

Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 July 2008

Cumulative for May, June, and July 2008



Contents

Summary of PHARMAC decisions effective 1 July 2008	3
Various restrictions removed from some Alimentary Tract and Metabolism medicines	6
Hydroxocobalamin – PSO availability.....	7
Omeprazole.....	7
Postinor-1 – change in quantity available on prescription	7
Change of contact details for Growth Hormone applications	7
Glyceryl trinitrate sublingual tablets – fully subsidised	8
Tender News.....	8
Looking Forward	8
Sole Subsidised Supply products cumulative to July 2008.....	9
New Listings.....	15
Changes to Restrictions.....	18
Changes to Subsidy and Manufacturer’s Price.....	25
Changes to General Rules.....	31
Changes to PSO.....	32
Changes to Sole Subsidised Supply	32
Delisted Items	33
Items to be Delisted	36
Section H changes to Part II	38
Section H changes to Part IV	49
Index.....	50

Summary of PHARMAC decisions

EFFECTIVE 1 JULY 2008

New listing (pages 15-17)

- Omeprazole (Dr Reddy's Omeprazole) cap 10 mg, 20 mg and 40 mg, 30 capsule bottles
- Calcium (Calcium Sandoz, Calsource) tab 1 g effervescent
- Iron polymaltose (Ferrum H) inj 50 per ml, 2 ml
- Glyceryl trinitrate (Lycinate) tab 600 μg - available on a PSO
- Zinc and castor oil (PSM) ointment
- Paracetamol oral liquid 120 mg per 5 ml (Paracare Junior) and oral liquid 250 mg per 5 ml (Paracare Double Strength)
- Nortriptyline tab 25 mg, 250 tablet pack size
- Budesonide with eformoterol aerosol inhaler 100 μg with eformoterol fumarate 6 μg and aerosol inhaler 200 μg with eformoterol fumarate 6 μg (Vannair) – Special Authority for Subsidy
- Gluten free pasta garlic and parsley shells (Orgran) – Special Authority for subsidy

Changes to restriction (pages 18-24)

- Budesonide (Entocort CIR) cap 3 mg – amended Special Authority criteria
 - Olsalazine (Dipentum) tab 500mg and cap 250 mg – removal of Retail pharmacy -Specialist
 - Sodium cromoglycate (Nalcrom) cap 100 mg – removal of Hospital pharmacy [HP3] Specialist
 - Mebeverine hydrochloride (Colofac) tab 135 mg – removal of Retail pharmacy - Specialist
 - Misoprostol (Cytotec) tab 200 μg - removal of Retail pharmacy - Specialist
 - Ranitidine hydrochloride (Peptisoothe) oral liquid 150 mg per 10 ml – removal of endorsement criteria
 - Ursodeoxycholic acid (Actigall) cap 300 mg - amended Special Authority criteria
 - Benzydamine hydrochloride (Difflam) soln 0.15% - removal of Retail pharmacy – Specialist prescription
 - Alfacalcidol (One-Alpha) cap 0.25 μg , 1 μg and oral drops 2 μg per ml - removal of Retail pharmacy - Specialist
 - Alpha tocopheryl acetate (Micelle E) water solubilised soln 156 iu/ml, with calibrated dropper - amended Special Authority criteria
 - Calcitriol (Calcitriol-AFT) cap 0.25 μg and 0.5 μg and (Rocaltrol solution) oral liq 1 μg per ml - removal of Retail pharmacy - Specialist
-

Summary of PHARMAC decisions – effective 1 July 2008 (continued)

- Calcium polystyrene sulphonate (Calcium Resonium) powder – addition of OP
- Sodium polystyrene sulphonate (Resonium-A) powder – addition of OP
- Levonorgestrel (Postinor-1) tab 1.5 mg – Maximum of 2 tabs per prescription
- Ziprasidone – change to endorsement criteria

Decreased subsidy (pages 25-30)

- Omeprazole (Omezol) cap 10 mg, 20 mg and 40 mg
 - Gliclazide (Apo-Gliclazide) tab 80 mg
 - Ursodeoxycholic acid (Actigall) cap 300 mg
 - Triamcinolone acetonide (Oracort) 0.1% in dental paste
 - Clotrimazole (Clomazol) crm 1%
 - Miconazole nitrate (Multichem) crm 2%
 - Emulsifying ointment (AFT) ointment BP
 - Salicylic acid (David Craig) powder
 - Sulphur (PSM) precipitated
 - Sunscreen, proprietary crm (Hamilton sunscreen, Aquasun Oil Free Faces SPF 30+) and lotn (Aquasun Sensitive SPF 30+, Aquasun 30+)
 - Condoms 52 mm (Marquis Supalite)
 - Condoms 52 mm extra strength (Marquis Protecta)
 - Condoms 54 mm shaped (Lifestyles Flared)
 - Condoms 56 mm shaped (Durex Confidence)
 - Pamidronate disodium (Pamisol) inj 3mg per ml, 5 ml, inj 3 mg per ml, 10ml and inj 6 mg per ml, 10 ml
 - Desmopressin (Desmopressin-PH&T) nasal spray 10 µg per dose
 - Cefuroxime axetil (Zinnat) tab 250 mg
 - Fluconazole (Pacific) cap 50 mg, 150 mg and 200 mg
 - Terbinafine (Apo-Terbinafine) tab 250 mg
 - Norfloxacin (Arrow-Norfloxacin) tab 400 mg
 - Metoclopramide hydrochloride (Pfizer) inj 5 mg per ml, 2 ml
 - Pergolide (Permax) tab 0.25 mg and 1 mg
 - Calcium folinate (Calcium Folate Ebewe) inj 50 mg
 - Brimodine tartarate (AFT) eye drops 0.2%
 - Glycerol (Midwest) liquid
 - Methyl hydroxybenzoate (PSM) powder
-

Summary of PHARMAC decisions – effective 1 July 2008 (continued)

- Methylcellulose (Midwest) powder
- Sodium bicarbonate powder (Biomed, David Craig)

Increased subsidy (pages 25-30)

- Betamethasone valerate crm 0.1% (Beta Cream) oint 0.1% (Beta Ointment)
- Salbutamol with ipratropium bromide (Combivent) aerosol inhaler 100 µg with ipratropium bromide, 20 µg per dose
- Aminoacid formula without methionine powder (XMET Maxamum)
- Aminoacid formula without valine, leucine and isoleucine powder (MSUD Maxamaid and MSUD Maxamum)
- Aminoacid formula with minerals without phenylalanine (Metabolic Mineral Mixture) powder

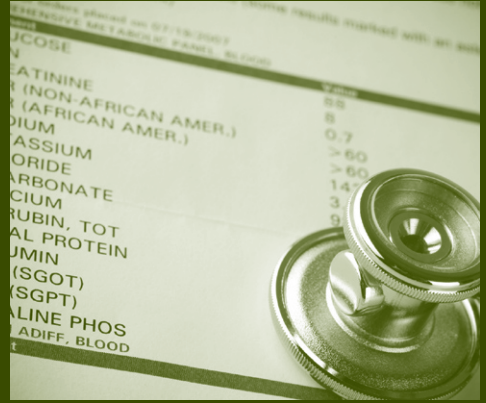
Various restrictions removed from some Alimentary Tract and Metabolism medicines

Some medicines in the Alimentary Tract and Metabolism therapeutic group of the Pharmaceutical Schedule have had “Retail pharmacy – Specialist”, “Hospital pharmacy – Specialist” and “Retail pharmacy – Specialist prescription” restrictions removed. The medicines affected are:

- alfacalcidol
- benzydamine hydrochloride;
- calcitriol;
- mebeverine hydrochloride;
- misoprostol;
- olsalazine;
- pancreatic enzyme; and
- sodium cromoglycate.

This means that all of these medicines will be subsidised when prescribed by any practitioner with the appropriate scope of practice, as determined by the appropriate regulatory body.

The Special Authority restrictions applying to some medicines have had the applicant



type amended from various specialists only, to any relevant practitioner. The medicines affected are:

- alpha tocopheryl acetate.
- budesonide; and
- ursodeoxycholic acid.

The endorsement criteria for ranitidine hydrochloride oral liquid have been removed.

See pages 18-20 for further details of these restriction changes.



Hydroxocobalamin – PSO availability

Hydroxocobalamin 1 mg per ml, 1 ml injection has been added to the Practitioner's Supply Order (PSO) list from 1 July 2008. Practitioners will be able to order a maximum

of 6 injections on each PSO. There are now two fully funded brands available - Neo-B12 and ABM Hydroxocobalamin. See page 32 for details.

Omeprazole

Further to our notification of 29 April 2008, Dr Reddy's Omeprazole bottle packs of 30 capsules are now available and will be fully subsidised from 1 July 2008. This pack size and packaging type is in addition to the currently available blister pack of 28 capsules. Both pack sizes and packaging types will be

listed and fully subsidised throughout the Sole Subsidised Supply period as previously notified.

The subsidy of Omezol will be reduced to the same level as Dr Reddy's Omeprazole from 1 July 2008. See page 25 for further details.

Postinor-1 – change in quantity available on prescription

The maximum quantity available on a prescription has been increased from 1 to 2 tablets from 1 July 2008. When Postinor-1 was listed in the Pharmaceutical Schedule in June 2008, there was a maximum quantity

subsidised per prescription of 1 tablet. This is the dose that is required for use as an emergency contraceptive. However, some patients may vomit and may need a second dose. This amendment allows for that.

Change of contact details for Growth Hormone applications

From 1 July 2008 Growth Hormone applications are to be sent to

Kyle Reid
NZGHC Co-ordinator,
PHARMAC
PO Box 10-254
Wellington

Tel: (04) 916 7561 Fax: (04) 460 4995
email: kyle.reid@pharmac.govt.nz



Glyceryl trinitrate sublingual tablets -fully subsidised

From 1 July 2008 the Lycinate brand of glyceryl trinitrate 600 µg sublingual tablets will be listed fully subsidised in the Pharmaceutical Schedule. They will also be

available on a Practitioners Supply Order (PSO) with a maximum quantity of 100 tablets per PSO. See page 15 for details.

Tender News

Sole Subsidised Supply changes – effective 1 August 2008

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Dextrose	Inj 50%, 10 ml; 5 inj	Biomed (Biomed)
Glyceryl trinitrate	TDDS 5 mg; 30 patch	Nitroderm TTS 5 (Novartis)
Glyceryl trinitrate	TDDS 10 mg; 30 patch	Nitroderm TTS 10 (Novartis)
Prazosin hydrochloride	Tab 1 mg; 100 tab	Apo-Prazo (Apotex)
Prazosin hydrochloride	Tab 2 mg; 100 tab	Apo-Prazo (Apotex)
Prazosin hydrochloride	Tab 5 mg; 100 tab	Apo-Prazo (Apotex)

Looking Forward

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

Possible decisions for implementation 1 August 2008

- Adalimumab inj 40 mg per 0.8 ml prefilled pen (HumiraPen) – new listing
- Condoms 49 mm (Marquis Tantiliza), 52 mm (Marquis Selecta, Marquis Sensolite), 53 mm (Marquis Titillata, Marquis Black), 55 mm (Marquis Protecta), and 60 mm (Shield XL)
- Aripiprazole (Abilify) tab 10 mg, 15 mg, 20 mg and 30 mg – new listing with restrictions
- Bee venom allergy treatment and wasp venom allergy treatment – amended Special Authority criteria
- For August Tender changes see the Tender Notification fax which will be sent out and posted on our website at www.pharmac.govt.nz at the end of June.

Sole Subsidised Supply Products – cumulative to July 2008

Generic Name	Presentation	Brand Name	Expiry Date*
Alprazolam	Tab 250 µg Tab 500 µg Tab 1 mg	Arrow-Alprazolam Arrow-Alprazolam Arrow-Alprazolam	2010
Apomorphine hydrochloride	Inj 10 mg per ml, 1 ml	Mayne	2009
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 Ranbaxy Amoxicillin Ranbaxy Amoxicillin	2010 2009
Ascorbic acid	Tab 100 mg	Apo-Ascorbic Acid	2009
Aspirin	Tab 100 mg	Ethics Aspirin EC	2010
Atenolol	Tab 50 mg & 100 mg	Loten	2009
Atropine sulphate	Inj 600 µg, 1 ml Inj 1200 µg, 1 ml	AstraZeneca AstraZeneca	2009
Azithromycin	Tab 500 mg	Arrow-Azithromycin	2009
Beclomethasone dipropionate	Metered aqueous nasal spray 50 µg Metered aqueous nasal spray 100 µg	Alanase Alanase	2009
Betamethasone valerate	Scalp app 0.1%	Beta Scalp	2009
Bisacodyl	Tab 5 mg	Lax-Tab	2010
Bupivacaine hydrochloride	Inj 0.5%, 4 ml Inj 0.5%, 8% glucose, 4 ml	Marcaïn Isobaric Marcaïn Heavy	2010
Calamine	Lotion BP Crn, aqueous, BP	ABM ABM	2009
Calcitriol	Cap 0.25 µg & 0.5 µg	Calcitriol-AFT	2009
Captopril	Tab 12.5 mg, 25 mg & 50 mg	Apo-Captopril	2010
Cefaclor monohydrate	Cap 250 mg Grans for oral liq 125 mg per 5 ml	Ranbaxy Cefaclor Ranbaxy Cefaclor	2010
Cetomacrogol	Crn BP	PSM	2010
Chloramphenicol	Eye drops 0.5% Eye oint 1%	Chlorsig Chlorsig	2009
Chlorhexidine gluconate	Handrub 1% with ethanol 70% Mouthwash 0.2%	Orion Orion	2009
Chlorthalidone	Tab 25 mg	Hygroton	2009
Clarithromycin	Tab 250 mg Grans for oral liq 125 mg per 5 ml	Klamycin Klacid	2010
Clobetasol propionate	Crn 0.05%	Dermol	2009
Clotrimazole	Vaginal crn 1% with applicator(s)	Clomazol	2010
Codeine phosphate	Tab 15 mg, 30 mg & 60 mg	PSM	2010
Colchicine	Tab 500 µg	Colgout	2010
Colestipol hydrochloride	Sach 5 g	Colestid	2010
Colistin sulphomethate	Inj 150 mg	Colistin-Link	2010

