

Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 June 2010

Cumulative for May and June 2010

Section H for April, May and June 2010



Contents

Summary of PHARMAC decisions effective 1 June 2010.....	3
Exceptional Circumstances prescription claiming	4
Tramadol hydrochloride – new listing	5
Mitomycin C 5 mg injection – new listing	5
Deca-Durabolin Orgaject – new listing	6
Risperidone – reference pricing	6
Losec Hp7 OAC discontinuation	7
News in brief.....	7
Named Specialists for antiretrovirals	8
Tender News.....	9
Looking Forward	9
Sole Subsidised Supply products cumulative to June 2010	10
New Listings.....	19
Changes to Restrictions.....	20
Changes to Subsidy and Manufacturer’s Price.....	26
Changes to Brand Name	28
Changes to Sole Subsidised Supply	28
Delisted Items	29
Items to be Delisted	31
Section H changes to Part II	34
Section H changes to Part IV	38
Index.....	39

Summary of PHARMAC decisions

EFFECTIVE 1 JUNE 2010

New listings (page 19)

- Enalapril (Arrow-Enalapril) tab 5 mg, 10 mg and 20 mg
- Nandrolone decanoate (Deca-Durabolin Orgaject) inj 50 mg per ml, 1 ml – Retail pharmacy–Specialist – Section 29
- Tramadol hydrochloride (Arrow-Tramadol) cap 50 mg
- Cytarabine (Pfizer) inj 500 mg and 1 g – PCT – Retail pharmacy–Specialist
- Cytarabine (Pfizer) inj 2 g – PCT only – Specialist
- Irinotecan (Irinotecan-Rex) inj 20 mg per ml, 2 ml and 5 ml – PCT only – Specialist – Special Authority
- Mitomycin C (Arrow) inj 5 mg – PCT only – Specialist – Section 29

Changes to restrictions (pages 20-23)

- Pancreatic enzyme (Cotazym ECS, Creon 10000, Creon Forte, Panzytrat) cap – removal of Retail pharmacy–Specialist restriction
- Ferrous sulphate (Ferdan) oral liq 30 mg per 1 ml (6 mg elemental per 1 ml) – amended presentation
- Malathion (Derbac-M) liq 0.5% – addition of Original Pack (OP) status
- Combined oral contraceptives – removal of delisted brand names in Special Authority criteria
- Progesterone-only contraceptives – removal of delisted brand names in Special Authority criteria
- Alendronate for osteoporosis – amended Special Authority criteria
- Naltrexone hydrochloride (ReVia) tab 50 mg – amended Special Authority criteria
- Cytarabine (Pfizer, Mayne) inj 500 mg, 1 g and 2 g – amended presentation
- Cytarabine (Baxter) inj 1 mg for ECP – amended of unit of measure

Decreased subsidy (page 26)

- Docusate sodium (Coloxyl) tab 50 mg and 120 mg
- Risperidone (Ridal) tab 0.5 mg, 1 mg, 2 mg, 3 mg, and 4 mg
- Cytarabine (Pfizer) inj 100 mg
- Vincristine sulphate inj 1 mg per ml, 2 ml (Hospira) and inj 1 mg for ECP (Baxter)

Increased subsidy (page 26)

- Cytarabine (Baxter) inj 1 mg for ECP
- Vincristine sulphate (Hospira) inj 1 mg per ml, 1 ml

Exceptional Circumstances prescription claiming

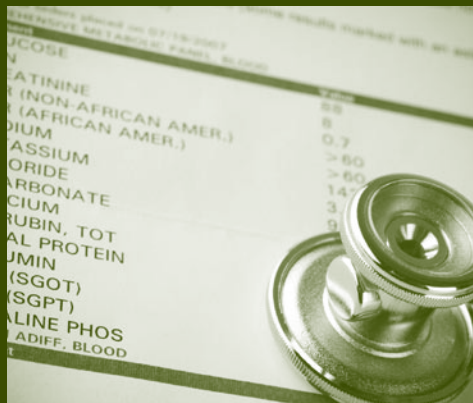
Exceptional Circumstances offers people funding for medicines that aren't otherwise funded through the Pharmaceutical Schedule, or through DHB Hospitals.

Once approved, Community Exceptional Circumstances (EC) approvals provide a subsidy sufficient to fully fund the pharmaceutical for that specific patient at a nominated pharmacy. Only that nominated pharmacy may claim a subsidy via an EC approval number. There are two types of EC approvals:

- medicines not listed on the Pharmaceutical Schedule (e.g. propylthiouracil)
- medicines listed on the Pharmaceutical Schedule where the patient does not meet the subsidy restrictions (e.g. imatinib mesylate for indications other than CML or GIST).

EC Approval letters always state the nominated pharmacy and give a detailed description of the pharmaceutical(s) approved. This includes the Pharmacode numbers that may be claimed. If the Pharmacode number differs, pharmacists should contact the Exceptional Circumstances Panel Co-ordinator at PHARMAC prior to any dispensing, so that any related claim made by the pharmacy is not rejected.

The Pharmacy Services Agreement gives details on how these EC prescriptions should be claimed. A description of this is



detailed below. However, if your pharmacy is the nominated pharmacy, you should review your own Pharmacy Services Agreement for completeness.

For pharmaceuticals listed in the Pharmaceutical Schedule:

- You will be paid the cost of the pharmaceutical as listed in the Pharmaceutical Schedule plus the usual margin towards procurement and stockholding costs. These are 4% for pharmaceuticals with a Pharmaceutical Schedule pack subsidy of less than \$150.00, or 5% for pharmaceuticals with a Pharmaceutical Schedule pack subsidy that is equal to or greater than \$150.00 and for all Special Foods.
- Cost Brand Source Supply (CBS) should not be used for claims for EC pharmaceuticals listed in the Pharmaceutical Schedule.
- A multiplier of 1.0 of the Base Pharmacy Service Fee (dispensing fee).
- GST will be included in the calculation for payment.

- The amount paid will be less the patient co-payment contribution.

For pharmaceuticals NOT listed in the Pharmaceutical Schedule:

- You will be paid the cost of the Exceptional Circumstances Product – the GST exclusive invoice price to pharmacy of the minimum purchase order of the pharmaceutical required to satisfy the requirements of the pharmaceutical as at the date of dispensing. In this case pharmacists should annotate the prescription as Cost Brand Source Supply (CBS) or attach a copy of the invoice. All receipts of purchase must be kept for audit purposes..
- A multiplier of 1.5 of the Base Pharmacy Service Fee (dispensing fee)
- GST will be included in the calculation for payment.
- The amount paid will be less the patient co-payment contribution.

Tramadol hydrochloride – new listing

From 1 June 2010 Arrow-Tramadol (tramadol hydrochloride) 50 mg capsules will be subsidised without restriction on the Pharmaceutical Schedule. This treatment for acute and chronic pain will help fill an identified unmet clinical need in patients who cannot take currently funded alternatives.

Mitomycin C 5 mg injection – new listing

The Arrow brand of mitomycin C 5 mg injection will be subsidised from 1 June 2010. However, supplies of this brand will not be available until the middle of June. PHARMAC is listing this product from the beginning of the month so that DHB Hospital Pharmacies will be able to

claim this product as soon as supplies are available. Mitomycin C 5 mg injection will be subsidised under the PCT only – Specialist restriction. This Arrow brand is also being supplied under Section 29 of the Medicines Act 1981 as it is an unapproved medicine.



Deca-Durabolin Orgaject – new listing

Due to an out-of-stock situation, the Australian brand of Deca-Durabolin Orgaject (nandrolone deconoate) 50 mg per ml 1 ml injection will be subsidised from 1 June 2010. The Retail pharmacy-Specialist

restriction will apply to this formulation also. The Australian brand of Deca-Durabolin Orgaject is an unapproved medicine and is being supplied under Section 29 of the Medicines Act 1981.

Risperidone – reference pricing

PHARMAC has decided to apply reference pricing across different brands of risperidone from 1 June 2010, where such reference pricing is possible in light of the contractual arrangements PHARMAC has with the different suppliers. The effect of the decision is that from 1 June 2010 the subsidy for the Ridal brand of risperidone tablets will be reduced in Section B of the Pharmaceutical Schedule to the level of the subsidy for Apo-Risperidone tablets

and Dr Reddy's Risperidone tablets. Douglas Pharmaceuticals Ltd has notified PHARMAC that



it has reduced its price to match the subsidy for Ridal tablets so they will remain fully subsidised at the lower price.

All other currently funded brands of risperidone tablets (Apo-Risperidone,

Dr Reddy's Risperidone and Risperdal) will remain fully funded. We note that Risperdal tablets (supplied by Janssen-Cilag) have protection from subsidy reduction until 1 July 2012; therefore, no changes to the subsidy for Risperdal tablets could occur before 1 July 2012 without the supplier's agreement.



