN – Subsidy by endorsement  
a) Maximum of 2 tab per prescription; can be waived by Special Authority see SA0964  
b) Up to 4 tab 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; **can be waived by Special Authority see SA0964.**  
Tab 500 mg ..... 5.95 2 OP ✓ **Arrow-Azithromycin**

- 89 ENTECAVIR – Special Authority see SA0977 – Retail pharmacy  
Tab 0.5 mg ..... 400.00 30 ✓ **Baraclude**

▶ SA0977 Special Authority for Subsidy

Initial application only from a gastroenterologist or infectious disease specialist. Approvals valid without further renewal unless notified for applications meeting the following criteria:

All of the following:

- 1 Patient has confirmed Hepatitis B infection (HBsAg positive for more than 6 months); and
- 2 Patient is Hepatitis B nucleoside analogue treatment-naive; and
- 3 Entecavir dose 0.5 mg/day; and
- 4 Either:
  - 4.1 ALT greater than upper limit of normal; or
  - 4.2 Bridging fibrosis or cirrhosis (Metavir stage 3 or greater) on liver histology; and
- 5 Either:

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 September 2009 (continued)

continued...

- 5.1 HBeAg positive; or
- 5.2 patient has  $\geq 2,000$  IU HBV DNA units per ml and fibrosis (Metavir stage 2 or greater) on liver histology; and
- 6 No continuing alcohol abuse or intravenous drug use; and
- 7 Not co-infected with HCV, HIV or HDV; and
- 8 Neither ALT nor AST greater than 10 times upper limit of normal; and
- 9 No history of hypersensitivity to entecavir; and
- 10 **No** previous documented lamivudine resistance (either clinical or genotypic).

Notes:

- Entecavir should be continued for 6 months following documentation of complete HBeAg seroconversion (defined as loss of HBeAg plus appearance of anti-HBe plus loss of serum HBV DNA) for patients who were HBeAg positive prior to commencing this agent. This period of consolidation therapy should be extended to 12 months in patients with advanced fibrosis (Metavir Stage F3 or F4).
- Entecavir should be taken on an empty stomach to improve absorption.

112 TRANYLCYPROMINE SULPHATE  
Tab 10 mg ..... 22.94 50 ✓ ~~Parnate \$29~~ ~~\$29~~  
Note – removal of Section 29 annotation

143 ANASTROZOLE-DP — Subsidy by endorsement  
Subsidised only for patients with hormone receptor positive advanced breast cancer and the prescription is endorsed accordingly.  
Tab 1 mg ..... 29.50 30 ✓ DP-Anastrozole

147 CYCLOSPORIN A — Special Authority see SA0470 — Hospital pharmacy [HP3]  
Cap 25 mg ..... 85.00 50 ✓ Neoral  
Cap 50 mg ..... 169.34 50 ✓ Neoral  
Cap 100 mg ..... 338.69 50 ✓ Neoral  
Oral liq 100 mg per ml ..... 377.38 50 ml OP ✓ Neoral

▶ SA0470 Special Authority for Subsidy

Initial application — (Organ transplant) only from a relevant specialist. Approvals valid without further renewal unless notified where the patient is an organ transplant recipient.

Initial application — (Bone marrow transplant or Graft v host disease) only from a relevant specialist. Approvals valid for 2 years for applications meeting the following criteria:

Either:

- 1 — Bone marrow transplant; or
- 2 — Graft v host disease.

Initial application — (Psoriasis) only from a dermatologist. Approvals valid for 2 years for applications meeting the following criteria:

Both:

- 1 — Psoriasis; and
- 2 — Applicant must state which systemic and topical therapies have failed.

Initial application — (Severe atopic dermatitis) only from a dermatologist. Approvals valid for 6 months for applications meeting the following criteria:

Both:

- 1 — Severe atopic dermatitis; and
- 2 — Not responsive to topical therapy, oral antihistamines and other commonly used orthodox therapies.

Initial application — (Nephrotic Syndrome) only from a relevant specialist. Approvals valid for 2 years for applications meeting the following criteria:

Both:

- 1 — Nephrotic Syndrome; and

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 September 2009 (continued)

*continued...*

2—Corticosteroid dependent patients who have failed on cytotoxic therapy:

Initial application — (Endogenous uveitis) only from a relevant specialist. Approvals valid for 2 years where the patient suffers from endogenous uveitis:

Initial application — (Severe rheumatoid arthritis) only from a rheumatologist. Approvals valid for 2 years for applications meeting the following criteria:

All of the following:

1—Severe rheumatoid arthritis; and

2—The patient must be either unresponsive to or unable to tolerate, both sulphasalazine and methotrexate; and

3—Patients must have 2 serum creatinine test results within the normal range within the three months prior to initiation of therapy:

Renewal — (Severe atopic dermatitis) only from a dermatologist. Approvals valid for 6 months where the treatment remains appropriate and the patient is benefiting from treatment:

Renewal — (Indications other than severe atopic dermatitis) only from a dermatologist, rheumatologist or relevant specialist. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment:

Guidelines for use of cyclosporin A in rheumatoid arthritis

Monitoring:

All patients require frequent monitoring for creatinine levels and blood pressure:

• fortnightly, in the first three months of therapy and then monthly, if results are stable;

• if dose is increased or there is a rise in serum creatinine or blood pressure, then more frequent monitoring is required:

Contraindications:

Cyclosporin A is contraindicated in patients with the following conditions:

• current or past malignancy;

• uncontrolled hypertension;

• renal dysfunction (abnormal serum creatinine for age and sex);

• immunodeficiency and neutropenia;

• abnormally low white blood cell count or platelet count; or

• liver function tests more than twice the upper limit of normal.

Caution in use:

• age above 65 years;

• controlled hypertension;

• use of anti-epileptic medications;

• use of ketoconazole, fluconazole, trimethoprim, erythromycin, verapamil, and diltiazem;

• concurrent or previous use of alkylating agents such as cyclophosphamide;

• use of any experimental drug within the past three months;

• premalignant conditions such as leukoplakia, monoclonal paraproteinaemia, myelodysplastic syndrome and dysplastic naevi;

• active infection may necessitate temporary discontinuation;

• pregnancy and lactation.

Therapy should be discontinued if there has been no improvement after 6 months with the patient on the maximum tolerated dose. For further information please consult the data sheet.