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

Sole Subsidised Supply Products – cumulative to July 2008

Generic Name	Presentation	Brand Name	Expiry Date*
Compound electrolytes	Powder for soln for oral use	Enerlyte	2010
Cyclizine hydrochloride	Tab 50 mg	Nausicalm	2009
Cyclophosphamide	Tab 50 mg	Cycloblastin	2010
Cyproterone acetate	Tab 50 mg	Siterone	2009
Dantrolene sodium	Cap 25 mg & 50 mg	Dantrium	2009
Desferrioxamine mesylate	Inj 500 mg	Mayne	2010
Dexamethasone sodium phosphate	Inj 4 mg per ml, 1 ml Inj 4 mg per ml, 2 ml	Mayne	2009
Dexamphetamine sulphate	Tab 5 mg	PSM	2010
Dextrose with electrolytes	Oral soln with electrolytes	Pedialyte – Plain Pedialyte – Bubblegum Pedialyte – Fruit	2010
Diclofenac sodium	Tab EC 25 mg & 50 mg Tab long-acting 75 mg & 100 mg	Apo-Diclo Apo-Diclo SR	2009
Didanosine (DDI)	Cap 125 mg, 200 mg, 250 mg & 400 mg	Videx EC	2009
Doxazosin mesylate	Tab 2 mg & 4 mg	Apo-Doxazosin	2010
Enalapril	Tab 5 mg, 10 mg & 20 mg	m-Enalapril	2009
Ergometrine maleate	Inj 500 µg per ml, 1 ml	Mayne	2009
Ergotamine tartrate with caffeine	Tab 1 mg with caffeine 100 mg	Cafergot	2009
Ethinylestradiol	Tab 10 µg	New Zealand Medical and Scientific	2009
Ethinylestradiol with norethisterone	Tab 35 µg with norethisterone 500 µg Tab 35 µg with norethisterone 1 mg Tab 35 µg with norethisterone 1 mg and 7 inert tab	Brevinor 21 Brevinor 1/21 Brevinor 1/28	2010
Etoposide	Cap 50 mg & 100 mg	Vepesid	2009
Ferrous sulphate	Oral liq 150 mg per 5 ml	Ferodan	2010
Flucloxacillin sodium	Cap 250 mg & 500 mg Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml	Staphlex AFT AFT	2009
Fluocortolone caproate with fluocortolone pivalate and cinchocaine	Oint 950 µg, with fluocortolone pivalate 920 µg, and cinchocaine hydrochloride 5 mg per g Suppos 630 µg, with fluocortolone pivalate 610 µg, and cinchocaine hydrochloride 1 mg	Ultraproct Ultraproct	2010
Fluorometholone	Eye drops 0.1%	Flucon	2009
Fluoxetine hydrochloride	Cap 20 mg Tab disp 20 mg, scored	Fluox Fluox	2010

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Sole Subsidised Supply Products – cumulative to July 2008

Generic Name	Presentation	Brand Name	Expiry Date*
Folic Acid	Tab 0.8 mg & 5 mg	Apo-Folic Acid	2009
Fusidic acid	Crn 2% & Oint 2%	Foban	2010
Gentamicin sulphate	Inj 40 mg per ml, 2 ml	Pfizer	2009
Haloperidol	Oral liq 2 mg per ml	Serenace	2010
	Tab 500 µg, 1.5 mg & 5 mg	Serenace	
	Inj 5 mg per ml, 1 ml	Serenace	2009
Heparinised saline	Inj 10 iu per ml, 5 ml	AstraZeneca	2009
Hydrocortisone	Tab 5 mg & 20 mg	Douglas	2009
Hydrocortisone acetate	Rectal foam 10%, CFC-Free	Colifoam	2009
Hydrocortisone butyrate	Scalp lotn 0.1%	Locoid	2010
Ibuprofen	Oral liq 100 mg per 5 ml, 200 ml	Fenpaed	2010
Imipramine hydrochloride	Tab 10 mg & 25 mg	Tofranil	2009
Indapamide	Tab 2.5 mg	Napamide	2009
Ipratropium bromide	Aqueous nasal spray, 0.03%	Apo-Ipravent	2010
	Nebuliser soln, 250 µg per ml, 1 ml	Ipratropium Steri-Neb	
	Nebuliser soln, 250 µg per ml, 2 ml	Ipratropium Steri-Neb	
Isosorbide mononitrate	Tab long-acting 60 mg	Duride	2009
Isotretinoin	Cap 10 mg	Isotane 10	2009
	Cap 20 mg	Isotane 20	
Itraconazole	Cap 100 mg	Sporanox	2010
Lactulose	Oral liq 10 g per 15 ml	Duphalac	2010
Levobunolol	Eye drops 0.25% & 0.5%	Betagan	2010
Levodopa with benserazide	Cap 50 mg with benserazide 12.5 mg	Madopar 62.5	2009
	Tab dispersible 50 mg with benserazide 12.5 mg	Madopar Dispersible	
	Cap 100 mg with benserazide 25 mg	Madopar 125	
	Cap long-acting 100 mg with benserazide 25 mg	Madopar HBS	
	Cap 200 mg with benserazide 50 mg	Madopar 250	
Lignocaine hydrochloride	Inj 0.5%, 5 ml	Xylocaine	2010
	Inj 1%, 5 ml	Xylocaine	
	Inj 1%, 20 ml	Xylocaine	
Lignocaine with prilocaine	Crn 2.5% with prilocaine 2.5%; 30 g OP	EMLA	2010
	Crn 2.5% with prilocaine 2.5%; 5 g	EMLA	
Lisinopril	Tab 5 mg, 10 mg & 20 mg	Arrow-Lisinopril	2009
Loperamide hydrochloride	Tab 2 mg	Nodia	2010
Loratadine	Tab 10 mg	Loraclear Hayfever Relief	2010
	Oral liq 1 mg per ml	Lorapaed	
Lorazepam	Tab 1 mg & 2.5 mg	Ativan	2009

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

Sole Subsidised Supply Products – cumulative to July 2008

Generic Name	Presentation	Brand Name	Expiry Date*
Magnesium sulphate	Inj 49.3%	Mayne	2009
Malathion	Liq 0.5%	Derbac M	2010
Maldison	Shampoo 1%	A-Lices	2010
Maprotiline hydrochloride	Tab 25 mg & 75 mg	Ludiomil	2009
Medroxyprogesterone acetate	Tab 2.5 mg, 5 mg, 10 mg, 100 mg & 200 mg	Provera	2010
Mesalazine	Enema 1 g per 100 ml	Pentasa	2009
Metformin hydrochloride	Tab 500 mg & 850 mg	Arrow-Metformin	2009
Methadone hydrochloride	Tab 5 mg Powder 1 g	Methatabs AFT	2010 2009
Methotrexate	Tab 2.5 mg & 10 mg	Methoblastin	2009
Methylphenidate hydrochloride	Tab long-acting 20 mg Tab 5 mg & 20 mg Tab 10 mg	Rubifen SR Rubifen Rubifen	2009
Methylprednisolone	Tab 4 mg & 100 mg	Medrol	2009
Methylprednisolone aceponate	Crn 0.1% and oint 0.1%	Advantan	2009
Methylprednisolone sodium succinate	Inj 40 mg per ml, 1 ml Inj 62.5 mg per ml, 1 ml Inj 500 mg & 1 g	Solu-Medrol Solu-Medrol Solu-Medrol	2009
Metoprolol tartrate	Tab long-acting 200 mg	Slow-Lopressor	2009
Metyrapone	Cap 250 mg	Metopirone	2009
Midodrine	Tab 2.5 mg & 5 mg	Gutron	2009
Misoprostol	Tab 200 µg	Cytotec	2009
Moclobemide	Tab 150 mg & 300 mg	Apo-Moclobemide	2009
Morphine hydrochloride	Oral liq 1 mg per ml Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml	RA-Morph RA-Morph RA-Morph RA-Morph	2009
Morphine sulphate	Inj 5 mg per ml, 1 ml Inj 15 mg per ml, 1 ml Cap long-acting 10 mg, 30 mg, 60 mg, 100 mg & 200 mg Tab immediate release 10 mg & 20 mg	Mayne Mayne m-Eslon Sevredol	2009
Morphine tartrate	Inj 80 mg per ml, 1.5 ml & 5 ml	Mayne	2009
Nadolol	Tab 40 mg & 80 mg	Apo-Nadolol	2010
Naltrexone hydrochloride	Tab 50 mg	ReVia	2010
Naproxen	Tab 250 mg Tab 500 mg	Noflam 250 Noflam 500	2009
Naproxen sodium	Tab 275 mg	Sonaflam	2010

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Sole Subsidised Supply Products – cumulative to July 2008

Generic Name	Presentation	Brand Name	Expiry Date*
Neostigmine	Inj 2.5 mg per ml, 1 ml	AstraZeneca	2010
Nevirapine	Oral suspension 10 mg per ml	Viramune Suspension	2009
Nicotinic acid	Tab 50 mg & 500 mg	Apo-Nicotinic Acid	2009
Nifedipine	Tab long-acting 20 mg	Nyefax Retard	2009
Norethisterone	Tab 350 µg	Noriday 28	2009
Nystatin	Cap 500,000 u Tab 500,000 u Vaginal crm 100,000 u per 5 g with applicators	Nilstat Nilstat Nilstat	2010 2009
Ondansetron	Tab 4 mg & 8 mg Tab disp 4 mg & 8 mg	Zofran Zofran Zydis	2010
Oxybutynin	Tab 5 mg Oral liq 5 mg per 5 ml	Apo-Oxybutynin Apo-Oxybutynin	2010
Oxycodone hydrochloride	Inj 10 mg per ml, 1 ml and 2 ml Oral liq 5 mg per 5 ml	OxyNorm OxyNorm	2010
Oxytocin	Inj 5 iu per ml, 1 ml Inj 10 iu per ml, 1 ml Inj 5 iu with ergometrine maleate 500 µg per ml, 1 ml	Syntocinon Syntocinon Syntometrine	2009
Pantoprazole	Tab 20 mg Tab 40 mg	Dr Reddy's Pantoprazole Dr Reddy's Pantoprazole	2010
Paraffin liquid with soft white paraffin	Eye oint with soft white paraffin	Laci-Lube	2010
Paroxetine hydrochloride	Tab 20 mg	Loxamine	2010
Perhexiline maleate	Tab 100 mg	Pexsig	2009
Phenoxyethylpenicillin (Penicillin V)	Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml Cap potassium salt 250 mg Cap potassium salt 500 mg	AFT AFT Cilicaine VK Cilicaine VK	2010
Phenylephrine hydrochloride	Eye drops 0.12%	Prefrin	2010
Potassium chloride	Tab long-acting 600 mg	Span-K	2009
Pregnancy tests - HCG urine	Cassette	MDS Quick Card	2009
Pyridoxine hydrochloride	Tab 50 mg	Apo-Pyridoxine	2009
Quinine sulphate	Tab 200 mg Tab 300 mg	Q 200 Q 300	2009
Ranitidine hydrochloride	Oral liq 150 mg per 10 ml	Peptisoothe	2010
Rifabutin	Cap 150 mg	Mycobutin	2010
Roxithromycin	Tab 150 mg & 300 mg	Arrow-Roxithromycin	2009

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

Sole Subsidised Supply Products – cumulative to July 2008

Generic Name	Presentation	Brand Name	Expiry Date*
Salbutamol	Nebuliser soln 1 mg per ml, 2.5 ml	Asthalin	2009
	Nebuliser soln 2 mg per ml, 2.5 ml	Asthalin	
	Oral liq 2 mg per 5 ml	Salapin	2010
Salbutamol with ipratropium bromide	Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg	Duolin	2009
Selegiline hydrochloride	Tab 5 mg	Apo-Selegiline	2009
Sodium chloride	Inj 0.9%, 5 ml & 10 ml	AstraZeneca	2009
Sodium citro-tartrate	Grans eff 4 g sachets	Ural	2010
Sodium cromoglycate	Nasal spray 4%	Rex	2009
Sulphasalazine	Tab 500 mg	Salazopyrin	2009
	Tab EC 500 mg	Salazopyrin EN	
Syrup (pharmaceutical grade)	Liq	Midwest	2010
Timolol maleate	Tab 10 mg	Apo-Timol	2009
Thiamine hydrochloride	Tab 50 mg	Apo-Thiamine	2009
Triamcinolone acetonide with gramicidin, neomycin and nystatin	Ear drops 1 mg with nystatin 100,000 u, neomycin sulphate 2.5 mg and gramicidin 250 mcg per g	Kenacomb	2009
Vincristine sulphate	Inj 1 mg per ml, 1 ml	Mayne	2009
	Inj 1 mg per ml, 2 ml	Mayne	
Vitamins	Tab (BPC cap strength)	Healtheries	2009
Vitamin B complex	Tab, strong, BPC	Apo-B-Complex	2009
Water	Purified for injection 20 ml	Multichem	2009

There are no additions for July.