Losec Hp7 OAC discontinuation

PHARMAC has received notice from AstraZeneca that it intends to discontinue its omeprazole, amoxicillin and clarithromycin combination pack (Losec Hp7 OAC) that is used for the treatment

of helicobacter pylori eradication. The individual components are available fully funded as an alternative to this combination pack. Losec Hp7 OAC will be delisted from 1 December 2010.

News in brief:

- **Malathion** 0.5% liquid (Derbac-M) will be able to be claimed as original packs (OP's) from 1 June 2010.
- The Special Authority for subsidy for **alendronate sodium with or without cholecalciferol** tablets (Fosamax and Fosamax Plus) will be amended from 1 June 2010. The amendment is to the Note only and not the access criteria. The change would clarify that it is the BMD measurements (which are used to derive T-Scores) that must be made using DXA.
- Last month we amended the line item descriptions for mineral products listed in the Pharmaceutical Schedule to include the elemental content. We made an error in the listing for **ferrous sulphate** oral liquid. This has now been corrected.
- The **cytarabine** (Baxter) injection for ECP pack size has been amended from 1 mg to 10 mg from 1 June 2010. A new pharmacode (2359413) has been issued for this new pack size.



Named Specialists for antiretrovirals

Below is a list of currently approved named Specialists that the Ministry of Health has approved to prescribe HIV antiretroviral agents in New Zealand

Auckland

Dr Emma Best
Dr Simon Briggs
Dr Rod Ellis-Pegler
Dr Rick Franklin
Dr Rupert Handy
Dr David Holland
Dr Joan Ingram
Prof. Diana Lennon
Dr Mitzi Nisbet
Dr Nicky Perkins
Dr Stephen Ritchie
Dr Sally Roberts
Dr Simon Rowley
Dr Mark Thomas
Dr Leslie Voss
Dr Liz Wilson

Hamilton

Dr Graeme Mills
Dr Jane Morgan

Tauranga

Dr Anthony Graham
Dr Katherine Grimwade
Dr Elizabeth Spellacy

Napier

Dr Andrew Burns
Dr Richard Meech

Palmerston North

Dr Anne Robertson

Wellington

Dr Tim Blackmore
Dr Kenneth Romeril
Dr Nigel Raymond
Dr Richard Steele

Nelson

Dr Stephen Delany
Dr Richard Everts

Christchurch

Dr Stephen Chambers
Dr Robin Corbett
Dr Sarah Metcalf
Dr Maud Meates-Dennis
Dr Alan Pithie

Dunedin

Dr Charles Beresford
Dr Geoffery Clover
Dr Igor Melnychuk
Dr Deborah Williams



Tender News

Sole Subsidised Supply changes – effective 1 July 2010

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Dihydrocodeine tartrate	Tab long-acting 60 mg; 60 tab	DHC Continus (MundiPharma)
Docusate sodium with sennosides	Tab 50 mg with total sennosides 8 mg; 200 tab	Laxsol (Sigma)
Hydroxocobalamin	Inj 1 mg per ml, 1 ml; 3 amp	ABM Hydroxocobalamin (ABM)
Letrozole	Tab 2.5 mg, 30 tab	Letara (Douglas)
Promethazine hydrochloride	Oral liq 5 mg per 5 ml; 100 ml	Promethazine Winthrop Elixir (Sanofi-Aventis)
Somatropin	Inj cartridge 16 iu (5.3 mg); 5 vial	Genotropin (Pfizer)
Somatropin	Inj cartridge 36 iu (12 mg); 5 vial	Genotropin (Pfizer)
Tranexamic acid	Tab 500 mg; 100 tab	Cyklokapron (Pfizer)
Zidovudine [AZT]	Cap 100 mg; 100 cap	Retrovir (GSK)
Zidovudine [AZT]	Oral liq 10 mg per ml; 200 ml OP	Retrovir (GSK)

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.

Decision for implementation 1 July 2010

- Antiretrovirals – amended Special Authority criteria
- Domperidone (Motilium) tab 10 mg – subsidy increase to match price and removal of Special Authority for Manufacturers Price
- Hormone replacement therapy – Systemic – amended Special Authority criteria
- Metoprolol succinate (AFT-Metoprolol CR and Betaloc CR) tab long-acting 23.75 mg, 47.5 mg, 95 mg and 190 mg – subsidy decrease
- Octreotide inj 50 µg per ml, 1 ml, inj 100 µg per ml, 1 ml, inj 500 µg per ml, 1 ml, inj LAR 10 mg prefilled syringe, inj LAR 20 mg prefilled syringe and inj LAR 30 mg prefilled syringe – amended Special Authority
- Potassium iodate (NeuroKare) tab 150 µg – new listing
- Tolcapone (Tasmar) tab 100 mg – removal of Retail pharmacy-Specialist prescription, Specialist must be a neurologist, geriatrician or general physician
- Tretinoin (ReTrieve) crm 0.5 mg/g – new listing with maximum of 50 g per prescription

Sole Subsidised Supply Products – cumulative to June 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	Grans for oral liq 250 mg per 5 ml	Ospamox	2012
	Drops 125 mg per 1.25 ml	Ospamox Paediatric Drops	2011
	Inj 250 mg, 500 mg & 1 g Cap 250 mg & 500 mg	Ibiamox Apo-Amoxi	2010
Amoxicillin clavulanate	Grans for oral liq amoxicillin 125 mg with potassium clavulanate 31.25 mg per 5 ml	Curam	2012
	Grans for oral liq amoxicillin 250 mg with potassium clavulanate 62.5 mg per 5 ml	Curam	
	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 Lotn, BP	healthE API	2012
Calcitonin	Inj 100 iu per ml, 1 ml	Miacalcic	2011
Calcitriol	Cap 0.25 µg & 0.5 µg	Airflow	2012
Calcium	Tab eff 1 g	Calsource	2011

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Sole Subsidised Supply Products – cumulative to June 2010

Generic Name	Presentation	Brand Name	Expiry Date*
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 Grans for oral liq 125 mg per 5 ml	Ranbaxy-Cefaclor Ranbaxy-Cefaclor	2010
Cefazolin sodium	Inj 500 mg & 1 g	Hospira	2011
Cefuroxime sodium	Inj 750 mg & 1.5 g	Zinacef	2011
Cephalexin monohydrate	Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml	Cefalexin Sandoz Cefalexin Sandoz	2012
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 crn 1% with applicator(s) Vaginal crn 2% with applicators(s)	Clomazol Clomazol Clomazol	2011 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

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Sole Subsidised Supply Products – cumulative to June 2010

Generic Name	Presentation	Brand Name	Expiry Date*
Cyproterone acetate	Tab 50 mg & 100 mg	Siterone	2012
Cyproterone acetate with ethinyloestradiol	Tab 2 mg with ethinyloestradiol 35 µg and 7 inert tabs	Ginet 84	2011
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
Diclofenac sodium	Tab EC 25 mg & 50 mg Eye drops 1 mg per ml Inj 25 mg per ml, 3 ml Suppos 12.5 mg, 25 mg, 50 mg & 100 mg	Diclofenac Sandoz Voltaren Ophtha Voltaren Voltaren	2012 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
Ethinyloestradiol	Tab 10 µg	NZ Medical and Scientific	2012
Ethinyloestradiol 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
Etidronate disodium	Tab 200 mg	Arrow-Etidronate	2012
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

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Sole Subsidised Supply Products – cumulative to June 2010

Generic Name	Presentation	Brand Name	Expiry Date*
Flucloxacillin sodium	Cap 250 mg & 500 mg	AFT	2012
	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	2011
Fluconazole	Cap 50 mg, 150 mg & 200 mg	Pacific	2011
Fludarabine phosphate	Inj 50 mg	Fludara	2011
	Tab 10 mg	Fludara Oral	
Fluocortolone caproate with fluocortolone pivalate and cinchocaine	Oint 950 µg, with fluocortolone pivalate 920 µg, and cinchocaine hydrochloride 5 mg per g	Ultraproct	2010
	Suppos 630 µg, with fluocortolone pivalate 610 µg, and cinchocaine hydrochloride 1 mg	Ultraproct	
Fluorometholone	Eye drops 0.1%	FML	2012
Fluoxetine hydrochloride	Cap 20 mg	Fluox	2010
	Tab disp 20 mg, scored	Fluox	
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%	Foban	2010
	Oint 2%	Foban	
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	Lycinate	2011
	Oral pump spray 400 µg per dose	Nitrolingual Pumpspray	
	TDDS 5 mg & 10 mg	Nitroderm TTS	
Haloperidol	Oral liq 2 mg per ml	Serenace	2010
	Tab 500 µg, 1.5 mg & 5 mg	Serenace	
Hydrocortisone	Tab 5 mg & 20 mg	Douglas	2012
	Powder	ABM	2011
	Crn 1%	PSM	
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