166	PILOCARPINE ORAL LIQUID	
	Pilocarpine 4% 6% eye drops	qs
	Preservative	qs
	Water	to 500 ml
	(Preservative should be used if quantity supplied is for more than 5 days.)	

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 2009

26	HYDROCORTISONE ACETATE (↑ subsidy) Rectal foam 10 %, CFC-Free (14 applications) .....	23.00	21.1 g OP	✓ Colifoam
27	ATROPINE SULPHATE (↑ subsidy) * Inj 600 µg, 1 ml – Up to 5 inj available on a PSO.....	52.00	50	✓ AstraZeneca
30	PIOGLITAZONE – Special Authority see SA0959 – Retail pharmacy (↓ subsidy) Tab 15 mg .....	2.61 (45.78)	28	Actos
	Tab 30 mg .....	5.23 (70.43)	28	Actos
	Tab 45 mg .....	7.80 (89.39)	28	Actos
32	BLOOD GLUCOSE DIAGNOSTIC TEST STRIP (↓ subsidy) The number of test strips available on a prescription is restricted to 50 unless: 1) Prescribed with insulin or a sulphonylurea but are on a different prescription and the prescription is endorsed accordingly; or 2) Prescribed on the same prescription as insulin or a sulphonylurea in which case the prescription is deemed to be endorsed; or 3) Prescribed for a pregnant woman with diabetes and endorsed accordingly. Blood glucose test strips .....	21.65	50 test OP	✓ Accu-Chek Performa
36	VITAMIN A WITH VITAMINS D AND C (↑ subsidy and ↓ price) Soln 1000 u with Vitamin D 400 u and ascorbic acid 30 mg per 10 drops .....	4.50	10 ml OP	✓ Vitadol C
42	HEPARIN SODIUM (↑ subsidy) Inj 5,000 iu per ml, 1 ml .....	14.20	5	✓ Mayne
44	POTASSIUM CHLORIDE (↑ subsidy) * Tab long-acting 600 mg .....	7.00	200	✓ Span-K
54	CLONIDINE (↑ subsidy) * TDDS 2.5 mg, 100 µg per day – Only on a prescription..... * TDDS 5 mg, 200 µg per day – Only on a prescription..... * TDDS 7.5 mg, 300 µg per day – Only on a prescription.....	23.30 32.80 41.20	4 4 4	✓ Catapres-TTS-1 ✓ Catapres-TTS-2 ✓ Catapres-TTS-3
54	CLONIDINE HYDROCHLORIDE (↑ subsidy) * Tab 150 µg .....	33.00	100	✓ Catapres
	* Inj 150 µg per ml, 1 ml .....	15.45	5	✓ Catapres
60	CALAMINE (↓ subsidy) a) Only on a prescription b) Not in combination Crn, aqueous, BP .....	2.78 (3.02)	100 g	ABM
	Lotn, BP .....	16.70 (19.44)	2,000 ml	ABM

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

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

Check your Schedule for full details Schedule page ref		Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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### Changes to Subsidy and Manufacturer's Price – effective 1 October 2009 (continued)

61	CLOBETASOL PROPIONATE (↑ subsidy) * Crm 0.05% ..... 3.48 * Oint 0.05% ..... 3.48	30 g OP 30 g OP		✓ Dermal ✓ Dermal
64	WOOL FAT WITH MINERAL OIL – Only on a prescription (↑ price) * Lotn hydrous 3% with mineral oil ..... 5.60 (20.53)	1,000 ml		Alpha-Keri Lotion
66	BETAMETHASONE VALERATE (↑ subsidy) * Scalp app 0.1% ..... 7.22	100 ml OP		✓ Beta Scalp
66	CLOBETASOL PROPIONATE (↑ subsidy) * Scalp app 0.05% ..... 6.36	30 ml OP		✓ Dermal
73	OXYTOCIN – Up to 5 inj available on a PSO (↑ subsidy) Inj 5 iu per ml, 1 ml ..... 5.94 Inj 10 iu per ml, 1 ml ..... 7.48 Inj 5 iu with ergometrine maleate 500 µg per ml, 1 ml ..... 10.12	5 5 5		✓ Syntocinon ✓ Syntocinon ✓ Syntometrine
75	HYDROCORTISONE (↑ subsidy) * Tab 5 mg ..... 8.35 * Tab 20 mg ..... 20.95	100 100		✓ Douglas ✓ Douglas
75	METHYLPREDNISOLONE SODIUM SUCCINATE – Retail pharmacy-Specialist (↑ subsidy) Inj 500 mg ..... 20.80	1		✓ Solu-Medrol
82	LEUPRORELIN – Hospital pharmacy [HP3] (↓ subsidy) Inj 7.5 mg ..... 166.20 Inj 22.5 mg ..... 443.76 Inj 30 mg ..... 591.68 Inj 45 mg ..... 832.05	1 1 1 1		✓ Eligard ✓ Eligard ✓ Eligard ✓ Eligard
85	FLUCLOXACILLIN SODIUM (↑ subsidy) Grans for oral liq 125 mg per 5 ml – Up to 200 ml available on a PSO ..... 3.12 Grans for oral liq 250 mg per 5 ml – Up to 200 ml available on a PSO ..... 3.55	100 ml 100 ml		✓ AFT ✓ AFT
87	GENTAMICIN SULPHATE (↑ subsidy) Inj 40 mg per ml, 2 ml – Hospital pharmacy [HP3] – Subsidy by endorsement ..... 9.00 Only if prescribed for a dialysis or cystic fibrosis patient or for prophylaxis of endocarditis and the prescription is endorsed accordingly.	10		✓ Pfizer
100	NAPROXEN (↑ subsidy) * Tab 250 mg ..... 23.70 * Tab 500 mg ..... 24.88	500 250		✓ Noflam 250 ✓ Noflam 500
107	BACLOFEN (↑ subsidy) * Tab 10 mg ..... 4.75	100		✓ Pacifen

▲ 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 2009 (continued)

