

**New Zealand
Pharmaceutical Schedule**

UPDATE

Effective 1 March 2003

**Cumulative Update for January,
February & March 2003**



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Summary of PHARMAC decisions

EFFECTIVE 1 MARCH 2003

New Listings (page 16)

- Ethinyloestradiol with Gestodene tab 20 mg with gestodene 75 mg and 7 inert tab (Melodene) – 1 x 28 tablet pack size (p'code 2112191) to replace 3 x 28 tablet pack
- Medroxyprogesterone acetate inj 150 mg per ml, 1 ml (Depo-Provera) – temporary pack listed to replace prefilled syringe (p'code 2113929). Available on a PSO
- Pamidronate disodium (Pamisol) inj 3 mg per ml, 10 ml (p'code 2113759) and 6 mg per ml, 10 ml (p'code 2113775) – Special Authority – Hospital pharmacy [HP3]
- Fluphenazine decanoate (Modecate) inj 100 mg per ml, 1 ml (p'code 210951) – Retail pharmacy-specialist. Available on a PSO

Changes to Sole Subsidised Supply (pages 9–14)

- Refer to the bold entries in the cumulative sole subsidised supply table

Changes to Restrictions (page 17)

- Imatinib mesylate cap 100 mg (Glivec)

Increased subsidy (pages 19–20)

- Amlodipine tab 5 mg, 10 mg (Norvasc)
- Cabergoline tab 0.5 mg (Dostinex)
- Felodipine tab 2.5 mg, 5 mg, 10 mg (Plendil ER)
- Nifedipine tab long-acting 10 mg (Adalat), 30 mg and 60 mg (Adalat Oros)

Decreased subsidy (pages 19–20)

- Gliclazide tab 80 mg (Diamicon)
- Glucose oxidase blood diagnostic test with peroxidase (Ascensia Glucodisc, Advantage II, Glucocard, Glucometer Esprit, Accutrend, BM-Test 1-44, Glucometer Elite and Precision Plus)
- Amoxicillin clavulanate tabs and granules for oral liquids 125 mg/ 31.5 mg per 5 ml and 250 mg/62.5 mg per 5 ml (Augmentin and Synermox)
- Clonazepam tab 500 µg and 2 mg (Paxam and Rivotril)
- Fluphenazine decanoate inj 12.5 mg per 0.5 ml, 0.5 ml and 25 mg per ml, 1 ml (Modecate and Baxter)

Changes to Section H (page 37)

Part 1 – General Rules for Hospital Pharmaceuticals – Amendment to Rule 9, Pharmaceutical Cancer Treatments

Glivec (imatinib mesylate) subsidised as first line treatment for CML

From 1 March 2003 the Special Authority access criteria for imatinib mesylate (Glivec) will be widened to include first line use in patients in the chronic phase of Chronic Myeloid Leukaemia.

Studies show that imatinib mesylate (Glivec) is an effective treatment for CML, and PHARMAC has been able to reach an agreement with the drug's supplier, Novartis, to enable it to be subsidised for this group of patients. This means that about 50 more people a year will be able to have fully subsidised access to the drug.

Full details of the Special Authority criteria are listed on page 17 of this Update. Glivec application forms are available from the Glivec Co-ordinator and on the PHARMAC website: www.pharmac.govt.nz. All applications should be sent to the Glivec Co-ordinator, Ministry of Health, Private Bag 92 522 Auckland.

Phone: 09 580 9176, fax: 09 580 9205, email: murray@ppc.govt.nz.

Prescriptions for Glivec are to be sent to the Glivec Co-ordinator who will arrange for delivery directly to patients. Any queries should be addressed to the Glivec Co-ordinator at the above address.

Asthma Self Management and the Responsible Use of Inhaled Corticosteroids

Professor Ian Town officially launched the Asthma Self Management and the Responsible Use of Inhaled Corticosteroids (ICS) campaign on 12 February 2003 in Wellington. The campaign is co-ordinated by PHARMAC and supported by a broad cross section of the medical community, including general practitioners, asthma educators, nurses and pharmacists, and reflects the recommendations of the New Zealand Guidelines Group, released last year.

The objective of this campaign is to encourage adults to more effectively manage their asthma using the lowest effective dose of inhaled corticosteroids. The campaign also promotes the use of asthma self-management plans.

Health professionals have been sent an Asthma Management Resource kit, which contains information on inhaled corticosteroid prescribing and a sample patient information pack. Posters and a further 10 patient asthma information packs will be sent to health professionals by mid March 2003. Additional patient packs can be ordered by using the fax order sheet in the Asthma Management Resource kit. To get additional fax order sheets either fax a request to 0800 222 240 or phone PHARMAC on 0800 66 00 50.

Radio and press advertising to inform the public of the campaign is planned to start in mid March 2003. The aim of this advertising is to inform patients with asthma that their asthma medication may need reviewing and they should discuss their asthma medication with a relevant health professional.

Note: Until 30 April 2003, 20 peak-flow meters (instead of 10) can be ordered on Wholesale Supply Order (WSO) forms.

Paracetamol oral liquids – Paracare

The Pharmaceutical Schedule lists the Paracare brand of paracetamol oral liquids as fully funded. However PSM, the supplier of Paracare oral liquids has increased the price for these products. These price increases have not been reflected in the Pharmaceutical Schedule Updates as there is a current dispute between Pharmac and PSM concerning the price increases.

Reference pricing of blood glucose test strips

Reference pricing of blood glucose test strips takes effect from 1 March 2003. From this date Ascensia Glucodisc will be the only fully subsidised blood glucose test strip. Patients using subsidised test strips other than Ascensia Glucodisc have the following options:

- 1) continue to use their current meters and test strips and pay the small manufacturer's surcharge on test strips when they have a prescription dispensed at a pharmacy; or
- 2) have the prescription filled by Diabetes Supplies Limited (DSL) mail order service and not pay the manufacturer's surcharge. Patients will need to contact DSL for details of this service; or
- 3) swap to the fully funded test strips, however patients may need to purchase a new meter. Before a patient considers swapping meters they should discuss it with their doctor or diabetes nurse educator.

DSL contact details are as follows:

Diabetes Supplies Limited, P.O.Box 54, Oamaru

Phone: 0800 DIABETES (0800 342 238)

Email: info@diabetes.org.nz

Website address: www.diabetes.org.nz/shop/cfm

Calcium Channel Blockers

PHARMAC has increased the subsidy on felodipine (Plendil ER) tablets 2.5mg, 5mg and 10mg to match AstraZeneca's notified price increase effective 1 March 2003.

As a result the base subsidy on amlodipine (Norvasc) and nifedipine (Adalat 10 and Adalat Oros) has also been increased to match the new reference price effective 1 March 2003.

The Felo ER brand of felodipine has been delisted effective 1 March 2003 and the sole subsidised supply agreement between Pacific Pharmaceuticals and PHARMAC has been terminated.

Looking forward

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

Proposals under consideration

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

Possible decisions for implementation 1 April 2003

- Alpha blockers – reference pricing

Tender News

Subsidy Changes

Chemical Name	Presentation; Pack size and type	Current subsidy	New Tender subsidy	Date of new subsidy	Sole Supply brand (and supplier)	Date of sole supply	Brands affected by reference pricing and delisting
Dipyridamole	Tab long-acting 150 mg; 60 tablets, bottle	\$22.39 (with Special Authority)	\$11.95 (with Special Authority)	1 April 2003	Pytazen SR (Douglas)	1 July 2003	Persantin PL
Ethinylloestradiol with Norethisterone	Tab 35 µg with 500 µg norethisterone and 7 inert tablets; 84 tablets, calendar pack	\$9.45	\$6.62	1 April 2003	Norimin (Pharmacia)	1 July 2003	Brevinor 28
Triazolam	Tab 0.25 mg; 100 tablets, bottle	\$5.20	\$3.45	1 April 2003	Hypam (Pacific)	1 July 2003	Halcion

Sole Subsidised Supply Changes

Chemical Name	Presentation; Pack size	Sole Supply brand (and supplier)	Date of Sole Supply	Brands affected by reference pricing and delisting
Glipizide	5 mg tablets; 100 tablets	Minidiab (Pharmacia)	1 April 2003	Glipid
Hydrocortisone	Powder; 25 g	m-Hydrocortisone (Multichem)	1 April 2003	Douglas, Pharmacia, Apo-Hydrocortisone, PSM
Indomethacin	Cap 25 mg; 100 capsules, bottle	Rheumacin (Pacific)	1 April 2003	
Indomethacin	Cap 50 mg; 100 capsules, bottle	Rheumacin (Pacific)	1 April 2003	
Indomethacin	Cap long-acting 75 mg; 100 capsules, Bottle	Rheumacin (Pacific)	1 April 2003	
Indomethacin	Suppos 100 mg; 30 suppositories, Blister	Arthrexin (Pacific)	1 April 2003	
Pregnancy Tests– HCG Urine	Cassette; 25 Cassettes	MDS Quickcard (MDS)	1 April 2003	MDS Quickstick

