

**New Zealand  
Pharmaceutical Schedule**

**UPDATE**

**Effective 1 July 2005**

**Cumulative for May, June and July 2005**

**Section H cumulative for December 2004,  
January, February, March, April, May, June and  
July 2005**

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## Summary of PHARMAC decisions

EFFECTIVE 1 JULY 2005

### New listings (pages 18 to 23)

- Nystatin (Nilstat) oral liq 100,0000 u per ml
- Compound electrolytes (Enerlyte) powder for soln for oral use 5 g – available on a PSO
- Paracetamol (Panadol) tab 500 mg – available on a PSO
- Methadone hydrochloride (HMG) tab 5 mg – only on a controlled drug form
- Capecitabine (Xeloda) tab 150 mg and 500 mg – PCT only – specialist – Special Authority
- Cyclophosphamide (Endoxan) inj 1g and 2g – PCT only – specialist
- Cytarabine (Mayne) inj 100 mg per ml, 20 ml – PCT only – specialist
- Fludarabine (Fludara) tab 10 mg – PCT only – specialist
- Fludarabine phosphate (Fludara) inj 50 mg – PCT only – specialist
- Fluorouracil sodium (Mayne) inj 25 mg per ml, 100 ml – PCT only – specialist
- Ifosfamide (Holoxan) inj 1g and 2 g – PCT only – specialist
- Irinotecan (Camptosar) inj 20 mg per ml, 2 ml and 5 ml – PCT only – specialist – Special Authority
- Bleomycin sulphate (Blenoxane) inj 15 iu – PCT only – specialist
- Doxorubicin (Mayne) inj 50 mg – PCT only – specialist
- Epirubicin (Pharmorubicin) inj 2 mg per ml, 5 ml and 25 ml – PCT only – specialist
- Mesna (Uromitexan) inj 100 mg per ml, 4 ml and 10 ml, tab 400 mg and 600 mg – PCT only – specialist
- Mitozantrone (Onkotrone) inj 2 mg per ml, 10 ml – PCT only – specialist
- Paclitaxel (Taxol) inj 30 mg and 100 mg – PCT only – specialist – Special Authority
- Vinorelbine (Navelbine) inj 10 mg per ml, 1 ml and 5 ml – PCT only – specialist
- Rituximab (Mabthera) inj 100 mg per 10 ml vial and 500 mg per 50 ml vial – PCT only – specialist – Special Authority
- Trastuzumab (Herceptin) inj 150 mg vial and inj 440 mg vial – PCT only – specialist – Special Authority

## Summary of PHARMAC decisions

EFFECTIVE 1 JULY 2005

### Changes to restrictions (pages 24 to 32)

- Antiretrovirals – new Special Authority criteria
- Lopinavir with ritonavir (Kaletra) – new Special Authority criteria
- Gabapentin (Neurontin) – new Special Authority criteria for neuropathic pain
- Busulphan (Myleran) tab 2 mg – PCT
- Calcium folinate (Mayne, Leucovorin) tab 15 mg, (Leucovorin Calcium) inj 3 mg per ml, 1 ml and inj 15 mg, and (Mayne) inj 50 mg – PCT
- Chlorambucil (Leukeran FC) tab 2 mg – PCT
- Cyclophosphamide (Cycloblastin) tab 50 mg and (Cytosan) inj 1 g – PCT
- Cytarabine (Mayne, Pharmacia) inj 100 mg and (Mayne) 500 mg – PCT
- Fluorouracil sodium (Mayne) inj 250 mg per 10 ml, 500 mg per 10 ml, and 500 mg per 20 ml – PCT
- Melphalan (Alkeran) tab 2 mg – PCT
- Mercaptopurine (Purinethol) tab 50 mg - PCT
- Thiotepa (Thiotepa) inj 15 mg – PCT
- Etoposide (Vepesid) cap 50 mg and 100 mg, and (Mayne and Vepesid) inj 20 mg per ml, 5 ml – PCT
- Hydroxyurea (Hydrea) cap 500 mg – PCT
- Methotrexate (Methoblastin) tab 2.5 mg and 10 mg, (Mayne) inj 5 mg per 2 ml vial, 20 mg per 2 ml vial, 50 mg per 2 ml vial, 100 mg per 4 ml vial, 5 g per 50 ml vial, 500 mg per 20 ml vial, and 1 g per 10 ml vial – PCT
- Thioguanine (Lanvis) tab 40 mg – PCT
- Vinblastine sulphate (Mayne) inj 10 mg – PCT
- Vincristine sulphate (Mayne) inj 1 mg per ml, 1ml and 2 ml – PCT
- Dexamethasone with framycetin and gramicidin (Sofradex) ear/eye drops and ear/eye oint - reinstatement of restriction

### Decreased subsidy (page 33 to 37)

- Diphenoxylate hydrochloride with atropine sulphate (Diastop) tab 2.5 mg with atropine sulphate 25 mcg
- Ranitidine hydrochloride (Arrow-Ranitidine) tab 150 mg and 300 mg
- Lansoprazole (Zoton) cap 30 mg
- Pantoprazole (Somac) tab 20 mg and 40 mg
- Glipizide (Minidiab) tab 5 mg

## Summary of PHARMAC decisions

EFFECTIVE 1 JULY 2005

### Decreased subsidy (page 33 to 37) (continued)

- Glucose oxidase (Ascensia Glucodisc, Glucocard, Precision Plus) blood diagnostic test strips with peroxidase
- Docusate sodium (Coloxyl) oral drops 10%
- Triamcinolone acetonide (Oracort) 0.1% in Dental Paste USP
- Felodipine (Plendil ER) tab long-acting 2.5 mg
- Verapamil hydrochloride (Verpamil SR) tab long-acting 120 mg
- Chlorhexidine gluconate (Orion) soln 4%
- Emulsifying (AFT) ointment BP
- Alendronate (Fosamax) tab 10 mg and 70 mg
- Prednisone (Apo-Prednisone) tab 1 mg, 5 mg and 20 mg
- Ciprofloxacin (Cipflox) tab 250 mg, 500 mg and 750 mg
- Co-trimoxazole (Trisul) tab trimethoprim 80 mg and sulphamethoxazole 400 mg, and oral liq sugar-free trimethoprim 40 mg and sulphamethoxazole 200 mg per 5 ml
- Ibuprofen (I-Profen) tab 200 mg
- Paracetamol with codeine (Codalgin) tab paracetamol 500 mg with codeine phosphate 8 mg
- Trimipramine maleate (Tripress) cap 25 mg and 50 mg
- Clonazepam (Paxam) tab 500 mcg and 2 mg
- Gabapentin (Neurontin) cap 100 mg, 300 mg and 400 mg
- Ondansetron (Zofran) tab 4 mg and 8 mg
- Bromocriptine mesylate (Alpha-Bromocriptine) tab 2.5 mg and 10 mg
- Salbutamol (Ventolin) aerosol inhaler, 100 mcg per dose CFC-free
- Sodium cromoglycate (Cromolux) eye drops 2%
- Atropine sulphate (Atropt) eye drops 1%
- Hypromellose (Poly-Tears) eye drops 0.3%

## **Salbutamol 100 mcg aerosol inhaler - two brands listed**

The Salamol and Ventolin brands of salbutamol 100 mcg aerosol inhalers CFC-free will both be listed in the Pharmaceutical Schedule from 1 July 2005. Ventolin will be reference priced to Salamol at a subsidy of \$4.00 per inhaler, which may result in a manufacturer's surcharge.

## **Gabapentin - subsidy for neuropathic pain**

From 1 July 2005, gabapentin will be subsidised under Special Authority criteria when used in the treatment of neuropathic pain. The Special Authority criteria has been expanded to include this indication when a patient has tried and failed, or has been unable to tolerate, an anticonvulsant agent and a tricyclic antidepressant. Specialists and vocationally registered general practitioners may apply for a Special Authority, as may other medical practitioners on the recommendation of a specialist or vocationally registered general practitioner. See page 26 of this Update for full details.

## **Antiretrovirals & Kaletra**

Effective 1 July 2005 the Special Authority criteria for access to antiretroviral therapy will be widened. The amended Special Authority would allow subsidies for a combination of up to three antiretroviral medications, but including a maximum of two protease inhibitors, for prevention of foetal transmission and for the treatment of the new-born for up to eight weeks. The CD4 count required for access to funding has been amended to be in line with international guidelines. The term "named general physician" has also been changed to "named specialist", as the Ministry of Health currently approves the specialists who are able to prescribe antiretrovirals in New Zealand.

Effective 1 July 2005 the Special Authority criteria for lopinavir with ritonavir (Kaletra) has been amended. Lopinavir with ritonavir will no longer be restricted for salvage treatment only and will be subsidised subject to the Special Authority criteria which apply to the prescribing and dispensing of other antiretrovirals currently listed.

## **Methadone hydrochloride 5 mg tablets**

Douglas Pharmaceuticals have informed PHARMAC that the Pallidone brand of methadone hydrochloride 5 mg tablets are likely to go out of stock in the June/July period. As a temporary measure, the HMG brand will be listed in the Pharmaceutical Schedule for a 6 month period to cover any stock shortages. Please note that both the Pallidone and HMG brands will be distributed by Douglas Pharmaceuticals.

## Ultraproct & Proctosedyl

Effective 1 April 2005 PHARMAC awarded sole subsidised supply to Ultraproct ointment and suppositories. As Ultraproct and Proctosedyl have differing chemical compositions, Ultraproct is not automatically able to be substituted for scripts for Proctosedyl. It is therefore advisable for patients on Proctosedyl to have new prescriptions written for Ultraproct in order for easier claiming of subsidy.

## Blood Glucose Test Strips FAQ

We have received a number of calls regarding the restriction on blood glucose test strips, which came into effect 1 June 2005. Below are answers to the most common questions we have received.

**Q.** What type of endorsement is acceptable?

**A.** The endorsement can be written as “certified condition” or “approved condition”, or state that the patient is being treated with insulin or a sulphonylurea, or state that the patient is pregnant. The endorsement must be either computer generated or hand written by the prescriber.

**Q.** If test strips are not prescribed with a sulphonylurea or insulin and not endorsed, and prescribed for more than fifty (50) strips, are the first fifty (50) strips subsidised or is the whole lot NSS?

**A.** Fifty (50) strips can be claimed. The balance, if dispensed, will be a charge to the patient.

**Q.** Will repeats of prescriptions originally dispensed before 1 June 2005 be subsidised without endorsement?

**A.** Yes

**Q.** Precision Plus test strips come in a 100 OP pack. If a prescription is for fifty (50) strips, can a one hundred (100) OP be claimed?

**A.** Yes

**Q.** If test strips are prescribed at the same time as insulin or a sulphonylurea but are on different forms, is an endorsement still required?

**A.** Not if the prescriptions were written on the same date and items are dispensed at the same time. It is recommended that the forms be stapled together.

## Signatories for Bulk Supply Orders

Effective 1 July 2005 Bulk Supply Orders will need to be signed by a Hospital Care Operator. Previously Bulk Supply Orders had to be signed by Practitioners to be eligible for a subsidy. This amendment brings the signatory requirements into line with the legislative requirements. A Hospital Care Operator is defined by the Health and Disability Services (Safety) Act 2001, and means a person for the time being in charge of providing hospital care (i.e. the Manager or Licensee). See pages 39-40 of this Update for full details.

## PCTs – new rules for Section B

PHARMAC is working with DHBs on a project to manage the budget for Pharmaceutical Cancer Treatments (PCTs) that are provided by DHB hospitals as part of their inpatient and outpatient services. The aim is to streamline the assessment and decision-making process for adding new treatments to the list of funded pharmaceuticals (currently defined in Part V of Section H), and improve national equity of access to pharmaceutical cancer treatments.

The initial step is to list PCTs in Section B of the Pharmaceutical Schedule to allow hospitals to submit claims to HealthPAC. Initially claim submissions will be used only for data collection (and not payment). The Pharmaceutical Schedule rules have been amended from 1 July 2005 to allow listing of PCTs in Section B.

There are two new definitions for PCTs:

“PCT” that defines a pharmaceutical as a cancer treatment to which DHB hospitals must provide access, but may also be dispensed from other locations (e.g. hydroxyurea capsules through Retail Pharmacy);

“PCT only” that defines a pharmaceutical as a cancer treatment to which DHB hospitals must provide access, but may only be dispensed from a DHB hospital pharmacy that is providing cancer treatment services (e.g. paclitaxel).

Part V of Section H will be deleted on 1 January 2006 once the listing of PCTs in Section B is complete. Once sufficient usage data is collected to enable PHARMAC and the DHBs to agree a budget for PCTs, payment will be made for these pharmaceuticals through the HealthPAC system. We anticipate that this may be possible from 1 July 2007.

## Sofradex Ear/Eye Drops and Ointment

During the production of the December 2004 Pharmaceutical Schedule the “Retail pharmacy - specialist when used in the treatment of eye conditions” restriction was left off the Sofradex ear drops and ointment. The restriction still applies and the error has been corrected in this Update.



## Recombinant Factor VIII - New Listing of Section H

From 1 July 2005, three brands of Recombinant Factor VIII will be listed in Section H of the Pharmaceutical Schedule. Under the agreed Preferred Supply Criteria, patients will be able to remain on their current brand of Recombinant Factor VIII; all new Recombinant Factor VIII patients would be required to receive Kogenate FS from Bayer unless their doctor deemed it clinically inappropriate for that patient to receive that brand. There will be no change to the current distribution arrangements for Recombinant Factor VIII and no requirement for a Special Authority or Exceptional Circumstances approval to receive any brand. All brands will remain listed on Section H until at least June 2008.

## Changes in Section H

There are a large number of changes to Section H this month, and to assist with the understanding of the changes we have categorised them. A brief description of the categories is as follows:

### Removal of Hospital Supply Status

Hospital Supply Status (HSS) for some products is due to expire on 30 June 2005, and for these products you will no longer be obliged to purchase the HSS brand. For all these products the DV Limit and the DV Pharmaceuticals have been removed.

### Extension of HSS agreements

As a result of an agreement with GSK, the HSS period for some products has been extended; the DV Limits and prices may have changed. Also a number of new tender agreements have been entered into by PHARMAC with the current HSS supplier. For the products with HSS resulting from a tender agreement the DV Limit may have changed. The new DV Limit will apply from 1 September 2005.

### PCT rule changes for Section H

As part of the Pharmaceutical Cancer Treatment (PCT) project a number of rules changes will be effective in Section H from 1 July 2005. The changes alter the process for seeking approval to fund products not listed in Part V of Section H. The new process and application form can be found at [www.pharmac.govt.nz/exceptional\\_circumstances.asp](http://www.pharmac.govt.nz/exceptional_circumstances.asp). Due to the size of the July Update, the rule changes have not been included, however they will be included in the July 2005 reprint of Section H, which should be available in late July 2005. In addition there are also changes to rules in Section B to permit DHB Hospitals to submit claims to HealthPAC for PCTs in order to form a national dataset. These changes are included on pages 39-41 of the Update.

## Tender News

Sole Subsidised Supply changes – effective 1 August 2005

There are no Sole Subsidised Supply changes effective 1 August 2005.

## Looking Forward

*This section is designed to alert both pharmacists and prescribers to possible future changes. It may assist pharmacists to manage stock levels and keep prescribers up-to-date with proposals to change the Pharmaceutical Schedule.*

### Proposals under consideration

The areas of health care funding set out below are currently under consideration. The PHARMAC Board will be reviewing these proposals, and the decisions taken will be published in future Updates. The dates represented below are the earliest date that these proposals may be implemented.