107	QUININE SULPHATE († subsidy)			
	* Tab 300 mg .....	54.06	500	✓ Q 300
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
110	MORPHINE HYDROCHLORIDE († subsidy)			
	a) Only on a controlled drug form			
	b) No patient co-payment payable			
	‡ Oral liq 1 mg per ml .....	8.84	200 ml	✓ RA-Morph
	‡ Oral liq 2 mg per ml .....	11.62	200 ml	✓ RA-Morph
	‡ Oral liq 5 mg per ml .....	14.65	200 ml	✓ RA-Morph
	‡ Oral liq 10 mg per ml .....	21.55	200 ml	✓ RA-Morph
110	MORPHINE SULPHATE († subsidy)			
	a) Only on a controlled drug form			
	b) No patient co-payment payable			
	Tab immediate-release 10 mg .....	2.80	10	✓ Sevredol
	Tab immediate-release 20 mg .....	5.52	10	✓ Sevredol
112	MOCLOBEMIDE († subsidy)			
	Note: There is a significant cost differential between moclobemide and fluoxetine (moclobemide being about three times more expensive). For depressive syndromes it is therefore more cost-effective to start treatment with fluoxetine first before considering prescribing moclobemide.			
	Tab 150 mg .....	69.23	500	✓ Apo-Moclobemide
	Tab 300 mg .....	31.33	100	✓ Apo-Moclobemide
117	CLONIDINE HYDROCHLORIDE († subsidy)			
	* Tab 25 µg .....	19.25	100	✓ Dixarit
119	LEVODOPA WITH CARBIDOPA (‡ subsidy)			
	* Tab long-acting 200 mg with carbidopa 50 mg .....	47.50	100	✓ Sinemet CR
	* Tab 250 mg with carbidopa 25 mg .....	40.00	100	✓ Sinemet
134	CARBOPLATIN – PCT only – Specialist			
	Inj 10 mg per ml, 5 ml († subsidy).....	20.00	1	✓ Carboplatin Ebewe
	Inj 10 mg per ml, 15 ml († subsidy).....	22.50	1	✓ Carboplatin Ebewe
	Inj 10 mg per ml, 45 ml (‡ subsidy).....	55.00	1	✓ Carboplatin Ebewe
	Inj 10 mg per ml, 100 ml (‡ subsidy).....	120.00	1	✓ Carboplatin Ebewe
	Inj 1 mg for ECP († subsidy).....	0.15	1 mg	✓ Baxter
155	SODIUM CROMOGLYCATE († subsidy)			
	Nasal spray, 4% .....	15.85	22 ml OP	✓ Rex
159	DORZOLAMIDE HYDROCHLORIDE WITH TIMOLOL MALEATE (‡ subsidy)			
	* Eye drops 2% with timolol maleate 0.5% .....	15.50	5 ml OP	✓ Cosopt

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 2009

32	INSULIN PEN NEEDLES – Maximum of 100 dev per prescription (↓ subsidy) * 31 g × 5 mm .....	11.75	100	✓ B-D Micro-Fine
40	CLOPIDOGREL – Special Authority see SA0867 – Retail pharmacy (↓ subsidy) Tab 75 mg .....	25.00 (73.38)	28	✓ Apo-Clopidogrel Plavix
52	METOPROLOL SUCCINATE (↓ subsidy) * Tab long-acting 23.75 mg .....	3.61	30	✓ Betaloc CR
	* Tab long-acting 47.5 mg .....	4.50	30	✓ Betaloc CR
	* Tab long-acting 95 mg .....	7.40	30	✓ Betaloc CR
	* Tab long-acting 190 mg .....	12.50	30	✓ Betaloc CR
64	POVIDONE IODINE (↑ subsidy) Skin preparation, povidone iodine 10% with 30% alcohol .....	10.00	500 ml	✓ Betadine Skin Prep
82	DANAZOL – Retail pharmacy-Specialist (↑ subsidy) Cap 100 mg .....	20.50	30	✓ D-Zol
	Cap 200 mg .....	68.33	100	✓ Azol
	Cap 200 mg .....	29.35	30	✓ D-Zol
117	BETAHISTINE DIHYDROCHLORIDE (↑ subsidy) * Tab 16 mg .....	9.26	84	✓ Vergo 16
141	VINORELBINE – PCT only – Specialist – Special Authority see SA0901 (↓ subsidy) Inj 1 mg for ECP .....	2.71	1 mg	✓ Baxter
143	FLUTAMIDE – Hospital pharmacy [HP3]-Specialist (↑ subsidy) Tab 250 mg .....	48.30	100	✓ Flutamin
155	BUDESONIDE (↑ price) Metered aqueous nasal spray, 50 µg per dose .....	2.35 (4.00)	200 dose OP	Butacort Aqueous
	Metered aqueous nasal spray, 100 µg per dose .....	2.61 (4.81)	200 dose OP	Butacort Aqueous
158	FLUOROMETHOLONE (↓ subsidy) * Eye drops 0.1% .....	4.05 (4.30)	5 ml OP	Flucon
175	ORAL FEED 1KCAL/ML – Special Authority see SA0589 – Hospital pharmacy [HP3] (↑ subsidy) Liquid.....	1.90	200 ml OP	✓ Fortmil

▲ 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 Brand Name

Effective 1 October 2009

137	AMSACRINE – PCT only – Specialist Inj 75 mg .....	CBS	6	✓ <b>Amsidine</b> Amsidyl <b>S29</b>
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## Changes to Sole Subsidised Supply

Effective 1 October 2009

For the list of new Sole Subsidised Supply products effective 1 October 2009 refer to the bold entries in the cumulative Sole Subsidised Supply table pages 10-16.

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## Delisted Items

### Effective 1 October 2009

48	TERAZOSIN HYDROCHLORIDE * Tab 2 mg ..... 1.30 * Tab 5 mg ..... 1.62	28 28	✓ Hytrin ✓ Hytrin
53	CILAZAPRIL Tab 2.5 mg ..... 4.39 Tab 5 mg ..... 6.44	30 30	✓ Inhibace ✓ Inhibace
100	INDOMETHACIN * Cap 50 mg ..... 6.95	100	✓ Rheumacin
119	APOMORPHINE HYDROCHLORIDE ▲ Inj 10 mg per ml, 2 ml ..... 50.43 ▲ Inj 10 mg per ml, 1 ml ..... 50.53	5 5	✓ APO-go <b>S29</b> ✓ Mayne
145	AZATHIOPRINE – Retail pharmacy – Specialist * Tab 50 mg ..... 25.00	100	✓ Thioprine
170	CARBOHYDRATE SUPPLEMENT – Special Authority – Hospital pharmacy [HP3] Powder ..... 1.14 (7.85)	350 g OP	Polycose
176	PAEDIATRIC ORAL FEED 1KCAL/ML – Special Authority – Hospital pharmacy [HP3] Liquid (strawberry) ..... 1.27 Liquid (chocolate) ..... 1.27	237 ml OP 237 ml OP	✓ Pediasure ✓ Pediasure