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Sole Subsidised Supply Products – cumulative to June 2010

Generic Name	Presentation	Brand Name	Expiry Date*
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
Latanoprost	Eye drops 50 µg per ml	Hysite	2012
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
Lisinopril	Tab 5 mg, 10 mg & 20 mg	Arrow-Lisinopril	2012
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
Mesalazine	Enema 1 g per 100 ml	Pentasa	2012
Metformin hydrochloride	Tab immediate-release 500 mg & 850 mg	Apotex	2012
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

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Sole Subsidised Supply Products – cumulative to June 2010

Generic Name	Presentation	Brand Name	Expiry Date*
Methotrexate	Tab 2.5 mg & 10 mg	Methoblastin	2012
	Inj 100 mg per ml, 10 ml Inj 100 mg per ml, 50 ml	Methotrexate Ebewe Methotrexate Ebewe	2011
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
Mometasone furoate	Crn 0.1%	m-Mometasone	2012
	Oint 0.1%	m-Mometasone	
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	
Nadolol	Tab 40 mg & 80 mg	Apo-Nadolol	2010
Naltrexone hydrochloride	Tab 50 mg	ReVia	2010
Naproxen	Tab 250 mg	Noflam 250	2012
	Tab 500 mg	Noflam 500	
Naproxen sodium	Tab 275 mg	Sonafam	2010
Neostigmine	Inj 2.5 mg per ml, 1 ml	AstraZeneca	2010
Nevirapine	Oral suspension 10 mg per ml	Viramune	2012
	Tab 200 mg	Suspension Viramune	
Nicotine	Patch 7 mg, 14 mg & 21 mg	Habitrol	2010
	Lozenge 1 mg & 2 mg	Habitrol	
	Gum 2 mg & 4 mg (Fruit)	Habitrol	
	Gum 2 mg & 4 mg (Mint)	Habitrol	
Norethisterone	Tab 350 µg	Noriday 28	2012
	Tab 5 mg	Primolut N	2011
Nortriptyline hydrochloride	Tab 10 mg & 25 mg	Norpress	2011

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Sole Subsidised Supply Products – cumulative to June 2010

Generic Name	Presentation	Brand Name	Expiry Date*
Nystatin	Oral liq 100,000 u per ml, 24 ml OP	Nilstat	2011
	Cap 500,000 u	Nilstat	2010
	Tab 500,000 u	Nilstat	
Omeprazole	Cap 10 mg, 20 mg & 40 mg	Dr Reddy's Omeprazole	2011
	Inj 40 mg	Dr Reddy's Omeprazole	
Ondansetron	Tab 4 mg & 8 mg	Zofran	2010
	Tab disp 4 mg & 8 mg	Zofran Zydis	
Oxybutynin	Tab 5 mg	Apo-Oxybutynin	2010
	Oral liq 5 mg per 5 ml	Apo-Oxybutynin	
Oxycodone hydrochloride	Inj 10 mg per ml, 1 ml & 2 ml	OxyNorm	2010
	Oral liq 5 mg per 5 ml	OxyNorm	
Oxytocin	Inj 5 iu per ml, 1 ml	Syntocinon	2012
	Inj 10 iu per ml, 1 ml	Syntocinon	
	Inj 5 iu with ergometrine maleate 500 µg per ml, 1 ml	Syntometrine	
Pamidronate disodium	Inj 3 mg per ml, 5 ml	Pamisol	2011
	Inj 3 mg per ml, 10 ml	Pamisol	
	Inj 6 mg per ml, 10 ml	Pamisol	
Pantoprazole	Inj 40 mg	Pantocid IV	2010
	Tab 20 mg & 40 mg	Dr Reddy's Pantoprazole	
Paracetamol	Tab 500 mg	Pharmacare	2011
	Oral liq 120 mg per 5 ml	Paracare Junior	
	Oral liq 250 mg per 5 ml	Paracare Double Strength	
Paracetamol with codeine	Tab paracetamol 500 mg with codeine phosphate 8 mg	ParaCode	2012
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
Pegylated interferon alpha-2A	Inj 135 µg prefilled syringe	Pegasys	31/12/12
	Inj 180 µg prefilled syringe	Pegasys	
	Inj 135 µg prefilled syringe x 4 with ribavirin tab 200 mg x 112	Pegasys RBV Combination Pack	
	Inj 135 µg prefilled syringe x 4 with ribavirin tab 200 mg x 168	Pegasys RBV Combination Pack	
	Inj 180 µg prefilled syringe x 4 with ribavirin tab 200 mg x 112	Pegasys RBV Combination Pack	
	Inj 180 µg prefilled syringe x 4 with ribavirin tab 200 mg x 168	Pegasys RBV Combination Pack	
Pergolide	Tab 0.25 mg & 1 mg	Permax	2011
Permethrin	Lotn 5%	A-Scabies	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 June 2010

Generic Name	Presentation	Brand Name	Expiry Date*
Phenoxyethylpenicillin (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
Pindolol	Tab 5 mg, 10 mg & 15 mg	Apo-Pindolol	2012
Pioglitazone	Tab 15 mg, 30 mg & 45 mg	Pizaccord	2012
Pizotifen	Tab 500 µg	Sandomigran	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 hydrochloride	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
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-Roxithromycin	2012
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 Asthalin Salapin	2012 2010
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 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
Sodium cromoglycate	Nasal spray, 4%	Rex	2012

*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 June 2010

Generic Name	Presentation	Brand Name	Expiry Date*
Sotalol	Tab 80 mg & 160 mg	Mylan	2012
Spacer Device	230 ml	Space Chamber	30/9/11
Sumatriptan	Tab 50 mg & 100 mg	Arrow-Sumatriptan	2013
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
Tropisetron	Cap 5 mg	Navoban	2012
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

June 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.*

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings

Effective 1 June 2010

49	ENALAPRIL				
	* Tab 5 mg	1.98	90	✓ Arrow-Enalapril	
	* Tab 10 mg	2.44	90	✓ Arrow-Enalapril	
	* Tab 20 mg	3.24	90	✓ Arrow-Enalapril	
76	NANDROLONE DECANOATE – Retail pharmacy-Specialist				
	Inj 50 mg per ml, 1 ml	21.16	1	✓ Deca-Durabolin Orgaject S29	
109	TRAMADOL HYDROCHLORIDE				
	Cap 50 mg	6.95	100	✓ Arrow-Tramadol	
138	CYTARABINE				
	Inj 500 mg – PCT – Retail pharmacy-Specialist	18.15	1	✓ Pfizer	
	Inj 1 g – PCT – Retail pharmacy-Specialist	37.00	1	✓ Pfizer	
	Inj 2 g – PCT only – Specialist	31.00	1	✓ Pfizer	
139	IRINOTECAN – PCT only – Specialist – Special Authority see SA0878				
	Inj 20 mg per ml, 2 ml	41.00	1	✓ Irinotecan-Rex	
	Inj 20 mg per ml, 5 ml	100.00	1	✓ Irinotecan-Rex	
142	MITOMYCIN C – PCT only – Specialist				
	Inj 5 mg	72.75	1	✓ Arrow S29	

Effective 5 May 2010

100	DICLOFENAC SODIUM				
	* Tab EC 25 mg	1.63	50	✓ Diclofenac Sandoz	
	* Tab EC 50 mg	2.13	50	✓ Diclofenac Sandoz	

Effective 1 May 2010

55	BENDROFLUAZIDE				
	* Tab 2.5 mg – Up to 150 tab available on a PSO	7.58	500	✓ Arrow- Bendrofluazide	
	May be supplied on a PSO for reasons other than emergency.				
	* Tab 5 mg	11.75	500	✓ Arrow- Bendrofluazide	
77	TESTOSTERONE UNDECANOATE – Retail pharmacy-Specialist				
	Cap 40 mg	79.92	100	✓ Arrow-Testosterone	
109	LIGNOCAINE				
	Gel 2%, 10 ml urethral syringe	43.26	10	✓ Pfizer	
138	FLUOROURACIL SODIUM				
	Inj 50 mg per ml, 10 ml – PCT only – Specialist	24.75	5	✓ Fluorouracil Ebewe	