### Possible decisions for implementation 1 August 2005

- Aminophylline inj 25 mg per ml, 10 ml (Mayne) – subsidy increase
- Heparin sodium inj 5,000 iu per ml, 1ml (Mayne) – subsidy increase
- Heparinised saline inj 100 iu per ml, 5 ml (Mayne) – subsidy increase
- Papaverine hydrochloride inj 12 mg per ml, 10 ml (Mayne) – subsidy increase
- Hyoscine hydrobromide inj 400 mcg per ml, 1 ml (Mayne) – subsidy increase
- Diazepam inj 5 mg per ml, 2 ml (Mayne) – subsidy increase
- Methadone hydrochloride inj 10 mg per ml, 1 ml (Mayne) – subsidy increase
- Adrenaline inj 1 in 1,000, 1 ml (Mayne) – subsidy increase
- Adrenaline inj 1 in 10,000, 10 ml (Mayne) – subsidy increase
- Sodium bicarbonate inj 8.4%, 10 ml (Mayne) – subsidy increase
- Calcium folinate tab 15 mg (Mayne) – subsidy increase
- Pethidine hydrochloride inj 50 mg per ml, 1 ml and 2 ml (Mayne) – subsidy increase
- Promethazine hydrochloride inj 25 mg per ml, 2 ml (Mayne) – subsidy increase
- Calcium gluconate inj 10%, 10 ml (Mayne) – subsidy increase
- Cefoxitin sodium inj 1 g (Mayne) – subsidy increase
- Tobramycin inj 40 mg per ml, 2 ml (Mayne) – subsidy increase
- Erythromycin lactobionate inj 300 mg (Mayne) – subsidy increase
- Gentamicin sulphate inj 10 mg per ml, 1 ml (Mayne) – subsidy increase
- Bimatoprost (Lumigan) 0.03% eye drops – new listing with Special Authority criteria

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All decisions related to news items are effective from 1 July unless otherwise indicated

**Possible decisions for implementation 1 August 2005 (continued)**

- Brimonidine tartrate 0.2% with timolol maleate 0.5% (Combigan) eye drops – new listing with Prescribing Guidelines
- Latanoprost (Xalatan) eye drops 50 mcg per ml, 2.5 ml – decreased subsidy
- Travoprost (Travatan) eye drops 0.004%, 2.5 ml – decreased subsidy
- Letrozole (Femara) tab 2.5 mg – change to Special Authority criteria
- Anastrozole (Arimidex) tab 1 mg – change to Special Authority criteria
- Pioglitazone (Actos) tab 15 mg, tab 30 mg and tab 45 mg – change to Special Authority criteria
- Oxycodone (OxyNorm) cap 5 mg, 10 mg and 20 mg – new listings
- Oxycodone (OxyContin) controlled-release tab 10 mg, 20 mg, 40 mg and 80 mg – new listing
- Pyridoxine tab 25 mg – removal of co-payment

## Sole Subsidised Supply Products – cumulative to July 2005

Generic Name	Presentation	Brand Name	Expiry Date*
Aciclovir	Tab 200 mg, 400 mg & 800 mg	Acicvir	2006
Alfacalcidol	Cap 0.25 mcg & 1 mcg Oral drops 2 mcg per ml	One-Alpha One-Alpha	2006
Amantadine hydrochloride	Cap 100 mg	Symmetrel	2006
Amiloride with hydrochlorothiazide	Tab 5 mg with hydrochlorothiazide 50 mg	Amizide	2006
Amoxicillin	Cap 250 mg & 500 mg Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml	Apo-Amoxi Ospamox Ospamox	2007 2006
Amphotericin B	Lozenges 10 mg	Fungilin	2006
Atenolol	Tab 50 mg & 100 mg	Loten	2006
Baclofen	Tab 10 mg	Pacifen	2006
Beclomethasone dipropionate	Metered aqueous nasal spray, 50 mcg per dose & 100 mcg per dose	Alanase	2006
Benzylpenicillin sodium	Inj 1 mega u	Novartis	2006
Betahistine dihydrochloride	Tab 16 mg	Vergo 16	2006
Betamethasone Valerate	Scalp app 0.1%	Beta Scalp Application	2006
Betaxolol hydrochloride	Eye drops 0.5% Eye drops 0.25%	Betoptic Betoptic S	2007
Bisacodyl	Tab 5 mg Suppos 10 mg	AFT Fleet	2007
Budesonide	Metered aqueous nasal spray, 50 mcg per dose & 100 mcg per dose	Butacort Aqueous	2006
Bupivacaine hydrochloride	Inj 0.5%, 4 ml Inj 0.5%, 8% glucose, 4 ml	Marcain Isobaric Marcain Heavy	2007
Buspirone hydrochloride	Tab 5 mg & 10 mg	Pacific Buspirone	2007
Calcitriol	Oral liq 1 mcg per ml	Rocaltrol	2006
Captopril	Tab 12.5 mg, 25 mg & 50 mg	Apo-Captopril	2007
Cefaclor monohydrate	Cap 250 mg Grans for oral liq 125 mg per 5 ml	Ranbaxy-Cefaclor Ranbaxy-Cefaclor	2007
Ceftriaxone sodium	Inj 250 mg	Rocephin IV	2006
Celiprolol	Tab 200 mg	Celol	2007
Cephradine	Cap 250 mg & 500 mg Inj 500 mg & 1 g	Velosef Velosef	2006
Citalopram hydrobromide	Tab 20 mg	Arrow-Citalopram	2006
Clobetasol propionate	Crn 0.05%	Dermol	2006
Clomiphene citrate	Tab 50 mg	Phenate	2006
Clomipramine hydrochloride	Tab 25 mg	Clopress	2006
Clonazepam	Inj 1 mg per ml, 1 ml	Rivotril	2006
Clotrimazole	Vaginal crm 1% with applicators Vaginal crm 2% with applicators	Clomazol Clotrimaderm 2%	2007

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

## Sole Subsidised Supply Products – cumulative to July 2005

Generic Name	Presentation	Brand Name	Expiry Date*
Codeine phosphate	Tab 15 mg, 30 mg & 60 mg	HMG	2007
Cyproterone acetate	Tab 50 mg	Pacific Cyproterone	2006
Cyproterone acetate with ethinyloestradiol	2 mg with ethinyloestradiol 35 mcg tab with 7 inert tablets	Estelle-35 ED	2007
Danthron with poloxamer	Oral liq 25 mg with poloxamer 200 mg per 5 ml	Codalax	2007
	Oral liq 75 mg with poloxamer 1 g per 5 ml	Codalax Forte	
Desferrioxamine mesylate	Inj 500 mg	Mayne	2007
Diazepam	Rectal tubes 5 mg & 10 mg	Stesolid	2006
Diclofenac sodium	Tab EC 25 mg & 50 mg	Apo-Diclofenac	2006
	Tab long-acting 75 mg & 100 mg	Apo-Diclo SR	
	Eye drops 1 mg per ml	Voltaren Ophtha	
	Suppos 12.5 mg, 25 mg, 50 mg & 100 mg	Voltaren	
Diltiazem hydrochloride	Tab 30 mg & 60 mg	Dilzem	2007
Dipivefrin Hydrochloride	Eye drops 0.1%	Propine	2006
Disulfiram	Tab 200 mg	Antabuse	2006
Docusate sodium with sennosides	Tab 50 mg with total sennosides 8 mg	Laxsol	2007
Doxazosin mesylate	Tab 2 mg & 4 mg	Dosan	2007
Doxycycline Hydrochloride	Tab 100 mg	Doxine	2006
Enalapril	Tab 5 mg, 10 mg & 20 mg	m-Enalapril	2006
Ergotamine tartrate with caffeine	Tab 1 mg with caffeine 100 mg	Cafergot	2006
Erythromycin lactobionate	Inj 1 g	ERA	2006
Etidronate Disodium	Tab 200 mg	Etidrate	2006
Famotidine	Tab 20 mg & 40 mg	Famox	2007
Felodopine	Tab long-acting 5 mg	Felo 5 ER	2007
	Tab long-acting 10 mg	Felo 10 ER	
Flucloxacillin sodium	Cap 250 mg & 500 mg	Staphlex	2006
	Grans for oral liq 125 mg per 5ml	AFT	
	Grans for oral liq 250 mg per 5ml	AFT	
	Inj 250 mg, 500 mg & 1 g	Flucloxin	
Fludrocortisone Acetate	Tab 100 mcg	Florinef	2006
Fluocortolone caproate with fluocortolone pivalate and cinchocaine	Oint 950 mcg, with fluocortolone pivalate 920 mcg and cinchocaine hydrochloride 5 mg per g	Ultraproct	2007
	Suppos 630 mcg, with fluocortolone pivalate 610 mcg, and cinchocaine hydrochloride 1 mg	Ultraproct	
Fluoromethalone	Eye drops 0.1%	Flucon	2006
Fluoxetine hydrochloride	Cap 20 mg	Fluox	2007
	Tab disp 20 mg, scored	Fluox	

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

## Sole Subsidised Supply Products – cumulative to July 2005

Generic Name	Presentation	Brand Name	Expiry Date*
Flupenthixol Decanoate	Inj 20 mg per ml, 1 ml Inj 20 mg per ml, 2 ml Inj 100 mg per ml, 1 ml	Fluanxol	2006
Flutamide	Tab 250 mg	Flutamin	2006
Folic acid	Tab 0.8 mg & 5 mg	Apo-Folic Acid	2006
Frusemide	Inj 10 mg per ml, 2 ml Tab 40 mg Tab 500 mg	Mayne Diurin 40 Diurin 500	2007 2006
Fucidic acid	Tab 250 mg	Fucidin	2006
Gentamicin Sulphate	Eye drops 0.3%	Genoptic	2006
Glycerol	Suppos 3.6 g	HMG	2007
Glyceryl trinitrate	TDDS 5 mg and 10 mg Oral pump spray 400 mcg per dose	Nitroderm TTS Nitrolingual Pumpspray	2007
Haloperidol	Tab 500 mcg, 1.5 mg & 5 mg Oral liq 2 mg per ml Inj 5 mg per ml, 1 ml	Serenace Serenace Serenace	2006
Hydrocortisone	Tab 5 mg & 20 mg	Douglas	2006
Hydrocortisone with miconazole	Crn 1% with miconazole nitrate 2%	Micreme H	2007
Ibuprofen	Oral liq 100 mg per 5 ml	Fenpaed	2007
Indapamide	Tab 2.5 mg	Napamide	2006
Ipratropium bromide	Nebuliser soln 250 mcg per 1 ml, 1 ml Nebuliser soln 500 mcg per 2 ml, 2 ml	Steri-Neb Steri-Neb	2007
Iron polymaltose	Inj 50 mg per ml, 2 ml	Ferrosig	2006
Isosorbide mononitrate	Tab long-acting 60 mg Tab 20 mg	Duride Ismo-20	2006 2006
Isotretinoin	Cap 10 mg Cap 20 mg	Isotane 10 Isotane 20	2006
Ketoconazole	Tab 200 mg	Nizoral	2007
Labetalol	Tab 50 mg, 100 mg, 200 mg & 400 mg	Hybloc	2006
Lactulose	Oral liq 10 g per 15 ml	Laevolac	2007
Leuprorelin	Inj 3.75 mg & 11.25 mg	Lucrin Depot	2007
Levobunolol	Eye drops 0.25% & 0.5%	Betagan	2006
Levodopa with Benserazide	Cap 50 mg with benserazide 12.5 mg Tab dispersible 50 mg with benserazide 12.5 mg Cap 100 mg with benserazide 25 mg Cap long-acting 100 mg with benserazide 25 mg Cap 200 mg with benserazide 50 mg	Madopar 62.5 Madopar Dispersible  Madopar 125 Madopar HBS  Madopar 250	2006
Lignocaine hydrochloride	Inj 0.5%, 5 ml Inj 1%, 5 ml Inj 1%, 20 ml	Xylocaine 0.5% Xylocaine 1.0% Xylocaine 1.0%	2007

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

## Sole Subsidised Supply Products – cumulative to July 2005

Generic Name	Presentation	Brand Name	Expiry Date*
Lignocaine with prilocaine hydrochloride	Crn 2.5% with prilocaine hydrochloride 2.5% 5g	Emla	2007
	Crn 2.5% with prilocaine hydrochloride 2.5% 30g	Emla	
Loratadine	Tab 10 mg	Apo-Loratadine	2007
Lorazepam	Tab 1 mg & 2.5 mg	Ativan	2006
Magnesium hydroxide	Paste	HMG	2007
Malathion	Liq 0.5%	AFT	2007
Medroxyprogesterone acetate	Tab 2.5 mg, 5 mg & 10 mg	Provera	2006
Mesalazine	Enema 1 g per 100 ml	Asacol	2006
Metformin hydrochloride	Tab 500 mg & 850 mg	Metomin	2006
Methadone	Powder 1 g	AFT	2006
Methadone hydrochloride	Tab 5 mg	Pallidone	2007
Methylphenidate hydrochloride	Tab 10 mg	Rubifen	2006
Methylprednisolone aceponate	Crn 0.1%	Advantan	2006
	Oint 0.1%	Advantan	
<b>Metoclopramide hydrochloride</b>	<b>Tab 10 mg</b>	<b>Metamide</b>	<b>2007</b>
Metoprolol tartrate	Tab long-acting 200 mg	Slow Lopressor	2006
Metronidazole	Tab 200 mg & 400 mg	Trichozole	2007
Metyrapone	Cap 250 mg	Metopirone	2006
Miconazole	Oral gel 20 mg per g	Daktarin	2007
Moclobemide	Tab 150 mg & 300 mg	Apo-Moclobemide	2006
Morphine sulphate	Tab immediate release 10 mg & 20 mg	Sevredol	2006
Nadolol	Tab 40 mg & 80 mg	Apo-Nadolol	2007
Naloxone hydrochloride	Inj 400 mcg per ml, 1ml	Mayne	2006
Neostigmine	Inj 2.5 mg per ml, 1 ml	AstraZeneca	2007
Nifedipine	Tab long-acting 20 mg	Nyefax Retard	2006
Nystatin	Tab 500,000 u	Nilstat	2007
Oxybutynin	Oral liq 5 mg per 5 ml	Apo-Oxybutynin	2007
	Tab 5 mg	Apo-Oxybutynin	
Oxytocin	Inj 5 iu per ml, 1 ml	Syntocinon	2006
	Inj 10 iu per ml, 1 ml	Syntocinon	
	Inj 5 iu with ergometrine maleate	Syntometrine	
	500 mcg per ml, 1 ml		
Paracetamol	Suppos 500 mg	Paracare	2007
Paraffin Liquid with Soft White Paraffin	Eye oint with soft white paraffin	Lacri-Lube	2006
Perhexiline maleate	Tab 100 mg	Pexsig	2006
Permethrin	Crn 5%	Lyderm	2007
Pethidine hydrochloride	Tab 50 mg & 100 mg	HMG	2007

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

## Sole Subsidised Supply Products – cumulative to July 2005

Generic Name	Presentation	Brand Name	Expiry Date*
Phenoxymethylpenicillin (Penicillin V)	Cap potassium salt 250 mg & 500 mg	Cilicaine VK	2006
	Oral liq benzathine 125 mg per 5 ml	AFT	2007
	Oral liq benzathine 250 mg per 5 ml	AFT	
Phytomenadione	Inj 2 mg per 0.2 ml	Konaktion MM	2006
	Inj 10 mg per ml, 1 ml	Konaktion MM	
	Tab 10 mg	Konaktion	
Pindolol	Tab 5 mg, 10 mg & 15 mg	Pindol	2007
Piroxicam	Tab dispersible 10 mg & 20 mg	Piram-D	2006
Podophyllotoxin	Soln 0.5%	Condyline	2006
Polyvinyl Alcohol	Eye drops 1.4%	Liquifilm Tears	2006
	Eye drops 3%	Liquifilm Forte	
Polyvinyl Alcohol with Povidone	Eye drops 1.4% with povidone 0.6%	Tears Plus	2006
Potassium chloride	Tab long-acting 600 mg	Span-K	2006
Prazosin hydrochloride	Tab 1 mg, 2 mg & 5 mg	Hyprosin	2007
Prednisolone sodium phosphate	Oral liq 5 mg per ml	Redipred	2007
Prochlorperazine	Tab 5 mg	Antinaus	2007
Propranolol	Tab 10 mg & 40 mg	Cardinol	2007
	Cap long-acting 160 mg	Cardinol LA	
Quinine sulphate	Tab 200 mg	Q 200	2006
	Tab 300 mg	Q 300	
Ritonavir	Cap 100 mg	Norvir	2006
Roxithromycin	Tab 150 mg & 300 mg	Romicin	2006
Selegiline	Tab 5 mg	Apo-Selegiline	2006
Silver sulphadiazine	Crn 1% with chlorhexidine digluconate 0.2%	Silvazine	2007
Sodium citrate with sodium lauryl sulphoacetate	Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml	Microlax	2006
Sodium citro-tartrate	Grans effervescent 4 g sachets	Ural	2007
Sotalol	Tab 80 mg & 160 mg	Pacific	2006
Spirolactone	Tab 25 mg & 100 mg	Spirotone	2006
Tamoxifen citrate	Tab 10 mg & 20 mg	Genox	2006
Tetracosactrin	Inj 1 mg per ml, 1ml	Synacthen Depot	2006
	Inj 250 mcg	Synacthen	
Thioridazine hydrochloride	Tab 10 mg, 25 mg, 50 mg & 100 mg	Aldazine	2006
Timolol	Tab 10 mg	Apo-Timolol	2006
Timolol maleate	Eye Drops 0.25% & 0.5%	Apo-Timop	2007
Tolbutamide	Tab 500 mg	Diatol	2006
Tranexamic acid	Tab 500 mg	Cyklokapron	2007
Triamcinolone Acetonide with Gramicidin, Neomycin and Nystatin	Ear drops 1 mg with nystatin 100,000 u, neomycin sulphate 2.5 mg and gramicidin 250 mcg per g	Kenacomb	2006

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



## Sole Subsidised Supply Products – cumulative to July 2005

Generic Name	Presentation	Brand Name	Expiry Date*
Triamterene with hydrochlorothiazide	Tab 50 mg with hydrochlorothiazide 25 mg	Triamizide	2006
Tropisetron	Cap 5 mg	Navoban	2007
Verapamil hydrochloride	Tab 40 mg & 80 mg Tab long-acting 240 mg Inj 2.5 mg per ml, 2 ml	Verpamil Verpamil SR Isoptin	2006
Water	Purified for injection 5 ml & 10 ml	AstraZeneca	2007

July changes are in bold type

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$

Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## New Listings

Effective 1 July 2005

37	<p>NYSTATIN</p> <p>Oral liq 100,000 u per ml.....</p>	3.03	24 ml OP	✓ Nilstat
47	<p>COMPOUND ELECTROLYTES</p> <p>Powder for soln for oral use 5 g - Available on a PSO.....</p>	2.86	10	✓ Enerlyte
111	<p>PARACETAMOL</p> <p>* Tab 500 mg - Available on a PSO .....</p>	13.23	1,440	✓ Panadol
112	<p>METHADONE HYDROCHLORIDE</p> <p>a) Only on a controlled drug form.</p> <p>b) Extemporaneously compounded methadone will only be reimbursed at the rate of the cheapest form available (methadone powder, not methadone tablets).</p> <p>Tab 5 mg.....</p>	2.78	10	✓ HMG
130	<p>CAPECITABINE – PCT only – specialist – Special Authority</p> <p>Tab 150 mg.....</p> <p>Tab 500 mg.....</p>	115.00 705.00	60 120	✓ Xeloda ✓ Xeloda
<p>Special Authority for Subsidy - Form: SA0774</p> <p>Initial application only from a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:</p> <p>Any of the following:</p> <p>1 The patient has advanced gastrointestinal malignancy; or</p> <p>2 The patient has metastatic breast cancer*; or</p> <p>3 Both:</p> <p>3.1 The patient has poor venous access or needle phobia*; and</p> <p>3.2 The patient requires a substitute for single agent fluoropyrimidine*.</p> <p>Renewal only from a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:</p> <p>4 The patient requires continued therapy; or</p> <p>5 The tumour has relapsed and requires re-treatment.</p> <p>Note indications marked with * are unapproved indications.</p>				
130	<p>CYCLOPHOSPHAMIDE</p> <p>Inj 1 g – PCT only – specialist.....</p> <p>Inj 2 g – PCT only – specialist.....</p>	21.51 43.00	1 1	✓ Endoxan ✓ Endoxan
130	<p>CYTARABINE</p> <p>Inj 100 mg per ml, 20 ml - PCT only – specialist.....</p>	118.00	1	✓ Mayne
130	<p>FLUDARABINE - PCT only – specialist</p> <p>Tab 10 mg.....</p>	637.50	15	✓ Fludara
130	<p>FLUDARABINE PHOSPHATE - PCT only – specialist</p> <p>Inj 50 mg .....</p>	1,496.25	5	✓ Fludara
130	<p>FLUOROURACIL SODIUM</p> <p>Inj 25 mg per ml, 100 ml - PCT only – specialist.....</p>	14.12	1	✓ Mayne

