

Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 February 2010

Cumulative for January and February 2010

Section H cumulative for December 2009, and January,
February 2010



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Summary of PHARMAC decisions

EFFECTIVE 1 FEBRUARY 2010

New listings (pages 19-20)

- Blood glucose diagnostic test meter (On Call Advanced) meter – subsidy by endorsement
- Blood glucose diagnostic test strip (On Call Advanced) blood glucose test strips x 50 and lancets x 5, 1 OP – subsidy by endorsement
- Sumatriptan (Arrow-Sumatriptan) tab 50 mg and 100 mg, 100 tab packs
- Risperidone (Apo-Risperidone) tab 0.5 mg, 1 mg, 2 mg, 3 mg and 4 mg, and oral liq 1 mg per ml
- Risperidone (Dr Reddy's Risperidone) tab 1 mg, 2 mg, 3 mg and 4 mg
- Methylphenidate hydrochloride extended-release (Ritalin LA) cap modified-release 10 mg – Special Authority – Retail pharmacy – only on a controlled drug form
- Dasatinib (Sprycel) tab 100 mg – Special Authority
- Letrozole (Letara) tab 2.5 mg
- Promethazine hydrochloride (Promethazine Winthrop Elixir) oral liq 5 mg per 5 ml
- Fluticasone propionate (Flixonase Hayfever & Allergy) metered aqueous nasal spray, 50 µg per dose, 120 dose OP

Changes to restrictions (pages 21-22)

- Pregnancy tests – HCG urine (MDS Quick Card) cassette – Only on a PSO, up to 200 test available on a PSO – addition of OP
- Influenza vaccine (Fluvax, Fluarix, Vaxigrip) inj – amended access criteria
- Exemestane (Aromasin) tab 25 mg – additional subsidy by Special Authority – Retail pharmacy – repeat dispensings for Aromasin tab 25 mg will be fully subsidised where the initial dispensing was before 1 February 2010

Decreased subsidy (pages 23-24)

- Calcitriol (Calcitriol-AFT) cap 0.25 µg and 0.5 µg
 - Hydroxocobalamin (ABM Hydroxocobalamin) inj 1 mg per ml, 1 ml
 - Metoprolol succinate (Betaloc CR) tab long-acting 23.75 mg, 47.5 mg, 95 mg and 190 mg
 - Permethrin (Lyderm) crm 5%
 - Calcipotriol (Daivonex) crm 50 µg per g, 30 g OP and 100 g OP; oint 50 µg per g, 30 g OP and 100 g OP; and soln 50 µg per ml, 30 ml OP and 60 ml OP
 - Goserelin acetate (Zoladex) inj 3.6 mg and 10.8 mg
 - Sumatriptan (Arrow-Sumatriptan) tab 50 mg, 4 tab pack, and tab 100 mg, 2 tab pack
 - Sumatriptan (Imigran and Sumagran) tab 50 mg and 100 mg
 - Docetaxel (Baxter) inj 1 mg for ECP
-

Summary of PHARMAC decisions – effective 1 February 2010 (continued)

- Anastrozole (Arimidex) tab 1 mg
- Exemestane (Aromasin) tab 25 mg

Increased subsidy (pages 23-24)

- Flecainide acetate (Tambocor) tab 50 mg and 100 mg, and inj 10 mg per ml, 15 ml
- Flecainide acetate (Tambocor CR) cap long-acting 100 mg and 200 mg
- Sildenafil (Viagra) tab 25 mg and 100 mg

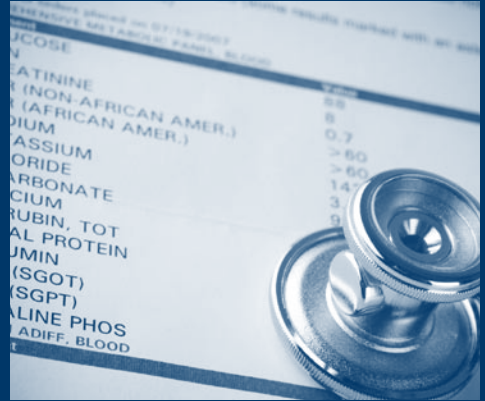
Aromatase inhibitors – reference pricing

There are some changes to the subsidies of the aromatase inhibitors – anastrozole, letrozole and exemestane. These changes include the listing of a new brand of letrozole, as well as the reference pricing of anastrozole and exemestane to the subsidy for letrozole from **1 February 2010**.

The DP-Anastrozole brand of anastrozole and the Letara brand of letrozole will remain fully subsidised. In addition, AstraZeneca has recently notified that from 1 February 2010 the price for its brand of anastrozole (Arimidex) will be reduced to \$26.55 per 30 tablet pack to match the reference priced subsidy. This means that Arimidex will also remain fully funded. Medsafe has approved DP-Anastrozole to be bioequivalent to Arimidex.

From **1 February 2010**, patients who are currently on exemestane, and any new patients, will need to have a Special Authority approval issued in order to receive full subsidy on this product. The new Special Authority form can be downloaded from the PHARMAC website at: www.pharmac.govt.nz/Schedule/SAForms.

For patients already taking exemestane, where the initial dispensing for their current prescription occurred prior to 1 February 2010, any remaining dispensings on that prescription will be fully subsidised



without the need for a Special Authority. However, the patient will require a valid Special Authority approval to receive fully subsidised exemestane with subsequent prescriptions.

From **1 April 2010**, subsidy on the Femara brand of letrozole will be reduced to match the subsidy of the Letara brand. Femara will be delisted from 1 July 2010. Medsafe has approved Letara to be bioequivalent to Femara.



Sumatriptan – 50 mg & 100 mg tablets reference pricing

From 1 February 2010 there will be changes to the subsidies of sumatriptan 50 mg and 100 mg tablets. From 1 February, the 100-tablet packs of Arrow-Sumatriptan 50 mg and 100 mg tablets will be listed fully subsidised. Also from 1 February, the subsidy for the Imigran and Sumagran brands, and for the Arrow-Sumatriptan tab 50 mg 4-tablet pack and 100 mg 2-tablet pack, will be reduced to the level of the subsidy for the applicable strength of Arrow-Sumatriptan in 100-tablet packs via the application of reference pricing.

From 1 May 2010, Arrow-Sumatriptan in



100-tablet packs will be the sole-subsidised brand of sumatriptan 50 mg and 100 mg tablets, with Imigran, Sumagran and the smaller pack sizes of Arrow-Sumatriptan no longer being subsidised.

Patient information to help explain the changes are available to order from www.pharmaonline.co.nz.

Betaloc CR price and subsidy reduction

The price and subsidy for all strengths of Betaloc CR (metoprolol succinate) long-acting tablets will decrease from 1 February 2010. There is a further price and subsidy reduction for metoprolol succinate long-acting tablets that will occur on 1 July 2010.



Change to ordering of pregnancy tests

Pregnancy tests – HCG urine cassettes will only be able to be ordered on a Practitioner's Supply Order (PSO) from 1 February 2010. Up to 200 tests may be ordered at a time on a PSO and these will be dispensed from pharmacy as per other PSO listed items. This is a change from pregnancy tests – HCG urine cassettes only being available on a Wholesale Supply Order (WSO) and not being able to be dispensed from pharmacy. From 1 February 2010 orders will no longer be able to be processed on a WSO.

Pharmacies will be able to claim Original Packs (OP) for pregnancy tests – HCG urine



cassettes from 1 February 2010, where order numbers are not multiples of 25 tests.

MDS Quick Card, the subsidised brand of pregnancy tests – HCG urine cassettes, are distributed by MDS Diagnostics, PO Box 24-162, Royal Oak, Auckland. Phone 09 570 5761.

Fluticasone nasal spray – new listing

From 1 February 2010 fluticasone propionate metered aqueous nasal spray, 50 µg per dose (Flixonase Hayfever & Allergy) will be fully subsidised. This provides an alternative fully funded steroid nasal spray.