**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 2008

27	OMEPRAZOLE * Cap 10 mg	2.14	30	✓ Dr Reddy's Omeprazole
	* Cap 20 mg	3.05	30	✓ Dr Reddy's Omeprazole
	* Cap 40 mg	3.59	30	✓ Dr Reddy's Omeprazole
37	CALCIUM * Tab eff 1 g.....	6.54	30	✓ Calcium Sandoz ✓ Calsource
37	IRON POLYMALTOSE Inj 50 mg per ml, 2 ml	20.95	5	✓ Ferrum H
60	GLYCERYL TRINITRATE * Tab 600 µg – Up to 100 tab available on a PSO	8.00	100 OP	✓ Lycinat
65	ZINC AND CASTOR OIL Oint BP.....	5.11	500 g	✓ PSM
104	PARACETAMOL *‡ Oral liq 120 mg per 5 ml	6.80	1,000 ml	✓ Paracare Junior
	a) Up to 200 ml available on a PSO			
	b) Not in combination			
	*‡ Oral liq 250 mg per 5 ml	7.00	1,000 ml	✓ Paracare Double Strength
	a) Up to 100 ml available on a PSO			
	b) Not in combination			
107	NORTRIPTYLINE HYDROCHLORIDE Tab 25 mg	17.45	250	✓ Norpress
147	BUDESONIDE WITH EFORMOTEROL – Special Authority see SA0838– Retail pharmacy Aerosol inhaler 100 µg with eformoterol fumarate 6 µg.....	55.00	120 dose OP	✓ Vannair
	Aerosol inhaler 200 µg with eformoterol fumarate 6 µg.....	60.00	120 dose OP	✓ Vannair
177	GLUTEN FREE PASTA – Special Authority see SA0722– Hospital pharmacy [HP3] Garlic and Parsley Shells	2.00 (2.63)	250 g OP	Orgran

Effective 1 June 2008

35	HYDROXOCOBALAMIN * Inj 1 mg per ml, 1 ml.....	9.21	3	✓ ABM Hydroxocobalamin
46	HEPARINISED SALINE * Inj 100 iu per ml, 2 ml	8.30	10	✓ Hospira S29

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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New Listings - effective 1 June 2008 (continued)

54	LOSARTAN – Special Authority see SA0911 – Retail Pharmacy * Tab 25 mg	20.31	28	✓ Cozaar
70	CONDOMS * 49mm - Up to 144 dev available on a PSO	1.11	12	✓ Gold Knight
	* 49mm - Up to 144 dev available on a PSO	13.36	144	✓ Gold Knight
	* 53mm (chocolate) - Up to 144 dev available on a PSO	13.36	144	✓ Gold Knight
	* 53mm (strawberry) - Up to 144 dev available on a PSO	13.36	144	✓ Gold Knight
	* 55mm - Up to 144 dev available on a PSO	1.11	12	✓ Gold Knight
	* 55mm - Up to 144 dev available on a PSO	13.36	144	✓ Gold Knight
	* 53mm extra strength - Up to 144 dev available on a PSO	1.11	12	✓ Gold Knight
	* 53mm extra strength - Up to 144 dev available on a PSO	13.36	144	✓ Gold Knight
73	LEVONORGESTREL * Tab 1.5 mg	12.50	1	✓ Postinor-1
	a) Maximum of 1 tab per prescription b) Up to 5 tab available on a PSO			
79	OESTRADIOL VALERATE * Tab 1 mg	8.24	56	✓ Progynova
110	LAMOTRIGINE ▲ Tab dispersible 25 mg	19.38	56	✓ Logem
	▲ Tab dispersible 50 mg	32.97	56	✓ Logem
	▲ Tab dispersible 100 mg	56.91	56	✓ Logem
112	RIZATRIPTAN BENZOATE Wafer 10 mg	25.32	3	✓ Maxalt Melt
147	SALBUTAMOL Aerosol inhaler, 100 µg per dose CFC free – Up to 1000 dose available on a PSO	3.80	200 dose OP	✓ Respigen
167	ORAL SUPPLEMENT 1KCAL/ML – Special Authority see SA0583 – Hospital pharmacy [HP3] Powder (vanilla) sachet 54 g	6.91	10	✓ Fortisip Powder
168	DIABETIC ENTERAL FEED 1KCAL/ML – Special Authority see SA0594 – Hospital Pharmacy [HP3] Liquid	7.50	1000 ml OP	✓ Glucerna Select RTH
168	ORAL FEED 1KCAL / ML – Special Authority see SA0594 – Hospital Pharmacy [HP3] Liquid (vanilla)	1.88	250 ml OP	✓ Glucerna Select

Effective 1 May 2008

31	INSULIN PEN NEEDLES – Maximum of 100 dev per prescription * 29 g x 12.7 mm	11.75	100	✓ ABM
	* 31 g x 6 mm	11.75	100	✓ ABM
	* 31 g x 8 mm	11.75	100	✓ ABM

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$

Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings - effective 1 May 2008 (continued)

32	INSULIN SYRINGES, DISPOSABLE WITH ATTACHED NEEDLE – Maximum of 100 dev per prescription			
	* Syringe 0.3 ml with 29 g × 12.7 mm needle	14.45	100	✓ ABM
	* Syringe 0.3 ml with 31 g × 8 mm needle	14.45	100	✓ ABM
	* Syringe 0.5 ml with 29 g × 12.7 mm needle	14.45	100	✓ ABM
	* Syringe 0.5 ml with 31 g × 8 mm needle	14.45	100	✓ ABM
	* Syringe 1 ml with 29 g × 12.7 mm needle	14.45	100	✓ ABM
	* Syringe 1 ml with 31 g × 8 mm needle	14.45	100	✓ ABM
70	CONDOMS			
	* 53 mm (chocolate).....	1.11	12	✓ Gold Knight
	* 53 mm (strawberry)	1.11	12	✓ Gold Knight
91	VALACICLOVIR			
	Tab 500 mg	163.80	30	✓ Valtrex
95	RITONAVIR – Special Authority see SA0779 on page 93 – Hospital pharmacy [HP1]			
	Cap 100 mg.....	121.27	84	✓ Norvir
108	VENLAFAXINE – Special Authority see SA0789 below – Retail pharmacy			
	Cap 37.5 mg	18.64	28	✓ Efexor XR

continued...

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

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

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Generic Mnfr
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Changes to Restrictions

Effective 1 July 2008

24	BUDESONIDE Cap 3 mg – Special Authority see SA0913 0698 – Retail pharmacy.....	166.50	90	✓ Entocort CIR
	▶ SA0913 0698] Special Authority for Subsidy Initial application only from any relevant practitioner a gastroenterologist, general surgeon or general physician. Approvals valid for 3 months for applications meeting the following criteria: Both: 1. Mild to moderate ileal, ileocaecal or proximal Crohn's disease; and 2. Any of the following: 2.1 Diabetes; or 2.2 Cushingoid habitus; or 2.3 Osteoporosis where there is significant risk of fracture; or 2.4 Severe acne following treatment with conventional corticosteroid therapy. Renewal only from any relevant practitioner a gastroenterologist, general surgeon or general physician. Approvals valid for 3 months where the treatment remains appropriate and the patient is benefiting from treatment.			
25	OLSALAZINE – Retail pharmacy – Specialist Tab 500 mg	59.86	100	✓ Dipentum
	Cap 250 mg	31.51	100	✓ Dipentum
25	SODIUM CROMOGLYCAT E Cap 100 mg – Hospital pharmacy [HP3] – Specialist	89.21	100	✓ Nalcrom
26	MEBEVERINE HYDROCHLORIDE – Retail pharmacy – Specialist * Tab 135 mg	10.72 (25.73)	90	Colofac
26	MISOPROSTOL – Retail pharmacy – Specialist * Tab 200 µg	52.70	120	✓ Cytotec
26	RANITIDINE HYDROCHLORIDE – Only on a prescription * Oral liq 150 mg per 10 ml – Subsidy by endorsement	7.95	300 ml	✓ Peptisoothe
	Oral liquid is subsidized for patients: 1. with oesophageal stricture, or 2. in terminal care, or 3. who are either too young or too old to swallow conventional tablets and the prescription is endorsed accordingly Note: the cost of treatment with ranitidine oral liquid is more than 10 times higher than that of ranitidine tablets. Following the derestriction of access PHARMAC will be monitoring expenditure on ranitidine oral liquid more closely and may, subject to consultation and PHARMAC Board approval, restrict access again if expenditure was to grow substantially.			
32	URSODEOXYCHOLIC ACID – Special Authority see SA0914 0841 Retail pharmacy Cap 300 mg	269.98	100	✓ Actigall
	▶ SA0914 0841] Special Authority for Subsidy Initial application only from any relevant practitioner a gastroenterologist or general physician. Approvals valid for 6 months for applications meeting the following criteria: Both:			

continued...

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
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Changes to Restrictions - effective 1 July 2008 (continued)

continued...

1. Primary biliary cirrhosis confirmed by antimitochondrial antibody titre (AMA) > 1:80, and raised cholestatic liver enzymes with or without raised serum IgM or, if AMA is negative, by liver biopsy; and
2. Patient not requiring a liver transplant (bilirubin > 170µmol/l; decompensated cirrhosis).

Note: Liver biopsy is not usually required for diagnosis but is helpful to stage the disease.

Renewal **only** from **any relevant practitioner** a gastroenterologist or general physician. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.

Note: Actigall is not an appropriate therapy for patients requiring a liver transplant (bilirubin > 170 micromol/l; decompensated cirrhosis). These patients should be referred to an appropriate transplant centre. Treatment failure – doubling of serum bilirubin levels, absence of a significant decrease in ALP or ALT and AST, development of varices, ascites or encephalopathy, marked worsening of pruritus or fatigue, histological progression by two stages, or to cirrhosis, need for transplantation.

34	BENZYDAMINE HYDROCHLORIDE – Retail pharmacy-Specialist prescription Soln 0.15%	9.00 (15.36)	500 ml		Difflam
36	ALFACALCIDOL – Retail pharmacy-Specialist Cap 0.25 µg	26.32	100	✓ One-Alpha	
	Cap 1 µg	87.98	100	✓ One-Alpha	
	Oral drops 2 µg per ml	60.68	20 ml OP	✓ One-Alpha	
36	ALPHA TOCOPHERYL ACETATE – Special Authority see SA0915 0264 – Hospital pharmacy [HP3] Water solubilised soln 156 iu/ml, with calibrated dropper	18.30	50 ml OP	✓ Micelle E	
	► SA0915 0264 Special Authority for Subsidy Initial application only from any relevant practitioner a paediatrician or respiratory specialist. Approvals valid for 2 years for applications meeting the following criteria: Either: 1. Cystic fibrosis patient; or Both: 2. Infant or child with liver disease or short gut syndrome; and 3. Requires vitamin supplementation. Renewal only from any relevant practitioner a paediatrician or respiratory specialist. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.				
36	CALCITRIOL – Retail pharmacy-Specialist * Cap 0.25 µg	13.45	100	✓ Calcitriol-AFT	
	* Cap 0.5 µg	24.95	100	✓ Calcitriol-AFT	
	* Oral liq 1 µg per ml	39.40	10 ml OP	✓ Rocaltrol solution	
47	CALCIUM POLYSTYRENE SULPHONATE – Retail pharmacy-Specialist Powder	169.85	300 g OP	✓ Calcium Resonium	
47	SODIUM POLYSTYRENE SULPHONATE – Retail pharmacy-Specialist Powder	89.10	450 g OP	✓ Resonium-A	
73	LEVONORGESTREL * Tab 1.5 mg	12.50	1	✓ Postinor-1	
	a) Maximum of ± 2 tab per prescription b) Up to 5 tab available on a PSO				

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

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

Changes to Restrictions - effective 1 July 2008 (continued)

117 ZIPRASIDONE

Ziprasidone is subsidised for patients suffering from schizophrenia or related psychoses after a trial of an effective dose of risperidone or quetiapine that has been discontinued, **or is in the process of being discontinued**, because of unacceptable side effects or inadequate response, and the prescription is endorsed accordingly.

Effective 1 June 2008

54 LOSARTAN

► SA0862 Special Authority for Subsidy

Initial application only from a relevant specialist or general practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Either:

1—Both:

1.1 Patient with congestive heart failure; and

1.2 Either:

1.2.1 Has been treated with, and cannot tolerate, two ACE inhibitors, due to persistent cough; or

1.2.2 Has experienced angioedema on an ACE inhibitor at any time in the past or who have experienced angioedema (even if not using an ACE inhibitor) in the last 2 years; or

2—All of the following:

2.1 Patient with raised blood pressure; and

2.2 Use of fully funded beta blockers or diuretics are contraindicated; or not well tolerated; or insufficient to control blood pressure adequately at appropriate doses; and

2.3 Either:

2.3.1 Has been treated with, and cannot tolerate, two ACE inhibitors, due to persistent cough; or

2.3.2 Has experienced angioedema on an ACE inhibitor at any time in the past or who have experienced angioedema (even if not using an ACE inhibitor) in the last 2 years.

► SA0911 Special Authority for Subsidy

Initial application – (ACE inhibitor intolerant) from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Either:

1 Patient has persistent ACE inhibitor induced cough that has recurred by ACE inhibitor retreatment (same or new ACE inhibitor); or

2 Patient has a history of angioedema.

Initial application - (Unsatisfactory response to ACE inhibitor) from any relevant practitioner. Approvals valid without further renewal unless notified where the patient's condition is not adequately controlled on maximum tolerated dose of an ACE inhibitor.

Initial application (patient has had an approval for losartan with hydrochlorothiazide prior to 1 May 2008) from any relevant practitioner. Approvals valid without further renewal unless notified where the treatment remains appropriate and the patient is benefiting from treatment.

54 LOSARTAN WITH HYDROCHLOROTHIAZIDE

► SA0862 Special Authority for Subsidy

Initial application only from a relevant specialist or general practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Either:

1—Both:

1.1 Patient with congestive heart failure; and

1.2 Either:

1.2.1 Has been treated with, and cannot tolerate, two ACE inhibitors, due to persistent cough; or

1.2.2 Has experienced angioedema on an ACE inhibitor at any time in the past or who have experienced angioedema (even if not using an ACE inhibitor) in the last 2 years; or

continued...

Changes to Restrictions - effective 1 June 2008 (continued)

continued...

2 All of the following:

2.1 Patient with raised blood pressure; and

2.2 Use of fully funded beta blockers or diuretics are contraindicated; or not well tolerated; or insufficient to control blood pressure adequately at appropriate doses; and

2.3 Either:

2.3.1 Has been treated with, and cannot tolerate, two ACE inhibitors, due to persistent cough; or

2.3.2 Has experienced angioedema on an ACE inhibitor at any time in the past or who have experienced angioedema (even if not using an ACE inhibitor) in the last 2 years.

▶ SA0911 Special Authority for Subsidy

Initial application – (ACE inhibitor intolerant) from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Either:

1 Patient has persistent ACE inhibitor induced cough that has recurred by ACE inhibitor retriial (same or new ACE inhibitor); or

2 Patient has a history of angioedema.

Initial application - (Unsatisfactory response to ACE inhibitor) from any relevant practitioner. Approvals valid without further renewal unless notified where the patient's condition is not adequately controlled on maximum tolerated dose of an ACE inhibitor.

Initial application (patient has had an approval for losartan with hydrochlorothiazide prior to 1 May 2008) from any relevant practitioner. Approvals valid without further renewal unless notified where the treatment remains appropriate and the patient is benefiting from treatment.