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

‡ safety cap reimbursed  
**Sole Subsidised Supplier**

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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### New Listings - effective 1 July 2005 (continued)

130	IFOSFAMIDE – PCT only – specialist			
	Inj 1 g .....	87.26	1	✓ <b>Holoxan</b>
	Inj 2 g .....	162.80	1	✓ <b>Holoxan</b>
130	IRINOTECAN - PCT only – specialist – Special Authority			
	Inj 20 mg per ml, 2 ml .....	210.00	1	✓ <b>Camptosar</b>
	Inj 20 mg per ml, 5 ml .....	500.00	1	✓ <b>Camptosar</b>
	Special Authority for Subsidy - Form: SA0775			
	Initial application only from a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:			
	Both:			
	1 The patient has metastatic colorectal cancer; and			
	2 Either:			
	2.1 To be used for first or second line use as part of a combination chemotherapy regimen; or			
	2.2 As single agent chemotherapy in fluropyrimidine-relapsed disease.			
	Renewal only from a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:			
	3 The patient requires continued therapy; or			
	4 The tumour has relapsed and requires re-treatment.			
131	BLEOMYCIN SULPHATE - PCT only – specialist			
	Inj 15 iu.....	680.00	10	✓ <b>Blenoxane</b>
131	DOXORUBICIN - PCT only – specialist			
	Inj 50 mg .....	49.95	1	✓ <b>Mayne</b>
131	EPIRUBICIN - PCT only – specialist			
	Inj 2 mg per ml, 5 ml .....	29.00	1	✓ <b>Pharmorubicin</b>
	Inj 2 mg per ml, 25 ml .....	136.50	1	✓ <b>Pharmorubicin</b>
131	MESNA – PCT only – specialist			
	Inj 100 mg per ml, 4 ml .....	109.63	15	✓ <b>Uromitexan</b>
	Inj 100 mg per ml, 10 ml .....	251.73	15	✓ <b>Uromitexan</b>
	Tab 400 mg.....	168.30	50	✓ <b>Uromitexan</b>
	Tab 600 mg.....	251.35	50	✓ <b>Uromitexan</b>
131	MITOZANTRONE – PCT only – specialist			
	Inj 2 mg per ml, 10 ml .....	330.00	1	✓ <b>Onkotrone</b>
131	PACLITAXEL - PCT only – specialist – Special Authority			
	Inj 30 mg .....	100.00	1	✓ <b>Taxol</b>
	Inj 100 mg .....	333.00	1	✓ <b>Taxol</b>
	Special Authority for Subsidy - Form: SA0776			
	Initial application only from a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:			
	Any of the following:			
	1 Both:			
	1.1 The patient has ovarian, fallopian* or primary peritoneal cancer*; and			

continued...

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

"IMM" Interchangeable Multi-source Medicines  
\* 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 July 2005 (continued)**

- 1.2 Either:
  - 1.2.1 Has not received prior chemotherapy; or
  - 1.2.2 Has received prior chemotherapy but have not previously been treated with taxanes; or
- 2 The patient has metastatic breast cancer; or
- 3 Both:
  - 3.1 The patient has non small-cell lung cancer; and
  - 3.2 Either:
    - 3.2.1 Has advanced disease (stage IIIa or above); or
    - 3.2.2 Is receiving combined chemotherapy and radiotherapy; or
- 4 Both:
  - 4.1 The patient has small-cell lung cancer\*; and
  - 4.2 Paclitaxel is to be used as second-line therapy.

Renewal only from a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

- 5 The patient has metastatic breast cancer, non small-cell lung cancer, or small-cell lung cancer\* and
  - 5.1 The patient requires continued therapy; or
  - 5.2 The tumour has relapsed and requires re-treatment.

Note indications marked with \* are unapproved indications.

131	VINORELBINE - PCT only – specialist			
	Inj 10 mg per ml, 1 ml .....	141.00	1	✓ Navelbine
	Inj 10 mg per ml, 5 ml .....	560.00	1	✓ Navelbine
134	RITUXIMAB - PCT only – specialist – Special Authority			
	Inj 100 mg per 10 ml vial.....	1,195.00	2	✓ Mabthera
	Inj 500 mg per 50 ml vial.....	2,987.00	1	✓ Mabthera

Special Authority for Subsidy - Form: SA0777

Initial application - (Post-transplant) only from a relevant specialist. Approvals valid for 6 months for applications meeting the following criteria:

- 1 The patient has B-cell post-transplant lymphoproliferative disorder\*

Note for no more than 8 cycles

Initial application - (Low-grade lymphomas) only from a relevant specialist. Approvals valid for 6 months for applications meeting the following criteria:

- 2 The patient has low grade NHL - relapsed disease following prior chemotherapy.

Note for no more than 4 treatment cycles.

Initial application - (Large cell lymphomas) only from a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

Both:

- 3 The patient has treatment naïve large B-cell NHL; and
- 4 To be used with CHOP (or alternative anthracycline containing multi-agent chemotherapy regime given with curative intent).

Note for no more than 8 treatment cycles.

Renewal - (Low-grade lymphomas) only from a relevant specialist. Approvals valid for 6 months for applications meeting the following criteria:

Both:

- 5 The patient has had a treatment-free interval of 6 months or more; and
- 6 Either:
  - 6.1 Has B-cell post-transplant lymphoproliferative disorder\*; or
  - 6.2 Has low grade NHL - relapsed disease following prior chemotherapy.

Note for no more than 4 treatment cycles for low grade NHL. Indications marked with \* are unapproved indications.

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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### New Listings - effective 1 July 2005 (continued)

134	TRASTUZUMAB - PCT only – specialist – Special Authority			
	Inj 150 mg vial .....	1,350.00	1	✓ Herceptin
	Inj 440 mg vial .....	3,875.00	1	✓ Herceptin
	Special Authority for Subsidy - Form: SA0778			
	Initial application only from a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:			
	The patient has metastatic breast cancer expressing HER-2 3+ or FISH+.			
	Renewal only from a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:			
	The cancer has not progressed.			

### Effective 1 June 2005

33	GLUCOSE OXIDASE - Not on a bulk supply order			
	Urine diagnostic test with peroxidase .....	4.13 (6.05)	50 strip OP	Clinistix
40	FERROUS SULPHATE			
	*†Oral liq 150 mg per 5 ml.....	7.95	250 ml	✓ Ferro-liquid
47	NICOTINIC ACID			
	* Tab 500 mg .....	16.15	100	✓ Niacin-Odan
	Niacin-Odan is an unapproved medication supplied under Section 29 of the Medicines Act 1981. Practitioners prescribing this medication should:			
	(a) be aware of and comply with their obligations under Section 29 of the Medicines Act 1981 and otherwise under that Act and the Medicines Regulations 1984;			
	(b) be aware of and comply with their obligations under the Health and Disability Commissioner's Code of Consumer Rights, including the requirement to obtain informed consent from the patient (PHARMAC recommends that Practitioners obtain written consent); and			
	(c) exercise their own skill, judgment, expertise and discretion, and make their own prescribing decisions with respect to the use of an unapproved Pharmaceutical or a Pharmaceutical for an indication for which it is not approved.			
66	FUSIDIC ACID			
	a) Only on a prescription,			
	b) Not in combination,			
	c) Maximum 15 g per prescription.			
	Crn 2%.....	4.99	15 g OP	✓ Foban
	Oint 2% .....	4.99	15 g OP	✓ Foban
131	IMATINIB MESYLATE – Special Authority – access by application			
	Tab 100 mg.....	2,400.00	60	✓ Glivec

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

"IMM" Interchangeable Multi-source Medicines  
\* 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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## New Listings - effective 1 May 2005

33	COPPER - Not on a bulk supply order * Tab, diagnostic .....	5.02 (30.25)	36 OP	Clinitest
33	GLUCOSE OXIDASE - Not on a bulk supply order Urine diagnostic test with peroxidase, potassium iodide, sodium nitroprusside and aminoacetic acid.....	4.53 (7.50)	50 strip OP	Keto-Diastix
33	SODIUM NITROPRUSSIDE - Not on a bulk supply order * Urine diagnostic strips, buffered.....	3.40 (7.15)	50 strip OP	Ketostix
105	INFLUENZA VACCINE (a) Subsidy is available between 1 March and 31 July 2005 for patients who meet the following criteria, as set by the Ministry of Health: a) all people 65 years of age and over; b) people under 65 years of age with: i) the following cardiovascular disease: 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: 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: 1) autoimmune disease, 2) immune suppression, 3) HIV, 4) transplant recipients, 5) neuromuscular and CNS diseases, 6) haemoglobinopathies, or 7) children on long term aspirin. The following conditions are excluded from funding: i) asthma not requiring regular preventative therapy, ii) hypertension and/or dyslipidaemia without evidence of end-organ disease, iii) pregnancy in the absence of another risk factor. (b) Doctors are the only Contractors entitled to claim payment from the Funder for the supply of influenza vaccine to patients eligible under (a) above for subsidised immunisation and they may only do so in respect of the influenza vaccine listed in the Pharmaceutical Schedule. (c) Individual DHBs may fund patients over and above the criteria in (a) above. The claiming process for these additional patients should be determined between the DHB and Contractor. (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.			
	Inj .....	59.50	10	✓ Fluarix ✓ Fluvax ✓ Influvac

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

‡ safety cap reimbursed  
**Sole Subsidised Supplier**

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ <b>fully subsidised</b>
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### New Listings - effective 1 May 2005 (continued)

127	TEMAZEPAM - Month restriction Tab 10 mg.....	0.74	25	✓ <b>Normison</b>
	Normison is an unapproved medication supplied under Section 29 of the Medicines Act 1981. Practitioners prescribing this medication should:			
	a) be aware of and comply with their obligations under Section 29 of the Medicines Act 1981 and otherwise under that Act and the Medicines Regulations 1984;			
	b) be aware of and comply with their obligations under the Health and Disability Commissioner's Code of Consumer Rights, including the requirement to obtain informed consent from the patient (PHARMAC recommends that Practitioners obtain written consent); and			
	c) exercise their own skill, judgment, expertise and discretion, and make their own prescribing decisions with respect to the use of an unapproved Pharmaceutical or a Pharmaceutical for an indication for which it is not approved.			
167	FAT SUPPLEMENT Emulsion (neutral) .....	15.38	250 ml OP	✓ <b>Calogen</b>
	Special Authority for Subsidy – Form: SA0580			

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

"IMM" Interchangeable Multi-source Medicines  
\* Three months or six months, as applicable, dispensed all-at-once

## Changes to Restrictions

Effective 1 July 2005

### 102 ANTIRETROVIRALS

Special Authority for Subsidy - **Form: SA0575SA0779**

Initial application - (Confirmed HIV/AIDS) only from a named **specialist general physician**. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Both:

1 Confirmed HIV/AIDS **infection**; and

2 Any of the following:

2.1 Symptomatic patient; or

2.2 ~~Both:~~

~~2.2.1 Asymptomatic patient; and~~

~~2.2.2 Patient aged 12 months and under; or~~

2.3 Both:

~~2.3.1 Asymptomatic patient; and~~

~~2.3.2 Patient has viral load counts > 10,000 copies per ml or equivalent value on the Chiron test; or~~

2.4 All of the following:

~~2.4.1 Asymptomatic patient; and~~

~~2.3.1 2.4.2 Patient aged 1 to 5 years; and~~

~~2.3.2 **Either:**~~

~~2.3.2.1 2.4.3 CD4 counts < 1,000 cells/mm<sup>3</sup>; or~~

2.5 All of the following:

~~2.5.1 Asymptomatic patient; and~~

~~2.5.2 Patient aged 1 to 5 years; and~~

~~2.3.2.2 2.5.3 CD4 counts < 0.25 x total lymphocyte white cell count; or~~

~~2.3.2.3 Patient has viral load counts > 100,000 copies per ml, or~~

2.6 All of the following:

~~2.6.1 Asymptomatic patient; and~~

2.4 Both:

~~2.6.2 2.4.1 Patient aged 6 years and over; and~~

~~2.6.3 2.4.2 CD4 counts < 500 350 cells/mm<sup>3</sup>.~~

Note

Subsidies for a combination of up to three anti-retroviral medications, including a maximum of two protease inhibitors. Combinations including ritonavir plus indinavir or saquinavir will be counted as one protease inhibitor for the purpose of accessing funding to anti-retrovirals.

Initial application - (Percutaneous exposure) only from a named **specialist general physician**. Approvals valid for 6 weeks for applications meeting the following criteria:

Person with percutaneous exposure to blood known to be HIV positive.

Note

Subsidies for a combination of up to three anti-retroviral medications, including a maximum of two protease inhibitors. Combinations including ritonavir plus indinavir or saquinavir will be counted as one protease inhibitor for the purpose of accessing funding to anti-retrovirals.

Initial application - (Prevention of maternal transmission) only from a named specialist general physician.

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

Both:

~~3 Treatment with zidovudine; and~~

3 4 Either:

~~3.1 4.1 Prevention of maternal foetal transmission; or~~

~~3.2 4.2 Treatment of the newborn for up to six eight weeks.~~

*continued...*



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 July 2005 (continued)

### Note

**Subsidies for a combination of up to three anti-retroviral medications, including a maximum of two protease inhibitors. Combinations including ritonavir plus indinavir or saquinavir will be counted as one protease inhibitor for the purpose of accessing funding to anti-retrovirals.**

**Some antiretrovirals are unapproved or contraindicated for this in indication. Practitioners prescribing these medications should exercise their own skill, judgement, expertise and discretion, and make their own prescribing decisions with respect to the use of a Pharmaceutical for an indication for which it is not approved or contraindicated.**

Renewal - (Confirmed HIV/AIDS) only from a named **specialist** general physician. Approvals valid without further renewal unless notified for applications meeting the following criteria:

The treatment remains appropriate and the patient is benefiting from treatment.

103	LOPINA VIR WITH RITONAVIR - Special Authority - Hospital Pharmacy [HP1]		
	Cap 133.3 mg with ritonavir 33.3 mg.....	735.00	180 ✓ Kaletra
	Oral liq 80 mg with ritonavir 20 mg per ml.....	735.00	300 ml ✓ Kaletra

Special Authority for Subsidy - **Form: SA072+ SA0779**

~~Initial application only from a named specialist. Approvals valid without further renewal unless notified for applications meeting the following criteria:~~

~~All of the following:~~

- ~~1 The patient already has a Special Authority approval for anti-retroviral therapy (Details to be attached to application); and~~
- ~~2 Kaletra is to be used as a salvage therapy in place of one protease inhibitor; and~~
- ~~3 The patient must have trialed for at least six months and have failed on currently funded NNRTI based regimens or triple NRTI regimens; and~~
- ~~4 The patient must have trialed for at least six months and have failed on currently funded PI based regimens.~~

~~Note~~

~~Failure is defined as:~~

- ~~a) not achieving HIV RNA < 400 copies/ml after 24 weeks of a regimen, or~~
- ~~b) an increase of HIV RNA to > 400 copies/ml on two separate occasions not less than one month apart, after suppression to < 400 copies/ml in a patient taking the regimen.~~

Initial application - (Confirmed HIV/AIDS) only from a named specialist. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Both:

- 1 Confirmed HIV infection; and
- 2 Any of the following:
  - 2.1 Symptomatic patient; or
  - 2.2 Patient aged 12 months and under; or
  - 2.3 Both:
    - 2.3.1 Patient aged 1 to 5 years; and
    - 2.3.2 Either:
      - 2.3.2.1 CD4 counts < 1,000 cells/mm<sup>3</sup>; or
      - 2.3.2.2 CD4 counts < 0.25 x total lymphocyte count; or
      - 2.3.2.3 Patient has viral load counts > 100,000 copies per ml, or
  - 2.4 Both:
    - 2.4.1 Patient aged 6 years and over; and
    - 2.4.2 CD4 counts < 350 cells/mm<sup>3</sup>.

Note

Subsidies for a combination of up to three anti-retroviral medications, including a maximum of two protease inhibitors. Combinations including ritonavir plus indinavir or saquinavir will be counted as one protease inhibitor for the purpose of accessing funding to anti-retrovirals.

*continued...*

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

"IMM" Interchangeable Multi-source Medicines  
\* 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 ✓ <b>fully subsidised</b>
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## Changes to Restrictions - effective 1 July 2005 (continued)

Initial application - (Percutaneous exposure) only from a named specialist. Approvals valid for 6 weeks for applications meeting the following criteria:

Person with percutaneous exposure to blood known to be HIV positive.

### Note

Subsidies for a combination of up to three anti-retroviral medications, including a maximum of two protease inhibitors. Combinations including ritonavir plus indinavir or saquinavir will be counted as one protease inhibitor for the purpose of accessing funding to anti-retrovirals.

Initial application - (Prevention of maternal transmission) only from a named specialist. Approvals valid for 1 year for applications meeting the following criteria:

3 Either:

- 3.1 Prevention of maternal foetal transmission; or
- 3.2 Treatment of the newborn for up to eight weeks.

### Note

Subsidies for a combination of up to three anti-retroviral medications, including a maximum of two protease inhibitors. Combinations including ritonavir plus indinavir or saquinavir will be counted as one protease inhibitor for the purpose of accessing funding to anti-retrovirals.

Some antiretrovirals are unapproved or contraindicated for this indication. Practitioners prescribing these medications should exercise their own skill, judgement, expertise and discretion, and make their own prescribing decisions with respect to the use of a Pharmaceutical for an indication for which it is not approved or contraindicated.

Renewal - (Confirmed HIV/AIDS) only from a named specialist. Approvals valid without further renewal unless notified for applications meeting the following criteria:

The treatment remains appropriate and the patient is benefiting from treatment.