Dasatinib – 100 mg tablet listing

From 1 February 2010 a new 100 mg tablet strength of dasatinib (Sprycel) will be listed fully subsidised at a price and subsidy of \$6,214.20 per 30 tablets. Dasatinib is subsidised subject to Special Authority

restrictions for patients with Chronic Myeloid Leukaemia (CML). The listing of the 100 mg tablet strength is in addition to the currently listed 20 mg, 50 mg and 70 mg tablet strengths.

New brand of blood glucose meter and test strips (with lancets) funded

PHARMAC is pleased to announce the listing of an additional brand of blood glucose diagnostic test strips with lancets and a blood glucose diagnostic test meter from 1 February 2010. The On Call Advanced meter will be fully subsidised and supplied by Airflow Products. This decision was notified in September last year and was originally to be supplied by Diabetes Supplies Limited.

The Christchurch Diabetes Centre has undertaken a meter evaluation of the On Call Advanced brand of blood glucose diagnostic test strips and blood glucose diagnostic test meters. The independent study evaluated the accuracy and precision of the meter and showed, like the other funded meters, good



performance under controlled conditions.

We understand that the supplier of On Call Advanced intends to provide patients with the choice of a free meter swap out.

PHARMAC intends to provide a resource shortly comparing all the specifications of the six fully subsidised blood glucose diagnostic test meters. In addition, results from the Christchurch Diabetes Centre evaluations are to be made available on our website in the near future.

Iron with Vitamin C tablets – delisting

Healtheries has advised that its Healtheries Iron with Vitamin C tablets (ferrous gluconate with ascorbic acid) has been discontinued as supply has been exhausted. As a result this product will be delisted from the Pharmaceutical Schedule in six months time.



Individual iron and vitamin C products are already fully subsidised on the Pharmaceutical Schedule and provide an alternative for patients requiring both of these products.

Eye drops – dispensing clarification

PHARMAC has received correspondence from clinicians regarding pharmacy and eye drops. Some clinicians are prescribing 3 OP certified exemption and having this returned to them to be endorsed as 6 OP by the pharmacy without prior discussion. PHARMAC does not consider this appropriate as the clinician has decided the amount of product their patient requires. PHARMAC reminds pharmacists that if the prescription is amended and not subsequently endorsed by the prescriber,

supply of a greater amount than ordered will not be subsidised.

The Pharmacy Procedures Manual uses a convention of 12 drops per 1 ml in order to calculate the quantity of eye drops required. Note this is intended as a guideline only and some eye drops do provide greater than 12 drops per ml. Please clarify with the prescriber before supplying more product than initially prescribed if an amount is specified.

Pizotifen now fully subsidised

Novartis New Zealand Limited, under a Tender Agreement, has decreased the price of pizotifen (Sandomigran) 500 μg tablets to match the subsidy, resulting in pizotifen being fully subsidised from 1 February 2010. Sandomigran 500 μg tablets will have Sole Subsidised Supply status from 1 May 2010.



Tender News

Sole Subsidised Supply changes – effective 1 March 2010

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Cephalexin monohydrate	Grans for oral liq 125 mg per 5 ml; 100 ml	Cefalexin Sandoz (Sandoz)
Cephalexin monohydrate	Grans for oral liq 250 mg per 5 ml; 100 ml	Cefalexin Sandoz (Sandoz)
Diclofenac sodium	Tab EC 25 mg; 50 tab	Diclohexal (Sandoz)
Diclofenac sodium	Tab EC 50 mg; 50 tab	Diclohexal (Sandoz)
Pegylated interferon alpha-2A	Inj 135 µg prefilled syringe; 1 inj and 4 inj	Pegasys (Roche)
Pegylated interferon alpha-2A	Inj 180 µg prefilled syringe; 1 inj and 4 inj	Pegasys (Roche)
Pegylated interferon alpha-2A	Inj 135 µg prefilled syringe x 4 with ribavirin tab 200 mg x 112; 1 OP	Pegasys RBV Combination Pack (Roche)
Pegylated interferon alpha-2A	Inj 135 µg prefilled syringe x 4 with ribavirin tab 200 mg x 168; 1 OP	Pegasys RBV Combination Pack (Roche)
Pegylated interferon alpha-2A	Inj 180 µg prefilled syringe x 4 with ribavirin tab 200 mg x 112; 1 OP	Pegasys RBV Combination Pack (Roche)
Pegylated interferon alpha-2A	Inj 180 µg prefilled syringe x 4 with ribavirin tab 200 mg x 168; 1 OP	Pegasys RBV Combination Pack (Roche)

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 March 2010

- Bimatoprost (Lumigan) eye drops 0.03% - subsidy decrease
- Danazol (Azol) cap 200 mg – new listing
- Multivitamin (A, D, E, K) (Vitabdeck) cap – new listing under Special Authority criteria
- Sulphasalazine tab 500 mg (Salazopyrin) and tab EC 500 mg – price and subsidy increase
- Travoprost (Travatan) eye drops 0.004% - subsidy decrease
- Ursodeoxycholic acid (Actigall) cap 300 mg – amend Special Authority criteria

Sole Subsidised Supply Products – cumulative to February 2010

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

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Sole Subsidised Supply Products – cumulative to February 2010

Generic Name	Presentation	Brand Name	Expiry Date*
Cetomacrogol	Crn BP	PSM	2010
Cetirizine hydrochloride	Tab 10 mg Oral liq 1 mg per ml	Zetop Cetirizine-AFT	2011
Chloramphenicol	Eye oint 1%	Chlorsig	2012
Chlorhexidine gluconate	Soln 4%	Orion	2011
Ciclopiroxolamine	Nail soln 8%	Batrafen	2012
Ciprofloxacin	Tab 250 mg, 500 mg & 750 mg	Rex Medical	2011
Citalopram	Tab 20 mg	Arrow-Citalopram	2011
Clarithromycin	Tab 250 mg Grans for oral liq 125 mg per 5 ml	Klamycin Klacid	2010
Clobetasol propionate	Crn 0.05% Oint 0.05% Scalp app 0.05%	Dermol Dermol Dermol	2012
Clonazepam	Tab 500 µg & 2 mg	Paxam	2011
Clonidine	TDDS 2.5 mg, 100 µg per day TDDS 5 mg, 200 µg per day TDDS 7.5 mg, 300 µg per day	Catapres-TTS-1 Catapres-TTS-2 Catapres-TTS-3	2012
Clonidine hydrochloride	Inj 150 µg per ml, 1 ml Tab 25 µg Tab 150 µg	Catapres Dixarit Catapres	2012
Clotrimazole	Crn 1% Vaginal crm 1% with applicator(s) Vaginal crm 2% with applicators(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
Cyclizine hydrochloride	Tab 50 mg	Nausicalm	2012
Cyclophosphamide	Tab 50 mg	Cycloblastin	2010
Cyproterone acetate	Tab 50 mg & 100 mg	Siterone	2012
Desferrioxamine mesylate	Inj 500 mg	Mayne	2010
Desmopressin	Nasal spray 10 µg per dose	Desmopressin-PH&T	2011
Dexamphetamine sulphate	Tab 5 mg	PSM	2010
Dextrose	Inj 50%, 10 ml	Biomed	2011
Dextrose with electrolytes	Oral soln with electrolytes	Pedialyte – Plain Pedialyte – Bubblegum Pedialyte – Fruit	2010

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Sole Subsidised Supply Products – cumulative to February 2010

Generic Name	Presentation	Brand Name	Expiry Date*
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
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
Ethinylestradiol	Tab 10 µg	NZ Medical and Scientific	2012
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
Felodipine	Tab long-acting 5 mg Tab long-acting 10 mg	Felo 5 ER Felo 10 ER	2012
Ferrous sulphate	Oral liq 150 mg per 5 ml	Ferodan	2010
Finasteride	Tab 5 mg	Fintral	2011
Flucloxacillin sodium	Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml Inj 250 mg, 500 mg & 1 g	AFT AFT Flucloxin	2012 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
Fluoromethalone	Eye drops 0.1%	FML	2012
Fluoxetine hydrochloride	Cap 20 mg Tab disp 20 mg, scored	Fluox Fluox	2010