109 GABAPENTIN

▶ SA0873 Special Authority for Subsidy

Initial application — (Epilepsy - new patients) from any relevant practitioner. Approvals valid for 15 months for applications meeting the following criteria:

Either:

1 Seizures are not adequately controlled with optimal treatment with other antiepilepsy agents; or

2 Seizures are controlled adequately but the patient has experienced unacceptable side effects from optimal treatment with other antiepilepsy agents.

Note: "Optimal treatment with other antiepilepsy agents" is defined as treatment with other antiepilepsy agents which are indicated and clinically appropriate for the patient, given 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 — (Epilepsy - patient has had an approval for gabapentin, lamotrigine, topiramate or vigabatrin for epilepsy prior to 1 August 2007) from any relevant practitioner. Approvals valid without further renewal unless notified where the patient has demonstrated a significant and sustained improvement in seizure rate or severity and/or quality of life from gabapentin, topiramate, vigabatrin and/or lamotrigine.

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

Initial application — (Neuropathic pain - new patients) from any relevant practitioner. Approvals valid for 3 months where the patient has tried and failed, or has been unable to tolerate, treatment with a tricyclic antidepressant AND an anticonvulsant agent.

Initial application — (Neuropathic pain - patient has had an approval for gabapentin for neuropathic pain prior to 1 August 2007) from any relevant practitioner. Approvals valid for 2 years where the patient has demonstrated a marked improvement in their control of pain (prescriber determined).

Renewal — (Epilepsy) from any relevant practitioner. Approvals valid without further renewal unless notified where the patient has demonstrated a significant and sustained improvement in seizure rate or severity and/or quality of life.

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

continued...

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
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\$ Per

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Changes to Restrictions - effective 1 June 2008 (continued)

continued...

If the patient had an approval for gabapentin, lamotrigine, topiramate or vigabatrin for epilepsy prior to 1 August 2007 the applicant is required to submit a fresh initial application in the first instance, not a renewal application.

Renewal — (Neuropathic pain) from any relevant practitioner. Approvals valid for 2 years where the patient has demonstrated a marked improvement in their control of pain (prescriber determined).

Note: If the patient had an approval for gabapentin for neuropathic pain prior to 1 August 2007 the applicant is required to submit a fresh initial application in the first instance, not a renewal application.

110 TOPIRAMATE

► SA0874]Special Authority for Subsidy

Initial application — (new patients) from any relevant practitioner. Approvals valid for 15 months for applications meeting the following criteria:

Both:

- 1 Patient has epilepsy; and
- 2 Either:
 - 2.1 Seizures are not adequately controlled with optimal treatment with other antiepilepsy agents; or
 - 2.2 Seizures are controlled adequately but the patient has experienced unacceptable side effects from optimal treatment with other antiepilepsy agents.

Note: "Optimal treatment with other antiepilepsy agents" is defined as treatment with other antiepilepsy agents which are indicated and clinically appropriate for the patient, given 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 — (patient has had an approval for gabapentin, lamotrigine, topiramate or vigabatrin for epilepsy prior to 1 August 2007) from any relevant practitioner. Approvals valid without further renewal unless notified where the patient has demonstrated a significant and sustained improvement in seizure rate or severity and/or quality of life **from gabapentin, topiramate, vigabatrin and/or lamotrigine.**

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

Renewal from any relevant practitioner. Approvals valid without further renewal unless notified where the patient has demonstrated a significant and sustained improvement in seizure rate or severity and/or quality of life.

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

If the patient had an approval for gabapentin, lamotrigine, topiramate or vigabatrin for epilepsy prior to 1 August 2007 the applicant is required to submit a fresh initial application in the first instance, not a renewal application.

111 VIGABATRIN

► SA0875]Special Authority for Subsidy

Initial application — (new patients) from any relevant practitioner. Approvals valid for 15 months for applications meeting the following criteria:

All of the following:

- 1 Patient has epilepsy; and
- 2 Either:
 - 2.1 Seizures are not adequately controlled with optimal treatment with other antiepilepsy agents; or
 - 2.2 Seizures are controlled adequately but the patient has experienced unacceptable side effects from optimal treatment with other antiepilepsy agents; and
- 3 Either:
 - 3.1 Patient is, or will be, receiving regular automated visual field testing (ideally before starting therapy and on a 6-monthly basis thereafter); or
 - 3.2 It is impractical or impossible (due to comorbid conditions) to monitor the patient's visual fields.

Notes: "Optimal treatment with other antiepilepsy agents" is defined as treatment with other antiepilepsy agents which are indicated and clinically appropriate for the patient, given in adequate doses for the patient's age, weight, and other features affecting the pharmacokinetics of the drug with good evidence of compliance.

continued...

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

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

Changes to Restrictions - effective 1 June 2008 (continued)

continued...

Vigabatrin is associated with a risk of irreversible visual field defects, which may be asymptomatic in the early stages.

Initial application — (patient has had an approval for gabapentin, lamotrigine, topiramate or vigabatrin for epilepsy prior to 1 August 2007) from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Both:

- 1 Patient has demonstrated a significant and sustained improvement in seizure rate or severity and/or quality of life **from gabapentin, topiramate, vigabatrin and/or lamotrigine**; and
- 2 Either:
 - 2.1 Patient is receiving regular automated visual field testing (ideally every 6 months) on an ongoing basis for the duration of treatment with vigabatrin; or
 - 2.2 It is impractical or impossible (due to comorbid conditions) to monitor the patient's visual fields.

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

Vigabatrin is associated with a risk of irreversible visual field defects, which may be asymptomatic in the early stages.

Renewal from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Both:

- 1 The patient has demonstrated a significant and sustained improvement in seizure rate or severity and/or quality of life; and
- 2 Either:
 - 2.1 Patient is receiving regular automated visual field testing (ideally every 6 months) on an ongoing basis for duration of treatment with vigabatrin; or
 - 2.2 It is impractical or impossible (due to comorbid conditions) to monitor the patient's visual fields.

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

Vigabatrin is associated with a risk of irreversible visual field defects, which may be asymptomatic in the early stages.

If the patient had an approval for gabapentin, lamotrigine, topiramate or vigabatrin for epilepsy prior to 1 August 2007 the applicant is required to submit a fresh initial application in the first instance, not a renewal application.

164 CARBOHYDRATE

▶ SA0579 SA0912 Special Authority for Subsidy

Initial application - (Cystic fibrosis or renal failure) only from a relevant specialist. Approvals valid for 3 years for applications meeting the following criteria:

Either:

- 1 cystic fibrosis; or
- 2 chronic renal failure or continuous ambulatory peritoneal dialysis (CAPD) patient.

Initial application - (Indications other than cystic fibrosis or renal failure) only from a relevant specialist.

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

Any of the following:

- 1 cancer in children; or
- 2 cancers affecting alimentary tract where there are malabsorption problems in patients over the age of 20 years; or
- 3 failure to thrive; or
- 4 growth deficiency; or
- 5 bronchopulmonary dysplasia; or
- 6 premature and post premature infant; or
- 7 **inborn errors of metabolism**

continued...

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(Mnfr's price)
\$ Per

Brand or
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Changes to Restrictions - effective 1 June 2008 (continued)

continued...

Renewal - (Cystic fibrosis or renal failure) only from a relevant specialist or general practitioner on the recommendation of a relevant specialist. Approvals valid for 3 years for applications meeting the following criteria:

Both:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 General Practitioners must include the name of the specialist and date contacted.

Renewal - (Indications other than cystic fibrosis or renal failure) only from a relevant specialist or general practitioner on the recommendation of a relevant specialist. Approvals valid for 1 year for applications meeting the following criteria:

Both:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 General Practitioners must include the name of the specialist and date contacted.

Effective 1 May 2008

91	PYRAZINAMIDE – Retail pharmacy-Specialist No patient co-payment payable * Tab 500 mg	59.00	100	✓ AFT-Pyrazinamide S29
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Schedule page ref

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Changes to Subsidy and Manufacturer's Price

Effective 1 July 2008

27	OMEPRAZOLE (↓ subsidy) * Cap 10 mg	2.14 (5.95)	30	
	* Cap 20 mg	3.05 (5.95)	30	Omezol
	* Cap 40 mg	3.59 (8.84)	30	Omezol
29	GLICLAZIDE (↓ subsidy) * Tab 80 mg	22.24	500	✓ Apo-Gliclazide
32	URSODEOXYCHOLIC ACID – Special Authority see SA0841 – Retail Pharmacy (↓ subsidy) Cap 300 mg	179.00	100	✓ Actigall
35	TRIAMCINOLONE ACETONIDE (↓ subsidy) 0.1% in Dental Paste USP	4.38	5 g OP	✓ Oracort
62	CLOTRIMAZOLE (↓ subsidy) * Crm 1%	0.50	20 g OP	✓ Clomazol
	a) Only on a prescription			
	b) Not in combination			
62	MICONAZOLE NITRATE (↓ subsidy) * Crm 2%	0.42	15 g OP	✓ Multichem
	a) Only on a prescription			
	b) Not in combination			
63	BETAMETHASONE VALERATE (↑ subsidy) * Crm 0.1%	2.00	50 g OP	✓ Beta Cream
	* Oint 0.1%	2.20	50 g OP	✓ Beta Ointment
64	HYDROCORTISONE (↓ price) * Crm 1% – Only on a prescription	12.20	500 g	✓ PSM
65	EMULSIFYING OINTMENT (↓ subsidy) * Ointment BP	3.69	500 g	✓ AFT
68	SALICYLIC ACID (↓ subsidy) Powder – Only in combination	15.00 (55.63)	500 g	David Craig
	1) Only in combination with a dermatological base or proprietary Topical Corticosteroid – Plain or colloidion flexible,			
	2) With or without other dermatological galenicals			
	3) Maximum 20 g or 20 ml per prescription when prescribed with white soft paraffin or colloidion flexible.			
68	SULPHUR (↓ subsidy) Precipitated – Only in combination	6.50 (9.25)	100 g	PSM
	1) Only in combination with a dermatological base or proprietary Topical Corticosteroid – Plain,			
	2) With or without other dermatological galenicals.			

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

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

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Changes to Subsidy and Manufacturer's Price - effective 1 July 2008 (continued)

69	SUNSCREENS, PROPRIETARY – Subsidy by endorsement (↓ subsidy) Only if prescribed for a patient with severe photosensitivity secondary to a defined clinical condition and the prescription is endorsed accordingly			
	Crm.....	2.55 (5.89) 1.28 (5.53)	100 g OP 50 g OP	Hamilton Sunscreen Aqasun Oil Free Faces SPF 30+
	Lotn	3.19 (8.82)	125 ml OP	Aqasun Sensitive SPF 30+
		(9.38)	125 ml OP	Aqasun 30+
70	CONDOMS (↓ subsidy)			
	* 52mm – Up to 144 dev available on a PSO	13.36	144	✓ Marquis Supalite
	* 52 mm extra strength – Up to 144 dev available on a PSO.....	13.36	144	✓ Marquis Protecta
	* 54 mm, shaped – Up to 144 dev available on a PSO	1.11 (2.60)	12	Lifestyles Flared
	* 54 mm, shaped – Up to 144 dev available on a PSO	13.36 (14.84)	144	Lifestyles Flared
	* 56mm, shaped – Up to 144 dev available on a PSO	1.11 (1.24)	12	Durex Confidence
	* 56mm, shaped – Up to 144 dev available on a PSO	13.36 (14.84)	144	Durex Confidence
76	PAMIDRONATE DISODIUM – Special Authority see SA0091 – Hospital Pharmacy [HP3] (↓ subsidy)			
	Inj 3 mg per ml, 5 ml	18.75	1	✓ Pamisol
	Inj 3 mg per ml, 10 ml	37.50	1	✓ Pamisol
	Inj 6 mg per ml, 10 ml	75.00	1	✓ Pamisol
85	DESMOPRESSIN (↓ subsidy) ▲ Nasal Spray 10 µ per dose – Retail Pharmacy – Specialist.....	29.94	6 ml OP	✓ Desmopressin-PH&T
86	CEFUROXIME AXETIL – Subsidy by endorsement (↓ subsidy) Only if prescribed for prophylaxis of endocarditis and the prescription is endorsed accordingly.			
	Tab 250 mg	29.40	50	✓ Zinnat
90	FLUCONAZOLE - Hospital Pharmacy [HP3]- Specialist (↓ subsidy)			
	Cap 50 mg	6.82	28	✓ Pacific
	Cap 150 mg	1.30	1	✓ Pacific
	Cap 200 mg	19.05	28	✓ Pacific
90	TERBINAFINE (↓ subsidy)			
	Tab 250 mg	25.50	100	✓ Apo-Terbinafine
96	NORFLOXACIN (↓ subsidy) Tabs 400 mg – Maximum of 6 tab per prescription; can be waived by endorsement – Retail Pharmacy – Specialist.....	22.50	100	✓ Arrow-Norfloxacine

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Schedule page ref

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Changes to Subsidy and Manufacturer's Price - effective 1 July 2008 (continued)

113	METOCLOPRAMIDE HYDROCHLORIDE (↓ subsidy) * Inj 5 mg per ml, 2 ml – Up to 5 inj available on a PSO	4.50	5	✓ Pfizer
115	PERGOLIDE – Retail Pharmacy – Specialist (↓ subsidy) ▲ Tab 0.25 mg	48.00	100	✓ Permax
	▲ Tab 1 mg	170.00	100	✓ Permax
126	CALCIUM FOLINATE (↓ subsidy) Inj 50 mg – PCT – Hospital pharmacy [HP1] – Specialist	24.50	5	✓ Calcium Folate Ebewe
131	PENTOSTATIN (DEOXYCOFORMYCIN) – PCT only – Specialist (Now CBS) Inj 10 mg	CBS	1	✓ Nipent \$29
148	SALBUTAMOL WITH IPRATROPIUM BROMIDE (↑ subsidy) Aerosol inhaler, 100 µg with ipratropium bromide, 20 µg per dose	13.50	200 dose OP	✓ Combivent
153	BRIMONIDINE TARTARATE (↓ subsidy) * Eye Drops 0.2%	7.93	5 ml OP	✓ AFT
161	GLYCEROL (↓ subsidy) * Liquid – Only in combination	19.80 (24.75)	2000 ml	Midwest
	Only in extemporaneously compounded oral liquid preparations			
161	METHYL HYDROXYBENZOATE (↓ subsidy) Powder	10.00 (18.45)	25 g	PSM
161	METHYLCELLULOSE (↓ subsidy) Powder	14.00 (17.72)	100 g	MidWest
162	SODIUM BICARBONATE (↓ subsidy) Powder BP - Only in combination	9.80 (11.99) (29.50)	500 g	Biomed David Craig
	Only in extemporaneously compounded omeprazole suspension			
178	AMINOACID FORMULA WITHOUT METHIONINE – Special Authority see SA0732 – Hospital pharmacy [HP3] (↑ subsidy) Powder	461.94	500 g OP	✓ XMET Maxamum
178	AMINOACID FORMULA WITHOUT VALINE, LEUCINE AND ISOLEUCINE – Special Authority see SA0732 – Hospital pharmacy [HP3] (↑ subsidy) Powder	300.54 437.22	500 g OP	✓ MSUD Maxamaid ✓ MSUD Maxamum