## 118 NEW ANTIEPILEPSY DRUGS

Special Authority for Subsidy – **Form: SA0652SA0780**

Initial application - (Single NAED Therapy) only from a paediatrician, neurologist or general physician. Approvals valid for 15 months for applications meeting the following criteria:

Any of the following:

- 1 Was on NAED therapy before 1 September 2000; or
- 2 Seizures are not adequately controlled with optimal older anti-epilepsy drug treatment; or
- 3 Seizures are controlled adequately but who experience unacceptable side effects from older anti-epilepsy drug treatment.

### Note

"Optimal older anti-epilepsy drug therapy" is defined as treatment with those older anti-epilepsy drugs which are indicated and clinically appropriate for the patient, given singly and in combination in adequate doses for the patient's age, weight, and other features affecting the pharmacokinetics of the drug with good evidence of compliance.

Initial application - (Dual NAED Therapy) only from a paediatrician, neurologist or general physician. Approvals valid for 18 months for applications meeting the following criteria:

Either:

4 Stabilised on two NAEDs on or before 31 July 2000; or

5 Both:

- 5.1 A second NAED has been added; and
- 5.2 An attempt to withdraw one NAED has been made and was unsuccessful.

**Initial application - (Neuropathic pain - gabapentin only) only from a relevant specialist, vocationally registered general practitioner or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 2 months where the patient has tried and failed, or has been unable to tolerate, treatment with a tricyclic antidepressant AND an anticonvulsant agent.**

*continued...*

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 July 2005 (continued)

### Note

**Gabapentin is not interchangeable with other NAEDs when used for treating neuropathic pain. Vocationally registered general practitioners are a relevant specialist when recommending gabapentin for neuropathic pain.**

Renewal - (Single or Dual NAED Therapy) only from a paediatrician, neurologist or general physician. Approvals valid for 18 months for applications meeting the following criteria:

Either:

6 Both:

- 6.1 Patient has been prescribed adequate doses of gabapentin, lamotrigine, topiramate or vigabatrin; and
- 6.2 Patient has demonstrated a significant and sustained improvement in seizure rate or severity and/or quality of life; or

7 Patient has had a previous approval but has not yet trialed monotherapy with all available NAEDs.

Note

As a guideline, clinical trials have referred to a notional 50% reduction in seizure frequency as an indicator of success with anti-convulsant therapy and have assessed quality of life from the patient's perspective

Renewal - (Triple NAED Therapy) only from a paediatrician, neurologist or general physician. Approvals valid for 6 months for applications meeting the following criteria:

Both:

- 8 Patient is on dual therapy; and
- 9 Patient switching from vigabatrin to another NAED.

**Renewal - (Neuropathic pain - gabapentin only) only from a relevant specialist, vocationally registered general practitioner or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 2 years where the patient has demonstrated a marked improvement in their control of pain (prescriber determined).**

### Note

**Gabapentin is not interchangeable with other NAEDs when used for treating neuropathic pain. Vocationally registered general practitioners are a relevant specialist when recommending gabapentin for neuropathic pain.**

Note: Special Authority applications and reapplications for NAEDs (for use in epilepsy) must be made by a neurologist or paediatric neurologist. Applications from a general physician or paediatrician will be accepted if access to neurology or paediatric neurology services is limited in the locality in which they practice.

130	BUSULPHAN - Retail pharmacy-specialist - PCT Tab 2 mg.....	47.89	100	✓ Myleran
130	CALCIUM FOLINATE - Hospital pharmacy [HP1] or [HP3]-specialist - PCT Tab 15 mg [HP3]..... Inj 3 mg per ml, 1 ml [HP1] ..... Inj 15 mg [HP1] ..... Inj 50 mg [HP1] .....	38.90 (55.60) 17.10 57.20 29.95	10 5 5 each	✓ Mayne Leucovorin ✓ Leucovorin Calcium ✓ Leucovorin Calcium ✓ Mayne
130	CHLORAMBUCIL - Retail pharmacy-specialist - PCT Tab 2 mg.....	22.35	25	✓ Leukeran FC
130	CYCLOPHOSPHAMIDE Tab 50 mg - Retail pharmacy-specialist - PCT ..... Inj 1 g - Retail pharmacy-specialist - PCT .....	25.71 127.80	50 6	✓ Cycloblastin ✓ Cytoxan

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

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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 July 2005 (continued)

130	CYTARABINE Inj 100 mg - Retail pharmacy-specialist - <b>PCT</b> .....	80.00	5	✓ <b>Mayne</b> ✓ <b>Pharmacia</b>
	Inj 500 mg - Retail pharmacy-specialist - <b>PCT</b> .....	67.00	each	✓ <b>Mayne</b>
130	FLUOROURACIL SODIUM Inj 250 mg per 10 ml - Retail pharmacy-specialist - <b>PCT</b> .....	18.24	5	✓ <b>Mayne</b>
	Inj 500 mg per 10 ml - Retail pharmacy-specialist - <b>PCT</b> .....	28.75	5	✓ <b>Mayne</b>
	Inj 500 mg per 20 ml - Retail pharmacy-specialist - <b>PCT</b> .....	55.60	10	✓ <b>Mayne</b>
130	MELPHALAN - Retail pharmacy-specialist - <b>PCT</b> Tab 2 mg .....	31.31	25	✓ <b>Alkeran</b>
130	MERCAPTOPYRINE - Retail pharmacy-specialist - <b>PCT</b> Tab 50 mg .....	47.06	25	✓ <b>Purinethol</b>
130	THIOTEPA - Retail pharmacy-specialist - <b>PCT</b> Inj 15 mg .....	14.65	each	✓ <b>Thiotepa</b>
131	ETOPOSIDE - Hospital pharmacy [HP1] & [HP3]-specialist - <b>PCT</b> Cap 50 mg [HP3] .....	340.73	20	✓ <b>Vepesid</b>
	Cap 100 mg [HP3] .....	340.73	10	✓ <b>Vepesid</b>
	Inj 20 mg per ml, 5 ml [HP1] .....	61.22	each	✓ <b>Mayne</b> ✓ <b>Vepesid</b>
131	HYDROXYUREA - Retail pharmacy-specialist - <b>PCT</b> Cap 500 mg .....	31.76	100	✓ <b>Hydrea</b>
131	METHOTREXATE - Hospital pharmacy [HP1] & [HP3]-specialist - <b>PCT</b> * Tab 2.5 mg [HP3] .....	5.80	30	✓ <b>Methoblastin</b>
	* Tab 10 mg [HP3] .....	40.93	50	✓ <b>Methoblastin</b>
	* Inj 5 mg per 2 ml vial [HP1] .....	23.65	5	✓ <b>Mayne</b>
	* Inj 20 mg per 2 ml vial [HP1] .....	28.55	5	✓ <b>Mayne</b>
	* Inj 50 mg per 2 ml vial [HP1] .....	46.10	5	✓ <b>Mayne</b>
	* Inj 100 mg per 4 ml vial [HP1] .....	92.50	5	✓ <b>Mayne</b>
	* Inj 5 g per 50 ml vial [HP1] .....	900.24	each	✓ <b>Mayne</b>
	* Inj 500 mg, 20 ml vial [HP1] .....	80.25	each	✓ <b>Mayne</b>
	* Inj 1 g per 10 ml vial [HP1] .....	72.90	each	✓ <b>Mayne</b>
131	THIOGUANINE - Hospital pharmacy [HP3]-specialist - <b>PCT</b> Tab 40 mg .....	97.16	25	✓ <b>Lanvis</b>
131	VINBLASTINE SULPHATE - Retail pharmacy-specialist - <b>PCT</b> Inj 10 mg .....	137.50	5	✓ <b>Mayne</b>
131	VINCRIStINE SULPHATE - Retail pharmacy-specialist - <b>PCT</b> Inj 1 mg per ml, 1 ml .....	133.00	5	✓ <b>Mayne</b>
	Inj 1 mg per ml, 2 ml .....	266.20	5	✓ <b>Mayne</b>

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

‡ safety cap reimbursed  
**Sole Subsidised Supplier**

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### Changes to Restrictions - effective 1 July 2005 (continued)

151	DEXAMETHASONE WITH FRAMYCETIN AND GRAMICIDIN <b>Retail pharmacy – specialist when used in the treatment of eye conditions</b> Ear/Eye drops 500 mcg with framycetin sulphate 5 mg and gramicidin 50 mcg per ml.....	4.50 (8.06)	8 ml OP	Sofradex
	Ear/Eye oint 0.5 mg with framycetin sulphate 5 mg and gramicidin 50 mcg per g.....	4.50 (8.06)	5 g OP	Sofradex

### Changes to Restrictions - effective 1 June 2005

34	GLUCOSE DEHYDROGENASE <b>The number of test strips available on a prescription is restricted to 50 unless:</b> a) Prescribed with insulin or a sulphonylurea but are on a different prescription and the prescription is endorsed accordingly; or b) Prescribed on the same prescription as insulin or a sulphonylurea in which case the prescription is deemed to be endorsed; or c) Prescribed for a pregnant woman with diabetes and endorsed accordingly.			
	Blood/glucose test strips .....	11.00 22.00	25 test OP 50 test OP	✓ Medisense Optium ✓ Accu-Chek Advantage ✓ Medisense Optium
34	GLUCOSE OXIDASE <b>The number of test strips available on a prescription is restricted to 50 unless:</b> a) Prescribed with insulin or a sulphonylurea but are on a different prescription and the prescription is endorsed accordingly; or b) Prescribed on the same prescription as insulin or a sulphonylurea in which case the prescription is deemed to be endorsed; or c) Prescribed for a pregnant woman with diabetes and endorsed accordingly.			
	Blood diagnostic test with peroxidase .....	26.95 (27.85)	50 test OP	✓ Ascensia Glucodisc Glucocard
	Blood diagnostic test with peroxidase .....	53.90 (55.70)	100 test OP	Precision Plus
36	IMIGLUCERASE - Special Authority - Hospital pharmacy [HP4][HP1] Inj 40 iu per ml, 200 iu vial .....	1,188.79	1	✓ Cerezyme
100	LAMIVUDINE - Special Authority - Retail pharmacy Tab 100 mg .....	143.00	28	✓ Zeffix
	Oral liq 5 mg per ml .....	90.00	240 ml	✓ Zeffix
	Special Authority for Subsidy - Form: SA0772 Initial application only from a gastroenterologist, infectious disease specialist, paediatrician or general physician. Approvals valid for 1 year for applications meeting the following criteria: Both: 1 Any of the following: 1.1 All of the following: 1.1.1 HBsAg positive for more than 6 months; and 1.1.2 HBeAg positive or HBV DNA positive defined as >0.6 pg/ml by quantitative PCR at reference laboratory; and 1.1.3 ALT greater than twice upper limit of normal or stage 3 or 4 fibrosis on liver histology clinical/radiological evidence of cirrhosis; or			

continued...

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

"IMM" Interchangeable Multi-source Medicines  
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## Changes to Restrictions - effective 1 June 2005 (continued)

- 1.2 HBV DNA positive cirrhosis prior to liver transplantation; or
- 1.3 HBsAg positive and have had a liver, kidney, heart, lung or bone marrow transplant; and/or
- 1.4 Hepatitis B surface antigen positive (HbsAg) patient who is receiving chemotherapy for a malignancy, or who has received such treatment within the previous two months; and**

2 All of the following:

- 2.1 No continuing alcohol abuse or intravenous drug use; and
- 2.2 Not coinfecting with HCV, HDV, or HIV; and
- 2.3 Neither ALT nor AST greater than 10 times upper limit of normal; and
- 2.4 No known or suspected hepatocellular carcinoma (AFP > 100 or liver mass on imaging) unless awaiting liver transplantation or other curative treatment; and
- 2.5 Not pregnant or breast feeding; and
- 2.6 No history of hypersensitivity to lamivudine; and
- 2.7 No previous lamivudine therapy with breakthrough (presumed YMDD mutant).

Renewal only from a gastroenterologist, infectious disease specialist, paediatrician or general physician.

Approvals valid for 2 years for applications meeting the following criteria:

All of the following:

3 Have maintained continuous treatment with lamivudine; and

4 Any of the following:

- 4.1 Most recent test result shows continuing biochemical response (normal ALT); or
- 4.2 HBeAg negative; or
- 4.3 HBV DNA negative defined as < 0.6 pg/ml by quantitative PCR at reference laboratory; and

5 Either:

- 5.1 Have had less than three years of access to treatment with lamivudine; or
- 5.2 There is evidence of cirrhosis.

### 115 SELECTIVE SEROTONIN REUPTAKE INHIBITORS

Higher subsidy by endorsement for:

~~Citalopram tab 20 mg x 28 (Celapram) up to \$4.00~~

~~Citalopram tab 20 mg x 28 (Cipramil) up to \$10.00~~

Paroxetine hydrochloride tab 20 mg x 30 (Aropax) up to \$35.02

is available for patients who:

- were taking ~~citalopram~~ on 1 February 2000; or paroxetine hydrochloride on February 2001; or
- have previously responded to treatment with ~~citalopram~~ or paroxetine hydrochloride; or
- have had a trial of fluoxetine and have had to discontinue due to
  - inability to tolerate the drug due to side effects; or
  - failed to respond to an adequate dose and duration of treatment; or
- have contraindications to fluoxetine (eg pre-existing significant levels of nausea, breastfeeding, potential drug interactions).

The prescription must be endorsed accordingly.

Note – this amendment results from citalopram hydrobromide (Celapram and Cipramil) tablets 20 mg being delisted 1 June 2005.

### 147 TIOPIPIUM BROMIDE – Special Authority – Retail pharmacy

Powder for inhalation, monodose device,

18 mcg per dose ..... 70.00 30 monodoses ✓ **Spiriva**

Special Authority for Subsidy – Form: SA0758

Initial application only from a general practitioner or relevant specialist. Approvals valid for 2 years for applications meeting the following criteria:

All of the following:

- 1 To be used for the long-term maintenance treatment of bronchospasm and dyspnoea associated with COPD; and

*continued...*

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ <b>fully subsidised</b>
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### Changes to Restrictions - effective 1 June 2005 (continued)

- 2 In addition to standard treatment, the patient has trialed a dose of at least 40 mcg ipratropium q.i.d for one month; and
- 3 The patient's breathlessness  $\geq$  grade 4 according to the Medical Research Council (UK) dyspnoea scale (see note). Grade must be stated on the application; and
- 4 ~~FEV<sub>1</sub> < 40% of predicted (copy of actual result and predicted value to be included in application, or values to be stated on form)~~ **actual result and predicted value to be stated on form**; and
- 5 Either:
  - 5.1 Patient is not a smoker; or
  - 5.2 Patient is a smoker and been offered smoking cessation counselling; and
- 6 The patient has been offered annual influenza immunisation.

Renewal only from a general practitioner or relevant specialist. Approvals valid for 2 years for applications meeting the following criteria:

All of the following:

- 7 Patient is compliant with the medication; and
- 8 Patient has experienced improved COPD symptom control (prescriber determined); and
- 9 Applicant must supply recent measurement of FEV<sub>1</sub> (% of predicted). ~~Details must be attached to the application (for reporting purposes only)~~ **Value to be stated on form.**

Note

Grade 4 = stops for breath after walking about 100 meters or after a few minutes on the level; Grade 5 = too breathless to leave the house, or breathless when dressing or undressing

### Effective 1 May 2005

28	CIMETIDINE a) Only on a prescription. b) <del>Not as an effervescent or dispersible tab.</del>			
	* Tab 200 mg.....	5.00	100	✓ Apo-Cimetidine
	* Tab 400 mg.....	10.00	100	✓ Apo-Cimetidine
99	PYRAZINAMIDE - Retail pharmacy-specialist * Tab 500 mg.....	59.00	100	✓ AFT-Pyrazinamide

AFT-Pyrazinamide is an unapproved medication supplied under Section 29 of the Medicines Act 1981. Practitioners prescribing this medication should:

- a) be aware of and comply with their obligations under Section 29 of the Medicines Act 1981 and otherwise under that Act and the Medicines Regulations 1984;
- b) be aware of and comply with their obligations under the Health and Disability Commissioner's Code of Consumer Rights, including the requirement to obtain informed consent from the patient (PHARMAC recommends that Practitioners obtain written consent); and
- c) exercise their own skill, judgment, expertise and discretion, and make their own prescribing decisions with respect to the use of an unapproved Pharmaceutical or a Pharmaceutical for an indication for which it is not approved.

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

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## Changes to Restrictions - effective 1 May 2005 (continued)

### 105 INFLUENZA VACCINE

(a) Subsidy is available between 1 March and ~~31 June~~ **31 July 2005** of each year for patients who meet the following criteria, as set by the Ministry of Health:

- a) all people 65 years of age and over;
- b) people under 65 years of age with:
  - i) the following cardiovascular disease:
    - 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:
    - 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:
    - 1) autoimmune disease,
    - 2) immune suppression,
    - 3) HIV,
    - 4) transplant recipients,
    - 5) neuromuscular and CNS diseases,
    - 6) haemoglobinopathies, or
    - 7) children on long term aspirin.

The following conditions are excluded from funding:

- i) asthma not requiring regular preventative therapy,
  - ii) hypertension and/or dyslipidaemia without evidence of end-organ disease,
  - iii) pregnancy in the absence of another risk factor.
- (b) Doctors are the only Contractors entitled to claim payment from the Funder for the supply of influenza vaccine to patients eligible under (a) above for subsidised immunisation and they may only do so in respect of the influenza vaccine listed in the Pharmaceutical Schedule.
- (c) Individual DHBs may fund patients over and above the criteria in (a) above. The claiming process for these additional patients should be determined between the DHB and Contractor.
- (d) ~~The manufacturer's price as listed for Vaxigrip includes four deliveries to each address per calendar month on which freight will not be charged.~~
- (e) 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.