### Effective 1 September 2009

32	BLOOD GLUCOSE DIAGNOSTIC TEST STRIP The number of test strips available on a prescription is restricted to 50 unless: 1) Prescribed with insulin or a sulphonylurea but are on a different prescription and the prescription is endorsed accordingly; or 2) Prescribed on the same prescription as insulin or a sulphonylurea in which case the prescription is deemed to be endorsed; or 3) Prescribed for a pregnant woman with diabetes and endorsed accordingly. Blood glucose test strips ..... 22.00	50 test OP	✓ Optium 10 second test
		11.00	25 test OP ✓ Optium 10 second test
34	GLYCEROL * Suppos 2.55 g – Only on a prescription ..... 3.12	12	✓ Fleet Glycerin Suppositories
52	LABETALOL * Inj 5 mg per ml, 5 ml ..... 14.77 (22.15)	5	Trandate <b>S29</b>

▲ 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 2009 (continued)

62	TRIAMCINOLONE ACETONIDE WITH GRAMICIDIN, NEOMYCIN AND NYSTATIN Oint 1 mg with nystatin 100,000 u, neomycin sulphate 2.5 mg and gramicidin 250 µg per g – Only on a prescription.....	3.00	15 g OP	✓ Kenacomb
70	ETHINYLOESTRADIOL WITH GESTODENE * Tab 30 µg with gestodene 75 µg and 7 inert tab .....	6.62 (14.49)	84	Minulet 28
	a) Higher subsidy of \$14.49 per 84 with Special Authority see SA0500 above b) Up to 84 tab available on a PSO			
71	ETHINYLOESTRADIOL WITH LEVONORGESTREL * Tab ethinyloestradiol 30 µg with levonorgestrel 50 µg (6) and tab ethinyloestradiol 40 µg with levonorgestrel 75 µg (5), and tab ethinyloestradiol 30 µg with levonorgestrel 125 µg (10) and 7 inert tab .....	6.62 (14.49)	84	Triphasil 28
	a) Higher subsidy of up to \$14.49 per 84 with Special Authority see SA0500 on the preceding page b) Up to 84 tab available on a PSO			
76	TRIAMCINOLONE ACETONIDE Inj 10 mg per ml, 5 ml .....	10.31	1	✓ Kenacort-A
85	DICLOXACILLIN Cap 250 mg .....	2.47 (4.35)	24	Diclocil
	Cap 500 mg .....	3.83 (8.65)	24	Diclocil
120	ROPINIROLE HYDROCHLORIDE ▲ Tab 0.25 mg .....	19.75 (31.50)	210	Requip
	▲ Tab 0.25 mg × 42, 0.5 mg × 42 and 1 mg × 21 .....	21.92 (35.70)	105	Requip Starter Pack
	▲ Tab 0.5 mg × 42, 1 mg × 42 and 2 mg × 63 .....	73.60 (122.11)	147	Requip Follow-on Pack
	▲ Tab 1 mg .....	40.32 (67.20)	84	Requip
	▲ Tab 2 mg .....	60.72 (101.21)	84	Requip
	▲ Tab 5 mg .....	90.00 (150.00)	84	Requip
174	DIABETIC ENTERAL FEED 1KCAL/ML – Special Authority see SA0594 – Hospital pharmacy [HP3] Liquid.....	7.50	1,000 ml OP	✓ Resource Diabetic TF RTH



## Items to be Delisted

### Effective 1 December 2009

158	FLUOROMETHOLONE * Eye drops 0.1% .....	4.05 (4.30)	5 ml OP	Flucon
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### Effective 1 January 2010

60	CALAMINE a) Only on a prescription b) Not in combination			
	Crn, aqueous, BP .....	2.78 (3.02)	100 g	ABM
	Lotn, BP .....	16.70 (19.44)	2,000 ml	ABM

### Effective 1 March 2010

97	PEGYLATED INTERFERON ALPHA-2B WITH RIBAVIRIN – Special Authority see SA0953 – Hospital pharmacy [HP3] See prescribing guideline			
	Inj 50 µg × 4 with ribavirin cap 200 mg × 112 .....	1,080.40	1 OP	✓ Pegatron Combination Therapy
	Inj 50 µg × 4 with ribavirin cap 200 mg × 84 .....	976.80	1 OP	✓ Pegatron Combination Therapy
	Inj 80 µg × 4 with ribavirin cap 200 mg × 140 .....	1,583.60	1 OP	✓ Pegatron Combination Therapy
	Inj 80 µg × 4 with ribavirin cap 200 mg × 168 .....	1,687.20	1 OP	✓ Pegatron Combination Therapy
	Inj 80 µg × 4 with ribavirin cap 200 mg × 84 .....	1,376.40	1 OP	✓ Pegatron Combination Therapy
	Inj 100 µg × 4 with ribavirin cap 200 mg × 112 .....	1,746.40	1 OP	✓ Pegatron Combination Therapy
	Inj 100 µg × 4 with ribavirin cap 200 mg × 84 .....	1,642.80	1 OP	✓ Pegatron Combination Therapy
	Inj 120 µg × 4 with ribavirin cap 200 mg × 140 .....	2,116.40	1 OP	✓ Pegatron Combination Therapy
	Inj 120 µg × 4 with ribavirin cap 200 mg × 84 .....	1,909.20	1 OP	✓ Pegatron Combination Therapy
	Inj 150 µg × 4 with ribavirin cap 200 mg × 140 .....	2,516.00	1 OP	✓ Pegatron Combination Therapy

*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
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### Items to be Delisted – effective 1 March 2010 (continued)

continued...