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Sole Subsidised Supply Products – cumulative to February 2010

Generic Name	Presentation	Brand Name	Expiry Date*
Fluticasone propionate	Metered aqueous nasal spray, 50 µg per dose	Flixonase Hayfever & Allergy	31/1/13
Furosemide	Tab 40 mg	Diurin 40	2012
Fusidic acid	Crn 2% Oint 2%	Foban Foban	2010
Gabapentin	Cap 100 mg, 300 mg & 400 mg	Nupentin	31/7/12
Gentamicin sulphate	Inj 40 mg per ml, 2 ml	Pfizer	2012
Gliclazide	Tab 80 mg	Apo-Gliclazide	2011
Glipizide	Tab 5 mg	Minidiab	2011
Glyceryl trinitrate	Tab 600 µg Oral pump spray 400 µg per dose TDDS 5 mg & 10 mg	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	Tab 5 mg & 20 mg Powder Crn 1%	Douglas ABM PSM	2012 2011
Hydrocortisone acetate	Rectal foam 10%, CFC-free (14 applications)	Colifoam	2012
Hydrocortisone butyrate	Scalp lotn 0.1%	Locoid	2010
Hydrocortisone with wool fat and mineral oil	Lotn 1% with wool fat hydrous 3% and mineral oil	DP Lotn HC	2011
Hydroxychloroquine sulphate	Tab 200 mg	Plaquenil	2012
Hypromellose	Eye drops 0.5%	Methopt	2011
Hysocine N-butylbromide	Inj 20 mg, 1 ml Tab 20 mg	Buscopan Gastrosoothe	2011
Ibuprofen	Tab 200 mg Oral liq 100 mg per 5 ml	Ethics Ibuprofen Fenpaed	2012 2010
Ipratropium bromide	Aqueous nasal spray, 0.03% Nebuliser soln, 250 µg per ml, 1 ml Nebuliser soln, 250 µg per ml, 2 ml	Apo-Ipravent Ipratropium Steri-Neb Ipratropium Steri-Neb	2010
Iron polymaltose	Inj 50 mg per ml, 2 ml	Ferrum H	2011
Isotretinoin	Cap 10 mg & 20 mg	Oratane	2012
Itraconazole	Cap 100 mg	Sporanox	2010
Ketoconazole	Shampoo 2%	Sebizole	2011
Lactulose	Oral liq 10 g per 15 ml	Duphalac	2010
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

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Generic Name	Presentation	Brand Name	Expiry Date*
Lignocaine with prilocaine	Crn 2.5% with prilocaine 2.5%; 30 g OP	EMLA	2010
	Crn 2.5% with prilocaine 2.5%; 5 g	EMLA	
Lisinopril	Tab 5 mg, 10 mg & 20 mg	Arrow-Lisinopril	2012
Loperamide hydrochloride	Tab 2 mg	Nodia	2010
Loratadine	Tab 10 mg	Loraclear Hayfever Relief	2010
	Oral liq 1 mg per ml	Lorapaed	
Malathion	Liq 0.5%	Derbac M	2010
	Shampoo 1%	A-Lices	2011
Mask for Spacer Device	Device	Foremount Child's Silicone Mask	30/9/11
Mebendazole	Tab 100 mg	De-Worm	2011
Mebeverine hydrochloride	Tab 135 mg	Colofac	2011
Medroxyprogesterone acetate	Tab 2.5 mg, 5 mg, 10 mg, 100 mg & 200 mg	Provera	2010
Mesalazine	Enema 1 g per 100 ml	Pentasa	2012
Methadone hydrochloride	Oral liq 2 mg per ml	Biodone	2012
	Oral liq 5 mg per ml	Biodone Forte	
	Oral liq 10 mg per ml	Biodone Extra Forte	
	Tab 5 mg	Methatabs	
Methotrexate	Tab 2.5 mg & 10 mg	Methoblastin	2012
	Inj 100 mg per ml, 10 ml	Methotrexate Ebewe	2011
	Inj 100 mg per ml, 50 ml	Methotrexate Ebewe	
Methyldopa	Tab 125 mg, 250 mg & 500 mg	Prodopa	2011
Methylprednisolone	Tab 4 mg & 100 mg	Medrol	2012
Methylprednisolone acetate	Inj 40 mg per ml, 1 ml	Depo-Medrol	2011
Methylprednisolone acetate with lignocaine	Inj 40 mg per ml with lignocaine 1 ml	Depo-Medrol with Lidocaine	2011
Methylprednisolone sodium succinate	Inj 40 mg per ml, 1 ml	Solu-Medrol	2012
	Inj 62.5 mg per ml, 2 ml	Solu-Medrol	
	Inj 500 mg	Solu-Medrol	
	Inj 1 g	Solu-Medrol	
Metoclopramide hydrochloride	Inj 5 mg per ml, 2 ml	Pfizer	2011
Miconazole nitrate	Crn 2%	Multichem	2011
Morphine hydrochloride	Oral liq 1 mg per ml	RA-Morph	2012
	Oral liq 2 mg per ml	RA-Morph	
	Oral liq 5 mg per ml	RA-Morph	
	Oral liq 10 mg per ml	RA-Morph	
Morphine sulphate	Tab immediate release 10 mg & 20 mg	Sevredol	2012
	Inj 10 mg per ml, 1 ml	Mayne	2011
	Inj 30 mg per ml, 1 ml	Mayne	

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Generic Name	Presentation	Brand Name	Expiry Date*
Nadolol	Tab 40 mg & 80 mg	Apo-Nadolol	2010
Naltrexone hydrochloride	Tab 50 mg	ReVia	2010
Naproxen	Tab 250 mg Tab 500 mg	Noflam 250 Noflam 500	2012
Naproxen sodium	Tab 275 mg	Sonaflam	2010
Neostigmine	Inj 2.5 mg per ml, 1 ml	AstraZeneca	2010
Nevirapine	Oral suspension 10 mg per ml Tab 200 mg	Viramune Suspension Viramune	2012
Nicotine	Patch 7 mg, 14 mg & 21 mg Lozenge 1 mg & 2 mg Gum 2 mg & 4 mg (Fruit) Gum 2 mg & 4 mg (Mint)	Habitrol Habitrol Habitrol Habitrol	2010
Norethisterone	Tab 350 µg Tab 5 mg	Noriday 28 Primolut N	2012 2011
Nortriptyline hydrochloride	Tab 10 mg & 25 mg	Norpress	2011
Nystatin	Oral liq 100,000 u per ml, 24 ml OP Cap 500,000 u Tab 500,000 u	Nilstat Nilstat Nilstat	2011 2010
Omeprazole	Cap 10 mg, 20 mg & 40 mg Inj 40 mg	Dr Reddy's Omeprazole Dr Reddy's Omeprazole	2011
Ondansetron	Tab 4 mg & 8 mg Tab disp 4 mg & 8 mg	Zofran Zofran Zydis	2010
Oxybutynin	Tab 5 mg Oral liq 5 mg per 5 ml	Apo-Oxybutynin Apo-Oxybutynin	2010
Oxycodone hydrochloride	Inj 10 mg per ml, 1 ml & 2 ml Oral liq 5 mg per 5 ml	OxyNorm OxyNorm	2010
Oxytocin	Inj 5 iu per ml, 1 ml Inj 10 iu per ml, 1 ml Inj 5 iu with ergometrine maleate 500 µg per ml, 1 ml	Syntocinon Syntocinon Syntometrine	2012
Pamidronate disodium	Inj 3 mg per ml, 5 ml Inj 3 mg per ml, 10 ml Inj 6 mg per ml, 10 ml	Pamisol Pamisol Pamisol	2011
Pantoprazole	Inj 40 mg Tab 20 mg & 40 mg	Pantocid IV Dr Reddy's Pantoprazole	2010
Paracetamol	Tab 500 mg Oral liq 120 mg per 5 ml Oral liq 250 mg per 5 ml	Pharmacare Paracare Junior Paracare Double Strength	2011