Inj .....	59.50	10	✓ Fluarix ✓ Fluvax ✓ Influvac
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Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## Changes to Subsidy and Manufacturer's Price

Effective 1 July 2005

26	DIPHENOXYLATE HYDROCHLORIDE WITH ATROPINE SULPHATE (↓ subsidy) * Tab 2.5 mg with atropine sulphate 25 mcg.....	3.90	100	✓ Diastop
28	RANITIDINE HYDROCHLORIDE - Only on a prescription. (↓ subsidy) * Tab 150 mg..... * Tab 300 mg.....	7.99 10.94	250 250	✓ Arrow-Ranitidine ✓ Arrow-Ranitidine
29	LANSOPRAZOLE (↓ subsidy) * Cap 30 mg.....	6.74 (53.60)	30	Zoton
29	PANTOPRAZOLE (↓ subsidy) * Tab 20 mg..... * Tab 40 mg.....	5.47 (22.00) 6.97 (28.00)	30 30	Somac Somac
32	GLIPIZIDE (↓ subsidy) * Tab 5 mg.....	3.50	100	✓ Minidiab
34	GLUCOSE OXIDASE (↓ subsidy) The number of test strips available on a prescription is restricted to 50 unless: a) Prescribed with insulin or a sulphonylurea but are on a different prescription and the prescription is endorsed accordingly; or b) Prescribed on the same prescription as insulin or a sulphonylurea in which case the prescription is deemed to be endorsed; or c) Prescribed for a pregnant woman with diabetes and endorsed accordingly.			
	Blood diagnostic test with peroxidase .....	22.00 (26.95) (27.85)	50 test OP	Ascensia Glucodisc Glucocard
	Blood diagnostic test with peroxidase .....	44.00 (55.70)	100 test OP	Precision Plus
35	DOCUSATE SODIUM (↓ subsidy) * Oral drops 10% .....	3.93	30 ml OP	✓ Coloxyl
37	TRIAMCINOLONE ACETONIDE (↓ subsidy) 0.1% in Dental Paste USP .....	4.50	5 g OP	✓ Oracort
45	HEPARIN SODIUM (↑ price) Inj 1,000 iu per ml, 35 ml .....	7.25 (12.10)	1	Mayne
61	FELODIPINE (↓ subsidy) * Tab long-acting 2.5 mg..... No more than 1 tab per day	11.27	30	✓ Plendil ER
62	VERAPAMIL HYDROCHLORIDE (↓ subsidy) * Tab long-acting 120 mg.....	15.20	250	✓ Verpamil SR

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### Changes to Subsidy and Manufacturer's Price - effective 1 July 2005 (continued)

69	TRIAMCINOLONE ACETONIDE (↓ price)			
	Crn 0.02%.....	6.45	100 g OP	✓ Aristocort
	Oint 0.02%.....	6.45	100 g OP	✓ Aristocort
70	CHLORHEXIDINE GLUCONATE (↓ subsidy)			
	a) Only if prescribed for a dialysis patient and the prescription is endorsed accordingly; and			
	b) Maximum of 500 ml per month.			
	* Soln 4%.....	7.20	500 ml	✓ Orion
71	EMULSIFYING (↓ subsidy)			
	* Ointment BP.....	3.83	500 g	✓ AFT
82	ALENDRONATE - Special Authority - Retail pharmacy (↓ subsidy)			
	Tab 10 mg.....	45.00	30	✓ Fosamax
	Tab 70 mg.....	42.00	4	✓ Fosamax
84	PREDNISONE (↓ subsidy)			
	* Tab 1 mg.....	9.89	500	✓ Apo-Prednisone
	* Tab 5 mg - Available on a PSO.....	11.09	500	✓ Apo-Prednisone
	* Tab 20 mg.....	30.56	500	✓ Apo-Prednisone
96	CIPROFLOXACIN - Retail pharmacy-specialist (↓ subsidy)			
	Tab 250 mg.....	5.10	28	✓ Ciproflo
	Tab 500 mg.....	8.31	28	✓ Ciproflo
	Tab 750 mg.....	19.30	28	✓ Ciproflo
96	CO-TRIMOXAZOLE (↓ subsidy)			
	* Tab trimethoprim 80 mg and sulphamethoxazole 400 mg (Available on a PSO).....	17.00	500	✓ Trisul
	* Oral liq sugar-free trimethoprim 40 mg and sulphamethoxazole 200 mg per 5 ml (Available on a PSO).....	5.90	500 ml	✓ Trisul
106	IBUPROFEN - Special Authority available - Retail pharmacy, refer above (↓ subsidy)			
	* Tab 200 mg.....	1.78	100	✓ I-Profen
112	PARACETAMOL WITH CODEINE (↓ subsidy)			
	* Tab paracetamol 500 mg with codeine phosphate 8 mg.....	3.24	100	✓ Codalgin
115	TRIMIPRAMINE MALEATE (↓ subsidy)			
	Cap 25 mg.....	5.50	100	✓ Tripress
	Cap 50 mg.....	10.20	100	✓ Tripress
117	CLONAZEPAM (↓ subsidy)			
	Tab 500 mcg.....	5.49	100	✓ Paxam
	Tab 2 mg.....	9.95	100	✓ Paxam
118	GABAPENTIN - Special Authority - Retail pharmacy (↓ subsidy)			
	▲ Cap 100 mg.....	29.46	100	✓ Neurontin
	▲ Cap 300 mg.....	88.36	100	✓ Neurontin
	▲ Cap 400 mg.....	117.81	100	✓ Neurontin

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the Manufacturer's Price is greater than the Subsidy

‡ safety cap reimbursed  
**Sole Subsidised Supplier**

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### Changes to Subsidy and Manufacturer's Price - effective 1 July 2005 (continued)

121	ONDANSETRON - Hospital pharmacy [HP3]-specialist (↓ subsidy) a) Maximum of 6 tablets per dispensing; and b) Maximum of 12 tablets per prescription. Not more than one prescription per month.			
	Tab 4 mg.....	32.25	10	✓ Zofran
	Tab 8 mg.....	92.85	20	✓ Zofran
122	BROMOCRIPTINE MESYLATE (↓ subsidy)			
	* Tab 2.5 mg.....	32.08	100	✓ Alpha-Bromocriptine
	* Tab 10 mg.....	120.86	100	✓ Alpha-Bromocriptine
144	SALBUTAMOL - Available on a PSO (↓ subsidy)			
	Aerosol inhaler, 100 mcg per dose CFC-free .....	4.00 (6.00)	200 dose OP	Ventolin
153	SODIUM CROMOGLYCATE (↓ subsidy)			
	Eye drops 2%.....	3.29	10 ml OP	✓ Cromolux
154	ACETAZOLAMIDE (↓ price)			
	* Tab 250 mg.....	8.75	100	✓ Diamox
155	ATROPINE SULPHATE (↓ subsidy)			
	* Eye drops 1%.....	4.01	15 ml OP	✓ Atropt
156	HYPROMELLOSE (↓ subsidy)			
	* Eye drops 0.3%.....	2.62	15 ml OP	✓ Poly-Tears

### Effective 1 June 2005

33	GLUCOSE OXIDASE - Not on a bulk supply order (↑ price)			
	Urine diagnostic test with peroxidase .....	8.26 (11.12)	100 strip OP	Clinistix
35	MUCILAGINOUS LAXATIVES - Only on a prescription (↑ price)			
	* Dry .....	7.92 (12.71)	450 g OP	Isogel
38	VITAMIN A WITH VITAMINS D AND C (↑ price)			
	Soln 1000 u with Vitamin D 400 u and ascorbic acid 30 mg per 10 drops .....	4.38 (5.51)	10 ml OP	Vitadol C
56	QUINAPRIL (↓ subsidy)			
	* Tab 5 mg.....	2.36	30	✓ Accupril
	* Tab 10 mg.....	3.26	30	✓ Accupril
	* Tab 20 mg.....	4.30	30	✓ Accupril
57	QUINAPRIL WITH HYDROCHLOROTHIAZIDE (↓ subsidy)			
	* Tab 10 mg with hydrochlorothiazide 12.5 mg .....	3.37	30	✓ Accuretic 10
	* Tab 20 mg with hydrochlorothiazide 12.5 mg .....	4.57	30	✓ Accuretic 20

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### Changes to Subsidy and Manufacturer's Price - effective 1 June 2005 (continued)

68	CALAMINE - Not in combination (↓ price) Lotn, BP.....	21.60 (26.95)	2,000 ml	HMG
99	ETHAMBUTOL - Retail pharmacy-specialist (↓ subsidy) * Tab 400 mg.....	19.60	100	✓ <b>Myambutol</b>
112	DIHYDROCODEINE TARTRATE (↓ subsidy) Tab long-acting 60 mg.....	30.30	60	✓ <b>DHC Continus</b>
116	DIAZEPAM (↑ price) Inj 5 mg per ml, 2 ml - Only on a PSO.....	16.64 (33.89)	10	Diazemuls
	a) Injection subsidised only on a PSO and PSO is endorsed "not for anaesthetic procedures".			
149	SALBUTAMOL (↓ subsidy) ‡ Oral liq 2 mg per 5 ml.....	2.45 (4.76)	150 ml	Ventolin

### Effective 1 May 2005

25	SODIUM ALGINATE (↑ price) * Oral liq 500 mg with sodium bicarbonate 267 mg per 10 ml (aniseed).....	1.50 (7.28)	500 ml	Gaviscon
33	COPPER - Not on a bulk supply order (↑ price) * Tab, diagnostic.....	3.35 (9.75)	24 OP	Clinitest
33	GLUCOSE OXIDASE - Not on a bulk supply order (↑ price) Urine diagnostic test with peroxidase.....	4.11 (6.05)	50 strip OP	Diastix
33	GLUCOSE OXIDASE - Not on a bulk supply order (↑ price) Urine diagnostic test with peroxidase, potassium iodide, sodium nitroprusside and aminoacetic acid.....	9.06 (14.03)	100 strip OP	Keto-Diastix
33	SODIUM NITROPRUSSIDE - Not on a bulk supply order (↑ price) * Urine diagnostic strips, buffered.....	6.79 (10.32)	100 strip OP	Ketostix
37	CHOLINE SALICYLATE WITH CETALKONIUM CHLORIDE (↑ price) * Adhesive gel 8.7% with cetalkonium chloride 0.01%.....	2.06 (4.20)	15 g OP	Bonjela
43	ASPIRIN (↑ price) * Tab, soluble 300 mg - Available on a PSO.....	1.28 (4.45)	48	Disprin <sup>MM</sup>

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 May 2005 (continued)

45	HEPARIN SODIUM (↑ price) Inj 25,000 iu per ml, 0.2 ml - Hospital pharmacy [HP3]-specialist .....	7.50 (7.85)	5	Mayne
106	IBUPROFEN - Special Authority available - Retail pharmacy, refer above (↑ price) * Tab long-acting 800 mg .....	3.01 (18.24)	60	Brufen Retard
116	PARALDEHYDE (↑ price) * Inj 5 ml .....	58.00 (62.37)	5	Mayne
137	INTERFERON BETA-1-ALPHA - Access by application (↓ subsidy) Inj 6 million iu per vial .....	1,152.30	4	✓ Avonex

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

"IMM" Interchangeable Multi-source Medicines  
\* 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 July 2005

95	BENZYL PENICILLIN SODIUM (PENICILLIN G) Inj 1 mega u - Available on a PSO .....	6.99	10	✓ <b><u>Biochemie Novartis</u></b>
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### Effective 1 June 2005

72	POVIDONE IODINE Antiseptic soln 10% .....	6.42 (7.20)	500 ml	<del>Viodine</del> Riodine
	Alcohol skin preparation 10% .....	8.13 (14.20)	500 ml	<del>Viodine</del> Riodine

## Changes to Sole Subsidised Supply

### Effective 1 July 2005

For the list of new Sole Subsidised Supply products effective 1 July 2005 refer to the bold entries in the cumulative Sole Subsidised Supply table pages 12-17.

## Changes to General Rules

Effective 1 July 2005

### 13 EXCEPTIONAL CIRCUMSTANCES POLICIES

The purposes of the Exceptional Circumstances policies are to provide:

- funding from the Community Exceptional Circumstances budget for medication, to be used in the community, in circumstances where the provision of a funded community medication is appropriate, but funding from the Pharmaceutical Budget is not able to be provided through the Pharmaceutical Schedule ("Community Exceptional Circumstances"); or
- an assessment process for DHB Hospitals to determine whether they can fund medication, to be used in the community, in circumstances where the medication is neither a Community Pharmaceutical nor a Discretionary Community Supply Pharmaceutical and where the patient does not meet the criteria for Community Exceptional Circumstances ("Hospital Exceptional Circumstances"); or
- **an assessment process for DHB Hospitals to determine whether they can fund pharmaceuticals for the treatment of cancer in their DHB Hospital, or in association with Outpatient services provided in their DHB hospital, in circumstances where the pharmaceutical is not identified as a Pharmaceutical Cancer Treatment ("Cancer Exceptional Circumstances") in Sections A-H of the Pharmaceutical Schedule.**

Upon receipt of an application for approval for Community Exceptional Circumstances or Hospital Exceptional Circumstances, the Exceptional Circumstances Panel first decides whether an application will be assessed initially under the Community Exceptional Circumstances criteria or the Hospital Exceptional Circumstances criteria. **Cancer Exceptional Circumstances is a separate process.**

### 14 CANCER EXCEPTIONAL CIRCUMSTANCES

**Permission to fund a pharmaceutical for the treatment of cancer from the Hospital's own budget under Cancer Exceptional Circumstances will only be granted by PHARMAC where it has been demonstrated that the proposed use meets the criteria.**

**If the patient being treated with a pharmaceutical under Cancer Exceptional Circumstances usually resides in a district other than that within the jurisdiction of the DHB initiating the treatment, then the DHB initiating the treatment must either agree to fund any on-going treatment required once the patient has returned to his/her usual DHB, or obtain written consent from the DHB or DHBs in which the patient will reside following the commencement of treatment.**

- 14 Applications for Community Exceptional Circumstances, Hospital Exceptional Circumstances **and Cancer Exceptional Circumstances** should be made on the standard application form available from the PHARMAC website [www.pharmac.govt.nz](http://www.pharmac.govt.nz) or the address below:

The Coordinator, Exceptional Circumstances Panel  
PHARMAC  
PO Box 10 254  
Wellington

Phone (04) 916 7553  
or fax (09) 523 6870  
Email: [ecpanel@pharmac.govt.nz](mailto:ecpanel@pharmac.govt.nz)

- 15 **"Cancer Exceptional Circumstances" means the policies and criteria administered by PHARMAC relating to the ability to fund, from a DHB hospital's own budget, pharmaceuticals for the treatment of cancer that are not identified as Pharmaceutical Cancer Treatments in Sections A-H of the Pharmaceutical Schedule.**
- 16 **"Hospital Care Operator" means a person for the time being in charge of providing hospital care, in accordance with the Health and Disability Services (Safety) Act 2001.**
- 18 **"PCT" means Pharmaceutical Cancer Treatment in respect of which DHB hospital pharmacies and other Contractors can claim Subsidies.**
- 18 **"PCT only" means Pharmaceutical Cancer Treatment in respect of which only DHB hospital pharmacies can claim Subsidies.**

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

"IMM" Interchangeable Multi-source Medicines

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

## Changes to General Rules - effective 1 July 2005 (continued)

- 18 "Pharmaceutical Cancer Treatments" means Pharmaceuticals listed in Part V of Section H of the Pharmaceutical Schedule, and their associated indications, that DHBs must fund, from their own budgets, for use in their hospitals, and/or in association with Outpatient services provided in their DHB Hospitals, in relation to the treatment of cancers, **or a Pharmaceutical for the treatment of cancer, listed in Sections A to G of the Schedule and identified therein as a "PCT" or "PCT only" Pharmaceutical.**
- 19 "Subsidy" means the maximum amount that the government will pay Contractors for a Community Pharmaceutical dispensed to a person eligible for Pharmaceutical Benefits and is different from the cost to the Government of subsidising that Community Pharmaceutical. **For the purposes of a DHB hospital pharmacy claiming for Pharmaceutical Cancer Treatments, Subsidy refers to any payment made to the DHB hospital pharmacy or service provider to which that pharmacy serves, and does not relate to a specific payment that might be made on submission of a claim.**
- 23 4.1 Bulk Supply Orders  
4.1.5 Community Pharmaceuticals listed in Part I of the First Schedule to the Medicines Regulations 1984 will be subsidised only if supplied under a Bulk Supply Order placed by an institution certified to provide hospital care under the Health and Disability Services (Safety) Act 2001 and:  
a) that institution employs a registered general nurse, registered with the Nursing Council and who holds a current annual practicing certificate under the HPCA Act 2003; and  
b) the Bulk Supply Order is supported by a written requisition signed by a **Hospital Care Operator Practitioner.**
- 24 **4.5 Pharmaceutical Cancer Treatments**  
4.5.1 **DHBs must provide access to Pharmaceutical Cancer Treatments in Part V of Section H of the Pharmaceutical Schedule for use in the treatment of cancers in their DHB hospitals, and/or in association with Outpatient services provided in their DHB hospitals.**  
4.5.2 **A DHB hospital pharmacy that holds a claiming agreement for Pharmaceutical Cancer Treatments with the Funder may claim a Subsidy for a Pharmaceutical Cancer Treatment marked as "PCT" or PCT only" in Sections A to G of this Schedule subject to that Pharmaceutical Cancer Treatment being dispensed in accordance with:**  
(a) Part 1;  
(b) clauses 2.1 to 2.3;  
(b) clauses 3.1 and 3.4; and  
(c) clause 4.5, of Section A of the Schedule.  
4.5.4 **A Contractor (other than a DHB hospital pharmacy) may only claim a Subsidy for a Pharmaceutical Cancer Treatment marked as "PCT" in Sections A to G of the Schedule subject to that Pharmaceutical Cancer Treatment being dispensed in accordance with the rules applying to Sections A to G of the Schedule.**  
4.5.5 **Some indications for Pharmaceutical Cancer Treatments listed in the Schedule have not been approved by Medsafe, but formed part of the October 2001 direction from the Minister of Health as to pharmaceuticals and indications for which DHBs must provide funding. As far as reasonably practicable, these indications are marked in the Schedule. However, PHARMAC makes no representation and gives no guarantee as to the accuracy of this information. Practitioners prescribing Pharmaceuticals Cancer Treatments for such unapproved indications should:**  
(a) be aware of and comply with their obligations under section 29 of the Medicines Act 1981 and otherwise under the Medicines Act and the Medicines Regulations 1984;  
(b) be aware of and comply with their obligations under the Health and Disability Commissioner's Code of Consumer Rights, including the requirement to obtain informed consent from the patient (PHARMAC recommends that Practitioners obtain written consent); and

*continued...*



Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ <b>fully subsidised</b>
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## Changes to General Rules - effective 1 July 2005 (continued)

**(c) exercise their own skill, judgment, expertise and discretion, and make their own prescribing decisions with respect to the use of an unapproved Pharmaceutical Cancer Treatment or a Pharmaceutical Cancer Treatment for an indication for which it is not approved.**

- 24     **4.5 6** Amendment of Schedule  
 PHARMAC may amend the terms of the Schedule from time to time by notice in writing given in such manner as PHARMAC thinks fit, and in accordance with such protocols as agreed with the Pharmacy Guild of New Zealand (Inc) from time to time.
- 24     **4.6 7** Conflict in Provisions  
 If any rules in Sections B–G of this Schedule conflict with the rules in Section A, the rules in Sections B–G apply.