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

Sole Subsidised Supply Products – cumulative to March 2003

Generic Name	Presentation	Brand Name	Expiry Date*
Acipimox	Cap 250 mg	Olbetam	2004
Acitretin	Cap 10 mg & 25 mg	Neotigason	2004
Aciclovir	Tab 200 mg Tab 400 mg & 800 mg Tab dispersible 200 mg, 400 mg & 800 mg	Apo-Aciclovir Alpha-Aciclovir Acicvir	2003
Aqueous Cream	Cream	AFT	2005
Allopurinol	Tab 100 mg & 300 mg	Progout	2003
Amiloride	Oral liquid 1 mg per ml	Biomed	2005
Amiloride with hydrochlorothiazide	Tab 5 mg with hydrochlorothiazide 50 mg	Amizide	2003
Amitriptyline	Tab 10 mg Tab 25 mg Tab 50 mg	Amitrip Amitrip Amitrip	2005
Amoxycillin	Cap 250 mg & 500 mg Grans for oral liq 125 mg per 5 ml & 250 mg per 5 ml Inj 250 mg Inj 500 mg Inj 1 g Oral drops 125 mg per 1.25 ml	Ospamox Ospamox Ospamox Ibiamox Ibiamox Ibiamox Ospamox Paediatric Drops	2003 2005
Apomorphine hydrochloride	Inj 10 mg per ml, 1 ml	Baxter	2005
Atenolol	Tab 50 mg & 100 mg	Loten	2003
Atropine sulphate	Inj 400 µg 1 ml Inj 600 µg 1 ml Inj 1200 µg 1 ml Eye drops 0.5% Eye drops 1.0%	AstraZeneca AstraZeneca AstraZeneca Atropt Atropt	2005
Baclofen	Tab 10 mg	Pacifen	2003
Beclomethasone dipropionate	Metered aqueous nasal spray, 50 µg per dose & 100 µg per dose	Alanase Aqueous	2003
Bethahistine dihydrochloride	Tab 16 mg	Vergo	2003
Betamethasone valerate	Oint 0.1%, 30 g & 100 g Crn 0.1%, 30 g & 100 g	Beta Ointment Beta Cream	2005
Betaxolol hydrochloride	Eye drops 0.5%	Apo-Betaxolol	2004
Bezafibrate	Tab 200 mg	Fibalip	2005
Bisacodyl	Suppos 10 mg	Fleet	2004
Bromocriptine mesylate	Tab 2.5 mg Tab 10 mg	Alpha-Bromocriptine Alpha-Bromocriptine	2005
Budesonide	Metered aqueous nasal spray, 50 µg per dose & 100 µg per dose	Butacort Aqueous	2003
Buspirone hydrochloride	Tab 5 mg Tab 10 mg	Pacific Buspirone Pacific Buspirone	2004
Captopril	Tab 12.5 mg, 25 mg & 50 mg	Captohexal	2004

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

Sole Subsidised Supply Products – cumulative to March 2003

Generic Name	Presentation	Brand Name	Expiry Date*
Cefaclor monohydrate	Cap 250 mg	Clorotir	2004
	Grans for oral liq 125 mg per 5 ml	Clorotir	
Cefamandole nafate	Inj 1 g	Mandol	2005
Ceftriaxone sodium	Inj 500 mg	Novartis	2005
	Inj 1 g	Novartis	
Cefuroxime sodium	Inj 750 mg	Zinacef	2005
Celiprolol	Tab 200 mg	Celol	2004
Cephalexin monohydrate	Tab 500 mg	Keflex	2005
	Cap 250 mg	Keflex	
	Grans for oral liquid 125 mg per 5 ml	Keflex	
	Grans for oral liquid 250 mg per 5 ml	Keflex	
Cephazolin sodium	Inj 500 mg	Novartis	2005
	Inj 1 g	Novartis	
Cetirizine hydrochloride	Tab 10 mg	Razene	2005
Charcoal	50 g per 300 ml oral liquids	Carbosorb	2005
Clomipramine hydrochloride	Tab 10 mg	Clopress	2005
Chloramphenicol	Eye drops 0.5%	Chlorsig	2005
	Eye oint 1%	Chlorsig	
Chlorothiazide	Oral liq 50 mg per ml	Biomed	2005
Clindamycin hydrochloride	Cap 150 mg	Dalacin C	2005
Clindamycin phosphate	Inj 150 mg per ml	Dalacin C	2005
Clobetasol propionate	Crn 0.05%	Dermol	2003
	Oint 0.05%	Dermol	
	Scalp app 0.05%	Dermol	
Clomipramine hydrochloride	Tab 25 mg	Clopress	2003
Clonidine	Tab 150 µg	Catapres	2005
Clonidine hydrochloride	Tab 25 µg	Dixarit	2005
Clotrimazole	Vaginal crm 1% with applicators	Clocreme	2004
	Vaginal crm 2% with applicators	Clotrimaderm 2%	
	Pessaries 100 mg with applicator	Clotrihexal	
	Pessary 500 mg with applicator	Clotrihexal	
	Crn 1%	Clocreme	
Colestipol hydrochloride	Sachets 5 g	Colestid	2004
Co-Trimoxazole	Tab Trimethoprim 80 mg and sulphamethoxazole 400 mg	Trisul	2005
	Oral liq sugar-free trimethoprim 40 mg and sulphamethoxazole 200 mg per 5 ml	Trisul	2005
Cyclizine lactate	Inj 50 mg per ml, 1 ml	Valoid	2004
Cyclophosphamide	Tab 50 mg	Cycloblastin	2005
Cyproterone acetate	Tab 50 mg	Siterone	2003
Cyproterone acetate with ethinyloestradiol	Tab 2 mg with ethinyloestradiol 35 µg and 7 inert tabs	Estelle 35	2004

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Sole Subsidised Supply Products – cumulative to March 2003

Generic Name	Presentation	Brand Name	Expiry Date*
Danazol	Cap 100 mg	D-Zol	2005
	Cap 200 mg	D-Zol	
Danthron with poloxamer	Oral liq 25 mg with poloxamer 200 mg per 5 ml	Conthram	2004
	Oral liq 75 mg with poloxamer 1g per 5 ml	Conthram Forte	
Desferrioxamine mesylate	Inj 500 mg per 10 ml vial	Desferal	2004
Dexamethasone	Oral liq 1 mg per ml	Biomed	2005
Diaphragm	Range of sizes	Ortho All-flex, Ortho Coil	2005
Diazepam	Tab 5 mg & 10 mg	Pro-Pam	2003
Dicyclomine hydrochloride	Tab 10 mg	Merbentyl	2005
Diphenoxylate hydrochloride with atropine sulphate	Tab 2.5 mg with 25 µg atropine sulphate	Diastop	2005
Diltiazem hydrochloride	Tab 30 mg & 60 mg	Dilzem	2004
	Cap long-acting 120 mg	Dilzem SR	
Docusate sodium	Tab 50 mg Tab 120 mg Oral drops 10% Enema conc 18%	Coloxyl Coloxyl Coloxyl Oral Drops Coloxyl	2005
Docusate sodium with bisacodyl	Suppository 100 mg with bisacodyl 10 mg	Coloxyl	2005
Docusate sodium with sennosides	Tab 50 mg with total sennosides 8 mg	Laxsol	2004
Doxazosin mesylate	Tab 2 mg & 4 mg	Dosan	2004
Doxycycline hydrochloride	Tab 100 mg	Doxine	2003
Emulsifying Ointment BP	Ointment	AFT	2005
Ergometrine maleate	Inj 500 µg per ml, 1 ml	Baxter	2005
Erythromycin estolate	Tab 500 mg	Eromycin	2004
Erythromycin ethyl succinate	Grans for oral liquid 200 mg per 5 ml	E-Mycin	2005
	Grans for oral liquid 400 mg per 5 ml	E-Mycin	
	Tab 400 mg	E-Mycin	
Ethinodiol diacetate	Tab 500 µg	Femulen	2005
Etidronate disodium	Tab 200 mg	Etidrate	2003
Etoposide	Cap 50 mg & 100 mg	Vepesid	2004
Flucloxacillin sodium	Cap 250 mg & 500 mg	Staphlex	2003
	Inj 250 mg, 500 mg & 1 g	Flucloxin	
Fluorouracil sodium	Inj 500 mg per 10 ml	Baxter	2004
	Inj 500 mg per 20 ml	Baxter	
Fluoxetine hydrochloride	Tab dispersible 20 mg	Fluox	2004
	Cap 20 mg	Fluox	2004
Folic acid	Tab 5 mg	Apo-Folic Acid	2003
	50 µg per ml oral liquid	Biomed	2005
Frusemide	Tab 40 mg	Diurin 40	2003
	Tab 500 mg	Diurin	