*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 February 2010

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
Pioglitazone	Tab 15 mg, 30 mg & 45 mg	Pizaccord	2012
Poloxamer	Oral drops 10%	Coloxyl	2011
Polyvinyl alcohol	Eye drops 1.4% Eye drops 3%	Vistil Vistil Forte	2011
Potassium chloride	Tab long-acting 600 mg	Span-K	2012
Prazosin hydrochloride	Tab 1 mg, 2 mg & 5 mg	Apo-Prazo	2010
Prednisone	Tab 1 mg, 2.5 mg, 5 mg & 20 mg	Apo-Prednisone	2011
Prednisone sodium phosphate	Oral liq 5 mg per ml	Redipred	2012
Procaine penicillin	Inj 1.5 mega u	Cilicaine	2011
Promethazine	Tab 10 mg & 25 mg	Allersoothe	2011
Quinapril	Tab 5 mg, 10 mg & 20 mg	Accupril	2011
Quinapril with hydrochlorothiazide	Tab 10 mg with hydrochlorothiazide 12.5 mg	Accuretic 10	2011
	Tab 20 mg with hydrochlorothiazide 12.5 mg	Accuretic 20	
Quinine sulphate	Tab 300 mg	Q 300	2012
Ranitidine hydrochloride	Oral liq 150 mg per 10 ml	Peptisoothe	2010
Rifabutin	Cap 150 mg	Mycobutin	2010
Ropinirole hydrochloride	Tab 0.25 mg, 1 mg, 2 mg and 5 mg	Ropin	2010
Roxithromycin	Tab 150 mg & 300 mg	Arrow-	2012
		Roxithromycin	
Salbutamol	Nebuliser soln, 1 mg per ml, 2.5 ml Nebuliser soln, 2 mg per ml, 2.5 ml Oral liq 2 mg per 5 ml	Asthalin	2012
		Asthalin	
		Salapin	
Salbutamol with ipratropium bromide	Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml	Duolin	2012
Selegiline hydrochloride	Tab 5 mg	Apo-Selegiline	2012
Simvastatin	Tab 10 mg	Arrow-Simva 10 mg	2011
	Tab 20 mg	Arrow-Simva 20 mg	
	Tab 40 mg	Arrow-Simva 40 mg	
	Tab 80 mg	Arrow-Simva 80 mg	

*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 February 2010

Generic Name	Presentation	Brand Name	Expiry Date*
Sodium citro-tartrate	Grans eff 4 g sachets	Ural	2010
Sodium cromoglycate	Nasal spray, 4%	Rex	2012
Sotalol	Tab 80 mg & 160 mg	Mylan	2012
Spacer Device	230 ml	Space Chamber	30/9/11
Syrup (pharmaceutical grade)	Liq	Midwest	2010
Tar with triethanolamine lauryl sulphate and fluorescein	Soln 2.3%	Pinetarsol	2011
Temazepam	Tab 10 mg	Normison	2011
Terazosin hydrochloride	Tab 2 mg & 5 mg	Apo-Terazosin	2010
Terbinafine	Tab 250 mg	Apo-Terbinafine	2011
Testosterone cypionate	Inj long-acting 100 mg per ml, 10 ml	Depo-Testosterone	2011
Tetracosactrin	Inj 250 µg Inj 1 mg per ml, 1 ml	Synacthen Synacthen Depot	2011
Timolol maleate	Tab 10 mg Eye drops 0.25% & 0.5%	Apo-Timol Apo-Timop	2012 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
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	Oint BP	PSM	2011
Zinc sulphate	Cap 220 mg	Zincaps	2011
Zopiclone	Tab 7.5 mg	Apo-Zopiclone	2011

February 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 February 2010

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

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings - effective 1 February 2010 (continued)

155	FLUTICASONE PROPIONATE Metered aqueous nasal spray, 50 µg per dose	13.34	120 dose OP	✓ Flixonase Hayfever & Allergy
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Effective 1 January 2010

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

Changes to Restrictions

Effective 1 February 2010

73	<p>PREGNANCY TESTS - HCG URINE – Only on a PSO WSO Cassette – Up to 200 test available on a PSO..... 19.00 25 test OP ✓ MDS Quick Card Distributed by MDS Diagnostics, PO Box 24-162, Royal Oak, Auckland. Ph 09-570-5764</p>		
99	<p>INFLUENZA VACCINE – Hospital pharmacy [Xpharm] A) is available between 1 March and 30 June each year for patients who meet the following criteria, as set by the Ministry of Health:</p> <ul style="list-style-type: none"> a) all people 65 years of age and over; b) people under 65 years of age with: <ul style="list-style-type: none"> i) the following cardiovascular disease: <ul style="list-style-type: none"> 1) ischaemic heart disease, 2) congestive heart disease, 3) rheumatic heart disease, 4) congenital heart disease, or 5) cerebo-vascular disease; ii) the following chronic respiratory disease: <ul style="list-style-type: none"> 1) asthma, if on a regular preventative therapy, or 2) other chronic respiratory disease with impaired lung function; iii) diabetes; iv) chronic renal disease; v) any cancer, excluding basal and squamous skin cancers if not invasive; vi) the following other conditions: <ul style="list-style-type: none"> a) autoimmune disease, b) immune suppression, c) HIV, d) transplant recipients, e) neuromuscular and CNS diseases, f) haemoglobinopathies, or g) children on long term aspirin. c) people under 65 years of age who are: <ul style="list-style-type: none"> (i) pregnant; or (ii) morbidly obese d) children under the age of 5 who are enrolled with an Access Primary Health Organisation <p>The following conditions are excluded from funding:</p> <ul style="list-style-type: none"> a) asthma not requiring regular preventative therapy, b) hypertension and/or dyslipidaemia without evidence of end-organ disease, c) pregnancy in the absence of another risk factor. <p>B) Doctors are the only Contractors entitled to claim payment from the Funder for the supply of influenza vaccine to patients eligible under the above criteria for subsidised immunisation and they may only do so in respect of the influenza vaccine listed in the Pharmaceutical Schedule.</p> <p>C) Individual DHBs may fund patients over and above the above criteria. The claiming process for these additional patients should be determined between the DHB and Contractor.</p> <p>D) Influenza Vaccine does not fall within the definition Community Pharmaceutical as it is not funded directly from the Pharmaceutical Budget. Pharmacists are unable to claim for the dispensing of influenza vaccine from the Funder.</p>	<p>Inj 9.00 1</p> <p style="text-align: right;">90.00 10</p>	<p>✓ Fluvax ✓ Fluarix ✓ Fluarix ✓ Vaxigrip</p>

▲ 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 February 2010 (continued)

146	EXEMESTANE – Additional subsidy by Special Authority see SA1000 – Retail pharmacy Tab 25 mg	26.55	30	
		(175.00)		Aromasin
	▶ SA1000 Special Authority for Alternate Subsidy			
	Initial Application – from any relevant practitioner. Approvals valid for 5 years for applications meeting the following criteria:			
	All of the following:			
	1. Patient is a postmenopausal woman; and			
	2. Patient has hormone receptor positive breast cancer; and			
	3. Any of the following			
	3.1 The patient was receiving funded exemestane prior to 1 February 2010; or			
	3.2 The patient has advanced breast cancer and a very clear history of intolerance to anastrozole or letrozole; or			
	3.3 The patient has advanced breast cancer and disease has progressed following treatment with anastrozole or letrozole.			
	Renewal from any relevant practitioner. Approvals valid without further renewal unless notified where the treatment remains appropriate and the patient is benefitting from treatment.			
	Note – Repeat dispensings for Aromasin tab 25 mg will be fully subsidised where the initial dispensing was before 1 February 2010.			