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

"IMM" Interchangeable Multi-source Medicines  
 \* 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 July 2005

62	METHYLDOPA WITH HYDROCHLOROTHIAZIDE * Tab 250 mg with hydrochlorothiazide 15 mg.....	24.80	100	✓ Hydromet
67	TOLNAFTATE - Not in combination Crm 1%..... Soln 1% .....	1.00 (8.60) 4.36 (6.87)	20 g OP 10 ml OP	Tinaderm Tinaderm
69	MOMETASONE FUROATE Lotn 0.1% .....	8.00	50 ml OP	✓ Elocon
70	BETAMETHASONE DIPROPIONATE WITH CLOTRIMAZOLE - Only on a prescription Crm 0.05% with clotrimazole 1% .....	3.49 (8.19)	15 g OP	Lotricomb
70	BETAMETHASONE DIPROPIONATE WITH SALICYLIC ACID - Only on a prescription Oint 0.05% with salicylic acid 3%..... Lotn 0.05% with salicylic acid 2%.....	8.10 (11.28) 9.74 (14.21)	30 g OP 50 ml OP	Diprosalic Diprosalic
74	BETAMETHASONE DIPROPIONATE Scalp lotn 0.05% .....	12.29 (22.91)	100 ml OP	Diprosone
80	GEMEPROST - Special Authority - Hospital pharmacy [HP1] Pessaries 1 mg .....	258.14 (283.95)	5	Cervagem
84	TESTOSTERONE ESTERS - Retail pharmacy-specialist Inj 250 mg per ml, 1 ml.....	12.98	1	✓ Sustanon 250 Orgaject
120	METOCLOPRAMIDE HYDROCHLORIDE * Tab 10 mg.....	3.95 (6.00)	100	Maxolon
127	TEMAZEPAM - Month restriction Cap 20 mg .....	5.50	100	✓ Euhypnos
	‡ Safety caps reimbursed for extemporaneously compounded oral liquid preparations.			
141	AZATADINE MALEATE *‡Oral liq 500 mcg per 5 ml.....	2.27 (10.29)	100 ml	Zadine
144	SALBUTAMOL - Available on a PSO Aerosol inhaler, 100 mcg per dose CFC-free .....	3.72 (6.00)	200 dose OP	Airomir <sup>MM</sup>
	Aerosol inhaler, 100 mcg per dose .....	3.72	200 dose OP	✓ Asmol <sup>MM</sup>

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

‡ safety cap reimbursed  
**Sole Subsidised Supplier**

Check your Schedule for full details Schedule page ref		Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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### Delisted Items - effective 1 June 2005

64	ISOSORBIDE DINITRATE * Tab 10 mg .....	4.13	100	✓ Coronex
78	ETHINYLLOESTRADIOL WITH LEVONORGESTREL - Available on a PSO * Tab 50 mcg with levonorgestrel 250 mcg .....	6.62 (13.80)	63	Nordiol 21
115	CITALOPRAM HYDROBROMIDE - Higher subsidy by endorsement available * Tab 20 mg .....	1.58 (4.00) (31.45)	28	Celapram <sup>IMM</sup> Cipramil <sup>IMM</sup>
144	SALBUTAMOL - Available on a PSO Aerosol inhaler, 100 mcg per dose, breath activated .....	21.22 (31.53)	400 dose OP	Respolin Autohaler
186	SOYA INFANT FORMULA Powder .....	9.03 (18.11)	900 g OP	Karicare Infant Soya Formula

### Effective 1 May 2005

28	OMEPRAZOLE, AMOXYCILLIN AND CLARITHROMYCIN Omeprazole cap 20 mg x 14, amoxicillin cap 500 mg x 28, clarithromycin tab 500 mg x 14.....	55.00	1 OP	✓ Klacid Hp7
38	ASCORBIC ACID Only on a prescription not exceeding a strength of 100 mg per dose * Tab 50 mg.....	2.60 (3.25)	100	Apo-Ascorbic Acid
38	THIAMINE HYDROCHLORIDE – only on a prescription * Tab 25 mg.....	3.85 (5.21)	100	Apo-Thiamine
105	INFLUENZA VACCINE Inj .....	59.50	10	✓ Vaxigrip
125	THIOTHIXENE Tab 2 mg..... Tab 10 mg.....	11.22 (13.46) 32.50 (39.00)	100 100	Thixit Thixit
125	TRIFLUOPERAZINE HYDROCHLORIDE Cap long-acting 15 mg .....	33.05 (35.03)	50	Stelazine Spansules
147	TERBUTALINE SULPHATE Nebuliser soln, 10 mg per ml.....	16.02	50 ml OP	✓ Bricanyl

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

"IMM" Interchangeable Multi-source Medicines  
\* Three months or six months, as applicable, dispensed all-at-once

## Items to be Delisted

### Effective 1 September 2005

72	MALDISON Crm shampoo 1% .....	2.86 (5.27)	40 g OP	Priderm
149	SALBUTAMOL ‡ Oral liq 2 mg per 5 ml .....	2.45 (4.76)	150 ml	Ventolin

### Effective 1 October 2005

34	GLUCOSE OXIDASE The number of test strips available on a prescription is restricted to 50 unless: a) Prescribed with insulin or a sulphonylurea but are on a different prescription and the prescription is endorsed accordingly; or b) Prescribed on the same prescription as insulin or a sulphonylurea in which case the prescription is deemed to be endorsed; or c) Prescribed for a pregnant woman with diabetes and endorsed accordingly.			
	Blood diagnostic test with peroxidase .....	22.00 (26.95) (27.85)	50 test OP	Ascensia Glucodisc Glucocard
	Blood diagnostic test with peroxidase .....	44.00 (55.70)	100 test OP	Precision Plus

### Effective 1 November 2005

33	COPPER – Not on a bulk supply order * Tab, diagnostic .....	3.35 (9.75)	24 OP	Clinitest
33	GLUCOSE OXIDASE – Not on a bulk supply order Urine diagnostic test with peroxidase, potassium iodide, sodium nitroprusside and aminoacetic acid.....	9.06 (14.03)	100 strip OP	Keto-Diastix
33	SODIUM NITROPRUSSIDE – Not on a bulk supply order Urine diagnostic strips, buffered.....	6.79 (10.32)	100 strip OP	Ketostix
56	TRANDOLAPRIL * Cap 1 mg .....	3.06 (22.59)	28	Odrik <sup>MM</sup>
89	NAFARELIN ACETATE - Special Authority - Hospital pharmacy [HP3] Nasal soln 2 mg per ml.....	221.60 (311.63)	8 ml OP	Synarel

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 2005 (continued)

92	CEFTRIAXONE SODIUM - Hospital pharmacy [HP3]-specialist a) Subsidised only if prescribed for a dialysis or cystic fibrosis patient; and b) The prescription is endorsed accordingly.			
	Inj 500 mg .....	39.60	5	✓ Novartis
	Inj 1 g .....	62.50	5	✓ Novartis
144	TERBUTALINE SULPHATE Aerosol inhaler, 250 mcg per dose .....	7.44	400 dose OP	✓ Bricanyl Aerosol
145	EFORMOTEROL FUMARATE - Special Authority - Retail pharmacy Powder for inhalation, 12 mcg per dose, breath activated .....	35.80	60 dose OP	✓ Oxis Turbuhaler

### Effective 1 December 2005

33	GLUCOSE OXIDASE - Not on a bulk supply order Urine diagnostic test with peroxidase .....	8.26 (11.12)	100 strip OP	Clinistix
37	SODIUM CARBOXYMETHYLCELLULOSE With pectin and gelatin paste .....	21.81 (25.90)	80 g OP	Orabase
46	SODIUM BICARBONATE – Not in combination Inj 8.4%, 10 ml .....	100.60	50	✓ Mayne
56	TRANDOLAPRIL * Cap 2 mg .....	4.43 (32.67)	28	Odrik <sup>MM</sup>
65	ADRENALINE Inj 1 in 10,000, 10 ml - Available on a PSO .....	125.00	50	✓ Mayne
66	POLYNOXYLIN a) Only on a prescription, b) Not in combination. Gel .....	3.50 (6.46)	15 g OP	Ponoxylan
88	MEDROXYPROGESTERONE ACETATE - Retail pharmacy-specialist * Tab 500 mg .....	211.68	56	✓ Farlutal
97	GENTAMICIN SULPHATE - Hospital pharmacy [HP3] a) Only if prescribed for a dialysis or cystic fibrosis patient or for prophylaxis of endocarditis; and b) The prescription is endorsed accordingly.			
	Inj 10 mg per ml, 2 ml .....	16.00	5	✓ Mayne
106	PHYSOSTIGMINE SALICYLATE Inj 500 mcg per ml, 2 ml .....	55.20	5	✓ Mayne

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

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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 December 2005 (continued)

112	DEXTROPROPOXYPHENE Cap napsylate 100 mg.....	8.96 (11.83)	100	Doloxene
127	TEMAZEPAM - Month restriction Cap 10 mg.....	2.94	100	✓ <b>Euhypnos</b>
130	FLUOROURACIL SODIUM - Retail pharmacy-specialist Inj 250 mg per 10 ml.....	18.24	5	✓ <b>Mayne</b>
131	IMATINIB MESYLATE - Special Authority - access by application Cap 100 mg.....	4,800.00	120	✓ <b>Glivec</b>
143	BUDESONIDE Nebuliser soln, 500 mcg per ml, 2 ml - Special Authority - Hospital Pharmacy [HP3].....	124.00	30	✓ <b>Pulmicort</b>
157	NALOXONE HYDROCHLORIDE - Only on a PSO * Inj 20 mcg per ml, 2 ml.....	29.95	5	✓ <b>Mayne</b>
177	ENTERAL FEED 1KCAL/ML Liquid.....	4.69	946 ml OP	✓ <b>Osmolite</b>

### Effective 1 January 2006

30	INSULIN ANIMAL - Special Authority - Retail pharmacy ▲ Inj animal 100 u per ml, 10 ml.....	25.26	10 ml OP	✓ <b>Velosulin</b>
59	LIGNOCAINE HYDROCHLORIDE - Only on a PSO Inj twin pack 100 mg per 5 ml..... a) Subsidised only on a PSO for patients with ventricular arrhythmia and PSO is endorsed accordingly.	8.50 (15.30)	2	Xylocard
80	ECONAZOLE NITRATE Vaginal crm 1% with applicators.....	2.75 (8.97)	40 g OP	Gyno-Pevaryl
112	METHADONE HYDROCHLORIDE a) Only on a controlled drug form. b) Extemporaneously compounded methadone will only be reimbursed at the rate of the cheapest form available (methadone powder, not methadone tablets). Tab 5 mg.....	2.78	10	✓ <b>HMG</b>
124	THIORIDAZINE HYDROCHLORIDE Tab long-acting 200 mg.....	45.00	100	✓ <b>Melleril Retard</b>
132	AMINOGLUTETHIMIDE - Retail pharmacy-specialist Tab 250 mg.....	244.10	100	✓ <b>Cytadren</b>

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

Effective 1 July 2005

### New Listings

#### CEFEPIME HYDROCHLORIDE

Inj 1 g, 15 ml.....	<b>Maxipime</b>	23.00	1	1%	Sept-05	(B)
Inj 2 g, 77 ml.....	<b>Maxipime</b>	46.00	1	1%	Sept-05	(B)

#### CLINDAMYCIN

Inj phosphate 150 mg per ml, 4 ml.....	<b>Dalacin C</b>	19.45	1	1%	Sept-05	(B)
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#### CYCLOPHOSPHAMIDE

Inj 1 g.....	Endoxan	21.51	1			
Inj 2 g.....	Endoxan	43.00	1			

#### DESMOPRESSIN

Tab 100 mcg.....	<b>Minirin</b>	36.40	30	1%	Sept-05	(B)
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#### FLUDARABINE

Tab 10 mg.....	<b>Fludara</b>	637.50	15	1%	Sept-05	(B)
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#### GABAPENTIN

Cap 100 mg.....	Neurontin	29.46	100			
Cap 300 mg.....	Neurontin	88.36	100			
Cap 400 mg.....	Neurontin	117.81	100			

#### IFOSFAMIDE

Inj 1 g.....	Holoxan	87.26	1			
Inj 2 g.....	Holoxan	162.80	1			

#### MESNA

Inj 100 mg per ml, 4 ml.....	Uromitexan	109.63	15			
Inj 100 mg per ml, 10 ml.....	Uromitexan	251.73	15			
Tab 400 mg.....	Uromitexan	168.30	50			
Tab 600 mg.....	Uromitexan	251.35	50			

#### METHYLPREDNISOLONE ACETATE

Inj 40 mg per ml, 1 ml.....	<b>Depo-Medrol</b>	6.03	1	1%	Sept-05	(B)
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#### METHYLPREDNISOLONE ACETATE WITH LIGNOCAINE

Inj 40 mg per ml with lignocaine 1 ml.....	<b>Depo-Medrol with Lidocaine</b>	6.03	1	1%	Sept-05	(B)
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#### MITOZANTRONE

Inj 2 mg per ml, 10 ml.....	Onkotrone	330.00	1			
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#### NYSTATIN

Oral liq 100,000 u per ml.....	<b>Nilstat</b>	3.03	24 ml	1%	Sept-05	Mycostatin
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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 to Part II - New Listings effective 1 July 2005 (continued)

#### PROCAINE PENICILLIN

Inj 1.5 mega u ..... **Cilicaine** 47.60 5 1% Sept-05 (B)

#### RANITIDINE HYDROCHLORIDE

Tab 150 mg ..... **Arrow Ranitidine** 7.99 250 1% Sept-05 Apo-Ranitidine  
m-Ranitidine  
Zanidin  
Zantac

Tab 300 mg ..... **Arrow Ranitidine** 10.94 250 1% Sept-05 Apo-Ranitidine  
m-Ranitidine  
Zanidin  
Zantac

#### RECOMBINANT FACTOR VIII

Inj 250 IU ..... Kogenate FS 200.00 1

ReFacto 215.00 1

Recombinate 245.00 1

Inj 500 IU ..... Kogenate FS 400.00 1

ReFacto 430.00 1

Recombinate 490.00 1

Inj 1,000 IU ..... Kogenate FS 800.00 1

ReFacto 860.00 1

Recombinate 980.00 1

(a) Subject to paragraphs (b) and (c) below:

(i) patients receiving Kogenate FS prior to 1 July 2005;

(ii) patients commencing treatment with Recombinant Factor VIII after receiving plasma derived Factor VIII;

(iii) new patients commencing treatment with Recombinant Factor VIII;

(iv) patients undergoing tolerisation with Recombinant Factor VIII; or

(v) patients requiring prophylaxis for surgical procedures or in emergency situations and being treated with Recombinant Factor VIII;

are required to use Kogenate FS from 1 July 2005.

(b) Patients receiving, prior to 1 July 2005, an alternate brand of Recombinant Factor VIII may continue to receive that brand if they continue to tolerate it.

(c) Patients whose clinician, for clinical reasons, recommends that the patient receive an alternate brand of Recombinant Factor VIII listed in the Pharmaceutical Schedule may receive that brand.