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Subsidy and Manufacturer's Price - effective 1 July 2008 (continued)

179	AMINOACID FORMULA WITH MINERALS WITHOUT PHENYLALANINE – Special Authority see SA0733 – Hospital pharmacy [HP3] († subsidy)			
	Powder	58.44	250 g OP	✓ Metabolic Mineral Mixture

Effective 1 June 2008

54	LOSARTAN – Special Authority see SA0911 († subsidy)			
	* Tab 12.5 mg	17.40	30	✓ Cozaar
	* Tab 50 mg	23.10	30	✓ Cozaar
54	LOSARTAN WITH HYDROCHLOROTHIAZIDE – Special Authority see SA0911 († subsidy)			
	Tab 50 mg with hydrochlorothiazide 12.5 mg.....	30.00	30	✓ Hyzaar
66	PARAFFIN († subsidy)			
	White soft – Only in combination	20.20	2,500 g	✓ IPW
86	CEFUROXIME SODIUM – Hospital Pharmacy [HP3] († subsidy)			
	Inj 750 mg - Maximum of 1 inj per prescription; can be waived by endorsement.....	10.71	5	✓ Zinacef
	Inj 1.5 g - Hospital pharmacy [HP3] – Specialist – Subsidy by endorsement	4.04	1	✓ Zinacef
103	ASPIRIN († subsidy)			
	* Tab dispersible 300 mg – Up to 30 tab available on a PSO	21.50 (22.50)	1000	Ethics Aspirin
105	MORPHINE SULPHATE († subsidy)			
	a) Only on a controlled drug form			
	b) No patient co-payment payable			
	Inj 10 mg per ml, 1 ml – Up to 5 inj available on a PSO	4.50	5	✓ Mayne
	Inj 30 mg per ml, 1 ml – Up to 5 inj available on a PSO	4.98	5	✓ Mayne
147	SALBUTAMOL († subsidy)			
	Aerosol inhaler, 100 µg per dose CFC free – Up to 1000 dose available on a PSO.....	3.80 (6.00)	200 dose OP	✓ Salamol Ventolin
151	ACETIC ACID WITH 1, 2-PROPANEDIOL DIACETATE AND BENZETHONIUM († subsidy)			
	Ear drops 2% with 1, 2-Propanediol diacetate 3% and benzethonium chloride 0.02 %	6.97	35 ml OP	✓ Vosol
164	CARBOHYDRATE AND FAT SUPPLEMENT – Special Authority see SA0581 – Hospital pharmacy [HP3] († subsidy)			
	Powder (neutral)	60.31	400 g OP	✓ Duocal Super Soluble Powder
166	FAT SUPPLEMENT – Special Authority see SA0899 – Hospital pharmacy [HP3] († subsidy)			
	Oil	28.73	250 ml OP	✓ Liquigen
		30.00	500 ml OP	✓ MCT oil (Nutricia)

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
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Changes to Subsidy and Manufacturer's Price - effective 1 June 2008 (continued)

168	FAT MODIFIED FEED – Special Authority see SA0615– Hospital pharmacy [HP3] († subsidy) Powder	60.48	400 g OP	✓ Monogen
169	ENTERAL/ORAL FEED 1KCAL/ML – Special Authority see SA0607– Hospital pharmacy [HP3] († subsidy) Powder	78.97	400 g OP	✓ Generaid Plus
169	ENTERAL/ORAL FEED 1KCAL/ML – Special Authority see SA0606 – Hospital pharmacy [HP3] († subsidy) Liquid.....	54.00	400 g OP	✓ Kindergen
171	ORAL ELEMENTAL FEED 0.8KCAL/ML – Special Authority see SA0592 – Hospital pharmacy [HP3] († subsidy) Liquid (grapefruit)	9.50	250 ml OP	✓ Elemental 028 Extra
	Liquid (pineapple & orange)	9.50	250 ml OP	✓ Elemental 028 Extra
	Liquid (summer fruit)	9.50	250 ml OP	✓ Elemental 028 Extra
179	MULTIVITAMINS – Special Authority see SA0600– Hospital pharmacy [HP3] († subsidy) Powder	36.00	100 g OP	✓ Paediatric Seravit
180	LOW CALCIUM INFANT FORMULA – Special Authority see SA0601– Hospital pharmacy [HP3] († subsidy) Powder	44.40	400 g OP	✓ Lucasol

Effective 1 May 2008

27	OMEPRAZOLE (↓ subsidy) * Cap 10 mg	2.00	28	✓ Dr Reddy's Omeprazole
	* Cap 20 mg	2.85	28	✓ Dr Reddy's Omeprazole
	* Cap 40 mg	3.35	28	✓ Dr Reddy's Omeprazole
46	DEXTROSE (↓ subsidy) * Inj 50%, 10 ml – Up to 5 inj available on a PSO.....	22.75	5	✓ Biomed
60	GLYCERYL TRINITRATE (↓ subsidy) * TDDS 5 mg	16.56	30	✓ Nitroderm TTS
	* TDDS 10 mg	19.60	30	✓ Nitroderm TTS
66	POVIDONE IODINE († price) Skin preparation, povidone iodine 10% with 70% alcohol.....	8.13 (18.63) 1.63 (6.04)	500 ml 100 ml	 Orion Orion
69	SUNSCREENS, PROPRIETARY – Sunscreens by endorsement († price) Crm.....	1.74 (5.84)	50 g OP	 Aqunasun Oil Free Faces SPF 30+

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
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Changes to Subsidy and Manufacturer's Price - effective 1 May 2008 (continued)

80	OESTRADIOL (↓ subsidy)			
	* Tab 2 mg	4.12	28 OP	
		(7.00)		Estrofem
99	LEFLUNOMIDE – Special Authority see SA0635 – Retail Pharmacy (↓ subsidy)			
	Tab 10 mg	55.00	30	✓ AFT-Leflunomide
	Tab 20 mg	76.00	30	✓ AFT-Leflunomide

Changes to General Rules

Effective 1 June 2008

- 12 “Close Control” means the dispensing of a Community Pharmaceutical, in accordance with a Prescription, in quantities less than one 90 Day Lot (or, in the case of oral contraceptives, less than one 180 Day Lot) for a Community Pharmaceutical referred to in Section F Part I, or in quantities less than a Monthly Lot for any other Community Pharmaceutical, **where any of a), b) or c) apply, as applicable, where**
- a) All of the following conditions are met:
- i) the Community Pharmaceutical is a ~~tri-cyclic antidepressant, antipsychotic, benzodiazepine, a Class B Controlled Drug, or any other Community Pharmaceutical that has been prescribed for a patient who~~
- 1A) is not a resident in a Penal Institution, Rest Home or Residential Disability Care Institution; and**
- 2B) either of the following:**
- i) in the opinion of the prescribing ~~Practitioner Doctor, Midwife or Nurse Prescriber~~ is:
- a. frail; or
- b. infirm; or
- c. unable to manage their medication without additional support; or
- d. intellectually impaired; **or**
- e. requires close monitoring due to recent initiation onto, or dose change for, the Community Pharmaceutical (applicable to the patient's first changed Prescription only); and**
- f. requires that Community Pharmaceutical to be dispensed in a smaller quantity than that for which it is currently funded, **or**
- ii) **the Community Pharmaceutical is any of the following:**
- a. **a tri-cyclic antidepressant; or**
- b. **an antipsychotic; or**
- c. **a benzodiazepine; or**
- d. **a Class B Controlled Drug; and**
- ii) the prescribing ~~Practitioner Doctor, Midwife or Nurse Prescriber~~ has:
- A) endorsed each Community Pharmaceutical on the Prescription clearly with the words “close control” or “CC”; and
- B) initialled the endorsement in ~~their the prescribers~~ own handwriting; and
- C) specified the maximum quantity or period of supply to be dispensed at any one time.
- b) **All of the following conditions are met:**
- i) **The Community Pharmaceutical is prescribed for a patient who is a resident in a Rest Home or Residential Disability Care Institution; and**
- A) the quantity or period of supply to be dispensed at any one time is not less than 28 days' supply; and**
- B) the prescriber or pharmacist has written the name of the Rest Home or Residential Disability Care Institution on the prescription; and**
- C) the prescriber or pharmacist has:**
- 1) written on the Prescription the words “close control” or “CC” (this applies to all medicines prescribed on the prescription), and
- 2) initialled the endorsement/annotation in their own handwriting; and
- 3) specified the maximum quantity or period of supply to be dispensed at any one time.
- c) **All of the following conditions are met:**
- i) **where PHARMAC has approved and notified pharmacists to annotate prescriptions for a specified Community Pharmaceutical(s) “Close Control” without prescriber endorsement for a specified time; and**
- ii) the dispensing pharmacist has:
- A) clearly annotated each of the approved Community Pharmaceuticals that appear on the prescription with the words “close control” or “CC”; and**
- B) initialled the annotation in their own handwriting; and**
- C) specified the maximum quantity or period of supply to be dispensed at any one time, as specified by PHARMAC at the time of notification.**

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to PSO

Effective 1 July 2008

GLYCERYL TRINITRATE
Tab 600 µg100

HYDROXOCOBALAMIN
Inj 1 mg per ml, 1 ml6

Effective 1 June 2008

CONDOMS
53 mm extra strength144
55 mm144

LEVONORGESTREL
Tab 1.5 mg5

Effective 1 May 2008

CONDOMS
53 mm (chocolate)144
55 mm (strawberry)144

Changes to Sole Subsidised Supply

Effective 1 July 2008

There are no new Sole Subsidised Supply products effective 1 July 2008.

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 2008

28	INSULIN ISOPHANE ▲ Inj animal (pork) 100 u per ml	25.26	10 ml OP	✓ Protaphane
31	GLUCOSE BLOOD DIAGNOSTIC TEST METER – Subsidy by endorsement a) Maximum of 1 meter per prescription b) A diagnostic blood glucose test meter is subsidised for patients who begin insulin or sulphonylurea therapy after 1 March 2005. Only one meter per patient. No further prescriptions will be subsidised. The prescription must be endorsed accordingly. Meter	19.00	1	✓ Accu-Chek Advantage
31	GLUCOSE DEHYDROGENASE The number of test strips available on a prescription is restricted to 50 unless: 1) Prescribed with insulin or a sulphonylurea but are on a different prescription and the prescription is endorsed accordingly; or 2) Prescribed on the same prescription as insulin or a sulphonylurea in which case the prescription is deemed to be endorsed; or 3) Prescribed for a pregnant woman with diabetes and endorsed accordingly. Blood/glucose test strips	22.00	50 test OP	✓ Accu-Chek Advantage
33	MUCILAGINOUS LAXATIVES WITH STIMULANTS * Dry	4.40 (12.00)	250 g OP	Granocol
67	METHOXSALEN – Retail pharmacy-Specialist Cap 10 mg	11.66	25	✓ OxSORalen
91	VALACICLOVIR Tab 500 mg	163.80	30	✓ Valtrex
95	NELFINAVIR – Special Authority see SA0779 – Hospital pharmacy [HP1] Tab 250 mg	600.00	270	✓ Viracept
	Powder 50 mg per g	55.44	144 g OP	✓ Viracept
105	MORPHINE SULPHATE a) Only on a controlled drug form b) No patient co-payment payable Suppos 10 mg.....	11.08	12	✓ Martindale S29
	Suppos 20 mg.....	20.31	12	✓ Martindale S29
117	TRIFLUOPERAZINE HYDROCHLORIDE ‡ Oral liq 1 mg per ml	74.80	1,000 ml	✓ Stelazine
147	BUDESONIDE WITH EFORMOTEROL – Special Authority see SA0838– Retail pharmacy Aerosol inhaler 100 µg with eformoterol fumarate 6 µg.....	55.00	120 dose OP	✓ Symbicort Rapihaler
	Aerosol inhaler 200 µg with eformoterol fumarate 6 µg.....	60.00	120 dose OP	✓ Symbicort Rapihaler
147	TERBUTALINE SULPHATE Inj 500 µg per ml, 1 ml	10.21	5	✓ Bricanyl

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Delisted Items - effective 1 June 2008

27	PANTOPRAZOLE			
	* Tab 20 mg	2.24 (22.00)	28	Somac
	* Tab 40 mg	3.36 (28.00)	28	Somac
62	ECONAZOLE NITRATE			
	Crn 1%.....	1.00 (1.30)	15 g OP	Ecreme
87	CLARITHROMYCIN – Maximum of 500 mg per prescription; can be waived by Special Authority see SA0657			
	Tab 250 mg	7.75	14	✓Clarac
87	ERYTHROMYCIN LACTOBIONATE			
	Inj 1 g	6.50	1	✓ERA
131	MITOZANTRONE – PCT only – Specialist			
	Inj 2 mg per ml, 10ml	330.00	1	✓Onkotrone

Effective 1 May 2008

47	WATER			
	1) On a prescription or Practitioner's Supply Order only when on the same form as an injection listed in the Pharmaceutical Schedule requiring a solvent or diluent; or			
	2) On a bulk supply order; or			
	3) When used in the extemporaneous compounding of eye drops.			
	Purified for inj 5 ml – Available on a PSO	9.31	50	✓AstraZeneca
	Purified for inj 10 ml – Available on a PSO	10.38	50	✓AstraZeneca
95	RITONAVIR – Special Authority see SA0779 – Hospital pharmacy [HP1]			
	Oral liq 80 mg per ml	277.28	240 ml OP	✓Norvir
	Note: The 90 ml OP of Norvir will continue to be listed fully subsidised.			
99	NAPROXEN SODIUM			
	* Tab 275 mg	5.00	100	✓Synflex
119	ALPRAZOLAM – Retail pharmacy-Specialist Month Restriction			
	Tab 250 µg	4.77 (8.11)	100	Xanax
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
	Tab 500 µg	8.60 (16.26)	100	Xanax
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
	Tab 1 mg	15.70 (32.51)	100	Xanax
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
152	SULPHACETAMIDE SODIUM			
	* Eye drops 10%	3.60	15 ml OP	✓Acetopt

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$

Per

Brand or
Generic Mnfr
✓ **fully subsidised**

Delisted Items - effective 1 May 2008 (continued)

161	ACETYL-CYSTEINE – Hospital pharmacy [HP1]-Specialist Inj 200 mg per ml, 10 ml	137.06 (242.50)	10	Parvolex
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▲ Three months supply may be dispensed at one time if endorsed “certified exemption” by the prescriber.