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Sole Subsidised Supply Products – cumulative to March 2003

Generic Name	Presentation	Brand Name	Expiry Date*
Hydrocortisone with cinchocaine	Oint 5 mg with cinchocaine hydrochloride 5 mg per g	Proctosedyl	2004
	Suppos 5 mg with cinchocaine hydrochloride 5 mg per g	Proctosedyl	
Hydrocortisone with miconazole	Crn 1% with miconazole nitrate 2%	Micreme H	2004
Hydrocortisone with wool fat and mineral oil	Lotn 1% with wool fat hydrous 3% and mineral oil	DP Lotn HC	2003
Hydroxyurea	Cap 500 mg	Hydrea	2004
Hypromellose	Eye drops 0.5%	Methopt	2003
	Eye drops 1%	Methopt Forte	
	Eye drops 0.3%	Poly-Tears	2005
Ipratropium bromide	Nebuliser soln 250 µg per ml, 1 ml	Ipra 250	2004
	Nebuliser soln 500 µg per 2 ml, 2 ml	Ipra 500	
	Aqueous nasal spray, 0.03%	Atrovent Nasal Aqueous	2005
Indapamide	Tab 2.5 mg	Naplin	2003
Isosorbide mononitrate	Tab 20 mg	Ismo 20	2003
	Tab long-acting 60 mg	Duride	
Lactulose	Oral liq 10 g per 15 ml	Lactulose	2003
Loperamide hydrochloride	Cap 2 mg	Dicap	2004
Loratadine	Tab 10 mg	Lora-tabs	2004
Lorazepam	Tab 1 mg & 2.5 mg	Lorapam	2003
Magnesium sulphate	Inj 49.3%	Baxter	2005
Medroxyprogesterone acetate	Inj 150 mg per ml, 1 ml syringe	Depo-Provera	2004
	Tab 100 mg	Provera HD	2005
Megestrol acetate	Tab 160 mg	Megace	2004
Menadione sodium	Tab 10 mg	K Thrombin	2005
Metformin hydrochloride	Tab 500 mg & 850 mg	Metomin	2003
Methotrexate	Inj 5 mg per 2 ml vial	Baxter	2004
	Inj 20 mg per 2 ml vial	Baxter	
	Inj 50 mg per 2 ml vial	Baxter	
	Inj 100 mg per 4 ml vial	Baxter	2005
	Tab 10 mg	Methoblastin	
	Tab 2.5 mg	Methoblastin	
Methyldopa	Tab 125 mg, 250 mg & 500 mg	Prodopa	2003
Methylphenidate hydrochloride	Tab 10 mg	Rubifen	2003
Methylprednisolone	Tab 4 mg	Medrol	2005
	Tab 100 mg	Medrol	
Methylprednisolone acetate	Inj 40 mg per ml, 1 ml	Depo-Medrol	2005
Methylprednisolone acetate with lignocaine	Inj 40 mg per ml, with lignocaine 1 ml	Depo-Medrol with lidocaine	2005

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Sole Subsidised Supply Products – cumulative to March 2003

Generic Name	Presentation	Brand Name	Expiry Date*
Gentamicin sulphate	Inj 40 mg per ml, 2 ml	Pharmacia	2005
Glibenclamide	Tab 2.5 mg Tab 5 mg	Gliben Gliben	2005
Glyceril trinitrate	TDDS 5 mg & TDDS 10 mg	Nitroderm TTS	2004
Haloperidol decanoate	Inj 50 mg per ml, 1 ml Inj 100 mg per ml, 1 ml	Haldol Haldol Concentrate	2005
Heparinised saline	Inj 10 iu per ml, 5 ml	AstraZeneca	2005
Hydrocortisone	Inj 50 mg per ml, 2 ml	Solu-Cortef	2003
Methylprednisolone sodium succinate	Inj 40 mg per ml, 1 ml Inj 62.5 mg per ml, 2 ml Inj 500 mg Inj 1 g	Solu Medrol Solu Medrol Solu Medrol Solu Medrol	2005
Metoclopramide hydrochloride	Inj 5 mg per ml, 2 ml	AstraZeneca	2005
Metoclopramide hydrochloride with paracetamol	Tab 5 mg with 500 mg paracetamol	Paramax	2005
Miconazole	Oral gel 20 mg per g	Daktarin	2004
Miconazole nitrate	Crn 2%	Micreme	2005
Midazolam	Inj 1 mg per ml, 5 ml Inj 5 mg per ml, 3 ml	Hypnovel Hypnovel	2005
Misoprostol	Tab 200 µg	Cytotec	2005
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	2005
Morphine tartrate	Inj 80 mg per ml, 1.5 ml Inj 80 mg per ml 5 ml	Baxter Baxter	2005
Nadolol	Tab 40 mg & 80 mg	Apo-Nadolol	2004
Naphazoline hydrochloride	Eye drops 0.1%	Naphcon Forte	2005
Naproxen	Tab long-acting 750 mg Tab long-acting 1,000 mg	Naprosyn SR Naprosyn SR	2005
Naproxen sodium	Tab 275 mg Tab 550 mg	Synflex Synflex	2005
Nicotinic acid	Tab 25 mg, 50 mg, 100 mg & 500 mg	Apo-Nicotinic Acid	2004
Nifedipine	Tab long-acting 20 mg	Nyefax Retard	2003
Norethisterone	Tab 350 µg Tab 5 mg	Noriday Primolut N	2005
Nortriptyline hydrochloride	Tab 10 mg	Norpress	2005
Nortriptyline	Tab 25 mg	Norpress	2005
Nystatin	Oral liq 100,000 u per ml	Mycostatin	2005
Oily phenol	Inj 5%, 5 ml	Baxter	2005
Olsalazine	Cap 250 mg Tab 500 mg	Dipentum Dipentum	2005

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Sole Subsidised Supply Products – cumulative to March 2003

Generic Name	Presentation	Brand Name	Expiry Date*
Ornidazole	Tab 500 mg	Tiberal	2004
Pamidronate disodium	Inj 30 mg per 10 ml	Baxter	2005
Paracetamol	Tab 500 mg	Pacimol	2005
	Suppos 125 mg	Panadol	2005
	Suppos 250 mg	Panadol	
Pergolide	Tab 0.25 mg	Permax	2005
	Tab 1 mg	Permax	
Phenoxymethylpenicillin (Penicillin V)	Grans for oral liquid benzathine 125 mg per 5 ml	AFT	2004
	Grans for oral liquid benzathine 250 mg per 5 ml	AFT	
Pilocarpine	Eye drops 0.5%	Pilopt	2005
	Eye drops 1%	Pilopt	
	Eye drops 2%	Pilopt	
	Eye drops 3%	Pilopt	
	Eye drops 4%	Pilopt	
	Eye drops 6%	Pilopt	
Pindolol	Tab 5 mg	Pindol	2004
Piroxicam	Tab dispersible 10 mg & 20 mg	Piram-D	2003
Potassium chloride	Inj 75 mg per ml, 10 ml	AstraZeneca	2005
	Inj 150 mg per ml, 10 ml	AstraZeneca	
Prazosin hydrochloride	Tab 1 mg, 2 mg & 5 mg	Hyprosin	2004
Prednisone	Tab 1 mg	Apo-Prednisone	2005
	Tab 2.5 mg	Apo-Prednisone	
	Tab 5 mg	Apo-Prednisone	
	Tab 20 mg	Apo-Prednisone	
Procaine penicillin	Inj 1.5 mega u	Cilicaïne	2005
Prochlorperazine	Tab 5 mg	Antinaus	2004
Quinine sulphate	Tab 200 mg	Q 200	2003
	Tab 300 mg	Q 300	
Salbutamol	Nebuliser soln, 1 mg per ml, 2.5 ml	Ventolin Nebules	2004
	Nebuliser soln, 2 mg per ml, 2.5 ml	Ventolin Nebules	
Salbutamol with ipratropium bromide	Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per 2.5 ml vial, 2.5 ml	Duolin	2004
Selegiline hydrochloride	Tab 5 mg	Selgene	2003
Sodium acid phosphate	16% enema with 8% sodium phosphate	Fleet	2005
Sodium chloride	Inj 0.9% 5 ml, 10 ml & 20 ml	Pharmacia	2004
Spironolactone	Tab 25 mg & 100 mg	Spirotone	2003
	Oral liquid 5 mg per ml	Biomed	2005
Sulphacetamide sodium	Eye drops 10%	Acetopt	2005
Sulphasalazine	Tab 500 mg	Salazopyrin	2005
	Tab EC 500 mg	Salazopyrin-EN	

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Sole Subsidised Supply Products – cumulative to March 2003