### Removal of Hospital Supply Status

#### AXOXYCILLIN SODIUM

Inj 250 mg ..... **Ibiamox** 6.32 5 0% ~~Sept-03~~ (B)

Inj 500 mg ..... **Ibiamox** 7.23 5 0% ~~Sept-03~~ (B)

Inj 1 g ..... **Ibiamox** 11.00 5 0% ~~Sept-03~~ (B)

#### BENZYPENICILLIN SODIUM

Inj 1 mega u ..... **Novartis** 6.99 10 0% ~~Dec-03~~ **Benpen**

#### BERACTANT

Inj 200 mg per 8 ml suspension ..... **Survanta** 835.00 1 0% ~~May-03~~ (B)

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 - Removal of Hospital Supply Status effective 1 July 2005 (continued)

CAPECITABINE

Tab 150 mg.....	Xeloda	115.00	60	0%	<del>Mar-03</del>	(B)
Tab 500 mg.....	Xeloda	705.00	120	0%	<del>Mar-03</del>	(B)

CEFAZOLIN SODIUM

Inj 500 mg.....	Biochemie	1.69	1	0%	<del>Dec-03</del>	AFT Eli Lilly Mayne
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CEFOTAXIME SODIUM

Inj 500 mg vial.....	AFT	3.99	1	10%	<del>Apr-03</del>	Aventis Mayne
Inj 1 g vial .....	AFT	5.99	1	10%	<del>Apr-03</del>	Aventis Mayne Novartis

CEFTRIAOXONE

Inj IV 250 mg vial.....	Rocephin	20.00	5	5%	<del>Mar-03</del>	Mayne Novartis
Inj IV 500 mg vial.....	Rocephin	35.00	5	5%	<del>Mar-03</del>	AFT Mayne Novartis
Inj IM 1 g vial.....	Rocephin	45.00	5	5%	<del>Mar-03</del>	AFT Mayne Novartis
Inj IV 1 g vial.....	Rocephin	9.00	1	5%	<del>Sept-04</del>	AFT Mayne Novartis
Inf 2 g .....	Rocephin	90.00	5	5%	<del>Mar-03</del>	AFT Mayne Novartis

CEPHRADINE

Inj 500 mg.....	Velosef	16.78	5	0%	<del>Sept-03</del>	(B)
Inj 1 g.....	Velosef	31.59	5	0%	<del>Sept-03</del>	(B)

CLONAZEPAM

Inj 1 mg per ml, 1 ml .....	Rivotril	9.36	5	0%	<del>Sept-03</del>	(B)
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CLOSTRIDIUM BOTULINUM

100 iu .....	Botox	467.50	1	0%	<del>Sept-03</del>	(B)
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DACLIZUMAB

Inj 25 mg per 5 ml vial .....	Zenapax	635.00	1	0%	<del>Mar-03</del>	(B)
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DIAZEPAM

Rectal tubes 5 mg .....	Stesolid	26.50	5	0%	<del>Sept-03</del>	(B)
Rectal tubes 10 mg .....	Stesolid	32.38	5	0%	<del>Sept-03</del>	(B)

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(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 - Removal of Hospital Supply Status effective 1 July 2005 (continued)

<b>DICLOFENAC SODIUM</b>						
Tab long-acting 75 mg .....	Diclax	1.96	30	0%	<del>Oct-03</del>	<del>Apo-Diclo-SR Flameril-Retard Voltaren-SR</del>
Tab long-acting 100 mg .....	Diclax	3.01	30	0%	<del>Oct-03</del>	<del>Apo-Diclo-SR Flameril-Retard Voltaren-SR</del>
<b>DICLOXACILLIN SODIUM</b>						
Inj 500 mg .....	Diclocil	5.45	5	0%	<del>Mar-04</del>	<del>(B)</del>
Inj 1 g .....	Diclocil	7.54	5	0%	<del>Mar-04</del>	<del>(B)</del>
<b>DIPIVEFRIN HYDROCHLORIDE</b>						
Eye drops 0.1% .....	Propine	5.50	10 ml	0%	<del>Apr-04</del>	<del>Dipoquin</del>
<b>DISODIUM PAMIDRONATE</b>						
Inj 30 mg per 10 ml vial .....	Pamisol	76.00	1	0%	<del>May-03</del>	<del>Aredia</del>
Inj 60 mg per 10 ml vial .....	Pamisol	152.00	1	0%	<del>May-03</del>	<del>(B)</del>
Inj 90 mg per 10 ml vial .....	Pamisol	233.00	1	0%	<del>May-03</del>	<del>Aredia</del>
<b>DISULFIRAM</b>						
Tab 200 mg .....	Antabuse	24.30	100	0%	<del>Sept-03</del>	<del>(B)</del>
<b>ERYTHROMYCIN LACTOBIONATE</b>						
Inj 1 g .....	ERA	6.50	1	0%	<del>Jan-04</del>	<del>Mayne</del>
<b>FILGRASTIM</b>						
Inj 300 mcg per 0.5 ml prefilled syringe .....	Neupogen	135.00	1	0%	<del>Mar-03</del>	<del>(B)</del>
Inj 300 mcg per 1 ml vial .....	Neupogen	650.00	5	0%	<del>Mar-03</del>	<del>(B)</del>
<b>FLUCLOXACILLIN SODIUM</b>						
Inj 250 mg .....	Flucloxin	4.66	5	0%	<del>Sept-03</del>	<del>Floxapen Mayne</del>
Inj 500 mg .....	Flucloxin	5.45	5	0%	<del>Sept-03</del>	<del>Floxapen Mayne</del>
Inj 1 g .....	Flucloxin	7.54	5	0%	<del>Sept-03</del>	<del>Floxapen Mayne</del>
<b>FLUMAZENIL</b>						
Inj 0.5 mg per 5 ml amp .....	Anexate	170.10	5	0%	<del>Mar-03</del>	<del>(B)</del>
<b>FLUPENTHIXOL DECANOATE</b>						
Inj 20 mg per ml, 1 ml .....	Fluanxol	13.14	5	0%	<del>Sept-03</del>	<del>Psytixol</del>
Inj 20 mg per ml, 2 ml .....	Fluanxol	20.90	5	0%	<del>Sept-03</del>	<del>Psytixol</del>
Inj 100 mg per ml, 1 ml .....	Fluanxol	40.87	5	0%	<del>Sept-03</del>	<del>Psytixol</del>
<b>FUSIDIC ACID</b>						
Eye drops 1% .....	Fucithalmic	6.60	5 g	0%	<del>Sept-03</del>	<del>(B)</del>

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Section H changes to Part II - Removal of Hospital Supply Status effective 1 July 2005 (continued)

<b>GANCICLOVIR</b>						
Cap 250 mg .....	Cymevene	441.00	84	0%	<del>Mar-03</del>	(B)
Inj 500 mg vial.....	Cymevene	380.00	5	0%	<del>Mar-03</del>	(B)
<b>GELATIN PLASMA REPLACER</b>						
Inf 4% per 500 ml bag .....	Gelofusine	11.80	1	5%	<del>May-03</del>	Haemaccel
<b>GENTAMICIN SULPHATE</b>						
Inj 40 mg per ml, 2 ml .....	Pharmacia	4.56	10	0%	<del>Aug-03</del>	Mayne (amp & vial)
Eye drops 0.3% .....	Genoptic	11.40	5 ml OP	0%	<del>Aug-03</del>	Minims (Smith and Nephew)
<b>GLYCERYL TRINITRATE</b>						
Aerosol spray 400 mcg per dose 200 dose CFC-free .....	Glytrin	6.99	1	5%	<del>Apr-03</del>	Nitrolingual Pumpspray
TDDS 10 mg .....	Nitroderm TTS 10	23.25	30	0%	<del>Aug-03</del>	Minitran-10
TDDS 5 mg .....	Nitroderm TTS 5	17.50	30	0%	<del>Aug-03</del>	Minitran-5
Inj 50 mg per 10 ml .....	Mayne	40.00	5	0%	<del>Aug-03</del>	(B)
<b>GOSERELIN ACETATE</b>						
Inj 3.6 mg syringe.....	Zoladex	277.00	1	0%	<del>Apr-03</del>	(B)
Inj 10.8 mg syringe.....	Zoladex	739.60	1	0%	<del>Apr-03</del>	(B)
<b>HALOPERIDOL</b>						
Tab 500 mcg .....	Serenace	4.93	100	0%	<del>Sept-03</del>	(B)
Tab 1.5 mg .....	Serenace	7.45	100	0%	<del>Sept-03</del>	(B)
Tab 5 mg .....	Serenace	23.49	100	0%	<del>Sept-03</del>	(B)
Oral liq 2 mg per ml .....	Serenace	18.06	100 ml	0%	<del>Sept-03</del>	(B)
Inj 5 mg per ml, 1 ml .....	Serenace	14.82	10	0%	<del>Sept-03</del>	(B)
<b>IMPENEM WITH CILASTATIN</b>						
Inj 500 mg with cilastatin 500 mg .....	Primaxin	21.61	1	0%	<del>Feb-04</del>	(B)
<b>ISOFLURANE</b>						
Liq 250 ml bottle .....	Forane	99.00	250 ml	0%	<del>May-03</del>	Aerrane
<b>LEVOBUNOLOL</b>						
Eye drops 0.25% .....	Betagan	7.00	5 ml	0%	<del>Nov-03</del>	(B)
Eye drops 0.5% .....	Betagan	7.00	5 ml	0%	<del>Feb-04</del>	Alcon Levobunolol
<b>LIPOSOMAL AMPHOTERICIN</b>						
Inj 50 mg vial.....	AmBisome	345.00	1	0%	<del>May-03</del>	(B)
<b>LORAZEPAM</b>						
Tab 1 mg .....	Ativan	4.04	250	0%	<del>Feb-04</del>	Lorepam Lorzem
Tab 2.5 mg .....	Ativan	3.92	100	0%	<del>Sept-04</del>	Lorepam

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**Section H changes to Part II - Removal of Hospital Supply Status effective 1 July 2005 (continued)**

<b>MAGNESIUM SULPHATE</b>						
Inj 49.3%, 5 ml.....	Mayne	133.00	50	1%	Sept-04	(B)
<b>MEDROXYPROGESTERONE ACETATE</b>						
Tab 2.5 mg.....	Provera	2.07	30	0%	Aug-03	(B)
Tab 5 mg.....	Provera	13.75	100	0%	Aug-03	(B)
Tab 10 mg.....	Provera	7.57	30	0%	Aug-03	(B)
<b>MIDAZOLAM</b>						
Inj 1 mg per ml 5 ml amp.....	Hypnovel	12.65	10	5%	Mar-03	Mayne Pharmacia
Inj 5 mg per ml 3 ml amp.....	Hypnovel	14.00	5	5%	Mar-03	Mayne Pharmacia
<b>MYCOPHENOLATE MOFETIL</b>						
Inj 500 mg vial.....	CellCept	133.33	4	0%	Mar-03	(B)
Tab 250 mg.....	CellCept	206.66	100	0%	Mar-03	(B)
Tab 500 mg.....	CellCept	206.66	50	0%	Mar-03	(B)
<b>NALOXONE HYDROCHLORIDE</b>						
Inj 400 mcg per ml, 1 ml .....	Mayne	27.00	5	0%	Sept-03	GSL Narcan
<b>NORADRENALINE ACID TARTRATE</b>						
Inj 1:1000 per 2 ml.....	Levophed	42.00	6	0%	May-03	(B)
<b>ONDANSETRON HYDROCHLORIDE</b>						
Wafer 4 mg .....	Zofran	86.00	10	0%	May-03	(B)
Wafer 8 mg .....	Zofran	123.80	10	0%	May-03	(B)
Tab 4 mg.....	Zofran	32.25	10	0%	May-03	(B)
Tab 8 mg.....	Zofran	92.85	20	0%	May-03	(B)
<b>PARACETAMOL</b>						
Oral liquid 120 mg per 5 ml .....	Junior Parapaed	5.50	500 ml	20%	Nov-03	Paracare Junior Suspension PSM Paracetamol Elixir Paediatric Douglas Pamol
Oral liquid 250 mg per 5 ml .....	Six Plus Parapaed	5.60	500 ml	20%	Nov-03	Paracare Double Strength Suspension Douglas Pamol
<b>PERHEXILINE MALEATE</b>						
Tab 100 mg.....	Pexsig	52.42	100	0%	Sept-03	(B)
<b>PHENYLEPHRINE HYDROCHLORIDE</b>						
Inj 1%, 1 ml.....	Neosynphrine HCL	115.50	25	0%	Nov-03	Health Support Ltd

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Contracted Pharmaceutical Description	Brand	Price (\$) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceutical
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**Section H changes to Part II - Removal of Hospital Supply Status effective 1 July 2005 (continued)**

<b>PHYTOMENADIONE</b>						
Inj 2 mg per 0.2 ml	Konakion MM	8.00	5	0%	<del>Sept-03</del>	(B)
Inj 10 mg per ml, 1 ml	Konakion MM	9.21	5	0%	<del>Sept-03</del>	(B)
<b>POLYVINYL ALCOHOL</b>						
Eye drops 1.4%	Liquifilm Tears	3.62	15 ml	0%	<del>Sept-03</del>	(B)
Eye drops 3%	Liquifilm Forte	3.88	15 ml	0%	<del>Sept-03</del>	(B)
<b>QUETIAPINE</b>						
Tab 25 mg	Seroquel	55.00	60	0%	<del>Apr-03</del>	(B)
Tab 100 mg	Seroquel	110.00	60	0%	<del>Apr-03</del>	(B)
Tab 150 mg	Seroquel	159.00	60	0%	<del>Apr-03</del>	(B)
Tab 200 mg	Seroquel	189.00	60	0%	<del>Apr-03</del>	(B)
<b>RETEPLASE</b>						
Inj 10 iu vial	Rapilysin	1,850.00	2	0%	<del>Mar-03</del>	(B)
<b>RITONAVIR</b>						
Cap 100 mg	Norvir	242.55	168	0%	<del>Sept-03</del>	(B)
<b>RITUXIMAB</b>						
Inj 100 mg per 10 ml vial	Mabthera	1,195.00	2	0%	<del>Mar-03</del>	(B)
Inj 500 mg per 50 ml vial	Mabthera	2,987.00	1	0%	<del>Mar-03</del>	(B)
<b>SALBUTAMOL</b>						
Inhaler 100 mcg dose, 200 doses	Ventolin	6.00	1	5%	<del>May-03</del>	Airomir Asmol Buventol-Easyhaler
<b>SEVOFLURANE</b>						
Liq 250 ml bottle	Sevorane	395.00	250 ml	0%	<del>May-03</del>	(B)
<b>SODIUM HYALURONATE</b>						
Ophthalmic soln 10 mg per ml	Healon Clear	45.00	0.85 ml	0%	<del>Dec-03</del>	Pacific
<b>TETRACOSACTRIN</b>						
Inj 250 mcg	Synacthen	177.18	10	0%	<del>Sept-03</del>	(B)
Inj 1 mg per ml, 1ml	Synacthen Depot	26.88	1	0%	<del>Sept-03</del>	(B)
<b>TIROFIBAN HYDROCHLORIDE</b>						
Inj 0.25 mg per ml, 50 ml	Aggrastat	370.00	1	0%	<del>Feb-04</del>	(B)
<b>TRAMADOL HYDROCHLORIDE</b>						
Cap 50 mg	Tramal	2.80	20	10%	<del>Sept-04</del>	(B)
Tab sustained release 100 mg	Tramal Retard	5.60	20	10%	<del>Sept-04</del>	Zytram
Tab sustained release 150 mg	Tramal Retard	8.40	20	10%	<del>Sept-04</del>	Zytram
Tab sustained release 200 mg	Tramal Retard	11.20	20	10%	<del>Sept-04</del>	Zytram
Inj 50 mg per ml, 1 ml	Tramal 50	4.50	5	0%	<del>Sept-03</del>	(B)
Inj 50 mg per ml, 2 ml	Tramal 100	4.50	5	0%	<del>Sept-03</del>	(B)

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### Section H changes to Part II - Removal of Hospital Supply Status effective 1 July 2005 (continued)

#### TRASTUZUMAB

Inj 150 mg vial.....	Herceptin	1,350.00	1	0%	<del>Mar-03</del>	(B)
Inj 440 mg vial.....	Herceptin	3,875.00	1	0%	<del>Mar-03</del>	(B)

#### VANCOMYCIN HYDROCHLORIDE

Inj 50 mg per ml, 10 ml .....	Mayne	64.00	10	10%	<del>Sept-03</del>	Abbott Vaneocin
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#### VERAPAMIL HYDROCHLORIDE

Inj 2.5 mg per ml, 2 ml .....	Isoptin	7.54	5	0%	<del>Sept-03</del>	(B)
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### Extensions to contracts – changes to price and/or DV Limits

#### AMOXYCILLIN WITH CLAVULANIC ACID (↓ price & ↑ DV Limit)

Inj 600 mg, 500 mg with 100 mg clavulanic acid .....	<b>Augmentin</b>	19.21	10	1%	May-03	(B)
Inj 1.2 g, 1000 mg with 200 mg clavulanic acid .....	<b>Augmentin</b>	23.94	10	1%	May-03	(B)

#### AMOXYCILLIN WITH CLAVULANIC ACID (↑ DV Limit)

Gran 125 mg with 31.25 mg clavulanic acid per 5 ml .....	<b>Augmentin</b>	2.75	100 ml	1%	May-03	Alpha-Amoxyclav Synermox
Gran 250 mg with 62.5 mg clavulanic acid per 5 ml .....	<b>Augmentin</b>	4.75	100 ml	1%	May-03	Alpha-Amoxyclav Synermox
Tab 625 mg, 500 mg with 125 mg clavulanic acid .....	<b>Augmentin</b>	6.40	20	1%	May-03	Alpha-Amoxyclav Synermox

#### ATRACURIUM BESYLATE (↓ price & ↑ DV Limit)

Inj 25 mg per 2.5 ml amp .....	<b>Tracrium</b>	25.08	5	1%	May-03	(B)
Inj 50 mg per 5 ml amp .....	<b>Tracrium</b>	46.75	5	1%	May-03	(B)

#### BERACTANT (↓ price)

Inj 200 mg per 8 ml suspension.....	Survanta	835.00	1			
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#### BLEOMYCIN SULPHATE (↓ price & ↑ DV Limit)

Inj 15 iu .....	<b>Blenoxane</b>	680.00	10	1%	Sept-05	Mayne
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#### BUPIVACAINE HYDROCHLORIDE WITH FENTANYL (↓ price & amended DV Limit)

Inj 0.125% with 2 mcg fentanyl per ml, 15 ml pre-filled syringe ....	<b>Biomed</b>	5.95	1	1%	Sept-05	(B)
Inj 0.125% with 2 mcg fentanyl per ml, 20 ml pre-filled syringe ....	<b>Biomed</b>	7.45	1	1%	Sept-05	(B)
Inf 0.125% with 2 mcg fentanyl per ml, 100 ml bag .....	<b>Bupafen</b>	17.50	1	1%	Sept-05	Marcain
Inf 0.125% with 2 mcg fentanyl per ml, 200 ml bag .....	<b>Bupafen</b>	18.50	1	1%	Sept-05	Marcain

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Section H changes to Part II - Changes to price and/or DV Limits effective 1 July 2005 (continued)