Effective 1 January 2010

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Subsidy and Manufacturer's Price

Effective 1 February 2010

36	CALCITRIOL (↓ subsidy) * Cap 0.25 µg	10.10	100	✓ Calcitriol-AFT
	* Cap 0.5 µg	18.73	100	✓ Calcitriol-AFT
36	HYDROXOCOBALAMIN (↓ subsidy) * Inj 1 mg per ml, 1 ml – Up to 6 inj available on a PSO	6.15	3	✓ ABM Hydroxocobalamin
50	FLECAINIDE ACETATE – Retail pharmacy–Specialist (↑ subsidy) ▲ Tab 50 mg	45.82	60	✓ Tambacor
	▲ Tab 100 mg	80.92	60	✓ Tambacor
	▲ Cap long-acting 100 mg	45.82	30	✓ Tambacor CR
	▲ Cap long-acting 200 mg	80.92	30	✓ Tambacor CR
	Inj 10 mg per ml, 15 ml	52.45	5	✓ Tambacor
52	METOPROLOL SUCCINATE (↓ subsidy) * Tab long-acting 23.75 mg	2.73	30	✓ Betaloc CR
	* Tab long-acting 47.5 mg	3.41	30	✓ Betaloc CR
	* Tab long-acting 95 mg	5.88	30	✓ Betaloc CR
	* Tab long-acting 190 mg	10.63	30	✓ Betaloc CR
56	SILDENAFIL – Special Authority see SA0968 – Hospital pharmacy [HP1] (↑ subsidy) Tab 25 mg	52.00	4	✓ Viagra
	Tab 100 mg	68.00	4	✓ Viagra
64	PERMETHRIN (↓ subsidy) Crm 5%	3.65 (4.20)	30 g OP	Lyderm
65	CALCIPOTRIOL (↓ subsidy) Crm 50 µg per g	20.20 56.32	30 g OP 100 g OP	✓ Daivonex
	Oint 50 µg per g	20.20 56.32	30 g OP 100 g OP	✓ Daivonex
	Soln 50 µg per ml	20.22 33.79	30 ml OP 60 ml OP	✓ Daivonex
81	GOSERELIN ACETATE – Hospital pharmacy [HP3] (↓ subsidy) Inj 3.6 mg	200.00	1	✓ Zoladex
	Inj 10.8 mg	500.00	1	✓ Zoladex
119	SUMATRIPTAN (↓ subsidy) Tab 50 mg	1.55 (12.00)	4	✓ Arrow-Sumatriptan Sumagran Imigran
	Tab 100 mg	1.55 (12.00)	2	✓ Arrow-Sumatriptan Sumagran Imigran

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

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

120	PIZOTIFEN (↓ price) * Tab 500 µg	21.10	100	✓ Sandomigran
140	DOCETAXEL – PCT only – Specialist – Special Authority see SA0880 (↓ subsidy) Inj 1 mg for ECP	17.55	1 mg	✓ Baxter
145	ANASTROZOLE (↓ subsidy) Tab 1 mg	26.55	30	✓ Arimidex
146	EXEMESTANE – Additional subsidy by Special Authority see SA1000 – Retail pharmacy (↓ subsidy) Tab 25 mg	26.55 (175.00)	30	Aromasin

Effective 1 January 2010

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

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

72	MEDROXYPROGESTERONE ACETATE (↓ subsidy) * Inj 150 mg per ml, 1 ml syringe – Up to 5 inj available on a PSO	7.15	1	✓ Depo-Provera
72	CYPROTERONE ACETATE WITH ETHINYLOESTRADIOL (↓ subsidy) * Tab 2 mg with ethinyloestradiol 35 µg and 7 inert tabs.....	4.91 (6.30)	84	Estelle 35-ED
77	MEDROXYPROGESTERONE ACETATE * Tab 2.5 mg (↑ subsidy)	3.09	30	✓ Provera
	* Tab 5 mg (↓ subsidy)	13.06	100	✓ Provera
	* Tab 10 mg (↓ subsidy)	6.85	30	✓ Provera
79	MEDROXYPROGESTERONE ACETATE (↓ subsidy) * Tab 100 mg – Retail pharmacy – Specialist	96.50	100	✓ Provera
	* Tab 200 mg – Retail pharmacy – Specialist	70.50	30	✓ Provera
79	SOMATROPIN – Special Authority see SA0755 (↓ subsidy) * Inj cartridge 16 iu per vial	249.60 1,248.00	1 5	✓ Genotropin
	* Inj cartridge 36 iu per vial	561.60 2,808.00	1 5	✓ Genotropin
81	CABERGOLINE (↓ subsidy) Tab 0.5 mg – Maximum of 2 tab per prescription; can be waived by Special Authority see SA0175	16.50 66.00	2 8	✓ Dostinex ✓ Dostinex
84	AMOXYCILLIN CLAVULANATE (↓ subsidy) Grans for oral liq amoxicillin 125 mg with potassium clavulanate 31.25 mg per 5 ml – Up to 200 ml available on a PSO	2.20 (2.75)	100 ml	Augmentin
	Grans for oral liq amoxicillin 250 mg with potassium clavulanate 62.5 mg per 5 ml – Up to 200 ml available on a PSO	3.85 (4.75)	100 ml	Augmentin
85	CLINDAMYCIN (↓ subsidy) Inj phosphate 150 mg per ml, 4 ml – Retail pharmacy – Specialist.....	16.00	1	✓ Dalacin C
87	ISONIAZID – Retail pharmacy – Specialist (↓ subsidy) No patient co-payment payable * Tab 100 mg	20.00	100	✓ PSM
108	ETIDRONATE DISODIUM (↓ subsidy) * Tab 200 mg	14.37 (22.80) 23.95	60 100	Didronel ✓ Etidrate

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

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

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

109	QUININE SULPHATE (↑ price) * Tab 200 mg	15.95 (17.20)	250		Q 200
	‡ Safety cap for extemporaneously compounded oral liquid preparations.				
111	CODEINE PHOSPHATE (↓ subsidy) Tab 15 mg	5.39	100	✓ PSM	
	Tab 30 mg	8.25	100	✓ PSM	
	Tab 60 mg	17.76	100	✓ PSM	
113	PETHIDINE HYDROCHLORIDE (↑ subsidy) a) Only on a controlled drug form b) No patient co-payment payable				
	Tab 50 mg	3.20	10	✓ PSM	
	Tab 100 mg	4.20	10	✓ PSM	
118	PHENOBARBITONE (↑ subsidy) * Tab 15 mg	25.00	500	✓ PSM	
	* Tab 30 mg	26.00	500	✓ PSM	
127	ALPRAZOLAM – Month Restriction (↓ subsidy) Tab 250 µg	3.15	50	✓ Arrow-Alprazolam	
	‡ Safety cap for extemporaneously compounded oral liquid preparations.				
	Tab 500 µg	4.10	50	✓ Arrow-Alprazolam	
	‡ Safety cap for extemporaneously compounded oral liquid preparations.				
	Tab 1 mg	7.25	50	✓ Arrow-Alprazolam	
	‡ Safety cap for extemporaneously compounded oral liquid preparations.				
131	DEXAMPHETAMINE SULPHATE – Special Authority see SA0907 – Retail pharmacy (↓ subsidy) Only on a controlled drug form				
	Tab 5 mg	16.50	100	✓ PSM	
136	OXALIPLATIN – PCT only – Specialist – Special Authority see SA0900 (↓ subsidy) Inj 1 mg for ECP	1.42	1 mg	✓ Baxter	
149	CYCLOSPORIN – Hospital pharmacy [HP3] (↓ subsidy) Cap 25 mg	59.50	50	✓ Neoral	
	Cap 50 mg	118.54	50	✓ Neoral	
	Cap 100 mg	237.08	50	✓ Neoral	
	Oral liq 100 mg per ml	264.17	50 ml OP	✓ Neoral	

Changes to Sole Subsidised Supply

Effective 1 February 2010

For the list of new Sole Subsidised Supply products effective 1 February 2010 refer to the bold entries in the cumulative Sole Subsidised Supply table pages 11-18.