	Inj 150 µg × 4 with ribavirin cap 200 mg × 168 .....	2,619.60	1 OP	✓ <b>Pegatron Combination Therapy</b>
	Inj 150 µg × 4 with ribavirin cap 200 mg × 84 .....	2,308.80	1 OP	✓ <b>Pegatron Combination Therapy</b>
112	TRIMIPRAMINE MALEATE Cap 25 mg .....	6.20	100	✓ <b>Tripres</b>
115	LAMOTRIGINE ▲ Tab dispersible 200 mg .....	101.80	56	✓ <b>Mogine</b>
119	BROMOCRIPTINE MESYLATE * Tab 10 mg .....	120.86	100	✓ <b>Alpha-Bromocriptine</b>
125	DIAZEPAM Tab 5 mg – Month Restriction..... ‡ Safety cap for extemporaneously compounded oral liquid preparations.	5.00	250	✓ <b>Pro-Pam</b>
140	PACLITAXEL – PCT only – Specialist Inj 30 mg .....	37.95	1	✓ <b>Paclitaxel Ebewe</b>
	Note – Paclitaxel Ebewe inj 30 mg, 5 inj pack remains listed.			
160	PILOCARPINE * Eye drops 1% .....	3.24	15 ml OP	✓ <b>Pilopt</b>
183	GLUTEN FREE PASTA – Special Authority see SA0722 – Hospital pharmacy [HP3] Corn and Spinach Rigatini.....	2.00 (2.92)	250 g OP	Orgran
	Garlic and Parsley Shells .....	2.00 (2.92)	250 g OP	Orgran
	Rice and Corn Garden Herb Pasta.....	2.00 (2.92)	250 g OP	Orgran

### Effective 1 April 2010

40	PHYTOMENADIONE Tab 10 mg .....	5.60	10	✓ <b>Konakion</b>
42	HEPARINISED SALINE * Inj 10 iu per ml, 5 ml .....	18.00	50	✓ <b>AstraZeneca</b>
125	DIAZEPAM Tab 10 mg – Month Restriction..... ‡ Safety cap for extemporaneously compounded oral liquid preparations.	3.45	100	✓ <b>Pro-Pam</b>
160	PILOCARPINE * Eye drops 4%.....	6.57	15 ml OP	✓ <b>Pilopt</b>
178	SEMI-ELEMENTAL ENTERAL FEED 1KCAL/ML - Special Authority – Hospital pharmacy [HP3] Liquid.....	6.02	500 ml OP	✓ <b>Peptisorb</b>

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**

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 2009

ALENDRONATE SODIUM Tab 40 mg.....	Fosamax	133.00	30			
ALENDRONATE SODIUM WITH CHOLECALCIFEROL Tab 70 mg with cholecalciferol 5,600 iu.....	Fosamax Plus	35.91	4			
APREPITANT Cap 2 x 80 mg and 1 x 125 mg.....	Emend Tri-Pack	116.00	3			
ATROPINE SULPHATE († price and addition of HSS) Inj 600 µg, 1 ml.....	<b>AstraZeneca</b>	52.00	50	1%	Dec-09	(B)
BACLOFEN († price and addition of HSS) Tab 10 mg.....	<b>Pacifen</b>	4.75	100	1%	Dec-09	Alpha-Baclofen
BETAMETHASONE VALERATE († price and addition of HSS) Scalp app 0.1% .....	<b>Beta Scalp</b>	7.22	100 ml	1%	Dec-09	(B)
BLOOD GLUCOSE DIAGNOSTIC TEST METER Meter .....	CareSens II CareSens POP Accu-Chek Performa	9.00 6.00 19.00	1 1 1			
BLOOD GLUCOSE DIAGNOSTIC TEST STRIP Blood glucose test strips.....	Accu-Chek Performa	21.65	50			
Blood glucose test strips x 50 and lancets x 5 .....	CareSens	19.60	1			
CARBOPLATIN (addition of HSS) Inj 10 mg per ml, 5 ml († price) .....	<b>Carboplatin Ebewe</b>	20.00	1	1%	Dec-09	Hospira Pfizer
Inj 10 mg per ml, 15 ml († price) ...	<b>Carboplatin Ebewe</b>	22.50	1	1%	Dec-09	Hospira Pfizer
Inj 10 mg per ml, 45 ml († price) ....	<b>Carboplatin Ebewe</b>	55.00	1	1%	Dec-09	Hospira Pfizer
Inj 10 mg per ml, 100 ml († price) ..	<b>Carboplatin Ebewe</b>	120.00	1	1%	Dec-09	Hospira Pfizer
CLOBETASOL PROPIONATE († price and addition of HSS) Crn 0.05% .....	<b>Dermol</b>	3.48	30 g	1%	Dec-09	(B)
CLOBETASOL PROPIONATE Oint 0.05% .....	<b>Dermol</b>	3.48	30 g	1%	Dec-09	(B)
Scalp app 0.05% .....	<b>Dermol</b>	6.36	30 ml	1%	Dec-09	Clobex Shampoo

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

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

Contracted Pharmaceutical Description	Brand	Price (\$) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceutical
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**Section H changes to Part II - effective 1 October 2009 (continued)**

**CLONIDINE** (↑ price and addition of HSS)

TDDS 2.5 mg, 100 µg per day.....	<b>Catapres-TTS-1</b>	23.30	4	1%	Dec-09	(B)
TDDS 5 mg, 200 µg per day.....	<b>Catapres-TTS-2</b>	32.80	4	1%	Dec-09	(B)
TDDS 7.5 mg, 300 µg per day.....	<b>Catapres-TTS-3</b>	41.20	4	1%	Dec-09	(B)

**CLONIDINE HYDROCHLORIDE**

Tab 25 µg .....	<b>Dixarit</b>	19.25	100	1%	Dec-09	(B)
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**CLONIDINE HYDROCHLORIDE** (amended description, ↑ price and addition of HSS)

Inj 150 µg per ml, 1 ml.....	<b>Catapres</b>	15.45	5	1%	Dec-09	(B)
Tab 150 µg.....	<b>Catapres</b>	33.00	100	1%	Dec-09	(B)

**DIAZEPAM**

Tab 10 mg.....	Pro-Pam	3.45	100			
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Note – Pro-Pam tab 10 mg to be delisted 1 December 2009

**DORZOLAMIDE HYDROCHLORIDE WITH TIMOLOL MALEATE**

Eye drops 2% with timolol maleate 0.5%.....	Cosopt	15.50	5 ml			
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**FLUCLOXACILLIN SODIUM** (amended description, ↑ price and addition of HSS)

Grans for oral liq 125 mg per 5 ml.....	<b>AFT</b>	3.12	100 ml	1%	Dec-09	(B)
Grans for oral liq 250 mg per 5 ml.....	<b>AFT</b>	3.55	100 ml	1%	Dec-09	(B)

**FLUTICASONE**

Aerosol inhaler, 50 µg per dose CFC-free .....	Flixotide	7.50	120 dose			
Aerosol inhaler, 125 µg per dose CFC-free .....	Flixotide	13.60	120 dose			
Aerosol inhaler, 250 µg per dose CFC-free .....	Flixotide	27.20	120 dose			
Powder for inhalation, 50 µg per dose .....	Flixotide Accuhaler	8.67	60 dose			
Powder for inhalation, 100 µg per dose .....	Flixotide Accuhaler	13.87	60 dose			
Powder for inhalation, 250 µg per dose .....	Flixotide Accuhaler	24.51	60 dose			