▲ 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 June 2010

33	PANCREATIC ENZYME Cap 8,000 USP u lipase, 30,000 USP u amylase, 30,000 USP u protease —Retail pharmacy Specialist 85.00 Cap EC 10,000 BP u lipase, 9,000 BP u amylase and 210 BP u protease —Retail pharmacy Specialist 34.93 Cap EC 25,000 BP u lipase, 18,000 BP u amylase, 1,000 BP u protease —Retail pharmacy Specialist 94.38 Cap EC 25,000 BP u lipase, 22,500 BP u amylase, 1,250 BP u protease —Retail pharmacy Specialist 94.40	250 100 100 100	✓ Cotazym ECS ✓ Creon 10000 ✓ Creon Forte ✓ Panzytrat
39	FERROUS SULPHATE *‡ Oral liq 30 mg per 1 ml 150 mg per 5 ml (6 mg elemental per 1 ml 30 mg elemental per 1 ml) 10.30	500 ml	✓ Ferodan
65	MALATHION Liq 0.5% 4.99	200 ml OP	✓ Derbac-M
71	COMBINED ORAL CONTRACEPTIVES ► SA0500 Special Authority for Alternate Subsidy Initial application from any medical practitioner. Approvals valid for 2 years for applications meeting the following criteria: Both: 1 Either: 1.1 Patient is on a Social Welfare benefit; or 1.2 Patient has an income no greater than the benefit; and 2 Has tried at least one of the fully funded options and has been unable to tolerate it. Renewal from any medical practitioner. Approvals valid for 2 years for applications meeting the following criteria: Either: 1 Patient is on a Social Welfare benefit; or 2 Patient has an income no greater than the benefit. Notes: The approval numbers of Special Authorities approved after 1 November 1999 are interchangeable between Mercilon; and Marvelon, Minulet and Femodene. The additional subsidy will fund Mercilon; and Marvelon, Minulet and Femodene up to the manufacturer's price for each of these products as identified on the Schedule at 1 November 1999. Special Authorities approved before 1 November 1999 remain valid until the expiry date and can be renewed providing that women are still either: • on a Social Welfare benefit; or • have an income no greater than the benefit. The approval numbers of Special Authorities approved before 1 November 1999 are interchangeable for products within the combined oral contraceptives and progestogen-only contraceptives groups, except Loette and Microgynon 20 ED		
72	PROGESTOGEN-ONLY CONTRACEPTIVES ► SA0500 Special Authority for Alternate Subsidy Initial application from any medical practitioner. Approvals valid for 2 years for applications meeting the following criteria: Both: 1 Either: 1.1 Patient is on a Social Welfare benefit; or 1.2 Patient has an income no greater than the benefit; and 2 Has tried at least one of the fully funded options and has been unable to tolerate it.		

continued...

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions - effective 1 June 2010 (continued)

continued...

Renewal from any medical practitioner. Approvals valid for 2 years for applications meeting the following criteria:
Either:

- 1 Patient is on a Social Welfare benefit; or
- 2 Patient has an income no greater than the benefit.

Notes: The approval numbers of Special Authorities approved after 1 November 1999 are interchangeable between Mercilon; **and** Marvelon; ~~Minulet and Femodene~~.

The additional subsidy will fund Mercilon; **and** Marvelon; ~~Minulet and Femodene~~ up to the manufacturer's price for each of these products as identified on the Schedule at 1 November 1999.

Special Authorities approved before 1 November 1999 remain valid until the expiry date and can be renewed providing that women are still either:

- on a Social Welfare benefit; or
- have an income no greater than the benefit.

The approval numbers of Special Authorities approved before 1 November 1999 are interchangeable for products within the combined oral contraceptives and progestogen-only contraceptives groups, except Loette and Microgynon 20 ED

107	ALENDRONATE SODIUM – Special Authority see SA0990 – Retail pharmacy Tab 70 mg	35.91	4	✓ Fosamax
	ALENDRONATE SODIUM WITH CHOLECALCIFEROL – Special Authority see SA0990 – Retail pharmacy Tab 70 mg with cholecalciferol 5,600 iu	35.91	4	✓ Fosamax Plus
	Tab 70 mg with cholecalciferol 2,800 iu	35.91	4	✓ Fosamax Plus

▶ SA0990 Special Authority for Subsidy

Initial application — (Underlying cause – Osteoporosis) 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 mineral density (BMD) ≥ 2.5 standard deviations below the mean normal value in young adults (i.e. T-Score ≤ -2.5) (see Note); 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 ≤ -3.0 (see Note); 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 (see Note).

Initial application — (Underlying cause – glucocorticosteroid therapy) from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria:

Both:

- 1 The patient is receiving systemic glucocorticosteroid therapy (≥ 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 ≥ 1.5 standard deviations below the mean normal value in young adults (i.e. T-Score ≤ -1.5) (see Note); 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 (≥ 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:

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 June 2010 (continued)

continued...

- 1 History of one significant osteoporotic fracture demonstrated radiologically and documented bone mineral density (BMD) ≥ 2.5 standard deviations below the mean normal value in young adults (i.e. T-Score ≤ -2.5) (see Note); 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 ≤ -3.0 (see Note); 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 (see Note).

Notes:

- a) **BMD (including BMD used to derive T-Score) must be derived measured** using dual-energy x-ray absorptiometry (DXA). Quantitative ultrasound and quantitative computed tomography (QCT) are not acceptable.
- b) 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 ≤ -2.5 , and therefore do not require BMD measurement for treatment with bisphosphonates.
- c) 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.
- d) 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.

135 NALTREXONE HYDROCHLORIDE – Special Authority see SA0909 – Retail pharmacy
Tab 50 mg 180.00 30 ✓ **ReVia**

► SA0909]Special Authority for Subsidy

Initial application from any medical practitioner. Approvals valid for 3 months for applications meeting the following criteria:

Both:

- 1 Patient is currently enrolled in a recognised comprehensive treatment programme for alcohol dependence; and
- 2 Applicant works in **or with** a community Alcohol and Drug Service contracted to one of the 24 District Health Boards or accredited against the New Zealand Alcohol and Other Drug Sector Standard or the National Mental Health Sector Standard.

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

Both:

- 1 Compliance with the medication (prescriber determined); and
- 2 Any of the following:
 - 2.1 Patient is still unstable and requires further treatment; or
 - 2.2 Patient achieved significant improvement but requires further treatment; or
 - 2.3 Patient is well controlled but requires maintenance therapy.

The patient may not have had more than 1 prior approval in the last 12 months.

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 June 2010 (continued)

138	CYTARABINE Inj 500 mg 100 mg per ml, 5 ml – PCT – Retail pharmacy-Specialist.....	18.15 95.36	1 5	✓ Pfizer ✓ Mayne
	Inj 1 g 100 mg per ml, 10 ml – PCT – Retail pharmacy-Specialist	37.00 42.65	1 1	✓ Pfizer ✓ Mayne
	Inj 2 g 100 mg per ml, 20 ml – PCT only – Specialist.....	31.00 34.47	1 1	✓ Pfizer ✓ Mayne
138	CYTARABINE Inj 1 mg for ECP – PCT only – Specialist	0.30	10 † mg	✓ Baxter

Effective 1 May 2010

34	DOCUSATE SODIUM – Only on a prescription * Tab Cap 50 mg	3.95	100	✓ Laxofast 50
	* Tab Cap 120 mg	5.49	100	✓ Laxofast 120
38	CALCIUM CARBONATE * Tab eff 1.75 g (1 g elemental)	6.54	30	✓ <u>Calsource</u>
38	CALCIUM CARBONATE * Tab 1.25 g (500 mg elemental)	9.18	250	✓ Calci-Tab 500
	* Tab 1.5 g (600 mg elemental)	10.33	250	✓ Calci-Tab 600
38	SODIUM FLUORIDE Tab 1.1 mg (0.5 mg elemental)	4.00	100	✓ PSM
38	FERROUS FUMARATE Tab 200 mg (65 mg elemental)	4.35	100	✓ Ferro-tab
38	FERROUS FUMARATE WITH FOLIC ACID Tab 310 mg (100 mg elemental) with folic acid 350 µg	4.75	60	✓ Ferro-F-Tabs
38	FERROUS GLUCONATE WITH ASCORBIC ACID * Tab 170 mg (20 mg elemental) with ascorbic acid 40 mg.....	12.04	500	✓ Healtheries Iron with Vitamin C
39	FERROUS SULPHATE * Tab long-acting 325 mg (105 mg elemental)	5.06 (15.58)	150	Ferro-Gradumet
	* ‡ Oral liq 150 mg per 5 ml (30 mg elemental per 1 ml)	10.30	500 ml	✓ <u>Ferodan</u>
39	FERROUS SULPHATE WITH FOLIC ACID * Tab long-acting 325 mg (105 mg elemental) with folic acid 350 µg	1.80 (3.73)	30	Ferrograd-Folic
39	MAGNESIUM SULPHATE Inj 49.3%, 5 ml	26.60	10	✓ Mayne

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$

Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions - effective 1 May 2010 (continued)

39	ZINC SULPHATE * Cap 220 137.4 mg (50 mg elemental)	10.00	100	✓ Zincaps
138	GEMCITABINE HYDROCHLORIDE – PCT only – Specialist – Special Authority see SA1012 0877			
	Inj 1 g	245.00	1	✓ Gemcitabine Ebewe
		349.20		✓ Gemzar
	Inj 200 mg	49.00	1	✓ Gemcitabine Ebewe
		78.00		✓ Gemzar
	Inj 1 mg for ECP	0.26	1 mg	✓ Baxter

► SA1012 0877 Special Authority for Subsidy

Initial application - (Hodgkin's disease) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

All of the following

1 The patient has Hodgkin's disease*; and

2 Either

2.1 Disease has failed to respond to second-line salvage chemotherapy treatment; or

2.2 Disease has relapsed following transplant; or

2.3 The patient is unsuitable for, or intolerant to, second-line salvage chemotherapy or high dose chemotherapy and transplant.