Generic Name	Presentation	Brand Name	Expiry Date*
Tamoxifen citrate	Tab 10 mg & 20 mg	Genox	2003
Tar with triethanolamine lauryl sulphate and fluorescein	Soln 2.3% with triethanolamine lauryl sulphate and fluorescein sodium	Pinetarsol	2005
Temazepam	Cap 20 mg Cap 10 mg	Euhypnos Euhypnos	2005 2005
Testosterone cypionate	Inj long-acting 100 mg per ml, 10 ml	Depo Testosterone	2005
Timolol maleate	Eye drops 0.25% & 0.5%	Apo-Timop	2004
Tranexamic acid	Tab 500 mg	Cyklokapron	2004
Triazolam	Tab 0.125 mg	Halcion	2005
Triamcinolone acetonide	Dental Paste USP 0.1%	Oracort	2005
Triamterene with hydrochlorothiazide	Tab 50 mg with hydrochlorothiazide 25 mg	Triamizide	2003
Trimethoprim	Tab 300 mg	TMP	2005
Urea	Crn 10%	Nutraplus	2005
Vancomycin hydrochloride	Cap 125 mg & 250 mg Inj 50 mg per ml, 10 ml	Vancocin Vancocin	2004
Verapamil hydrochloride	Tab 40 mg & 80 mg Tab long-acting 240 mg	Verpamil Verpamil SR	2003
Verapamil hydrochloride	Tab long-acting 120 mg	Verpamil SR	2005
Vitamins	Tab (BPC cap strength)	Healtheries Multi-vitamin tablets	2004
Vitamin B complex	Tab, strong, BPC	Apo-B-Complex	2003
Water	Purified for inj 5 ml, 10 ml & 20 ml	Pharmacia	2004
Zinc and castor oil	Ointment BP	Sigma	2005
Zopiclone	Tab 7.5 mg	Imovane	2005

March changes are in bold type

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

New Listings

Effective 1 March 2003

- 77 ETHINYLOESTRADIOL WITH GESTODENE - Available on a PSO
Tab 20 µg with gestodene 75 µg and 7 inert tab 3.15 28
(Special Authority does not apply) (6.00) Melodene
Note: Melodene 28 tablet pack size replaces Melodene 84 tablet pack size.
- 79 MEDROXYPROGESTERONE ACETATE - Available on a PSO
Inj 150 mg per ml, 1 ml 8.47 each ✓ Depo-Provera
Note: Alternative pack subsidised while Depo-Provera pre-filled syringe is unavailable.
- 83 PAMIDRONATE DISODIUM - Special Authority
Inj 3 mg per ml, 10 ml 76.00 1 ✓ Pamisol
Inj 6 mg per ml, 10 ml 152.00 1 ✓ Pamisol
Special Authority - Hospital pharmacy [HP3]
a) Paget's disease.
b) Tumour-induced hypercalcaemia, only patients under hospice care.
c) Tumour-induced osteolysis without hypercalcaemia, only patients under hospice care.
d) Specialist must make application.
- 129 FLUPHENAZINE DECANOATE - Retail pharmacy-specialist
Inj 100 mg per ml, 1 ml - Available on a PSO 168.00 5 ✓ Modecate

Effective 1 February 2003

- 125 ONDANSETRON HYDROCHLORIDE - Hospital pharmacy [HP3]-specialist
a) Not to exceed 6 tablets per prescription; and
b) Not more than one prescription per month.
Tab disp 4 mg 86.00 10 ✓ Zofran Zydys
Tab disp 8 mg 123.80 10 ✓ Zofran Zydys
- 131 TRIAZOLAM - Month restriction
Tab 250 µg 5.20 100 ✓ Hypam
- 161 TIMOLOL MALEATE - Retail pharmacy-specialist
▲ Eye drops 0.25% 4.30 5 ml OP ✓ Timoptol
▲ Eye drops 0.5% 4.30 5 ml OP ✓ Timoptol
Note: Listing effective 1 January 2003 – 31 March 2003.

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's Price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Effective 1 January 2003

32	GLUCOSE OXIDASE Blood diagnostic test with peroxidase	26.95	50 test OP	✓ Ascensia Glucodisc
	Note: Ascensia Glucodisc replaces Glucometer Esprit.			
89	NAFARELIN ACETATE - Special Authority Nasal soln 2 mg per ml	221.60 (311.63)	8 ml OP	Synarel
	Note: Synarel 8 ml OP replaces Synarel 10 ml OP.			
95	AMOXYCILLIN CLAVULANATE - Available on a PSO Tab amoxicillin 500 mg with potassium clavulanate 125 mg	7.48	20	✓ Augmentin
	Grans for oral liq amoxicillin 125 mg with potassium clavulanate 31.25 mg per 5 ml	3.43	100 ml	✓ Augmentin
	Grans for oral liq amoxicillin 250 mg with potassium clavulanate 62.5 mg per 5 ml	5.89	100 ml	✓ Augmentin
	Note: Listing effective 12 December 2002			
122	CLONAZEPAM ▲ Tab 500 µg	9.85	100	✓ Paxam
	▲ Tab 2 mg	18.58	100	✓ Paxam
129	FLUPHENAZINE DECANOATE - Retail pharmacy-specialist Inj 12.5 mg per 0.5 ml, 0.5 ml - Available on a PSO	29.00	5	✓ Modecate
	Inj 25 mg per ml, 1 ml - Available on a PSO	48.75	5	✓ Modecate

Changes to Restrictions

Effective 1 March 2003

134 IMATINIB MESYLATE - Special Authority - access by application

Cap 100 mg 4,800.00 120 ✓ **Glivec**

Special Authority criteria and guidelines for Glivec:

Application forms are available from, and prescriptions should be sent to:

The Glivec Coordinator Tel: 09 580 9176 Fax: 09 580 9205 Email: murray@ppc.govt.nz

Level 3, Unisys House, 650 Great South Road, Penrose, Private Bag 92 522, AUCKLAND

Special Authority criteria for CML - access by application

- Funded for patients with diagnosis (confirmed by a haematologist) of a chronic myeloid leukaemia (CML) in blast crisis, accelerated phase, or in chronic phase **after failure of interferon-alpha therapy**.
- Maximum dose of 600 mg/day for accelerated or blast phase, and 400 mg/day for chronic phase CML
- Subsidised for use as monotherapy only.
- Initial approvals valid seven months.
- Subsequent approval(s) are granted on application and are valid for six months. The first re-application (after seven months) should provide details of the haematological response. The third re-application should provide details of the cytogenetic response after 14–18 months from initiating therapy. All other re-applications should provide details of haematological response, and cytogenetic response if such data is available. Applications to be made and subsequent prescriptions can be written by a haematologist or an oncologist.

Guideline on discontinuation of treatment for patients with CML

- Prescribers should consider discontinuation of treatment if after 6 months from initiating therapy a patient did not obtain a haematological response as defined as any one of the following three levels of response:
 - complete haematologic response (as characterised by an absolute neutrophil count (ANC) $> 1.5 \times 10^9/L$, platelets $> 100 \times 10^9/L$, absence of peripheral blood (PB) blasts, bone marrow (BM) blasts $< 5\%$ (or FISH Ph+ 0–35% metaphases), and absence of extramedullary disease); or
 - no evidence of leukaemia (as characterised by an absolute neutrophil count (ANC) $> 1.0 \times 10^9/L$, platelets $> 20 \times 10^9/L$, absence of peripheral blood (PB) blasts, bone marrow (BM) blasts $< 5\%$ (or FISH Ph+ 0–35% metaphases), and absence of extramedullary disease); or
 - return to chronic phase (as characterised by BM and PB blasts $< 15\%$, BM and PB blasts and promyelocytes $< 30\%$, PB basophils $< 20\%$ and absence of extramedullary disease other than spleen and liver).
- Prescribers should consider discontinuation of treatment if after 18 months from initiating therapy a patient did not obtain a major cytogenetic response defined as 0–35% Ph+ metaphases.

Special Authority criteria for GIST - access by application

- Funded for patients:
 - with a diagnosis (confirmed by an oncologist) of unresectable and/or metastatic malignant gastrointestinal stromal tumour (GIST); and
 - who have immunohistochemical documentation of c-kit (CD117) expression by the tumour.
- Maximum dose of 400 mg/day.
- Applications to be made and subsequent prescriptions can be written by an oncologist.
- Initial and subsequent applications are valid for one year. The re-application criterion is an adequate clinical response to the treatment with imatinib (prescriber determined).