Changes to Section E Part I

Effective 1 February 2010

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

189 PREGNANCY TESTS – HCG URINE

✔ Cassette

200 test

Pharmaceuticals that may be obtained on a Wholesale Supply Order

190 PREGNANCY TESTS – HCG URINE

✔ Cassette

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Delisted Items

Effective 1 February 2010

30	GLIBENCLAMIDE			
	* Tab 2.5 mg	3.78	100	✓Gliben
	* Tab 5 mg	3.31	100	✓Gliben
51	ACEBUTOLOL			
	* Cap 100 mg	9.50	100	✓ACB
54	TRIAMTERENE WITH HYDROCHLOROTHIAZIDE			
	* Tab 50 mg with hydrochlorothiazide 25 mg	5.00	100	✓Triamizide
58	ISOTRETINOIN – Special Authority see SA0955 – Retail pharmacy			
	Cap 10 mg	26.93	100	✓Isotane 10
	Cap 20 mg	38.72	100	✓Isotane 20
93	SAQUINAVIR – Special Authority see SA0779 – Hospital pharmacy [HP1]			
	Tab 500 mg	556.59	120	✓Invirase
127	DIAZEPAM			
	Tab 2 mg – Month Restriction.....	8.40	500	✓Pro-Pam
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
150	AZATADINE MALEATE			
	* Tab 1 mg	6.94	50	
		(16.90)		Zadine
151	BECLOMETHASONE DIPROPIONATE			
	Aerosol inhaler, 50 µg per dose	8.54	200 dose OP	✓Beclazone 50
	Aerosol inhaler, 100 µg per dose	12.50	200 dose OP	✓Beclazone 100
	Aerosol inhaler, 250 µg per dose	22.67	200 dose OP	✓Beclazone 250
	Note – Beclazone CFC-free aerosol inhalers were listed 1 July 2009			
160	PILOCARPINE			
	* Eye drops 6%	8.56	15 ml OP	✓Piloft

Effective 1 January 2010

60	CALAMINE			
	a) Only on a prescription			
	b) Not in combination			
	Crn, aqueous, BP	2.78	100 g	
		(3.02)		ABM
	Lotn, BP	16.70	2,000 ml	
		(19.44)		ABM
72	MEDROXYPROGESTERONE ACETATE			
	* Inj 150 mg per ml, 1 ml – Up to 5 inj available on a PSO	8.05	1	✓Depo-Provera
86	CO-TRIMOXAZOLE			
	* Oral liq sugar-free trimethoprim 40 mg and sulphamethoxazole			
	200 mg per 5 ml – Up to 200 ml available on a PSO.....	5.90	500 ml	✓Trisul

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 January 2010 (continued)

151	DEXTROCHLORPHENIRAMINE MALEATE				
	* Tab long-acting 6 mg	2.70	20		
		(7.73)			Polaramine Repetab
		5.40	40		
		(12.56)			Polaramine Repetab
160	PILOCARPINE				
	* Eye drops 2%	4.32	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

Items to be Delisted

Effective 1 April 2010

30	METFORMIN HYDROCHLORIDE				
	* Tab immediate-release 500 mg.....	8.09	500		✓ Arrow-Metformin
	* Tab immediate-release 850 mg.....	6.67	250		✓ Arrow-Metformin
62	MOMETASONE FUROATE				
	Crn 0.1%.....	2.38	15 g OP		✓ Elocon
		4.55	45 g OP		✓ Elocon
	Oint 0.1%.....	2.38	15 g OP		✓ Elocon
		4.55	45 g OP		✓ Elocon
72	CYPROTERONE ACETATE WITH ETHINYLLOESTRADIOL				
	* Tab 2 mg with ethinylloestradiol 35 µg and 7 inert tabs.....	4.91 (6.30)	84		Estelle 35-ED
84	AMOXYCILLIN CLAVULANATE				
	Grans for oral liq amoxicillin 125 mg with potassium clavulanate 31.25 mg per 5 ml				
	– Up to 200 ml available on a PSO	2.20 (2.75)	100 ml		Augmentin
	Grans for oral liq amoxicillin 250 mg with potassium clavulanate 62.5 mg per 5 ml				
	– Up to 200 ml available on a PSO	3.85 (4.75)	100 ml		Augmentin
108	ETIDRONATE DISODIUM				
	* Tab 200 mg	14.37 (22.80)	60		Didronel
		23.95	100		✓ Etidrate

Effective 1 May 2010

36	CALCITRIOL				
	* Cap 0.25 µg	10.10	100		✓ Calcitriol-AFT
	* Cap 0.5 µg	18.73	100		✓ Calcitriol-AFT
64	PERMETHRIN				
	Crn 5%	3.65 (4.20)	30 g OP		Lyderm
84	AMOXYCILLIN				
	Grans for oral liq 250 mg per 5 ml – Up to 200 ml available on a PSO	1.27	100 ml		✓ Ranbaxy Amoxicillin

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 May 2010 (continued)

119	SUMATRIPTAN				
	Tab 50 mg	1.55 (12.00) (22.00)	4	✓ Arrow-Sumatriptan Sumagran Imigran	
	Tab 100 mg	1.55 (12.00) (22.00)	2	✓ Arrow-Sumatriptan Sumagran Imigran	

Effective 1 July 2010

59	SILVER SULPHADIAZINE				
	Crn 1% with chlorhexidine digluconate 0.2%	15.04	100 g OP	✓ Silvazine	
	a) Up to 500 g available on a PSO				
	b) Not in combination				
62	HYDROCORTISONE BUTYRATE				
	Milky emul 0.1%.....	5.00	30 ml OP	✓ Locoid Crelo	
65	DITHRANOL				
	Crn 1%.....	27.50	50 g OP	✓ Micanol	
80	SOMATROPIN – Special Authority see SA0755				
	* Inj 5 mg	300.00	1	✓ Norditropin SimpleXx 5 mg	
	* Inj 10 mg	600.00	1	✓ Norditropin SimpleXx 10 mg	
	* Inj 15 mg	900.00	1	✓ Norditropin SimpleXx 15 mg	
138	FLUDARABINE PHOSPHATE – PCT only – Specialist				
	Tab 10 mg	650.25	15	✓ Fludara	

Effective 1 August 2010

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

▲ 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 August 2010 (continued)

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

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 February 2010

BLOOD GLUCOSE DIAGNOSTIC TEST METER

MeterOn Call Advanced 9.00 1

BLOOD GLUCOSE DIAGNOSTIC TEST STRIP

Blood glucose test strips x 50 and lancets x 5On Call Advanced 19.10 1

CALCIPOTRIOL (↓ price)

Crm 50 µg per gDaivonex 20.20 30 g
 Oint 50 µg per gDaivonex 20.20 30 g
 Crm 50 µg per gDaivonex 56.32 100 g
 Oint 50 µg per gDaivonex 56.32 100 g
 Soln 50 µg per ml.....Daivonex 20.22 30 ml
 Soln 50 µg per ml.....Daivonex 33.79 60 ml

CEFEPIME HYDROCHLORIDE (↓ price and addition of HSS)

Inj 1 g, 15 ml.....**Maxipime** 19.55 1 1% Apr-10 (B)
 Inj 2 g, 77 ml.....**Maxipime** 39.10 1 1% Apr-10 (B)

DACLIZUMAB

Inj 25 mg per 5 ml vial.....Zenapax 635.00 1

Note – Zenapax inj 25 mg per 5 ml vial to be delisted 1 April 2010.

DASATINIB

Tab 100 mg.....Sprycel 6,214.20 30

FLECAINIDE ACETATE

Tab 50 mg.....Tambocor 45.82 60
 Tab 100 mg.....Tambocor 80.92 60
 Cap long-acting 100 mgTambocor CR 45.82 30
 Cap long-acting 200 mgTambocor CR 80.92 30
 Inj 10 mg per ml, 15 mlTambocor 52.45 5

GOSERELIN ACETATE (↓ price)

Inj 3.6 mg.....Zoladex 200.00 1
 Inj 10.8 mg.....Zoladex 500.00 1

HYDROXOCOBALAMIN (↓ price and addition of HSS)

Inj 1 mg per ml, 1 ml**ABM** 6.15 3 1% Apr-10 Neo-B12 Neo-Cytamen

Note – Neo-B12 inj 1 mg per ml, 1 ml to be delisted 1 April 2010.