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Items to be Delisted

Effective 1 August 2008

52	PRAZOSIN HYDROCHLORIDE			
	* Tab 1 mg	2.99	100	✓ Hyprosin
	* Tab 2 mg	4.00	100	✓ Hyprosin
	* Tab 5 mg	6.50	100	✓ Hyprosin

Effective 1 September 2008

103	ASPIRIN			
	* Tab dispersible 300 mg – Up to 30 tab available on a PSO	21.50 (22.50)	1000	Ethics Aspirin

Effective 1 November 2008

58	VERAPAMIL HYDROCHLORIDE			
	* Tab 80 mg	6.00	100	✓ Verpamil
95	RITONAVIR – Special Authority see SA0779 on page 93 – Hospital pharmacy [HP1]			
	Cap 100 mg	242.55	168	✓ Norvir
	Note – the 84 pack size will continue to be listed fully subsidised			

Effective 1 December 2008

30	TOLBUTAMIDE			
	* Tab 500 mg	12.00	100	✓ Diatol
73	LEVONORGESTREL			
	* Tab 750 µg	8.50	2	✓ Postinor-2
	a) Maximum of 4 tab per prescription			
	b) Up to 10 tab available on a PSO			
78	CYPROTERONE ACETATE – Hospital pharmacy [HP3] – Specialist			
	Inj 100 mg per ml, 3 ml	196.82	3	✓ Androcur Depot
79	OESTRADIOL VALERATE			
	* Tab 1 mg	4.12	28	✓ Progynova
102	ORPHENADRINE CITRATE			
	Inj 30 mg per ml, 2 ml	9.60 (20.50)	3	Norflex
114	PROCHLORPERAZINE			
	* Suppos 5 mg	9.52 (18.13)	5	Stemetil
168	DIABETIC ENTERAL FEED 1KCAL/ML – Special Authority see SA0594 – Hospital Pharmacy [HP3]			
	Liquid	7.50	1,000 ml OP	✓ Glucerna RTH

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Items to be Delisted - effective 1 December 2008 (continued)

168	ORAL FEED 1KCAL / ML Liquid (vanilla).....	1.88	250 ml OP	✓ Glucerna
	Note : Glucerna RTH and Glucerna replaced by Glucerna Select RTH and Glucerna See New Listings			

Effective 1 January 2009

63	DIFLUCORTOLONE VALERATE Oint 0.1%	8.97 (15.23)	50 g OP	Nerisone
68	SALICYLIC ACID Powder – Only in combination	15.00 (55.63)	500 g	David Craig
99	TENOXCAM * Suppos 20 mg	5.30	10	✓ Tilcotil
173	ENTERAL FEED WITH FIBRE 1.5KCAL/ML – Special Authority see SA0702 – Hospital pharmacy [HP3] Liquid.....	3.50	500 ml OP	✓ Nutrison Energy Multi Fibre
177	GLUTEN FREE PASTA – Special Authority see SA0722– Hospital pharmacy [HP3] Garlic and Parsley Spirals	2.00 (2.63)	250 g OP	Orgran
179	AMINOACID FORMULA WITH MINERALS WITHOUT PHENYLALANINE – Special Authority see SA0733 – Hospital pharmacy [HP3] Powder	45.06	250 g OP	✓ Aminogran Mineral Mix

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

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

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

Effective 1 July 2008

ALLOPURINOL (expiry of HSS)

Tab 100 mg.....	Progout	11.45	500	1%	Dec-05	Allohexal Allorin Zyloprim
Tab 300 mg.....	Progout	21.20	500	1%	Dec-05	Allohexal Allorin Zyloprim

AMITRIPTYLINE (expiry of HSS)

Tab 10 mg.....	Amitrip	3.00	100	1%	Dec-05	(B)
Tab 25 mg.....	Amitrip	3.40	100	1%	Dec-05	(B)
Tab 50 mg.....	Amitrip	5.20	100	1%	Dec-05	(B)

AMOXYCILLIN (expiry of HSS)

Inj 250 mg.....	lbiamox	6.32	5	1%	July-06	(B)
Inj 500 mg.....	lbiamox	7.32	5	1%	July-06	(B)
Inj 1 g.....	lbiamox	11.00	5	1%	July-06	(B)

AQUEOUS (expiry of HSS)

Cream	Multichem	1.86	100 g	1%	Nov-05	Orion
Cream	Multichem	2.37	500 g	1%	Nov-05	AFT

BEZAFIBRATE (expiry of HSS)

Tab 200 mg.....	Fibalip	8.80	90	1%	Dec-05	(B)
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BLEOMYCIN SULPHATE (expiry of HSS)

Inj 15,000 iu.....	Blenoxane	680.00	10	1%	Sept-05	Mayne
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BRIMONIDINE TARTARATE (new listing)

Eye drops 0.2%	AFT	7.93	5 ml	1%	Sept-08	Alphagan
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BUPIVACAINE HYDROCHLORIDE WITH FENTANYL (expiry of HSS)

Inj 0.125% with 2µg fentanyl per ml, 15 ml prefilled syringe.....	Biomed	5.95	1	1%	Sept-05	(B)
Inj 0.125% with 2µg fentanyl per ml, 20 ml prefilled syringe.....	Biomed	7.45	1	1%	Sept-05	(B)
Inf 0.125% with 2µg fentanyl per ml, 100 ml bag	Bupafen	17.50	1	1%	Sept-05	Marecain
Inf 0.125% with 2µg fentanyl per ml, 200 ml bag	Bupafen	18.50	1	1%	Sept-05	Marecain

CALCIUM (new listing)

Tab eff 1 g.....	Calsource	6.54	30	1%	Sept-08	Calci-Tab Effervescent
	Calcium Sandoz	6.54	30			

Note – Calcium Sandoz tab eff 1 g to be delisted 1 September 2008.

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 - effective 1 July 2008 (continued)

CALCIUM FOLINATE (↓ price and addition of HSS)

Inj 50 mg.....	Calcium Folate Ebewe	24.50	5	1%	Sept-08	Leucovorin Calcium Hospira
Inj 100 mg.....	Calcium Folate Ebewe	9.75	1	1%	Sept-08	(B)
Inj 300 mg	Calcium Folate Ebewe	30.00	1	1%	Sept-08	Leucovorin Calcium Hospira
Inj 1 g	Calcium Folate Ebewe	100.00	1	1%	Sept-08	(B)

CEFAZOLIN SODIUM (expiry of HSS)

Inj 50mg.....	m-Cefazolin	13.60	10	1%	Sept-06	Biochemie Novartis
Inj 1 g.....	m-Cefazolin	18.60	10	1%	Sept-06	(B)

CEFEPIME HYDROCHLORIDE (expiry of HSS)

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

CEFOTAXIME SODIUM (expiry of HSS)

Inj 500 mg vial.....	AFT	3.25	1	1%	Oct-05	Aventis Mayne
Inj 1 g vial	AFT	3.94	1	1%	Oct-05	Aventis Mayne Novartis

CEFTAZIDIME (↓ price and addition of HSS)

Inj 500 mg.....	Fortum	2.84	1	1%	Sept-08	Novartis
Inj 1 g.....	Fortum	5.63	1	1%	Sept-08	Novartis Hospira
Inj 2 g.....	Fortum	11.25	1	1%	Sept-08	Novartis Ceftazidime 2GM Hospira

Note – Hospira (Mayne) brand of ceftazidime inj 2 g to be delisted from 1 September 2008.

CEFTRIAXONE SODIUM (expiry of HSS)

Inj 500 mg.....	AFT	3.99	1	1%	Oct-06	Rocephin
Inj 1 g.....	AFT	5.40	1	1%	Oct-06	Rocephin
Inj 2 g.....	AFT	10.50	1	1%	Oct-06	Rocephin

CETIRIZINE HYDROCHLORIDE (expiry of HSS)

Oral liq 1 mg per ml.....	Allerid C	2.75	100 ml	1%	Apr-06	(B)
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CIPROFLOXACIN (expiry of HSS)

Tab 250 mg.....	Cipfloxx	5.10	28	1%	Sept-05	Ciproxin
Tab 500 mg.....	Cipfloxx	8.31	28	1%	Sept-05	Ciproxin
Tab 750 mg.....	Cipfloxx	19.30	28	1%	Sept-05	Ciproxin

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 - effective 1 July 2008 (continued)

CLINDAMYCIN (expiry of HSS)

Inj phosphate 150 mg per ml, 4 mlDalacin C 19.45 1 1% ~~Sept-05~~ (B)

CLONIDINE (expiry of HSS)

Inj 150 µg per ml, 1 mlCatapres 14.00 5 1% ~~Dec-05~~ (B)
 Tab 150 µgCatapres 30.33 100 1% ~~Dec-05~~ (B)
 TDDS 2.5 mg, 100 µg per dayCatapres-TTS-1 21.29 4 1% ~~Dec-05~~ (B)
 TDDS 5 mg, 200 µg per dayCatapres-TTS-2 30.79 4 1% ~~Dec-05~~ (B)
 TDDS 7.5 mg, 300 µg per dayCatapres-TTS-3 39.10 4 1% ~~Dec-05~~ (B)

CLOTRIMAZOLE (new listing)

Crm1%**Clomazol** 0.50 20 g 1% Sept-08 Canesten
 Clocreme
 Clotrimaderm 1%
 Fungizid

CYCLIZINE LACTATE (expiry of HSS)

Inj 50 mg per ml, 1 mlValoid (AFT) 14.95 5 1% ~~Dec-05~~ (B)

CYCLOSPORIN (expiry of HSS)

Inf 50 mg per ml, 5 mlSandimmun 276.30 10 1% ~~Oct-06~~ (B)

DESMOPRESSIN (new listing)

Nasal spray 10 µg per dose**Desmopressin PH&T** 29.94 6 ml 1% Sept-08 Minirin

DESMOPRESSIN (expiry of HSS)

Tab 100 µgMinirin 36.40 30 1% ~~Sept-05~~ (B)

DICLOFENAC SODIUM (addition of HSS)

Eye drops 1 mg per ml**Voltaren Optha** 13.80 5 ml 1% Sept-08 (B)
 Inj 25 mg per ml, 3 ml (new listing) **Voltaren** 12.00 5 1% Sept-08 (B)
 Suppos 12.5 mg**Voltaren** 1.85 10 1% Sept-08 (B)
 Suppos 25 mg**Voltaren** 2.22 10 1% Sept-08 (B)
 Suppos 50 mg**Voltaren** 3.84 10 1% Sept-08 (B)
 Suppos 100 mg**Voltaren** 6.36 10 1% Sept-08 (B)

DIPYRIDAMOLE (expiry of HSS)

Tab long-acting 150 mgPytazen SR 11.52 60 1% ~~Oct-05~~ Persantin

EMULSIFYING OINTMENT (new listing)

Ointment BP**AFT** 3.69 500 g 1% Sept-08 IPW
 Sigma

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 - effective 1 July 2008 (continued)

FLUCLOXACILLIN SODIUM (expiry of HSS)						
Inj 250 mg.....	Flucloxin	4.50	5	1%	Oct-05	Flexapen Mayne
Inj 500 mg.....	Flucloxin	5.30	5	1%	Oct-05	Flexapen Mayne
Inj 1 g	Flucoxin	7.24	5	1%	Oct-05	Flexapen Mayne
FLUCONAZOLE (new listing)						
Cap 50 mg	Pacific	6.82	28	1%	Sept-08	Flucoran m-Fluconazole Diflucan Rex
Cap 150 mg	Pacific	1.30	1	1%	Sept-08	Canesten Fluconazole Flucoran Diflucan One m-Fluconazole Diflucan Rex
Cap 200 mg	Pacific	19.05	28	1%	Sept-08	Flucoran m-Fluconazole Diflucan Rex
FLUDARABINE (expiry of HSS)						
Tab 10 mg.....	Fludara	637.50	15	1%	Sept-05	(B)
FLUDARABINE PHOSPHATE (expiry of HSS)						
Inj 50 mg.....	Fludara	1,496.25	5	1%	Sept-05	(B)
FLUPHENAZINE DECANOATE (expiry of HSS)						
Inj 12.5 mg per 0.5 ml, 0.5 ml	Modecate	17.60	5	1%	Oct-05	(B)
Inj 25 mg per ml, 1 ml	Modecate	27.90	5	1%	Oct-05	(B)
Inj 100 mg per ml, 1 ml	Modecate	154.50	5	1%	Oct-05	(B)
GELATIN PLASMA REPLACER (expiry of HSS)						
Inf 3.5 %, 500 ml bag	Haemacel	9.75	1	1%	Oct-05	(B)
Inf 4%, per 500 ml nag	Gelofusine	108.00	10	1%	Nov-05	(B)
GLICLAZIDE (new listing)						
Tab 80 mg.....	Apo-Gliclazide	22.24	500	1%	Sept-08	Glizon
GLIPIZIDE (new listing)						
Tab 5 mg.....	Minidiab	3.50	100	1%	Sept-08	(B)
GLYCERYL TRINITRATE (addition of HSS)						
Tab 600 µg (new listing)	Lycinate	8.00	100	1%	Sept-08	(B)
Aerosol spray 400 µg per dose.....	Nitrolingual Pumpspray	5.16	250 dose	1%	Sept-08	(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 - effective 1 July 2008 (continued)