Changes to Restrictions – effective 1 January 2003

39 ERYTHROPOIETIN BETA- Special Authority			
Inj 1,000 u, pre-filled syringe	76.02	6	✓ Recormon
Inj 2,000 u pre-filled syringe	152.04	6	✓ Recormon
Inj 3,000 u pre-filled syringe	228.06	6	✓ Recormon
Inj 4,000 u pre-filled syringe	304.08	6	✓ Recormon
Inj 5,000 u pre-filled syringe	380.10	6	✓ Recormon
Inj 6,000 u pre-filled syringe	456.12	6	✓ Recormon
Inj 10,000 u pre-filled syringe	760.20	6	✓ Recormon

Special Authority - Hospital pharmacy [HP3]

- a) Erythropoietin beta is indicated in the treatment of anaemia associated with chronic renal failure (CRF) where no cause for anaemia other than CRF is detected and there is adequate monitoring of iron stores and iron replacement therapy.
- b) Erythropoietin beta is to be given only to patients in chronic renal failure with haemoglobin ≤ 100 g/l; and
 - i) glomerular filtration rate ≤ 30 ml/min in non diabetic patients; or
 - ii) glomerular filtration rate ≤ 45 ml/min in diabetic patients
- iii) haemodialysis or peritoneal dialysis patients.**
- c) Specialist must make application – renal physicians

Note. The Cockcroft-Gault Formula may be used to estimate glomerular filtration rate (GFR) in persons

18 years and over:

$$GFR (male) = \frac{(140 - age) \times Ideal\ Body\ Weight\ (kg)}{814 \times serum\ creatinine\ (mmol/l)} (ml/min)$$

$$GFR (female) = Estimated\ GFR (male) \times 0.85$$

Changes to Subsidy and Manufacturer's Price

Effective 1 March 2003

31	GLICLAZIDE (↓ subsidy)				
	Tab 80 mg	39.08 (78.80)	500		Diamicon
32	GLUCOSE OXIDASE (↓ subsidy)				
	Blood diagnostic test with peroxidase	26.95 (27.85) (29.90) (36.11)	50 test OP	✓	Ascensia Glucodisc Advantage II Glucocard Glucometer Esprit Accutrend BM-Test 1-44 Glucometer Elite
	Blood diagnostic test with peroxidase	53.90 (55.70)	100 test OP		Precision Plus
58	AMLODIPINE - Special Authority available (↑ subsidy)				
	Tab 5 mg	12.81 (22.82)	30		Norvasc
	Tab 10 mg	24.38 (34.85)	30		Norvasc
58	FELODIPINE (↑ subsidy)				
	Tab long-acting 2.5 mg	8.58	30	✓	Plendil ER
	Tab long-acting 5 mg	12.81	30	✓	Plendil ER
	Tab long-acting 10 mg	24.38	30	✓	Plendil ER
58	NIFEDIPINE - Special Authority available (↑ subsidy)				
	Tab long-acting 10 mg	17.16 (17.72)	60		Adalat 10
	Tab long-acting 30 mg	12.81 (19.90)	30		Adalat Oros
	Tab long-acting 60 mg	24.38 (29.50)	30		Adalat Oros
61	GLYCERYL TRINITRATE (↓ price)				
	▲ Oral pump spray 400 µg per dose	6.99	200 dose OP	✓	Nitrolingual Pumpspray
90	CABERGOLINE (↑ subsidy)				
	a) Restriction of two tablets per prescription.				
	b) Special Authority available to waive the above quantity restriction.				
	Tab 0.5 mg	105.03	8	✓	Dostinex

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

"IMM" Interchangeable Multi-source Medicines

Changes to Subsidy and Manufacturer's Price – effective 1 March 2003 (continued)

95	AMOXYCILLIN CLAVULANATE - Available on a PSO (↓ subsidy)				
	Tab amoxicillin 500 mg with potassium clavulanate 125 mg 6.40	20		✓ Augmentin	
	(7.48)			Synermox	
	Grans for oral liq amoxicillin 125 mg with potassium clavulanate 31.25 mg per 5 ml	2.75	100 ml	✓ Augmentin	
	(3.43)			Synermox	
	Grans for oral liq amoxicillin 250 mg with potassium clavulanate 62.5 mg per 5 ml	4.75	100 ml	✓ Augmentin	
	(5.89)			Synermox	
122	CLONAZEPAM (↓ subsidy)				
	▲ Tab 500 µg	6.00	100	✓ Paxam	
				✓ Rivotril	
	▲ Tab 2 mg	11.00	100	✓ Paxam	
				✓ Rivotril	
129	FLUPHENAZINE DECANOATE - Retail pharmacy-specialist (↓ subsidy)				
	Inj 12.5 mg per 0.5 ml, 0.5 ml - Available on a PSO	17.60	5	✓ Modecate	
	(29.00)			Baxter	
	Inj 25 mg per ml, 1 ml - Available on a PSO	27.90	5	✓ Modecate	
	(48.75)			Baxter	

Effective 1 February 2003

31	GLICLAZIDE (↓ subsidy)				
	Tab 80 mg	39.08	500	✓ Apo-Gliclazide	
		78.80		✓ Diamicron	

Note: Subsidy reduction applying to Diamicron deferred until 1 March 2003.

34	GLYCEROL - Only on a prescription (↓ price)				
	Suppos 3.6 g	5.15	20	✓ PSM	
36	HYDROGEN PEROXIDE (↑ price)				
	Soln 10 vol	0.75	100 ml		PSM
	(1.40)				
37	PYRIDOXINE HYDROCHLORIDE (↑ price)				
	a) Only on a prescription not exceeding a strength of 100 mg per dose.				
	Tab 100 mg	5.38	100		Apo-Pyridoxine
	(11.35)				
40	FERROUS GLUCONATE (↑ subsidy)				
	‡ Oral liq 300 mg per 5 ml	5.90	100 ml	✓ Fergon	

Check your Schedule for full details
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Subsidy
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Changes to Subsidy and Manufacturer's Price – effective 1 February 2003 (continued)

64	MICONAZOLE NITRATE - Not in combination (↑ price)				
	Lothn 2%	4.36 (10.32)	30 ml OP		Daktarin
	Tincture 2%	4.36 (12.46)	30 ml OP		Daktarin
65	MENTHOL (↓ price)				
	Crystals	32.20 (32.80)	100 g		PSM
68	TRIAMCINOLONE ACETONIDE WITH GRAMICIDIN, NEOMYCIN AND NYSTATIN Only on a prescription (↓ subsidy)				
	Crm 1 mg with nystatin 100,000 u, neomycin sulphate 2.5 mg and gramicidin 250 µg per g	3.49 (6.09)	15 g OP		✓ Viaderm KC Kenacomb
	Oint 1 mg with nystatin 100,000 u, neomycin sulphate 2.5 mg and gramicidin 250 µg per g	3.49 (6.09)	15 g OP		✓ Viaderm KC Kenacomb
73	FLUOCINOLONE ACETONIDE (↑ price)				
	Gel 0.02%	5.23 (7.95)	30 g OP		Synalar Gel
83	PAMIDRONATE DISODIUM - Special Authority (↓ subsidy)				
	Inj 3 mg per ml, 10 ml	76.00	1		✓ Baxter
	Inj 6 mg per ml, 10 ml	152.00	1		✓ Baxter
91	CEFTRIAXONE SODIUM - Hospital pharmacy [HP3]-specialist (↓ subsidy)				
	a) Subsidised only if prescribed for a dialysis or cystic fibrosis patient; and b) The prescription is endorsed accordingly.				
	Inj 250 mg	4.00	1		✓ Rocephin IV
96	CIPROFLOXACIN - Retail pharmacy-specialist (↓ subsidy)				
	Tab 250 mg	11.42 (48.16)	28		✓ Cipfloxx Ciproxin
	Tab 500 mg	20.44 (86.68)	28		✓ Cipfloxx Ciproxin
	Tab 750 mg	29.87 (138.16)	28		✓ Cipfloxx Ciproxin

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

Check your Schedule for full details
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Changes to Subsidy and Manufacturer's Price – effective 1 February 2003 (continued)

110 IBUPROFEN - Special Authority available (↓ subsidy)			
Tab 200 mg	2.07 (2.90)	100	✓ I-Profen Panafen
Tab 400 mg	3.55 (15.20)	100	Brufen
Tab 600 mg	5.32 (22.80)	100	Brufen
110 NAPROXEN - Special Authority available (↓ subsidy)			
Tab 250 mg	26.50	500	✓ Naprosyn^{IMM} ✓ Naxen^{IMM}
Tab EC 250 mg	6.36	120	✓ Naprosyn Enteric
Tab 500 mg	53.00	500	✓ Naprosyn^{IMM} ✓ Naxen^{IMM}
Tab EC 500 mg	6.36	60	✓ Naprosyn Enteric^{IMM}
116 DEXTROPROPOXYPHENE WITH PARACETAMOL (↑ price)			
Tab napsylate 50 mg with paracetamol 325 mg	14.50 (22.50)	500	Paradex
119 TRIMIPRAMINE MALEATE (↓ subsidy)			
Tab 25 mg	3.19 (6.58)	50	Surmontil
Cap 25 mg	6.38	100	✓ Tripres
Cap 50 mg	12.00 (23.00)	100	✓ Tripres Surmontil
125 ONDANSETRON - Hospital pharmacy [HP3]-specialist (↓ subsidy)			
a) Not to exceed 6 tablets per prescription; and			
b) Not more than one prescription per month.			
Tab 4 mg	86.00	10	✓ Zofran
Tab 8 mg	247.60	20	✓ Zofran
146 FLUTICASONE (↓ subsidy)			
Aerosol inhaler, 25 µg per dose	5.12 (8.67)	120 dose OP	Flixotide
Aerosol inhaler, 50 µg per dose CFC-free	7.50 (10.03)	120 dose OP	Flixotide
Aerosol inhaler, 125 µg per dose CFC-free	13.60 (22.79)	120 dose OP	Flixotide
Aerosol inhaler, 250 µg per dose CFC-free	27.20 (41.95)	120 dose OP	Flixotide

Note: GlaxoSmithKline (GSK) has notified PHARMAC that although Flixotide is not fully subsidised in the Pharmaceutical Schedule, GSK is temporarily discounting stock to wholesalers so that there should be no surcharge to patients.