**GENTAMICIN SULPHATE** (↑ price and addition of HSS)

Inj 40 mg per ml, 2 ml .....	<b>Pfizer</b>	9.00	10	1%	Dec-09	Hospira
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**GLYCERYL TRINITRATE** (↑ price and addition of HSS)

Inj 1 mg per ml, 5 ml.....	<b>Nitronal</b>	22.70	10	1%	Dec-09	(B)
Inj 1 mg per ml, 50 ml.....	<b>Nitronal</b>	86.60	10	1%	Dec-09	(B)

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 2009 (continued)

### HEPARIN SODIUM

Inj 1,000 iu per ml, 5 ml .....	Pfizer	11.44	10			
		46.30	50			
Inj 5,000 iu per ml, 5 ml .....	Pfizer	118.50	50			

### HEPARINISED SALINE

Inj 10 iu per ml, 5 ml .....	Pfizer	32.50	50			
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### HEPARINISED SALINE

Inj 10 iu per ml, 5 ml .....	AstraZeneca	18.00	50			
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Note – AstraZeneca’s brand of heparinised saline inj 10 iu per ml, 5 ml to be delisted 1 December 2009

### HYDROCORTISONE (↑ price and addition of HSS)

Tab 5 mg.....	<b>Douglas</b>	8.35	100	1%	Dec-09	(B)
Tab 20 mg.....	<b>Douglas</b>	20.95	100	1%	Dec-09	(B)

### HYDROCORTISONE ACETATE (↑ price and addition of HSS)

Rectal foam 10%, CFC-Free (14 applications) .....	<b>Colifoam</b>	23.00	21.1 g	1%	Dec-09	(B)
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### HYDROXYETHYL STARCH 200/0.5 PENTASTARCH (amended description, ↑ price and addition of HSS)

Inj Inf 6%,-500 ml bag .....	<b>StarQuin 200 6%</b>	296.00	16	1%	Dec-09	HAES-steril 6%
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### LEUPRORELIN (↓ price)

Inj 7.5 mg.....	Eligard	166.20	1			
Inj 22.5 mg.....	Eligard	443.76	1			
Inj 30 mg.....	Eligard	591.68	1			
Inj 45 mg.....	Eligard	832.05	1			

### LEVODOPA WITH CARBIDOPA

Tab 100 mg with carbidopa 25 mg .Sinemet		20.00	100			
Tab 250 mg with carbidopa 25 mg .Sinemet		40.00	100			
Tab long-acting 200 mg with carbidopa 50 mg.....	Sinemet CR	47.50	100			

### METHYLPREDNISOLONE SODIUM SUCCINATE (addition of HSS)

Inj 40 mg per ml, 1 ml .....	<b>Solu-Medrol</b>	151.40	25	1%	Dec-09	(B)
Inj 62.5 mg per ml, 2 ml .....	<b>Solu-Medrol</b>	412.59	25	1%	Dec-09	(B)
Inj 500 mg (↑ price).....	<b>Solu-Medrol</b>	20.80	1	1%	Dec-09	Hospira
Inj 1 g.....	<b>Solu-Medrol</b>	42.57	1	1%	Dec-09	Hospira

### MOCLOBEMIDE

Tab 150 mg.....	<b>Apo-Moclobemide</b>	69.23	500	1%	Dec-09	(B)
Tab 300 mg.....	<b>Apo-Moclobemide</b>	31.33	100	1%	Dec-09	(B)

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 2009 (continued)**

MORPHINE HYDROCHLORIDE († price and addition of HSS)

Oral liq 1 mg per ml.....	<b>RA-Morph</b>	8.84	200 ml	1%	Dec-09	(B)
Oral liq 2 mg per ml.....	<b>RA-Morph</b>	11.62	200 ml	1%	Dec-09	(B)
Oral liq 5 mg per ml.....	<b>RA-Morph</b>	14.65	200 ml	1%	Dec-09	(B)
Oral liq 10 mg per ml.....	<b>RA-Morph</b>	21.55	200 ml	1%	Dec-09	(B)

MORPHINE SULPHATE († price and addition of HSS)

Tab immediate release 10 mg.....	<b>Sevredol</b>	2.80	10	1%	Dec-09	(B)
Tab immediate release 20 mg.....	<b>Sevredol</b>	5.52	10	1%	Dec-09	(B)

NAPROXEN

Tab 250 mg.....	<b>Noflam 250</b>	23.70	500	1%	Dec-09	(B)
Tab 500 mg.....	<b>Noflam 500</b>	24.88	250	1%	Dec-09	(B)

OXYTOCIN († price and addition of HSS)

Inj 5 iu per ml, 1 ml.....	<b>Syntocinon</b>	5.94	5	1%	Dec-09	(B)
Inj 10 iu per ml, 1 ml.....	<b>Syntocinon</b>	7.48	5	1%	Dec-09	(B)

OXYTOCIN WITH ERGOMETRINE MALEATE († price and addition of HSS)

Inj 5 iu with ergometrine maleate 500 µg per ml, 1 ml.....	<b>Syntometrine</b>	10.12	5	1%	Dec-09	(B)
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PANCURONIUM BROMIDE († price and addition of HSS)

Inj 2 mg per ml, 2 ml.....	<b>AstraZeneca</b>	128.00	50	1%	Dec-09	(B)
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PHYTOMENADIONE

Tab 10 mg.....	Konakion	5.60	10			
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Note – Konakion tab 10 mg to be delisted 1 December 2009.

POTASSIUM CHLORIDE († price and addition of HSS)

Tab long-acting 600 mg.....	<b>Span-K</b>	7.00	200	1%	Dec-09	Slow-K K-SR
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QUININE SULPHATE († price and addition of HSS)

Tab 300 mg.....	<b>Q 300</b>	54.06	500	1%	Dec-09	Apo-Quinine
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RALTEGRAVIR POTASSIUM

Tab 400 mg.....	Isentress	1,350.00	60			
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RISPERIDONE

Oral liq 1 mg per ml.....	Risperon	18.35	30 ml			
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TIMOLOL MALEATE

Eye drops 0.25%, gel forming.....	Timoptol XE	3.30	2.5 ml			
Eye drops 0.5%, gel forming.....	Timoptol XE	3.78	2.5 ml			

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 September 2009

### ACICLOVIR

Inj 250 mg 25 mg per ml, 10 ml .....	<b>Pfizer</b>	25.50	5	1%	Nov-09	Acihexal Hospira Lovir m-Aciclovir Zovirax
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Note – Mayne brand of aciclovir inj 250 mg to be delisted 1 November 2009.