IRON SUCROSE

Inj 20 mg per ml, 5 ml**Venofer** 100.00 5 1% Apr-10 (B)

LETROZOLE

Tab 2.5 mg.....**Letara** 26.55 30 1% Apr-10 Femara Letrozole Sandoz

Note – Femara tab 2.5 mg to be delisted 1 April 2010.

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 February 2010 (continued)

METHYLPHENIDATE HYDROCHLORIDE EXTENDED-RELEASE						
Cap modified-release 10 mg	Ritalin LA	19.50	30			
METOPROLOL SUCCINATE (↓ price)						
Tab long-acting 23.75 mg	Betaloc CR	2.73	30			
Tab long-acting 47.5 mg.....	Betaloc CR	3.41	30			
Tab long-acting 95 mg.....	Betaloc CR	5.88	30			
Tab long-acting 190 mg	Betaloc CR	10.63	30			
PIZOTIFEN						
Tab 500 µg	Sandomigran	21.10	100	1%	Apr-10	(B)
PROMETHAZINE HYDROCHLORIDE						
Oral liq 5 mg per 5 ml	Promethazine Winthrop Elixir	3.10	100 ml	1%	Apr-10	Phenergan
RISPERIDONE						
Oral liq 1 mg per ml.....	Apo-Risperidone	18.35	30 ml			
Tab 0.5 mg.....	Apo-Risperidone	3.51	60			
Tab 1 mg.....	Apo-Risperidone	6.00	60			
	Dr Reddy's Risperidone					
Tab 2 mg.....	Apo-Risperidone	11.00	60			
	Dr Reddy's Risperidone					
Tab 3 mg.....	Apo-Risperidone	15.00	60			
	Dr Reddy's Risperidone					
Tab 4 mg.....	Apo-Risperidone	20.00	60			
	Dr Reddy's Risperidone					
SUMATRIPTAN						
Tab 50 mg.....	Arrow- Sumatriptan	38.83	100	1%	Apr-10	Imigran Sumagran
Tab 100 mg.....	Arrow- Sumatriptan	77.66	100	1%	Apr-10	Imigran Sumagran

Note – Arrow-Sumatriptan tab 50 mg 4 tab pack size and 100 mg 2 tab pack size, and Sumagran tab 50 mg and 100 mg, to be delisted 1 April 2010

Effective 1 January 2010

CHOLECALCIFEROL (↓ price)						
Tab 50,000 iu	Cal-d-Forte	7.76	12			
CLINDAMYCIN (↓ price)						
Inj phosphate 150 mg per ml, 4 ml.....	Dalacin C	16.00	1			

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 January 2010 (continued)

CODEINE PHOSPHATE (↓ price)

Tab 15 mg.....	PSM	5.39	100	1%	Mar-08	(B)
Tab 30 mg.....	PSM	8.25	100	1%	Mar-08	(B)
Tab 60 mg.....	PSM	17.76	100	1%	Mar-08	(B)

CYCLOSPORIN (↓ price)

Cap 25 mg	Neoral	59.50	50			
Cap 50 mg	Neoral	118.54	50			
Cap 100 mg	Neoral	237.08	50			
Oral liq 100 mg per ml	Neoral	264.17	50 ml			

DEXAMPHETAMINE SULPHATE (↓ price)

Tab 5 mg.....	PSM	16.50	100	1%	Apr-08	(B)
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ERYTHROPOIETIN BETA (↓ price)

Inj 2,000 iu prefilled syringe.....	NeoRecormon	120.18	6			
Inj 3,000 iu prefilled syringe.....	NeoRecormon	166.87	6			
Inj 4,000 iu prefilled syringe.....	NeoRecormon	193.13	6			
Inj 5,000 iu prefilled syringe.....	NeoRecormon	243.26	6			
Inj 6,000 iu prefilled syringe.....	NeoRecormon	291.92	6			
Inj 10,000 iu prefilled syringe.....	NeoRecormon	395.18	6			

FLUCLOXACILLIN SODIUM

Cap 250 mg	AFT	32.00	250	1%	Mar-10	Staphlex
Cap 500 mg	AFT	110.00	500	1%	Mar-10	Staphlex

Note – Staphlex cap 250 mg and 500 mg to be delisted 1 March 2010.

GADOBUTROL

Inj 604.72 mg per ml (equivalent to 1 mmol per ml), 7.5 ml prefilled syringe	Gadovist	253.10	5			
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GADODIAMIDE

Inj 287 mg per ml, 10 ml	Omniscan	180.00	10			
Inj 287 mg per ml, 15 ml	Omniscan	270.00	10			
Inj 287 mg per ml, 10 ml pre-filled syringe	Omniscan	220.00	10			
Inj 287 mg per ml, 15 ml pre-filled syringe	Omniscan	330.00	10			
Inj 287 mg per ml, 20 ml pre-filled syringe	Omniscan	440.00	10			

GLYCEROL (↑ price)

Suppos 3.6 g.....	PSM	6.00	20			
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HEPARINISED SALINE

Inj 100 iu per ml, 5 ml	Mayne	103.76	50			
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Note – Mayne’s brand of heparinised saline inj 100 iu per ml, 5 ml to be delisted 1 March 2010.

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 January 2010 (continued)

HYDROCORTISONE

Crm 1% with natamycin 1% and neomycin sulphate 0.5%	Pimafucort	2.79	15 g			
Oint 1% with natamycin 1% and neomycin sulphate 0.5%	Pimafucort	2.79	15 g			

HYDROCORTISONE BUTYRATE (new listing)

Scalp lotn 0.1%	Locoid	3.65	100 ml			
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HYDROCORTISONE BUTYRATE (↓ price)

Lipocream 0.1%	Locoid Lipocream	2.30	30 g			
Lipocream 0.1%	Locoid Lipocream	6.85	100 g			
Milky emulsion 0.1%	Locoid Crelo	6.85	100 ml			
Oint 0.1% (brand name change).....	Locoid Ointment	6.85	100 g			

IODIXANOL (new listing)

Inj 320 mg per ml (iodine equivalent), 150 ml.....	Visipaque	670.50	10	5%	Apr-10	(B)
Inj 320 mg per ml (iodine equivalent), 200 ml.....	Visipaque	894.00	10	5%	Apr-10	(B)

IODIXANOL (↓ price and addition of HSS)

Inj 270 mg per ml (iodine equivalent), 50 ml.....	Visipaque	223.50	10	5%	Apr-10	(B)
Inj 270 mg per ml (iodine equivalent), 100 ml.....	Visipaque	447.00	10	5%	Apr-10	(B)
Inj 320 mg per ml (iodine equivalent), 50 ml.....	Visipaque	223.50	10	5%	Apr-10	(B)
Inj 320 mg per ml (iodine equivalent), 100 ml.....	Visipaque	447.00	10	5%	Apr-10	(B)

IODIXANOL (addition of HSS)

Inj 320 mg per ml (iodine equivalent), 200 ml.....	Visipaque	565.56	6	5%	Apr-10	(B)
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IOHEXOL (↓ price and addition of HSS)

Inj 240 mg per ml (iodine equivalent), 50 ml	Omnipaque	77.80	10	5%	Apr-10	Iomeron Isovue 50 ml & 100 ml Optiray Ultravist
Inj 300 mg per ml (iodine equivalent), 20 ml	Omnipaque	24.00	6	5%	Apr-10	Iomeron Isovue Optiray 20 ml & 30 ml Ultravist
Inj 300 mg per ml (iodine equivalent), 50 ml	Omnipaque	77.80	10	5%	Apr-10	Iomeron Isovue Optiray

continued...