3 Gemcitabine to be given for a maximum of 6 treatment cycles.

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

All of the following

1 The patient has T-cell lymphoma*; and

2 Gemcitabine to be given for a maximum of 6 treatment cycles.

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

Any of the following:

1 The patient has non small cell lung carcinoma (stage IIIa, or above); or

2 The patient has advanced malignant mesothelioma*; or

3 The patient has advanced pancreatic carcinoma; or

4 The patient has ovarian, fallopian tube* or primary peritoneal carcinoma*; or

5 The patient has advanced transitional cell carcinoma of the urothelial tract (locally advanced or metastatic).

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

Either:

1 The patient requires continued therapy; or

2 The tumour has relapsed and requires re-treatment.

Note: Indications marked with a * are Unapproved Indications.

143	VINORELBINE – PCT only – Specialist – Special Authority see SA1013 099†			
	Inj 10 mg per ml, 1 ml	24.00	1	✓ Navelbine
		42.00		✓ Vinorelbine Ebewe
	Inj 10 mg per ml, 5 ml	120.00	1	✓ Navelbine
		210.00		✓ Vinorelbine Ebewe
	Inj 1 mg for ECP	2.71	1 mg	✓ Baxter

continued...

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

‡ safety cap reimbursed

Sole Subsidised Supply

Changes to Restrictions - effective 1 May 2010 (continued)

continued...

▶ SA1013 0907 Special Authority for Subsidy

Initial application - (Hodgkin's disease) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

All of the following

- 1 The patient has Hodgkin's disease*; and
- 2 Either
 - 2.1 Disease has failed to respond to second-line salvage chemotherapy treatment; or
 - 2.2 Disease has relapsed following transplant; or
 - 2.3 The patient is unsuitable for, or intolerant to, second-line salvage chemotherapy or high dose chemotherapy and transplant.
- 3 Vinorelbine to be given for a maximum of 6 treatment cycles.

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

All of the following

- 1 The patient has T-cell lymphoma*; and
- 2 Vinorelbine to be given for a maximum of 6 treatment cycles.

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

Any of the following:

- 1 The patient has metastatic breast cancer; or
- 2 The patient has non-small cell lung cancer (stage IIIa, or above); or
- 3 All of the following:
 - 3.1 The patient has stage IB-IIIa non-small cell lung cancer; and
 - 3.2 Vinorelbine is to be given as adjuvant treatment in combination with cisplatin; and
 - 3.3 The patient has good performance status (WHO/ECOG grade 0-1).

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

Either:

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

Note: Indications marked with a * are Unapproved Indications.

▲ 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 June 2010

34	DOCUSATE SODIUM – Only on a prescription (↓ subsidy)				
	* Tab 50 mg	3.95	100		
		(4.89)			Coloxyl
	* Tab 120 mg	5.49	100		
		(6.73)			Coloxyl
125	RISPERIDONE (↓ subsidy)				
	Tab 0.5 mg	1.17	20	✓	Ridal
		3.51	60	✓	Ridal
	Tab 1 mg	6.00	60	✓	Ridal
	Tab 2 mg	11.00	60	✓	Ridal
	Tab 3 mg	15.00	60	✓	Ridal
	Tab 4 mg	20.00	60	✓	Ridal
138	CYTARABINE				
	Inj 100 mg – PCT – Retail pharmacy-Specialist (↓ subsidy)	76.00	5	✓	Pfizer
	Inj 1 mg for ECP – PCT only – Specialist (↑ subsidy)	0.30	10 mg	✓	Baxter
	Note - Baxter inj 1 mg for ECP subsidy and price increase is pro rated to the new 10 mg pack size.				
143	VINCRIStINE SULPHATE				
	Inj 1 mg per ml, 1 ml – PCT – Retail pharmacy-Specialist (↑ subsidy)	108.00	5	✓	Hospira
	Inj 1 mg per ml, 2 ml – PCT – Retail pharmacy-Specialist (↓ subsidy)	116.00	5	✓	Hospira
	Inj 1 mg for ECP – PCT only – Specialist (↓ subsidy)	15.77	1 mg	✓	Baxter
156	BECLoMETHASoNE DIPROPIONATE (↑ price)				
	Metered aqueous nasal spray, 50 µg per dose	2.35	200 dose OP		
		(4.00)			Alanase
	Metered aqueous nasal spray, 100 µg per dose	2.46	200 dose OP		
		(4.81)			Alanase

Effective 1 May 2010

61	CROTAMITON (↓ subsidy)				
	a) Only on a prescription				
	b) Not in combination				
	Crm 10%	3.79	20 g OP		
		(4.45)			Eurax
63	CHLoRHExIDINE GLUCoNATE – Subsidy by endorsement (↓ subsidy)				
	a) No more than 500 ml per month				
	b) Only if prescribed for a dialysis patient and the prescription is endorsed accordingly.				
	* Handrub 1% with ethanol 70%	4.60	500 ml		
		(5.40)			Orion
74	PREGNANCY TESTS - HCG URINE (↓ subsidy)				
	a) Up to 200 test available on a PSO				
	b) Only on a PSO				
	Cassette	14.25	25 test OP	✓	MDS Quick Card

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Subsidy and Manufacturers Price - effective 1 May 2010 (continued)

95	LAMIVUDINE – Special Authority see SA0779 – Hospital pharmacy [HP1] (↓ subsidy)			
	Tab 150 mg	153.60	60	✓ 3TC
	Oral liq 10 mg per ml	50.00	240 ml OP	✓ 3TC
136	CISPLATIN – PCT only – Specialist (↓ subsidy)			
	Inj 1 mg per ml, 50 ml	15.00	1	✓ Cisplatin Ebewe
	Inj 1 mg per ml, 100 ml	21.00	1	✓ Cisplatin Ebewe
146	MEGESTROL ACETATE – Retail pharmacy-Specialist (↓ subsidy)			
	Tab 160 mg	57.92 (74.25)	30	Megace

▲ 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 June 2010

76	DEXAMETHASONE SODIUM PHOSPHATE * Inj 4 mg per ml, 1 ml – Up to 5 inj available on a PSO21.50 * Inj 4 mg per ml, 2 ml – Up to 5 inj available on a PSO31.00	5 5	✓ Hospira Mayne ✓ Hospira Mayne
138	CYTARABINE Inj 100 mg – PCT – Retail pharmacy-Specialist.76.00	5	✓ Pfizer Pharmacia
143	VINCRIStINE SULPHATE Inj 1 mg per ml, 1 ml – PCT – Retail pharmacy-Specialist108.00 Inj 1 mg per ml, 2 ml – PCT – Retail pharmacy-Specialist116.00	5 5	✓ Hospira Mayne ✓ Hospira Mayne

Changes to Sole Subsidised Supply

Effective 1 June 2010

For the list of new Sole Subsidised Supply products effective 1 June 2010 refer to the bold entries in the cumulative Sole Subsidised Supply table pages 10-18.