CEFTAZIDIME SODIUM (↓ price & ↑ DV Limit)						
Inj 500 mg.....	<b>Fortum</b>	8.64	1	1%	May-03	Novartis
Inj 1 g.....	<b>Fortum</b>	17.10	1	1%	May-03	Novartis
Inj 2 g.....	<b>Fortum</b>	34.15	1	1%	May-03	Novartis
CEFUROXIME AXETIL (↓ price & ↑ DV Limit)						
Tab 250 mg.....	<b>Zinnat</b>	35.70	50	1%	May-03	(B)
CEFUROXIME SODIUM (↓ price & ↑ DV Limit)						
Inj 750 mg.....	<b>Zinacef</b>	15.30	5	1%	May-03	AFT Douglas Mayne
Inj 1.5 g.....	<b>Zinacef</b>	5.77	1	1%	May-03	AFT Mayne
CIPROFLOXACIN (↓ price & ↑ DV Limit)						
Tab 250 mg.....	<b>Ciproflo</b>	5.10	28	1%	Sept-05	Ciproxin
Tab 500 mg.....	<b>Ciproflo</b>	8.31	28	1%	Sept-05	Ciproxin
Tab 750 mg.....	<b>Ciproflo</b>	19.30	28	1%	Sept-05	Ciproxin
FLUDARABINE PHOSPHATE (↓ price & ↑ DV Limit)						
Inj 50 mg.....	<b>Fludara</b>	1,496.25	5	1%	Sept-05	(B)

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 to Part II - Changes to price and/or DV Limits effective 1 July 2005 (continued)

HYDROCORTISONE (↓ price & ↑ DV Limit)

Cream 1% .....	<b>AFT</b>	2.48	14.2 g	1%	Sept-05	Cortaid 30 g Derm-Aid 30 g Derm-Aid Soft 30 g Egocort 15 g Egocort 30 g Lipobase Relief 30 g Mildison Lipocream 15 g Pharmacare 15 g Skincalm 15 g
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HYDROCORTISONE BUTYRATE (↑ DV Limit)

Crn 0.1% .....	<b>Locoid Cream</b>	5.00	30 g	1%	Sept-05	(B)
Lipocream 0.1% .....	<b>Locoid Lipocream</b>	5.00	30 g	1%	Sept-05	(B)
Oint 0.1% .....	<b>Locoid Ointment</b>	15.00	100 g	1%	Sept-05	(B)
Scalp lotn 0.1% .....	<b>Locoid Lotion</b>	17.90	250 ml	1%	Sept-05	(B)

IRON POLYMALTOSE (↓ price & ↑ DV Limit)

Inj 50 mg per ml, 2 ml .....	<b>Ferrosig</b>	27.60	5	1%	Sept-05	(B)
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METHYLPREDNISOLONE SODIUM SUCCINATE (↓ price & ↑ DV Limit)

Inj 500 mg .....	<b>Solu-Medrol</b>	16.45	1	1%	Sept-05	Baxter Mayne Pharmacia
Inj 1 g .....	<b>Solu-Medrol</b>	42.57	1	1%	Sept-05	Baxter Mayne Pharmacia

MIVACURIUM (↓ price & ↑ DV Limit)

Inj 10 mg per 5 ml .....	<b>Mivacron</b>	41.18	5	1%	May-03	(B)
Inj 20 mg per 10 ml .....	<b>Mivacron</b>	81.56	5	1%	May-03	(B)

MORPHINE SULPHATE (amended price & ↑ DV Limit)

Inj 10 mg per 10 ml pre-filled syringe....	<b>Biomed</b>	3.55	1	1%	Sept-05	Baxter
Inj 30 mg per 30 ml pre-filled syringe....	<b>Biomed</b>	7.50	1	1%	Sept-05	Baxter
Inj 50 mg per 50 ml pre-filled syringe....	<b>Biomed</b>	5.95	1	1%	Sept-05	Baxter
Inj 60 mg per 30 ml pre-filled syringe....	<b>Biomed</b>	8.75	1	1%	Sept-05	Baxter

ONDANSETRON HYDROCHLORIDE (↓ price)

Inj 4 mg per 2 ml amp .....	<b>Zofran</b>	32.86	5	0%	May-03	(B)
Inj 8 mg per 4 ml amp .....	<b>Zofran</b>	70.39	5	0%	May-03	(B)
Tab 4 mg .....	Zofran	32.25	10			
Tab 8 mg .....	Zofran	92.85	20			

PACLITAXEL (↓ price & ↑ DV Limit)

Inj 30 mg .....	<b>Taxol</b>	100.00	1	1%	Sept-05	Anzatax
Inj 100 mg .....	<b>Taxol</b>	333.00	1	1%	Sept-05	Anzatax

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### Section H changes to Part II - Changes to price and/or DV Limits effective 1 July 2005 (continued)

#### PENTASTARCH PLASMA EXPANDER (↓ price & ↓ DV Limit)

Inf 10% per 500 ml bag .....	<b>Hemohes</b>	15.50	1	1%	Sept-05	HAES-Steril Pentaspan
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#### REMIFENATNIL HYDROCHLORIDE (↓ price & ↑ DV Limit)

Inj 1 mg vial .....	<b>Ultiva</b>	61.63	5	1%	May-03	(B)
Inj 2 mg vial .....	<b>Ultiva</b>	123.25	5	1%	May-03	(B)

#### STREPTOKINASE (amended price & ↑ DV Limit)

Inj 250,000 IU .....	<b>Streptase</b>	107.00	1	1%	Sept-05	(B)
Inj 1,500,000 IU .....	<b>Streptase</b>	171.00	1	1%	Sept-05	(B)

### Changes to Brand Name

#### Effective 1 July 2005

#### BENZYL PENICILLIN SODIUM

Inj 1 mega u .....	<b>Biochemie Novartis</b>	6.99	10	0%	Dec-03	Benpen
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Note – change in brand name from Biochemie to Novartis only.

### Section H changes to Part II - effective 1 June 2005

#### CANDESARTAN

Tab 4 mg .....	Atacand	23.78	30			
Tab 8 mg .....	Atacand	28.31	30			
Tab 16 mg .....	Atacand	34.53	30			

Note – Atacand Tab 4 mg, 8 mg and 16 mg 28 tab pack size to be delisted 1 December 2005.

#### FERROUS SULPHATE

Oral liquid, 150 mg per 5 ml .....	<b>Ferro-liquid</b>	7.95	250 ml	1%	Aug-05	Ferodan
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#### IMATINIB MESYLATE

Tab 100 mg .....	Glivec	2,400.00	60			
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Note – Glivec Cap 100 mg 120 cap pack size to be delisted 1 December 2005.

#### QUINAPRIL

Tab 5 mg .....	<b>Accupril</b>	2.36	30	1%	Aug-05	(B)
Tab 10 mg .....	<b>Accupril</b>	3.26	30	1%	Aug-05	(B)
Tab 20 mg .....	<b>Accupril</b>	4.30	30	1%	Aug-05	(B)

### Effective 1 May 2005

#### CHLORAMPHENICOL

Eye drops 0.5% .....	<b>Chlorsig</b>	1.02	10 ml	1%	Jan-05	Isopto Fenicol <b>Minims</b>
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Contracted Pharmaceutical Description	Brand	Price (\$) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceutical
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### Section H changes to Part II - effective 1 March 2005

#### CARVEDILOL

Tab 6.25 mg.....	Dilatrend	21.00	30			
Tab 12.5 mg.....	Dilatrend	27.00	30			
Tab 25 mg.....	Dilatrend	33.75	30			

#### CILAZAPRIL

Tab 0.5 mg.....	Inhibace	2.20	30			
Tab 2.5 mg.....	Inhibace	4.39	30			
Tab 5 mg.....	Inhibace	6.44	30			

#### CILAZAPRIL WITH HYDROCHLOROTHIAZIDE

Tab 5 mg with 12.5 mg.....	Inhibace Plus	6.30	28			
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### Effective 1 February 2005

#### NICOTINE

Gum 2 mg (mint flavour) .....	Habitrol	14.97	96			
Gum 2 mg (fruit flavour) .....	Habitrol	14.97	96			
Gum 4 mg (mint flavour) .....	Habitrol	20.02	96			
Gum 4 mg (fruit flavour) .....	Habitrol	20.02	96			
Patch 7 mg.....	Habitrol	10.53	7			
Patch 14 mg.....	Habitrol	11.63	7			
Patch 21 mg.....	Habitrol	12.32	7			

#### ONDANSETRON HYDROCHLORIDE (↓ price)

Tab 4 mg.....	<b>Zofran</b>	64.50	10	0%	May-03	(B)
Tab 8 mg.....	<b>Zofran</b>	185.70	20	0%	May-03	(B)

#### TACROLIMUS (↓ price)

Cap 0.5 mg .....	Prograf	214.00	100			
Cap 1 mg .....	Prograf	428.00	100			
Cap 5 mg .....	Prograf	1070.00	50			

#### TIOTROPIUM BROMIDE

Powder for inhalation						
18 mcg per dose .....	Spiriva	70.00	30 monodoses			

#### ZOLENDRONIC ACID

Powder for Inf, 4 mg.....	Zometa	<del>550.00</del>	<del>1</del>			
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Note: Zoledronic acid Soln for Inf 4 mg, 5 ml presentation was listed 1 August 2004.

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 2005

<b>AMILORIDE</b>						
Oral liq 1 mg per ml .....	Biomed	26.20	25 ml			
<b>CHLOROTHIAZIDE</b>						
Oral liq 50 mg per ml .....	Biomed	22.60	25 ml			
<b>DEXAMETHASONE</b>						
Oral liq 1 mg per ml .....	Biomed	39.90	25 ml			
<b>FOLIC ACID</b>						
Oral liq 50 mcg per ml .....	Biomed	21.05	25 ml			
<b>LETROZOLE</b>						
Tab 2.5 mg .....	Femara	200.00	30			
<b>METHADONE HYDROCHLORIDE</b>						
Oral liq 2 mg per ml .....	Biodone	6.55	200 ml			
Oral liq 5 mg per ml .....	Biodone Forte	6.52	200 ml			
Oral liq 10 mg per ml .....	Biodone Extra Forte	9.50	200 ml			
<b>SPECIAL FOOD SUPPLEMENT</b>						
Powder, sachet 74 g .....	Oral Impact	17.50	5			
<b>SPIRONOLACTONE</b>						
Oral liq 5 mg per ml .....	Biomed	26.80	25 ml			

### Effective 1 December 2004

<b>ALLOPURINOL</b>						
Tab 100 mg .....	Allohexal	5.25	250	0%	Apr-04	Allorin Pregout Zyloprim
Tab 300 mg .....	Allohexal	2.59	60	0%	Apr-04	Allorin Pregout Zyloprim
<b>CALCIPOTRIOL</b>						
Crm 50 mcg per g .....	Daivonex	22.44	30 g			
Oint 50 mcg per g .....	Daivonex	22.44	30 g			
Crm 50 mcg per g .....	Daivonex	62.58	100 g			
Oint 50 mcg per g .....	Daivonex	62.58	100 g			
Soln 50 mcg per ml .....	Daivonex	22.47	30 ml			
Soln 50 mcg per ml .....	Daivonex	37.54	60 ml			

## Section H changes to Part IV

Effective 1 July 2005

### CYCLOSPORIN

Cap 25 mg	Gengraf
	Neoral
Cap 50 mg	Gengraf
	Neoral
Cap 100 mg	Gengraf
	Neoral
Oral liq 100 mg per ml	Gengraf
	Neoral

For aplastic anaemia

### DALTEPARIN SODIUM

Inj 2,500 IU per 0.2 ml	Fragmin
Inj 5,000 IU per 0.2 ml	Fragmin
Inj 7,500 IU per 0.75 ml	Fragmin
Inj 10,000 IU per 0.4 ml	Fragmin
Inj 10,000 IU per 1 ml	Fragmin
Inj 12,500 IU per 0.5 ml	Fragmin
Inj 15,000 IU per 0.6 ml	Fragmin
Inj 18,000 IU per 0.72 ml	Fragmin

For the treatment of venous thromboembolism (VTE) for a maximum of 14 days or until a stabilised therapeutic INR is established.

For a maximum treatment period from the time of diagnosis to 8 weeks post partum for a confirmed thromboembolic event during pregnancy.

For prophylaxis of thromboembolism for patients considered high risk after consultation with a specialist from diagnosis of pregnancy to 8 weeks post partum.

For a maximum treatment period from diagnosis of pregnancy to 8 weeks post partum for women normally maintained on long-term oral anticoagulation who are at very high risk of thromboembolism.

For the treatment for a maximum of 7 days pre and post operatively for patients on oral anticoagulants requiring surgical intervention in a public hospital or until an appropriate therapeutic INR level is reached.

For a maximum of 14 days treatment in high-risk patients post pelvic, colo-rectal and major orthopaedic surgery.

For a maximum of 7 days treatment for patients with an acute coronary syndrome (ACS) awaiting further hospital intervention.

For a maximum of 14 days treatment post cardioversion in non anticoagulated patients with atrial fibrillation or until appropriate therapeutic INR level is reached.

**For treatment of malignancy - associated venous thromboembolism.**

### DISODIUM PAMIDRONATE

Inj 30 mg per 10 ml vial	Pamisol
	Aredia
Inj 60 mg per 10 ml vial	Pamisol
Inj 90 mg per 10 ml vial	Pamisol

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

**Chemical and presentation****Brand****Section H changes to Part IV - effective 1 July 2005 (continued)****ENOXAPARIN SODIUM**

Inj 20 mg per 0.2 ml	Clexane
Inj 40 mg per 0.4 ml	Clexane
Inj 60 mg per 0.6 ml	Clexane
Inj 80 mg per 0.8 ml	Clexane
Inj 100 mg per ml	Clexane
Inj 120 mg per 0.8 ml	Clexane
Inj 150 mg per ml	Clexane

For the treatment of venous thromboembolism (VTE) for a maximum of 14 days or until a stabilised therapeutic INR is established.

For a maximum treatment period from the time of diagnosis to 8 weeks post partum for a confirmed thromboembolic event during pregnancy.

For prophylaxis of thromboembolism for patients considered high risk after consultation with a specialist from diagnosis of pregnancy to 8 weeks post partum.

For a maximum treatment period from diagnosis of pregnancy to 8 weeks post partum for women normally maintained on long-term oral anticoagulation who are at very high risk of thromboembolism.

For the treatment for a maximum of 7 days pre and post operatively for patients on oral anticoagulants requiring surgical intervention in a public hospital or until an appropriate therapeutic INR level is reached.

For a maximum of 14 days treatment in high-risk patients post pelvic, colo-rectal and major orthopaedic surgery.

For a maximum of 7 days treatment for patients with an acute coronary syndrome (ACS) awaiting further hospital intervention.

For a maximum of 14 days treatment post cardioversion in non anticoagulated patients with atrial fibrillation or until appropriate therapeutic INR level is reached.

**For treatment of malignancy - associated venous thromboembolism.**

**FILGRASTIM**

Inj 300 mcg per 0.5 ml prefilled syringe	Neupogen
Inj 300 mcg per 1 ml vial	Neupogen

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

**GANCICLOVIR**

Cap 250 mg	Cymevene
Inj 500 mg	Cymevene

Maximum 14 weeks supply for cytomegalovirus (CMV) retinitis in immunocompromised patients and for prophylaxis of CMV following solid organ transplant

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

**LENOGRASTIM**

Inj 13.4 million iu vial	Granocyte
Inj 33.6 million iu vial	Granocyte

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

**MOLGRAMOSTIM**

Inj 300 mcg	Leucomax
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Indefinite supply for any appropriate indication for the management of patients with cancer.

**Chemical and presentation****Brand****Section H changes to Part IV - effective 1 July 2005 (continued)****TINZAPARIN SODIUM**

Inj 3,500 anti-Xa IU/0.35ml	Innohep
Inj 4,500 anti Xa IU/0.45ml	Innohep
Inj 10,000 anti Xa IU/0.5ml	Innohep
Inj 14,000 anti Xa IU/0.7ml	Innohep
Inj 18,000 anti Xa IU/0.9ml	Innohep
Inj 20,000 anti XaIU/ml, 2ml	Innohep

For the treatment of venous thromboembolism (VTE) for a maximum of 14 days or until a stabilised therapeutic INR is established.

For a maximum treatment period from the time of diagnosis to 8 weeks post partum for a confirmed thromboembolic event during pregnancy.

For prophylaxis of thromboembolism for patients considered high risk after consultation with a specialist from diagnosis of pregnancy to 8 weeks post partum.

For a maximum treatment period from diagnosis of pregnancy to 8 weeks post partum for women normally maintained on long-term oral anticoagulation who are at very high risk of thromboembolism.

For the treatment for a maximum of 7 days pre and post operatively for patients on oral anticoagulants requiring surgical intervention in a public hospital or until an appropriate therapeutic INR level is reached.

For a maximum of 14 days treatment in high-risk patients post pelvic, colo-rectal and major orthopaedic surgery.

For a maximum of 7 days treatment for patients with an acute coronary syndrome (ACS) awaiting further hospital intervention.

For a maximum of 14 days treatment post cardioversion in non anticoagulated patients with atrial fibrillation or until appropriate therapeutic INR level is reached.

**For treatment of malignancy - associated venous thromboembolism.**

**Effective 1 January 2005****SPECIAL FOOD SUPPLEMENT**

Powder, sachet 74 g Oral Impact

Three sachets per day for 5-7 days prior to major gastrointestinal or head or neck surgery.

## Section H changes to Part V

Effective 1 July 2005

## CYCLOSPORIN

Gap 25 mg	Gengraf Neoral
Gap 50 mg	Gengraf Neoral
Gap 100 mg	Gengraf Neoral
Oral liq 100 mg per ml	Gengraf Neoral Sandimmun

## DISODIUM PAMIDRONATE

Inj 3 mg per ml, 5 ml vial	Mayne
Inj 3 mg per ml, 10 ml vial	Aredia Mayne
Inj 6 mg per ml, 10 ml vial	Mayne
Inj 9 mg per ml, 10 ml vial	Aredia Mayne

## Restricted indication

1. Malignant hypercalcaemia
2. Metastatic breast cancer – predominant lytic bone metastases
3. Myeloma with lytic bone metastases
4. Pain – for control of pain due to lytic bone metastases in addition to standard care (analgesics ± radiotherapy)  
– subsidy available in hospice
5. Gaucher disease with established bone disease.

## FILGRASTIM

Inj 300 meg, 0.5 ml prefilled syringe	Neupogen
Inj 300 meg, 1 ml	Neupogen

## LENOGRASTIM

Inj 13.4 million iu vial	Granoocyte 13
Inj 33.6 million iu vial	Granoocyte 34

## MOLGRAMOSTIM

Inj (s29) 300 meg	Leucemax
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