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 January 2010 (continued)

continued...

Inj 300 mg per ml (iodine equivalent), 100 ml	Omnipaque	155.60	10	5%	Apr-10	Ultraject 50 ml & 75 ml Ultravist Iomeron Isovue Optiray 100 ml, 150 ml & 200 ml Ultraject 125 ml Ultravist
Inj 300 mg per ml (iodine equivalent), 500 ml	Omnipaque	468.00	6	5%	Apr-10	(B)
Inj 350 mg per ml (iodine equivalent), 20 ml	Omnipaque	24.00	6	5%	Apr-10	Iomeron Isovue Optiray 20 ml & 30 ml Ultraject 30 ml Ultravist 30 ml
Inj 350 mg per ml (iodine equivalent), 50 ml	Omnipaque	77.80	10	5%	Apr-10	Iomeron Isovue Optiray Ultraject Ultravist
Inj 350 mg per ml (iodine equivalent), 75 ml	Omnipaque	116.70	10	5%	Apr-10	Iomeron Optiray Ultraject
Inj 350 mg per ml (iodine equivalent), 100 ml	Omnipaque	155.60	10	5%	Apr-10	Iomeron Isovue Optiray Ultraject 100 ml & 125 ml Ultravist
Inj 350 mg per ml (iodine equivalent), 200 ml	Omnipaque	186.70	6	5%	Apr-10	Iomeron Isovue Optiray Ultravist
Inj 350 mg per ml (iodine equivalent), 500 ml	Omnipaque	780.00	10	5%	Apr-10	(B)
ISONIAZID (↓ price) Tab 100 mg.....	PSM	20.00	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 January 2010 (continued)

MEDROXYPROGESTERONE ACETATE

Inj 150 mg per ml, 1 ml, syringe (new listing).....	Depo-Provera	7.15	1			
Tab 2.5 mg (↑ price).....	Provera	3.09	30	1%	Sept-07	Cyocrin
Tab 5 mg (↓ price).....	Provera	13.06	100	1%	Sept-07	Cyocrin
Tab 10 mg (↓ price).....	Provera	6.85	30	1%	Sept-07	Cyocrin
Tab 100 mg (↓ price).....	Provera	96.50	100	1%	Sept-07	(B)
Tab 200 mg (↓ price).....	Provera	70.50	30	1%	Sept-07	(B)

MEGLUMINE DIATRIZOATE WITH SODIUM AMIDOTRIZOATE

Oral soln 660 mg per ml with sodium amidotrizoate 100 mg per ml, 100 ml.....	Gastrografin	21.00	1			
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MEGLUMINE GADOPENTETATE

Inj 469 mg per ml (equivalent to 0.5 mmol per ml), 10 ml vial.....	Magnevist	184.00	10			
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MESALAZINE

Tab EC 500 mg.....	Asamax	49.50	100			
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PETHIDINE HYDROCHLORIDE (↑ price)

Tab 50 mg.....	PSM	3.20	10			
Tab 100 mg.....	PSM	4.20	10			

PHENOBARBITONE

Tab 15 mg.....	PSM	25.00	500			
Tab 30 mg.....	PSM	26.00	500			

PINDOLOL

Tab 5 mg.....	Apo-Pindolol	5.40	100	1%	Mar-10	Pindol
Tab 10 mg.....	Apo-Pindolol	9.19	100	1%	Mar-10	Pindol
Tab 15 mg.....	Apo-Pindolol	13.80	100	1%	Mar-10	Pindol

QUININE SULPHATE (↑ price)

Tab 200 mg.....	Q 200	17.20	250			
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RECOMBINANT FACTOR VIII

Inj 250 IU.....	Xyntha	225.00	1			
Inj 500 IU.....	Xyntha	450.00	1			
Inj 1,000 IU.....	Xyntha	900.00	1			
Inj 2,000 IU.....	Xyntha	1,800.00	1			

Note – Refacto brand of recombinant factor VIII inj 250 iu, 500 iu, 1,000 iu and 2,000 iu to be delisted 1 April 2010.

SILVER SULPHADIAZINE

Crm 1%.....	Flamazine	12.30	50 g			
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SOLIFENACIN SUCCINATE

Tab 5 mg.....	Vesicare	56.50	30			
Tab 10 mg.....	Vesicare	56.50	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 January 2010 (continued)

TROPISETRON (addition of HSS)

Cap 5 mg**Navoban** 77.41 5 1% Mar-10 (B)

Effective 1 December 2009

AMOXICILLIN

Grans for oral liq 125 mg per 5 ml ..Ospamox 1.55 100 ml

Grans for oral liq 250 mg per 5 ml ..**Ospamox** 1.10 100 ml 1% Feb-10 Amoxil
Ranbaxy Amoxicillin

ATROPINE SULPHATE (↑ price and discontinuing HSS)

Eye drops 1%Atropt 17.36 15 ml ~~1% Dec-08~~ (B)

ATROPINE SULPHATE

Inj 1200 µg, 1 ml.....AstraZeneca 32.00 50

Note – AstraZeneca inj 1200 µg, 1 ml to be delisted 1 February 2010.

BLEOMYCIN SULPHATE

Inj 15,000 iu.....Blenoxane 680.00 10

Note – Blenoxane inj 15,000 iu to be delisted 1 February 2010.

CALCITRIOL

Cap 0.25 µg**Airflow** 3.03 30 1% Feb-10 Calcitriol-AFT
Rocaltrol

Cap 0.5 µg**Airflow** 5.62 30 1% Feb-10 Caltriol-AFT
Rocaltrol

Note – Calcitriol-AFT cap 0.25 µg and 0.5 µg to be delisted 1 February 2010.

CEPHALEXIN MONOHYDRATE

Grans for oral liq 125 mg per 5 ml ..**Cefalexin** 8.50 100 ml 1% Feb-10 (B)
Sandoz

Grans for oral liq 250 mg per 5 ml ..**Cefalexin** 11.50 100 ml 1% Feb-10 (B)
Sandoz

DOCETAXEL

Inj 20 mg.....**Docetaxel** 325.00 1 1% Feb-10 Docetaxel Winthrop
Ebewe Taxotere

Inj 80 mg.....**Docetaxel** 1,300.00 1 1% Feb-10 Docetaxel Winthrop
Ebewe Taxotere

Note – Taxotere inj 20 mg and 80 mg to be delisted 1 February 2010.

ETHAMBUTOL HYDROCHLORIDE

Tab 100 mg.....Myambutol 57.81 56

FUROSEMIDE

Tab 500 mg.....Urex Forte 50.00 50

HYDROXYETHYL STARCH 200/0.5 PENTASTARCH (amended description)

Inj Inf 10% per 500 ml bag.....**StarQuin 10%** 216.00 16 1% Sept-08 Pentaspan

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

LETROZOLE (↓ price)

Tab 2.5 mg.....Femara 146.46 30

MEGLUMINE DIATRIZOATE WITH SODIUM AMIDOTRIZOATE (↑ price)

Oral soln 660 mg per ml with sodium amidotrizoate 100 mg per ml, 100 ml.....Gastrografin 210.00 10

MEGLUMINE GADOPENTETATE

Inj 469 mg per ml (equivalent to 0.5 mmol per ml), 10 ml prefilled Syringe (↑ price).....Magnevist 92.00 5

Inj 469 mg per ml (equivalent to 0.5 mmol per ml), 20 ml.....Magnevist 33.85 1

Note – Magnevist inj 469 mg per ml, 20 ml to be delisted 1 February 2010.

PERMETHRIN

Lotn 5%**A-Scabies** 3.65 30 ml 1% Feb-10 Lyderm

Note – Lyderm crm 5% to be delisted 1 February 2010.

POLYETHYLENE GLYCOL WITH SODIUM SULPHATE (↑ price)

Powder, sachets.....Klean-Prep 16.46 4

QUETIAPINE (↓ price)

Tab 25 mg.....Quetapel 16.78 90

Tab 100 mg.....Quetapel 32.59 90

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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

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

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