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Delisted Items

Effective 1 June 2010

27	ATROPINE SULPHATE * Inj 1200 µg, 1 ml – Up to 5 inj available on a PSO.....	32.00	50	✓ AstraZeneca
28	OMEPRAZOLE * Cap 10 mg	2.00	28	✓ Dr Reddy's Omeprazole
	* Cap 40 mg	3.35	28	✓ Dr Reddy's Omeprazole
	Note – Dr Reddy's Omeprazole cap 10 mg and 40 mg, 30 cap pack, remain listed.			
44	POTASSIUM CHLORIDE * Inj 150 mg per ml, 10 ml.....	26.00	50	✓ AstraZeneca
52	ATENOLOL * Tab 50 mg	0.39	30	✓ Noten S29
53	PINDOLOL * Tab 5 mg	4.50	100	✓ Pindol
	* Tab 10 mg	8.35	100	✓ Pindol
	* Tab 15 mg	12.00	100	✓ Pindol
71	ETHINYLOESTRADIOL WITH GESTODENE * Tab 30 µg with gestodene 75 µg and 7 inert tab	6.62 (16.50)	84	Femodene 28
	a) Higher subsidy of \$14.49 per 84 tab with Special Authority see SA0500 above			
	b) Up to 84 tab available on a PSO			
87	FLUCLOXACILLIN SODIUM Cap 250 mg – Up to 30 cap available on a PSO	18.50	250	✓ Staphlex
	Cap 500 mg.....	57.90	500	✓ Staphlex
100	DICLOFENAC SODIUM * Tab long-acting 75 mg	19.60	100	✓ Voltaren SR
112	CLOMIPRAMINE HYDROCHLORIDE Tab 10 mg	10.00	100	✓ Clopress
112	PARACETAMOL WITH CODEINE * Tab paracetamol 500 mg with codeine phosphate 8 mg	2.45 (3.24)	100	Codalgin
121	BROMOCRIPTINE MESYLATE * Tab 2.5 mg	32.08	100	✓ Alpha- Bromocriptine
140	BLEOMYCIN SULPHATE – PCT only – Specialist Inj 15,000 iu.....	680.00	10	✓ Blenoxane

▲ 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 May 2010

30	METFORMIN HYDROCHLORIDE * Tab immediate-release 500 mg * Tab immediate-release 850 mg	8.09 6.67	500 250	✓ Arrow-Metformin ✓ Arrow-Metformin
37	CALCITRIOL * Cap 0.25 µg * Cap 0.5 µg	10.10 18.73	100 100	✓ Calcitriol-AFT ✓ Calcitriol-AFT
65	PERMETHRIN Crm 5%	3.65 (4.20)	30 g OP	Lyderm
65	WOOL FAT WITH MINERAL OIL – Only on a prescription * Lotn hydrous 3% with mineral oil	1.12 (5.00) 2.10 (9.38)	200 ml OP 375 ml OP	Alpha-Keri Lotion Alpha-Keri Lotion
68	SUNSCREENS, PROPRIETARY – Subsidy by endorsement Only if prescribed for a patient with severe photosensitivity secondary to a defined clinical condition and the prescription is endorsed accordingly. Lotn	3.19 (8.82)	125 ml OP	Aquasun Sensitive SPF 30+
86	AMOXYCILLIN Grans for oral liq 250 mg per 5 ml – Up to 200 ml available on a PSO	1.27	100 ml	✓ Ranbaxy Amoxicillin
117	LAMOTRIGINE ▲ Tab dispersible 200 mg	101.80	56	✓ Arrow-Lamotrigine
119	SUMATRIPTAN Tab 50 mg Tab 100 mg	1.55 (12.00) (22.00) 1.55 (12.00) (22.00)	4 2	Sumagran Imigran Sumagran Imigran
143	TENIPOSIDE – PCT only – Specialist Inj 10 mg per ml, 5 ml Inj 50 mg for ECP	845.11 84.51	10 50 mg OP	✓ Vumon ✓ Baxter
151	DEXTROCHLORPHENIRAMINE MALEATE * Tab 2 mg	1.26 (5.60) 2.52 (9.99)	25 50	Polaramine Polaramine

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$

Per

Brand or
Generic Mnfr
✓ fully subsidised

Items to be Delisted

Effective 1 August 2010

61	CROTAMITON a) Only on a prescription b) Not in combination Crm 10%	3.79 (4.45)	20 g OP	Eurax
63	CHLORHEXIDINE GLUCONATE – Subsidy by endorsement a) No more than 500 ml per month b) Only if prescribed for a dialysis patient and the prescription is endorsed accordingly. * Handrub 1% with ethanol 70%	4.60 (5.40)	500 ml	Orion
74	PREGNANCY TESTS - HCG URINE a) Up to 200 test available on a PSO b) Only on a PSO Cassette	14.25	25 test OP	✓ MDS Quick Card
100	DICLOFENAC SODIUM * Tab long-acting 75 mg	3.10	30	✓ Diclax SR
Note – Diclax SR tab long-acting 75 mg, 500 tab pack, remains listed.				
110	DEXTROPROPOXYPHENE WITH PARACETAMOL Tab napsylate 50 mg with paracetamol 325 mg	14.50 (22.50)	500	Paradex
	Cap hydrochloride 32.5 mg with paracetamol 325 mg	3.98 (4.90) 19.91 (33.14)	100 500	Capadex Capadex
146	MEGESTROL ACETATE – Retail pharmacy-Specialist Tab 160 mg	57.92 (74.25)	30	Megace

Effective 1 September 2010

34	DOCUSATE SODIUM – Only on a prescription * Tab 50 mg	3.95 (4.89)	100	Coloxyl
	* Tab 120 mg	5.49 (6.73)	100	Coloxyl

Effective 1 November 2010

55	FUROSEMIDE * Tab 500 mg	12.00	100	✓ Diurin 500
62	HYDROCORTISONE * Crm 1% – Only on a prescription	2.44	100 g	✓ Lemnis Fatty Cream HC

▲ 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 November 2010 (continued)

72	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 – Up to 84 tab available on a PSO.....	6.62	84	✓ Trifeme
79	DYDROGESTERONE Tab 10 mg	27.50 (29.90)	50	Duphaston
	Note – Duphaston tab 10 mg, 28 tab pack remains listed.			
83	DANAZOL – Retail pharmacy-Specialist Cap 200 mg	29.35	30	✓ D-Zol
100	DICLOFENAC SODIUM * Tab EC 25 mg	1.63	50	✓ Diclohexal
	* Tab EC 50 mg	2.13	50	✓ Diclohexal
	* Tab long-acting 75 mg	22.78	500	✓ Apo-Diclo SR
	* Tab long-acting 100 mg	34.32	500	✓ Apo-Diclo SR
	Note – Diclax SR tab long-acting 75 mg, 500 tab pack, remains listed.			
112	CLOMIPRAMINE HYDROCHLORIDE Tab 25 mg	26.00	500	✓ Clopress
113	MOCLOBEMIDE 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	8.31	60	✓ GenRx Moclobemide
	Tab 300 mg	18.80	60	✓ GenRx Moclobemide
138	FLUOROURACIL SODIUM Inj 50 mg per ml, 10 ml – PCT only – Specialist.....	4.95	1	✓ Fluorouracil Ebewe
	Note – Fluorouracil Ebewe inj 50 mg per ml, 10 ml, 5 injection pack listed 1 May 2010.			

Effective 1 December 2010

27	OMEPRAZOLE, AMOXYCILLIN AND CLARITHROMYCIN Omeprazole cap 20 mg × 14, amoxicillin cap 500 mg × 28 and clarithromycin tab 500 mg × 14	55.00	1 OP	✓ Losec Hp7 OAC
43	HEPARIN SODIUM Inj 5,000 iu per ml, 5 ml	43.67	10	✓ Multiparin
60	KETOCONAZOLE Crm 2%.....	1.00 (9.50)	15 g OP	Nizoral
	a) Only on a prescription			
	b) Not in combination			

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$

Per

Brand or
Generic Mnfr
✓ fully subsidised

Items to be Delisted - effective 1 December 2010 (continued)

179	ENTERAL FEED 1KCAL/ML – Special Authority see SA0702 – Hospital pharmacy [HP3]			
	Liquid.....	1.24	250 ml OP	✓ Isosource HN
		5.29	1,000 ml OP	✓ Isosource HN RTH
179	ENTERAL FEED WITH FIBRE 1 KCAL/ML – Special Authority see SA0702 – Hospital pharmacy [HP3]			
	Liquid.....	1.24	250 ml OP	✓ Fibersource HN
		5.29	1,000 ml OP	✓ Fibersource HN RTH
179	ENTERAL FEED WITH FIBRE 1.5KCAL/ML – Special Authority see SA0702 – Hospital pharmacy [HP3]			
	Liquid.....	7.00	1,000 ml OP	✓ Isosource 1.5
180	ORAL FEED 1.5KCAL/ML – Special Authority see SA0702 – Hospital pharmacy [HP3]			
	Liquid (vanilla)	1.33	237 ml OP	✓ Resource Plus
181	FOOD THICKENER – Special Authority see SA0595 – Hospital pharmacy [HP3]			
	Powder	3.80	250 g OP	✓ Resource Thicken Up

▲ 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

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 June 2010

BECLOMETHASONE DIPROPIONATE († price)

Metered aqueous nasal spray, 50 µg per dose	Alanasé	4.00	200 dose			
Metered aqueous nasal spray, 100 µg per dose	Alanasé	4.81	200 dose			

CYTARABINE

Inj 100 mg.....	Pfizer	76.00	5	1%	Aug-10	Mayne
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CYTARABINE (new listing and amended description)

Inj 500 mg 100 mg per ml, 5 ml	Pfizer	18.15	1	1%	Aug-10	Mayne
Inj 1 g 100 mg per ml, 10 ml	Pfizer	37.00	1	1%	Aug-10	Mayne
Inj 2 g 100 mg per ml, 20 ml	Pfizer	31.00	1	1%	Aug-10	Mayne

Note – Mayne’s brand of cytarabine inj 500 mg, 1 g and 2 g to be delisted 1 August 2010.