HALOPERIDOL (expiry of HSS)

Tab 500 µg	Serenace	4.93	100	1%	Oct-05	(B)
Tab 1.5 mg.....	Serenace	7.45	100	1%	Oct-05	(B)
Tab 5 mg.....	Serenace	23.49	100	1%	Oct-05	(B)
Oral liq 2 mg per ml.....	Serenace	18.06	100 ml	1%	Oct-05	(B)

HALOPERIDOL DECANOATE (expiry of HSS)

Inj 50 mg per ml, 1 ml	Haldol	28.39	5	1%	Nov-05	(B)
Inj 100 mg per ml, 1 ml	Haldol	55.90	5	1%	Nov-05	(B)

Concentrate

HYDROCORTISONE (new listing)

Crm 1%.....	PSM	12.20	500 g	1%	Sept-08	(B)
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HYDROCORTISONE (expiry of HSS)

Crm 1%	AFT	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 Skinacalm 15-g
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HYDROCORTISONE BUTYRATE (expiry of HSS)

Crm 0.1 %	Locoid Cream	5.00	30 g	1%	Sept-05	(B)
Lipocream 0.1 %	Locoid Lipocream	5.00	30 g	1%	Sept-05	(B)
Lipocream 0.1 % (new listing)	Locoid Lipocream	15.00	100 g			
Oint 0.1 %	Locoid Ointment	15.00	100 g	1%	Sept-05	(B)
Scalp lotn 1%	Locoid Lotion	17.90	250 ml	1%	Sept-05	(B)

Note: Hydrocortisone butyrate scalp lotn (Locoid Lotion) delisted from 1 July 2008

HYOSCINE N-BUTYLBROMIDE (expiry of HSS)

Inj 20 mg, 1 ml.....	Buscopan	7.15	5	1%	Dec-05	(B)
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IRON POLYMALTOSE (new listing)

Inj 50 mg per ml, 2 ml	Ferрум H	20.95	5	1%	Sept-08	Ferrosig
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Note: Ferrosig brand of iron polymaltose inj 50 mg per ml, 2 ml to be delisted from 1 September 2008.

METHOTREXATE (expiry of HSS)

Inj 100 mg per ml, 5 ml	Methotrexate Ebewe	18.00	1	1%	Jun-06	(B)
Inj 100 mg per ml, 10 ml	Methotrexate Ebewe	33.00	1	1%	Jun-06	Mayne Pfizer
Inj 100 mg per ml, 50 ml	Methotrexate Ebewe	150.00	1	1%	Jun-06	Mayne Pfizer

MEROPENEM (new listing)

Inj 500 mg.....	Merrem	255.00	10	1%	Sept-08	(B)
Inj 1 g.....	Merrem	505.00	10	1%	Sept-08	(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 - effective 1 July 2008 (continued)

METHYLPREDNISOLONE ACETATE (continuation of HSS) Inj 40 mg per ml, 1 ml	Depo-Medrol	6.03	1	1%	Sept-08	(B)
METHYLPREDNISOLONE ACETATE WITH LIGNOCAINE (continuation of HSS) Inj 40 mg per ml with lignocaine 10 mg per ml, 1 ml.....	Depo-Medrol with Lidocaine	6.03	1	1%	Sept-08	(B)
METHYLPREDNISOLONE SODIUM SUCCINATE (expiry of HSS) Inj 500 mg.....	Solu-Medrol	16.45	1	1%	Sept-05	Baxter Mayne Pharmacia
Inj 1 g.....	Solu-Medrol	42.57	1	1%	Sept-05	Baxter Mayne Pharmacia
METOCLOPRAMIDE HYDROCHLORIDE (New listing) Inj 5 mg per ml, 2 ml	Pfizer	4.50	10	1%	Sept-08	Metoclopramide Astra Maxolon
METRONIDAZOLE (↓ price and continuation of HSS) Inj 500 mg, 100 ml.....	AFT	12.30	5	1%	Sept-08	Baxter Pfizer
MICONAZOLE NITRATE (new listing) Crn 2 %.....	Multichem	0.42	15 g	1%	Sept-08	AFT Daktarin Fungo Micreme Tinasolve Resolved
MORPHINE SULPHATE (expiry of HSS) Inj 10 mg per 10 ml prefilled syringe.....	Biomed	3.55	1	1%	Sept-05	Baxter
Inj 30 mg per 30 ml prefilled syringe.....	Biomed	7.50	1	1%	Sept-05	Baxter
Inj 50 mg per 50 ml prefilled syringe.....	Biomed	5.95	1	1%	Sept-05	Baxter
Inj 60 mg per 30 ml prefilled syringe.....	Biomed	8.75	1	1%	Sept-05	Baxter
Inj 10 mg per ml, 1 ml	Mayne	4.75	5	1%	Oct-05	(B)
Inj 30 mg per ml, 1 ml	Mayne	5.16	5	1%	Oct-05	(B)
MORPHINE TARTRATE (expiry of HSS) Inj 80 mg per ml, 1.5 ml	Mayne	20.20	5	1%	Oct-05	(B)
NORADRENALINE ACID TARTRATE (expiry of HSS) Inj 1:1,000 per 2 ml.....	Levophed	42.00	6	1%	Oct-05	(B)
NORETHISTERONE (new listing) Tab 5 mg.....	Primolut N	25.00	100	1%	Sept-08	(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 - effective 1 July 2008 (continued)

NORFLOXACIN (new listing)						
Tab 400 mg.....	Arrow-Norfloxacin	22.50	100			
NYSTATIN (expiry of HSS)						
Oral liq 100,000 u per ml.....	Nilstat	3.03	24 ml	1%	Sept-05	Mycostatin
OMEPERAZOLE (new listing)						
Cap 10 mg.....	Dr Reddy's Omeperazole	2.14	30			
Cap 20 mg.....	Dr Reddy's Omeperazole	3.05	30			
Cap 40 mg.....	Dr Reddy's Omeperazole	3.59	30			
PACLITAXEL (expiry of HSS)						
Inj 30 mg.....	Taxol	90.00	1	1%	Sept-05	Anzatax Paclitaxel Ebewe
Inj 100 mg.....	Taxol	299.70	1	1%	Sept-05	Anzatax Paclitaxel Ebewe
Inj 150 mg.....	Paclitaxel Ebewe	461.70	1	1%	Mar-06	Anzatax Taxol
Inj 300 mg.....	Paclitaxel Ebewe	895.85	1	1%	Mar-06	Taxol
PAMIDRONATE DISODIUM (↓ price and continuation of HSS)						
Inj 3 mg per ml, 5 ml.....	Pamisol	18.75	1	1%	Sept-08	(B)
Inj 3 mg per ml, 10 ml.....	Pamisol	37.50	1	1%	Sept-08	AFT-Pamidronate
Inj 6 mg per ml, 10 ml.....	Pamisol	75.00	1	1%	Sept-08	AFT-Pamidronate
Inj 9 mg per ml, 10 ml.....	Pamisol	112.50	1	1%	Sept-08	AFT-Pamidronate
PARACETAMOL (new listing)						
Oral liquid 120 mg per 5 ml.....	Paracare Junior	6.80	1000 ml	20%	Sept-08	Amcal Junior Parapaed Pamol Panadol Colourfree
Oral liquid 250 mg per 5 ml.....	Paracare Double Strength	7.00	1000 ml	20%	Sept-08	Amcal Six Plus Parapaed Pamol PSM
Note:Six Plus Parapaed brand of paracetamol oral liquid 250 mg per 5 ml and Junior Parapaed brand of paracetamol oral liquid 120 mg per 5 ml to be delisted from 1 September 2008.						
PARACETAMOL (expiry of HSS)						
Suppos 125 mg.....	Panadol	6.51	20	1%	Dec-05	(B)
Suppos 250 mg.....	Panadol	12.52	20	1%	Dec-05	(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 - effective 1 July 2008 (continued)

PENTASTARCH (change of brand name, ↓ price and continuation of HSS)

Inf 10% per 500 ml bag~~StarQuin~~

StarQuin 10% 216.00 16 1% Sept-08 Pentaspan

Note: StarQuin (pentastarch inf 10% per 500 ml bag) 1 pack will be delisted from 1 September 2008.

PERGOLIDE (new listing)

Tab 0.25 mg.....**Permax** 48.00 100 1% Sept-08 (B)

Tab 1 mg.....**Permax** 170.00 100 1% Sept-08 (B)

PHENTOALAMINE MESYLATE (expiry of HSS)

Inf 10 mg per ml, 1 mlRegitine 27.50 5 ~~1% Nov-05~~ (B)

PHYTOMENADIONE (expiry of HSS)

Inf 2 mg per 0.2 mlKonakion MM 8.00 5 ~~1% Oct-05~~ Mayne

Inf 10 mg per ml, 1 mlKonakion MM 9.21 5 ~~1% Oct-05~~ Aredia

PROCAINE PENICILLIN (expiry of HSS)

Inf 1.5 mega uCilicaine 47.60 5 ~~1% Sept-05~~ (B)

QUINAPRIL (expiry of HSS)

Tab 5 mg.....Accupril 2.36 30 ~~1% Aug-05~~ (B)

Tab 10 mg.....Accupril 3.26 30 ~~1% Aug-05~~ (B)

Tab 20 mg.....Accupril 4.30 30 ~~1% Aug-05~~ (B)

RANITIDINE HYDROCHLORIDE (expiry of HSS)

Tab 150 mgArrow 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

Inf 250 IUKogenate FS 250.00 1
(t price)

ReFacto 225.00 1

(t price)

Advate 237.50 1

(new listing)

~~Recombinate 245.00 1~~

Inf 500 IUKogenate FS 500.00 1
(t price)

ReFacto 450.00 1

(t price)

Advate 475.00 1

(new listing)

~~Recombinate 490.00 1~~

Inf 1,000 IUKogenate FS 1,000.00 1
(t price)

continued...

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

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

Contracted Pharmaceutical Description	Brand	Price (\$) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceutical
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Section H changes - effective 1 July 2008 (continued)

continued...

	ReFacto	900.00	1			
	(↑ price)					
	Advate	950.00	1			
	(new listing)					
	Recombinate	980.00	1			
Inj 1,500 IU (new listing)	Advate	1,425.00	1			
Inj 2,000 IU	Kogenate FS	2,000.00	1			
	(new listing)					
	ReFacto	1,800.00	1			
	(↑ price)					

(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.

SALBUTAMOL WITH IPRATROPIUM BROMIDE (new listing)

Aerosol inhaler, 100 µg with ipratropium bromide, 20 µg per dose	Combivent	13.50	200 dose			
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SODIUM BICARBONATE

Powder BP (expiry of HSS)	Biomed	11.99	500 g	1%	Oct-05	Midwest David-Craig
Powder BP (new listing)	ABM	9.80	500 g			

STREPTOKINASE (expiry of HSS)

Inj 250,000 IU	Streptase	107.00	1	1%	Sept-05	(B)
Inj 1,500,000 IU	Streptase	171.00	1	1%	Sept-05	(B)

TERBINAFINE (new listing)

Tab 250 mg	Apo-Terbinafine	25.50	100	1%	Sept-08	Arrow Lamisil Terbinafin Terbinafine-DP
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TESTOSTERONE CYPIONATE (new listing and addition of HSS)

Inj long-acting 100 mg per ml, 10 ml	Depo-Testosterone	61.41	1	1%	Sept-08	(B)
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TETRACOSACTRIN (continuation of HSS)

Inj 250 µg	Synacthen	177.18	10	1%	Sept-08	(B)
Inj 1 mg per ml, 1 ml	Synacthen Depot	26.88	1	1%	Sept-08	(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 - effective 1 July 2008 (continued)

TRAMADOL HYDROCHLORIDE (expiry of HSS)

Cap 50 mg	Tramal	2.80	20	1%	Oct-05	(B)
Tab sustained release 100 mg	Tramal Retard	5.60	20	1%	Oct-05	Zytram
Tab sustained release 150 mg	Tramal Retard	8.40	20	1%	Oct-05	Zytram
Tab sustained release 200 mg	Tramal Retard	11.20	20	1%	Oct-05	Zytram
Inj 50 mg per ml, 1 ml	Tramal 50	4.50	5	1%	Oct-05	(B)
Inj 50 mg per ml, 2 ml	Tramal 100	4.50	5	1%	Oct-05	(B)

TRIAMCINOLONE ACETONIDE (new listing)

0.1% in dental paste USP	Oracort	4.38	5 g	1%	Sept-08	Kenalog in Orabase
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URSODEOXYCHOLIC ACID (↓ price and continuation of HSS)

Cap 300 mg	Actigall	179.00	100	1%	Sept-08	(B)
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VANCOMYCIN HYDROCHLORIDE (expiry of HSS)

Inj 50 mg per ml, 10 ml	Pacific	4.70	1	1%	Apr-06	Abbott Mayne Vancocin
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Effective 1 June 2008

CEFUROXIME SODIUM (↓ price and addition of HSS)

Inj 750 mg	Zinacef	10.71	5	1%	Aug-08	Axetine Pacific Mayne Zilisten
Inj 1.5 g	Zinacef	4.04	1	1%	Aug-08	Axetine Pacific Mayne Zilisten

DEXTROSE

Inj 50%, 10 ml	Biomed	22.75	5	1%	July-08	Mayne Mini-Jet
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HYDROXOCOBALAMIN

Inj 1mg per ml, 1 ml	ABM	9.21	3			
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LAMOTRIGINE

Tab dispersible 25 mg	Logem	19.38	56			
Tab dispersible 50 mg	Logem	32.97	56			
Tab dispersible 100 mg	Logem	56.91	56			

MORPHINE SULPHATE (↓ price and addition of HSS)

Inj 10 mg per ml, 1 ml	Mayne	4.50	5	1%	Aug-08	(B)
Inj 30 mg per ml, 1 ml	Mayne	4.98	5	1%	Aug-08	(B)

RIZATRIPTAN BENZOATE

Wafer 10 mg	Maxalt Melt	25.32	3			
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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 - effective 1 May 2008

DEXTROSE (↓ price and addition of HSS)

Inj 50%, 10 ml.....	Biomed	22.75	5	1%	July-08	Mayne Mini-Jet
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GLYCERYL TRINITRATE (↓ price and addition of HSS)