Changes to Subsidy and Manufacturer's Price – effective 1 January 2003

23	CALCIUM CARBONATE (↑ price) Tab 420 mg and aminoacetic acid 180 mg with or without dimethicone 21 mg	30.00 (35.10)	1,000		Titralac
31	GLIPIZIDE (↓ subsidy) Tab 5 mg	3.65 (6.10)	100	✓	Minidiab Glipid
33	MUCILAGINOUS LAXATIVES - Only on a prescription (↓ price) Dry	7.92 (11.75)	450 g OP		Isogel
35	BENZDAMINE HYDROCHLORIDE - Retail pharmacy-specialist prescription (↑ price) Soln 0.15%	9.00 (14.20)	500 ml		Difflam
41	TRANEXAMIC ACID (↓ subsidy) Tab 500 mg	49.14	100	✓	Cyklokapron
67	HYDROCORTISONE - Only on a prescription (↓ subsidy) Powder	46.20 (47.87) (69.00)	25 g	✓	Apo-Hydrocortisone m-Hydrocortisone Pharmacia PSM
70	WOOL FAT WITH MINERAL OIL - Only on the prescription of a doctor (↑ price) Lotn hydrous 3% with mineral oil	0.70 (5.01)	125 ml OP		BK Lotion
	Lotn hydrous 3% with mineral oil	1.40 (7.22)	250 ml OP		BK Lotion
	Lotn hydrous 3% with mineral oil	5.60 (22.35)	1,000 ml		BK Lotion
81	PREGNANCY TEST - HCG URINE - Only on a WSO (↓ subsidy) 25	29.50 (43.75)	25 tests	✓	MDS Quick Card MDS Quick Stick
96	COLISTIN SULPHOMETHATE - Hospital pharmacy [HP3]-specialist (↑ subsidy) a) Only if prescribed for a dialysis or cystic fibrosis patient; and b) The prescription is endorsed accordingly. Inj 150 mg	49.54	1	✓	Colymycin-M

Check your Schedule for full details
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Changes to Subsidy and Manufacturer's Price – effective 1 January 2003 (continued)

108 HEXAMINE HIPPURATE (↑price)			
Tab 1 g	18.40 (34.57)	100	Hiprex
110 IBUPROFEN (↑subsidy)			
Tab 400 mg	15.20	100	✓ Brufen
Tab 600 mg	22.80	100	✓ Brufen
Note: Full subsidy only available until 31 January 2003.			
110 NAPROXEN (↓ price)			
Tab 250 mg	6.00	100	✓ Naxen^{MM}
Tab 500 mg	12.00	100	✓ Naxen^{MM}
111 INDOMETHACIN (↑subsidy)			
Cap 25 mg	5.50	100	✓ Rheumacin
Cap long-acting 75 mg	12.50	100	✓ Rheumacin SR
Suppos 100 mg	12.00	30	✓ Arthrexin
130 BUSPIRONE HYDROCHLORIDE - Special Authority (↓ price)			
Tab 10 mg	5.95	100	✓ Biron^{MM}
139 INTERFERON BETA-1-ALPHA - Access by application (↓ subsidy)			
Inj 6 million iu per vial	1,219.26	4	✓ Avonex
139 INTERFERON BETA-1-BETA - Access by application (↓ subsidy)			
Inj 8 million iu per 1 ml	1,347.26	15	✓ Betaferon

Changes to Sole Subsidised Supply

Effective 1 March 2003

For the list of new Sole Subsidised Supply products effective 1 March 2003 refer to the bold entries in the cumulative Sole Subsidised Supply table pages 8–14.

Changes to PSO

Effective 1 February 2003

Beclomethasone dipropionate aerosol inhalers 50 µg, 100 µg and 250 µg per dose no longer subsidised on PSO.

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

‡ safety cap reimbursed
Sole Subsidised Supplier

Delisted Items

Effective 1 March 2003

26 & 125

METOCLOPRAMIDE HYDROCHLORIDE

Inj 5 mg per ml, 2 ml - Available on a PSO 5.30 10 Pharmacia

44 BEZAFIBRATE

Tab 200 mg 7.80 90 Bezalip

57 OXPRENOLOL

▲ Tab long-acting 160 mg 30.58 100
(42.00) Slow Trasicor

58 FELODIPINE

Tab long-acting 2.5 mg 10.39 90 ✓ **Felo 2.5 ER**
Tab long-acting 5 mg 14.08 90 ✓ **Felo 5 ER**
Tab long-acting 10 mg 21.04 90 ✓ **Felo 10 ER**

93 ERYTHROMYCIN - Available on a PSO

Cap 250 mg 14.95 100
(22.29) Eryc

116 PARACETAMOL

Tab 500 mg - Available on a PSO 14.11 1440
(15.84) Panadol

129 THIORIDAZINE HYDROCHLORIDE

Tab 10 mg 6.38 90 Melleril

130 BUSPIRONE HYDROCHLORIDE - Special Authority

Tab 5 mg 5.95 100
(35.74) Biron
Tab 10 mg 5.95 100
(64.73) Biron^{IMM}
(64.72) Buspar^{IMM}

131 CHLORMETHIAZOLE EDISYLATE

Cap 192 mg - Month restriction 10.52 50
(11.91) Hemineurin

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

"IMM" Interchangeable Multi-source Medicines

Check your Schedule for full details
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Delisted Items – effective 1 March 2003 (continued)

147	BECLOMETHASONE DIPROPIONATE				
	Powder for inhalation, 100 µg per dose, 8 doses per disk	7.80	15 disks		
		(10.20)			Becodisk Junior
	Powder for inhalation, 400 µg per dose, 8 doses per disk	23.13	15 disks		
		(29.40)			Becodisk Forte
153	AMINOPHYLLINE				
	‡ Oral liq 25 mg per ml - Retail pharmacy-specialist.....	6.75	25 ml OP		Biomed

Effective 1 February 2003

46	FLUVASTATIN				
	Cap 20 mg	6.38	30		
		(23.10)			Vastin
	Cap 40 mg	7.51	30		
		(27.00)			Vastin
69 & 169	AQUEOUS CREAM	2.65	500 g		
		(2.97)			David Craig
69 & 169	EMULSIFYING OINTMENT BP	4.09	500 g		
		(4.18)			David Craig
74 & 168	PODOPHYLLIN				
	Paint 20%	CE	20 ml		
	a) Maximum 20 ml per prescription				
78	ETHINYLOESTRADIOL WITH LEVONORGESTREL - Available on a PSO				
	Tab ethinyloestradiol 50 µg with levonorgestrel 50 µg (11) and tab ethinyloestradiol 50 µg with levonorgestrel 125 µg (10) and 7 inert tab	3.15	28		
		(4.60)			Biphasil 28
96	CO-TRIMOXAZOLE				
	Tab trimethoprim 80 mg and sulphamethoxazole 400 mg (Available on a PSO)	20.80	500		Apo-Sulfatrim
118	AMOXAPINE				
	Tab 50 mg	26.00	100		Asendin

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

‡ safety cap reimbursed
Sole Subsidised Supplier

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's Price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Delisted Items – effective 1 February 2003 (continued)