DEXAMETHASONE SODIUM PHOSPHATE (amended brand name and addition of HSS)

Inj 4 mg per ml, 1 ml	Hospira Mayne	21.50	5	1%	Aug-10	(B)
Inj 4 mg per ml, 2 ml	Hospira Mayne	31.00	5	1%	Aug-10	(B)

ENALAPRIL

Tab 5 mg.....	Arrow-Enalapril	1.98	90	1%	Aug-10	m-Enalapril Redopril Renitec
Tab 10 mg.....	Arrow-Enalapril	2.44	90	1%	Aug-10	m-Enalapril Redopril Renitec
Tab 20 mg.....	Arrow-Enalapril	3.24	90	1%	Aug-10	m-Enalapril Redopril Renitec

IRINOTECAN

Inj 20 mg per ml, 2 ml	Irinotecan-Rex	41.00	1	1%	Aug-10	Camptosar DBL Irinotecan Irinotecan Actavis 40 Mylan
Inj 20 mg per ml, 5 ml	Irinotecan-Rex	100.00	1	1%	Aug-10	Camptosar DBL Irinotecan Irinotecan Actavis 100 Mylan

Note – Camptosar inj 20 mg per ml, 2 ml and 5 ml to be delisted 1 August 2010.

Contracted Pharmaceutical Description	Brand	Price (\$) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceutical from
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Section H changes Part II - effective 1 June 2010 (continued)

PROPOFOL (↓ price)

Inj 1%, 20 ml	Diprivan	10.21	5			
	Provive 1%	10.21	5			
Inj 1%, 50 ml	Diprivan	5.56	1			
	Provive 1%	5.56	1			
Inj 1%, 100 ml.....	Diprivan	9.28	1			
	Provive 1%	9.28	1			

RISPERIDONE (↓ price)

Tab 0.5 mg.....	Ridal	1.17	20			
	Ridal	3.51	60			
Tab 1 mg.....	Ridal	6.00	60			
Tab 2 mg.....	Ridal	11.00	60			
Tab 3 mg.....	Ridal	15.00	60			
Tab 4 mg.....	Ridal	20.00	60			

TRAMADOL HYDROCHLORIDE

Cap 50 mg	Arrow-Tramadol	6.95	100	1%	Aug-10	AFT Tramal Tramedo
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Note – Tramal cap 50 mg to be delisted 1 August 2010.

VINCRIStINE SULPHATE (↑ price, amended brand name and addition of HSS)

Inj 1 mg per ml, 1 ml.....	Hospira Mayne	108.00	5	1%	Aug-10	(B)
Inj 1 mg per ml, 2 ml.....	Hospira Mayne	116.00	5	1%	Aug-10	(B)

Effective 1 May 2010

BENDROFLUAZIDE

Tab 2.5 mg.....	Arrow-Bendrofluazide	7.58	500	1%	Jul-10	Neo-Naclex
Tab 5 mg.....	Arrow-Bendrofluazide	11.75	500	1%	Jul-10	Neo-Naclex

CISPLATIN (↓ price and addition of HSS)

Inj 1 mg per ml, 50 ml.....	Cisplatin Ebewe	15.00	1	1%	Jul-10	DBL Cisplatin
Inj 1 mg per ml, 100 ml.....	Cisplatin Ebewe	21.00	1	1%	Jul-10	DBL Cisplatin

Note – Mayne cisplatin inj 1 mg per ml, 50 ml and 100 mg, to be delisted 1 July 2010.

CLINDAMYCIN (addition of HSS)

Inj phosphate 150 mg per ml, 4 ml	Dalacin C	16.00	1	1%	Jul-10	(B)
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CLOMIPRAMINE HYDROCHLORIDE

Tab 25 mg.....	Clopress	26.00	500			
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Note – Clopress tab 25 mg to be delisted 1 July 2010.

DANAZOL

Cap 200 mg	D-Zol	29.35	30			
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Note– D-Zol cap 200 mg to be delisted 1 November 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 Part II - effective 1 May 2010 (continued)

DOCUSATE SODIUM (correction of presentation)

Cap tab 50 mg	Laxofast 50	3.95	100	1%	Jun-10	Coloxyl
Cap tab 120 mg	Laxofast 120	5.49	100	1%	Jun-10	Coloxyl

FLUOROURACIL SODIUM (addition of new pack size)

Inj 50 mg per ml, 10 ml	Fluorouracil Ebewe	24.75	5	1%	Oct-07	Mayne
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Note – Fluorouracil Ebewe inj 50 mg per ml, 10 ml, 1 injection pack, to be delisted 1 July 2010.

FUROSEMIDE

Tab 500 mg.....	Diurin 500	12.00	100			
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Note – Diurin 500 tab 500 mg to be delisted 1 July 2010.

LIGNOCAINE

Gel 2%, 10 ml urethral syringe	Pfizer	43.26	10			
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MEDROXYPROGESTERONE ACETATE (addition of HSS)

Inj 150 mg per ml, 1 ml, syringe	Depo-Provera	7.15	1	1%	Jul-10	(B)
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MEDROXYPROGESTERONE ACETATE (continuation of HSS)

Tab 2.5 mg.....	Provera	3.09	30	1%	Jul-10	Cycrin
Tab 5 mg.....	Provera	13.06	100	1%	Jul-10	Cycrin
Tab 10 mg.....	Provera	6.85	30	1%	Jul-10	Cycrin
Tab 100 mg.....	Provera	96.50	100	1%	Jul-10	(B)
Tab 200 mg.....	Provera	70.50	30	1%	Jul-10	(B)

MOCLOBEMIDE (reinstatement of HSS)

Tab 150 mg.....	Apo-Moclobemide	69.23	500	1%	May-10	GenRx Moclobemide
Tab 300 mg.....	Apo-Moclobemide	31.33	100	1%	May-10	GenRx Moclobemide

Note – GenRx Moclobemide tab 150 mg and 300 mg to be delisted 1 May 2010.

TENOXICAM

Inj 20 mg.....	AFT	9.95	1	1%	Jul-10	(B)
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TESTOSTERONE UNDECANOATE

Cap 40 mg	Arrow-Testosterone	79.92	100	1%	Jul-10	Andriol Testocaps Panteston
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Effective 1 April 2010

AMBRISENTAN

Tab 5 mg.....	Volibris	4,585.00	30			
Tab 10 mg.....	Volibris	4,585.00	30			

BISACODYL

Suppos 5 mg.....	Dulcolax	3.00	6			
Suppos 10 mg.....	Dulcolax	3.00	6			

CHLORAMPHENICOL (1 price)

Eye drops 0.5%	Chlorsig	2.40	10 ml			
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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 Part II - effective 1 April 2010 (continued)

CIPROFLOXACIN (↓ price and addition of HSS)						
Inj 2 mg per ml, 100 ml	Aspen Ciprofloxacin	41.00	10	1%	Jun-10	Ciproxin DBL DP-Cipro Topistin Ufexil
DANAZOL						
Cap 200 mg	Azol	97.83	100			
DIHYDROCODEINE TARTRATE						
Tab long-acting 60 mg.....	DHC Continus	27.27	60	1%	Jun-10	(B)
DOCUSATE SODIUM						
Tab 50 mg.....	Laxofast 50	3.95	100	1%	Jun-10	Coloxyl
Tab 120 mg.....	Laxofast 120	5.49	100	1%	Jun-10	Coloxyl
DOCUSATE SODIUM WITH SENNOSIDES (↓ price and addition of HSS)						
Tab 50 mg with total sennosides 8 mg	Laxsol	6.38	200	1%	Jun-10	Coloxyl with Senna
HYDROCORTISONE						
Crm 1%.....	Pharmacy Health	3.75	100 g			
HYDROCORTISONE WITH NATAMYCIN AND NEOMYCIN (Amended chemical name)						
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			
OMEPRAZOLE						
Cap 10 mg	Dr Reddy's Omeprazole	2.00	28	1%	May-09	Losec Omezol
Cap 20 mg	Dr Reddy's Omeprazole	2.85	28	1%	May-09	Losec Omezol
Cap 40 mg	Dr Reddy's Omeprazole	3.35	28	1%	May-09	Losec Omezol
Note – Dr Reddy's Omeprazole cap 10 mg, 20 mg and 40 mg, 28 cap packs, to be delisted 1 June 2010. Please note that the 30 capsule packs remain listed.						
PIPERACILLIN SODIUM WITH TAZOBACTAM SODIUM						
Inj 4 g with tazobactam sodium 500 mg	Tazocin EF	12.00	1	1%	Jun-10	DBL Zobacin