TDDS 5 mg	Nitroderm TTS	16.56		1%	July-08	Minitran Nitrocor Nitro-Dur
TDDS 10 mg	Nitroderm TTS	19.60		1%	July-08	Minitran Nitrocor Nitro-Dur

INSULIN PEN NEEDLES

29 g x 12.7 mm.....	ABM	11.75	100			
31 g x 6 mm.....	ABM	11.75	100			
31 g x 8 mm.....	ABM	11.75	100			

INSULIN SYRINGES, DISPOSABLE WITH ATTACHED NEEDLE

Syringe 0.3 ml with 29 g x 12.7 mm needle	ABM	14.45	100			
Syringe 0.3 ml with 31 g x 8 mm needle	ABM	14.45	100			
Syringe 0.5 ml with 29 g x 12.7 mm needle	ABM	14.45	100			
Syringe 0.5 ml with 31 g x 8 mm needle	ABM	14.45	100			
Syringe 1 ml with 29 g x 12.7 mm needle	ABM	14.45	100			
Syringe 1 ml with 31 g x 8 mm needle	ABM	14.45	100			

LEFLUNOMIDE (↓ price)

Tab 10 mg.....	AFT-Leflunomide	55.00	30			
Tab 20 mg.....	AFT-Leflunomide	76.00	30			

OMEPRAZOLE (↓ price)

Cap 10 mg	Dr Reddy's Omeprazole	2.00	28			
Cap 20 mg	Dr Reddy's Omeprazole	2.85	28			
Cap 40 mg	Dr Reddy's Omeprazole	3.35	28			

RITONAVIR

Cap 100 mg	Norvir	121.27	84			
Cap 100 mg	Norvir	242.55	168			

Note – 168 pack size of Norvir to be delisted from 1 May 2008

VENLAFAXINE

Cap 37.5 mg	Efexor XR	18.64	28			
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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 - effective 1 May 2008 (continued)

VERAPAMIL HYDROCHLORIDE

Tab 80 mg	Verpamil	6.00	100
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Verpamil tab 80 mg to be delisted from 1 May 2008

Effective 1 April 2008

There are no changes to Section H for 1 April 2008.

Section H changes to Part IV

Effective 1 July 2008

THALIDOMIDE

Tab (s25) 100 mg	Penn
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Indefinite supply

Tab (s29) 100 mg	Grüenthal
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Bachet's Disease

Index

Pharmaceuticals and brands

A

ABM Hydroxocobalamin.....	15
Acetic acid with 1, 2- propanediol diacetate and benzethonium.....	28
Advate.....	45, 46
Accu-Chek Advantage.....	33
Accupril.....	45
Acetopt.....	34
Acetylcysteine.....	35
Actigall.....	18, 25, 47
AFT-Leflunomide.....	30, 48
AFT-Pyrazinamide.....	24
Alfacalcidol.....	19
Allerid C.....	39
Allopurinol.....	38
Alpha tocopheryl acetate.....	19
Alprazolam.....	34
Aminoacid formula with minerals without phenylalanine.....	28, 37
Aminoacid formula without methionine.....	27
Aminoacid formula without valine, leucine and isoleucine.....	27
Aminogran Mineral Mix.....	37
Amitrip.....	38
Amitriptyline.....	38
Amoxycillin.....	38
Androcur Depot.....	36
Apo-Gliclazide.....	25, 41
Apo-Terbinafine.....	26, 46
Aquasun 30+.....	26
Aquasun Oil Free Faces SPF 30+.....	26, 29
Aquasun Sensitive SPF 30+.....	26
Aqueous.....	38
Arrow-Norfloxacin.....	26, 44
Arrow Ranitidine.....	45
Aspirin.....	28, 36

B

Benzydamine hydrochloride.....	19
Betamethasone valerate.....	25
Beta Cream.....	25
Beta Ointment.....	25
Bezafibrate.....	38
Blenoxane.....	38
Bleomycin sulphate.....	38
Bricanyl.....	33
Brimonidine tartarate.....	27, 38
Budesonide.....	18
Budesonide with eformoterol.....	15, 33
Bupafen.....	38
Bupivacaine hydrochloride with fentanyl.....	38
Buscopan.....	42

C

Calcium.....	15, 38
Calcium Sandoz.....	15, 38
Calcitriol.....	19
Calcitriol-AFT.....	19
Calcium folinate.....	27, 39
Calcium Folate Ebewe.....	27, 39
Calcium polystyrene sulphonate.....	19
Calcium Resonium.....	19
Calsource.....	15, 38
Carbohydrate.....	23
Carbohydrate and fat supplement.....	28
Catapres.....	40
Catapres-TTS-1.....	40
Catapres-TTS-2.....	40
Catapres-TTS-3.....	40
Cefazolin sodium.....	39
Cefepime hydrochloride.....	39
Cefotaxime sodium.....	39
Ceftazidime.....	39
Ceftriaxone sodium.....	39
Cefuroxime axetil.....	26
Cefuroxime sodium.....	28, 47
Cetirizine hydrochloride.....	39
Cilicaine.....	45
Cipflox.....	39
Ciprofloxacin.....	39
Clarac.....	34
Clarithromycin.....	34
Clindamycin.....	40
Clomazol.....	25, 40
Clonidine.....	40
Clotrimazole.....	25, 40
Colofac.....	18
Combantrin.....	37
Combivent.....	27, 46
Condoms.....	16, 17, 26, 32
Cozaar.....	16, 28
Cyclizine lactate.....	40
Cyclosporin.....	40
Cyproterone acetate.....	36
Cytotec.....	18

D

Dalacin C.....	40
Depo-Medrol.....	43
Depo-Medrol with Lidocaine.....	43
Depo-Testosterone.....	46
Desmopressin.....	26, 40
Desmopressin PH&T.....	26, 40
Dextrose.....	29, 47, 48
Diabetic enteral feed 1kcal/ml.....	16, 36
Diatol.....	36

Index

Pharmaceuticals and brands

Diclofenac sodium	40	Glyceryl trinitrate	15, 29, 32, 41, 48
Difflam	19	Gold Knight	16, 17
Difflocortolone valerate	37	Granocol	33
Dipentum	18	H	
Dipyridamole	40	Haemacel	41
Dr Reddy's Omeprazole	15, 29, 44, 48	Haldol	42
Duocal Super Soluble Powder	28	Haldol Concentrate	42
Durex Confidence	26	Haloperidol	42
E		Haloperidol decanoate	42
Elemental O28 Extra	29	Hamilton Sunscreen	26
Emulsifying ointment	25, 40	Heparinised saline	15
Econazole nitrate	34	Hydrocortisone	25, 42
Ecreme	34	Hydrocortisone butyrate	42
Efexor XR	17, 48	Hydroxocobalamin	15, 32, 47
Enteral feed with fibre 1.5kcal/ml	37	Hyoscine n-butylbromide	42
Enteral/oral feed 1kcal/ml	29	Hyprosin	36
Entocort CIR	18	Hyzaar	28
ERA	34	I	
Erythromycin lactobionate	34	Insulin syringes, disposable with	
Estroferm	30	attached needle	17, 48
Ethics Aspirin	28, 36	Ibiamox	38
F		Insulin isophane	33
Fat modified feed	29	Insulin pen needles	16, 48
Fat supplement	28	Iron polymaltose	15, 42
Ferrum H	15, 42	K	
Fibalip	38	Kindergen	29
Flucloxacillin sodium	41	Kogenate FS	45, 46
Flucloxin	41	Konakion MM	45
Fluconazole	26, 41	L	
Flucoxin	41	Lamotrigine	16, 47
Fludara	41	Leflunomide	30, 48
Fludarabine	41	Levonorgestrel	16, 19, 32, 36
Fludarabine phosphate	41	Levophed	43
Fluphenazine decanoate	41	Lifestyles Flared	26
Fortisip Powder	16	Liquigen	28
Fortum	39	Locasol	29
G		Locoid Cream	42
Gabapentin	21	Locoid Lipocream	42
Gelatin plasma replacer	41	Locoid Lotion	42
Gelofusine	41	Locoid Ointment	42
Generaid Plus	29	Logem	16, 47
Gliclazide	25, 41	Losartan	16, 20, 28
Glipizide	41	Losartan with hydrochlorothiazide	20, 28
Glucerna	37	Low calcium infant formula	29
Glucerna RTH	36	Lycinate	15, 41
Glucerna Select	16	M	
Glucerna Select RTH	16	Marquis Protecta	26
Glucose blood diagnostic test meter	33	Marquis Supalite	26
Glucose dehydrogenase	33	Maxalt Melt	16, 47
Gluten free pasta	15, 37	Maxipime	39
Glycerol	27	m-Cefazolin	39

Index

Pharmaceuticals and brands

MCT oil (Nutricia).....	28	Omeprazole.....	15, 25, 29, 44, 48
Mebeverine hydrochloride.....	18	Omezol.....	25
Meropenem.....	42	One-Alpha.....	19
Merrem.....	42	Onkotrone.....	34
Metabolic Mineral Mixture.....	28	Oracort.....	25, 47
Methotrexate.....	42	Oral elemental feed 0.8kcal/ml.....	29
Methotrexate Ebewe.....	42	Oral feed 1kcal / ml.....	16, 37
Methoxsalen.....	33	Oral supplement 1kcal/ml.....	16
Methylcellulose.....	27	Orgran.....	15, 37
Methyl hydroxybenzoate.....	27	Orphenadrine citrate.....	36
Methylprednisolone acetate.....	43	Oxsoralen.....	33
Methylprednisolone acetate with lignocaine.....	43	P	
Methylprednisolone sodium succinate.....	43	Paclitaxel.....	44
Metoclopramide hydrochloride.....	27, 43	Paclitaxel Ebewe.....	44
Metronidazole.....	43	Paediatric Seravite.....	29
Micelle E.....	19	Pamidronate disodium.....	26, 44
Miconazole nitrate.....	25, 43	Pamisol.....	26, 44
Minidiab.....	41	Panadol.....	44
Minirin.....	40	Pantoprazole.....	34
Misoprostol.....	18	Paracare Double Strength.....	15, 44
Mitozantrone.....	34	Paracare Junior.....	15, 44
Modecate.....	41	Paracetamol.....	15, 44
Monogen.....	29	Paraffin.....	28
Morphine sulphate.....	28, 33, 43, 47	Parvalex.....	35
Morphine tartrate.....	43	Pentastarch.....	45
MSUD Maxamaid.....	27	Pentostatin (deoxycoformycin).....	27
MSUD Maxamum.....	27	Peptisooth.....	18
Mucilaginous laxatives with stimulants.....	33	Pergolide.....	27, 45
Multivitamins.....	29	Permax.....	27, 45
N		Phentoalamine mesylate.....	45
Nalcrom.....	18	Phytomenadione.....	45
Naproxen sodium.....	34	Postinor-1.....	16, 19
Nelfinavir.....	33	Postinor-2.....	36
Nerisone.....	37	Povidone iodine.....	29
Nilstat.....	44	Prazosin hydrochloride.....	36
Nipent.....	27	Primolut N.....	43
Nitroderm TTS.....	29, 48	Procaine penicillin.....	45
Nitrolingual Pumpspray.....	41	Prochlorperazine.....	36
Noradrenaline acid tartrate.....	43	Progout.....	38
Norethisterone.....	43	Progynova.....	16, 36
Norflex.....	36	Protaphane.....	33
Norflaxacin.....	26, 44	Pyrantel embonate.....	37
Norpress.....	15	Pyrazinamide.....	24
Nortriptyline hydrochloride.....	15	Pytazen SR.....	40
Norvir.....	17, 34, 36, 48	Q	
Nutrison Energy Multi Fibre.....	37	Quinapril.....	45
Nystatin.....	44	R	
O		Ranitidine hydrochloride.....	18, 45
Oestradiol.....	30	Recombinant.....	45, 46
Oestradiol valerate.....	16, 36	Recombinant factor viii.....	45
Olsalazine.....	18	ReFacto.....	45, 46

Index

Pharmaceuticals and brands

Regitine	45	Thalidomide	49
Resonium-A.....	19	Tiicotil.....	37
Respigen	16	Tolbutamide.....	36
Ritonavir	17, 34, 36, 48	Topiramate.....	22
Rizatriptan benzoate.....	16, 47	Tramadol hydrochloride.....	47
Rocaltrol solution.....	19	Tramal.....	47
S		Tramal 50.....	47
Salamol	28	Tramal 100.....	47
Salbutamol.....	16, 28	Tramal Retard.....	47
Salbutamol with ipratropium bromide.....	27, 46	Triamcinolone acetonide.....	25, 47
Salicylic acid.....	25, 37	Trifluoperazine hydrochloride.....	33
Sandimmun	40	U	
Serenace	42	Ursodeoxycholic acid.....	18, 25, 47
Sodium bicarbonate.....	27, 46	V	
Sodium cromoglycate.....	18	Valaciclovir.....	17, 33
Sodium polystyrene sulphonate.....	19	Valoid (AFT).....	40
Solu-Medrol.....	43	Valtrex.....	17, 33
Somac.....	34	Vancomycin hydrochloride.....	47
StarQuin.....	45	Vannair.....	15
StarQuin 10%.....	45	Venlafaxine.....	17, 48
Stelazine.....	33	Ventolin.....	28
Stemetil.....	36	Verapamil hydrochloride.....	36, 49
Streptase.....	46	Verpamil.....	36, 49
Streptokinase.....	46	Vigabatrin.....	22
Sulphacetamide sodium.....	34	Viracept.....	33
Sulphur.....	25	Voltaren.....	40
Sunscreens, proprietary.....	26, 29	Voltaren Optha.....	40
Symbicort Rapihaler.....	33	Vosol.....	28
Synacthen.....	46	W	
Synacthen Depot.....	46	Water.....	34
Synflex.....	34	X	
T		Xanax.....	34
Taxol.....	44	XMET Maxamum.....	27
Tenoxicam.....	37	Z	
Terbinafine.....	26, 46	Zinacef.....	28, 47
Terbutaline sulphate.....	33	Zinc and castor oil.....	15
Testosterone cypionate.....	46	Zinnat.....	26
Tetracosactrin.....	46	Ziprasidone.....	20

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