### BACLOFEN

Inj 10 mg.....	<b>Lioresal Intrathecal</b>	190.08	1	1%	Nov-09	(B)
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### BETAHISTINE DIHYDROCHLORIDE (↑ price)

Tab 16 mg.....	Vergo 16	9.26	84			
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### BLOOD GLUCOSE DIAGNOSTIC TEST METER

Meter .....	Optium Xceed	9.00	1			
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### BUDESONIDE (↑ price)

Metered aqueous nasal spray, 50 µg per dose .....	Butacort Aqueous	4.00	200 doses			
Metered aqueous nasal spray, 100 µg per dose .....	Butacort Aqueous	4.81	200 doses			

### CASPOFUNGIN

Inj 50 mg.....	<b>Cancidas</b>	667.50	1	1%	Nov-09	(B)
Inj 70 mg.....	<b>Cancidas</b>	862.50	1	1%	Nov-09	(B)

### CHLORHEXIDINE

Crn 1 % obstetric.....	<b>healthE</b>	1.36	50 g	1%	Nov-09	Hibitane Orion PSM
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Note – Orion brand of chlorhexidine crn 1% obstetric to be delisted 1 November 2009.

### CLONAZEPAM (↑ price)

Inj 1 mg per ml, 1 ml .....	Rivotril	19.00	5			
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### CLOPIDOGREL

Tab 75 mg (↑ price).....	Apo-Clopidogrel	25.00	28			
Tab 75 mg (new listing).....	Arrow -Clopidogrel	25.00	28			

### DANAZOL (↑ price)

Cap 100 mg .....	D-Zol	20.50	30			
	Azol	68.33	100			
Cap 200 mg .....	D-Zol	29.35	30			

Note – D-Zol brand of danazol cap 100 mg 30 pack size to be delisted 1 October 2009

### DIAZEPAM

Tab 5 mg.....	Pro-Pam	5.00	250			
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Note – Pro-Pam tab 5 mg to be delisted 1 November 2009.

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 September 2009 (continued)

FLUTAMIDE († price)						
Tab 250 mg .....	Flutamin	48.30	100			
HYDROXYETHYL STARCH 130/0.4						
Inj 6 % .....	<b>Voluven</b>	198.00	20	1%	Nov-09	Venofundin 6%
INSULIN PEN NEEDLES						
29 g x 12.7 mm .....	SC Profi-Fine	11.75	100			
31 g x 5 mm .....	SC Profi-Fine	11.75	100			
31 g x 8 mm .....	SC Profi-Fine	11.75	100			
INSULIN SYRINGES, DISPOSABLE WITH ATTACHED NEEDLE						
Syringe 0.3 ml with 29 g x 12.7 mm needle .....	DM Ject	13.00	100			
Syringe 0.3 ml with 31 g x 8 mm needle .....	DM Ject	13.00	100			
Syringe 0.5 ml with 29 g x 12.7 mm needle .....	DM Ject	13.00	100			
Syringe 0.5 ml with 31 g x 8 mm needle .....	DM Ject	13.00	100			
Syringe 1 ml with 29 g x 12.7 mm needle .....	DM Ject	13.00	100			
Syringe 1 ml with 31 g x 8 mm needle .....	DM Ject	13.00	100			
ISOTRETINOIN						
Cap 10 mg .....	<b>Oratane</b>	48.48	180	1%	Nov-09	Isotane 10 Roaccutane
Cap 20 mg .....	<b>Oratane</b>	69.70	180	1%	Nov-09	Isotane 20 Roaccutane
Note – Isotane 10 and Isotane 20 to be delisted 1 November 2009.						
LAMOTRIGINE						
Tab dispersible 200 mg .....	Mogine	101.80	56			
Note – Mogine tab dispersible 200 mg to be delisted 1 November 2009						
LIGNOCAINE						
Gel 2% .....	<b>Xylocaine Jelly</b>	6.00	30 ml	1%	Nov-09	Orion
Note – Orion brand of lignocaine gel 2% to be delisted 1 November 2009.						
METOPROLOL SUCCINATE						
Tab long-acting 23.75 mg .....	Betaloc CR	3.61	30			
Tab long-acting 47.5 mg .....	Betaloc CR	4.50	30			
Tab long-acting 95 mg .....	Betaloc CR	7.40	30			
Tab long-acting 190 mg .....	Betaloc CR	12.50	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 September 2009 (continued)

#### ONDANSETRON HYDROCHLORIDE (↓ price)

Inj 2 mg per ml, 2 ml .....	<b>Zofran</b>	14.40	5	1%	Nov-09	Hospira Ondansetron Sandoz
Inj 2 mg per ml, 4 ml .....	<b>Zofran</b>	23.20	5	1%	Nov-09	Onsetron Hospira Ondansetron Sandoz Onsetron

Note – The Mayne brand of ondansetron inj 2 mg per ml, 2 ml and 4 ml to be delisted 1 November 2009.

#### PACLITAXEL

Inj 30 mg.....	<b>Paclitaxel Ebewe</b>	37.95	1	1%	Oct-08	Anzatax Taxol
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Note – Paclitaxel Ebewe inj 30 mg, 1 inj pack, to be delisted 1 November 2009. Please note that the 5 inj pack remains listed.