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 Part II - effective 1 April 2010 (continued)

TOPIRAMATE

Tab 25 mg.....	Arrow	11.07	60			
	-Topiramate					
Tab 50 mg.....	Arrow	18.81	60			
	-Topiramate					
Tab 100 mg.....	Arrow	31.99	60			
	-Topiramate					
Tab 200 mg.....	Arrow	55.19	60			
	-Topiramate					

TRANEXAMIC ACID (↓ price and addition of HSS)

Tab 500 mg.....	Cyclokapron	32.92	100	1%	Jun-10	(B)
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ZIDOVUDINE (AZT)

Cap 100 mg	Retrovir	145.00	100	1%	Jun-10	(B)
Oral liq 10 mg per ml	Retrovir	29.00	200 ml	1%	Jun-10	(B)

Section H changes to Part IV

Effective 1 April 2010

CLOPIDOGREL

Tab 75 mg	Plavix
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Up to 4 weeks supply post stenting. Not to be funded for acute coronary syndrome or transient ischaemic attacks.

Index

Pharmaceuticals and brands

Symbols

3TC 27

A

Alanase..... 26, 34
Alendronate sodium 21
Alendronate sodium with cholecalciferol..... 21
Alpha-Bromocriptine 29
Alpha-Keri Lotion 30
Ambrisentan 36
Amoxicillin 30
Apo-Diclo SR 32
Apo-Moclobemide..... 36
Aquasun Sensitive SPF 30+ 30
Arrow 19
Arrow-Bendrofluazide..... 19, 35
Arrow-Enalapril 19, 34
Arrow-Lamotrigine 30
Arrow-Metformin 30
Arrow-Testosterone 19, 36
Arrow-Topiramate 38
Arrow-Tramadol..... 19, 35
Aspen Ciprofloxacin 37
Atenolol 29
Atropine sulphate 29
Azol 37

B

Beclomethasone dipropionate..... 26, 34
Bendrofluazide 19, 35
Bisacodyl..... 36
Blenoxane..... 29
Bleomycin sulphate..... 29
Bromocriptine mesylate..... 29

C

Calcitriol 30
Calcitriol-AFT 30
Calci-Tab 500 23
Calci-Tab 600 23
Calcium carbonate 23
Calsource 23
Capadex..... 31
Chloramphenicol..... 36
Chlorhexidine gluconate 26, 31
Chlorsig..... 36
Ciprofloxacin 37
Cisplatin..... 27, 35
Cisplatin Ebewe..... 27, 35
Clindamycin..... 35
Clomipramine hydrochloride..... 29, 32, 35
Clopidogrel 38
Clopress 29, 32, 35
Combined oral contraceptives 20
Cotazym ECS..... 20

Codalgin 29
Coloxyl 26, 31
Creon 10000..... 20
Creon Forte 20
Crotamiton..... 26, 31
Cyclokapron..... 38
Cytarabine 19, 23, 26, 28, 34

D

D-Zol 32, 35
Dalacin C 35
Danazol..... 32, 35, 37
Deca-Durabolin Orgaject 19
Depo-Provera..... 36
Derbac-M 20
Dexamethasone sodium phosphate 28, 34
Dextrochlorpheniramine maleate..... 30
Dextropropoxyphene with paracetamol 31
DHC Continus 37
Diclax SR 31
Diclofenac Sandoz 19
Diclofenac sodium 19, 29, 31, 32
Diclohexal 32
Dihydrocodeine tartrate 37
Diprivan 35
Diurin 500..... 31, 36
Docusate sodium 23, 26, 31, 36, 37
Docusate sodium with sennosides 37
Dr Reddy's Omeprazole..... 29, 37
Dulcolax..... 36
Duphaston 32
Dydrogesterone..... 32

E

Enalapril 19, 34
Enteral feed 1kcal/ml..... 33
Enteral feed with fibre 1.5kcal/ml..... 33
Enteral feed with fibre 1 kcal/ml 33
Ethinylloestradiol with gestodene..... 29
Ethinylloestradiol with levonorgestrel 32
Eurax 26, 31

F

Femodene 28..... 29
Ferodan 20, 23
Ferro-F-Tabs..... 23
Ferro-Gradumet..... 23
Ferro-tab 23
Ferrograd-Folic..... 23
Ferrous fumarate..... 23
Ferrous fumarate with folic acid..... 23
Ferrous gluconate with ascorbic acid..... 23
Ferrous sulphate 20, 23
Ferrous sulphate with folic acid 23
Fibersource HN 33

Index

Pharmaceuticals and brands

Fibersource HN RTH.....	33	Nizoral.....	32
Flucloxacillin sodium.....	29	Noten.....	29
Fluorouracil Ebewe.....	19, 32, 36	O	
Fluorouracil sodium.....	19, 32, 36	Omeprazole.....	29, 37
Food thickener.....	33	Omeprazole, amoxicillin and clarithromycin.....	32
Fosamax.....	21	Oral feed 1.5kcal/ml.....	33
Fosamax Plus.....	21	P	
Furosemide.....	31, 36	Pancreatic enzyme.....	20
G		Panzytrat.....	20
Gemcitabine Ebewe.....	24	Paracetamol with codeine.....	29
Gemcitabine hydrochloride.....	24	Paradox.....	31
Gemzar.....	24	Permethrin.....	30
GenRx Moclobemide.....	32	Pharmacy Health.....	37
H		Pimafucort.....	37
Healtheries Iron with Vitamin C.....	23	Pindol.....	29
Heparin sodium.....	32	Pindolol.....	29
Hydrocortisone.....	31, 37	Piperacillin sodium with tazobactam sodium.....	37
Hydrocortisone with natamycin and neomycin....	37	Plavix.....	38
I		Polaramine.....	30
Imigran.....	30	Potassium chloride.....	29
Irinotecan.....	19, 34	Pregnancy tests - hcg urine.....	26, 31
Irinotecan-Rex.....	19, 34	Progestogen-only contraceptives.....	20
Isosource 1.5.....	33	Propofol.....	35
Isosource HN.....	33	Provera.....	36
Isosource HN RTH.....	33	Provive 1%.....	35
K		R	
Ketoconazole.....	32	Ranbaxy Amoxicillin.....	30
L		Resource Plus.....	33
Lamivudine.....	27	Resource Thicken Up.....	33
Lamotrigine.....	30	Retrovir.....	38
Laxofast 50.....	23, 36, 37	ReVia.....	22
Laxofast 120.....	23, 36, 37	Ridal.....	26, 35
Laxsol.....	37	Risperidone.....	26, 35
Lemnis Fatty Cream HC.....	31	S	
Lignocaine.....	19, 36	Sodium fluoride.....	23
Losec Hp7 OAC.....	32	Staphlex.....	29
Lyderm.....	30	Sumagran.....	30
M		Sumatriptan.....	30
Magnesium sulphate.....	23	Sunscreens, proprietary.....	30
Malathion.....	20	T	
MDS Quick Card.....	26, 31	Tazocin EF.....	37
Medroxyprogesterone acetate.....	36	Teniposide.....	30
Megace.....	27, 31	Tenoxicam.....	36
Megestrol acetate.....	27, 31	Testosterone undecanoate.....	19, 36
Metformin hydrochloride.....	30	Topiramate.....	38
Mitomycin C.....	19	Tramadol hydrochloride.....	19, 35
Moclobemide.....	32, 36	Tranexamic acid.....	38
Multiparin.....	32	Trifeme.....	32
N		V	
Naltrexone hydrochloride.....	22	Vincristine sulphate.....	26, 28, 35
Nandrolone decanoate.....	19	Vinorelbine.....	24
Navelbine.....	24	Vinorelbine Ebewe.....	24

Index

Pharmaceuticals and brands

Volibris	36
Voltaren SR.....	29
Vumon.....	30
W	
Wool fat with mineral oil.....	30
Z	
Zidovudine (AZT).....	38
Zincaps.....	24
Zinc sulphate.....	24

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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PHARMAC is the Government agency responsible for deciding which medicines are subsidised for New Zealanders. It manages spending on pharmaceuticals for the District Health Boards, and ensures that a comprehensive list of medicines (the Pharmaceutical Schedule) is subsidised for New Zealanders, and that the list of medicines continues to grow to meet the needs of patients.