118 CLOMIPRAMINE HYDROCHLORIDE - Retail pharmacy-specialist Tab 10 mg	10.00 (17.50)	100	Anafranil
119 NORTRIPTYLINE HYDROCHLORIDE Tab 10 mg	4.50 (9.60)	100	Allegron
120 FLUOXETINE HYDROCHLORIDE Tab dispersible 20 mg, scored	4.90 (33.60)	30	Lovan Prozac 20
131 TEMAZEPAM - Month restriction Cap 20 mg	5.50	100	Somapam
131 ZOPICLONE - Month restriction Tab 7.5 mg	2.25 (2.80)	30	Zo-Tab
144 CETIRIZINE HYDROCHLORIDE Tab 10 mg	2.50 (26.00)	30	Zyrtec
149 FENOTEROL HYDROBROMIDE - Special Authority Aerosol inhaler, 200 µg per dose	15.00 (18.00)	300 dose OP	Berotec
152 FENOTEROL HYDROBROMIDE WITH IPRATROPIUM BROMIDE - Special Authority Aerosol inhaler, 100 µg with ipratropium bromide, 40 µg per dose	13.50 (18.00)	200 dose OP	Duovent Inhaler
154 THEOPHYLLINE Tab long-acting 200 mg	11.00 (12.00)	100	Theo-Dur
74 & 171 PODOPHYLLIN RESIN	31.40 (34.50)	25 g	PSM
179 RESOURCE THICKEN UP	4.00	227 g OP	

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

"IMM" Interchangeable Multi-source Medicines

Delisted Items – effective 1 January 2003

23 & 116

CODEINE PHOSPHATE

Tab 15 mg	7.60	100	Douglas
Tab 30 mg	10.60	100	Douglas
Tab 60 mg	20.10	100	
	(22.00)		Douglas

24 SULPHASALAZINE

Suppos 500 mg	6.99	10	
	(7.50)		Salazopyrin

34 MUCILAGINOUS LAXATIVES - Only on a prescription

Dry	2.64	150 g OP	
	(4.75)		Isogel

35 TRIAMCINOLONE ACETONIDE

0.1% in Dental Paste USP	4.66	5 g OP	
	(8.08)		Kenalog in Orabase

46 SIMVASTATIN

Tab 10 mg	11.10	30	Zocor
Tab 20 mg	13.50	30	Zocor
Tab 40 mg	24.00	30	Zocor

53 LISINOPRIL

Tab 5 mg	4.91	30	
	(12.28)		Zestril
Tab 10 mg	7.14	30	
	(17.86)		Zestril
Tab 20 mg	10.10	30	
	(25.27)		Zestril

54 LISINOPRIL WITH HYDROCHLOROTHIAZIDE

Tab 20 mg with hydrochlorothiazide 12.5 mg	10.70	30	
	(38.04)		Prinzide Zestoretic

57 PINDOLOL WITH CLOPAMIDE

Tab 10 mg with clopamide 5 mg	3.15	30	
	(7.10)		Viskaldix

Delisted Items – effective 1 January 2003 (continued)

59	VERAPAMIL HYDROCHLORIDE			
	Tab long-acting 120 mg	16.38	250	
		(20.65)		Isoptin SR
	Cap long-acting 120 mg	16.38	250	
		(63.30)		Civicor Retard
66	BETAMETHASONE DIPROPIONATE			
	Crm 0.05% in propylene glycol base	4.33	30 g OP	
		(12.20)		Diprolene
	Note: Diprosone OV listed 1 July 2002 to replace Diprolene cream.			
66	BETAMETHASONE VALERATE			
	Oint 0.1%	1.20	30 g OP	
		(5.38)		Bivate
73	TAR WITH TRIETHANOLAMINE LAURYL SULPHATE AND FLUORESC EIN - Only on the prescription of a doctor			
	Soln 2.3% with triethanolamine lauryl sulphate and fluorescein sodium	0.44	100 ml OP	
		(2.42)		Pinetarsol
	Soln 2.3% with triethanolamine lauryl sulphate and fluorescein sodium	0.88	200 ml OP	
		(4.43)		Pinetarsol Pinetarsol Shower Pack
80	TIOCONAZOLE			
	Pessaries 100 mg with applicator	2.75	3	
		(9.20)		Gyno-Trosyd
83	PAMIDRONATE DISODIUM - Special Authority			
	Inj 3 mg per ml, 10 ml	79.95	1	
		(157.50)		Aredia
84 & 113	METHYLPREDNISOLONE SODIUM SUCCINATE - Retail pharmacy-specialist			
	Inj 500 mg	39.16	1	Baxter
	Inj 1 g	70.95	1	Baxter
89	NAFARELIN ACETATE - Special Authority			
	Nasal soln 2 mg per ml	277.00	10 ml OP	Synarel

Check your Schedule for full details
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Delisted Items – effective 1 January 2003 (continued)

90	DANAZOL - Retail pharmacy-specialist				
	Cap 100 mg	18.00	30		
		(21.11)			Danocrine
	Cap 200 mg	26.00	30		
		(34.85)			Danocrine
94	AMOXYCILLIN				
	Drops 125 mg per 1.25 ml	3.17	20 ml OP		Amoxil
97	GENTAMICIN SULPHATE - Hospital pharmacy [HP3]				
	a) Only if prescribed for a dialysis or cystic fibrosis patient or for prophylaxis of endocarditis and;				
	b) The prescription is endorsed accordingly.				
	Inj 40 mg per ml, 2 ml	5.70	10		
		(10.00)			Baxter
107	ZALCITABINE (ddC) - Special Authority				
	Tab 750 µg	344.50	100		Hivid
130	CHLORDIAZEPOXIDE HYDROCHLORIDE - Month restriction				
	Cap 5 mg	4.77	100		
		(5.35)			Nova-Pam
	Cap 10 mg	4.95	100		
		(5.54)			Nova-Pam
133	CYTARABINE - Retail pharmacy-specialist				
	Inj 1 g	118.00	each		Pharmacia
	Inj 2 g	150.00	each		Pharmacia
134	METHOTREXATE - Hospital pharmacy [HP1]-specialist				
	Inj 500 mg, 20 ml vial [HP1]	80.25	each		
		(82.66)			Pharmacia
147	BECLOMETHASONE DIPROPIONATE				
	Powder for inhalation, 200 µg per dose, 8 doses per disk	13.50	15 disks		
		(18.90)			Becodisk 200
149	SALBUTAMOL - Available on a PSO				
	Powder for inhalation, 50 µg per dose, breath activated	10.61	200 dose OP		Salbutamol Turbuhaler

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

‡ safety cap reimbursed
Sole Subsidised Supplier

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's Price)
\$

Per

Brand or
Generic Mnfr
✓ **fully subsidised**

Delisted Items – effective 1 January 2003 (continued)

154 PHOLCODINE			
‡ Linctus BP	11.00 (22.00)	2,000 ml	Douglas
‡ Linctus strong BP	13.00 (27.50)	2,000 ml	Douglas
156 & 158			
BETAMETHASONE SODIUM PHOSPHATE			
Ear/Eye drops 0.1%	4.50	5 ml OP	Betnesol
156 & 158			
BETAMETHASONE SODIUM PHOSPHATE WITH NEOMYCIN			
Ear/Eye drops 0.1% with neomycin sulphate 0.5%	4.50	5 ml OP	Betnesol-N
159 DIPIVEFRIN HYDROCHLORIDE - Retail pharmacy-specialist			
▲ Eye drops 0.1%	5.90	10 ml OP	Dipoquin

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

"IMM" Interchangeable Multi-source Medicines

Items to be Delisted

Effective 1 September 2003

26	DICYCLOMINE HYDROCHLORIDE Tab long-acting 40 mg	13.00	100	✓ Merbentyl Dospan
53	TRANDOLAPRIL Cap 0.5 mg	1.87 (11.43)	28	Gopten ^{MM}
69 & 171	ZINC Ointment BP	6.55 (8.90)	500 g	PSM
77	ETHINYLOESTRADIOL WITH GESTODENE - Available on a PSO Tab 20 µg with gestodene 75 µg and 7 inert tab	9.45 (18.00)	84	Melodene
Note: Melodene tabs 1 x 28 listed 1 March 2003.				
92	CEPHALOTHIN SODIUM - Hospital pharmacy [HP3] Inj 1 g	6.90	1	✓ Keflin
116	PARACETAMOL ‡ Oral liq 120 mg per 5 ml	8.10	1,000 ml	
	a) available on a PSO	(9.15)		Douglas
	b) not in combination	(9.15)		Douglas
	‡ Oral liq 250 mg per 5 ml - Not in combination	8.10 (9.15)	1,000 ml	
144	CHLORPHENIRAMINE MALEATE Cap long-acting 12 mg	13.94 (21.81)	100	Histafen
147	FLUTICASONE Powder for inhalation, 500 µg per dose, 4 doses per disk	28.92 (45.11)	15 disks	Flixotide
154	THEOPHYLLINE Tab long-acting 500 mg	40.80	100	✓ Nuelin-SR
169	GLYCEROL	26.66	2,000 ml	✓ David Craig