#### POVIDONE IODINE

Alcohol skin preparation 10% with 30 % alcohol († price).....	Betadine Skin Prep	10.00	500 ml			
Antiseptic soln 10% (↓ price) .....	Betadine	6.20	500 ml			
Oint 10 % († price) .....	Betadine	3.27	25 g			

#### ZUCLOPENTHIXOL HYDROCHLORIDE

Tab 10 mg.....	Clopixol	31.45	100			
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### Effective 1 August 2009

#### ATENOLOL (↓ price)

Tab 50 mg.....	<b>Pacific Atenolol</b>	6.18	500	1%	Oct-09	Anselol Apo-Atenolol Atehexal Global Atenolol
Tab 100 mg .....	<b>Pacific Atenolol</b>	10.73	500	1%	Oct-09	Anselol Apo-Atenolol Atehexal Global Atenolol

#### CLOZAPINE (↓ price)

Oral liq 50 mg per ml.....	Clopine	17.33	100 ml			
Tab 25 mg.....	Clopine	6.69	50			
	Clopine	13.37	100			
Tab 50 mg.....	Clopine	8.67	50			
	Clopine	17.33	100			
Tab 100 mg.....	Clopine	17.33	50			
	Clopine	34.65	100			
Tab 200 mg.....	Clopine	34.65	50			
	Clopine	69.30	100			

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 2009 (continued)**

**DASATINIB**

Tab 20 mg.....Sprycel	3,774.06	60
Tab 50 mg.....Sprycel	6,214.20	60
Tab 70 mg.....Sprycel	7,692.58	60

**DESFLURANE**

Liq 240 ml bottle ..... <b>Suprane</b>	1,230.00	6	1%	Nov-09	(B)
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**ENOXAPARIN SODIUM**

Inj 20 mg ..... <b>Clexane</b>	39.20	10	1%	Aug-09	(B)
Inj 40 mg ..... <b>Clexane</b>	52.30	10	1%	Aug-09	(B)
Inj 60 mg ..... <b>Clexane</b>	78.85	10	1%	Aug-09	(B)
Inj 80 mg ..... <b>Clexane</b>	105.12	10	1%	Aug-09	(B)
Inj 100 mg ..... <b>Clexane</b>	135.20	10	1%	Aug-09	(B)
Inj 120 mg ..... <b>Clexane</b>	168.00	10	1%	Aug-09	(B)
Inj 150 mg ..... <b>Clexane</b>	192.00	10	1%	Aug-09	(B)

**ENTECAVIR**

Tab 0.5 mg.....Baraclude	400.00	30
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**EPIRUBICIN**

Inj 2 mg per ml, 5 ml (↑ price) ..... <b>Epirubicin</b> <b>Ebewe</b>	25.00	1	1%	Oct-09	Hospira Pharmorubicin
Inj 2 mg per ml, 25 ml (↓ price) ..... <b>Epirubicin</b> <b>Ebewe</b>	87.50	1	1%	Oct-09	Hospira Pharmorubicin
Inj 2 mg per ml, 50 ml (↓ price) ..... <b>Epirubicin</b> <b>Ebewe</b>	155.00	1	1%	Oct-09	Hospira Pharmorubicin
Inj 2 mg per ml, 100 ml (↓ price) ..... <b>Epirubicin</b> <b>Ebewe</b>	310.00	1	1%	Oct-09	Hospira Pharmorubicin

**FENTANYL CITRATE** (amended chemical name)

Inj 50 µg per ml, 2 ml.....Hospira	6.10	5
Inj 50 µg per ml, 10 ml.....Hospira	15.65	5

**GABAPENTIN**

**Nupentin**

Cap 100 mg (↓ price) ..... <b>Nupentin</b>	7.16	100	5%	Aug-09	Neurontin
Cap 300 mg (↓ price) ..... <b>Nupentin</b>	11.50	100			
Cap 400 mg (↓ price) ..... <b>Nupentin</b>	14.75	100			

Note – The DV limit of 5% applies to the gabapentin chemical rather than each individual line item.

Note – Neurontin cap 100 mg, 300 mg and 400 mg, and tab 600 mg delisted 1 August 2009.

**ISOFLURANE**

Liq 250 ml bottle ..... <b>Aerrane</b>	540.00	6	1%	Nov-09	Forthane Rhodia
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Note – Forthane liq 250 ml bottle to be delisted 1 November 2009

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 2009 (continued)**

LEUPRORELIN

Inj 3.75 mg prefilled syringe.....	Lucrin Depot PDS	221.60	1			
Inj 11.25 mg prefilled syringe.....	Lucrin Depot PDS	591.68	1			
Inj 30 mg prefilled syringe.....	Lucrin Depot PDS	1,109.40	1			

NEVIRAPINE

Oral suspension 10 mg per ml .....	<b>Viramune Suspension</b>	134.55	240 ml	1%	Oct-09	(B)
Tab 200 mg.....	<b>Viramune</b>	319.80	60	1%	Oct-09	(B)

OIL IN WATER EMULSION

Crm.....	healthE Fatty Cream	2.80	500 g			
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PARAFFIN

Yellow soft .....	<b>API</b>	1.04	10 g	1%	Oct-09	Dal Orion
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SAQUINAVIR

Tab 500 mg.....	Invirase	556.59	120			
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Note – Invirase to be delisted 1 February 2010

SEVOFLURANE

Liq 250 ml bottle .....	<b>Baxter</b>	1,230.00	6	1%	Nov-09	Sevorane
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Note – Abbott Sevorane to be delisted 1 November 2009.

SODIUM HYALURONATE

Ophthalmic inj 4 mg per ml.....	<b>Healon GV</b>	50.00	1	1%	Oct-09	(B)
Ophthalmic soln 10 mg per ml.....	<b>Healon Glear</b>	35.00	0.85 ml	1%	Oct-09	Provisc

TAMOXIFEN CITRATE

Tab 20 mg.....	Tamoxifen Sandoz	6.66	60			
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## Section H changes to Part IV

Effective 1 October 2009

L-ORNITHINE L-ASPARTATE (LOLA) **S29**

Sach 5 g mg

For patients with chronic hepatic encephalopathy who have not responded to treatment with lactulose

Note – correction of pack size only.

PAMIDRONATE DISODIUM

Inj 3 mg per ml, 10 ml ————— Pamisol

Aredia

Inj 6 mg per ml, 10 ml ————— Pamisol

Inj 9 mg per ml, 10 ml ————— Pamisol

For malignant hypercalcaemia, metastatic breast cancer — predominant lytic bone metastases, myeloma with lytic bone metastases, control of pain due to lytic bone metastases in addition to standard care (analgesics + radiotherapy), Gaucher disease with established bone disease.

Effective 1 August 2009

PEGFILGRASTIM

Inj 6 mg per 0.6 ml prefilled syringe

Indefinite supply for any appropriate indication for the management of patients with cancer.

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## Pharmaceutical Management Agency

Level 9, 40 Mercer Street, PO Box 10-254, Wellington 6143, New Zealand

Phone: 64 4 460 4990 - Fax: 64 4 460 4995 - [www.pharmac.govt.nz](http://www.pharmac.govt.nz)

Freephone Information line (9am-5pm weekdays) 0800 66 00 50

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