Items to be Delisted – effective 1 August 2003

33	MUCILAGINOUS LAXATIVES - Only on a prescription Dry	5.72	325 g OP	✓ Konsyl D
44	GEMFIBROZIL Cap 300 mg	9.58	100	✓ Gemizol
65 & 170	PHENOL Liquified	21.20 (29.70)	500 ml	PSM
74	FORMALDEHYDE Soln 37%	8.50	500 ml	PSM
76	CERVICAL CAP - Only on a WSO	6.71	1 OP	Dumas Vault Vimule Prentif
116	PARACETAMOL ‡ Oral liq 120 mg per 5 ml	8.10 (9.15)	1,000 ml	PSM Paracetamol Elixir Paediatric
	a) Available on a PSO			
	b) Not in combination			
133	CALCIUM FOLINATE - Hospital pharmacy [HP1] or [HP3]-specialist Inj 50 mg [HP1]	29.95 (48.50)	each	Leucovorin
170	METHYLCELLULOSE	16.11 (19.59)	100 g	PSM
170	METHADONE HYDROCHLORIDE a) Only on a controlled drug form. b) Extemporaneously compounded methadone will only be reimbursed at the rate of the cheapest form available (methadone powder, not methadone tablets). Powder	10.70	1 g	PSM

Items to be Delisted – effective 1 July 2003

32	GLUCOSE OXIDASE Blood diagnostic test with peroxidase	26.95 (36.11)	50 test OP	✓ Glucometer Esprit Glucometer Elite
65 & 170	MENTHOL Crystals	8.05 (10.60)	25 g	David Craig
65 & 170	PHENOL Liquified	21.20 (37.00)	500 ml	David Craig
87	OESTRADIOL WITH NORETHISTERONE TDDS 50 µg (10) and 1 mg norethisterone tab (12)	5.40 (17.75)	1 OP	Estrapak
97	FUSIDIC ACID - Hospital pharmacy [HP3]-specialist Oral liq 250 mg per 5 ml	50.15	90 ml	✓ Fucidin
97	NEOMYCIN SULPHATE - Hospital pharmacy [HP3] Tab 500 mg	9.95	25	✓ Neosulf
122	PHENYTOIN SODIUM ‡ Oral liq 100 mg per 5 ml	15.83	500 ml	✓ Dilantin Forte
123	ERGOTAMINE TARTRATE WITH DIPHENHYDRAMINE Cap 1 mg with caffeine citrate 100 mg and diphenhydramine hydrochloride 25 mg	8.81	50	✓ Ergodryl
154	THEOPHYLLINE Tab long-acting 300 mg	14.07	100	✓ Theo-Dur
156	COLISTIN SULPHATE WITH NEOMYCIN AND HYDROCORTISONE Ear drops 3 mg with neomycin sulphate 3.3 mg and hydrocortisone acetate 10 mg per ml	9.00	5 ml OP	✓ Colymycin-S Otic

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's Price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Items to be Delisted – effective 1 June 2003

95	AMOXYCILLIN CLAVULANATE - Available on a PSO			
	Tab amoxicillin 500 mg with potassium clavulanate 125 mg	6.40	20	
		(7.48)		Synermox
	Grans for oral liq amoxicillin 125 mg with potassium clavulanate 31.25 mg per 5 ml	2.75	100 ml	
		(3.43)		Synermox
	Grans for oral liq amoxicillin 250 mg with potassium clavulanate 62.5 mg per 5 ml	4.75	100 ml	
		(5.89)		Synermox
122	CLONAZEPAM			
	▲ Tab 500 µg	6.00	100	✓ Rivotril
	▲ Tab 2 mg	11.00	100	✓ Rivotril
129	FLUPHENAZINE DECANOATE - Retail pharmacy-specialist			
	Inj 12.5 mg per 0.5 ml, 0.5 ml - Available on a PSO	17.60	5	
		(29.00)		Baxter
	Inj 25 mg per ml, 1 ml - Available on a PSO	27.90	5	
		(48.75)		Baxter

Items to be Delisted – effective 1 May 2003

31	GLICLAZIDE			
	Tab 80 mg	39.08	500	
		(78.80)		Diamicon
68	TRIAMCINOLONE ACETONIDE WITH GRAMICIDIN, NEOMYCIN AND NYSTATIN			
	Only on a prescription			
	Crn 1 mg with nystatin 100,000 u, neomycin sulphate 2.5 mg and gramicidin 250 µg per g	3.49	15 g OP	
		(6.09)		Kenacomb
	Oint 1 mg with nystatin 100,000 u, neomycin sulphate 2.5 mg and gramicidin 250 µg per g	3.49	15 g OP	
		(6.09)		Kenacomb
96	CIPROFLOXACIN - Retail pharmacy-specialist			
	Tab 250 mg	11.42	28	
		(48.16)		Ciproxin
	Tab 500 mg	20.44	28	
		(86.68)		Ciproxin
	Tab 750 mg	28.87	28	
		(138.16)		Ciproxin

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

Items to be Delisted – effective 1 May 2003 (continued)

110	IBUPROFEN - Special Authority available			
	Tab 200 mg	2.07	100	
		(2.90)		Panafen
110	NAPROXEN - Special Authority available			
	Tab 250 mg	26.50	500	✓ Naprosyn ^{IMM}
	Tab EC 250 mg	6.36	120	✓ Naprosyn Enteric
	Tab 500 mg	53.00	500	✓ Naprosyn ^{IMM}
	Tab EC 500 mg	6.36	60	✓ Naprosyn Enteric ^{IMM}
119	TRIMIPRAMINE MALEATE			
	Tab 25 mg	3.19	50	
		(6.58)		Surmontil
	Cap 50 mg	12.00	100	
		(23.00)		Surmontil

Items to be Delisted – effective 1 April 2003

31	GLIPIZIDE			
	Tab 5 mg	3.65	100	
		(6.10)		Glipid
67	HYDROCORTISONE - Only on a prescription			
	Powder	46.20	25 g	✓ Apo-Hydrocortisone
		(47.87)		Pharmacia
		(69.00)		PSM
81	PREGNANCY TEST - HCG URINE - Only on a WSO			
	25	29.50	25 tests	
		(43.75)		MDS Quick Stick

Section H changes effective 1 March 2003

Changes to Part 1 – General Rules for Hospital Pharmaceuticals

9. Pharmaceutical Cancer Treatments

- 9.1 DHBs are obliged to fund Pharmaceutical Cancer Treatments in accordance with the October 2001 direction from the Minister of Health.
- 9.2 The list of Pharmaceutical Cancer Treatments may be amended from time to time. Additions and/or amendments to Part V of Section H of the Pharmaceutical Schedule require the approval of the PHARMAC Board.
- 9.3 Pharmaceutical Cancer Treatments listed in Part V of Section H may be used in combination with each other, including where such combinations result in admixtures or dilutions that differ from those specified.
- 9.4 Subject to the provisions of clause 9.5, DHBs must not fund Pharmaceuticals for the treatment of cancer or Pharmaceutical Cancer Treatments for indications related to the treatment of cancer, if they are not listed in Part V of Section H of the Pharmaceutical Schedule, unless they have specific Community Exceptional Circumstances approval or permission under Hospital Exceptional Circumstances.
- 9.5 DHBs may fund Pharmaceuticals that are not listed in Part V of Section H of the Pharmaceutical Schedule, and/or Pharmaceutical Cancer Treatments for indications not listed in Part V (or subsidised via Sections A-G) of Section H of the Pharmaceutical Schedule, provided that:
- such use is first assessed via established review mechanisms within DHB Hospitals involving experienced clinicians;
 - such use is reported to the Exceptional Circumstances Panel within 7 working days of initiating such treatment; and
 - the pharmaceutical or indications approved via this mechanism do not include those that have been assessed by the Pharmacology and Therapeutics Advisory Committee or its cancer treatments sub-committee and were not recommended for inclusion in Part V of Section H of the Pharmaceutical Schedule.
- 9.6 Applications to add pharmaceuticals, and add or amend indications for Pharmaceutical Cancer Treatments, to Part V of Section H of the Pharmaceutical Schedule may be made in writing by pharmaceutical suppliers and/or clinicians to PHARMAC. Applications should follow PHARMAC's *Guidelines for Submissions to PTAC for New Chemical Entity Pharmaceuticals and Recommended methods to derive clinical inputs for proposals to PHARMAC*, copies of which are available from PHARMAC or PHARMAC's website.
- 9.7 Applications made under clause 9.6 must be assessed by HPAC, PHARMAC, PTAC and/or relevant sub-committees of PTAC.

Changes to Part II – Pharmaceuticals under National Contracts

Contracted Pharmaceutical Description	Brand	Price (\$) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceutical
GLYCERYL TRINITRATE Aerosol spray 400 µg per dose 200 dose CFC-free	Glytrin	6.99	1	0% 5%	Apr-03	Nitrolingual pumpspray

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

"IMM" Interchangeable Multi-source Medicines

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